“Punks” of the Profession: The Community Acupuncture Movement, Health Care Reform, and Oppositional Identity

by

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Certificate of Approval

This is to certify that the accompanying thesis by Kinsey Elizabeth Hohnstein White has been accepted in partial fulfillment of the requirements for graduation with Honors in Anthropology.

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1. Introduction

Over a three-month period in the summer of 2014, I completed ethnographic fieldwork at the Working Class Acupuncture clinics in Portland, Oregon. These clinics were the founding site of the community acupuncture (CA) movement. The clinic owners introduced a style of acupuncture delivery previously unseen in America, and challenged ideas of how acupuncture should be practiced in the States. This community-style approach quickly proliferated across the nation, and came to take on the form of a social movement of acupuncture providers that held similar beliefs.

Broadly, this thesis traces the trajectory of an alternative healthcare movement and its resultant cooperative in the context of shifting definitions and experiences of illness, skepticism towards biomedical hegemony, and political will to transform the way medicine is practiced. Through metaphorical language, a radicalized perspective, and militant questioning of the current healthcare situation in America, the organization constructs a unique representation of what community acupuncture, and the providers who practice it, should value. My research led me to many questions around the providers and their shared worldview, values, and perspectives on the profession at large. Some of the key inquiries I came to included: what specifically brings these individuals to choose the "punk" path of the acupuncture profession associated with POCA? In a capitalist society in which many individual's self-worth is rooted in the financial gain and stability provided by their profession, what brings punks to choose a profession that seemingly lacks upward financial mobility? How does this specific social movement in alternative medicine serve to challenge both the hegemonic biomedical system and conventional acupuncture practice in the United States?

2. Critical Medical Anthropology, Biomedical Hegemony, and Complementary and Alternative Medicine in the U.S.

Medical practices have been a focal point of anthropological research both abroad and domestic since the founding of the discipline. Medical anthropology as a subdiscipline of the wider field flourished in the second half of the twentieth century in the United States. Medical anthropology emphasizes the holistic study of the basic human experiences of illness and healing. Whereas mainstream medical research emphasizes the biological aspects of disease and illness, medical anthropology aims to understand the "complex and varied interactions between human biology and culture" (Brown et al. 1998:12). This perspective acknowledges that the lived experience of disease is influenced by one's sociopolitical circumstances, culturally-specific behaviors or beliefs, and surrounding environment. Medical anthropology attempts to bring the person or patient back into consideration and asserts that every individual experiences and interprets illness through cultural filters that have "pragmatic consequences for the acceptability, efficacy, and improvement of health care in human societies" (Brown et al. 1998: 12). The same can be said for providers and their interpretations of their role in the healing process.

In recent years, the heightened popularity of Complementary and Alternative Medicine (CAM) in the United States has led medical anthropologists to increasingly focus on medical pluralism in local contexts and question how anthropology can contribute specifically to the study of CAM in America (Adams 2007; Barry 2005; Ross 2012; Wang 2011). Critical Medical Anthropology (CMA) is one of the basic approaches within the discipline of medical anthropology. Developed in the 1980s and 1990s by

medical anthropologists Merrill Singer and Hans Baer, CMA's fundamental belief in the socially-constructed nature of reality is based in critical theories such as postmodernism, Marxism, and deconstructionism (Brown et al. 1998:15). CMA offers two main critiques of the discipline. First, critical medical anthropologists must examine the influence of political and economic global inequalities on the distribution of diseases instead of merely relying on research in local contexts. Thus, critical medical anthropologists aim to understand health issues "in light of the larger political forces that pattern human relationships, shape social behavior, and condition collective experience," which includes forces on institutional, national, and global scales (Singer 1986:128). Interplay between these layers can play key a role in an individual's risk for acquiring a disease or developing an illness.

Secondly, CMA includes a political economy of health framework, in which health-related issues come to be understood "within the context of the class and imperialist relations inherent in the capitalist world-system" (Baer 1982:1). This perspective is particularly concerned with investigating the "social relationships that underlie environmental, occupational, nutritional, residential, and experiential conditions" (Singer 1986:129). Without attending to the macrolevel societal forces that impact health outcomes, much of medical anthropology approaches individual illness experience in a narrow manner, and therefore serves to "mystify" the social origins of disease by (Singer 1986:129). Instead, by emphasizing large-scale forces, CMA recognizes that a society's medical system is directly related to its political, economic, and social environment. Following a Marxist tradition, CMA refers to the dominant system in America as "bourgeois medicine," due to the health care systems "role in the

promotion of… the capitalist class specifically" (Singer 1986:129; Singer and Baer 1995:187-190). Since the upper classes generally control the production of knowledge within a given society, "the power relations in a society appear also *within* scientific knowledge" (Navarro 1980:162). Since scientific medicine appears as "the epitome of objectivity… all series of ideologies rush to be called sciences to gain legitimacy and credibility in bourgeois society" (Navarro 1980:162). Instead of focusing specifically on the bourgeois sector of the American medical system, many critical medical anthropologists instead focus on the development of various medical systems outside of the dominant ideological sphere, particularly the nature of "medical pluralism" (the existence of multiple healing systems) within class-divided societies such as the United States (Singer 1986:129; Singer and Baer 1995:196-199).

The American Biomedical Model

Since the turn of the twentieth century, mainstream medicine in America has been roughly synonymous with scientific medicine, bourgeoisie medicine, or "biomedicine" (Goldstein 1999; Krieger 2011). Modern medical practice places emphasis on biological processes and disease pathology. This biologically-reductionist approach was predicated by the Flexner Report of 1910, which was sponsored by the Carnegie Foundation in conjunction with an elite group of European-trained physicians. The Flexner Report's explicit goals were both to establish "empirical scientific rationality as the basis of future medical training and practice" throughout the United States and to "dismiss any other form of medicine as nonscientific, and hence, illegitimate" (Goldstein 1999:13-14). The term biomedicine first appeared in the Dorland Medical Dictionary of 1923 and was defined as "clinical medicine based on the principles of physiology and biochemistry"

(Krieger 2011:127). After “biomedicine” was introduced into European medical literature and spread to the United States the term came to encompass both applied and basic sciences, and was intimately tied to designing routine diagnostic tests that could be implemented within a mass population (Quirke and Gaudilliere 2008:444). In America, the biomedical health care model quickly began taking on “hegemonic” characteristics by claiming complete cultural authority over the medical sphere. Authoritative biomedical discourse thus placed other medical practices into “unscientific” categories and relegated health care systems that may have served as alternatives to the biomedical explanatory model as obsolete or lacking scientific efficacy (Wang 2011:2). In America, the inception of biomedical hegemony was influenced by capitalist (or bourgeoisies) ideologies and interests.

Biomedical thought is rooted in the notion of Cartesian dualism, which regarded mind and body as separate. A dualistic conception of mind and body has made it difficult to view human beings as organic wholes within the context of biomedical treatment. Rene Descartes’ conception of the human organism consisted of a palpable body and intangible mind, and was originally proposed in order “preserve the soul as the domain of theology, and to legitimate the body as the domain of science” (Scheper-Hughes and Lock 1987:9). Scheper-Hughes and Lock regard this as a “rather artificial separation,” which led to the radically materialist thinking expressed in contemporary biomedicine (Scheper-Hughes and Locke 1987:9). In this sense, biomedicine differs from other forms of medicine in its insistence on materialism as the grounds of knowledge, as well as in its discomfort with more dialectical modes of thought (Kleinman 1995:29). Such a perspective leads to: increased bioreductionism, the medicalization of life, and “the

neglect, minimization, and denial of the mind's ability to produce and remove symptoms, if not create and cure illness" (Goldstein 1999:15). Although this conception of mind and body originally allowed for endeavors into biological medicine during a time period characterized by monotheism, Cartesian Dualism has come to conceptualize the human body in a mechanistic manner – relegating the human mind to the background of clinical biomedical practice and placing pathology at the forefront.

Such a narrowly focused therapeutic vision on biological disorder and the treatment of pathogens leaves little room for the patient's lived experience of suffering. Thus, within the biomedical model, biology is made visible as "a more basic substance than complaint or narratives of sickness with its psychological and social entailments" (Kleinman 1995:30). Taking on such a viewpoint leads to the belief that a patient's subjective self-reports are more biased –or of less value– than a physician's observations. Whereas subjective reports may be based on conjecture, physician observations are backed by objective data and verifiable measurements: "the result is a huge split between the constructed object of biomedical cure…the dehumanized disease, and the constructed object of most other healing systems…the all-too-humanly narrated pathos and pain and meaning-directed perplexity of the experience of suffering" (Kleinman 1995:32). Restricted biomedical diagnostic and treatment models ultimately led to frustration and disillusionment within certain American populations. For the most part, these frustrations were in the perceived disregard of an individual's reality of suffering and the reduction of illness experience to single pathogens.

Critical medical anthropologists Scheper-Hughes and Lock question the fundamental premise of Cartesian mind-body dualism that biomedicine upholds, stating

that biomedical dominance has solidified the mind-body separation to the point that humans now lack a proper vocabulary to express the complex interactions between their mind, body, and society (Scheper-Hughes and Lock 1987:10). They argue that although biomedicine has increasingly claimed to integrate various perspectives through a new 'bio-psycho-social' approach, there still remains an "assumed predominance of biology and a lack of attention to the very important interactions of mind, body, and society" (Brown et al. 1998:16). As long as the biomedical mind-body dichotomy continues to be accepted, suffering is relegated to being subjective in a physician's eyes and "thus not truly 'real'–not within medicine's domain–or identified exclusively with bodily pain" (Cassell 1997:15). Such a label depersonalizes the sick patient, and this "anachronistic division of the human condition into what is medical (having to do with the body) and what is nonmedical (the remainder) has given medicine too narrow a notion of its calling" (Cassell 1997:15).

Challenges to the Primacy of Biomedicine

For the first half of the twentieth century, biomedicine and its accompanying views went relatively unquestioned by the majority of Americans. The biomedical model came to be "treated as *the* representation or picture of reality rather than understood as *a* representation" (Mishler 1992:10, emphases in original). Whereas prior to the Flexner Report practitioners of homeopathy and osteopathy were allowed to practice in the U.S., increasingly rigid licensing laws after the fact made their practices illegal and forced them out of business (Whorton 2002:133-139; Baer 2001:31-49). Medical pluralism in America has roots in traditional family healing practices. Any healing practice that lies outside of the normative biomedical treatment model is therefore "alternative" to the

dominant sphere and is typically termed as an alternative healing system or alternative medical practice. Alternative medical practices or treatments that laid outside of the biomedical sphere were stereotyped as foreign or backward, lacking scientific basis, and regarded as mere “quackery” in the face of continued technological advances in biomedical fields (Whorton 2002:221). Since alternative practices consisted of “systematic knowledge produced outside of [biomedical] institutions, and by individuals other than scientists, [they] were not considered science” and were therefore delegitimized in the public imagination (Navarro 1980:163). For some time, alternative practices such as naturopathy, acupuncture, and homeopathy were outlawed and stigmatized in the United States and therefore traditional healers and other providers of alternative therapy generally had to practice illegally from their homes, or in an underground manner in many cities’ Chinatowns.

The biomedical system aimed to exclude alternative healing systems from the American medical model and establish both intellectual and market production over the health care system. This was achieved through strict licensing laws for legal alternative practice and the inclusion of biomedical courses in alternative medical school curricula (Baer 2001:34-36). The renegotiation of medical licensing laws led to social closure within the medical profession: by shifting licensing laws in their favor, biomedical physicians restricted access to legal medical practice by requiring specific credentials and thereby secured their status as the only competent medical professionals (Saks 2003:224). At the turn of the twentieth century, the American Medical Association (AMA), “keeping with its emphasis on the administration of drugs,” allied itself with the pharmaceutical industry in hopes of reducing the “growing popularity of heterodox practitioners” in the

homeopathic and osteopathic fields (Baer 2001:39). Some of these formerly-legal providers closed down their schools, moved their practices into their homes, or banded with other practitioners to challenge these exclusionary and seemingly unflappable laws (Baer 2001; Saks 2003). Other providers instead converted their school's curriculum to include biomedical aspects and were absorbed into the dominant biomedical system as secondary heterodox systems once again. Still, today, it remains "technically illegal for unlicensed competitors of CAM" to practice in America unless there is a licensing board specifically for their field of practice (Saks 2003:227).

Biomedical dominance was first challenged on a mass scale during the holistic health movement of the 1970s, which fought to change ideas of what constituted "alternative" medicine in America, and emphasized an individual's right of choice in healthcare practice (Goldstein 1999:41-73). The movement "signaled the end of a honeymoon between conventional medicine and the American public that had begun in the popularization of 'scientific medicine' early in the century" (Whorton 2002:246). Prior to the 1970s, the hegemonic nature of American biomedicine was evidenced by the fact it was referred to only as "medicine," which emphasizes its exclusive right on the production of American medical knowledge and practice (Barnes 2010:278). However, the 1970s saw increased questioning of physician paternalism as cultural distrust of physicians grew and the general population became better informed about the medical system and health disparities (Barnes 2010:278). During this time period, "a vision of health care as a right rather than a commodity" took hold as citizens became frustrated with rising medical costs. Additionally, the definition of health and wellbeing extended

beyond the standard “environmental toxins afflicting the poor” to include issues of unemployment, workplace hazards, poor housing, and general demoralization as the American population became more sensitive to the negative impacts of poverty on health (Engel 2008:93).

Proponents of the holistic health movement directly addressed such concerns and rejected mechanistic metaphors for the body or illness treatment. Instead, they embraced a holistic view in which the body is viewed as a fully integrated system susceptible to varying outside forces (Schneirov and Geczik 2003:21-29). According to the holistic perspective, “the nature of the parts is determined by the whole, with each part understandable only as an interdependent part of the whole” (Goldstein 1999:15). Whereas biomedicine strives to split the body and its systems into constituent parts and reduce disease etiology to specific pathologies coupled with medically-salient terminology, holistic health practices offer a counterpoint. They typically reject the idea that illness can be explained in purely objective terms without reference to the entire person: their individuated body, external environmental conditions, unique life experiences, and other factors such as socioeconomic status and social support networks (Barcan 2011:20-31). Since the 1960s, healthcare has often been described as in “a state of ‘crisis,’ ‘transformation,’, or ‘flux’” (Goldstein 1999:137). As medical costs continued to soar and healthcare disparities increased in certain socioeconomic, racial and ethnic demographics, “alternative” medicine use by such populations has risen to the present day:

> Today, it is commonplace to speak of the “right” to reject medical treatment or the “right” to die. The struggles of alternative medicine against the dominance of biomedicine fall squarely within this tradition. Practitioners feel they have the right to say what they believe is true and to

> act on those beliefs with other consenting adults. Those who use alternative therapies feel they have the right to control their bodies and to associate with whom they please. Most efforts to restrict the behavior of practitioners or users of alternative medicine can be viewed as a restriction of freedom and are used to create unity among a widely diverse group of providers, users, and potential users (Goldstein 1999: 137).

The holistic health movement emerged in part due to a general realization by the American public that the "wonder drugs" touted by biomedicine since the advent of antibiotics in the 1940s were not as wonderful as previously expected (Whorton 2002:246-248). Some of these prescription drugs produced serious side effects: "the new medicine could not only do more for them, people were coming to see, but they could do more to them as well" (Whorton 2002:246). Fueled by the discovery that many physicians were heavily over-prescribing wonder drugs and that they could tragically interact with other medications or cause deleterious side-effects while taken on their own, it was firmly imprinted upon the American public that prescription drugs could have untoward effects and were not always a solution. Many Americans believed physicians were actively disregarding vital patient information and prescribing medications either in hopes of increasing their profits or due to lack of regard for the patient's individual situation (Whorton 2002:247).

Although the United States boasts one of the most technologically advanced biomedical systems in the world, many of the country's residents are unable to afford steep medical expenses or simply lack access to healthcare resources altogether. Hans Baer (2001) traces the history of medical pluralism in the United States with specific focus on the interplay between the dominant biomedical system and various alternative forms of medicine that have since emerged in reaction to biomedicine. Baer provides a historical and sociopolitical examination of how different groups in America have come

to construct distinctive medical systems, which mirror their diverse and variable views of reality. During the 1970s, a decrease in personal attention physicians invested in patients coupled with increasing medical costs and the heightening of physician incomes led the American public to be increasingly alienated from mainstream medical practices (Whorton 2002:249).

The public was dissatisfied with various aspects of the current medical system and expressed such frustrations through social movements. The holistic health movement was one such challenge – it aimed for the general acceptance of differing healing practices by the biomedical sphere. Holistic health practices focused specifically on engaging the patient in the healing process as a means of recovery, where "biomedicine was inclined to dictate to the patient and impose treatment upon him rather than invite a collaboration" (Whorton 2002:250). Although many biomedical doctors initially regarded the holistic health movement as "palpable quackery and silliness," the movement quickly gained popularity within certain segments of the American public (Whorton 2002:251). In years to come, mainstream medicine came to factor some aspects of the holistic concept and alternative treatment into biomedical practice. Once it became apparent to biomedical providers and administrators that particular alternative practices could become "big business," there was an effort to select which of the most popular of these therapies could be most easily legitimized within the biomedical sphere (Barnes 2010:285). Since biomedicine continues to claim the most cultural authority in America, any other medical practice must be proven efficacious by its own standards.

Acupuncture in America

Although there are many practices that fall under CAM, some of the most popular in the United States include: chiropractic therapy, osteopathy, naturopathy, homeopathy, acupuncture, and the use of herbal medications (Whorton 2002). The emergence of acupuncture in the United States popular imagination occurred on the West Coast in the early 1970s within the context of the holistic health movement. Previously, some Chinese-Americans or Chinese immigrants practiced in their homes. Following the lifting of the "Bamboo Curtain" in 1971 relations between the People's Republic of China (PRC) and United States governments were opened, allowing for the practice of acupuncture to filter from "East to West" and capture the attention of segments of the American population. Two differing views of China captured the American imagination at this time: "one was the China of esoteric wisdom traditions; the other was the China of the Maoist revolution (Barnes 2010:265). As such, two differing forms of acupuncture practice emerged in the West Coast from these popular conceptions. The first ever group of European American acupuncturists drew inspiration from romanticized ideals of "Chinese barefoot doctors," and consumed a version of Traditional Chinese Medicine (TCM) filtered through the PRC that Americanized the practice of such ancient medical practices (Barnes 2010:266). To this day, the standardized version of TCM as put forth by the PRC remains to the dominant model of acupuncture education in America (Barnes 2010:267). This version of TCM differed greatly from the style practiced by many Chinese American acupuncturists in marginalized neighborhoods, and instead represented a haphazard packaging together of divergent TCM treatments by the Communist Chinese Government for consumption by the American public. Chinese-

American individuals who were taught medicine through lineage systems therefore remained “outside of the domain of legal practice” (Barnes 2010:265-266).

The state of California quickly became an American acupuncture hub, and individuals who practiced in the state were particularly prominent in the push to professionalize acupuncture as a legitimate medical treatment a decade later. Baer (2001) writes of a counter-offensive formed by acupuncturists in reaction to laws that disallowed them from legally practicing in the United States. Although acupuncture had been used for over 5,000 years throughout various regions in the Eastern hemisphere, the process of achieving legal acceptance in the U.S. was tedious and fraught with barriers (Baer 2001:97-98). The movement to legitimize the profession was influenced by contemporaneous movements such as the hippie counterculture of the 1960s and humanistic psychology. Theodore Roszak’s 1968 publication *The Making of a Counterculture* was seminal to both the hippie and acupuncture movements with its questioning of the legitimacy claimed by biomedicine and other American institutions. A majority of the hippie counterculture actively sought healthcare that was compatible with values such as egalitarianism, naturalness, and “back to the land” philosophy (Baer 2001:98). Humanistic psychology’s rejection of the technocratic and materialistic aspects of society, and emphasis on self-actualization and the wholeness of mind and body were also of particular importance to the movement to professionalize acupuncture in the 1980s. Concurrent with these trends in the 1960s, an increasingly large share of the general public began to experience frustration with the bureaucratization, high costs, specialization, and reductionism associated with biomedicine. These were the individuals most likely to be attracted to the holistic health movement of the 1970s, and their

disenchantment was countered by the concepts and values of the movement (Goldstein 1999:98).

From the 1970s onwards, individuals who practice acupuncture in America have made up varied populations. Over the decades practitioners have come into conflict over practice orientation and identity, as well as what constitutes the proper acupuncture educational criteria, credential process, and social role of practitioners within the field. After challenging being excluded from practicing their treatment method, acupuncturists were initially resistant to being absorbed into the American medical sphere. Nevertheless, acupuncture providers underwent a similar pattern as chiropractic, naturopathy, and osteopathy practitioners had and added courses in the biomedical sciences to their training process in order to gain legitimacy (Barnes 2010:262). Barnes (2010) traces the professionalization of acupuncture in a case-study of Massachusetts, and proposes that the profession is now characterized by “some practitioners [that] talk about body, mind and spirit, and the spiritual dimensions of Chinese therapies; [and] others [that] submit proposals for randomized, double-blind, controlled clinical trials to test protocols to using acupuncture” for various conditions (Barnes 2010:262). These two broad groups can be generalized into acupuncturists that favor standardizing practice by biomedical professional standards, and acupuncturists who instead adhere to the idea of medical pluralism, and refuse to define themselves by the standards of appearance and practice held by the hegemonic biomedical system. The development of divergent approaches to acupuncture practice is typically contributed to the differing “faces of a cultural translation involving multiple contingent forces” and internal tensions amongst acupuncturists (Barnes 2010:262).

Zhan (2009) employs the concept of translocality to explain the differing styles of acupuncture practice seen within the United States. The dissemination of Traditional Chinese Medicine (TCM) knowledge and practice from east to west resulted in various forms of acupuncture developing in the United States. Zhan's translocality calls specific attention to the "transnational cultural processes, routes, and uneven fields of power often neglected by discussion of globalization" (Zhan 2009:8). TCM is a deceptive term in itself – whereas it seems to describe a set group of medical practices, it actually comprises many offshoots and differing modalities that aren't even practiced in the United States. This is an example of how often times in American biomedical discourse, CAM therapies are "presented as a unified whole" although their philosophies and practices may totally oppose one another (Saks 2003:230). Furthermore, a handful of the TCM modalities taught in American schools of Oriental medicine are rarely practiced in East Asian countries. Schools that teach such modalities are known as "Worsley" acupuncture schools. Their programs foreground the "emotional and spiritual experiences of both the practitioner and the patient" and include instruction on combining acupuncture with other holistic modalities (not related to TCM) that emerged from the 1970s holistic health movement (Barnes 2010:268).

No matter the style these providers practiced, the biggest problem facing this group of alternative medical practitioners was the issue of professionalization. In order to secure a legal place within the American medical landscape, this group of providers had to undergo a transformation from an informal group to that of a recognized professional group with credentials to show for it (Barnes 2010:262, Saks 2003:224). The goal of professionalization was ultimately securing market power, which acupuncturists hoped

would translate into both social and economic awards (Barnes 2010:280). In order to professionalize acupuncture, steps had to be taken to: elevate the status of acupuncture providers in the American public's eye, regulate the education and training of acupuncture providers, and secure licensing by the state which would give the licensed acupuncturist the "exclusive right to perform this form of work" (Barnes 2010:263). To achieve legal practice acupuncture treatment first had to be assessed according to biomedical models of research and clinical trials (Barnes 2010:269). In this sense, the practice of acupuncture was explained not on its own philosophical terms, but within a medical model with conflicting foundational bases. Nevertheless, by the 1980s, many states began recognizing acupuncture as a legitimate form of alternative medical treatment, and state-sanctioned professional evaluation and credentialing for acupuncture providers was implemented (Barnes 2010:273, Sherman et al. 2005).

Historically, acupuncture has been difficult to fit into the Western medical paradigm. The efficacy of acupuncture treatment has not been proven by evidence-based biomedical standards. The majority of clinic trails associated with acupuncture have imposed a "static 'sham' control model borrowed from biomedicine, which is guided by a different medical explanatory model and practice habits" (Cassidy 2010:20). Randomized Control Trials (RCTs) and double-blind studies are the gold standard of biomedical research designs, but the effects of acupuncture have not been observably measured by a double-blind study pitting "sham acupuncture" against "real acupuncture." Since there has not yet been a particular healing mechanism associated with the efficacy of acupuncture needling identified through such trails, the practice of acupuncture has repeatedly been written off by biomedicine.

Many American acupuncture providers believe that what makes acupuncture work for patients cannot be deduced within a biomedical framework. The core of the Oriental medical model is *qi,* which is described by Cassidy (2010) as "an 'energy' that *flows* within the body (through meridians/channels), between bodies (e.g., between patient and practitioner), and throughout the universe…. *Qi* can be guided, manipulated, controlled… and that is the function of acupuncture care" (Cassidy 2010:21-22). Acupuncture treatment is described by practitioners as "active," for it creates "multiple feedback loops between needles and the body, patient and practitioner" (Cassidy 2010:22). Thus, Cassidy argues to access acupuncture as it's actually practiced and "achieve model fit, validity… will require that researchers recognize and accept that treatment as delivered by ordinary professional acupuncture practitioners is anything but static. Instead, it is actively guided by the core ideas of East Asian medicine" like that of *qi* (Cassidy 2010:24). The idea that modern scientific methods are the only way by which the value of a specific medical treatment can be examined is erroneous: "criticisms of the methodological quality of TCM clinic trials remains a challenge, as it is difficult to align traditional medicine philosophies with modern scientific medicine" (Xue et al. 2012:311). Acupuncture schools now require students to take courses in biomedical sciences, which harkens to the idea that without a basis in medical "science" an alternative practice cannot gain cultural legitimacy (Barnes 2010:275). Medical anthropologist Claire Cassidy calls for the need for acupuncture to be "clinically assessed as it is practiced," for "imposing one medical model on another medicine creates a methodological fault (Cassidy 2010:20). Instead of pushing Western ideals of medicine onto other healing systems, anthropology examines medical practices on the terms used by the populations

studied. If such a concept was to be applied to biomedical research into CAM therapies, practices such as acupuncture could be studied with reference to explanatory models used by those who practice the given modality or treatment style.

Despite this incongruence with the methods employed within the medical research field, a steadily increasing population utilizes acupuncture due to its effectiveness in treating a wide range of conditions suffered by many modern Americans. Since the mid-1990s, the practice of acupuncture has appeared more often in biomedical hospitals and medical schools. Additionally, some American health insurance companies now cover a limited amount of acupuncture treatments on certain plans (Zhan 2009:20; Goldstein 2002:50-51). This research utilizes Upchurch and Rainisch's (2014) sociobehavioral wellness model of American acupuncture use. This model pulls from the Andersen Behavioral Model (ABM), which is widely used in public health and health services perspectives and "proposes that individuals' use of conventional health services is a function of their predisposition to use services, the ability to secure services, and their need for care" (Upchurch and Rainisch 2014:22). Through an analysis of data from the National Health Interview Survey (NHIS) of 2007 on CAM use in American adults, the authors propose that CAM use should be conceptualized as part of healthy self-care and wellness promotion (Upchurch and Rainisch 2014:33). The following four factors are used to measure adult acupuncture use:

1. **Predisposing factors:** Demographics such as gender, race and ethnicity, nativity status, age, education, and marital status.
2. **Enabling resources:** Includes annual household income, current health insurance status and whether and individual has a usual place for health care. Additionally, whether conventional care was delayed or not received due to cost is considered.

3. **Need:** Health variables such as self-reported health status or presence/absence of chronic conditions
4. **Personal health practices:** Lifestyle factors such as smoking status, amount of physical activity performed weekly, body mass index, and amount of alcohol consumed by the individual (adapted from Upchurch and Rainisch 2014:34).

The group of practitioners that make up the community acupuncture (CA) movement is a contemporary example of what Goldstein deemed "unity" across groups of alternative practitioners. How patients and providers come to choose this style of practice can be framed by Upchurch and Rainisch's model. The CA movement began at the turn of the twenty-first century, touting a fierce social justice mission to increase acupuncture accessibility in the United States, and paying special attention to the social patterning of illness occurrence and alternative medical use in lower income American populations.

Complementary and Alternative Medicine (CAM)

The term CAM was first used in the U.S. in the 1990s as an umbrella term for many differing alternative therapies, each of which had its own unique practices and products. The term is now used to delineate philosophies or therapies that have been historically marginalized in American medicine (Saks 2003:225). Thorburn et al. (2011) argue that CAM modalities should not be grouped together because "the factors that predict the use of one type of CAM may differ from those that predict other CAM modalities (Thorburn et al. 2011:579). Within each field of CAM practice, practitioners make recommendations based on their particular approach. Additionally, diversity within fields leads practitioners to approach the way they interpret or treat a patient in differing manners (Ruggie 2004:9). Anthropologists are especially interested in the conditions that

lead patients to seek treatments that fall outside of the biomedical sphere and within the realm of CAM therapies.

Caspi, Koithan and Criddle (2004) use qualitative methods to explore patient-oriented decision-making and choice models for alternative medical practices. Some of the most salient aspects to CAM related-decision making encompass treatment cost and whether the treatment makes sense for an individual or not (Caspi et al. 2004:75). They build off of Astin (1998) who concluded that: “higher education, valuing subculture ideals, transformational experience changing one’s worldview, poorer overall health, holistic health philosophy, and any of the conditions of anxiety, back problems, chronic pain, or urinary tract problems” (Caspi et al. 2004:75). The authors argue that healthcare providers should be sensitive that individuals may decide to choose CAM modalities for various reasons. In order for this to occur, providers must be sensitive to patient’s belief systems and worldviews “so that an alliance may be forged around a common agenda” (Caspi et al. 2004:77). To appear judgmental or critical of a patient’s beliefs, decisions, or lifestyles can harm the provider-patient relationship. Instead of being primarily considered with patient decision-making, this thesis focuses on a group of alternative medical providers and their reasoning behind choosing the practice model they did.

It is posited that the choice to seek out “alternative” providers or training in an alternative healing modality is a multidimensional process that can be influenced by many factors (Kelner and Wellman 1997). Whether this is done to manage illness, achieve wellness, or due to frustration with normative treatment models, anthropology is concerned with the embodied experience of CAM users and practitioners:

> The standard biomedical approaches for treatment for chronic illness and suffering are not just perceived as inadequate but as grievously and

> unacceptably limited. Alternative medicine offers the sense that the current situation is riddled with contradictions and that something else, something better is possible. The future of alternative medicine hinges on its ability to prove that such an approach to health and illness does exist…But, the opportunity for alternative medicine to make its case at this point in history derives from the extent, depth, and acceptance of the notion that existing forms of conventional medicine have come to place an unreasonable burden upon society and hinder our ability to respond to illness (Goldstein 1999:39).

Studies of users of CAM therapies have also shown that many turn to alternatives in hopes of finding forms of relief. Many suffered from chronic illnesses that may not yet be treatable through biomedical intervention. The inability to find chronic illness relief has led many patients to become frustrated with and disillusioned by the dominant medical system. Many times this results in the patient developing a "somewhat critical view of the medical profession. They [have] concerns about the side-effects of drugs, or [are] convinced that medicine treats symptoms rather than causes" (Kelner and Wellman 1997:204). Biomedical doctors are mainly trained for "prompt and decisive physical interventions," and are therefore "ill equipped to provide the sensitive management of personal miseries needed by the victims of chronic conditions (Whorton 2002:248). Not only are chronic illnesses impossible to cure but they take an extreme emotional toll on sufferers, much of which isn't often addressed within the contemporary biomedical model. Patients then feel "it necessary to engage in an active search for information pertaining to their problems" (Kelner and Wellman 1997:204). Many times, this involves seeking out alternative therapies that run a smaller risk for added physical or emotional side-effects than prescription medications do (Institute of Medicine of the National Academies 2005).

Socioeconomic Status and Health Care Disparities

The social movement this research focuses on aims to increase access to an alternative medical treatment that the movement founder's believe to target the intersection of poverty and health. The movement founders state that frequent acupuncture treatments are particularly suited to easing disease burdens associated with working class lifestyles and the generally high-stress American lifestyle. In order to have frequent acupuncture treatments, the movement espouses low-priced treatments in order to address populations previously unable to access acupuncture due to financial limitations.

Patterns and explanations of US socioeconomic and racial differences in health have long been researched within anthropology and sociology, and it is widely accepted that there exists a gradient along which health and socioeconomic status slide (Adler et al. 1999, Dutton 1986, Williams and Collins 1995). In this sense "socioeconomic status" (SES) is measured by income, occupational status, and level of education. Studies have shown that the higher these factors, the better health one has: "people in upper classes — those who have a good education, hold high-paying jobs, and live in comfortable neighborhoods — live longer and healthier lives than do people in lower classes, many of whom are black or members of ethnic minorities" (Isaacs 2004:1137). A stepwise relationship between class and premature death "holds true in a progressive fashion from the poorest to the richest" (Isaacs 2004:1137). In order to address the gradient of income-based health inequalities, Marmot (2006) argues will "require action across a broad front" addressing issues such as working and living conditions, and the lack of support for the elderly, children, and women of childbearing age (Marmot 2006:1306).

Barr (2008) explores how socioeconomic status, race, and ethnicity affect health disparities in the United States. Although the American healthcare system is typically viewed as one of the most comprehensive and advanced medical systems in the world, many residents in the country lack sufficient financial resources or access to adequate health care. In not providing universal access to health care or measuring health care disparities in relation to socioeconomic status, the United States medical system is unique compared to other rich, industrialized nations (Marmot 2006:1305). Barr argues health disparities are reflective of both social and economic inequalities within American culture, society, and institutions. Barr traces the consistent association between poverty and poor health that persists across time and space; defining "allostatic load" as a physiological response to the stress of being in a position of social disadvantage. Budrys (2003) posits that lower SES status is intimately associated with long-term psychological and physiological stressors, which places individuals at a "chronic disadvantage" managing health and wellbeing (Budrys 2003:168-9). She concludes that "social class is a powerful, and arguably the most powerful, predictor of health" (Budrys 2003:179-181). Bravemen et al. (2011) also focus on the social determinants of health, and acknowledge that health and wellbeing cannot be studied without paying attention to social context and factors such as neighborhood conditions, education, income and wealth, racial or gender discrimination, or the role stress plays in lower-income populations (Bravemen et al. 2011:381). It's widely recognized that economic, social, and medical inequalities are continually devastating and detrimental to an individual's health (Isaacs and Schroeder 2004, Biehl and Moran-Thomas 2009). Through an exploration of symptoms and their

relationship to medical commodities and technologies, the authors show how social inequalities are displayed in the reconfiguring of illness experience and subjectivity.

Additionally, a large body of research has demonstrated how job-related stress can adversely affect one's health. Unlike other social scientists preceding him who focused on the ethnic and gendered dimensions of medical pluralism, Barr (2008) insists that medical pluralism exemplifies class relations within the larger society. Shweder (1997) concludes that "lower-middle-class Americans are more mortal, morbid, symptomatic, and disabled than upper-middle-class Americans. With each little step down the professional, educational, occupational and income ladders comes an increased risk of headaches, varicose veins, hypertension, sleepless nights, emotional distress, heart disease, schizophrenia and an early visit to the grave" (Barr 2008:42). During the time period that this article was published, the founders of the community acupuncture (CA) movement, which the research for this thesis focuses on, began to articulate how stressful economic situations and various health detriments can accompany a working class lifestyle, and proposed the CA model with the aim of expanding acupuncture accessibility to working class segments of the population.

3. Working Class Acupuncture, Portland: The Hub of the Community Acupuncture Movement

The community acupuncture (CA) movement began in 2002, with the aim of delivering acupuncture in a group setting, which would allow the clinic owners to see a high-volume of patients while keeping the cost of the treatment itself low. The movement as a direct reaction to the state of the acupuncture profession at the time, which had commodified the profession in the movement founders' opinions, by over-pricing individual treatments and therefore limiting themselves to a narrow segment of the American population. Navarro (1980) traces the problems with the American medical system to the private ownership and control of medical institutions, as well as Ehrenreich's belief that "the consequent existence of market relations determine[s] an unequal distribution of an otherwise admirable and beneficial medicine" (Ehrenreich quotes in Navarro 1980:234-235). By the early 2000s, the American public's confidence with the nation's healthcare system was lower than it had been in decades. Over 39 million Americans lacked insurance coverage and one-third of the population was not confident in their ability to cover the cost of a serious illness, injury, or surgery (Leatherman and McCarthy 2002:92). Concurrently, between 1990 and 2002, CAM use (including practices, therapies, and products) increased from 34 to 62 percent in a nationally representative sample of America adults (Institute of Medicine 2005; Su and Li 2011:296). Such a drastic increase in CAM use during this period can be linked to conventional medical care being continually restricted from un-or-underinsured populations due to continually escalating costs (Su and Li 2011, Barnes et al. 2008).

CAM research has shown that individuals are more likely to seek out alternative healing methods due to having unmet medical needs (such as pain relief) or delayed care due to cost (Su and Li 201:304, Thorburn et al. 2013:577).

The social movement in CAM health care reform that this research focuses on is targeted specifically towards working class populations and the values that the movement's founders believe to be held by these demographics. In early 2002, at a time when Americans expressed increasing frustration with the high-cost of biomedical treatments and structural barriers to healthcare access, the community acupuncture movement provides a treatment to modern day afflictions both physical and emotional, and specifically targeted conditions associated with general "working class" lifestyles.

The CA movement readily acknowledges that stress (experienced in higher amounts by lower income American populations) is "one of the primary pathways through which the structural violence of social inequality affects health" (Singer 2009:144). By providing a cost-effective alternative treatment that can manage such stressors, the CA movement actively works to ease the effects of structural violence. Within little over a decade, the movement proliferated across the nation confronting hegemonic ideas associated with American acupuncture, and providing inexpensive and effective treatments to thousands of individuals who were previously unable to access acupuncture. With its emphasis on social justice, inclusivity, affordability, and healthcare as a basic right, the organization actively works to oppose the dominant healthcare system. With its working class focus, the CA movement situates community acupuncture as a type of medical treatment that gives priority to "preventative, occupational, environmental, and social interventions" (Navarro 1980:257).

Above all, the movement aims to lessen the effects of structural violence on lower income populations by providing a low-cost alternative medical treatment particularly suited to managing stress and chronic illnesses. Structural violence was first defined in 1969 as "socially imposed constraints on human potential generated by prevailing political and economic structures, such as unequal access to resources needed to sustain life or to provide a reasonable quality of life" (Singer 2009:140). Thus, structural violence is linked closely to social injustices and health care disparities, which the community acupuncture movement addresses within the acupuncture profession. Forces of structural violence are commonly "socially invisible (except to its victims), as [they are] embedded in the day-to-day workings of dominant institutions" (Singer 2009:140). Farmer (2003) explicates how suffering and the impacts of structural violence differs for every individual and must be taken into account by any health care provider (Farmer 2003a:328). Anthropologically, suffering must be understood both as individual experience and within the "larger social matrix in which it is embedded in order to see how various social processes and events come to be translated into personal distress and disease" (Farmer 2003a:329). After researching within the founding clinics of the movement, I came to see that these community acupuncture providers were particularly attuned to suffering associated with poverty and the daily struggles of a working class American life.

Research Methodology

From early June to late August of 2014 I completed ethnographic fieldwork and participant-observation at the Working Class Acupuncture clinics in the Cully, Lents, and Hillsdale neighborhoods of Portland, Oregon. In addition, from August 2014 through

early 2015 I helped conduct interviews with acupuncturists at the WCA clinics (described below). This thesis research, which was completed in conjunction with Suzanne Morrissey of Whitman College's Anthropology Department, centers on the movement's culture and the key tenets providers within the model came together on. Initially I was trained as a clinic volunteer and instructed on how to fulfill reception desk duties and support paid staff members. However, after an unforeseen shuffling around of clinic receptionists, I began to work the front reception desk on my own for up to 15 hours weekly, becoming increasingly familiar with the clinics inner workings. This experience taught me how to work under a time crunch while maintaining patient satisfaction. It also allowed me to personally interact with both patients and providers on a level much deeper than being a mere observer. I was welcomed into the community with open arms, and rarely encountered any issues in the workplace that weren't quickly resolved by more experienced workers who quickly swooped in to rescue me from embarrassment.

At the outset of the research process, we met with the clinic staff members and introduced our project as well as articulated what our respective roles would be within the clinic space. At this time, we drafted an email message to the entire group of WCA providers asking for self-selecting interview participants. All were given a choice between being video-recorded or audio-recorded, and interview participants were aware that what was said during the interview could later be used in the production of an ethnographic film or manuscript, in addition to being included in my senior thesis. Only one of these providers didn't respond, for he had recently quit and was moving to another city. Upon completing interviews with WCA acupuncturists, our data set consisted of four men and seven women, all of whom self-identified their gender. The majority of

interviewees fell into the age range of 25-40. Each interviewee was asked about the length of time they had been practicing both acupuncture in general and community acupuncture specifically. Before agreeing to participate in these interviews, each acupuncturist was provided with our informed consent sheet as well as the interview guide, which allowed for individuals to reflect on the questions before entering the interview space. Interview length ranged between just under an hour to just over two-and-a-half hours.

One area of particular interest that emerged during my period of primary research is a POCA initiative to make acupuncture education affordable to prospective practitioners through an innovative and Oregon Medical Board-licensed training institute called POCA Tech, which opened this September. POCA Tech is a low-residency school that provides Master's level certificates in acupuncture and sustainable business education to students who are willing to serve the movement for three years post-graduation – either as owners or employees of POCA co-op clinics. The idea of a collective provider identity is instilled in students from the application process onwards, and I became increasingly interested in the mindset and worldview shared by POCA providers.

Following the fieldwork process, each of the eleven interviews were transcribed and coded, and each acupuncturist's name was replaced with a unique identifying combination of letters and numbers. All names associated with individuals who work in the WCA clinics have either been struck, or replaced with a pseudonym. However, the names of the movement's founders (Lisa Rohleder and Skip Van Meter) will remain true to form. All other acu-punks referenced will remain anonymous. During the participant-

observation period, I spent the large majority of my time at one of the clinics in particular covering shifts for Vivian, a beloved long-term receptionist who had recently suffered a stroke. As I became familiar with the clinic's processes and more confident in my fledgling medical reception skills, I found that I had more time to spend talking with this clinic's acupuncturists. During shift lulls, providers would keep me company in the waiting room and sit behind the receptionist desk with me, talking about life, work, or other general musings.

In particular, I forged a close relationship with Adam. I came to find out that Adam was the first ever employee hired by the WCA clinics (which at the time only consisted of Rohleder, Van Meter, and business manager Lupine Hudson), and that he had been a community acupuncturist ever since. Adam is soft-spoken, eloquent and reflective. Many times we would sit in comfortable silence and ponder a question he would pose or share some of his garden's spoils with me. As time passed, I became more intrigued by Adam's intelligence and wisdom that seemingly reached beyond his years. In this chapter, I will utilize Adam's recounted life story to focus in on one individual's journey towards the "punk" path. Drawing from many of the themes Adam addresses, I will weave his story into other WCA acupuncturists' stories and conclude that the themes they address represent a specific identity that acupuncturists within the movement take on –the "acu-punk" identity. Although previous research has looked at the patient demographics of the Working Class Acupuncture clinics in Portland where POCA began, there is little comment on the providers themselves (Tippens et al. 2013). Here, I will begin to tell the history of the organization, through Adam's narrative about how he became the newly-established clinic's first employed acupuncturist in 2005.

Adam: From Rural Canada to Community Acupuncture

At the time of our interview, Adam was in his late-thirties, donning a thick head of salt-and-pepper hair and a trim beard to match. He sees me eyeing his appearance as I jot notes pre-interview and lets out a deep laugh, feeling his beard: "you know, this beard has led me to receive many an invitation to play Jesus in Nativity reenactments" he says, poking fun at my blatant scribbling observations. Over the summer, his regular work outfit consisted of dark green khaki construction pants and a burnt orange crewneck sweater emblazoned with the Volcom brand name, and he rarely (if ever) wore shoes during his clinic shifts. By his punk peers, Adam was colloquially referred to as a "super-punk", which is a term designated to a small group of punks who are well-known for their speed, efficiency, and patient rapport. My first interaction with Adam took place as he removed my needles following my first ever acupuncture treatment experience. We exchanged pleasantries and a quick introduction, in which I vaguely remember identifying myself as the "weird, nose-in-notebook, student researcher with an unknown clinic position." As I spent more time in this particular clinic, I too came to see why Adam was deemed a super-punk. His unparalleled ability to move through the clinic space with ease even when treating 8 to 10 patients in a single hour, coupled with his unique life experiences presented a distinct entrance into the community acupuncture movement. It was not until our formal interview, however, that I learned that Adam's journey was not only intriguing but also much more layered than what I, as an inexperienced first-time researcher, had expected.

Born to a Canadian mother and American father, Adam never foresaw living or working in the States. Both Adam and his older sister were raised by their hippie father in

a single-parent household, nestled in a rural Canadian town halfway between Vancouver and Calgary. He refers to an unnamed "big city" which was actually "a fairly small town" an hour's drive away instead of identifying his small rural community - a location in which many Canadians undoubtedly have no knowledge of. Adam characterizes the community as a congregation of "back-to-the-landers", who embraced a brutal work ethic necessary for maintaining a successful farm in such rural living conditions. Adam likens his childhood home in the mountains to the Weasley's house from J.K. Rowling's *Harry Potter* series: "it was just this cacophony of stuff…much disorganized" and although the house's design stuck out like a sore thumb it was also "erratically beautiful." The family's home, which appeared to be held together by "magical duct tape," led Adam to feel that his father's fierce independence uncomfortably exposed them to other community members: "Man I had all sorts of stuff to prove" he said as he let out a sighing chuckle (Personal correspondence, January 2015). Adam's father had his children when he was nearing forty years old, and taught art at a local college while supplementing his income with endeavors into a variety of door-to-door sales within their community. At various points throughout his childhood Adam recalls his father pitching various products to neighbors, including tofu and apple cider. Although Adam stressed that his family wasn't in "dire" poverty throughout his childhood, he describes his household as working poor and "definitely looking for help," relying on welfare and food stamps to ensure food made it to the table.

Adam spends a long time articulating his family culture growing up, and dwells on his father's influences in particular. His father, Michael, spent his young adulthood living the "normal American experience" and was honorably discharged from the army

after a tour in Vietnam. Post-war Michael experienced a mental shift, rebelling hard against any "standard kind of 50s America" experience. Adam recounts stories of his father ingesting hallucinogenic drugs during a cross-country road trip, refusing to work within the regimented system of American society, and ultimately expressing his independence with a ferocity his children would later shy away from. While raising his children in Canada, Michael refused to live by anyone else's rules, whether it came to proper communal socialization, or observing the living routine of homework and sleeping early that was touted by the local public school system. While commenting on his father, Adam displayed tension between appreciating his father's unique rebellions and feeling as if Michael's bold personality just "pushed so hard… As a kid, it was not fitting in at all" (Personal correspondence, January 2015). In an attempt to forge his own path Adam turned to what he felt naturally good at, which happened to be manual labor or athletic endeavors that demanded high levels of physicality.

However, by the age of 12, Adam found himself in chronic, wracking joint pain: "I got to the point where my body pretty much shut down physically, health-wise." When the pain finally became too overpowering, Michael took Adam to the local doctor, a rare occurrence due to Michael's typical resistance to medical authority. After receiving news that he had developed early onset arthritis as an active preteen boy, Adam was "cut down" and devastated. He was left without a solid treatment plan and encouraged to practice simple stretching supplemented by prescription painkillers, by doctors he deemed the "final-word folks in medicine." He felt as if he was left without a proper explanation and his former life seemed to vanish in front of his eyes:

> When I got really sick, really in pain, and really un-functional, I couldn't do what was part of communicating – like part of being in the community

> of a rural environment is chopping wood, stacking wood, moving heavy things… You just have to do that stuff if you're going to live that way… I prided myself on being good at that stuff. And so to not do that I could actually contribute, that hurt a lot internally (Personal correspondence, January 2015).

Adam sought relief for his daily debilitating joint pain and stiffness. There was only one acupuncturist practicing in his hometown at the time, and he immediately was attracted to the option due to its "alternative" nature and foundations in East Asian religions, which has father had long spoken of. As a boy in a working poor household, he characterized his attitude towards work as necessary yet enriching to a degree:

> At some point I felt like I would have to buy my own toys if I wanted toys and I had that experience of like working before my neighbors did, and working before some of my friends ever did. And just feeling all sorts of different resentments around that. But also recognizing it pretty deeply like it's just an option, you can do it so you may as well. So I also felt like, some version of self-congratulatory, just like "fuck yeah, I'm going to make it happen" [laughs] so a little bit of ego around work ethic and internal strength and ability to pull through, that kind of stuff, um. So that's a lot of simple backstory to say... I was interested in the idea of, um, acupuncture as pain relief. That was it. And I was secondarily interested in, like, the idea of acupuncture as kind of this mythical, like, wizardry to feel important in the world (Personal correspondence, January 2015).

Adam's first experience with acupuncture came shortly after his diagnosis, at a time when both he and his father felt lost–as if they had no viable options to help manage his pain. Adam called the clinic's style of acupuncture delivery as "*boutique-y*", a term which is often used within community acupuncture circles to mark (as negative) private practice acupuncture in America. Disregarding the treatment delivery style, Adam states that following his first acupuncture treatment, he found it to be: "lovely but too expensive. And so I didn't do it, and I couldn't do it, and it was frustrating… It was also like 'oh, hope!' So some version of hope was there." Adam and his father were unable to come up with funds for further acupuncture treatments, even though they both greatly

"appreciated the value of this crazy fucking needles thing," and both saw the visible relief Adam had in the few days following an acupuncture treatment.

As previously mentioned, the small community Adam lived in was very close-knit, supportive, and self-sufficient. Adam maintained much higher grades during the three years he taught *qigong* in high school, and his neighbors were excited to see him actively dedicated to teaching something for multiple years that provided him pain relief. Sensing the teenager's desire to learn extend beyond his *qigong* practice and learn acupuncture, a few community members banded together to canvass the town to help fund Adam's educational dream. Given the choice to contribute a single donation or regularly, the community presented Adam with a lump sum that could cover up to half of the tuition required for an acupuncture program in nearby Victoria, British Columbia. He ended up accepting the generous collection, and started acupuncture school directly out of high school, at the age of 18–something typically unheard of in the field. The college Adam attended in shut its doors in 2010, possibly due to ethical issues such as those Adam witnessed during his time there. Adam didn't confront such institutional issues until his second year at the college. He recalls thinking of acupuncture school as a "constant birthday" during that first year away from his rural upbringing: although he qualifies this by saying it's a "trite" and "kiddish" thing to reflect upon now. The theory he was being taught excited and intrigued him, he excelled in all of his coursework, and experienced what he termed an "energetic shift," "a paradigm, personality decision."

Not far into his second year, Adam learned that the school's founder, Neil, was "shady" and rumored to be gambling away student loan money. Throughout the rest of Adam's time at the college, he swung back and forth in his feelings about Neil's teaching

style, who ran the student's clinical sessions: "he was this mixed bag of kind of brilliant, kind of an asshole… cool... slash yuck!" During needling demonstration session for students in the school's clinic, Neil would treat patients in a way that made Adam feel uncomfortable. Despite his adept needling skills, Neil would misinform patients of how actual needling felt:

> [Neil is] like "patient's yelling? Oh, no problem." And so that's...the cultural thing. It's a cultural giant ego sort of form of like: "you're the doctor, you fuckin' handle it, you do what you want! And the patients? Whatever, stupid." Um, so being around that clinically was rough (Personal correspondence, January 2015).

Some of these moral and ethical dilemmas and other "nefarious feelings" led Adam into shutting down "really hard" at some points and resorting to trudging through his education instead of enjoying it as he first had. He increasingly became disillusioned with what he was being taught in acupuncture school as Neil's administrative issues became more apparent. Come graduation time, Adam also began to realize that he had no clue how to practice the actual business side of acupuncture. The closest a course came to touching on business practice (such as insurance billing, record keeping, taking chart notes, and possibly dealing with employees) was a "paltry, ridiculous, not very concrete" class taught by a classmate. If a student posed a question concerning the building of their own private practice they were either met with a scoff that they must be pre-funded or a reassurance that they'd "be fine" without any suggestions or advice otherwise. By the time Adam came to realize he had obtained a strong foundation in acupuncture theory but lacked in sort of practical business skill for starting his own acupuncture clinic, it was too late–he had already graduated and spent his first two months post-grad at clinical teaching hospitals in Southern China. Upon returning from his international trip and

realizing his town had been saturated by (three) acupuncturists since he left, he decided he had to take a chance and make a change, despite being a worrier by personality. Enter: America. His arrival into Oregon didn't occur until 2003, after writing his board exam in acupuncture theory for the third time and passing it. Realizing that Portland was not only a "world mecca" for free outdoor skateboard parks but also a hub for alternative medicine use and acceptance in the States, Adam was magnetized by the idea of practicing acupuncture in Portland.

Portland, Oregon: The "Mothership" of the Movement

In 2002, longtime partners and licensed acupuncturists Rohleder and Van Meter opened Window of the Sky Clinic in the Cully neighborhood of Northeast Portland, Oregon. Renamed Working Class Acupuncture (WCA) shortly thereafter, the clinic practiced a style of acupuncture treatment that diverged from conventional, private style typical of the American acupuncture profession. At the clinic's opening, the going rate for a single private acupuncture treatment was an average of 60 dollars (a price point that continues to rise), a fact that incited Rohleder into rethinking the way in which she practiced (Rohleder 2009:78). At the time of the movement's inception, the acupuncture profession mirrored oppressive "class structures of the larger society" with pricing that allowed access to only the middle and upper classes (Waitzkin 1992:167). Upon opening Window of the Sky, Rohleder chose to deliver acupuncture treatments in a large treatment room and group setting[1] – here began the community American acupuncture movement.

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[1]Historically, it isn't uncommon to see acupuncture practiced in community fashion in East Asian countries. In America, the dominant treatment model is individual treatment rooms.

Although Rohleder developed and based this style on many of the traditional community styles of acupuncture treatment practiced throughout Asia, many local Portland acupuncturists believed the community model resembled a watered-down style of acupuncture delivery that not only diminished the sacredness of the modality, but also threatened the profession as large. In setting up the first CA clinic, the founders asked some simple questions and challenged specific assumptions about acupuncture:

- What were the barriers to people getting acupuncture? What is really necessary for acupuncture treatments? How can acupuncturists make a sustainable income providing treatments to more people? The result is the CA model, which includes some fundamental re-imaginings of what acupuncture is and can be, and many helpful systems that help clinics run smoothly ("Our History" 2011).
- We do not believe that you can separate the efficacy of treatment from the cost of treatment. It doesn't matter what the academic arguments are for this style of acupuncture or that style of acupuncture; if you can't get the needles in the patient because the patient can't afford it, *then acupuncture doesn't work"* (Rohleder 2009: 65, emphasis in original)
- The fact is that people go through life in pain: physical pain, emotional pain, mental pain, spiritual pain. It's the human condition… Unless the acupuncturist realizes this and takes into consideration the patient's whole life in setting prices and treatment strategies than they are choosing to disregard many of the primary concerns of the great majority of Americans, and so they relegate themselves to a narrow niche market" (Van Meter 2009: 90).

Treating patients seated in recliners instead of lying on tables, in group settings instead of alone, and at a sliding scale price point versus an expensive single treatment led to disagreements between other acupuncturists and the clinic owners. Nevertheless, the clinic found great success. The community acupuncture business model and mission proved attractive to other segments of the acupuncture profession, and community-style practice slowly began to expand nationwide.

WCA systems were greatly influenced by Muhammad Yunnus' social business model, which establishes that the purpose of such business lies in investing "purely to achieve one or more social objectives through the operation of the company" in which "no personal gain is desired by the investors" (Yunnus 2007). Yunnus identifies poverty, education, health, technological access, and good environmental conditions as the main objectives that organizations associated with a social business model should address. These objectives aim to lessen threats encountered by some segments of a society, instead of aiming to increase profit maximization as most capitalist companies do. Therefore: "a social business is a company that is cause-driven rather than profit-driven, which the potential to act as a change agent for the world" (Yunnus 2009:22). A social business should make enough for employees to make a livable market wage with better working conditions than a position of equal pay outside of this model. The goal of this business model, most simply, is for a business to continue to exist, without compiling profits: "wages without profits are fine with us, in part because we feel genuinely queasy about the idea of making a profit while practicing healthcare… we believe that there is a moral problem with making money off of human suffering" (Rohleder 2009: 81). A social business thus recovers its full costs "while achieving its social objective" (Yunnus 2009:22).

Such a view differs greatly from most conventional, private American acupuncturists. The CA movement situates these providers as attempting attempt to make as much money off a single treatment as possible, and believe that they deserve to be compensated greatly for their services. Whatever profit a social business makes goes directly back into expanding and improving the overall company instead of enriching the

income of certain workers. The idea that capitalism can be used for something other than accumulating money, and that "the point of owning a business is not to make money, it's to make something happen" are identified as the most revolutionary aspects of the movement by Rohleder. The reward for running a social business in this context, therefore, is that the community acupuncture clinic owner gets to live out their values of strengthening human relationships and helping others, instead of valuing money and social status as most capitalist business models do. Rohleder describes this as follows:

> The social business model seems to us to be especially suited to acupuncture, because acupuncture is inherently so simple and so inexpensive. It needs so little to work so well… Just as acupuncture does not fit into the Western medical paradigm, neither does it fit into the typical American business paradigm. It's hard to squeeze profits out of acupuncture, but it's easy to use acupuncture for the benefit of many people. Acupuncture works best when it is allowed to be its humble, useful, radically unselfish self (Rohleder 2009: 83).

Many other acupuncturists agreed with Rohleder and ended up taking up the social business model within a community acupuncture clinic. Any profit made by these clinics, which soon came to form a network, would be put back into supporting the "pursuit of long-term social goals" (Yunnus 2009:24). Together, these acupuncturists challenged the dominant model of acupuncture delivery in America by assuming the role of what Nicholls (2006) terms the "social entrepreneur." Social entrepreneurs within the CA movement share objectives such as creating employment, developing skills, providing a service (acupuncture treatment) which the market is unable to provide, and fostering pathways to integrate socially excluded people (Nicholls 2006:14).

Defining the Movement: CA Terminology

Throughout the rest of this thesis, when referring to terms such as the "working class" and its "values" I will be referring to the definitions that the CA movement founders provide in their various publications (such as self-published books, online forums, and blog posts). It is of the upmost importance in anthropological analyses to get at the emic understandings and shared meanings within a specific group. For this reason, the majority of the previous research into community organizing, healthcare disparities, and collective identity were written during the decade leading up to and following the movement's emergence (1992-2012). In this vein, I put forth the following definitions from the perspective of those who founded the CA movement, before examining the collective acu-punk identity of the movement.

Acupuncture

Reminiscent of the philosophies of counterculture movements in the 1960s, the social justice movement behind community acupuncture that this research focuses on defines acupuncture simply as "the practice of inserting tiny needles under the skin at specific points in order to stimulate the body's ability to heal itself" (Rohleder 2009: 9). The acupuncturists who I spoke to during my fieldwork all emphasized that they did not believe acupuncture itself could "cure" certain afflictions, but that it is a helpful complementary tool used best in conjunction with biomedical interventions when appropriate. Acupuncture is identified as a "tool in one's toolkit" for managing complex health problems that stem from interrelated reasons in American society (Rohleder 2014). Many of them attest to the fact that if people managing chronic diseases (such as

unexplained pain, Fibromyalgia, diabetes, drug addiction, etcetera) were to receive more acupuncture treatments, their quality of life could greatly increase – to the point of possibly lessening dependence on addictive medication such as painkillers. The most general benefits to acupuncture include improved sleep, lessened allergies, better digestion, heightened energy, more stable moods (addressing anxiety or depression), and reduced stress (Rohleder 2009:10, Personal Correspondences, August 2014 and January 2015). One acu-punk interviewed said: "you kinda just assume… universal precaution: everyone's stressed and traumatized [laughs] yeah, so you approach everyone with that sort of the assumption that everyone's stressed out" (Personal correspondence, August 2014). Although everybody responds differently to acupuncture, acupuncture is particularly suited to preventative treatment and helping individuals cope with stress or increase their quality of life; as such, "every acupuncturist sees people suffering" (Personal correspondence, August 2014). Acupuncture is described as a subtle medicine that can directly address many forms of suffering

Community Acupuncture

1. **Safety in numbers** - simply walking into a room full of deeply relaxed people makes new patients feel safer; they can look around and see that there is nothing to fear
2. **Control** - patients have more control over their experience. The patient signals when they are ready to be done with treatment by making eye contact with an acu-punk

3. **Focus** – is centered on acupuncture instead of telling one's story during the intake process. Patient interviews are limited to short time periods so the patient can spend more time with the needles in, doing healing work on themselves.
4. **Interactions** – extremely brief between punk and patient. The focus shifts to what the patient has to say instead of the acupuncturist's advice. Patients are considerate of others around them, and the presence of other inwardly-focused patients leads new patients to do the same
5. **Healing effect** –Collective stillness leads to heightened efficacy of treatment and a group healing energy. Your own healing is enhanced by others being treated around you. Better clinical results due to the patient feeling as if they are part of something much bigger. (adapted from Rohleder 2009:60-62).

American Acupuncture Delivery: The Three Noodle "Types"

By the 1980s, American acupuncture had been packaged into the two distinctive styles of practice previously mentioned (see pp. 14-15). The CA movement rejected these two practice models, and proposed an entirely differing model of American acupuncture delivery and education. After years of private practice, Rohleder and Van Meter came to realize that while the price of an acupuncture education had skyrocketed and continued to rise there were virtually "no jobs for acupuncturists" in the current period (Rohleder 2009:11). This huge inflation in education costs was related to the fact that: "once acupuncture became interesting to white [rich] people, it began to be priced in a very unfortunate way… Since almost no one can afford this, almost no one in America gets acupuncture… Almost everyone suffers from stress in some way, and almost everyone

could be helped by acupuncture" (Rohleder 2009: 12). Rohleder and Van Meter decided to pilot this new community model, and began challenging the dominant modes of American acupuncture delivery. They mainly did this through a food-based metaphor equating styles of acupuncture practice to differing ways of preparing "noodles". They state that these two distinct "noodle styles" or markets for conventional acupuncture practice both cater to a narrow, wealthy population, and propose a third style of delivery that's inclusive of a wider range of incomes.

1. **Zen-Spa Noodle:** What could be known as the "alternative" aspect of acupuncture practice, which is marketed as an "exotic spa service for the discerning customer" and can include promises of facial rejuvenation or an acupuncture facelift (Rohleder 2009:21). Rohleder states that this style of acupuncture practice relies heavily on Asian-influenced imagery and highly personalized treatments that consist of a long one-on-one conversation between patient and practitioner, altogether "evoking the idea of a special therapy for special people" (Rohleder 2009:21). Within the movement's food metaphor, the Zen-Spa Noodle reflects their ideas of upper class values and is therefore "a delicate noodle embossed with gold-leaf Chinese characters" (Rohleder 2009:21).
2. **White-Coat Noodle:** What could be known as the "complementary" aspect of acupuncture, which is marketed as complementary medicine to biomedicine. This noodle is therefore "wrapped up in medical bureaucracy" or provider "specialization" (Rohleder 2009:21). Rohleder states that such practitioners proudly display many letters (credentials) behind their names and wear lab coats or stethoscopes. Their offices resemble the sterility of biomedical offices, often

displaying “research studies showing the effectiveness and respectability of acupuncture” (Rohleder 2009:21). She states that these practitioners bill insurance in order to reflect upper middle class values and a strain of biomedical legitimacy.

3. **Humble/Unpretentious Noodle:** The treatment model that the community acupuncture movement proposes as a “call for acupuncturists to use their noodles in a socially responsible manner” (Rohleder 2009:22). When Rohleder and Van Meter began questioning conventional acupuncturists about the “lack of noodles” for lower-income populations, they were often met with “reprehensible suggestions that working class and lower middle class people do not really ‘value their health’” (Rohleder 2009:22). Such insinuations led Rohleder and Van Meter to feel that the acupuncture profession at large had classist tendencies towards certain segments of the American populations – something they wanted to actively address with their community-style clinic.

Classism

The movement directly addresses issues of classism, which is defined as “bias based on socioeconomic status. In a nutshell, classism is a set of beliefs that define people as superior or inferior depending on their social position, wealth, education, and culture” (Rohleder 2009:18). Classist beliefs in American society are internalized and usually come forth in subtle and systemic ways. An extension of classism that has the greatest societal implication is ideological hegemony, or “the belief that the values held by the upper class and upper middle class are the ‘right’ or ‘correct’ values, and the way those

classes do things represent the ‘best’ way to do things” (Rohleder 2009:18). The utilization of a communal treatment area and fast intake process in CA clinics openly opposes the classist notion that private highly-individualized treatments are the only true, correct way of delivering acupuncture.

The Working Class and its Values

The couple who founded the movement utilizes Betsy Leondar-Wright’s class delineations in the first book self-published by the clinic. Leondar-Wright is a sociologist, economic justice activist, and founder of classmatters.org, an online resource for community organizers and activists that trains individuals to build alliances that span across class lines. Both Leondar-Wright and the movement’s founders believe that all class designations value friendship and social connection, but this approach divides the population into six smaller class values groupings as follows: upper (ruling or owning) class, upper middle class, middle class, lower middle class, working class, and underclass or chronic poverty (Leondar-Wright 2005). The CA movement focuses specifically on addressing issues that they believe are encountered mostly within the working class. They identify the working class as having “enormous” limitations on resources, and particularly valuing the following traits: interdependence, creativity, hard work, resourcefulness, personal relationships, directness, and loyalty (Rohleder 2009: 21). These values vary greatly from what they identify as upper class values (such as elegance, status, personal service, refinement, individuality, beauty, exoticism, uniqueness), which comprises the demographic that most private acupunctures targets and the values the conventional system perpetuates (Rohleder 2009:20).

From Portland to POCA

After settling in Portland in the summer of 2003, Adam took a job in appliance repair downtown while struggling to become an officially licensed Oregon acupuncturist. Licensing delays stemmed from his international status and choice of school, which the licensing board stated was not included on approved list of international schools with the same curriculum as those in the States did. Frustration abounded for Adam, who was over four years out of acupuncture school and still unlicensed: “I'm from the sticks still in some ways and… [sic] didn't really have the awareness that a bureaucratic organization that's doing the public safety good meets every like three-four months… I cat-and-moused that for a year and a half.” During this time period, Adam attended an Oregon Acupuncture Conference, in which he happened upon Rohleder vending her recently self-published book, *The Little Red Book of Working Class Acupuncture* in 2005.Adam describes first seeing a “normal” looking woman within a sea of professionally-dressed acupuncturists, something he was immediately drawn to:

> The visual field there was all this context of … looking professional that was going on… through this whole profession since day one. And here [Rohleder] was looking normal and I just had this feeling of, like, "Whatever that is, I want more of that" so I went over and I bought the book - it was five bucks (Personal correspondence, January 2015).

After reading the book and recognizing the difference between the model explicated in the text and all that he was taught during his education, Adam was intrigued. It wasn’t until after receiving a few treatments at the clinic (and being repeatedly denied for mentorships by small private clinics in Portland), that he finally had the courage to approach Rohleder and Van Meter to see if he could fulfill his mentorship hours at their clinic. After initially reading Rohleder’s book, Adam still felt as if he was more suited for

conventional acupuncture practice, which was hammered into his head during his education. Nevertheless, after experiencing group treatment and feeling comfortable within the clinic space at WCA, Adam states:

> I was trying to do the best I could to do the "normal" route. And it had not been working. And then I recognized that… they were doing something different. They were changing the game. And so... the resonance of kind of normal person access, affordable access, and kind of casual dress. Those simplicities resonated super deeply (Personal correspondence, January 2015).

Adam's entrance into the clinic coincided with the shift from the calming name of Window of the Sky to the more provocative Working Class Acupuncture. During this period, the movement founders and clinic business manager had made the big decisions to add the red fist (associated with Chinese and Soviet socialism) to the clinic's symbol and define the community model as both oppositional and reactionary to the current state of the private acupuncture profession. To do so, Rohleder, Van Meter and Hudson decided to stray from the typical model for clinic expansion (which stipulated hiring independent contract acupuncturist to lease part of the clinic) and instead try a completely new model of hiring employees that would receive a base wage salary dependent upon hours worked instead of patients seen. Adam ended up being the "guinea pig" for this experiment – he took on the trial position of being an unpaid employee (due to mentorship guidelines disallowing financial compensation), and began to work under the original punks, Van Meter and Rohleder.

Community Acupuncture as a New Social Movement

In 2006, Rohleder began writing articles about affordable acupuncture and social entrepreneurship. Concurrently, WCA began offering workshops for other acupuncturists

to share the CA business model, the philosophies behind it, and their systems and experience. It was during this year that the Community Acupuncture Network (CAN, a 501c6 non-profit) was formed by Rohleder, Hudson, and the current Executive Director of the American Association of Acupuncture and Oriental Medicine (AAAOM) Alliance. During his first year at the clinic as all of these advancements were taking place, Adam sometimes felt as though Rohleder and Van Meter were much too busy "bulldozing their own path in the world" and defining the movement to personally mentor him in how to shift his patient intake process and acupuncture delivery style to suit the fast-paced community model.

The theory of New Social Movements (NSMs) was kick-started in the 1960s and is still utilized today in the examination of contemporary social movements and contentious politics (Tarrow 1998). The CA movement is an example of such a movement within the acupuncture profession, for NSMs attempt to "regain control over decisions and areas of life increasingly subject to state control" and "challenge dominant normative and cultural codes (Bernstein 2005:54). Whereas prior social movements had mobilized for general freedom and emancipation, new social movements focused on the expansion of differing freedoms (Edelman 2001). In this context, individuals mobilize into a new social movement by choice, many times adopting aspects of identity and lifestyle endorsed by the organization and taking on anti-capitalist sentiments about the current state of the acupuncture profession and the social relations it entails (Dixon 2014:67). The community acupuncture model enacted an alternative to the present situation in the profession while also touting a collective antithetical identity (Gusfield 1994:63).

Additionally, new communication technologies have significantly shifted "the backdrop by which identity is constructed" and social movements gain momentum (Cerulo 1997:397). Internet technologies have been huge factors in expanding the scope of contemporaneous social movement presence, a tactic exemplified by the CA movement's conversation-starting blogposts. Such posts quickly came under fire by acupuncturists outside of the model, which led the movement's founders to re-title the blog "Prick, Prod, Provoke" in reference to the tension between conventional acupuncturists and acu-punks (https://www.pocacoop.com/prick-prod-provoke/). As more acupuncturists became aware of the CA model, solidarity amongst practitioners increased as they defined their clinical models in opposition to the conventional model.

By the end of 2006, 11 clinics had started practicing as CA-style clinics. Within two years, 32 clinics were in operation and the CAN online forums were bursting with discussion as people continued to simplify and refine the CA model. Growth of the movement continued: by 2009, 115 clinics were open and Lisa, along with several CAN members, published *Acupuncture is Like Noodles: the Little Red (cook)book of Community Acupuncture*. In the year following *Noodles'* publication, clinics quickly began popping up on the East Coast. McAdam (1994) states that for a social movement to gain momentum, movement organizers must "propound a view of the world that both legitimates and motivates protest activity" (McAdam 1994:37). Therefore, a social movement must adopt a perspective that is culturally resonant in order facilitate further movement emergence. I argue that there are three conditions of explaining the rapid proliferation of the CA movement: the social business model, the group treatment clinic structure, and the social justice mission of healthcare reform through increased

acupuncture accessibility. The culture of the CA movement shifted from humble beginnings in Portland to a world unto itself "characterized by distinctive ideologies [and] collective identities" (McAdam 1994:44).

Community Organizing

In order to gain a following of like-minded acupuncture providers, Rohleder and Van Meter used an approach similar to what Moss Kanter (1997) calls "revaluing human capital" (Moss Kanter 2004:148). Moss Kanter attempts to return human interests to the heart of the organizing, and proposes that movements should move beyond financial measures of an employee's performance or value, and instead evaluate human capital in relation to skills, capabilities, or "know-how" (Moss Kanter 1997:148). She argues for evaluating the general worth of a company or organization's in contemporary American society on human capital instead of relying exclusively on measures of financial capital. A mock agreement Moss Kanter drew up between leaders of future organizations and their employees included the following stipulation for businesses to: "tap [their] people's ideas to develop innovation that lower costs, serve customers, and create new markets," which is "the best foundation for business growth and continuing employment" as well as "a source of funds to reinvest in continuous learning" (Moss Kanter 1997:150). Such ideals are reflected in numerous facets of the community acupuncture movement. The social business model and social justice mission lauded by the founders serve specifically to challenge the dominant American acupuncture market by lowering costs and utilizing a divergent practice style that values patients over providers.

Practitioners and acupuncture students increasingly turned to this affordable sliding-scale community model and by 2011 the critical mass of energy generated by Rohleder and Van Meter had propelled the CA movement into its next stage of growth. The 200th CAN clinic opened the same year. Until this point, CAN was the main vehicle for the growth and proliferation of community acupuncture. But the movements' rapid growth led to the formulation of a new organizational structure in March 2011 – a multi-stakeholder cooperative entitled the People's Organization of Community Acupuncture, or POCA (pronounced poke-uh). This cooperative structure created a means for the direct involvement of patients in the process of governing the organization instead of focusing on the practitioner perspective exclusively (Dixon 2014). I argue that by this point, the CA movement has taken on the character of an "idealized community embodying the movement's alternative vision of social life" which enabled the quick cross-country proliferation of the movement (McAdam 1994:46). Rohleder articulates this as follows:

> At this point in time, the community acupuncture movement in the United States is still very much a work in progress, but has developed significant momentum. It owes this momentum to a variety of factors, including the Great Recession, the increasing inaccessibility of healthcare for people with ordinary incomes, and the undercurrent of populism that is currently surfacing in the Occupy movement–community acupuncture seems timely. But the vigor of community acupuncture also comes from a careful and conscious rejection of the professional acupuncture culture that has developed in the US in particular and in Western countries in general (Rohleder 2012:22).

By defining the CA movement as antithetical to mainstream American acupuncture practice, the movement successfully engaged in what McAdam situates as the biggest challenge to the culture of a social movement: actualizing "within the movement the kind of social arrangements deemed preferable to those the group is opposing" (McAdam 1994:46). Acu-punks state that getting treated in a CA clinic is

more welcoming of individuals from varying class backgrounds than most conventional practices. The idea of being welcoming and accessible is seen throughout the entirety of the POCA cooperative, from the clinic's fee structure and systems to the provider's role. As a patient of the clinic, I experienced this often. The CA movement openly opposes normative notions of acupuncture in America and participation in POCA now means that membership is a shared responsibility between patients and providers:

> POCA, as a multi-stakeholder co-op, is designed to build a long-term, stable economic relationship based on fair treatment for everybody. Multi-stakeholder cooperatives recognize that producers and consumers are mutually dependent on one another, and that the health of the relationship between these groups is connected to the health of the larger community and economy ("Our Mission and Vision" 2011).

The organization states that it offers an alternative to overpriced private acupuncture treatments, and that healthcare reform can be seen within many aspects of the CA model:

1. **Inclusivity:** breaks down barriers of classism in healthcare by making the same service available to people with differing financial resources
2. **Low-tech and low-cost:** reverses growing trend of dependence on expensive technologies and only needs cotton balls, needles, and reclining chairs.
3. **Preventative:** targets the intersection of stress and disease, which is experienced by the majority of the American population
4. **Reduce reliance:** on prescription pills or other biomedical interventions. Acupuncture can possibly substitute for sleep aids, anti-anxiety pills, or painkillers
5. **No third-parties:** Absolutely no insurance billing. Only local community support instead of distant for-profit corporate support

6. **Easy to understand:** in comparison to the bureaucratic maze that is the biomedical sphere and other segments of the acupuncture profession
7. **Job creation:** rather than profit maximization
8. **Community building:** breaks down the isolation that is present in many segments of American health care and general society, encourages group healing.
9. **Radically transparent and simple:** the model depends on internal resources of patients (focus, silence, and one's own ability to heal) instead of external provider props (only needles are used)
10. **Doesn't need government:** this is a unique grassroots movement that can flourish outside of all existing systems, thus it does not need to line up with capitalist business models that reap profits (adapted from Rohleder 2009:125-126).

There may be numerous mechanisms by which the movement proliferated so quickly across the nation, but I argue that the movement's founders created a unique sense of community amongst providers and patients that helped to maintain the community while also increasing the reach of the movement. In order for community involvement to take place, an individual must feel some sense of ownership within the organization, as well as share the common purpose and goals of the organization and community at large (Couto and Guthrie 1999:208-209). Solidarity and the sense of a common human bond help to enrich communities. I argue that Rohleder and Van Meter, as the leaders of this movement, furthered the community acupuncture movement by making sure each individual involved felt as if they were represented within the organization and were continually reminded of their importance to their organization and the work it does within

the acupuncture profession at large. This is exemplified in blog posts that boast about the work providers do in a positive manner while also continually re-articulating what it means to be a provider within the CA movement.

Additionally, Rohleder has continued to expand the social goals of the organization as time has gone on, by making a transition from an "original purpose to subsequent ones" such as addressing acupuncture education reform and the relation of liberation theology to community acupuncture practice (Couto and Guthrie 1999:225). Rohleder's distinct writing style and militant calls for challenging the dominant models of acupuncture profession display a sense of urgency that signals a need for acupuncturists to fulfill a need within their communities. The movements' rapid proliferation can also be attributed to the use of online organizing strategies such as blogging and social media use, which brings about "an increased change that people from different social networks will find your cause and join without being constrained by geography, time, or disability" (Bazell Satariano and Wong 2012:271). By continually strengthening the organization's online communal ties, POCA uniquely uses social media to disseminate their message while building relationship amongst community members.

If Adam hadn't worked out as the clinic's first employee, there's no telling if the movement would've taken hold nationally, for the employee system is one of the most successful aspects of the model. Ten years after first beginning his work at the clinic, Adam is now one of instructors at the new POCA Technical Institute. The journey that brought Adam from attempting to be as invisible as possible in rural Canada to attaching himself to the most rebellious and mud-slinging groups within the acupuncture profession

displays a long trajectory of change. As a teacher at POCA Tech, Adam is now taking part in the possible redefining of what acupuncture education should entail. Instead of working within a conventional academic system like those of his childhood and post-graduate periods, Adam is an active part of a movement to reform the education of acupuncture providers. Quite simply put, acupuncture brought about a huge transformation in Adam's personality, relationship to his body, and his personal role in keeping healthy. From a working poor upbringing to Working Class Acupuncture's pilot employee, Adam's life story and the background of the CA movement provide a jumping off point for elaborating on many of the themes touched upon by the other WCA acu-punks interviewed. Some of these themes include: the idea of welcoming all into a clinic, helping as many people as possible, identification with the acu-punk identity, valuing the patient and punk communities, how the clinic space requires all who enter it to "plug in," and the longevity of being an acu-punk.

4. The Emergent "Acu-Punk" Identity

Poletta and Jasper (2001) define collective identity as an individual's cognitive, moral, and emotional connection with a broader community, category, practice, or institution (Poletta and Jasper 2001:285). In this sense, collective identity is a perception of a shared status or relation among individuals. The authors argue that examining collective identity is a way of better understanding the cultural effects of social movements. Social movements by definition attempt to transform cultural representations or social norms, something that the community acupuncture movement continually

claims with phrases like "the calmest revolution ever started." Poletta and Jasper emphasize that collective identities are primarily expressed through cultural materials such as names, narratives, symbols, verbal styles, rituals, and clothing (Poletta and Jasper 2001:87-9). I propose that POCA publications and online materials form a representation of an acupuncturist with an oppositional, collective identity. The "acu-punk" identity is employed as a means of delineating how community acupuncturists practice in comparison to how conventional acupuncturists practice. The collective identity of being an "acu-punk" combined with the social mission of the organization makes POCA an entity particularly suited to examining social movements within the context of alternative medicine.

Collective identity and its relationship to a social movement's proliferation and maintenance have long been researched in the sociological tradition (Hunt and Benford 1994, Johnston 1994). This chapter focuses on the acu-punk identity promoted by the organization at large and how it plays out within the local context of the Portland WCA clinics. I utilize Melucci's (1996) definition of collective identity as an interactive process a group undergoes to produce a shared definition "concerning the orientations of their action and the field of opportunities and constraints in which such action is to take place" (Melucci 1996:70). The process of collective identity formation involves *cognitive definitions* that outline the field of action and produce shared understandings, such as the "punk" term does within the CA movement (Melucci 1996:70). A collective identity is distinguished by a *network* of "active relationships between actors" that involve interactions, lines of communications, and decision-making and negotiation processes (Melucci 1996:71). POCA's active online community (both public blog posts and more

private online forums) and the relationships employee acu-punks forge at WCA are exemplary of these active network relationships within the community acupuncture movement. Lastly, for a collective identity to take hold a degree of emotional investment must be held by each individual. Establishing such emotional ties enables individuals to feel as if they are "part of a common unity," which is the first step towards intertwining oneself closely with a collective identity (Melucci 1996:72). In a 2012 article Rohleder wrote about CA for *The Journal of Chinese Medicine* she utilizes the following definition of "punk" and applies it to the unity within community acupuncture movement practitioners:

> An online dictionary (dictionary.com) defines 'punk' variously as 'any prepared substance that will smolder and can be used to light fireworks, fuses, etc', 'something or someone worthless or unimportant', 'a young ruffian; hoodlum' and 'a style or movement characterized by the adoption of aggressively unconventional and often bizarre or shocking clothing, hairstyles, makeup ... and the defiance of social norms of behavior, usually associated with punk rock musicians and fans' (Rohleder 2012:22).

Thus, Rohleder's vision of an "acu-punk" is an acupuncturist that has a unique social-justice mindset which is characterized by practicing in the unconventional CA model. POCA acu-punks openly defy the model employed by many American acupuncturists, and present an entirely new method of acupuncture delivery that they heavily associate with social medicine and access instead of exclusivity and reaping profits.

POCA defines the cooperative's governing systems as a dynamic sociocracy that "values everyone's voice and makes decisions on full group consent" ("Circle Glossary" 2015). POCA's sociocratic governance allows for patients and providers alike to participate in different "circles" within the organization. These circles include the: Board of Directors, General, Events, Membership, Publications and Content, Finance, Clinic

Success and Logbook Keepers and Scribes ("Circle Wiki" 2014). The circles include both acu-punks and patient members and promote active involvement with furthering the movement. Thus, the circle "makes the link between individual identity and group identity" (Buck and Villines 2007:240). The Board of Directors, which includes patient community members as well, outlines its major goals as:

1. Combining resources and leveraging them in new ways "to make what [they] need."
2. Encouraging leadership and participation in "acu-punk, clinic, patient, and community co-op members."
3. Providing POCA with a detailed list of organizational goals and "a vision of the world we could help create" ("Board of Directors" 2015).

Each circle is a "self-organizing and semi-autonomous group with a specific domain within the organization," and is provided with an organizational toolkit and a glossary of POCA terms online ("Circle Glossary" 2015). Circle members share defined aims and objectives, providing a key site of collective identity formation within the CA movement. Adam was actively involved in the clinic success circle at the time of our interview, and cited how valuable it was to have regular projects to work on with other acu-punks and patients from other clinics. This has led him to "developing relationships" with like-minded practitioners through a majority online community (Personal correspondence, January 2015). POCA also holds a festival/conference twice yearly in various regions of the country. Beyond linking with other acupuncturists, the CA movement promotes active relationships and involvement between practitioners and the patient community. These communal bonds are generally based on taking care of one another, but some patients "are looking for community even if they're not conscious of it" by getting treated at a POCA clinic (Personal correspondence, August 2014).

Collective identity in itself can be “a goal of social movement activism” in an attempt to gain acceptance for a “hitherto stigmatized identity” (Bernstein 2005:59). In relation to activism, Friedman and McAdam (1992) state that collective identity:

> Is also an individual announcement of affiliation, of connection with others. To partake of a collective identity is to reconstitute the individual self around a new and valued identity. So to announce that one was a member of [POCA, in this case] was not simply to incur behavioral and attitudinal obligations but to claim for oneself a desired social attachment and new sense of identity (Friedman and McAdam 1992:157).

Punks express feeling negatively judged by other acupuncturists after revealing their line of work, so the identity associated with POCA extends beyond an online presence and into everyday lived experience in some cases. This displays a key aspect of collective identity, which “contains an unresolved and unresolvable tension between the definition a movement gives of itself and the recognition granted to it by the rest of the society” (Melucci 1996:74). WCA providers expressed confidence in not feeling it necessary to defend their acupuncture delivery method to skeptics. Nevertheless, they sometimes expressed contrary ideas of self-consciousness due to outside judgments of the CA movement and its associated acu-punk identity. Nevertheless, the lived experience of the acu-punk identity is also associated with a daily sense of contributing to the world in the form of increased acupuncture access through CA clinics. The benefits of the acu-punk identity include a mutual support network and a general sense of purpose that combats the possibility of judgment by acupuncturists outside of the CA model.

In addition, an anthropological approach has contributed studies of moral protest and the emotional effects of identity within a social movement’s culture. These studies focus on the narrative construction of identities and contending narratives within social

movements (Poletta 1998, Somers 1994). This chapter focuses on both the acu-punks' individual ontological narratives concerning why they act the way they do, and the public narratives of POCA.

During interviews carried out with WCA acu-punks, many broad themes related to professional practice and provider identity emerged within their individual narratives. When asked about their experience in acupuncture school, WCA punks differed in their opinions on many of the key elements of their education and its relevance to practicing within the CA model. The practitioners had varying academic backgrounds in both secondary education and acupuncture school. Of the eleven interviewed, seven studied in Portland: six attended Oregon College of Oriental Medicine (OCOM), and one attended the National College of Naturopathic Medicine (NCNM). Three studied at other accredited acupuncture schools: the Southwest Acupuncture Colleges in Albuquerque, New Mexico, and Boulder, Colorado, and Baystr University in Kenmore, Washington. The final acupuncturist studied internationally at the International College of Traditional Chinese Medicine in Victoria, British Columbia, which has since closed. The acu-punks' divergent educational experiences offered both advantages and disadvantages of conventional acupuncture education.

Many of the providers interviewed identified the fast-paced treatment blocks as an initial attraction to doing the type of work the CA movement promoted. The hard work associated with treating a patient in ten minutes was a mentality many practitioners enjoyed. An additional motivating factor for joining the acu-punk path concerned the social justice mission of the movement and social business model. Following thus, WCA acu-punks also provided insight into the importance of the community acupuncture

movement's online networks as sites of inspiration and support to sustain the business model and the movement. The success of the movement is contributed to community-style treatment and the clinic systems POCA clinics employ. The ability for patients to set their own price point at every treatment and the general low cost of CA leads patients to receive acupuncture more frequently in the founder's and acu-punks' eyes (Rohleder 2012; Personal Correspondences, August 2014 and January 2015). Frequency of treatment contributes to increased well-being in the punk perspective, which can lead a formerly downtrodden individual to feel empowered and in control of their own health care. Punks speak of the powerful nature of group healing, and the thick history one feels within the vibe of the treatment room. During our interviews the meaning surrounding the term "punk" and all that it entails to WCA practitioners was heavily discussed.

So what does being an acu-punk entail? I foreground my analysis in the conception of "conscious contrarianism:" that an individual will come to select work that is both consistent with their particular worldview or beliefs about society and rejects dominant ways about thinking of power distribution (Minkler 2012:10, Mondros and Wilson 1994:14-15). Such individuals challenge traditional ways of thinking, and when grouped together they confront issues of "-isms" (Minkler 2012:10). The –ism most obviously addressed by the movement at large and WCA acu-punks is that of *classism*, as previously defined.

Conventional Acupuncture Education

Breadth of the Acupuncture Profession

The main benefit to acupuncture education named by WCA acu-punks was the exposure to Traditional Chinese Medicine modalities outside of acupuncture needling,

which one acu-punk described as a "beautiful thing" and the most enriching experience of her education. Although another acu-punk contrarily describes her school's academic orientation as "bougie" (slang for bourgeoisie), she, along with all of the other punks, appreciated being introduced to the "breadth" of the acupuncture profession (Personal Correspondences, August 2014 and January 2015). Examples of other lineages of TCM treatment taught included: *qigong*, *tai chi, tui na*, cupping, herbal treatments, moxa, massage or bodywork, and Chinese medical astrology or divination. WCA providers spoke of the advantages of being able to see TCM from a "larger perspective," despite the heavy emphasis on theory within the curriculum and lack of time spent learning practical needling and clinical skills. Why most acupuncture students do not get a "needle in [their] hands right away" is beyond most acu-punks. Within conventional three-year acupuncture programs, most students do not practice needling until late into their second year of school. By the time graduation came around, WCA providers expressed their lack of comfort with needling, and frustration with the lack of practical experience within their curriculum: "that's how you get good at something: you practice it, you don't just sit and read about it" (Personal correspondence, August 2014). Why schools focus so heavily on theory instead of the highly important skill of needling baffled WCA acu-punks.

Practice Management: One-on-One Private Treatments

Curriculum at the acupuncture schools WCA acu-punks attended was dominated by training methods and theories associated with the conventional private practice model. Since the curriculum is so laden with theory, most WCA acu-punks described leaving school without concrete ideas on how to setup their own clinic. Business practices such

as insurance billing and general practice management were generally taught in the final term before graduation, and were focused exclusively on private practice and individual treatment models. These courses were often thrown together, either taught by a fellow student or by teachers who endorsed very “heart-centered… ‘follow your vision’… ‘woo-woo’ styles of… doing business” (Personal correspondence, August 2014). Since practice management classes came so late in the curriculum and were generally vague, most WCA acu-punks and their peers to expressed being at a loss for how to actually set-up their own acupuncture practice after graduating from their respective schools. Another WCA acu-punk I spent a lot of time with during my shifts, Bryan, described his mentality as follows:

> It was my third year of school; I was pretty close to graduating. I was in a practice management class. And everything I was learning about actually practicing acupuncture, what they were telling me was horrifying. It was basically either you've got to do a lot of insurance billing, which I was actually doing in a work study gig at the student clinic at the time, and so I did not relish the thought of spending my life doing more of that, or you're asking people to pay out of pocket [sic] seventy bucks a pop or whatever…the going rate is (Personal correspondence, August 2014).

Others described practice managements classes as “unhelpful” or mere “hoops to jump through” in order to graduate (Personal correspondence, August 2014).

The first acu-punk we interviewed expressed his frustration with the fact that acupuncture schools “don’t prepare you for how to treat a lot of people… the fact that they wouldn’t teach you how to do that so you can make money and treat a lot of people is kind of nutty” (Personal correspondence, August 2014). Punks unanimously agreed that they pursued acupuncture in order to help many people, and therefore their educational experience ran contrary to their core values. Additionally, every WCA acu-punk identified the “10 question” model as one of the basic teachings of conventional

acupuncture schooling. The 10 questions are a set of inquiries taught to be used during the diagnostic interview between acupuncturist and patient before needling in a conventional private treatment. Once the 10 questions have been completed and a patient has been needled, the acupuncturist has spent an average of an hour with a single patient. This lengthy time period is spent getting to know the intimate details of their body and mind and deducing a diagnosis and future recommendations from the interview. WCA acu-punks described the 10 question model as a "loop that you go around" that goes "really deep" and includes a "ridiculous amount… of talking" (Personal correspondences, August 2014). One of the providers summed it up as "we were definitely only prepared to do individual treatments and to do really extensive–in some cases, in my opinion–too extensive intakes" (Personal correspondence, August 2014).

(In)applicability of Curriculum to CA Model

Acu-punks held varying and extremely individualized opinions about their experience in acupuncture school and how applicable the curriculum was to practicing community-style acupuncture. One acu-punk went as far to say that "99 percent of everything that we were taught was geared toward private practice. Because that was the history of the medicine in our country at that time, and community style was still relatively new when I started school in 2008" (Personal correspondence, August 2014). Many acu-punks felt at odds with much of what was taught in their conventional schools, mostly concerning treatment pricing:

> That didn't really make sense to me either cause I don't really know anyone with that kind of money… I was starting to get pretty depressed in thinking this whole acupuncture thing was not a good idea, and that going

> to acupuncture school was one of the dumbest things I'd ever done (Personal correspondence, August 2014).

> I just fell in love with the [CA] model because–I'm sure you've heard this a lot–but one of my struggles [with school] was that I found that acupuncture would help with so many issues, but the people that actually needed it often times couldn't afford the full fee (Personal correspondence, August 2014).

One WCA provider felt that although many of her peers may have been "into accessible care, or were at one point" they ended up putting their "reputations" or "making money" first (Personal correspondence, August 2014). WCA providers often felt tension between their initial desires to go into acupuncture to help as many people as possible and the sole business model of highly-priced individual treatments taught to them at school.

As previously detailed, conventional acupuncture curriculum emphasizes the necessity of a long intake process followed by a one-on-one treatment in a private room where "here [at WCA] I don't have time for those questions" (Personal correspondence, August 2014). In this vein, the majority of WCA acu-punks did not feel as if their education at all prepared them for treating multiple people in an hour or whittling intake interviews down to the bare necessities for what they consider a successful acupuncture treatment. A few acu-punks had had exposure to some style of group or community-style acupuncture through clinical observations in their second or third years in school, but none of these experiences prepared them for the short treatment blocks in POCA clinics. Overall, the general consensus amongst acu-punks was that "acupuncture school teaches you a lot of things that are completely irrelevant to being a punk" (Personal correspondence, January 2015).

Those who had gone into school with the hope of practicing community-style acupuncture stressed the need of emphasizing certain parts of their education over others,

such as distal point locations over local point locations. One such acu-punk recalls her teacher stating that the Shu Transport Points were “the most powerful points in the body… and are all located distal to the elbows and distal to the knees. And I was like ‘wow, wow, wow, no wonder!’” (Personal correspondence, January 2015). This experience stood out to her as an assertion of the power behind CA needling techniques:

> [This teacher is] someone who does lots of local needling and turns people face down, you know, in his own practice. But he’s saying these points are really powerful, so no one can say what we're doing is not really powerful. Day one day two, something like that, of acupuncture school, I was being told these powerful points are located here. And they are (Personal correspondence, January 2015).

Although many private practice acupuncturists hold the belief that treating only distal points isn’t a full acupuncture treatment, this experience left this acu-punk feeling reassured of her choice to pursue community-style upon entering her education. All of the punks interviewed were in agreement that treating distally was just as, if not more, powerful than treating locally.

Student Loan Debt

It is not uncommon for acupuncture students to graduate with up to $100,000 in student loan debts. High amounts of debt coming out of a three-year program can plague an acupuncturist throughout their lifetime due to inconsistencies in the market and changing professional demands. The CA movement emerged as a reaction to limited practice options within the American acupuncture profession and is currently challenging the large debt associated with conventional acupuncture education with the organization’s Technical Institute.

The three acu-punks I interviewed who were trained after being introduced to community-style practice spoke of being warned away from conventional schooling by Rohleder. The one acu-punk who attended NCNM recalls a "Gestapo rendition" Rohleder gave her on the pitfalls of repaying student loans: "I mean I knew what she was talking about but I didn't really know the extent of it… Now I do, because I'm *living* it" (Personal correspondence, August 2014). She went on to state that the inordinate amount of student loan debt she faced was one of the main motivations to put in her notice of resignation at WCA and rethink her path in life:

> It's a huge question I think for a lot of people, maybe in particular my generation because of the student loan piece. It's like, how do you have your ideals and your activism and…deal with being in a capitalist society where you spent all this money on this dream and it turned out that…capitalized interest is [sic] really no joke? (Personal correspondence, August 2014).

Other WCA employees echoed similar concerns about acupuncture education being "insanely overpriced," mostly considering most practitioners are unable to make enough practicing acupuncture to repay such a large debt. In regards to student loan debt within the acupuncture profession, other acu-punks stated: "it's pretty astronomical in proportion with the earning potential that people have… to take out the same debt as a M.D. basically, with almost no job security out there" while "the reality of our job is that we'll never make a proportionate amount of money to cover our student loans" (Personal correspondences, August 2014). Having around a "hundred thousand dollars in debt… is all cool and abstract until you're trying to buy a house" one punk joked (Personal correspondence, August 2014).

Although most of the acu-punks I spoke to currently have a monthly zero sum due to income-based repayment options and therefore "don't quite know what [debt] feels

like yet," when it comes to certain financial transactions such as purchasing or refinancing a house, the "debt cloud" of acupuncture school works against them (Personal correspondences, August 2014). The inner workings of the student loan system escape the majority of interviewed punks, who generally agree that income-based repayment makes you unable to "feel the pain" of the debt in the present moment, although these "numbers in space" can negatively impact one's future.

Unique to the Community Acupuncture Model

Attraction to the Movement and its Mission

The first acu-punk we interviewed had been working as an acupuncturist for over two decades, and previously had his own practice in New Mexico before relocating to Portland to work at WCA. Over time within his private practice, he experienced a "natural shift" towards treating in a group setting so he could see more people at one time and "not have to work so hard" during pre-treatment interviews. He started treating multiple people in smaller fold-up recliners once he found that "people just needed acupuncture… They just needed to be able to come in" (Personal correspondence, August 2014). Upon hearing about the WCA model, he was beyond intrigued and realized that community-style treatment "just worked" for him as it had for Rohleder. He was originally attracted to the movement due to Rohleder's dedication to treating people in a way which allowed patients to all come in at once so providers could charge less. When WCA acu-punks became aware of the POCA model, many of them felt as if something clicked and that community-style treatment and low pricing matched up with many of their values. Another acu-punk expressed initial interest in the CA model in particular

due to “how much benefit people were getting and how little overhead there was with these little needles” (Personal correspondence, August 2014).

Even Peter Deadman, an acupuncturist who has been critical of some of Rohleder’s publications and tactics, agrees that the movement is an important acknowledgement of the reality of American acupuncture practice:

> [Rohleder] has bravely and vigorously addressed the 'elephant in the room'–the simple fact that a high proportion of people who train as acupuncturists fail to earn a decent living and/or drop out of practice after a few years, still heavily in debt from the cost of their education. At the same time, acupuncture treatment has traditionally been priced at a level that excludes much of the population, or else means that they cannot afford to come often enough or for long enough to benefit fully from treatment (Deadman 2012:55).

Another acu-punk particularly valued how concise and focused the organization’s mission was with a strict focus on administering acupuncture treatment without spreading providers too thin. Repeatedly, WCA and POCA’s simple mission statement and focus on acupuncture in order to keep prices low is identified as the main draw to becoming a provider within the CA movement: “POCA’s really sticking to the bare bones basics of ‘let’s just see what the needles can do’” (Personal correspondence, August 2014). Keeping acupuncture affordable, in these acu-punks opinions, leads to more effective healing since patients can access more frequent treatments.

Bryan had learned about the CA movement from a couple of “punk-rock anarchist kids” who said that some “communists down in Portland [were] doing some kinda weird acupuncture thing.” After doing some online digging and coming across Rohleder’s online ‘zine “The Remedy,” Bryan felt that Rohleder “was the first person in the acupuncture world that really made sense” to him (Personal correspondence, August 2014). He decided to attend one of the first CA training workshops held at WCA Cully

over a long weekend and came to realize the CA model was “exactly what I was looking for when I started this… it just was such a relief to find someone that actually made sense” compared to his experience in acupuncture school (Personal correspondence, August 2014). This all took place just as Bryan was about to graduate, at a time he felt lost about how to practice. While speaking of Rohleder’s influence on him and the patient’s role within a CA clinic, Bryan gets extremely emotional and breaks into tears:

> She decided that the clinician always wins, you know. So as a clinician [voice breaks] to always be like "whatever is clinically relevant wins?" And we've created this... business and organization and cooperative and world where the clinical, where people's actual real fucking needs, can take center [voice begins to break] and it's over everything fucking else (Personal correspondence, August 2014).

Fast-Paced Mentality and Treatment Blocks

POCA clinics run on 10 minute treatment blocks for returning patients. After paying for their treatment, the patient goes into the back treatment room at WCA and chooses their own recliner. The acu-punk then finds their patient and has ten minutes to complete needling before moving onto their next patient. This fast-paced treatment environment completely opposes what WCA providers initially learned in acupuncture school, and many referenced a period of “stress” while adapting to the shorter treatment blocks. Nevertheless, these providers often observed other acu-punks’ timing methods and needling techniques in order to gain footing in the clinical environment. Some even went as far as self-teaching themselves a set of “go-to” point locations that work on a wide variety conditions. The initial timing pressure they felt eased as they came to realize patients understood the timing constraints placed on WCA acu-punks and were flexible because they knew providers were “doing [their] best” (Personal correspondence, August

2014). The fast-paced nature of community acupuncture is described as “hard work” but extremely fulfilling. The shortened treatment blocks call for a quicker assessment of patients as well as relying on empirical point locations that have proven effective for each individual acu-punk during their time at WCA. These locations are a set of points on the distal limbs that are termed most powerful within most acupuncture school’s education.

One of the most powerful aspects of being a punk identified by one of the female providers was that “you’re always learning to be really present… to be right there, and to give what you can and at the same time stepping away and giving space” (Personal correspondence, August 2014). The shortened treatment blocks and group space at the WCA clinics demands that providers be actively engaging with the entire room as well as the patient they are needling or speaking with. The CA model doesn’t allow for acu-punks to spend a lot of time with an individual patient, but instead they must learn “to be able to move around the room equitably and see everyone” (Personal correspondence, August 2014). In addition to needling efficiency and sensitivity to patient’s needs within the communal space, providers must also have the ability to retreat and let the patient’s rest with the needles in as long as they would like and establish their own space of healing:

> Something that we often tell our patients is you know "your chair is yours until you're done with it." And so it's their own space within a larger space [sic] to negotiate how they want. They put their chair up, they adjust their clothing however feels right to them, and use the space how-how it feels right to them (Personal correspondence, August 2014).

Yet, it is also imperative for providers to make clear to patients that WCA is “not a place where people can talk for a long time” as they may be able to in conventional private treatments. When asked if there were certain patients who were much more challenging

than others, WCA acu-punks identified patients who had come from private practices that either didn't know how to use their voice in the space, or demanded too much time from the acu-punks (Personal correspondences, August 2014 and January 2015).

Increased Access due to Decreased Cost

The concept of being able to provide acupuncture to people who were really in need and "didn't necessarily have a lot of income to be spending on alternative health care" was also a contributing factor to many WCA acu-punks pursuing the CA model of treatment (Personal correspondence, August 2014). Currently, a private acupuncture treatment can average between 75 and 100 dollars per treatment. Therefore most private acupuncture options in America are "pretty expensive if you don't have insurance" as one acu-punk put it (Personal correspondence, August 2014). The CA model attempts to make the economics of acupuncture treatment work differently:

> We're trying to make acupuncture accessible to a wide range of people because we don't want acupuncture to be something that's only for folks who have a lot of money. We want acupuncture to be for everyone. So I think that saying we do acupuncture on a sliding scale from 15 to 35 is important. It's not the fact of having a sliding scale, it's "what is that sliding scale?" And more importantly "what is the lowest number on the sliding scale?" Because let's be honest that's that most-most folks can afford, ya know? And we're okay with that. That's great. We want people in. We've made the sliding scale what it is so that we can look patients in the eye and say that they need that much acupuncture that we recommended and that that's something that could actually do. That they could consider it (Personal correspondence, August 2014).

The CA model provides an acupuncture delivery method that allows for helping a large range of individuals varying in socioeconomic status or cultural background. One acu-punk emphasized that just because POCA clinics are more "affordable doesn't meant that [POCA] practitioners are any less experienced than someone that's charging 100 bucks"

(Personal correspondence, August 2014). By making the treatment model more cost effective, Rohleder employs a policy of nondiscrimination. Many conventional private acupuncture clinics may not “take logistical, financial, and sociocultural barriers to their access and enjoyment into account” and therefore “intentional or unintentional discrimination may readily occur” (Mann et al. 1999:13). This is reflected in the clinic’s majority upper class patient population, whereas POCA clinics patient populations come from much wider socioeconomic demographics.

Online Networking and Colleague Support

WCA providers referenced the online POCA networks and colleague support within the clinics as the richest sources of solidarity amongst acu-punks. The private online forums specifically for POCA acu-punks are cited as providing a source of “inspiration” and one of the biggest benefits to being a practitioner within the CA movement:

> One of the things that sets POCA apart in general is the community and mentorship as far as practicing and business management, and a lot of the day-to-day grind stuff. They have forums, and they have POCA Fest, and they have all these different clinics around the country that have been doing things that communicate. And that in-and-of itself is a huge advantage in the profession (Personal correspondence, August 2014).

The acu-punk community is extremely unique in the sense that “there's all these people doing the same thing for a living–a healing modality–and they're not competing with each other. But quite the opposite” (Personal correspondence, January 2015). Instead of competing for patients within communities, acu-punks openly share information such as tips and advice with one another, with the share goal of furthering the movement and honing clinical skills. The vast online community hosts a “wealth of information” on the

movement at large, as well as techniques and situations unique to practicing "punking" in a POCA clinic. The online support network has been built up layer-by-layer as community-style practice became better known in the States and more acupuncturists expressed interest in joining the movement. The model first implemented at the WCA Cully clinic gained online momentum and later became a "transformative" community of acupuncturists challenging the dominant model through mostly online publications and interactions (Personal correspondence, August 2014).

After having her first child and returning to WCA Cully, one acu-punk interviewed struggled to get back into the clinic's flow. When facing any "problem" within the CA model, POCA's online resources and active acu-punk forums provide her with many suggestions for striking a better balance in her life, between energy output in the workplace and at home. At a time when she felt in doubt about her role as an acu-punk, the online forums made her remember that "you can have wide open energy, and that you can do all of this" (Personal correspondence, August 2014). Although punking can be extremely rewarding for WCA providers, there's a general consensus that it can be hard to strike a "good, energetic balance with the other stuff" in their lives (Personal correspondence, August 2014). The online forums are a huge reliever of this stress by providing a place for acu-punk solidarity and shared understandings.

Although the WCA clinics do not have structured meeting times to discuss patient problems, providers at WCA Cully often spoke to the advantages of collaborating with other acu-punks during a shift. Whereas the other two WCA clinics (and many other POCA clinics nationwide) are much smaller operations, the "mothership" of WCA Cully

sees enough patients to need more than one acu-punk in the space during heavy times of the day. Overlap between acu-punks often leads to discussions on point location or treatment plans, and involves “bouncing ideas” off of one another (Personal correspondence, August 2014). These colleague interactions foster a culture of support and collaboration. Providers who have been at the clinic for a longer period of time often take newer acu-punks under their wing to acclimate them into the clinic flow. In addition, providers stress that the never feel as if they have to be “fake” or “anyone but” themselves while around other acu-punks, both within the WCA clinics and the greater POCA community. They state that other acu-punks readily accept all “of people’s funkiness,” and that they personally thrive in an environment where they encounter many different types of providers.

This feeling of workplace solidarity may not often extend outside of the clinics into “chummy chummy” hangouts, but the relationships acu-punk coworkers develop are based on reciprocity, advice giving, and connecting on a deeper level concerning the organization’s social justice mission. This sense of acu-punk camaraderie and support is integral to the CA movement’s collective identity, and POCA is constantly attempting to strengthen these bonds by addressing new issues that can bring acu-punks together. Most recently, this focus shifted towards educational reform in the advent of POCA Technical Institute, a transition that occurred as a “logical extension or systematic growth” out of the organization’s “original, broad purpose or issue” (Couto and Guthrie 1996:227). When asked about the influence of POCA Tech during interviews, acu-punks were overjoyed at the idea of bringing more acu-punks into the movement through a radically new educational platform.

The WCA Clinic Space and Systems

WCA providers speak to the emotional impact the group treatment room has on them as practitioners, as well as how other POCA systems keep the clinic running smoothly. This allows providers to focus on the treatment aspects of acupuncture more so than the business aspects – the opposite of which occurs in many conventional clinics. The unchanging nature of how the clinic runs is enabled by POCA systems such as online scheduling and the treatment room space. Additionally, a streamlined approach to new patient orientation establishes "invisible agreements" between practitioners and patients that perpetuate the community clinic's flow. Following a few treatments at the clinic, patients enter the treatment room and instantly "plug in… they hold the space and they hold each other" (Personal correspondence, August 2014). After experiencing the clinic space more than once, patients tune into the way the clinic is run and learn to immerse themselves in the treatment room as they please. The set of processes POCA prescribes is described by one punk as "very much like a plug fitting into a socket," (Personal correspondence, August 2014). The clinic setup makes complete sense for the business model the CA movement endorses.

While describing her job during our interview, one acu-punk stated "so when we come around [to treat a patient] it's just like… adding a little bit of input into the system that's already moving… like a wheel spinning… Once it gets going it just needs a little bit of input every once and while and then it gets going" (Personal correspondence, August 2014). The metaphors of a patient plugging into the clinic's system and acu-punk

providing bits of input to keep the clinic running exemplify the interdependence and lack of power differential between patient and practitioner espoused by the CA model:

> [Sitting is] a more empowering position, right? Versus being on a table totally prone or totally supine…and just being able to elect when you get up and…. eye contact and all of that is efficiency too, right? I mean the tables are much less efficient because you can't really see people. So it's again more work for the practitioner, and I feel like more work for the patient in some ways because you have to keep on top of things in a different way (Personal correspondence,
> August 2014).

Both punk and patient have integral roles in making the clinic run as it does, and acu-punks view these POCA systems as a challenge to conventional private acupuncture, which relies much more heavily on the practitioner's ability to heal than the patient's. WCA acu-punks believe that consistency in "community acupuncture structure[s]" is the "force field" behind CA being "efficacious" and proliferating as a social justice movement (Personal correspondence, August 2014). Systems unique to POCA clinics distinguish the organization from other forms of community acupuncture that had previously appeared in the States.

Although there are other American acupuncturists who practice in a group setting, their approaches differ from that implemented at WCA as the movement commenced. An acu-punk who had previous experience working at another community-style clinic in Portland states that WCA Cully and other POCA clinics feels less "superficial" and more "well-worn," like a "womb" compared to other clinics (Personal correspondence, August 2014). Another acu-punk described the treatment room as an area "not in the outside world anymore", as a space that separates the individual from the overwhelming nature of day-to-day life. He went on to say that his first entrance into the WCA treatment room felt "like walking under water… If you're a person who [sic] is kinda sensitive to the vibe

in a room, or the energy… it was just thick in there" (Personal correspondence, August 2014). The circular orientation of the recliners is another system the acu-punks identify as critical to the clinic's function and continued flow. POCA systems thus enable a high-volume of effective treatments without overwhelming acu-punks while also providing a unique atmosphere of calm, mellow healing for both patient and practitioner.

Healing Mechanisms within the CA Model

Frequency of Treatment

A recent study into the use of acupuncture treatment in patients with chronic pain concluded that there "was little evidence that different characteristics of acupuncture or acupuncturists modified the effect of treatment on pain outcomes. Increased number of needles and more sessions appear to be associated with better outcomes" (MacPherson et al. 2013:1). These findings refute claims by conventional acupuncturists that the CA method of acupuncture delivery is "watered down" or "ineffective." Instead, these findings situate the CA model of treatment as possibly more effective due to the frequency of treatment the sliding scale pricing allows. WCA acu-punks unanimously agree that the more often an individual can get treated with acupuncture, the better they will feel: "one of the things that people don't realize is acupuncture got its reputation by treating people over the centuries… by just frequent treatments" (Personal correspondence, August 2014). Some acu-punks believe that most Americans have "not been educated" about acupuncture being best in frequent doses, and combat the dominant notion that acupuncture treatment is a once-and-a-while luxury.

They emphasize that once part of a patient's "routine," frequent acupuncture treatments can be seriously effective in managing chronic pain issues or feelings of being

overwhelmed or stressed. One acu-punk even had a patient tell her that "regular [acupuncture] treatment is really what seems to shift people" mostly considering the amount of prescription medications and complicated health histories people have. In more than half of our interviews, WCA acu-punks identified frequency of treatment as one of the most important things that the community acupuncture model can do for people, especially for individuals with chronic physical pain or that lack the finances for multiple private treatments.

Addressing the Nature of Human Suffering

Cassell (1997) argues that it has always been the "obligation of physicians to relieve human suffering" (Cassell 1997:13-15). As an extension of this notion, Farmer calls for redesigning modern medical programs to "remediate inequalities of access to services that can help all humans to lead free and health lives" and address issues of human suffering (Farmer 2003b:459). The social justice mission of POCA prioritizes access to acupuncture as a form of addressing American health care disparities. WCA acu-punks identify the system of letting patients rest as long as they would like while needled as one of the main ways in which they can help address human suffering:

> If someone's here for acupuncture it's like, let them rest as long as they want to with the needles so that their body is telling them when it's done or tuning in. A part of it is letting them be in charge of the situation and part of it is [that]… you need to pay attention to your body and you're responsible for your body. And if you need some time to work out what that is like for you we're going to give you that time. I'm going to point you back at your body instead of at the clock. You know, this is a part of your life where you don't have to pay attention to that thing. Like this is about having a relationship with the actual physical reality [voice breaks] the experience of being in a body and not about answering to the clock (Personal correspondence, August 2014).

In this moment, Bryan articulates how community acupuncture is a self-empowering technique of health promotion. Health promotion is defined by the World Health Organization (WHO) as "the process of enabling people to increase control over, and to improve, their health;" in order to do so, "an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment" (Mann et al. 1999:8). Additionally, the National Institute of Health (NIH) has "emphasized community collaboration and empowerment as essential tolls in the fight to improve health and eliminate health disparities" (Minkler 2012:7). Acu-punking a key source of contemporary health promotions, as practitioners often see "people empowering themselves and taking time to [sic] work, on-what's going on" (Personal correspondence, January 2015).

POCA clinics address the nature of work-related human suffering, and offer a low-cost preventative treatment that aims to liberate patients from the stressors associated with "answering to the clock" as Bryan puts it. As patients continue to get treated at WCA clinics they begin to feel confident in finding relief: "they're starting to make those changes. Whereas before they wouldn't be able to, and so… [CA] gives them courage; it gives them all kinds of stuff' (Personal correspondence, August 2014). WCA acu-punks cited pain relief as one of the biggest motivating factors for a patients return. They actively see patients undergo a transformation from viewing their body as an enemy to living more positively and having a higher quality of life. The work POCA clinics does is thus a "social innovation," which creates social value by "combining existing elements in new ways" and upholding ideals of community and network support within the acupuncture profession (Young 2006:66-69). Over time, the community acupuncture has

thus brought “systemic change” to the profession by “transforming the architecture of how things work” with community-style clinics and emphasis on work-related stressors (Young 2006:70).

Group Healing Aspect

On numerous occasions WCA acu-punks attempted to describe the palpable feeling of relaxation they felt upon entering a full communal treatment space, but found themselves unable to explain it, stating that what goes on within the shared space is “without words.” One female acu-punk described group healing as a “hum” that works specifically at breaking down:

> That kind of isolation that comes from individuality in this culture, in a very subtle way… You literally see other people who are here because they’re suffering, for whatever reason, and even if it’s not a conscious [sic] perception of that… People start to understand it: that they’re not alone, that other people have these problems too (Personal correspondence, August 2014).

The shared aspect of relaxation within the WCA treatment room is a mechanism by which patients come to realize that it is truly okay for them to “kick back” and enjoy their treatment instead of ruminating on everyday stressors. In a society that emphasizes scheduling and time management, relaxation becomes “accepted more” when patients see others sitting, sleeping, snoring, and healing in a community acupuncture treatment room. Often times, just witnessing the shared space for the first time leads new patients to realize that it’s “enough for [them]… to get pinned down, stop moving around, and just let something else happen. Let the healing happen” (Personal correspondence, August 2014). Whereas one punk says that American culture often situates darkness or silence within “scary spaces,” the shared aspect of the treatment room makes emptying one’s

mind more acceptable and therefore more open to healing in a relaxing manner (Personal correspondence, January 2015). Group healing is viewed by acu-punks as a phenomenon unique to the community acupuncture model, which they often came to prefer both as patients and providers.

The calming nature of the room holds a "good feeling energy" that "helps everybody heal when multiple people focus on one goal" (Personal correspondence, August 2014). Acu-punks also identified WCA as being a "great place to work" and be treated at, due to the thick healing environment compared to individual treatments in a private room. Although the treatment room may be full of needled patients and "beautiful imperfections" such as snoring, the room remains "settled down" and "grounded":

> The dynamic of having so many people in the room being treated at the same time, just kinda creates an energy, for lack of a better word, or an ambiance that I think is conducive to the healing. 'Cause it gets people in a space where they can really relax and be comfortable. And for me personally it helps me to relax. Because I don't want to stare at other people, so I tend to shut my eyes when I'm in community acupuncture and then that helps me to relax more. Whereas if I'm in a room by myself I just kind of stare at the ceiling and wonder when they're going to come back (Personal correspondence, August 2014).

Additionally, acu-punks cite the cumulative nature of healing within the space. Twelve years after the first WCA clinic was opened in the Cully neighborhood, the treatment room has seen thousands of patients which contribute to a "collective feel that all these people have contributed to" (Personal correspondence, August 2014). This feeling is often described by WCA practitioners as one of the driving forces behind their ability to handle such a fast-paced treatment schedule. The room is said to have "intelligence to it." Each acu-punk comes to have a "relationship" with the room, which lets their "conscious

brain shut off," shifting their focus to "hands and heart awareness" as a practitioner within the group space (Personal correspondence, August 2014).

Community and Welcoming All in the WCA Clinics

Breaking Down Barriers and Accepting All

Quite often, the acu-punks we interviewed referenced the unique ability for the CA practice model to break down various perceived barriers within American society. Some of the barriers to acupuncture access (besides economic) include social and cultural beliefs as well as the lack of speaking the same language. Since CA treatment blocks are much shorter than the private intake process, language barriers can be overcome by pointing to body parts in the quiet communal treatment room, instead of struggling to talk for 45 minutes plus without a common language. Additional barriers are broken down within the space itself, as articulated by Bryan:

> That's where change happens, where people can open to each other and learn about each other and start to realize that… a lot of these sort of cultural barriers that people accept, are imposed on each other [and] don't have to be there. And sort of getting at what's more essential about being human and relating to each other. So that kind of stuff like that I really treasure that and try to foster that whenever I can find that, you know, whenever I can make it happen and create it (Personal correspondence, August 2014).

Bryan is motivated to continue to open up to different types of patients by the treatment space itself, and equates being an acu-punk and administering community-style acupuncture to getting at the foundations of existing as a human being.

One theme of particular interest that emerged had to do with physical barriers to acupuncture treatment. While receiving a conventional private acupuncture treatment, patients are often in a prone position–lying on a table. WCA acu-punks cited this aspect

of private treatment as particularly exclusionary to patients of differing body sizes: the larger in body mass an individual is, the harder it may be for them to situate themselves comfortably on a flat table. There are also patients who cannot fit on these tables, which excludes them from getting treatment within a private treatment model. At POCA clinics, however, all of the reclining chairs are of differing sizes and shapes, and can accommodate much higher weights than a table can. This breaks down a physical barrier to acupuncture treatment that private practice models may not take into consideration, and puts forth the idea of welcoming all, despite one's body size, gender identity, race or ethnicity, or socioeconomic status. One acu-punk stated

> You open your heart as big as possible in order to do this, and what it does is makes you really available for this work and to be able to see whoever comes. I think the thing that's resonated for me the most is... something that [Rohleder] had written a while ago about your heart's atomic number... You're always challenging yourself to keep opening up to more and more people (Personal correspondence, January 2015).

Breaking down societal barriers, opening oneself up to a wide variety of patients from differing backgrounds, and "dissolving boundaries" were repeatedly identified by acu-punks as integral aspects of the work done by providers within the organization. As a general approach, one acu-punk states "you can't approach everybody the same, you can't talk to everybody the same. Not because they're better or worse but because they're in a different zone in the world, they see things in a different way. And as a physician you need to be able to see people" (Personal correspondence, August 2014). Patients were often described as people the providers would "not normally encounter" in their day-to-day lives, which was a stimulating and enriching aspect of their job. The relationships that Bryan formed with some of their patients surprised him since they would "never ever meet out in the world… you would not think you'd have anything in common with this

person" (Personal correspondence, August 2014). Since the community of patients at WCA clinics is so varied in age and background, there is a pervasive feeling amongst acu-punks that they are treating people they would otherwise not be able to interact with during their "daily rotation."

The "Working Class" Orientation

Although the term "working class" is in the clinic name, WCA acu-punks held varied ideas on the meanings associated with it. Many of the acu-punks interviewed generalized the phrase working class to include anyone "who works for a salary or wages," so essentially anyone who holds a job in American society. Whereas the term "working class" is typically associated with lower classes, WCA acu-punks emphasize that the clinic is open to anyone who is in a "mindset of [working] themselves to death" (Personal correspondence, August 2014). Work in this sense can be mentally or physically exhausting, and not restricted to manual labor jobs often associated with the idea of the "working class" in America. Instead of limiting the CA model to only lower-income patients, acu-punks want individuals of any socioeconomic status, race, or gender to feel comfortable coming in for treatment. Rather than identifying the clinic's "working class" with specific social strata, acu-punks described the focus as "an inclusivity of people who are usually excluded from alternative medicine" consisting of "anyone" or "everyday, normal people that are from all walks of life" (Personal correspondences, August 2014).

Nevertheless, many of the acu-punks interviewed did come from a working class background and sometimes felt at odds with what their education told them about what segments of the American population acupuncture serves best:

> I come from a working class background and I grew up without a ton of money. And my mom's a nurse practitioner, so I was definitely familiar with healthcare. And... being able to treat people that I felt like I would encounter every day, or that had my story, made me feel happy for what I was doing [in community practice]. Like I couldn't really relate to the affluent patients [in private practice] even though they were paying my bills. And I should've been really excited to have that position (Personal correspondence, August 2014).

While most providers shied away from describing working class in terms of money or "people who make minimum wage," some of the acu-punks interviewed identified the clinic name with more typical notions of the phrase "working class." Examples of this include the idea of the patient population consisting of "normal" people "working paycheck to paycheck," often needing to make meaningful "choices about where they spend their money." The acu-punk who used this description also said that acupuncture "is just one piece of the puzzle" in patients' lives and "many [patients] work really hard jobs that are really tough on their bodies" (Personal correspondence, August 2014). The theme of patients working hard but not having enough funds for acupuncture treatment repeatedly came up in interviews:

> [CA is] for people who maybe…can't afford [sic] private treatments. Who work really hard but they don't make a ton of money. They still deserve to be taken care of. And they're a very respectable group of people. You know, they help everything happen in the world. So [acu-punking] is kind of like a statement: "we're here to take care of the people who make it all happen but maybe are underappreciated or just don't have the income it sometimes requires to get alternative healthcare or healthcare in general" (Personal correspondence, August 2014).

One WCA provider described working class quite simply, as “my people, [who] cannot afford out-of-pocket acupuncture” on a regular basis (Personal correspondences, August 2014).

Health Care as a Right

One of the fundamental beliefs held by WCA acu-punks was that access to health care is a human right: “I feel like healthcare is a right and I think everybody should have access to what they need or what they want, and what can be really helpful to them” (Personal correspondence, August 2014). Farmer states that “commodified medicine invariably begins with the notion that health is a desirable outcome to be attained through the purchase of the right goods and services” (Farmer 2003c:152). Although America is a medically-pluralistic society, many practices alternative to the biomedical model are highly-priced - including acupuncture. Through utilizing liberation theology’s idea of a “preferential option for the poor” when it comes to health care treatment, acu-punks hold passion for increasing acupuncture accessibility into lower-income populations (Farmer 2003c). Such a perspective involves viewing acupuncture access as a right, which an acu-punk identified as a key aspect of the acu-punk identity:

> I guess the word 'compassion' comes to mind. Just being very compassionate people who want to help as many people as they can. And [POCA doesn’t] think that that should be dictated by money. So I feel like compassion is a good word for what we do here… I just feel like healthcare in general is like a human right. And so, acupuncture -since that's what I do- I feel like is a human right and people should have access (Personal correspondence, August 2014).

These quotes exemplify the acu-punks shared desire for *solidarity rights,* a category of human rights that has had increased national attention in the twenty-first century. Solidarity rights “urge solidarity with the less privileged in order to rectify the unequal

distribution of resources and to prevent and respond to human suffering" (International Federation of Red Cross et al. 1999:25). WCA acu-punks believe that healthcare is a basic human right, and that as acupuncture practitioners they can aide in alleviating forms of human suffering through a non-invasive medical treatment. Through articulating a fierce social justice mission based on human rights and health care access, Rohleder and other movement leaders inspired a large population of acupuncturists into believing in the importance of the work community-style practice does. This gives acu-punks "a sense of purpose and pride in their work," and "pride is often a better source of motivation than the traditional…career ladder and…reward system" (Moss Kanter 1997:145). WCA acu-punks described the end of their shifts as being a time when they realize that they have made a "daily contribution to the world" by seeing so many patients and helping to alleviate so much suffering (Personal correspondence, January 2015). The most rewarding part of being an acu-punk for WCA providers is the ability to help a large volume of people feel better using their individual needling skills and the CA movement clinical systems.

Acu-punking and Removal of Provider Ego

All the acu-punks interviewed seemed to be in agreement that community-style acupuncture and its associated clinic systems were tailored to removing the provider's ego from an acupuncture treatment. The CA treatment model differs greatly from that taught within conventional acupuncture education, in which "they don't prepare you to treat people and just get yourself out of the way" (Personal correspondence, August 2014). One acu-punk stated:

> Many [acupuncture] schools unfortunately are doing this -and of course medical schools do this too- is where "You're a doctor! Your ego is the most

> important thing when you're treating people!" That what you know is the most important. And in traditional medicine it's what the patient knows is what's most important (Personal correspondence, August 2014).

Community-style treatment is suited to removing the "ego" most acu-punks felt were instilled within them during their conventional training, and instead focusing on the patient's needs instead of their own as an acupuncturist:

> So it's really about getting your ego out of the way so you can listen to what's the patient is telling you, nonverbally and verbally. So if you have a lot of doctor attachment you can't treat people, whether you're a Western practitioner or you're a mechanic. You have to just [sic] be able to do your job without too much control over the whole situation. Otherwise you don't see them, you just see yourself (Personal correspondence, August 2014).
>
> It's important that you-you're not leading your patients to believe that it's you who are somehow this really amazing creature that just gets rid of insomnia. You're allowing people to sit with themselves, and sit with the needles, and allow the body to connect with itself and heal itself. And you're there to help people and support people and create a safe place for people to do that (Personal correspondence, August 2014).

Removing themselves almost completely from the healing equation (excluding the actual needle insertion) is cited by acu-punks as one of the most important aspects of empowering patients to do the work of healing by resting with needles in their body. Instead of focusing on an advice-laden pre-treatment interview, acu-punks enjoy the differing energy output of CA clinics and identify this as a mechanism specific to punking. Such practitioner ego removal allows POCA providers to "experience a lot of demographics" they wouldn't otherwise in the acupuncture profession and therefore expand their ability to accept whatever patient may come through the door that day.

5. Conclusions

POCA: Advocating Alternative Health Care Reform

One of the most overtly critical articles written about the community acupuncture movement was written by Peter Deadman, the founder of *The Journal of Chinese Medicine*. Deadman crafts a reply to Rohleder's article "Community Acupuncture - Making Ming Vases From Buckets" (2012) that was published in the journal he founded. He states:

> [CA] is a pragmatic solution to a difficult problem. But that does not mean that it represents best possible practice, something that every patient - whatever their income or social status - deserves. Indeed I would argue that in the form described in her article, this model risks - over time - impoverishing Chinese medicine (Deadman 2012:58).

The assertion that the CA model "devalues" Chinese medicine is rooted in two main critiques. First, the CA use of distal point locations doesn't require disrobing, which Deadman states severely "limits access to many core body points and many treatment techniques" which "means that a swathe of acupuncture points [are] largely consigned to oblivion" (Deadman 2012:57). Second, the shortened CA treatment blocks led to dispensing with the "detailed question/answer/feedback process that is at the heart of differentiation of patterns," which Deadman identifies as a core principle of TCM (Deadman 2012:57). Ironically in this passage, Deadman assumes a monolithic idea of what "TCM" is, and identifies what he (as an assumed "expert" on American TCM) believes the heart of the practice to be. Deadman goes on to state that for an acupuncture treatment to work successfully, an acupuncturist must:

> Understand a patient's condition, mirror back to them the behaviours that they (as all of us) are often blind to, offer information and sensitively

> explain it, discuss options for changed behaviour, all these take time as well as great skill but are to my mind a vital part of medicine (Deadman 2012:58).

The WCA providers interviewed vehemently disagreed that their shortened treatment blocks lead to “watered down” acupuncture treatments. Instead, in various ways they stated that they didn’t even feel it necessary to defend themselves and their style of practice to other acupuncturists or skeptics. Despite often feeling judged by peers for choosing the CA model of practice, WCA acu-punks felt confident in their choices and generally didn’t feel the need to individually “sling mud” back at conventional private acupuncturists, although Rohleder often does so in order to further the movement’s goals:

> We also believe that there is a great need to create a different culture around the practice of acupuncture. Instead of acupuncture being esoteric and inaccessible, it should be widely embraced and appreciated... Instead of acupuncture being some kind of overpriced, exotic, New Age indulgence, it could be humble, universal, and infinitely useful (Rohleder 2009:5).

Adam stated “the experience of being a punk for long enough it-it helps you feel more secure in yourself and that your way [of practicing acupuncture] is still okay – whatever way you’ve got” (Personal correspondence, January 2015).

As an organization, POCA endorses a non-market-based approach to acupuncture delivery that presents an entirely new means of health care delivery within the acupuncture profession. By drawing upon resources that “support community building” and “engaging community members in new relationships,” the CA model attempts to reinvigorate the acupuncture profession with group healing and community-style practices (Minkler 2012:12). POCA clinics confront the dominant vision of how acupuncture should be practiced and marketed in the United States by embracing a patient community that extends beyond those who can afford high-priced individual

treatments typically seen in the States. Additionally, practitioners feel a greater sense of responsibility to their community of patients and feel as if they are providing an essential service to a previously underserved population. As Bryan puts it:

> We're going to be responsible to each other; we're going to do things for ourselves. I'm about making myself useful to the people around me…That's what community means to me, is that I am a part of a part of these people. I am responsible to these people, you know. The community here.., whoever they are they are literally keeping my babies alives [gets emotional] yeah so the food I eat [voice breaks] comes from these people. The roof over my head comes from these people (Personal correspondence, August 2014).

The CA movement goes outside the norms of business models and acupuncture practice in America in order to change how the economics of acupuncture works in the States.

POCA Technical Institute: Challenging Conventional Acupuncture Education

Most recently, the cooperative has launched a nonprofit technical school of acupuncture named POCA Technical Institute, which aims at cutting student loan debt significantly by educating students in techniques most frequently used in community acupuncture practice. POCA Tech will focus specifically on distal acupuncture treatments with the goal "to create entry-level training programs for acupuncturists that are affordable to prospective students of ordinary incomes" ("What is POCA Tech?" 2013). The broader pattern of large student loan debt from conventional acupuncture schooling is actively being challenged by the advent of POCA Tech due to its comparatively low tuition costs. POCA Tech will cost under 25,000 dollars, whereas conventional acupuncture education costs around 100,000 dollars. Andrew Wegman, founder of Manchester Acupuncture Studio in New Hampshire and member of the POCA Tech Board of Directors states: "we are doing this to create a curriculum based on the

values that are important to [us]: honesty, social justice, and the removal of the traditional medical hierarchy that [conventional private] acupuncture systems have glommed onto” (POCA Tech 2014)

The claim Baer (2001) makes about acupuncture being a comprehensive form of primary care that poses increasing competition to biomedicine is repeatedly reflected in POCA writings - both in blog posts and published books. Acu-punks are in high demand for up-and-coming POCA clinics, and fully employable graduates from the institute can fill this need without needing to be “re-programmed” into the CA model from the model they were taught during education:

> There’s such a need for what we do. We need to just replicate ourselves and make more of us people that can do this work without being ridiculously in debt… people that can really hit the ground running and don't have to be re-programmed, don't have to go over the same basic stuff over and over again. Like, “is it okay that people pay what they can afford for acupuncture? Why would you treat in groups?" *The existing schools are invested in propping up a bunch of lies* because it benefits a very small group of people to take in people's student aid money and take in as much of it as they can. And, you know, they're not engaged with patients like we are. We're responsible to these patients cuz they put food in your bellies, ya know. And that's all -that's the only way we get paid. So we're about them because they're about us [laughs] and the schools are about whatever keeps student loans flowing into their pocket cuz that's how they get paid. So they're not as interested in clinical outcomes and they're not as interested in being responsible to patients, because they don't have to be… We need a school that's affordable and we need a school that's gonna teach the skill set that people need to be able to do *this* (Personal correspondence, August 2014, emphasis added).

For the acupuncture profession at large, this technical institute expands educational opportunities and aims to reach students from communities that are geographically, ethnically, and culturally diverse – particularly demographics currently underrepresented in the profession. The program is shorter, cheaper, and much more narrowly focused on acupuncture than conventional curriculums emphasizing additional TCM modalities.

WCA acu-punks agree that these aspects of the technical institute will enable students to focus on what they need to be a good provider within the POCA model specifically (Personal correspondences, August 2014 and January 2015). Rohleder states that "the stereotype of people that go to acupuncture school and would be comfortable in acupuncture school are not always the type of communities that we want to serve; therefore, we need a way to get an affordable way for acupuncturists to be trained" (Rohleder 2012).

Currently, the first group of "punkling" students is undergoing their first year at POCA Tech. The largest challenge facing the institute is receiving a national accreditation, a laborious process that one WCA acu-punk that is "really brave of [POCA Tech administrators] to take on" (Personal correspondence, August 2014). If accredited, POCA Tech will provide a completely new aspect to acupuncture education that resembles a trade school more so than a deeply theoretical curriculum. This in itself is education reform, as one acu-punk states "in lot of different professions you have a choice of universities, state colleges, private schools that you can choose from. Um... acupuncture not so much" (Personal correspondence, January 2015). POCA Technical Institute very well be the first successful challenge to the dominant model of American acupuncture education.

Acu-Punks: The Conscious Contrarians of the Acupuncture Profession

When each provider was asked how they felt about the term "acu-punk" and its applicability to their self-identification as a provider within the CA movement, we received a wide range of opinions. Whereas one provider just thought of it as a

"shortened version of acupuncturist," others strongly identified with the rebellious nature Rohleder originally had in mind when terming POCA providers the "punks" of the profession. The founder summarizes the ideological foundations of the movement as follows: "So what ought to be an inexpensive treasure for everyone, especially in dire economic times, has become an overpriced luxury for very few. Doesn't it sound like it might be time to talk about a revolution?" (Rohleder 2009:4). I conclude with interview quotes that speak specifically to the collective acu-punk identity held by a group of social change professionals within the community acupuncture movement.

The community acupuncture movement began in reflections on the power relations within the acupuncture profession. This led to "an alternative power analysis that stresses 'power with' and 'power to' rather than the more traditional and hierarchical notions of 'power over'" (Minkler 2012:12). Instead of the acupuncturist assuming a role of administering lifestyle advice and intimately getting to know their patients to facilitate healing, the acu-punk quickly needles a patient and leaves them to heal individually. As one acu-punk put it, "there's a lot of thick history in people's stories and situations" which physicians of any healing modality must take into account while treating a patient. Thus, it is imperative that Acu-punks realize:

> That a lot of people struggle with addiction or….emotional violence, or physical violence, or any type and they've been traumatized, or medical violence. you know, everyone has some level of trauma that affects them and ultimately affects their health in some way. So if you can get to that core and help people, then I think that that's a beautiful thing (Personal correspondence, August 2014).

Acu-punks share a strong sense of what is unjust within the acupuncture profession, and therefore feel a collective responsibility to pursue social justice within their field of practice (Minkler 2012:11). All combined, the POCA clinic and its associated systems

lead acu-punks into feeling a sense of community and positive growth they otherwise hadn't experienced in the acupuncture profession:

> I feel like the space, the people, and the energy and even soft music, it's all working on me. And so I'm helping other people, but in many ways I'm becoming better myself. And not just physically but I feel like the act of being a punk, there's no way that it can't work on you to try to make you a better person... I don't know exactly how to describe it. But there's this way in which you learn that you really want to be direct… with interactions in general…I feel like I've become a lot more... simple and basic in my life really, like, clearing out junk that I don't have time for. Because the work takes up so much of your energy (Personal correspondence, Augsut 2014).
>
> Community to me means that no one can do everything by themselves, and that we all need others in some capacity. And, I think that we're a species that needs other people, you know we're a social species. So for me this acupuncture model really embraces both of those. From a patient standpoint, you're healing with other people so you're all in it together. And as a practitioner, you're treating amongst hundreds of others like you in the country. So it, it just creates a tribal affiliation I guess, where you feel like you found your people…I know absolutely for me, when I walked into Working Class Acupuncture Portland, the first thought I had was "these are my people." It was never an intellectual weighing of pros and cons: "do I want to work here and be with them?" It was just like "ahhhh, finally, my people…" and that's all I can explain it as. You definitely find like-minded camaraderie (Personal correspondence, August 2014).

WCA acu-punks thus exemplify the concept of cultural humility, which involves a "lifelong commitment to self-evaluation and self-critique to redress power imbalances and develop and maintain mutually respectful and dynamic partnerships with communities: (Minkler 2012:15). Although the CA movement continues to create many jobs for acupuncturists that were previously struggling to stay afloat in private practice, whether or not punking is sustainable in the long-term for WCA employees was a topic broached in many of our interviews. Other POCA providers in less-saturated areas may make a higher income, but most WCA acu-punks average between 26,000 and

28,000 dollars a year. The upside to being a WCA employee is the presence of a set yearly salary instead of income based on treatment numbers, as well as doing work that acu-punks find pride in (Moss Katner 1997:148). One the other hand, the biggest downside identified was the lack of health insurance or other benefits associated with the job and the fairly low income.

Acu-punks are examples of conscious contrarians due to their shared worldview and sets of beliefs, as well as their rejections of dominant ways of thinking about power (Minkler 2012:10). Even though the CA model requires a lot of energy without much financial gain or long-term stability for the provider, WCA acu-punks very much enjoy their line of work and the feelings associated with helping many people. These individuals come to deliberately choose this professional path for various reasons, but many themes run between their narratives. Researching with WCA acu-punks allowed me, as a novice researcher, to witness how collective identities and shared cultural understandings came to fruition within a social movement aimed at reform in both acupuncture practice and education.

Appendix A

Acupuncture at WCA/POCA Clinics in the Pacific Northwest
CONSENT TO BE A RESEARCH SUBJECT: POCA Acupunk

PURPOSE AND BACKGROUND
Suzanne Morrissey, PhD, Associate Professor of Anthropology at Whitman College in Walla Walla, Washington, is conducting a research study to help understand why and when people attend integrative medical centers and use complementary and alternative medicine along with or in place of conventional medical therapies. Kinsey White, undergraduate student at Whitman College, studying Anthropology under the guidance of Suzanne, is researching People's Organization of Community Acupuncture (POCA) as part of her thesis and for the purpose of contributing data to Professor Morrissey's larger research project. You are being asked to participate in this study because you have experience with complementary and alternative medicine, specifically within the context of a WCA/POCA clinic. We wish to record your decisions around using and practicing acupuncture and what impacts those decisions have had on your health and life perspective.

PROCEDURES
1) If you agree to be in this study the following will occur: Suzanne Morrissey and/or Kinsey White will spend time with you and talk to you about your life, particularly the events that have brought you to POCA as a acupuncturist. If you agree some of these conversations will be tape-recorded and with your permission you may also be photographed or video recorded. All conversations will take place at times and locations that are convenient for you.
2) Participation in the study may involve seeing Suzanne Morrissey and/or Kinsey White at the clinic but not necessarily interacting with them. Suzanne and/or Kinsey may take notes on what is happening at the clinic in terms of what you do and for what reasons. At other times, they will ask to "shadow" you during an appointment to document what treatment(s) you give, how you interact with the patients, and what you experience by offering treatments.

RISKS OR DISCOMFORTS
1) Some of the conversation topics might make you uncomfortable because you have to talk about personal decisions around how and where to practice acupuncture. Please know that you are free to decline to answer any questions or to stop the conversation whenever you are not comfortable with the subject. You many chose to withdraw some or all of your responses from the record, or ask that a recording device be turned off during your response to a question. You are free to leave the conversation at any time, or to ask Suzanne and/or Kinsey to leave or stop talking at any time.
2) Confidentiality: participation in research will involve a loss of privacy, however, your records and the information gathered in conversations and interviews will be handled as confidentially as possible. To be sure, your name will never be associated with specific information that appears in presentations or written documents about the study. In the

research records, your name will be coded in all interview transcriptions and fieldwork notes. Only Suzanne and Kinsey will have access to your coded study records and audio and videotapes. When the study is finished the audio recordings will be stored in a secure folder-archive.

D. BENEFITS

There will be no direct benefit to you for participating in this study. However, the information that you provide may help educate an audience outside of the acupuncture profession about community acupuncture and developing innovative acupuncture education opportunities. The results of this study will contribute to future research on the effectiveness of complementary and alternative medicine therapies for a variety of illnesses and syndromes. It may also provide insights into the use and understanding of WCA/POCA clinics in the Pacific Northwest.

E. COSTS

Although you will sacrifice some time to participate in this study, there will be no financial costs to you.

F. PAYMENT

You will receive no payment for participating in this study.

G. QUESTIONS

You have talked to Suzanne Morrissey and/or Kinsey White about this study and have had your questions answered. If you have further questions, you may contact Suzanne at (509) 301-0229 or Kinsey at (503) 453-2677.

If you have any comments or concerns about participation in this study, you should first talk with the researchers. If for some reason you do not wish to do this, you may contact the Institutional Review Board of Whitman College, which is concerned with the protection of volunteers in research projects. Comments and concerns can be directed Ginger Withers, Chair of the IRB Committee via email at withergs@whitman.edu. You may also call or write the Provost and Dean of the faculty at (509) 527-5399, Memorial Building 308, Whitman College, Walla Walla, WA 99362, USA.

H. CONSENT

You will be given a copy of this consent form to keep.
PARTICIPATION IN RESEARCH IS VOLUNTARY. You are free to decline to be in this study, or to withdraw from it at any point. Your decision as to whether or not to participate in this study will have no influence on your present or future status at the clinic where you work.

Are you pregnant or using acupuncture for pregnancy related issues? ____ Yes ____ No

If you agree to participate please sign below.

____
Printed name of POCA Acupuncturist

________ _____________________________________
Date Signature of Study POCA Acupuncturist

________ _____________________________________
Date Signature of Person Obtaining Consent

Appendix B

POCA Provider Interview Guide

Suzanne Morrissey, Associate Professor of Anthropology at Whitman College, and student-researcher Kinsey White, are conducting qualitative research with the People's Organization for Community Acupuncture, POCA Tech and Working Class Acupuncture. The research is part of a long-term, Canada-U.S. comparative project looking at the uses of complementary and alternative medicine for chronic illnesses such as fibromyalgia and lupus.

Specific attention is being given to questions of the work and organizational structure of community acupuncture in Portland, Oregon. You are being asked to participate in the interview stage of our research as an acupuncture provider for WCA. Below is an interview guide for your review. The guide is intended to give you a sense of the types of questions we will ask during the interview and allows for us to gather comparable information across interviewees. That said, the guide is not a hard-and-fast document but rather a tool to spark discussion. At times, ideas will take our conversation in other directions, which we welcome.

1. Can you explain what drew you to Working Class Acupuncture?
    a. What did you know about WCA before becoming a punk? About POCA?
    b. Did you go into acupuncture school knowing that you wanted to provide community acupuncture? And, how did your education prepare you (or not) for it?
    c. In what ways do you think POCA Tech will be different from conventional training?
2. Please describe the importance or meaning of each of the following to you: WCA space, WCA colleagues, WCA patients, "community," and "working class."
3. Besides the list in #2, are there certain words or ideas that you associate with WCA or POCA?
4. Have you previously worked in a conventional acupuncture clinic?
    a. If yes, can you describe how this work environment was either similar or different to the WCA clinic (atmosphere, patients, work hours, salary, stress level, job satisfaction, personal growth)?
    b. If no, can you describe the experience of working at a WCA clinic in terms of the overall atmosphere, work hours, salary, stress level, job satisfaction, and personal growth?
5. How do you describe to others (friends, strangers, new patients, conventional acupuncturists) what you do for a living?
    a. What are some responses that people have to what you do?
    b. What distinguishes people (patients, friends, strangers) who are skeptical of acupuncture from those who openly accept it?
6. What are the benefits to you of working at a WCA clinic? Disadvantages?
7. What is the range of expectations held by your patients (e.g., questions they ask, what they think treatment will do for them)?
8. Please list the things you can do for patients and things you can't do for patients (i.e., what expectations can you meet versus those you cannot?).
9. What types of patients do you see most frequently in the clinics?
    a. Are some patients more challenging than others? Easier than others? How so?

b. Are there any terms you or other providers use to describe certain types of patients?

10. Any thoughts you would like to add about your work at WCA that we haven't covered?

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