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ACUPUNCTURE COMES TO CANADA: The Struggle For Professional Recognition, 1970-1996

A Dissertation Submitted to
The School of Graduate Studies and Research
For Partial Requirement of A Doctorate Degree in History

Wei Yuan, M.B., M.M.Sc., M.A.
Supervisor: Professor Toby Gelfand

University of Ottawa
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Abstract

Acupuncture Comes to Canada:
The Struggle for Professional Recognition,
1970-1996

Wei Yuan, University of Ottawa
Supervisor: Professor Toby Gelfand

Drawing material from news media, organizational archives, medical journals, governmental and legislative documents as well as oral history interviews, this study examines the introduction and development of acupuncture in Canada covering the period from 1970 to 1996. It is a social professional and legislative history with an analytical narrative approach. The knowledge transfer of acupuncture from China to Canada and its cultural adaptation were part of the ongoing holistic health movement and results of new public policies in diplomacy, immigration, culture and health care.

Medicalization of acupuncture was the response of the Canadian medical profession to gain control of the practice of acupuncture. Its tactics included: claiming acupuncture as a medical act, simplifying acupuncture to a technique, and subordinating and excluding traditional acupuncturists. In practice, brief training sessions were provided to a large number of physiotherapists and physicians. The study also notes the changing attitude of orthodox medicine toward acupuncture.

The thesis focuses on the intricate relations of the acupuncturists, the medical establishment, the government, the judicial system and the public. The conflicts and frictions among these parties are illustrated. Rival acupuncture groups were created in Quebec in the 1970s and a united front was formed at the end of 1980s. The Acupuncture Association of BC had directed the acupuncture movement in that province since 1974. Organizational activities started in Alberta and Ontario in the early 1980s. The acupuncturists' strategies for professionalization are described and analyzed.

Acupuncturists had struggled in a very challenging environment created by the medical establishment and the existing legislative framework. Throughout the 1970s and 80s, acupuncturists were prosecuted in Quebec and BC. The courts in Alberta (1979) and Ontario (1980), however, interpreted the law in favor of non-medical acupuncture. The connection of new health policies to the emergence of acupuncture as a professionalized health care system is depicted and explained. By the mid-1990s, traditional acupuncture had obtained public recognition and political endorsement in BC, Alberta and Quebec with Ontario following suit.

In short, this thesis shows how the acupuncturists' struggle plus the changing societal attitudes brought about the legitimacy of acupuncture in Canada at the end of the 20th century.

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For his academic advice and moral support over the past decade, I thank my supervisor Professor Toby Gelfand who guided me through both my MA and Ph.D. programs. I subscribe to the ancient Chinese saying: "Being a teacher for a day, one should be honored like a father for life."

This study was made possible by a generous doctorate scholarship from the Associated Medical Services, Hannah Institute for the History of Medicine, for which I am deeply grateful.

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As a full-time self-employed clinician with a family, I hardly find any time for my writing and almost gave up my undertaking. It was the constant encouragement of my clients that kept me going. "Wei, how is the thesis?" "Do you mind if I check with you about your thesis again next time?" I sincerely thank my dear clients, too many to name here, for their kindness. Without their "check," I could not have accomplished this mission.

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I greatly appreciate my family, my parents and my in-laws for their love and care, their honoring of learning, and their understanding of my absence on many weekends and holidays. My wife Yalan, a TCM physician with inside knowledge of the history that I was constructing, painstakingly read the entire thesis twice and made many brilliant suggestions.

I dedicate this dissertation to the memory of my grandfather who was my first teacher of classical Chinese language and literature, ancient history and philosophy, and, of course, Chinese medicine. As a little boy in his house, I witnessed the Chinese medicine encounters in a traditional setting every day.

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CHAPTER 1

HISTORIOGRAPHY AND INTRODUCTION

The history of acupuncture in Canada, especially its professional and legislative history is the central theme of this study. The introduction of acupuncture and its social, cultural, and intellectual interaction with the host society were also examined. Many elements of traditional Chinese medicine (TCM), including acupuncture, in Canada may be traced back about a century and a half. Chinese immigrants brought with them their indigenous medical beliefs, techniques and remedies, but their practice had virtually no influence beyond the boundaries of their community until recently. North American reprints of 19th century European medical literature mentioned acupuncture. Acupuncture was also mentioned in 19th century Canadian medical textbooks, and it was tried in Canadian hospitals, but the vast majority of the medical profession remained uninformed. The technique later disappeared from standard medical literature. Therefore, this first introduction of a TCM therapy failed to take root. The current popularity of acupuncture was a result of the reintroduction of this technique to North America which began in the early 1970s when China opened its doors to the West, and the West ended its policy of isolating China. Thirty years ago, Canadians, health care practitioners and health care consumers alike knew almost nothing about acupuncture. Now, acupuncture therapy is practised in cities and towns across the country. In fact, acupuncture is one of the major forces of the complemen-

tary health care systems in Canada today. This system of healing, through the effort of its practitioners and clients, has been adapted to the Canadian culture and social environment. Since the mid-1990s, the practice of acupuncture has begun to gain legal status and entered its current process of professionalization.

In this Chapter, I will first explain the historiography and methodology employed in this study. And then, the basic concepts of TCM and its historical characteristics are presented to situate traditional acupuncture in context. Osler's 19th century needle therapy and the Bethune connection between Canada and China, which made the introduction of acupuncture to Canada a particular case, are illustrated and analyzed in the second half of this Chapter.

HISTORIOGRAPHY AND METHODOLOGY

Given the fact that no Canadian historiography of TCM exists, it is necessary to examine the historiography of TCM in China and in other settings, and to investigate Canadian medical historiography in general as they are related to the current study. As there are only a handful of authors who published studies in Western languages, TCM historiography by Chinese scholars is an indispensable part of this study.

Historiography of TCM

Until the 20th century, the historiography of Chinese medicine consisted of mostly biographies and annotated bibliographies by either professional historians or learned clinicians.[1] In 1919, Chen Bangxian published *A History of Chinese Medicine*, the first general history of Chinese medicine that was ground-breaking in Chinese medical historiography.[2] In 1932, Wong K. Chimin and Wu Lien-te published *History of Chinese Medicine*, the first serious account of the history of Chinese medicine in English.[3] A group

[1] Sima Qian, an imperial court historian of the Western Han Dynasty during the Emperor Wu Di's reign (139 - 87 BC), in his famous *Records of the Historian* [Shiji] initiated the classic style of medical biographies. Another professional historian Ban Gu (32-92) started the tradition of recording and commenting on medical bibliography in his *History of the Han Dynasty* [Hanshu]. Both traditions continued in official dynastic histories (generally known as the *twenty-four histories*) covering the entire two thousand years feudal dynasties (211 BC – 1911).

[2] Chen Bangxian, *A History of Chinese Medicine* [Zhongguo Yixue Shi] (Shanghai: Medical Press [Yixue Shuju], 1919). Chen detached his style from the old pattern of anecdotes, biographies and annotated bibliographies. Instead, he explored the evolution of medical theories, the development of clinical techniques, the change of diseases and he also started to note the impact of economic and sociopolitical factors upon medicine. Subsequently, he published two revised editions in 1932, 1954 and 1957 by the Commercial Press in Shanghai.
For a detailed account of Chinese medical historiography, see the collection of fifteen historiographical essays on various subjects in the *Chinese Journal of Medical History*, 26, 3-4(1996). In English account, see Nathan Sivin, "Science and Medicine in Imperial China - The State of the Field," *The Journal of Asian Studies*, 47, 1(1988): 41-90.

[3] Wu Lien-te read F. H. Garrison' s *Introduction to the History of Medicine* (1913) and found less than one page (of this 700-page work) devoted to Chinese medicine with noticeable errors. He wrote to Garrison to complain and the latter replied that he could not be responsible for the briefness and inaccuracy, because there was hardly any source material about the history of Chinese medicine in Western languages. Stimulated by Garrison' s message, Wu, cooperated with Wong, with ten year' s effort, completed their book in English *History of Chinese Medicine* (Tientsin, 1932), a magnitude of over 900 pages (2nd edition in Shanghai: National Quarantine Service, 1936). Of course, today, one has no difficulty to find a few book titles in Western languages on Chinese medical history. Also see Lee T'ao, *An Outline History of Medicine* [Yixue Shigan]

of Western medicine physicians including Wong and Wu formed the Chinese Association of Medical History in 1935 and established the *Chinese Journal of Medical History* in 1947. Ever since the early days, this field has been peopled almost exclusively with physicians trained in either Western medicine or TCM.[4] Despite their lack of initial university training in history, many of them have become career medical historians through further study, research and writing.

From 1950 to 1978, periodic political campaigns interfered with intellectual life. Historical research was guided by the Chinese version of Marxist historical materialism, dialectical materialism and Chinese patriotism (somewhat narrow nationalism). Studies were centered on medical experiences and technical achievements of the Chinese people, with focus on ancient (pre 1840) times because of the political sensitivity of commenting on more current events or characters. Thus, the neglect of modern and contemporary history and the overwhelmingly internalist approach had become two weaknesses of Chinese scholarship in medical history. Starting from 1978, reform and the open-door environment enlivened the study of medical history. Researchers whose minds had been restricted by the party line before enjoyed a great deal more academic freedom.

A new generation of scholars with postgraduate degrees in medical history and with their newfound contact with Western historiography started to examine medicine from a broader perspective. For instance, Zhao Hongjun, illustrates the ideological conflict between the group who favored TCM being abolished and the group who opposed such a

(Shanghai: Chinese Medical Association, Department of Editing and Translation, 1940) in which he combined the history of Chinese and Western medicine in a single volume.

[4] The only periodical in China exclusively devoted to this field, the *Chinese Journal of Medical History,* one of the Chinese Medical Association's series journals, with its editorial office inside the Academy of TCM in Beijing. The contents of this journal are overwhelmingly TCM history.

idea. Zhao argues that the social impact of medicine, contemporary intellectual currents, foreign influences, government policies, and so on decided the process and the outcome of this famous debate in modern Chinese history (1840-1949), although the inherent philosophical differences between Chinese and Western medicine formed the fundamental controversy.[5] In the past ten years, Chinese medical history has developed a new scholarship through the application of anthropological and sociological methodology.[6]

Sinologists of traditional Chinese sciences and medicine such as Joseph Needham, Nathan Sivin and Paul Unschuld are among the most outstanding Western scholars in the field. Needham's multi-volume work *Science and Civilization in China* remains the most comprehensive and influential treatise on the history of Chinese sciences.[7] The best account

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[5] As one of the earliest graduate students in this field (in China graduate program in medical history starting in 1978), Zhao wrote his thesis *Debate between Chinese and Western medicine in Modern China* [Jindai Zhongxiyi Lunzhen Shi] for a master' s degree in 1981. A major breakthrough from traditional scholarship, it stirred up a heated debate not limited to the community of medical historians. He failed to receive that degree, not because of the quality of his scholarship, but the old style conservatism of some members of the Degree Committee of the Chinese Academy of TCM. The thesis was first printed for internal circulation among medical historians in 1983 and published by Anhui Science and Technology Press (Hefei) in1989.

[6] Ma Boying' s recent monograph *A History of Medicine in Chinese Culture* (Shanghai: Shanghai People' s Publishing House, 1994) is a brilliant example of this current. Ma's contribution is both original and revolutionary. The titles of the four parts that form this book are: Part I: The Cultural Background of Chinese Origin of Medicine; Part II: Chinese Medicine under the Influence of Philosophy, Religion and Politics; Part III: Chinese Medicine among Ecological Environment, Customs and Habits and Part IV: Cultural Upheaval and a Whirlpool with Medicine. This is obviously not a traditional technical history.
It is something new and worth noting that a Chinese student has recently completed an anthropological thesis in English at an American university relating to the contemporary history of TCM in China. See Huanguang Jia, "Chinese Medicine in Post-Mao China: Standardization and the Context of Modern Science, Ph.D. dissertation, (Chapel Hill: University of North Carolina, 1997).

[7] Joseph Needham (1900-1995), et al. *Science and civilization in China* (Cambridge: Cambridge University Press, 1954-), a multivolume classic in this field. Earlier studies of Chinese sciences stayed at the level of crediting the ancient Chinese with the inven-

of the history of acupuncture, and especially its propagation abroad in the English language, is *Celestial Lancets* by Lu and Needham in addition to their numerous articles[8].

Well-educated in the history of European science and Sinology, Nathan Sivin started his fruitful examination of Chinese culture and science with extensive studies of Chinese alchemy and astronomy in the 1960s. In recent years, he has published many in-depth studies of classic Chinese medicine. His translations of TCM concepts are among the most scholarly and reliable. Based on his comparison of education and practice of TCM in both present-day and traditional China, he argues that TCM is under constant change. Some new graduates of TCM colleges may not be able to conduct truly traditional consultations because of changes in the intellectual environment and the students' Westernized educational background.[9]

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tions of papermaking, printing, the compass, and gunpowder, all of which had a profound impact on the Renaissance and the Enlightenment in the West. After examining and comparing an enormous amount of ancient literature of China and of Europe, Needham argues meticulously that, "between the first century BC and the fifteenth century AD, Chinese civilization was much more efficient than occidental in applying human natural knowledge to practical human needs." (See vol.2, p.162) Needham's conclusion offends some European historians and prompts the debate as to why the scientific revolution took place not in the East, but only in Europe.
Born to a physician family and originally trained in biochemistry and embryology, Needham became interested in Chinese science and medicine through his acquaintance with three Chinese students working in his laboratory at Cambridge in the 1930s. One of them, Gwei-Djen Lu from a TCM family, became Needham' s close comrade-in-arms in their exploration of traditional Chinese sciences and medicine. Needham was stationed in China during the 1940s as a British representative, and this provided him with great opportunities in his search of source material.

[8] Lu Gwei-djen and Joseph Needham, *Celestial Lancets: A History and Rationale of Acupuncture and Moxa* (Cambridge: University of Cambridge Press, 1980).

[9] Nathan Sivin, *Traditional Chinese Medicine in Contemporary China* (Ann Arbor: University of Michigan, Centre for Chinese studies, 1987). First half of the book discusses intellectual history of contemporary TCM, the impact of Western biomedicine on TCM and the second half of the book is a philosophically accurate translation of the TCM textbook *Revised Outline of Chinese Medicine* (Beijing, 1972). English speaking

Paul Unschuld is undoubtedly the most published Western author in Chinese medical history.[10] Unschuld summarizes the theoretical conception of Chinese medicine in the West in three phases: in the first phase (the late 17th and early 18th century), some techniques were absorbed but theories were left out; in the second phase (the early 19th century), electricity, the popular concept of the day, was employed to interpret acupuncture; and in the third phase (the 20th century, especially in our own era), in accordance with the spirit of the time, TCM is explained as holistic and energetic medicine. Its systematic-functional approach fills the gap neglected by modern medicine. Unschuld claims that the vitality of TCM in the West lies with its clinical effectiveness, but that it can play only a marginal role in the Western health care system for lack of the suitable cultural environment.[11]

Chinese medicine has interested medical anthropologists since the early 1970s. Arthur Kleinman pioneered in this field with research into the cultural context of diseases and healing, patients and healers in Taiwan, overseas Chinese societies and then the Mainland China.[12] Through meticulous observation, Kleinman described a Chinese cultural system of

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students who are serious about TCM concepts and terminology should study this translation.

[10] I note here among Unschuld's many publications several monographs: *Medical Ethics in Imperial China* (1979), *Medicine in China: A History of Ideas* (1985), *Medicine in China: A History of Pharmaceutics* (1986), *Medicine in China: Nan-ching* (translation of the Chinese classic, 1986). All published by the University of California Press at Berkeley.

[11] Paul Unschuld, "The Role of Traditional Chinese Medicine in Contemporary Health Care," Paper of the XVII International Congress of Internal Medicine, (Kyoto, 1984). Also see his *Chinese Medicine*, (Brookline: Paradigm Publications, 1998), Chapter 7. In French language, Pierre Huard and Ming Wong (mostly with joint authorship) published numerous articles and several monographs. Pierre Huard and Ming Wong, *La médecine chinoise: au cours des siècles* (Paris: Les Éditions Roger Dacosta, 1959).

[12] Arthur Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry* (Berkerley and Los Angeles: University of California Press, 1980) and *Social Origins of Distress and Disease: Depressions, Neurasthenia, and Pain in Modern China* (New Haven: Yale

healing and disease in parallel with biochemical medicine. A person decides that he or she is ill and starts to search for the appropriate healer depending on the illness. A medical doctor is only one of many options in the list of healers.

Southeast Asia experienced great Chinese cultural influence before the 19th century. Countries such as Japan, Korea, and Vietnam adopted Chinese medicine including Chinese medical administration and education. Margaret Lock conducted a field study in Japan in the 1970s. Apparently, there was not a holistic health movement, per se, in Japan in the early 1970s as in Western countries. But, a boom in *kanpo* (East Asian medicine, or the Japanese version of TCM) during that period of time was well recognized. According to Lock, the revival of traditional medicine in urban Japan was due to the vital role played by the mass media in promoting East Asian medicine as a natural healing system beneficial for chronic illnesses with few side effects. This at a time when the postwar Japanese were beginning to realize the rapid change of disease patterns (from predominantly acute diseases to chronic illnesses) and the failures and side effects of synthetic medicines. Lock also stressed that the "boom" was part of renewed interest in traditional culture as a reaction of "Japanization" to the postwar impact of American culture.[13]

A penetrating study of TCM in action is Judith Farquhar's *Knowing Practice: The Clinical Encounter of Chinese Medicine.* Many Western social scientists did field work in

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University Press, 1986). Also see A. Kleinman, et al., eds., *Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies*, a collection of a 1974 international conference, (Washington: John E. Fogarty International Center for Advanced Study in the Health Sciences, 1975).

[13] Margaret M. Lock, *East Asian Medicine in Urban Japan: Varieties of Medical Experience* (Berkeley: University of California Press, 1980), paperback edition in 1984. The Japanese word "*kanpo*" literally means Chinese medicine (kan, Chinese and po, medicine). Lock uses "*kanpo*," East Asian medicine and traditional Chinese medicine interchangeably.

China with interviews of patients and practitioners, and observed real clinical situations, but no one has ever gone so far as Farquhar did. She actually studied for a year and a half at a Chinese TCM school (Guangzhou College of Traditional Chinese Medicine) and carried out participant observation in many different clinical settings with different practitioners and patients.[14]

After observing the [kanbing] process, in which patient and doctor "look at illness," Farquhar shows "how the daily work of healing continues in relation to an ancient, vast and still growing literature of healing experience," and how classic theories are fitted to specific clinical encounters. Applying theoretical frameworks, consulting historical recordings, working with senior doctors, a practitioner gains experience (developing his own knowledge of TCM) through lifelong practice. Indeed, practice and experience is the core of clinical TCM.[15]

Methodology of this Study

Doctors had traditionally documented the history of medicine and their readers were very often doctors. This is so-called internalist technical history. Since the 1960s, this field has been gradually transformed to become a branch of social history regarding diseases and

[14] Judith Farquhar, *Knowing Practice: The Clinical Encounter of Chinese Medicine* (Boulder: Westview Press, 1994). See Introduction.

[15] There is a term "Lao Zhongyi" describing senior, learned and experienced Chinese medicine doctors who are very respected in Chinese culture and who are usually recognized after their sixties. A new TCM graduate has to face a "cold desk" for quite a few years. In comparison, patients usually do not mind seeing younger or middle-aged practitioners of Western medicine, especially in a field with a lot of technology involved, good coordination of mind, eyes and hands needed such as in surgery.

health care, or as it is sometimes termed "the history of medicine without medicine." In Canada and the United States, history departments have replaced medical schools as the academic base camps for medical history, and professionally trained historians, together with medical sociologists and anthropologists, have replaced retired physicians as the main contributors to this field of study.

The new externalist social history approach has accomplished much in the areas of Canadian history of public health, nursing, care of the mentally ill, medical education, women and medicine, professionalization and licensing of health care, epidemics and society, and so on.[16] However, historians have focused most of their studies on the 19th century and the first half of the 20th century. The contemporary history of medicine and health care in Canada needs a lot more attention. Canadians have been talking about complementary medicine for over thirty years now. But the history of complementary medicine has been largely neglected. The health practice of an ethnic group and its impact on the mainstream society are certainly worth exploring. The present study concerns a system of complementary health care, related to (but not exclusively) Chinese ethnicity in a Canadian social cultural context.

Covering the period 1970-1996, the main goals of this dissertation are: to investigate the historical process of the introduction of acupuncture to Canada, to examine the development of acupuncture practice in Canada, and to analyze the historical, cultural context, professional conflicts, and sociopolitical changes concerning this subject. Canada led the Western

[16] S.E.D. Short, "Antiquarians and Amateurs: Reflections on the Writing of Medical History in Canada," in S.E.D. Shortt, ed., *Medicine in Canadian Society: Historical Perspectives* (Montreal: McGill and Queens, 1981), p. 1-15. Wendy Mitchinson and Janice Dickin McGinnis, "Introduction," in W. Mitchinson and J.D. McGinnis, eds., *Essays in the History of Canadian Medicine* (Toronto: McClellan and Stewart, 1988), p. 7-17.

world in taking China back into the international community in 1970, which provoked a great influx of information about acupuncture and TCM. The year 1996 was a historical mark for acupuncture in Canada; the *Acupuncturists Regulation* designating acupuncture as a self-governing health profession was passed in BC and a similar piece of legislation was recommended in Ontario with the practice of acupuncture being regulated one year earlier in Quebec.

The history of acupuncture and TCM in Canada is tortuous, complicated and fascinating. Over the quarter century after 1970, the practice of acupuncture in Canada had been eventful: the related social cultural currents and political background, the physicians' responses to the invasion of an alien treatment modality and associated theories, the acupuncturists' struggle against medical hegemony and unfavorable legislation, the impact of Chinese immigration on acupuncture in Canada, the training of acupuncturists in Canada and the new political thinking of bringing "fringe medicine" to the health care marketplace. This story reveals deep cultural conflicts and sociopolitical changes. It is both controversial and intricate.

There has been no significant research carried out about the history of acupuncture and TCM in Canada. Neither comprehensive historical study nor sociological analysis has ever been carried out. I was hoping to find some secondary sources, at least some journal articles that could help my search for primary sources. However, I was very disappointed that I could locate only two unpublished master's theses on traditional acupuncture in the Canadian context with some sense of history, the first one in political science and the second in anthropology. Nevertheless, I really appreciated these two original papers, especially Boris Voyer's *Coexistence structurée de systémes médicaux: le cas de la*

médecine et de l'acupuncture au Québec that lead me to some Quebec sources. The subject of this 1989 mémoire is the integration of the practice of acupuncture into the health care distribution system in Quebec. Voyer's discourse focuses on the legal and political process that recognized acupuncture as a health profession and the strategies applied by the involved (the acupuncture associations, the medical profession and the government, etc.) in such a process.[17] Ana Margarida Ning conducted an anthropological survey in 1993 with the acupuncture and TCM associations in the Toronto area focusing on the acupuncture regulating process in connection with her analysis of Ontario's new health legislation RHPA.[18]

In the 1970s, acupuncture was said to be the "child of the media." Researching in newspapers and magazines, therefore, became my starting point of source work. Digging out the numerous news reports and articles was no easy task. I was constantly "looking for a needle in a haystack," because no itemized indexes were available for many newspapers and magazines in those days. Thanks to the electronic index systems of the 1990s, my experience of searching news items became a lot more pleasant.[19] In studies of contemporary history, news reports can serve as a mirror reflecting events regarding the time, the place and the people involved. Column articles and commentaries might be biased, but the

[17] Boris Voyer, "Coexistence structurée de systémes, médicaux: le cas de la médecine et de l'acupuncture au Québec," M.Sc. thesis in political science, (Montréal: Université de Montréal, 1989).

[18] Ana Margarida Ning, "Regulating Health Professions and Chinese Medicine in Ontario," MA thesis in anthropology, (North York: York University, 1993).

[19] I had a chance to access a broad range of electronic data retrieval systems through CD-ROM, online services, the WWW and Gopher, such as CBCA, Medline, HealthSTAR, Biological Abstracts, CancerLit, CINAHL, Ei Compendex, Current Contents, PsycINFO, PAIS, SocioFile, etc.

very bias itself is a true historical reflection of the attitude and thinking of the biased observer. Sources from the media are used extensively in this study.

TCM (including acupuncture) and biomedicine share a common purpose of helping the sick. The considerable amount of media coverage on medical reaction to the new phenomena of acupuncture and on medical exchange with China led me to an extensive examination of professional medical journals, especially the *Canadian Medical Association Journal* (*CMAJ*), the primary publication of organized medicine in Canada. Editorials and feature articles in such journals often represented the official positions of the medical profession on concerned issues. Professor Toby Gelfand indicated the importance of the Bethune exchange professorship between China and Canada in a case study of acupuncture in Canada. Such a background was thoroughly checked out based on the first-hand reports of the key players with focus on their interpretation of health care, medical education and TCM including acupuncture in China. To analyze the attitude of the medical profession toward acupuncture in the 1970s in a historical context, it is necessary to stretch the timeline even further to the end of the 19th century. Thus, I provided both Osler's experience with acupuncture and the Bethune medical exchange program in relation to TCM as part of the introductory material for the current study.

Journalists had to rush their stories, which is in the nature of news reporting. Thus historians have to check out the accuracy of such stories by comparing different sources. Sources extracted from media reports and journal articles were excellent leads to archival documents and interviewees, but information from news stories and journal articles was insufficient for reconstructing a complete history. I realized that there existed a large amount of unpublished material. The next step was to obtain relevant documents from

public archives and libraries. Unfortunately, only a small amount of original material ended up in such institutions. Part of the reason was because my subject was relatively new and the files had not yet reached public archives and part of the reason was because the traditional practice of acupuncture was considered illegal, therefore individuals and organization would not donate their files to the public archives and the institutes would not collect files from them. It seemed that oral history would become a main source for my study. Since my subject falls in the domain of contemporary history and most of the concerned persons are still alive, naturally I approached them for detailed oral history interviews.

A list of interviewees was made in accordance with information from printed material, including acupuncture leaders and acupuncturists with various backgrounds, government officials, members of various health professions and acupuncture patients. The issue of representativeness of the interviewees was considered, and an open-ended questionnaire was developed.[20] The interviews were carried out between 1992 and 2000, but mainly within three years from 1994 to 1996. I traveled all over Canada's ten provinces to meet my interviewees. Interviews were conducted in their offices, boardrooms, clinics, shops, or places such as, "the cafeteria downstairs." The interviews took an average of thirty minutes in a range from ten minutes to two hours. Before each interview, I wrote to the interviewee about the purpose of the meeting and requested documents related to my study. I was very

[20] I interviewed altogether 93 informants. I have many files related to my oral history, including ethic standard document I signed with the University (research with human subject), selection criteria of interviewees, informed consent form I signed with my interviewees, initial and "thank you" letters to my interviewees, recordings, data tables and some transcripts. In consideration of the length of the thesis, only interview questionnaire is appended. See Appendix 7 for details.

pleased to obtain so much archival material from my interviewees on which an original and more accurate history could be based.

This is a huge collection of documents ranging from the typewriter-dominated era to the time of sophisticated computers with fancy laser printing. I decided to use printed archival material as my main primary sources instead of oral history material because human memory would be subject to errors.[21] However, for "Chapter 4: Chinese Immigration and Chinese Medicine," oral history information has to be a major source because of the insufficiency of printed material. Informants are anonymous, or pseudonyms are used in the text unless the informants are the main characters of concerned passages of text. In such cases, specific permissions were obtained. There could be emotional and sensitive issues for those involved when this recent history is brought up. People were fighting for their beliefs, but ideological confrontation could sometimes develop into personal animosity. I used oral history information only in such a way that it was not personal but significant in the studies of history, sociology and political science.

The source work reveals the historical fact: Before 1970, acupuncture was almost non-existent in Canada. By the 1990s, acupuncture service was readily available all over Canada. Was this a physical transfer of a health care system from one country to another? Certainly not! Then, the question becomes: What had happened during the quarter of a century's time? To tackle this question, I had three hypotheses:

- There must be a process in which acupuncture and TCM were introduced to this country.

[21] During the course of my study, over 120 volumes of archival material were collected including meeting minutes, submissions, government documents, correspondences, and associational internal publications.

- There must be a process in which cultural, legal and professional conflicts took place.
- There must be a process in which various social forces negotiated terms that made acupuncture a health care option for Canadians.

Above all, these three processes had to evolve within the Canadian social and cultural context.

To prove my hypotheses and to establish my theories, I undertook my research both chronologically and thematically. Traditional descriptive historiography and analysis were used to present the majority of the research findings. Social science history and quantitative method were used for comparisons of numerical data. The technical development of acupuncture was much less significant compared with the sociocultural impact caused by the introduction of acupuncture to Canadian society in the concerned period. I applied mixed and balanced approaches of both internalist professional technical history and externalist sociocultural history to serve the various areas of the study. The final product is essentially a history of the introduction, professionalization and legal recognition of acupuncture in Canada.

In the field of the history of Canadian medicine and health care, my subject is a micro history. But in terms of the history of acupuncture and Chinese medicine on its own, my subject is a big topic history because it covers the whole process and covers various provinces. The subject covers linguistic groups of French and English, and covers oriental communities and the mainstream society. Health care falls in the provincial jurisdiction, which makes the stories even more difficult to tell. The combination of chronological and thematic organization in an analytical narrative style is probably the best for such a study. However, it is very challenging to present data in a clear and logical way and the organization can cause some repetition and confusion. For example, in the chapters about "legal

conflicts", about "organizational development" and about "the legislative process," I described them province-by-province. But their sub-topics have internal links: Due to legal conflicts, acupuncturists organized themselves into associations, for the purpose of legal recognition. Therefore, readers may sometimes see that a story starts in one chapter and finishes in another. I thought about writing the thesis provinces by province, which could avoid some repetition and confusion, but it would look like a collection of provincial histories on this matter. The provincial and regional comparison would have been lost and the national map and big picture in a historical sense would have been lost.

For readers to conceptualize my thoughts in constructing the history of acupuncture in Canada, it is important to reveal the complexity of the subject and me as the author. I grew up in my grandfather's house in the 1960s. He was a practitioner of TCM and expert in processing TCM herbs into various forms of remedies. After high school, I was sent to the countryside to receive "re-education" from "the poor and low-class peasants." In 1978, I was admitted to Hunan College of TCM for a five-year professional training program after passing the annual nationwide entrance examination for higher education. While practising part-time at the College affiliated hospitals, I completed a three-year study on the early formation of the essential theories of TCM for a Master's degree in 1986. Then I taught TCM as a lecturer in the same College until I came to the University of Ottawa in 1989 to pursue my studies in the history of medicine. I received my M.A. degree in 1991 with a mémoire dealing with the introduction of surgery to China by missionaries in the 19th century. At that time, the discussions on the possibility of regulating acupuncture as a health profession had started in some Canadian jurisdictions. My supervisor Professor Gelfand and I thought that the social history of TCM in Canada would be an excellent topic

for a Ph.D. thesis. After my course-work, comprehensive examination and the approval of the thesis proposal, I had to practise acupuncture and TCM full-time, which made the completion of my study a long journey. I do not see this extension in a negative way. Over the years, I have come into contact with a couple of thousand clients and a network of health professionals. They made me truly "feel" the history.

The foregoing autobiographical information is pertinent to my study, which indicates that I am not a Canadian born student with his B.A. and M.A. writing a Ph.D. thesis. My identities as a Chinese immigrant, a Chinese-trained acupuncture and TCM practitioner, and a Canadian-trained historian have a lot to do with my interpretation of the history under investigation. Unlike an "outside" scholar, I have experienced a significant part of the history that follows and I had the trust from the practitioners and others to collect and use source information from them. It is impossible to make this study "double blinded." I do not pretend to be bias free. To be honest, I had a hard time separating the subject and myself because the "other" and the "self" often became one; the "insider" and the "outsider" became one and the subject and the observer became one. A good historian must truthfully present historical facts, and a good historian must also interpret these facts in his or her particular way. In a sense, original historiographies may be biased to certain degree in favor of the authors' theories. We see authors from their writings. My personal and professional background in association with the practice of acupuncture has influenced my analysis of the concerned history.

CHARACTERISTICS OF TCM

Acupuncture is part of TCM. In this study, I use the abbreviation "TCM" to include traditional acupuncture. Because the term "TCM" is still a relatively new word for Canadian readers, I often choose the phrase "acupuncture and TCM" as my wording for the unity of acupuncture and TCM. If the system of TCM were similar to Canadian biomedicine, there would not have been a "culture clash" when acupuncture and TCM were being introduced to this country and the process would have been smoother. The striking differences between TCM and contemporary Canadian medicine decided the eventful route by which acupuncture and TCM developed in Canada. Therefore, it is necessary to analyze the characteristics of TCM as opposed to modern Western medicine.

Just as other healing traditions existed alongside classic Hippocratic-Galen school in European history, imperial China had many healing systems: religious (Taoist tradition and the Buddhist tradition), symbolic, demonology, folk, regional and ethnic systems alongside TCM. TCM refers to the learned tradition originating from the "four classic texts" and systematized during the Ming (1368-1644) and Qing (1644-1911) Dynasties.[22] Learned physicians and Confucian scholars developed and practised this system. It was further standardized in the 1950s and the 60s by compiling major textbooks for TCM higher

[22] The four classics are: *Yellow Emperor's Classic of Internal Medicine* [Huangdi Neijing]; *Yellow Emperor's Classic of Eighty-One Problems* [Huangdi Bashiyi Nanjing]; *Treatise on Cold Damage and Miscellaneous Disorders* [Shanghan Zabing Lun] and *Materia Medica of the Divine Husbandman* [Shennong Bencao]. See Appendix 1 for phonetics and the use of Chinese pingyin.

education. The professors of the newly established TCM universities cooperatively accomplished this major project. Now, except in the ethnically autonomous regions, TCM has become the only native medical system that is taught in Chinese universities and applied in hospitals.[23]

System of TCM

TCM in itself is a self-contained system of traditional science based on natural philosophy, observations on human life activities and clinical experiences.[24] It consists of a theoretical basis and clinical applications. The theoretical basis may be sub-divided into basic theories and therapeutic principles and clinical applications include herbal formulae, acupuncture treatment, manual therapy, and many other therapeutic techniques. Researchers and textbook editors also attempted to apply the classifications of biomedicine to TCM.

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[23] For a philosophical and theoretical analysis of TCM, see Manfred Porkert, *Chinese Medicine* (New York: Henry Holt and Company, 1990). A good book for health professionals about this subject is *The Web That Has No Weaver: Understanding Chinese Medicine* by Ted Kaptchuk (Chicago: Contemporary Books, 1985) and a very interesting book with excellent illustrations is *Between Heaven and Earth: A Guide to Chinese Medicine* by H. Beinfield and E. Korngold (New York: Ballantine Books, 1991). David Eisenburg's *Encounters with Chi* (New York: W.W. Norton & Company, 1985) is a great account of TCM in the everyday life of the Chinese people in contemporary China. For a vivid impression of TCM in action, one should watch the PBS 1993 documentary, *The Mystery of Chi,* available on videotape (New York: Ambrose Video, 1993). It is realistically filmed and well interpreted. Though the essential perspectives of classic theories and therapeutics are missing, this is in any sense the best documentary about traditional health care in China in the context of popular culture.

[24] The wording "traditional" before "Chinese medicine" in the term "TCM" avoids the confusion with the concept of biomedicine in China. Only after the middle of 19th century, when Western-style hospitals appeared in China, did the Chinese start to call their indigenous medical system "Chinese medicine [zhongyi]" and, in the meantime, they named the newly imported European and American medicine "Western medicine [xiyi]." See Wei Yuan, "Medical Missionaries and the Introduction of Modern Surgery to China, 1835-1866," M.A. Mémoire, Department of History, University of Ottawa, 1991.

Therefore, there is TCM physiology, pathology, diagnostics, therapeutics, various clinical subjects, materia medica and prevention, etc.[25] In contrast with the experimental and analytic approach, what distinguishes TCM from modern Western medicine is its way of reasoning – a holistic view and pattern differentiation with corresponding clinical principles.[26]

The fundamental viewpoint of TCM holism is that a part contains the whole, i.e. the human body is a reflection of the universe (heaven and earth). The human body and its environment form an integral whole, and various parts and their host body also form an integral whole. Another viewpoint of TCM holism is that the whole is always greater than the sum of its components in terms of functioning or Qi.[27] Qi is one of the essential concepts used in TCM holistic reasoning; the others are Tao, Yin and Yang, and the Five Phases.

Qi is broadly defined as the dynamic movement and energy in the universe. Prefixes of the "Qi" give related terms more specific and refined meaning. Generally speaking, Qi is the short form for "Zheng Qi," meaning the life force, physiological activities and the functioning of the body. For instance, spleen Qi means the functioning of the spleen. The Qi that defends the human body from foreign pathological invaders is called "Wei Qi."

How things work naturally by themselves is Tao, the highest law of the universe. Observing and following the Tao is one of the fundamental principles of TCM. For example, to preserve ultimate health, one should live a lifestyle in harmony with the natural rhythm, the movement of the planets, seasonal changes, day and night, and so on. In a

[25] There are still many other ways to analyze the contents in each subject.

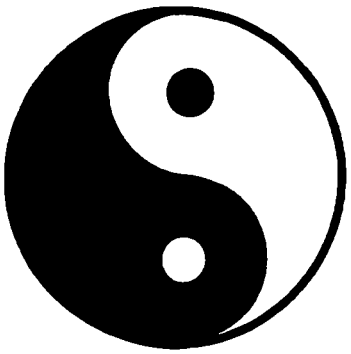
[26] The specific Chinese terms for these two concepts are Zhengti Guannian and Bianzheng Lunzhi.

[27] Qi in Wade-Giles system was spelled as "Chi".

clinical situation, if a practitioner diagnoses that a symptom is a passing sign of the body's reaction to a disorder, he may choose to do nothing about that symptom. Doing nothing is often more effective than doing something in such cases.

Yin and Yang philosophy applied to medicine becomes the medical Yin-Yang theory that is widely used in TCM.[28] It is pictorially demonstrated in Figure 1. TCM sees everything as a combination of Yin and Yang, with the integration of Qi to achieve a great harmony and balance. Yin and Yang are two opposite comparative terms. Generally speaking, Yang stands for the nature of bright, hot, high, functional and energetic, whereas Yin stands for the nature of dark, cold, low, structural and material. Yin and Yang rely on each other to exist; for example, without defining what is cold, one cannot start to talk about what is hot. Without night (Yin), the day (Yang) is meaningless. However, Yin and Yang are always in conflict. When Yang increases, Yin decreases and when Yin increases, Yang decreases. Yang contains Yin and Yin contains Yang. In other words, within Yang, there is some Yin and within Yin there is some Yang. For instance, the kidneys are Yin organs contrasted with the bladder. However, the kidneys accommodate the kidney Yin as well as the kidney Yang. Under certain circumstances, Yang may transform to become Yin and Yin may transform to become Yang. For example, in certain medical conditions, a case of intensive high fever

Figure 1: Yin-Yang Symbol

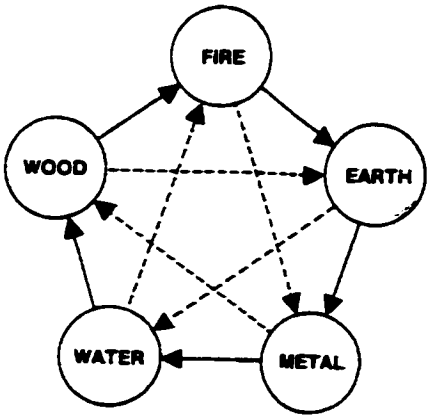


[28] In the famous Yin-Yang symbol, the black stands for Yin and the white stands for Yang. The dots stand for Yin and Yang containing each other and the shape and curve stands for the waxing and waning and transformation of Yin and Yang.

may suddenly change to a chill. Perfect health is a state of dynamic equilibrium of the Yin forces and the Yang forces in the body. Therapeutic principles are meant to re-establish the lost balance, cooling it down if there is too much hotness, warming it up if there is too much coldness, strengthening it if there is a deficiency, and discharging it if there is excess.

The Five Phases [wuxing] are wood, fire, earth, metal and water. The diagram in Figure 2 describes the composition, changes and movements of things in the universe.[29] There are certain interrelationships between the Five Phases that form the circles of changes. The Five Phases promote and restrain each other. For example, in one direction wood nourishes fire, fire nourishes earth, earth nourishes metal, metal nourishes water and water nourishes wood to complete the cycle. On the other hand, wood inhibits earth, earth inhibits water, water inhibits fire, fire inhibits metal and metal inhibits wood to complete another cycle. The classification of bodily functions and structures into this system becomes the TCM Five Phase Theory that is applied to explain certain physiological and pathological processes of the human body. In clinical application, for instance, many irritable bowel syndrome sufferers experience great improvement with acupuncture and TCM. Some times, emotional distress triggers the symptoms. For instance, anger and nervousness could disturb the liver Qi and the liver Qi then would irritate the spleen Qi. As a consequence, the patient could feel abdominal bloating, cramping and have diarrhea. The treatment principle

Figure 2: Five Phases



[29] In Figure 2, the solid lines and arrows indicate the directions of mutual promotion and the dash lines and arrows indicate the directions of mutual control.

would be soothing and harmonizing the liver Qi. Thus, the functioning of the spleen would be restored naturally. The reason is that this is a situation of suppressed liver (the wood) Qi penetrating and offending the spleen (the earth). The spleen is the key organ in charge of the digestive system in TCM.

The internal organ [zangfu] system and meridian [jingluo] systems are essential parts of TCM.[30] The solid organs are defined as yin organs: liver, heart, spleen, lungs and kidneys and hollow organs as yang organs: gall bladder, small intestine, stomach, large intestine and urinary bladder. We have to bear in mind that this is a philosophical system. An organ represents a system of functioning of the body. The organs share only the names with the same organs in biomedicine. They are absolutely not equal concepts in terms of anatomy and physiology. Taking the spleen again as an example, a person could survive after this organ is surgically removed. In TCM, however, the spleen is a vital organ responsible for digesting food, absorbing nutrients and making blood, as well as controlling the blood within the vessels. The spleen is also responsible for generating everyday energy (energy after birth as opposed to genetic energy) and for removing excessive water (working with the kidneys and the lungs) and many other functions. This is why a TCM practitioner might still treat "the spleen," "the gall bladder" and "the uterus" of a client even though they are not there anymore. It is difficult for a literally minded person to master the inner spirits of TCM which defy mechanistic concepts.

The basic theory of TCM that is very close to the practice of acupuncture is the meridian [Jingluo] theory and acupoint [shuxue] theory. The meridian system, also called channel and collateral system, consists of fourteen major meridians, other meridians and the

[30] Some authors use the word "viscera" as a translation for zangfu and "channel" for jingluo.

collateral.[31] All these major meridians run deep inside the body and also run shallow at subcutaneous level, and they are connected to each other. Except for the Governing Vessel and the Conception Vessel, each of the other twelve meridians originates from its own host internal organ and reaches its respective pair organ.[32] In association with their collateral, the meridian system forms a network reaching every part of the body. The main function of the system is to serve as the passage of the circulation of Qi and "blood".[33] Located in the meridians, there are over 360 traditional acupuncture points (acupoints), where acupuncture needles are inserted during therapy. The Qi and "blood" are diffused to the surrounding area from the meridian system through the acupoints that also collect local information, energy and so on back to the meridian system. The Qi and "blood" flowing in the meridians must be sufficient, balanced and free from stagnancy. Otherwise, abnormal conditions may occur.

The above systems, i.e. the parts reflecting the whole (the whole reacting to the parts), the Yin-Yang, the Five Phases, the organ system, the meridian system, etc. are integrated in a framework as the foundation of theoretical TCM. The contents of this theoretical framework have been enriched and revised with clinical experiences, both collective historical experiences and personal lifelong experiences at individual practitioner level. Table 1 shows an example of such a framework:

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[31] The fourteen meridians are: the Lung Meridian, the Large Intestine Meridian, the Stomach Meridian, the Spleen Meridian, the Heart Meridian, the Small Intestine Meridian, the Bladder Meridian, the Kidney Meridian, the Pericardium Meridian, the Triple Burner Meridian, the Gall Bladder Meridian, the Liver Meridian, the Governing Vessel and the Conception Vessel.

[32] See Appendix 4, Charts of Acupuncture Meridians and Points for reference.

[33] The concept of "blood" in TCM has a philosophical meaning different from the biomedicine concept; therefore the word is put in quotation marks.

Table 1: Examples of Systematic Correspondence of the Five Phase Relations

Five Phases	*Yin Organs & Meridian*	*Yang Organs & Meridian*	*Body Parts*	*Emotions*	*Tastes*	*Seasons*
Wood	Liver	Gallbladder	Tendons	Anger	Sour	Spring
Fire	Heart	Small Intestine	Vessels	Joy	Bitter	Summer
Earth	Spleen	Stomach	Muscles	Worry	Sweet	Later summer
Metal	Lungs	Large Intestine	Skin	Sadness	Pungent	Fall
Water	Kidneys	Bladder	Bones	Fear	Salty	Winter

A TCM practitioner must examine a patient thoroughly before reaching a diagnosis during the initial visit. Much more than a physical check-up, this process is divided into four stages, known as four examinations: wang, wén, wèn, qie. When a patient comes into the office, the practitioner starts his/her visual observation [wang] including looking at the vitality, the spirits and emotions of the person, and many other areas such as the color of the face, the shininess of the hair and so on. Inspecting the color and the coating of the tongue is also an important part of the visual examination. Then, the practitioner proceeds to the stage of listening and smelling [wén] in which he/she listens to various sounds made by the body and smells the odours produced by the body and its discharges. The third stage is the longest one in which the practitioner questions the patient [wèn] for information including a complete health history, past and current symptoms. Finally, the practitioner palpates certain areas of the patient and feels the pulses [qie]. Twenty-eight types of pulses are identified in traditional literature. Like the tongue inspection, pulse taking is also considered a TCM characteristic in examinations. If a practitioner does not observe the tongue

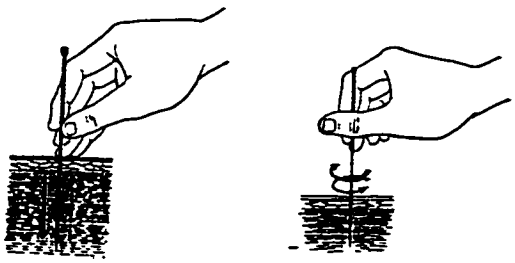
and analyze the pulses, this person was probably not trained in the TCM school. The health history, symptoms and signs are gathered during the four examinations for the final diagnosis.

When seeing a patient, a practitioner focuses attention not simply on disease but more on the whole individual and how the illness manifests in this particular person. The diagnostic analysis and the therapeutic strategy are guided by the idea that the human body is a whole and the body, mind and spirit form a whole. An individual is part of the social and the surrounding natural environment. Every individual is a unique being. Individual symptoms and the name of a disease are not necessarily the primary concern. In TCM, health and disease are about the state of the balance of Yin and Yang: the body is healthy when they are perfectly balanced and in harmony; the body is ill when they are not balanced and the body is dead when they are separated. A continuum exists between health and illness and between illness and death. In TCM diagnosis, it is important to recognize the symptoms and the disease that a patient is suffering from. But it is even more important to distinguish the patterns of imbalance and disharmony of Yin and Yang, Qi and "blood" and internal organs, etc. in a particular individual. Therefore, the practitioner treats a specific pattern of problems accordingly to restore the lost balance and harmony.

Therapeutic principles (general directions of treatment) are established following clinical analysis (pattern discrimination). For instance, if a practitioner concludes that the hot flashes, night sweats, insomnia, irritability and mood swings, etc. are caused by a Yin deficiency in the liver and the kidneys (pattern), he/she would apply the principle of nourishing the liver and kidney Yin. Suppose someone came in with eczema, and then someone else with aching and bloating on the side of the rib cage, and then someone else

again with constipation and a feeling of burning when urinating. Depending on other symptoms and signs, these three patients might all be diagnosed as "dampness and heat in the liver and the gallbladder." Thus, removing the dampness and cleansing the heat in the two-organ system would be the therapeutic principle. This is why a TCM practitioner may employ the same therapeutic strategy to treat patients with different main complaints because he/she determines these different main complains were results of the same pattern of imbalance and disharmony of the body. Conversely, a TCM practitioner may employ different therapeutic strategies to treat patents with the same main complaint because the same complaint is a result of different patterns of imbalance and disharmony of the body.

Figure 3: Acupuncture Stimulation



Sharing the same theoretical foundation, numerous therapeutic techniques form the TCM armory.[34] Herbal formulae and manipulative treatments are among the major therapies, while acupuncture has been the best known in the West. Acupuncture is a technique of stimulation through inserting needles to acupuncture points to affect the body's healing process. (See Figure 3) The English word "acupuncture" is derived from the Latin words *acus* (needle) and *punctum*. Isolated from the theories of TCM, as it is practised by some practitioners here in North America, acupuncture has become mostly a technique of needle insertion. The art and science of acupuncture have been somewhat distorted by practitioners who have had only brief training in skin puncture techniques.

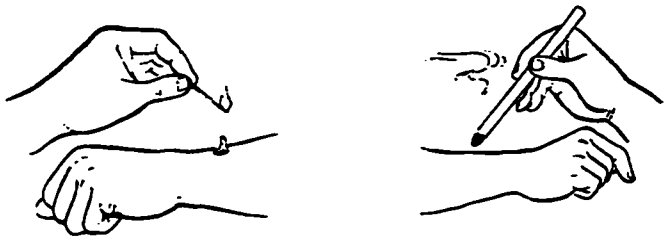
[34] A table of contemporary TCM therapeutic techniques is attached as Appendix 3.

There are some major criteria that distinguish traditional acupuncture from various new styles of acupuncture.

Traditional acupuncture is practised within the framework of TCM. A practitioner must be able to conduct a traditional interview with a client, collect all the necessary clinical information and reach a TCM diagnosis. Then, the practitioner should be able to form a treatment strategy and select a combination of acupuncture points. TCM is based on an energetic model rather than an anatomical or biochemical model. The key to TCM diagnosis is to detect the patterns of imbalance and disharmony of the different systems within the human body. Since the definitions of health and diseases of TCM and of biomedicine are different, traditional acupuncture treatment does not rely on biomedical diagnosis.

It must be noted here that the word "acupuncture" is rarely used alone in Chinese. People use the word [zhen jiu] to include acupuncture [zhen] and moxibustion [jiu] because they are often used together in practice. The English word "moxibustion" is derived from "moxa" (latinized form of the plant name "mogusa" in Japanese) and the Latin word *bustum*. Moxibustion is a group of techniques of burning various herbs on or above certain acupuncture points to initiate healing. The Chinese mugwort is the most frequently used herb for Moxibustion.

Figure 4: Moxibustion



History of TCM

TCM theories and practices developed about the same time as Hippocratic medicine in ancient Greece. In Chinese intellectual history, this period from 771 B.C. to 221 B.C. has been characterized as, "One hundred kinds of flowers were blossoming and one hundred schools of thoughts were contending." Natural philosophies of the time, such as the trinity of heaven, earth and man, the Taoism, the Yin-Yang and the Five Phase theory, formed part of TCM's theoretical foundation.

Thus, TCM has a documented history of at least 2,500 years. Many technical constituents of this system, particularly therapeutic techniques such as acupuncture, moxibustion, remedial exercises (e.g., qigong), manual therapies (e.g., tuina), and the use of natural medica materia (e.g., plants, minerals and animal parts), originated even earlier. TCM reached its mature form during the period between the Warring States and the Western Han Dynasty (475 BC - 9 AD). Since then, this system of medicine has evolved without any major changes. Built upon natural philosophy, throughout the centuries this model has adjusted to assimilate new observations and empirical data easily. Therefore, there has been no real need for a revolution to take place. One may visualize the development of TCM as the snowball effect: the ball (the contents) gets bigger, but structure (the philosophical basis) remains unchanged.[35]

[35] There are many similarities between ancient Greco-Roman medicine, Indian medicine and traditional Chinese medicine in their holistic view of the universe and the life process of the human body and in their dialectic ideas concerning health and diseases. Cultural changes including geographical shifting of cultural centres, wars and natural disasters have all affected the development of medical systems. After many twists and

Because of the continuity of the development of TCM, internal technical history occupied a very important part of the learning and practice of TCM. Practitioners learned theoretical foundations from ancient classics and tailored centuries-old formulae to suit particular cases in their everyday practices. In a sense, TCM is in itself a living history, a history in action since it is still serving the people. Every successful learned physician went through a process in searching into the warehouse of extensive literature for traditional theoretical discourses, and, more importantly, for numerous case histories. Then she/he could evolve from the literature and become one with her/his own understanding of the theories and with her/his own experience through practice. The practice of TCM both collectively and individually is a constant creative process. It is practice that gives life to TCM in contemporary societies that are dominated by experimental sciences.[36]

HISTORICAL AMNESIA: MONTREAL, 1878

Chinese civilization and culture were developed largely in isolation from European influences because of geography. Chinese herbs and spices, many of them with medicinal properties, were taken to Europe by Arabic merchants through the famous "Silk Road" that

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turns, Greco-Roman medicine was replaced by modern scientific medicine. East Indian medicine has just experienced a revival of an almost lost tradition. Historically, only traditional Chinese medicine has maintained its uninterrupted continuity.

[36] See Dominique and Marie-Joseph Hoizey, *A History of Chinese Medicine* (Vancouver: UBC Press, 1993). Drawing heavily on material from secondary Chinese sources, this is a concise general history, originally published in French *Histoire de la médecine chinoise.*

started from the 2nd century BC. From the 15th century, the Portuguese (followed by other European powers and the United States) arrived on China's shores and herbs were shipped to Europe and North America. In the 16th and 17th centuries, the Jesuits who lived in Macao and Peking translated Chinese materia medica, pulse diagnostics and acupuncture into Western languages. The original Chinese technique of smallpox inoculation preceded Jenner's invention of smallpox vaccination. Western sailors, ship physicians, missionaries and diplomats introduced the techniques of acupuncture and moxibustion to Europe in the 17th century.

Although its influence had been limited, acupuncture in the West was certainly not a new story. Needham, Lu and others have revealed the four-century history of acupuncture in Europe.[37] Acupuncture was taught at some European universities, discussed in medical journals, and practised as a therapy during the 19th century. As early as 1810 the Faculty of Medicine in Paris added acupuncture to Western medical therapy.[38] A medical student

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[37] R.W. Carrubba and J.Z. Bowers, "The Western World's First Detailed Treatise on Acupuncture: Willem Ten Rhijne's De Acupunctura," *Journal of the History of Medicine & Allied Sciences*, 29, 4(October 1974): 371-98, G. Rosen, "Lorenz Heister on Acupuncture: An Eighteenth Century View," Journal *of the History of Medicine & Allied Sciences*, 30, 4(October 1975): 386-8, Jacques M. Quen, "Acupuncture and Western Medicine," *Bulletin of the History of Medicine*, 49, 2(1975): 196-205. For a detailed account of the spread of Chinese medicine in Europe for the last four centuries, see Gwei-Djen Lu and Joseph Needham, *Celestial Lancets* (Cambridge: University of Cambridge Press, 1980), p. 269-302. Daniel Geofroy, *L'acupuncture en France au XIXe siècle* (Sainte-Ruffine [France]: Maisonneuve, 1986). Roberta E. Bivins, "The Needle and the Lancet: British Acupuncture and the Cross-Cultural Transmission of Medical Knowledge," Ph.D. dissertation (Massachusetts Institute of Technology, 1997). This dissertation covers the period 1683-1901.

[38] L.V.J. Berlioz, *Mémoire sur les maladies chroniques, les évacuations sanguines, et l'acupuncture* (Paris: chez Croullebois, 1816).

named Gustaf Landgren, for example, received his M.D. degree with a thesis on acupuncture at Uppsala University in Sweden on May 16, 1829.[39]

Nineteenth century North American medicine was very much influenced by European medicine. Many North American physicians did their postgraduate work in Europe. Hence, acupuncture therapy could also be found in 19th century North American medical literature, especially in reprints and translations of European sources. In 1825, Franklin Bache of Philadelphia translated S. Morand's *Memoir on Acupuncturation* into English, which became the first treatise on acupuncture published in North America, Bache also experimented with this technique on penitentiary prisoners.[40] The 1853 American edition of *Principles and Practice of Modern Surgery* suggested that acupuncture could be very effective for some cases of neuralgia and for fluid retention in certain parts of the body, although "it is by no means easy to explain its operation."[41] Besides neuralgia, the 1886 edition of *Materia Medica and Therapeutics* pointed out acupuncture could be used for rheumatism and local paralysis.[42]

When he was studying at University Hospital, London, in 1872, Sir William Osler learned acupuncture from physiologist Sydney Ringer, one of his professors there. In his

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[39] Gustaf Landgren, *Treatise on Acupuncture*: academic thesis for the degree of Medicinae Doctor at Uppsala University, 16 May 1829, trans. by Hans Ågren, *Comparative Medicine East and West*, 5, 3-4(1977): 199-210.

[40] S. Morand, *Memoir on Acupuncturation*, translated by Franklin Bache from French, (Philadelphia: Robert Desilver, 1925). James H. Cassedy, "Early uses of Acupuncture in the United States, With an Addendum (1826) by Franklin Bache, M.D.," *Bulletin of New York Academy of Medicine*, 50, (1974): 892-906.

[41] Robert Druitt, *Principles and Practice of Modern Surgery*, ed. F.W. Sargent (Philadelphia: Blanchard & Lea, 1853), p. 527.

[42] John Biddle, *Materia Medica and Therapeutics*, (Philadelphia: P. Blakiston, 1886), p. 19-20.

Principles and Practice of Medicine, Osler said that acupuncture was highly effective, and recommended it for the treatment of sciatica, lumbago, and other painful conditions:

> For lumbago, acupuncture is, in acute cases, the most efficient treatment. Needles of from three to four inches in length (ordinary bonnet needles, sterilized, will do) are thrust into the lumbar muscles at the seat of the pain, and withdrawn after five or ten minutes. In many instances, the relief of pain is immediate...[43]

Nevertheless, there were occasional failures. The following description is taken from one of Osler's attempts to relieve pain for a patient with acupuncture in 1878:

> The patient was none other than old Peter Redpath, the wealthy Montreal sugar refiner, who being on the M.G.H. Board had hopes that the newly appointed physician might be able to cure him of an intractable lumbago. He arrived exhausted after mounting the stairs, and in due course they (Osler and assistants) proceeded to treat him by acupuncture, a popular procedure of the day, which consists in thrusting a long needle into the muscles of the small of the back. At each jab the old gentleman is said to have ripped out a string of oaths and in the end got up and hobbled out, no better of his pain, this to Osler's great distress, for he had expected to give him immediate relief.[44]

The passage reveals that acupuncture was a popular therapy at the time, and Osler himself had accumulated some experience with its application. Still, this episode in Canadian medical history was quickly forgotten. We must note that Osler and his medical contemporaries were using acupuncture simply for pain relief without the slightest idea of how it was practiced within the TCM framework. Nor did they have a reasonable explanation of how acupuncture worked in Western scientific terms. Yet, this was the first time that a technique of Chinese origin had some impact on Canadian medicine, and some

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[43] William Osler, *The Principles and Practice of Medicine* (New York: D. Appleton, 1892), p. 101. The same recommendation remained in the first nine editions of this book, e.g., 2nd ed. (1896), p. 304; 3rd ed. (1898), p. 407; 7th ed. (1908), p. 379; 8th ed. (1916), p. 1131.

[44] Harvey Cushing, *The Life of Sir William Osler*, 2 vols. (Oxford: The Clarendon Press, 1925). Quoted from Vol. 1, p.144.

Canadian physicians considered acupuncture to be a useful procedure.[45] The subject of acupuncture disappeared from later versions of the *Principles and Practice of Medicine.* Acupuncture, as a fringe procedure, was continuously used in some European countries. The media coverage of acupuncture in the 1970s renewed the interest of European doctors to the needle therapy and ignited public enthusiasm. In North American medicine, however, acupuncture disappeared completely from its armory of therapeutic techniques in the middle of the 20th century. To most Canadian physicians, acupuncture was a new word that they knew nothing about until the "acupuncture fervor" of the early 1970s, which I term the "re-introduction of acupuncture."

If acupuncture were considered an effective procedure, then why did the Canadian medical profession eventually forget it after its initial introduction? The answer is to be found in the following perspectives. First, acupuncture was introduced to Europe, and then to North America as an alien technique singled out from the theories of TCM. Traditional acupuncture was much harder to learn. In traditional Chinese acupuncture, needles are inserted not only at the sites of the symptoms, but very often also at remote acupoints according to TCM analysis. The practice of acupuncture in 19th century Europe and America was not guided by TCM theory. Needles were "directed" to the site of pain. Osler's acupuncture was more or less a "trick" he picked up from the Europeans. Therefore, we could term Osler's needling technique as a form of sham acupuncture. It was easily learned, applied, and observable for peer discussion. Without the guidance of the philosophy and the theories of TCM, the potential of this treatment modality was not fully

[45] In contrast with my findings, noted medical historian Ilza Veith credits Osler an "acupuncturist" whose treatment of lumbago and sciatica was in full accordance with traditional Chinese acupuncture practice. See Ilza Veith, "Sir William Osler – Acupuncturist," *Bulletin of the New York Academy of Medicine*, 51, (March 1975): 395-396.

explored. Thus, it was much less effective. The doctors at that time were also unable to use the rich experiences of using this therapy accumulated in China over the centuries because of the language barrier. Anyway, most physicians of the time would not believe that anything valuable could be dug out from an inferior Eastern culture. They were certainly subject to their histotical limitaions and we should not judge their attitude with today's standard.

The other answer is to be found in the historical perspective of North American medicine. A fundamental change in medicine in Canada and the United States, as Charles Rosenberg termed the "therapeutic revolution," occurred in the 19th century.[46] When Osler was using acupuncture in Montreal, as a major medical "hero" he was also part of the "revolution" that transformed classic medicine into scientific medicine. Therapeutic procedures with no scientific rationale were purged out of the medical arsenal systematically. There was an increasing focus on diagnostic technology versus low-tech therapies such as needling. Innovative surgery with the introduction of chemical anesthesia further reduced the need for acupuncture in the new scientific medicine. The revolution also redirected medical education to train future physicians as "scientists." Homeopathy, hydrotherapy and herbalism, etc. were still taught in some medical schools around the turn of the century. Measures following the *Flexner Report* cleansed the medical environment by eliminating "unqualified medical schools."[47] Therefore, fringe medical techniques of

[46] See Charles E. Rosenberg's classic essay on this subject, "The Therapeutic Revolution: Medicine, Meaning and Social Change in Nineteenth-Century America," *Perspectives in Biology and Medicine*, 20, 4(Summer 1977): 485-506.

[47] Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching*, in Bulletin #4, (New York: the Carnegie Foundation, 1910).

different sorts were wiped out of the medical system. Among the victims was acupuncture.

BETHUNE CONNECTION: 1961-1966

During the period of Chinese isolation, the official channels of communication between the governments of China and most Western countries including Canada were blocked. Very few Western journalists were sent or allowed to visit China. Overseas Chinese could not visit their relatives in China and vice versa. Their personal postal correspondence virtually stopped. For Chinese citizens, foreign connection in itself was a crime and it could be politically dangerous to concerned individuals especially in the heydays of the Anti-rightist Movement and the Cultural Revolution.

There was not much information about China available to the Western public between 1950-1970. Even China scholars had neither direct access to Chinese sources nor academic exchange with their Chinese colleagues. They relied heavily on the information service located in the United States Consulate General in Hong Kong for Chinese newspapers and magazines and other printed sources.[48] Thanks to the relatively relaxed atmosphere in Sino-

[48] One has to read China reports of this period with a critical mind because they might be organized by the government for propaganda purpose or by biased individuals or organizations who were for or against the communist regime. During this period of time, the communist government published two major magazines in English, *Peking Review* and *China Reconstructs*.

Canadian non-governmental relations, starting from 1960, some individuals gave accounts of health care and TCM in China, which caught the attention of Canadians.

In the 1960s, the fact that most Chinese knew a country called Canada was because it was the homeland of comrade Norman Bethune.[49] (See Figure 5) Mao's essay "In Memory of Bethune" was required reading in group political discussions.[50] Many Chinese could recite the whole essay. Dr. Norman Bethune, a Canadian trained world-renowned thoracic surgeon, was sent by the communist parties of the United States and Canada in 1938 to support the Chinese communist forces in resisting the Japanese invasion. Eighteen months

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[49] Born in Gravenhurst, Ontario, Bethune was a thoracic surgeon in Montreal before his assignment to China. As a very intriguing and controversial figure, the literature about him has been enormous. Ted Allan and Sidney Gordon wrote the first full-length biography *The Scalpel, the Sword* (Toronto: McCleland and Stewart, 1952). In 1973, Roderick Stewart, published a new biography *Bethune* (Toronto: New Press) and in 1990, he published a source book, including mainly Bethune's own writings and many photos, entitled *The Mind of Norman Bethune* (Toronto: McGraw-Hill Ryerson). John Kemeny and Donald Brittain wrote and produced a documentary film *Bethune* (Ottawa: National Film Board, 1964). Canadian nurse Jean Ewen accompanied Bethune from Vancouver in January 1938 to Yan'an. Ewen, able to speak Chinese, worked in a mission station in China between 1933-37. See her memoir *China Nurse 1932-1939* (Toronto: McClelland and Stewart, 1981).

[50] Mao Tse-tung, "In Memory of Norman Bethune," *Selected Works of Mao Tse-tung*, English Edition, Vol. II (Beijing: Foreign Language Press, 1965), p. 337-338. When Mao and the Chinese Communist Party made Bethune a national hero, they made him a saint, a much larger figure than the real person. He was built up as role model for the entire nation to learn from. Every detail of his character must fit the image of a perfect communist. I read the stories of Bethune from kindergarten to university, only after I came to Canada in 1989, did I read the "shadow side" of Bethune, a heavy drinker, short tempered and a womanizer.
A pilgrimage to the Bethune house in Gravenhurst was on every Chinese visitor's agenda before 1980. Canadian visitors to China were exclusively invited by their hosts to lay wreaths on his grave and visit his shrine and memorial hospital at Shihchiachuang near Beijing. On August 17, 1972, the DEA issued an official statement and declared Bethune a Canadian 'of national historic significance.' Bethune was still significant in Canada-China relations in the 1990s. The Governments of Canada and China jointly issued two stamps on March 3, 1990, the centenary of his birth. Figure 5 is one of the two stamps. A movie was jointly made by two countries in mid-1990s reflecting more truthfully the character not only as a saint but also a human. Donald Sutherland acted as Bethune.

Figure 5: Dr. Norman Bethune

later, in 1939, he accidentally cut his finger during an operation and died of a streptococcus septicaemia because the wound was infected with erysipelas. Chairman Mao set up Bethune as a martyr and role model forthe Chinese people to learn from his spirit of selflessness and serving others wholeheartedly.

Before 1970, major reports were made by Canadian physicians who visited China through the Bethune connection, whereas there were no such communications between the Chinese and the Americans during this time. McGill biochemist Dr. K.A.C. Elliott, and his wife visited China in 1964 and found that the Chinese always expressed their special gratitude to guests from Bethune's home country.[51] Canadian visitors were always treated with great friendliness and honoured (sometimes as if they were royalty) simply because they "came in the name of Bethune." During the 1960s and early 1970s, the magical words "Canada" and "Bethune" worked like "passwords" for Canadians traveling in China. Three Canadian doctors and their wives were visiting the Emperor's Summer Palace in Beijing in late 1966. They could not pass through because a throng of students and Red Guards packed

[51] K.A. Elliott, "Observations on Medical Science and Education in the People's Republic of China," *CMAJ*, 9, 92(January 1965): 73-76. K.A. Elliott was a professor in the Department of Biochemistry and Montreal Neurological Institute, McGill University, Montreal.

the grounds. When the interpreters told the crowd that they were guests from Bethune's homeland, the crowd immediately cleared the path for the visitors.[52]

On account of Bethune's work in China, Canadian physicians initiated and arranged a medical exchange program with the Chinese. In 1961, Dr. Ronald Christie and Dr. Lloyd Stevenson visited China so that "the special feeling of the Chinese for the Royal Victoria Hospital, McGill, and Canada might be constructively pursued."[53] They arranged with their Chinese colleagues for the Norman Bethune visitor-exchange programme between McGill University and the Chinese Medical College. By 1967, this programme resulted in six Canadian physicians visiting China.[54] Drs. Christie and Stevenson were impressed by the great improvement of the health condition of the Chinese people and the strategy of emphasis on preventive medicine. Long before the concepts of acupuncture and barefoot doctor were known to Canadians, they remarked that China had two health care systems: TCM and Western medicine, and TCM physicians outnumbered Western-style physicians. They reported that the Chinese medical curriculum was similar to that in Canada, with some TCM instruction during clinical years whereas TCM physicians were trained in five-to-six-year colleges with training in basic Western health sciences in the first year.[55]

World-famous Canadian neurosurgeon Wilder Penfield also reported on health care and TCM in China after he and his wife visited China for a month in 1962 as guests of the

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[52] R. K. C. Thomson, Walter C. MacKenzie and A. F. W. Peart, "A Visit to the People's Republic of China," *CMAJ*, 97, 12(August 1967): 349-360. See p. 354.

[53] Dr. Christie was a physician-in-chief at the Royal Victoria Hospital and Professor of Medicine at McGill University and Dr. Stevenson was the Dean of the Faculty of Medicine of the same university.

[54] Ronald Christie, "Communications: Medicine and Medical Education in China," *Journal of Medical Education*, 42, 5(May 1967): 463-466.

[55] Information from an interview (1992) with a retired Ottawa physician who attended Dr. Christie's presentation on his China visit.

Chinese Medical Association.[56] At that time, the right-wing group of the Chinese Communist Party was gaining more power because of the economic failure of the leftists' Great Leap Forward of 1958. As a result, the economy was recovering and the state administration was improving. Experts came to rule institutions, and medicine was about to become an urban-centred elite profession. Compared with later reports, the terms such as "barefoot doctor," "cooperated medical service" and "mobile medical team" were not used in the Penfield report. The medical leaders of China were proud of their lengthy medical programs (five, six, even eight-year curriculums). Penfield described with praise the teaching programs and research in major medical colleges and teaching hospitals, and he entitled his report "Oriental Renaissance in Education and Medicine."[57]

Surprisingly, in his report Penfield gave more space to TCM than to his own specialty neurosurgery. According to Penfield's observation in Shanghai, "The country could hardly get along without the herb doctors." He visited a central clinic of a farmer's commune where two traditional doctors and one modern physician and others were working as a team. A small number of traditional doctors were recruited into the faculty of medical schools. Penfield had a discussion with doctors in Shanghai who were carrying out a study on treating acute appendicitis with acupuncture. He examined one of the patients there and carried out the acupuncture procedure under supervision. Penfield also reported that TCM

[56] Sent by the National Research Council of Canada, after his trip to Russia, Penfield briefly visited China in 1943 during the Sino-Japanese War for the purpose of improving wartime liaison on medical matters. See Wilder Penfield, "Notes on a Brief Visit to Free China (areas not under Japanese occupation)," Appendix B, C922, NRC.

[57] Wilder Penfield, "Oriental Renaissance in Education and Medicine," *Science* 141 (1963): 1153-1161. In the same year, he made a similar report in Horowitz Lectures: *The Chinese People's Republic: A Physician's Observations* (New York: Institute of Physical Medicine & Rehabilitation, 1963).

techniques of treating fractures were introduced and studied in a modern hospital in Tianjin. Penfield noted that:

> The so-called traditional doctors are physicians of an ancient school. They are not witch doctors, nor are they charlatans. They have textbooks and records of experience. They do not operate, unless penetrating the skin with a needle may be called that. They do administer herbs. They are remarkably skilled in the treatment of fractures.[58]

As one of the Bethune exchange professors, Dr. K.A. Elliott reported the organizational change and improvement in Chinese medical colleges, hospitals and research institutes. The standards of medical education and medical work were high. The Chinese stressed the importance of preventative medicine and of promoting medical service to the countryside. Young doctors were willing to work in remote areas. [59] While reporting the innovative Chinese technique of rejoining severed hands with fair function, he noted his impression of TCM in China:

> In the Peking Union Hospital I saw acupuncture being done. It seemed to be harmless and I was assured that this is true and that proper precautions against infection are taken. Traditional medicine consists of far more than acupuncture. It is practised side by side with modern medicine. The modern physicians are not obviously disturbed by it, and some feel that it often succeeds though they don't know why. I was told that 85% of appendicitis cases treated by acupuncture do not need surgery-but there is modern surgery for those who do need it![60]

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[58] Penfield, 1963, p.1157. For the theory and technique, see the 1963 classical article "The integration of modern and traditional Chinese medicine in the treatment of fractures. A simple method of treatment for fractures of the shafts of both forearm bones," by its inventors H.C. Fang, Y.W. Ku and Tianyu Shang. It was republished in *Clinical Orthopaedics & Related Research*, 323(February 1996): 4-11.

[59] K.A. Elliott, "Observations on Medical Science and Education in the People's Republic of China," *CMAJ*, 9, 92(January 1965): 73-76. See also, K.A. Elliott, *Hundred Flowers: A Visit to the People's Republic of China*, (Sermon delivered at the Unitarian Church of Montreal on May 17, 1964,Unpublished Document.) and *Brief Report on a Month in the People's Republic of China as Norman Bethune Exchange Professor from McGill University to the Chinese Medical College*, (Montreal: Unpublished Document, 1964).

[60] Elliott, 1965, p. 75-76.

Dr. Elliott noted that acupuncture is only part of TCM though he did not have opportunities to talk with any of these practitioners who used herbs and other methods. Departments of TCM were included within Western-style hospitals and scientific research was carried out there. TCM colleges were maintained to train practitioners and to preserve the art. Dr. Elliott also added his reasoning why the Chinese maintained TCM: the shortage of scientifically trained doctors in China and the availability of employment for traditional practitioners.

The fundamental forces behind the Chinese achievements in public health were the changes in the social-political system, not because of medical advancement. After three weeks of investigation into China's medicine and health care in 1965, Dr. David M. Baltzan of Saskatoon and Dr. W. Stuart Maddin of Vancouver published an analysis of medicine in China in the *CMAJ*.[61] They found that the eradication process (of syphilis) was not due to the introduction of antibiotics and chemotherapy, but rather to moral reform and public education.[62] They also made it clear that "there is no state medicine in Mainland China in our sense of the term; there is no universal comprehensive compulsory coverage for all people." People could receive health services as far as they were available.[63]

The trip made Drs. Baltzan and Maddin fully aware of two types of medicine in China in terms of medical education, practice and organization. They thought that "the re-emergence of a quaint practice in the golden age of medicine is sensational," and that TCM practitioners are "better informed in understanding the person rather than the disease."

[61] David M. Baltzan and W. Stuart Maddin, "Medicine in China," *CMAJ*, 93, (November 20, 1965): 1118-1122.

[62] Before the communist rule, prostitution was a legitimized business and a very small percentage of men legally "owned" more than one wife (the concubine system). Sexuality outside marriage virtually disappeared after the communists came to power.

[63] Baltzan and Maddin, 1965, p. 1118.

They favourably commented on the extraordinary reciprocity between Chinese and Western medicine as "an exemplary concession to the arts, empiricism, and the science of medicine."

> The Western and ancient schools of medicine with their separate medical schools, hospitals and research institutes do not operate as mutually opposing systems. There are constant referrals and consultations. Patients name the type of treatment they want, traditional or Western.[64]

One of the visitors even had a personal encounter with the practice of the integrated methods of TCM and Western medicine in China. He experienced great discomfort because of a digestive disorder common to overseas travellers. He chose a traditional doctor for a consultation. This practitioner used both Chinese and Western diagnostic techniques (Chinese pulse reading and the Western stethoscope) in the same examination.

They did not mention any acupuncture anesthesia, but reported that acupuncture was used as a therapy treating many conditions "where modern medicine failed."[65] It was new to them, as told by the Chinese, that acupuncture was also practised in thirty other countries including England and extensively in France. They also talked about another part of Chinese medicine-the herbs and noted, "Many prescriptions are compounded of 15 ingredients." They described the training of a TCM physician as follows:

> He also spends six full years in training before graduation. One year is devoted entirely to instruction in the basic sciences, under the tutorship of Western-trained instructors. Much time is spent in study of the classics, philosophy and culture of

[64] Baltzan and Maddin, 1965, p. 1120.

[65] Some doctors prefer the term "acupuncture analgesia to the term "acupuncture anesthesia," because "anesthesia" means the lack of all sensations including pain. Whereas, "analgesia" means the lack of painful sensation only. Patients undergoing surgery with acupuncture stimulation remain conscious and retain all sensations except pain. In this history study, I use the term according to my source material. In most cases, the term "acupuncture anesthesia" was used. See more information in Appendix 5.

> ancient China, and latterly updated in the current sociological, ideological and political prerequisites.[66]

Canadian medical leaders, Drs. R. K. C. Thomson, Walter C. MacKenzie and A. F. W. Peart and their wives visited China in November 1966 when the chaotic period of the Cultural Revolution had just started. This was the last of such visits before the arrival of the 1970s. They toured China for only five days, but brought fourteen pages of amazing stories back to Canada.[67] They saw the Revolution first-hand and everywhere. They arrived in Guangzhou by train where thousands of Red Guards occupied the platform at the station and lined the city streets. While they stopped at the airport on the way to Peking, they saw the airline workers dancing and singing "The East is Red." They witnessed tens of thousands of students and Red Guards waiting in Tiananmen Square and hoping to see Chairman Mao. They noticed some street and hospital names were changed to be revolutionary, such as "The East is Red Street" and "Bethune Hospital," etc.

Their primary object of this visit was to observe medical education, but classroom instruction was stopped at all schools including medical schools. The best they could do was to hold meetings with the teachers and administrators for information. Their meeting at the Sun Yat-sen Medical School in Guangzhou illustrates how everything was reversed during the Revolution with revolutionary students acting like instructors in their school.

> It was of interest that a number of medical students, all of whom were Red Guards, were in the room while we were interviewing the director of the Medical Institute. They had no hesitation in breaking in on the conversation when questions were not

[66] Baltzan and Maddin, 1965, p. 1120.

[67] R. K. C. Thomson, Walter C. MacKenzie and A. F. W. Peart, "A Visit to the People's Republic of China," *CMAJ*, 97, (August 12, 1967): 349-360. At the time, Dr. Thomson was the President of the CMA, Dr. Peart, the General Secretary of the CMA and Dr. MacKenzie, Dean, Faculty of Medicine, University of Alberta.

> answered easily or well. It seemed at times that they were trying to direct some of the discussion.[68]

Instead of medical or TCM colleges, the delegation visited mostly hospitals and research institutes including the Research Institute of Acupuncture and Moxibustion in Beijing. They wondered why everything old was supposed to be destroyed during the Cultural Revolution except for TCM. They noticed the acupuncture associated technique moxibustion.

> Occasionally the insertion of needles is coupled with the burning of moxa. This is a cotton-like material derived from different plants similar to the chrysanthemum but belonging to the Artemisia family... A small piece of moxa is burned on the top of the needles with heat radiating down the needle or on to the skin surrounding it; occasionally a small piece of moxa is burned on top of a piece of garlic which is placed over one of the named points of the body.[69]

During the 1960s, at least five groups of Canadian physicians visited China. (See Table 2) All of them had noticed the TCM phenomena in China. Chinese medical leaders were also invited to visit Canada, but they could not introduce TCM to their Canadian colleagues in any detail because of the bias in the Western school of medicine. This Bethune connection was unfortunately cut off for three years until the year 1970 because of the chaotic situation in China during the Cultural Revolution.

[68] Thomson, MacKenzie and Peart, 1967, 359.
[69] Thomson, MacKenzie and Peart, 1967, 356.

Table 2: Canadian Doctors Who Observed TCM in China in the 1960s

YEAR	SIZE	NAME OF DELEGATION	NOTE
1961	2	Drs. Ronald Christie and Lloyd Stevenson	arranged the Bethune exchange programme and noticed the TCM component in medical education
1962	2	Dr. W. Penfield and wife	reported TCM on return; Penfield visited China once before in 1943
1964	2	Dr. K.A.C. Elliott and wife	observed acupuncture and receive information about TCM
1965	2	Drs. David M. Baltzan and W. Stuart Maddin	part of the 3 week visit was to investigate the revival of TCM
1966	3	CMA Delegation: Drs. R.K.C. Thomson, Walter C. MacKenzie and A.F.W. Peart	visited institutes of TCM & acupuncture; Bethune Programme subsequently interrupted by "Cultural Revolution"

Besides the doctors' visits directly related to the Bethune program, some other private citizens visited the PRC. Pierre Trudeau visited China twice before he became the Prime Minister of Canada: once in 1949 right before the communist victory over China and once in 1960. The new China's achievements in health care impressed Trudeau and his group in 1960, especially Trudeau who witnessed the old China and the new China just ten years apart. The new society was free from old "Asiatic diseases," prostitution, drug addiction and gambling, and the people looked healthy. Trudeau's group visited medical colleges, hospitals, nurseries, schools, farms and factories.[70]

[70] Jacques Hébert and Pierre Trudeau, *Deux innocents en Chine rouge* (Montréal: Éditions de l'Homme, 1961), translated into English by T.M. Owen as *Two Innocents in Red China* (Toronto: Oxford University Press, 1968) including six photographs (after page 60) of smiling children with the "two innocents." In 1960, seven Canadians were invited by the Chinese People's Association for Cultural Relations with Foreign Countries. When China was isolated before the 1970s, the Chinese Government regularly invited certain numbers of foreign visitors hoping that they would tell the story of the

Trudeau and friends noted: "though they teach modern medicine in all the Chinese medical schools, they don't neglect the teaching of traditional Chinese medicine." The visitors were curious in the part of the hospital devoted to acupuncture that "consists of sticking fine needles into the skin." They also made note of a less known technique moxibustion: "For some diseases they also use a medicinal herb call *ai* which is applied to the skin and burned." One of the group members Micheline Legendre injured her ankle while traveling in China and experienced first hand one of the TCM ways of treating fractures.

> The x-ray reveals that a small piece of bone in the ankle has been chipped off... At last they suggest either making a plaster cast in the Western manner, or treating the fracture by the traditional Chinese method, that is by applying a poultice of herbs instead. The assistant dean assures us that the Chinese method would be more effective and less of a hindrance to the patient-who wouldn't after all want to drag a plaster cast across China... Micheline Legendre opts unhesitatingly for the Chinese

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New China to the world. In the 1968 translation of the book, Trudeau added "an all-purpose disclaimer" and stated that: "this book was not written by the Prime Minister of Canada." In his 1993 political *Memoires*, he used only one sentence for the five week-long 1960 China trip. See, Pierre Trudeau, *Memoires* (Toronto: McClelland & Stewart, 1993), p. 69.

Trudeau's closeness with Chinese leaders was obvious. On October 13, 1973, the 3rd anniversary of the diplomatic missions between the two countries, Trudeau had a "friendly" meeting with Mao in Beijing. To Mao's absolute amazement and pleasure, Trudeau told Mao that he had shaken the Chairman's hand at the National Day reception in Beijing on October 1, 1960. Chou En-lai addressed Trudeau as "our old friend" during his visit in China. Trudeau also established a friendly relationship with Deng Xiaoping after they first meeting in 1973. *Canadian News Facts*, 1-15 October 1973, p. 1085. As a member of "Team Canada" headed by Jean Chretien to China in 1994, BC Premier Mike Harcourt told reporters a story after the team was back to Vancouver. Deng's oldest son Deng Pufang was thrown out of a high window by his political enemies during the Cultural Revolution, and as a result he was paralyzed. By Trudeau's arrangement, he was operated on in Montreal (McGill) and he regained sensation in his upper body. Deng Pufang, still restricted to a wheelchair, is the Chairman of the Chinese Association for the Handicapped. See *Capital Chinese News* [Jiajin Huabao], 1 December 1994.

solution. (She was never to regret it, especially as they gave her opium as a sedative.)[71]

Trudeau and his friends were among those who visited China in the 1960s. The Canadian Government did not place any restriction on Canadians visits, even though Canada did not recognize China at that time. The favorable Bethune connection often helped Canadians to obtain visas from Chinese consular services in a third country. Travel stories by visitors became a source of information for Canadians about China including health care and medicine.[72]

In this Chapter, I described the historiography of TCM and the purpose and methodology of this study. I also introduced the basic framework of TCM and the historical backgrounds, Osler's acupuncture and Bethune connection, as they are particular to Canada. I will go on to discuss in detail themes introduced in this Chapter in subsequent chapters.

[71] Hébert and Trudeau, *Deux innocents en Chine rouge*, p. 28-30.

[72] For example, W. H. Scott, who owned a hotel in Shanghai in the 1930s, wrote about his 1965 visit to the same city. Scott felt like as if he went back to a completely different place because of the tremendous improvement in public health. See travel story by W.H. Scott in *Eastern Horizon*, 5, 6(June 1966).

CHAPTER 2

CHINESE MEDICINE MANIA: 1970-1975

Acupuncture and TCM were introduced to Canada in the particular social and historical context of the early 1970s. After 20 years of virtually no contact, Canada established diplomatic relations with the People's Republic of China (PRC) in October 1970, opening the door for the development of various bilateral relations including cultural exchange. Canadians from all walks of life, including health professionals, visited China and investigated China's health care system and TCM. In turn, Chinese medical delegations toured Canadian cities and lectured on acupuncture anesthesia and acupuncture therapy.

The explosion of interest in acupuncture and TCM was not an accident. After over a hundred years of triumphant progress, modern medicine began to come under attack for its failure to deal with a wide range of chronic diseases and for its iatrogenic problems.[1] With "the doctors on trial," the unsatisfied public began to look for alternatives.[2] The movement was calling for personal responsibility for good health, balanced nutrition and improved

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[1] Here are several noted authors and their works: Rene Dubos, *Man, Medicine and Environment*, (New York: Praeger, 1968); C.O. Carter and J. Peel, *Equalities and Inequalities in Health*, (New York: Academic Press, 1969); Rick J. Carlson, *The End of Medicine* (New York: John Wiley, 1975) and Ivan C. Illich, *Limits to Medicine* (Markham: Pelican Books, 1976) which is the definitive version of *Medical Nemesis – The Expropriation of Health* published in early 1975, highly recommended among anti-medical literature of the 1970s.

[2] John S. Bradshaw, *Doctors on Trial* (New York & London: Paddington Press Ltd, 1978).

lifestyle. Exercise for health (not necessarily competitive), meditation and relaxation techniques became fashionable. Many patients started to form partnerships with alternative health care practitioners and sought to manage illness with alternative therapies.

Alternative methods, such as naturopathy, homeopathy, chiropractic, massage therapy and North American herbalism were reviving and their practitioners started to offer their services to Canadians. The use of TCM and acupuncture was also coming into the mainstream for it had been limited to Chinese-Canadians in large urban centres before. The mass media coverage of the early 1970s of the contemporary Chinese health delivery system and of acupuncture anesthesia, as well as of other branches of TCM, made acupuncture and TCM very attractive to Canadians who were seeking alternative therapies and health care options. This news reportage was facilitated by improved relations between China and the West in which Canada played a leading role.

CANADA OPENED CHINA'S GATE, 1970

The Chinese have perceived Canada as a peace-loving friendly nation. The Chinese did not have the same historical emotional bitterness toward Canada as toward other Western nations since Canada was never part of the multinational invasion of China in the 19th century. Canada had never forced any unequal treaties on the Chinese and had never seized

any Chinese territory through colonial rule.[3] In fact, for over half a century before the founding of the PRC in 1949, Canadian missions in China, church organizations in Canada and Norman Bethune were the main connection between the two nations. They were responsible for the Chinese view of Canada and the Canadian attitude toward China.

"Reluctant Adversaries"

Canada's policy toward communist China was historically less hostile, almost neutral as compared to her allies. For instance, after the communists took power in Mainland China in 1949, most western countries relocated their embassies from the Mainland to Taiwan. Canada also adopted the non-recognition policy of communist China by maintaining the diplomatic ties with Chiang Kai-shek's nationalist government that had been driven by the communists to Taiwan. However, Canada never intended to set up an embassy in Taiwan but watched developments in the new China for possible bilateral relations. The Korean War (1950-1953) delayed the possibility of early recognition of China by Canada and later the wars in Indochina set China apart from the Western world led by the United States.

Canadian leaders never asserted the strategy of military containment and political isolation of the PRC. To successive Canadian governments, the paradox was that Canada had major trade interests in Mainland China (that controlled a much larger population and territory than Taiwan), but, during the Cold War, Canada had to consider the American lead

[3] Of course, Great Britain managed most Canada's affairs in China until 1944 when Canada and China established relations at the ambassador level. The Chinese never treated the Canadians and the British as the same people.

on policies toward China. Canadian officials also had to act carefully not to risk the important Canadian-American bilateral trade relations.

The trade between Mainland China and Canada, though on a small scale, continued after the communists' victory despite the American embargo. Grain exports to China increased tremendously with the involvement of both Chinese and Canadian government agencies. The Canadian government never banned visits by Canadians to China. Nongovernmental communication channels were still partially open. For instance, Canada's national daily, the Toronto *Globe and Mail* opened its Chinese desk in 1959. For a long time until the early 70s, this newspaper was the only North American news agency that had journalists reporting from within China. Published by newspapers around the globe, their stories were sometimes the sole source of information about China for the West.[4] There were also private cultural and medical exchange programs. For example, the Beijing Opera Company toured Canada in 1960 and several groups of Canadian medical leaders visited China during the 1960s through the Bethune program.[5]

The ex-missionaries and especially their children ("mish kids") helped construct a new bridge connecting Canada and the new China. With their knowledge of the Chinese language and familiarity with Chinese history, culture and society, a group of "mish kids" found themselves working for the Department of External Affairs (DEA) in Ottawa during the 1950s and the 1960s and they often served as important Canadian diplomatic representatives on China issues. Their pro-China activities strongly influenced the Government on

[4] John Fraser, *The Chinese: Portrait of a People* (Toronto: Totem Books, 1980), p. 16. John Fraser was the Beijing bureau chief for the Toronto *Globe and Mail* from 1977 to 1979.

[5] See more information in Introduction under "Bethune Connection."

policy-making toward China.[6] Their champion, Chester Ronning, tirelessly advocated his views on Canadian China policy with great passion.[7] In 1945, he started his diplomatic career in China affairs with the DEA, and, in 1949, he urged the Canadian government to recognize the PRC on its founding day. After he retired from the DEA in 1964, he went more public to further his cause by delivering numerous public speeches and organizing discussions among various social groups. Then, he went crossing the border and spoke in various places in the United States. He fiercely criticized the American China policy.[8]

There was never an American-style anti-China lobby in Canada to start with. Public support in improving the bilateral relations with the PRC increased in the 1960s. A 1964 survey showed more than half of Canadians favored the recognition of Mainland China by Canada and the admission of the PRC to the United Nations. Reflecting the public concern over the "China problem" in parliamentary debate, China received a lot of attention. Statistics on parliamentary records indicate that China was the most-mentioned foreign country second only to the United States.[9] After the mid-1960s, the United States started to rethink its strategy in Southeast Asia and started to loosen its influence over allied countries on issues dealing with the PRC. On the side of the PRC, the Chinese Government looked

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[6] Among them, Canada's first ambassador to the PRC Ralph Collins, Collins's successor John Small, Arthur Menzies, Robert B. Edmonds, E. Herbert Norman, James Endicott and Chester Ronning, etc.

[7] Born in 1894 in Hebei, China to missionary parents, Ronning spoke Chinese with a Hebei accent as his first language. He served as counsellor and chargé d'affaires at the Canadian Embassy in China, Canadian Ambassador to Norway, High Commissioner to India and Canadian Emissary to Hanoi. It is worth to noting that his pro-communist-China views did not cost him his job with the DEA, even during the height of the Cold War.

[8] Chester Ronning, *A Memoir of China in Revolution* (New York: Random House, 1974).

[9] Paul M. Evans and David Taras, " 'Canadian Public Opinion' and 'Looking (Far) East: Parliament and Canada-China Relations, 1949-1982,' in David Taras, ed., *Parliament and Canadian Foreign Policy* (Toronto: Canadian Institute of International Affairs, 1988), p. 67-74.

forward to improving relations with the West after years of economic mismanagement and ideological conflict with the Soviet bloc. By the end of the 1960s, the environment was favourable for Pierre Trudeau to transform the China problem into a China opportunity.

Trudeau Initiative

Why did Trudeau take such a brave stance in solving this twenty-year-old China problem? Besides contemporary favourable internal and external circumstances, the answer is found in his personal experiences with China. As a private citizen, Trudeau visited China twice and he felt very strongly that Canada must recognize the PRC. In 1950, after a few weeks visit to China in 1949, he wrote to the popular Quebec magazine *Cité Libre* calling for the recognition of the newly established Red China.[10] Invited and with expenses paid by the Chinese Government, Trudeau visited China along with other four Quebecers for five weeks in 1960. After his 1960 China trip, he doubted that Chiang Kai-shek could ever regain the Mainland. It was in the world's interest to sit the PRC in the UN because "the problems of peace and war, disarmament, and nuclear peril cannot be settled without taking into account a state that represents a quarter of the human race." He criticized the American attitude toward China as ignorant of the facts and prejudiced against Mainland China. Trudeau's closeness with the PRC also brought him some trouble.[11] For instance, American

[10] B. Michael Frolic, "The Trudeau Initiative," in Paul M. Evans and B. Michael Frolic (1991), p. 189-90.

[11] For example, he was on the mailing list of the Chinese communist publications.

border officials once refused his entry to the United States because he was on the CIA's list of communist sympathizers.

Trudeau succeeded L.B. Pearson as Prime Minister in April 1968 and started shifting foreign policy directions immediately and dramatically. On May 29, 1968, Trudeau made a public statement declaring that he would open discussions leading to recognition of the government in Beijing if his Government were re-elected. He argued that consideration about China's ambitions and her domestic development might be miscalculated because of her isolation. Therefore, China posed a major threat to peace. Canada's economic interest in trade with China would also need the support of formal diplomatic relations.[12] After a thorough re-examination of Canadian policy toward China, the Canadian Government concluded that Canada should recognize Mainland China as soon as possible to enable Beijing to occupy a seat in the United Nations.[13]

The actual negotiations with the Chinese were directed by Mitchell Sharp, then Minister for Foreign Affairs. In February 1969, the Government of Canada instructed its Embassy in Stockholm to contact the Chinese Embassy in the same city for discussions about exchanging diplomatic missions between the two nations.[14] One of the major issues in the discussion was how to address the status of Taiwan. Both the Mainland and Taiwan claimed to be the sole legal government of all China. The Chinese insisted that Taiwan be

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[12] Pierre Trudeau: "Canada and the World: A Policy Statement by Prime Minister Pierre Elliott Trudeau on May 29, 1968." see DEA, *Statements and Speeches* No. 68/71. p.3, p.5.

[13] Mitchell Sharp: "Canada and the Pacific-A Speech to the Foreign Correspondents' Club in Tokyo, April 15, 1969." see DEA, *Statements and Speeches*, No. 69/9 p.3-4.

[14] Sharp informed the United States and "other friends" in advance about Canada's move, the United States State Department said it was "very much concerned" about the recognition's application to Taiwan. Taiwan had been under American protection since 1950. *Canadian News Facts*, Feb. 1- 15, 1969, p. 211.

an indivisible part of the territory of China. The Canadian Government neither endorsed nor challenged this claim. After twenty months (eighteen meetings) of painstaking negotiation, the Sino-Canadian negotiation worked out the wording "the Canadian Government takes note of this position of the Chinese Government" that was acceptable to both governments.[15] The joint *Communiqué* of October 13, 1970 declared the establishment of formal diplomatic relations between China and Canada.[16]

Canada's approach in normalizing its relations with China was a great success on the broader international scene. Consequently, in the fall of 1971, the United Nations General Assembly passed the resolution for the PRC, replacing Taiwan, to take the China seat. Canada played a crucial role in leading the Western countries in recognizing the PRC.

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[15] In establishing relations with Beijing, many countries had used this wording or a similar one since 1970, that was later referred as the "Canadian formula". The genius who invented the "Canadian formula," Mitchell Sharp commented in great detail on the negotiation process and the first two years of Sino-Canada relations in his speech marking the second anniversary of the recognition, "Canada and A New World Power - China: A Statement by the Secretary of State for External Affairs, the Honorable Mitchell Sharp, to the Ontario Region of the Canadian Junior Chamber of Commerce, Toronto, October 14, 1972," see Department of External Affairs, *Statements and Speeches* No. 72/21.

[16] Canada's recognition of the PRC promoted China's international status. Chinese-Canadians were suddenly becoming more respectful. However, the early debate in the community was largely against the move because Chinese-Canadians traditionally favored the Nationalist side. Time changes people's minds. In later 1970 when the recognition became a done deal, the idea was more acceptable to the community. Indeed, the recognition improved the image for Chinese-Canadians and paved the way for more business relations with China. See a case study by Janet Lum, "Recognition and the Toronto Chinese Community," in Paul M. Evans and B. Michael Frolic (1991), p. 217-240. In October 1995, the old pals Trudeau and Sharp were honored for recognizing China first by the China Canada Business Council. *The Ottawa Citizen*, 14 October 1995, p. A3.

Within two years after Canada recognized China, following the similar Canada-China negotiation formula, about thirty nations exchanged diplomatic missions with China.[17]

A few months after the Sino-Canadian declaration in Beijing there were signs of changes in the American China policy. The ban on travel of American citizens to China and the economic embargo against China were both removed. Then the United States voted for the PRC to take the UN China seat. It was revealed later that then the American Foreign Secretary Henry Kissinger was in Beijing in July 1971 secretly negotiating with Chinese Premier Chou En-lai, paving the way for President Richard Nixon's visit to China in February 1972. The United States was always considered the number one enemy by the Chinese communist regime. Large posters with the slogan "Down with the American imperialism" were found everywhere in China throughout the 1950s and the 1960s. Being the ally of Chiang Kai-shek's government before the communist victory, the United States supported the Nationalists in the Civil War against the communists and then protected Taiwan from the People's Liberation Army's takeover after 1949. China and the United States were in face-to-face conflict during the Korean War. China was also deeply involved in the Vietnam War. Relations between the United States, one of the superpowers and a leading capitalist country, and China, the largest developing communist nation, were

[17] For general primary references, see Ivan Head and Pierre Trudeau, *The Canadian Way: Shaping Canada's Foreign Policy, 1968-1984* (Toronto: McClelland & Stewart Inc., 1995). For a short monograph, see John D. Harbron, *Canada Recognizes China: The Trudeau Round 1968-1973*, (Ottawa: Canadian Institute of International Affairs, 1974). For scholarly investigation of the "recognition" process, see *Reluctant Adversaries: Canada and the People's Republic of China*. Edited by Paul M. Evans and B. Michael Frolic (Toronto: University of Toronto Press, 1991). The title of this subsection "Reluctant Adversaries" comes from this book title. This book was translated into Chinese by Tianjin Normal University Canada Research Center and re-titled *New Beginning: Canada and the P.R.C., 1949-1970* (Zhengzhou: Henan People's Press, 1995). A comprehensive history of Canada-China relations remains to be written.

significant in world politics. The 1972 *Sino-American Shanghai Communiqué* declared a new era of international power structure.[18]

"To the displeasure of the United States," Canada took the credit for taking China out of isolation.[19] However, the normalization of Sino-Canadian relations triggered talks between the Americans and the Chinese. In turn, improved Sino-US relations further tightened up ties between Canada and China. The opening of the diplomatic passage between China and the United States undoubtedly led to more media coverage of acupuncture and TCM and the Chinese health care system in Canada because Canadians were as heavily influenced by the United States news media as they are today.

[18] For background information, read Henry Kissinger, *White House Years* (Boston: 1979) and Richard Nixon, *RN: The Memoirs of Richard Nixon* (New York: 1978). Though, they might not like each other, Nixon and Trudeau shared this great achievement in foreign affairs, opening the diplomatic door to the PRC. As a person who grew up in the 1960s, I think that America's China policy was a failure. The PRC was largely an agricultural society self-sufficient at a lower level with an effective government and the communist power would not be collapsed by political isolation or trade embargo. China would only change through peaceful transformation, e.g., communication and trade, as we have seen since Nixon opened the door to China. The true victims of that failed policy were the Chinese people.

[19] Canada's recognition of China before the United States irritated President Richard Nixon. Henry Kissinger recalls: "Giving vent to his dislike of Pierre Trudeau, [Nixon] remarked that future contacts or channels with the Chinese could take place anywhere except Ottawa." Quoted from Trudeau, *Memoirs* (1993), p. 164. Also see p. 211.

MASS MEDIA, ACUPUNCTURE & CHINESE MEDICINE

Even with the Bethune connection and other non-governmental communication channels, Canadian knowledge of China was still limited during the 1960s. The newly established diplomatic relations between Canada and China and the new international political environment opened the door to the closed "Middle Kingdom" after its 20 years of communist rule. Canadians were curious about what had happened and what was happening inside China. Information about that country, including Chinese achievements in health care delivery and TCM flooded into North America through popular books and the mass media. Besides the Canadian media, major American magazines and newspapers were widely distributed in Canada, and most American TV and radio programs were easily accessible to Canadians. Reports published in English and French media in other countries were reprinted and circulated in Canada. The often-used term "Chinese medicine" at the time should be interpreted as "Chinese health care delivery," "biomedicine in China," "acupuncture" or "TCM therapies" depending on the context.

In 1970, an autobiography called *Away with All Pests* attracted considerable attention in the English-speaking West. The author, British surgeon Joshua S. Horn, not only observed but also actively participated in the Chinese communist health care system from 1954 to 1969. In Horn's book, Canadians read about cooperative community medicine, the experiments of combining Western and TCM techniques (for fractures and burns, for example), the conquest of syphilis, the control of schistosomiasis and the large-scale health

and sanitation work. Before he returned to Britain in 1969, Horn worked with a mobile medical team in the instruction of "peasant doctors" in a remote rural area.[20] Horn was interviewed frequently by the media about his experiences in China and he published numerous articles on health care in China in international journals, magazines and newspapers. While Horn was promoting his autobiography, a famous journalist Edgar Snow who was very close to the top Chinese leaders and their revolution, launched his massive China reportage, a series of popular writing for North Americans who were interested in Chinese health care.[21]

Mass media played such a crucial role in publicizing Chinese Medicine in the early 1970s that acupuncture was said by some to be "a child of the media" in North America. James Reston, then Vice-President of *The New York Times*, was credited as the first Western journalist to report on acupuncture after China was reopened to the outside world. Some articles even alleged that Reston had major abdominal surgery under acupuncture analgesia. The truth was that Reston underwent an emergency appendectomy with conventional anesthesia at the Anti-Imperialist Hospital in Beijing on July 17, 1971. The operation went without any complications, but he was in considerable postoperative

[20] In 1937, Horn, as a ship's surgeon with a Chinese crew, stayed in Shanghai for one week and gained a glimpse of the old China and a lasting impression of the horrible social conditions: the beggars, the prostitutes, the poverty and the diseases. Seventeen years later, he came back as a medical volunteer. Horn saw a sharp contrast between the old China and the new China in social conditions and health care to the people. Joshua S. Horn, *Away With All Pests, An English Surgeon in People's China: 1954-1969* (New York: Monthly Review Press, 1969). This book was reprinted four times in two years and was also issued in a paperback edition.

[21] Edgar Snow, "Report from China III – Population Care and Control," *The New Republic* (May 1, 1971), 20-23 and *Red China Today: The Other Side of the River* (New York: Vintage Books, 1971). Snow, author of *Red Star over China* (New York: Random House, Inc., 1938), was the first Western journalist seriously reporting the Chinese communist movement long before the revolution achieved its success in 1949.

discomfort during the second night. A twenty-minute treatment of acupuncture with moxibustion was offered to release the pressure and distension, and it worked with no recurrence of the problem thereafter.[22] Reston did present detailed coverage of major surgical procedures under acupuncture anesthesia during the visit. He and his wife were scrubbed in and stood very close to the operating tables and "talk to two patients while they were undergoing operations for the removal of tumors of the brain."[23]

Reston's own treatment and acupuncture anesthesia stories drew headlines across North America. The reason Reston's case and reports received so much attention was that he was a famous journalist working for a widely known prestigious newspaper. Also, he was with a high level American delegation led by Henry Kissinger who was preparing for Nixon's later visit to China in 1972, and, most important, Reston was the first North American who personally experienced an acupuncture treatment.[24]

Many more sensational accounts appeared in the North American media in 1970 and 1971 before Reston's trip to Beijing. For example, the same newspaper *The New York Times*, covered the barefoot doctors and their use of acupuncture. It recorded the stories of tumor removal and open-heart surgery under acupuncture anesthesia. *The New York Times* also reported to its readers that American scientists witnessed "remarkable" acupuncture

[22] James Reston, "Now, About My Operation in Peking," *The New York Times*, 26 July 1971, p. 1, 6.

[23] James Reston, "Chinese MDs Still not Sure how Acupuncture Works," *The New York Times* Service, reporting from Shanghai, 27 August 1971.

[24] Reston's operation in Beijing was reported in *The New York Times* on July 20 and 22. Then he described the whole process himself on July 26. He said that whole accidental experience of his was hardly "a journalistic trick" as suggested by some readers.

anesthesia in China and acupuncture therapy achieved a "90 per cent" success rate in treating child deafness in China and so on.[25]

Canadian media also provided heavy, at times sensational coverage of acupuncture anesthesia in the first half of the 1970s. A typical scene would be like this: during a major operation under acupuncture anesthesia, the patient was fully awake, chatting with the surgical team and visitors. She/he might eat an apple or drink some juice since an operation could last for a few hours. At last, the patient would get off the table by her/himself and walk back to the ward without aid. The following description was from *The Winnipeg Tribune* of July 22, 1971:

> As a nurse vibrated the needles, the patient, an aviation college instructor called Chang Kuo-hua, produced his red Mao book. "Be resolute, Fear no sacrifice, Surmount every difficulty to win victory," Chang chanted. Then the doctors removed his appendix, sewed him up and Chang, waving away a cart, and walked off down the corridor back to his room.[26]

Canadian and many other Western eyewitnesses told the media of seeing brain surgery, open-heart operations, removal of various cysts and ulcers, repair of hernias, and many other kinds of operations. Thanks to acupuncture anesthesia, the patients always looked very relaxed and in no pain at all. They were conscious throughout the surgery and sometimes talked to visitors. In the summer of 1971, with a group of Canadian diplomats watching, open-heart surgery was performed in the central Chinese city Wuhan under acupuncture anesthesia. Audrey Topping, daughter of Chester Ronning was present and she

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[25] *The New York Times*, March 15, 8:1, 1970; April 28, 19:3; May 2, IV, 7:6; May 24, 10:4; July 4, 3:4, etc.

[26] During this period, from 1966 when the Cultural Revolution began to 1973, the year Mao's chosen successor Lin Biao died while escaping to the USSR by plane after his plot of assassinating Mao failed, the Chinese people were forced to sing revolutionary songs or recite quotations from Mao's *Red Book* (edited and prefaced by Lin Biao) before any public and group events. Daily activities in fields, in factories, in schools, and on drill grounds were all considered revolutionary, and had to proceed according to Chairman Mao's teachings.

reported this operation to *The New York Times*.[27] The same story was reprinted in Canadian newspapers and reappeared a few months later in a popular book about acupuncture:

> As he (the surgeon) held a human heart in his hand, the wide-awake woman patient sipped orange juice. From her wrists and forearms, a number of stainless steel (acupuncture) needles glistened under the harsh lights. The Canadian observers could see that she was in no pain, even thought acupuncture was the only anesthetic being used. As she left the operating room, the woman smiled up at the Canadians.[28]

In April 1971, about the time when the American table-tennis team was invited to visit China, initiating "ping-pong diplomacy", the Chinese also started to invite American journalists, scientists, physicians, educators and artists to visit China. Biologists Arthur Galston of Yale and Ethan Signer of MIT became the first American scientists to visit the PRC in over twenty years. In September and October a group of renowned medical doctors and their wives visited China as the guests of the CMA (China), including: E. Gray Dimond, a heart specialist, Victor Sidel, an authority in social medicine, Samuel Rosen, a leading expert on hearing and Paul Dudley White, former personal physician to President Dwight Eisenhower. Dimond and Sidel visited China again in 1972. They were strongly in favor of China's health strategy of integrating acupuncture and TCM into the medical care

[27] *The New York Times*, 24 May 1971, p. 10. Audrey Topping was also one of the earliest to report treating deafness with acupuncture in China, a procedure developed by the PLA medical team who claimed that this new acupuncture technique improved ninety per cent of the students enrolled in deaf-mute schools. Acupuncture anesthesia was hard to believe. The cure of deafness with acupuncture was even more unbelievable. See Topping, "Acupuncture Myth or Cure?" *Vogue*, 159(January 1, 1972): 94-95, 115.

[28] Primary sources as quoted in Marc Duke, *Acupuncture* (New York: Pyramid House, 1972), p.5, simultaneously distributed in Canada by Pyramid Books of Canada. It was a very popular book for lay people, and was a Book of the Month Club and Book Find Club selection in 1972.

system. Upon their return, they all made fascinating public presentations. These were readily accessible to Canadian audiences through network television and printed media.[29]

In June 1972, by synthesizing the above American visitors' accounts, the Canadian edition of *Time* magazine described Chinese health care and medical service as a pyramid system (from wide based local health stations, through district hospitals, to major urban medical centers on the top). At the very bottom of the pyramid were barefoot doctors, worker doctors, and the neighborhood housewife turned health workers. Acupuncture and TCM were extensively used in primary health care. Grassroots implementation had been made in preventive measures such as public education, environmental as well as personal hygiene, and immunization. Medical education was shortened to turn out more graduates more quickly.[30]

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[29] Ethan Signer and Arthur Galston, "Education and Science in China," Science, 175 (January 7, 1972): 15-22; Arthur Galston, *Daily Life in People's China* (New York: Thomas Y. Crowell Co., 1973); E. Grey Dimond, "More than Herbs and Acupuncture," *Saturday Review*, (December 18, 1971): 17-19; "Medical Education and Care in People's Republic of China," JAMA, 218, 10(December 6, 1971): 1552-1557; "Medical Education in China," *Asia* (New York), 26, (Summer 1972): 60-73; "Medicine in the People's Republic of China: A Progress Report," *JAMA*, 222, 9(November 27, 1972): 1158-1159. S. Rosen and H. Rosen, "China through Rosen-Coloured Glasses," *Eastern Horizon*, 12, 1(1973): 55-58. The magazine and journal articles by Victor Sidel and his social worker wife Ruth Sidel are too numerous to list. Here I note only two monographs, the first by joint authorship, *Serve the People: Observations on Medicine in the People's Republic of China* (New York: Josiah Macy, Jr. Foundation, 1973), 371p and the second by Ruth Sidel, *Women and Child Care in China: A First Hand Report* (New York: Hill and Wang, 1972), a pocket-size popular book with many photographs.

[30] *Time* (Toronto), "Prescriptions of Chairman Mao," *Time* (Canadian Edition), (June 10, 1972): 48-49. After his visit with the Canadian Medical Delegation to China in 1973, then the Secretary General of the CMA, J.D. Wallace praised the idea of local communities being as self-sufficient as possible. Decentralization in health services was the right policy as seen in China's successful operation. The Canadian federal and provincial health organizations were very over-staffed compared to the Chinese standard. J.D. Wallace, "Health System of Largest Communist Country Less Socialized Than Ours in Many Ways," *CMAJ*, 109, (September 1, 1973): 409.

Canada's chief physician, Dr. Gustave Gingras, played a key role in arousing public interest in acupuncture. When he was visiting China in April 1973, he tried a few needles to treat an aching stiff left shoulder to test the "power" of acupuncture. He was amazed at the instant pain relief, and then he noticed that he could raise the arm horizontally, a movement that he had not been able to perform without pain for 15 months. *The Winnipeg Tribune* announced the news as, "Medical-body chief receives acupuncture," and quoted, "I [Gingras] have not been able to do that for 51 months without pain."[31] After the medical delegation led by him returned home, Dr. Gingras made numerous speeches to the public and the media. The national newspaper the *Financial Post* made headlines of his visit to China and quoted his words in the headline, "Acupuncture does work - It works very well."[32]

Political leaders were also fascinated by the "acupuncture wonders." After watching operations performed under acupuncture anesthesia when she was visiting China, Science Minister Jeanne Sauvé observed this anesthetic effect first hand. She did not have an operation in China but had acupuncture to experience how much pain sensation could be reduced with such stimulation. She said that acupuncture might cut health costs in Canada.[33]

The Canadian International Development Research Centre (IDRC) in Ottawa promoted the Chinese model of health care and believed that other countries, especially the third world could learn some lessons from China. In 1972, the IDRC supported Peter Wilenski's

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[31] *The Winnipeg Tribune*, April 18, 1973. The number 51 should be a mistake for 15, because the same report said that his condition was the result of a dislocation the previous year.

[32] Gustave Gingras, "Acupuncture does work - it works very well," *Financial Post*, 67(December 1, 1973): 39.

[33] "Acupuncture May Cut Health Costs," Ottawa (CP), October 12, 1973.

general survey of the Chinese health care system and his research was finally published in 1976.[34] In 1975, Shahid Akhtar and colleagues at the IDRC built up a large computerized database for selected worldwide literature related to Chinese health care delivery covering 1949 to 1974 with 182 pages of printed bibliography.[35] Dr. J. Wendell MacLeod, an advisor to the IDRC, Vice-President of the Norman Bethune Memorial Committee of Canada, who had an 18-day visit in the PRC in September 1973, wrote an in-depth analysis as an introduction to this bibliography that explained the significance of the Chinese experience in the area.[36]

Why was the news coverage on Chinese medicine and acupuncture so compelling to Canadians? First of all, the Chinese health care delivery caught the minds of Canadians. For the first time ever, they heard of the concept of barefoot doctor. Most Canadians saw doctors belonging to a social class above their own. Acupuncture was an absolutely exotic technique that could make sensational news stories. The technical media also kept Chinese medicine and acupuncture stories alive continually. For instance, the same story might be

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[34] Peter Wilenski, *The Delivery of Health Services in the People's Republic of China* (Ottawa: IDRC, 1976). In 1970, Wilenski did his M.A. thesis in a related topic at Carleton University in Ottawa, *Medical Care Delivery Systems in Developing Countries*.

[35] Shahid Akhtar, *Health Care in the People's Republic of China* (Ottawa: IDRC, 1975).

[36] I had the pleasure of talking to Dr. MacLeod in the early 1990s. He was interested in the cultural and medical exchange between Canada and China and led me to search the *CMAJ*'s early China reports of the 60s. MacLeod was the Dean of Medical College at the University of Saskatchewan and later served in various national and international medical organizations. As an activist, with his vision of health care for all, MacLeod had been a physician to the medically underserved at home and abroad. As an educator, he promoted health care within a social context and with lifestyle improvement. In the above-mentioned Introduction, he provided multiple answers to each of these questions: 1. What were the accomplishments of the PRC affecting health? 2. Why had the efforts in health care been so effective and apparently acceptable? What is the source of the PRC's wisdom and strength? Which elements in the Chinese experience were profitably transferable to other settings? Ibid., p. 8-12.

first broadcast on radio, and then appear on TV, then be published and republished by various newspapers and magazines. Paging through major Canadian newspapers in the 1970s, one has the impression that the coverage of acupuncture and other Chinese medicine news reached its peak in 1973. I estimated that at least thirty per cent of the health related reports in that year were related to Chinese medicine and acupuncture. As it was manifested in everyday life, "Everyone is talking about acupuncture" and Chinese medicine.[37]

DOCTORS' ENTHUSIASM

Diplomatic relations between Canada and China were re-established in October 1970, making travel to China much easier. In 1971, the University of British Columbia (UBC) sent a study group to tour China for a month whose members included journalists, lawyers, engineers, artists and physicians from different parts of Canada. The Chinese referred to them as "the Canadian Cultural Exchange Delegation." The journalists made reports while they were visiting. The others were all invited to give public presentations, and they were interviewed by the media after the group returned to Canada. Most wrote reports for their

[37] Agnes Fagan, "Everyone is talking about acupuncture," *Canadian Hospital*, 50, 2(February 1973): 57-58.

professional journals and popular magazines. The delegate who represented the practical aspects of medicine was Dr. Kewal K. Jain of Vancouver.[38]

Doctors' Eyewitness Accounts of Acupuncture

Dr. Jain's reports illustrated many facets of health care and medical life in China, and he often drew comparisons with Canada. He noticed that acupuncture was part of Chinese folk medicine that includes also the use of herbs, moxibustion, traditional physiotherapy, manipulation, remedial massage and exercises. Jain's reports used the terms TCM, Chinese medicine and Chinese folk medicine interchangeably. He summarized the Chinese health delivery system with the following scenario:

> Supposing a patient has pain in the stomach and is seen by the barefoot doctor in the patient's community; he tries herbs and acupuncture and if the patient does not get well he is referred to the clinic or hospital to be investigated by a full-trained doctor. The doctor tries to rely on a clinical diagnosis and use herbal treatment before proceeding to more complicated investigations such as specialized x-ray...[39]

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[38] Kewal K. Jain, "Glimpses of Chinese Medicine: 1971 (changes after the Cultural Revolution)," *CMAJ*, 106, (1972): 46-50. The report covers many areas of health care, medical institutes and organizations, medical delivery, medical education, new therapies, and so on. He published another article in the same year, "Glimpses of Neurosurgery in People's Republic of China," *International Surgery* 57, 2(1972): 155-157. After writing these two papers and giving a few talks about China, he felt that people wanted to know more. Thus he put his notes together and wrote a book *The Amazing Story of Health Care in New China*, (Emmaus: Rodale Press, 1973).
How much information did the delegation took back to Canada? Besides their notes and printed material, "more than 25,000 still photographs were taken by group members. Over 18,000 feet of movie film was exposed and the combined weight of the tapes used to record sounds and conversations was over 65 pounds." See Jain 1973, p. 2.

[39] Jain, *The Amazing Story of Health Care in New China*, p. 161. Jain thought that barefoot doctoring would compensate for the shortage of doctors in remote areas of Canada if it were applicable in North America. It would also relieve the overworked

Jain was among the earliest Canadians who reported firsthand accounts of acupuncture both as a therapy and as a means of anesthesia for surgery. The delegation that he was with witnessed many cases treated by acupuncture including a patient who was a Canadian:

> A thirty-five year old Canadian Sinologist travelling with us was suffering from diarrhea. He had cramps and pain on the right side of his lower abdomen. Initially he was treated with Western medications, which were a combination of anti-diarrheal agents and antibiotics. He improved, but his symptoms recurred. At this stage, a Chinese acupuncturist was called to the Canadian's hotel room. The acupuncturist inserted one needle on the outer aspect of the right knee and within fifteen minutes the cramps stopped. The patient remained free from diarrhea for the next two days. Treatment had to be repeated but there was no recurrence of diarrhea during the following week. This treatment shows that acupuncture can affect the intestinal motility and relieve pain.[40]
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> A fifty-year old Chinese male was seen in a factory clinic. While lifting a heavy weight, he had suffered an acute sprain of the back and was not able to straighten up. He came to the clinic bent over and complaining of severe back pain. After a quick examination by the clinic doctor, four acupuncture needles were inserted in his back. They were left in for a period of ten minutes while the patient lay on his stomach. When the needles were removed, the patient was able to get up from the examining table, stand upright, walk out of the clinic free from pain, and go back to work.[41]

Surgical operations under acupuncture anesthesia amazed the 1971 Cultural Delegation whose members reported to Canadians the marvels of acupuncture anesthesia. Jain witnessed several such operations including brain surgery, pneumonectomy, etc. and he listed eleven advantages and two disadvantages of acupuncture anesthesia as compared to

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general practitioner who had to handle many minor problems that did not require a fully trained physician (p. 38). By this process, less trained practitioners such as practical nurses would be utilized; patients would not have to take too much time and effort to access care; expensive and unnecessary tests, chemical drugs and surgery might be avoided.

Jain also noticed that the Chinese doctor was a regular socialist worker and close in status to the people he was serving and that medical care was controlled by the Chinese society. The doctors, the patients, the families and the nurses all had their voice in treatment decisions once they were briefed on the condition. A nurse could be promoted to be a doctor with further studies. The institutionalized monopoly of medicine made "barefoot doctoring" impossible in Canada.

[40] Jain, *The Amazing Story of Health Care in New China*, p. 87.

[41] Jain, *The Amazing Story of Health Care in New China*, p. 86.

conventional method. The following is a case of thyroidectomy on a thirty-three-year-old woman:

> They (patient and the surgical team) quoted from the *Red Book* of Chairman Mao. This appeared to be a ritual after which the acupuncture anesthesia was started with premedication of 50 mgm. Meperidine Hydrochloride. Two needles were used, one on the left wrist and one behind the left ear.
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> The operation was performed, in the usual way, through a neck incision and a portion of the thyroid gland was excised. Surgery went uneventfully and the patient, who experienced no pain, kept talking to the surgeon during the procedure (to prevent injury to nerve supplies to the voice box).[42]

On the day of their visit to Bethune International Peace Hospital at Shijiazhuang, four operations were in progress, two pneumonectomies, one thyroidectomy and one cataract extraction. All except the cataract operation were being carried out under acupuncture anesthesia. The surgeons were all skilled. As a surgeon, Jain was very impressed by the fact that pneumonectomy was carried out without endotracheal intubation. The patient with cancer of the lung was awake, talking and eating an orange during resection of the lung.

He learned that acupuncture analgesia almost replaced general anesthesia, but was also notified that "it is not very effective for operations below the costal margin" because of the incomplete relaxation of the abdominal muscles. Jain assumed that the "very high pain threshold" among the Chinese and their political beliefs might play a role. He suggested sending a Canadian medical group to China to investigate some of the methods evolved by the Chinese including acupuncture analgesia.[43]

Jain, being a neurosurgeon, felt that acupuncture anesthesia was a very exciting and useful innovation in neurosurgery, though he also felt that the indoctrination of Chairman

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[42] Jain, *The Amazing Story of Health Care in New China*, p. 106-110.

[43] Kewal K. Jain, "Glimpses of Chinese Medicine: 1971 (changes after the Cultural Revolution)," *CMAJ*, 106, (1972): 46-50. The report covers many areas of health care, medical institutes and organizations, medical delivery, medical education, new therapies, and so on.

Mao's thought to the Chinese might have affected their medical work. The journal *International Surgery* published Jain's article on Chinese neurosurgery, with an editorial note "Acupuncture by Edict." It criticized the Chinese social forces for imposing regimentation on medical practices, and for altering medical sciences and suspected that acupuncture anesthesia was the result of "suggestion." "Long and well established suggestive mechanism (with acupuncture)" on the "simple peasant mind" permitted craniotomy without anesthesia. Acupuncture should be regarded as a "medical curiosity." This opinion reflected some physicians' attitude at the time toward acupuncture anesthesia.[44]

Jain also observed many other conditions treated with acupuncture such as headaches, dizziness, painful conditions in different parts of the body due to affliction of the peripheral nerves and neurasthenia (The Chinese used this term to describe a syndrome quite similar to chronic fatigue syndrome as we know today in Canada.) The Chinese were also using acupuncture for paralysis caused by polio, stroke, and head or spinal injury and for the deaf and the mute.[45] From his observations in China, Jain compiled a list of diseases for which acupuncture had proven effective and a list for which this technique may not be useful.[46]

Dr. Margaret Milton Feasby of Queen Elizabeth Hospital was a member of the University of Toronto delegation to China. In August 1972, they visited hospitals in which acupuncture was performed for a variety of conditions from anesthesia to the treatment of strokes. She thought the Chinese were "really on to something" in their ancient acupuncture. She also noticed that sometimes acupuncture was used in conjunction with Chinese

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[44] K.K. Jain, "Glimpses of Neurosurgery in People's Republic of China," *International Surgery* 57, 2(1972): 155-157.

[45] Jain, *The Amazing Story of Health Care in New China*, p. 92-98.

[46] Jain, *The Amazing Story of Health Care in New China*, p. 84-86.

herbs. She said that Canadian doctors should study Chinese methods with an open mind, and she would "give anything for another visit with a group of Canadian doctors heading soon for the People's Republic of China."[47]

Ottawa physicians Wallace B. Shute and Fyfe Macdonald, together with several other MDs from Western countries, witnessed acupuncture analgesia used in major operations in China during the second week of August 1972.[48] Shute described detailed visual observations of four concurrent procedures at the Third General Hospital in Beijing, supported by their photographs taken at the scene. They were allowed to stand right beside the operating tables, and to watch the whole process at very close range from insertion of the acupuncture needles for stimulating the analgesic effect till the end of the operations. They then saw each of the patients moving themselves off the table. Shute comments, "No one could have left the operating suite of that hospital unconvinced by the incontestable proof it had afforded." The Chinese experts insisted that acupuncture analgesia was not a psychotherapeutic measure because it also worked for operations on emotionally tense patients and on children. Furthermore, acupuncture anesthesia was successfully applied to veterinary surgery. Shute also suggested that a medical group should be sent to China to study comprehensively the technique of acupuncture analgesia and acupuncture therapy.

About the same time, quite a few American physicians observed Chinese medicine and acupuncture firsthand, even before President Nixon's visit to China in February 1972.[49]

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[47] "Eye-opener for MD," Toronto (CP), Aug. 9, 1972.

[48] Wallace B. Shute, "East meets West (I): Canadian eyes peek across the acupuncture threshold," *CMAJ*, 107, (1972): 1002-1005.

[49] Just naming several US doctors who reported their China's experiences in 1971: Arthur W. Galston, "Attitudes on Acupuncture 1971," The Yale Review, 61, (1971): 312-317; Samuel Rosen, "I Have Seen the Past and It Works," *New York Times*, November 1 & 4, 1971; Paul Dudley White, "China's Heart is in the Right Place," *New York Times*,

Drs. Ethan Singer and Arthur Galston described acupuncture anesthesia in *Science* and Dr. Walter Tkach, President Nixon's physician, reported the surgical procedures under acupuncture he had seen.[50] The Chinese "magicians" might fool lay journalists. But the "front line" reports by fellow colleagues, mostly anesthesiologists, really caught the attention of the Canadian medical profession.

Chinese Doctors Visits to Canada, 1971 & 1972

In November 1971, a two-member Chinese delegation, Chou Wen-chieh and Ha Hsien-wen attended the Bethune Symposium held at McGill University and subsequently they visited Toronto, Ottawa and the Province of Saskatchewan for a total of twenty-one days.[51] At all these locations, they showed the official documentary film *Acupuncture Anesthesia* that always attracted a large audience of physicians and researchers. In Montreal, Professor Ronald Melzack, father of the "gate control" theory of pain, watched the film. "Many apparently unrelated observations and experiments he and other psychologists and neurophysiologists know about began to fall into place."[52] Anesthetist W.E. Spoerel of London and his team would start studying acupuncture as soon as possible. In Ottawa, Dr.

December 5, 1971; and E. Grey Dimond, "Acupuncture Anesthesia: Western Medicine and Chinese Traditional Medicine," *JAMA*, 218, (1971): 1558-1563.

[50] Ethan Signer and Arthur W. Galston, "Education and Science in China," *Science*, 175, (1972): 15-23.

[51] Martin Singer, *Canadian Academic Relations with the People's Republic of China Since 1970: vol. 2: China profiles of Canadian Universities/supplementary materials* (Ottawa: IDRC, 1986). Appendix 55, p. 360-372.

[52] Primary sources as quoted in Marc Duke, *Acupuncture* (New York: Pyramid House, 1972), p. xi.

George Walker, Chief of Staff at the Ottawa General Hospital and anesthetist G.G. Johnson suggested that a group of Canadian doctors should be sent to study the technique right on the spot in China.[53]

Urged by its members, the Canadian Medical Association (CMA) invited a Chinese medical delegation in 1972 to tour Canadian medical centers and hoped that the Chinese physicians would lecture on and provide clinical demonstrations of acupuncture. Headed by Dr. Wu Wei-jan, Vice-President of the Chinese Surgical Society, the group arrived in Canada in November for a 12-day visit. All 12 members were highly trained specialists in Western medicine except one TCM practitioner. These physicians either received their M.D. degrees in Western countries or studied at pre-1949 Chinese medical schools where students were instructed in foreign languages. All of them spoke fluent English or French. They were among the Chinese medical elite who had fortunately survived the most violent days of the Cultural Revolution.

Such a group could not be expected to explain how acupuncture was practised in the traditional Chinese cultural context. To these highly Westernized Chinese physicians, acupuncture was only a technique singled out from the TCM system, and its analgesic property could be employed to replace chemical anesthesia for some surgical procedures. During the 12-day visit, they presented a film on acupuncture analgesia in Edmonton, and participated in a following discussion. Nevertheless, Canadian MDs and medical students, displayed much enthusiasm as 300 people jammed into a hall designed to hold only 180 and another 600 witnessed the film and discussion on closed circuit TV. Their discussion of acupuncture served to correct some sensationalism created by lay journalists. The Chinese

[53] "Canadian Surgeon Hopes for Study of Acupuncture," by Ken Kelly, Ottawa (CP), December 13, 1971.

guests acknowledged that acupuncture analgesia was effective only for selective patients, and was appropriate for some surgical procedures. In China, only one third of operations were performed under acupuncture analgesia with conventional anesthesia ready as a back up, and local anesthesia could be supplemented if necessary. They emphasized that acupuncture was not a panacea, but could not give any detailed description on how traditional acupuncture as a therapy was practised because they were not trained in TCM in which traditional acupuncture is a part. Similarly when asked about Chinese herbal medicine, they showed interest in determining the active ingredients in the herbs, but could not talk about the philosophy and practice of TCM herbology.[54]

Between October and November 1974, both the Bipartite Medical Delegation (11 doctors) and Bethune Medical Delegation (2 doctors) visited Canada for 35 days. The delegates were all Western-style physicians. Acupuncture was not the main topic any more. Canadian medical organizations never invited a delegation of TCM and traditional acupuncture from China to visit Canada.

CMA Delegation to China, 1973

As a reciprocal visit, a sixteen member medical delegation organized by the CMA and led by its President Gustave Gingras toured China in 1973 from April 20 to May 5. Members were mostly Canadian medical leaders in various specialties with a large number of Canadian journalists accompanying them. In fifteen days, they visited over 35 hospitals, research institutions, commune, factory or community clinics, and medical schools in

[54] D.A. Geekie, "A Whirlwind 12 Days with the CMA's Chinese Guests," *CMAJ*, 107, (1972): 1122-1131. D.A. Geekie was then CMA Director of Communications.

different regions. They surveyed a wide range of issues from health care delivery, barefoot doctors, family planning and abortion, to some of the advanced Chinese techniques such as limb and digit reimplantation, the special management of burns and, of course, TCM, especially acupuncture therapy and acupuncture analgesia. Back in Canada, Dr. Gingras made general reports to different audiences on behalf of the team.[55] Many members of the delegation also reported to their colleagues at their institutes and to their local media.

The delegation evaluated the newly developed health delivery system in China highly. Local rural communities established health care networks at the brigade and commune level through self-reliance and collective effort. Barefoot doctors took care of the local population while referring complicated cases to fully trained physicians. Dr. Hugh McLennan said that he was impressed by the Chinese health care system that reached the villages where barefoot doctors spent one third of their time house visiting, one third in public education and vaccination and one third doing farming with fellow villagers. Mobile medical teams of the urban medical centers came to the commune hospitals to enhance the services and the skills of the barefoot doctors. Dr. H.E. Taylor observed that living

[55] After the visit, the delegation submitted a detailed report including its review and recommendations to the Government of Canada, its three sponsoring bodies (the CMA, the DNHW and the MRC), the medical schools and other interested bodies nationwide. The report entitled "China Report: Health Care in the World's most Populous Country" written by G. Gingras and D.A. Geekie. This report also appeared in *CMAJ* July 21, 1973 (Vol. 109), plus three pages of photographs of this visit, which became the longest item relating to China in the history of the *CMAJ*. I also obtained two unpublished documents by Gingras concerning this visit to China with only minor variation in contents to the CMA official report. These two documents are: *Notes for an address by Dr G. Gingras, President, the Canadian Medical Association to the 1973 Annual Meeting of the Ontario Medical Association*, Toronto, 1973, 16p & *Preliminary Public Report, Canadian Medical Delegation Visit to the People's Republic of China*, Montreal, 1973, 10p.

expenses were minimal and medical care free or very inexpensive for the peasants.[56] Dr. McLennan believed the powerful central authority made its voice heard in the smallest remote villages. The total program involved mass movement, improved hygiene, nutrition and fitness, and contributed to the elimination of such conditions as malaria, cholera, and Venereal Diseases.[57]

The team remarked that the Chinese were trying to integrate biomedicine and TCM to form a new type of medicine. Western style physicians were encouraged to receive further training in TCM. In clinical practice, chemical drugs and surgery were often combined with TCM herbal formulae and acupuncture. The Chinese demonstrated to Dr. McLennan that classic herbal remedies could sometimes achieve dramatic results. They were "commonly administered either as an infusion prepared with boiling water or as a salve or

[56] H.E. Taylor, "Notes, Medical Care, Education and Research in the People's Republic of China 1973," unpublished presentation document, 1973, 22p.

[57] Hugh McLennan, "A Canadian Visitor Sees Medicine in China and is Impressed," *Science Forum*, 6, 5(October 1973): 23-25. At the time, Dr. McLennan was a professor of physiology in the Faculty of Medicine at the UBC. Dr. J. Leger, a radiologist from Montreal, saw the Chinese health care from a somewhat different angle. It seemed to him that the Cultural Revolution was not good for medical specialization (For instance radiotherapy and nuclear medicine were falling behind) and had disastrous effects on medical education. The quality of medical service in rural area appeared quite inadequate and the barefoot doctors were generally incompetent. At best, they were paramedical personnel, not primary healthcare professionals. The only good reason for the system to exist was that the entire population was readily able to turn to someone who would be willing to listen, sympathize and comfort the sick. One thing that Canada could learn and implement was that the Chinese regularly sent medical teams from large hospitals to the remote areas. See J. Leger, *Rapport préliminaire de mes impressions comme membre de la délégation medicale canadienne en Chine et en particulier sur ce que j'ai pu observer sur le radiodiagnostic, la radiothérapie* (Montréal: Institut de Cancer de Montréal, 1973). It should also be pointed out that, much before Leger, in 1972, Canadian sociologist J.W. Salaff made a similar observation right at the height of the Cultural Revolution that China's public health was declining and the closing of medical schools would deteriorate the system further. See J.W. Salaff, "Physician Heal Thyself," *Far Eastern Economic Review*, 44, (1968): 291-293.

poultice for external application."[58] Scientific research was focused on subjects with immediate practical application. The group visited research institutes and noticed that the Chinese were making efforts to isolate, identify, test, and synthesize effective ingredients of thousands of plants used in TCM.

After seeing many major operations using acupuncture analgesia, the CMA delegation was convinced that acupuncture analgesia did work. (See Figure 6, a patient undergoing surgery under acupuncture analgesia was waving to the CMA delegation and singing.[59]) This was not a form of hypnotism since it could also be induced in animals and infants.[60]

The delegation was hosted and escorted by the counterpart of the CMA, the Chinese Medical Association, which represented the practice of Western medicine in China. Chinese physicians trained in Western medicine wrote all the literature on acupuncture anesthesia. It was impossible for Canadian physicians to see the connection between acupuncture anesthesia, classic acupuncture therapy and TCM theories:

Figure 6: Acupuncture Anesthesia

> In no discussion on the use of acupuncture for analgesia, whether of the underlying mechanisms or of application, were the classical doctrines of "meridians" and of the forces of Yin and Yang even mentioned at the Shanghai Institute of Physiology.[61]

[58] McLennan (1973), p.24.
[59] G. Gingras and D.A. Geekie, "China Report," p. E.
[60] Today, most people would think that animals and infants are immune to hypnotism. However, during the heydays of hypnotism in the 19th century, animals and infants were often said to be hypnotized.
[61] G. Gingras and D.A. Geekie, "China Report," p. G.

It should be noted that the attitude of the Chinese medical profession and of the Canadian medical profession toward a medical mode other than their own was very similar despite their racial, linguistic and political differences. Western style Chinese physicians viewed TCM in technical terms as therapies, formulas, and manipulations, and saw its philosophical basis, its diagnostic and therapeutic theories as unscientific and unproven. The delegation got exactly the same impression. They were considerably less impressed with the application of acupuncture in a traditional context, i.e. as a therapy. The patients seemed satisfied with the result, but no double-blinded and placebo-controlled studies had ever been conducted. They thought that the principle use of acupuncture as a therapy was only in pain relief.[62]

Canadian Anesthesia Delegation to China, 1974

On July 20, 1973, after receiving the *Brief* from the CMA Delegation to China, Deputy Minister Maurice LeClair (who was also a member and Vice-Chairman of the Delegation) said that the Department of National Health and Welfare (DNHW) was planning immediate support for an exchange of medical knowledge and personnel between Canada and China. "We're convinced there is considerable we can learn from the Chinese."[63] The mass media

[62] G. Gingras and D.A. Geekie, "China Report," p. G.

[63] *Canadian News Facts*, (July 16-August 15, 1973): 1053. The *Brief* says technically Canadian doctors could learn from the Chinese rejoining of severed limbs and fingers and treating burns. At administrative level, Canada could learn much about Chinese health care organization and promotion.

coverage of Trudeau's 1973 official visit to China generated enormous public interest in Canada for things Chinese, which added more fuel to the "acupuncture mania." Trudeau issued a press statement at Beijing on October 13 revealing many details of his talks with Chinese leaders. A series of gentlemen's agreements were made between Chou En-lai and Trudeau in the areas of consular affairs, trade, science and technology, culture, and sports, with medical exchange programs at the top of the list. Trudeau was quite enthusiastic about the prospect of Canadian doctors learning acupuncture anesthesia:

> I am informed that, if this technique proves as successful in the Canadian social environment as has been in China, its contributions in the elimination of anaesthetic complications, in the reduction of costs associated with surgery, and in the extension of surgery to elderly and high-risk patients now denied treatment, will rank it as one of the major contributions to Canadian medicine.[64]

The Canadian and Chinese medical and foreign affairs officials immediately worked out the technical details of the medical exchange programs. It was agreed that Canada would send a medical group to study acupuncture in China in 1974, and that five Chinese

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[64] For some reason, Trudeau declined Chou En-lai's invitation to visit China in 1971. After Nixon's China visit in 1972, the Chinese renewed their invitation to Trudeau making his 1973 visit possible. Pierre Trudeau, "Canada and China – A Little Mutual Education: A Press Statement by Prime Minister Pierre Elliott Trudeau issued at Peking on October 13, 1973" see DEA, *Statements and Speeches*, No. 73/20. Pierre Trudeau, "New Canadian Ties with China: A Statement by Prime Minister Pierre Elliott Trudeau in the House of Commons, October 19, 1973," see DEA, *Statements and Speeches*, No. 73/21. Quotation from p. 3. Also see *Canadian News Facts*, Oct. 1-15, 1973, p. 1086. Some of the agreements were: Canada would send a nine-member team to China in April, 1974, for a month's study of acupuncture analgesia; China would send a nine-member team in 1974 to study neurophysiology, organ transplantation and the artificial kidney; China would send a five-member team to Canada to demonstrate acupuncture analgesia about January 1975; China would send two scientists to McGill University for a month of study and research, resuming the Norman Bethune lectureship; a Chinese consulate was to be opened in Vancouver, with a Canadian mission to be established in Guangzhou; a joint trade committee would meet annually, and both sides had committed themselves to promoting the interchange for traders; delegations specializing in various scientific and technological fields would be exchanged; cultural, educational, sports and press exchanges would continue.

specialists would conduct a national training program on acupuncture analgesia in 1975 in conjunction with many other programs.[65]

There was a wave of enthusiasm for acupuncture anesthesia particularly among anesthesiologists. In 1973, so many doctors requested information from the CMA office in Ottawa about the opportunities to study acupuncture in China that the administration had to use a standard letter to deliver information to them.[66] The office of the DNHW was also "flooded" with letters of application from doctors to learn acupuncture in China.[67] After careful consideration, nine anesthetists and one dentist were chosen by the Government to study acupuncture analgesia for six weeks with the expectation that they would teach acupuncture techniques and supervise research programs upon return.[68]

The 1973 CMA Delegation to China repeatedly noted in their *China Report* that traditional Chinese physicians with years of training in acupuncture conducted acupuncture anesthesia in China. How would it be possible to become a teacher and supervisor of acupuncture anesthesia in just six weeks of training? After spending six weeks studying acupuncture analgesia in April and early May of 1974, the Canadian Anesthesia Delegation

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[65] "Trudeau's China Visit Launches Major MD Exchange Program," *CMAJ*, 109, (1973): 1038.

[66] In his letter dated November 1973 (in fact one should call it an information sheet), D.A. Geekie (Director of Communications) said, "We apologize for the form letter, but it is necessitated by the numerous requests we have on hand for information regarding this subject."

[67] "Letters from Physicians for Visits to China Flood to Government," *CMAJ*, 110, (1974): 101.

[68] These anesthetists were from university medical teaching centers: Ian E. Purkin, Dalhousie; André Jacques, Laval; Fred G. Brindle, Sherbrooke; André Sindon, Montreal; Gerald Edelist, Toronto; Wolfgang E. Spoerel, Western Ontario; J.W.R. McIntyre, Alberta; L.C. Jenkins, British Columbia; Y.K. Poon, Manitoba and dentist Robert Locke, Toronto.

admitted, "The delegates don't really feel confident that, on the basis of their limited learning experience, they could really begin to apply or teach acupuncture in Canada."[69]

Ironically, the biggest gain of their acupuncture training in China was their conviction that acupuncture analgesia did not fit in with medical conditions in Canada at all. The main reason was that acupuncture analgesia was extremely time-consuming. Before an operation, there was always a pretrial needling session to determine the patient's suitability, a preoperative discussion to assure the patient's cooperation and knowledge of the procedure, and then, for abdominal surgery, the patient may need to have one week of breathing exercises. Canadian hospitals had a much heavier surgical load than that of Chinese hospitals. Also, acupuncture anesthesia had serious limitations, such as the incompleteness of pain blockade and muscle relaxation, which would not be acceptable to Canadian patients.

As for acupuncture therapy, the delegation saw crowds of waiting patients in the institutes they visited, and remarkable functional recovery in some neurological cases. They felt disappointed (as had the CMA Delegation) that the Chinese had no "statistics of double-blind and controlled studies" for them to assess its "real value" (from perspective of Western medicine). Nevertheless, they suggested that trials of acupuncture therapy could be carried out in Canada since it was technically simple and had no side effects.

[69] "Acupuncture: Canadian Anaesthetists Report on Visit to China," *CMAJ*, 111, (1974): 1123-1129.

Table 3: Canadian Doctors Who Observed and/or Studied Acupuncture in China

DATE	SIZE	NAME OF DELEGATION	NOTE
June-July 1971	1	Dr. K.K. Jain with the "Canadian Cultural Delegation"	health care, TCM, acupuncture anesthesia and therapy
3 months in 1971	1	Dr. Yves Morin, under the auspices of the CMA	as Vice-President of the Medical Research Council
August 1972	1	Dr. Margaret Milton Feasby with University of Toronto Group	acupuncture anesthesia, acupuncture therapy and herbs
August 1972	2	Canadian Drs. Wallace Shute and Fyfe Macdonald with a delegation of scientific show	acupuncture therapy and acupuncture anesthesia
April –May 1973	16	Canadian Medical Delegation	a 15-day observation on medicine, health care, TCM and acupuncture
May 1973	13	Replantation Delegation	visited hospitals and medical school in major cities
April-May 1974	9	Canadian Anesthetist Delegation	a 6-week study programme of acupuncture analgesia
Fall 1974	2	McGill Bethune Medical Delegation	lectured in Beijing and visited medical facilities elsewhere

There were many doctors who were interested in observing and learning acupuncture, but the chances to get into the above sponsored trips and exchange programs were small (See Table 3). Some travel agencies organized study trips to China. One advertisement in the *CMAJ* said, "Enquiries invited, doctors interested in visiting the People's Republic of China to review their medical techniques."[70] Some Canadian doctors had also traveled to Hong Kong to take short courses, even though these courses were not endorsed by the Hong Kong Medical Association and not recommended by the CMA because the courses were offered by non-medical practitioners.[71]

[70] Advertisement by Lloyd's World Travel Service, *CMAJ*, 107, (December 23, 1972): 1236.

[71] *CMAJ*, 109, (September 1, 1973): 419.

Acupuncture anesthesia was seemingly working fine in China. However, many anesthesiologists were doubtful of its applicability in Canada. There was no shortage of anesthetics and no lack of experienced anesthesiologists here. What we didn't have here was the paramount components - the Chinese culture and psychology. This was the period of the Cultural Revolution in China, and the people trusted acupuncture anesthesia as one of the successes of Chairman Mao's proletarian revolutionary health policy. Every Chinese had *The Little Red Book* in her/his hand and they were reciting several "relevant" Chairman Mao's quotations before any major occasion as source of supreme power.[72] Before each operation, the medical team needed to assess the political consciousness and the psychological suitability of the patient to ensure that the patient would not panic during the operation.

Even if the technique could block the pain completely, some Canadian doctors further questioned how long a patient could remain still in an uncomfortable position on the operating table, how a patient would handle a sudden uncontrollable body movement or jerk, and how a patient would deal with the anxiety of hearing the surgical team talking about the operation in progress, etc.

Some doctors thought that acupuncture for pain control might be worth some consideration, but acupuncture as a therapy for a variety of ailments would not prevail in Canada

[72] For instance, here was one of the frequently used quotations: "Humankind has constantly to sum up experiences, go on inventing, discovering, creating, and advancing." Mao Tse-tung, *Quotations from Chairman Mao Tse-Tung*, (Beijing: Foreign Language Press, 1966). These quotations were selected by the Party's special editorial from Mao's articles, essays and speeches. It was made in pocket size, so an individual could carry a copy with him/her all the time. In Western media, it was called *The Little Red Book*. During the Cultural Revolution, it was called the *Red Treasure Book* by the Chinese in everyday conversation, perhaps the only book that has been issued in more copies than the *Bible*.

because most Canadians live in an affluent urban society with highly advanced biomedical technology. Highly purified effective medications were readily available. Who would choose the pricking of acupuncture needles? These doctors predicted that the media enthusiasm for acupuncture therapy was just a passing phenomenon that would die out within a decade.

A CHILD OF THE MEDIA? OR AN IDEA OF THE TIME?

The emergence of the holistic health movement was closely related to the after-effects of the North American "cultural revolution" and civil rights movement of the 1960s. Health was recognized as a personal responsibility and access to health care was considered an essential part of fundamental human rights, and people should have the right to choose the form of health care and therapies for themselves. With the rise of the holistic health movement in the early 1970s, acupuncture and TCM were introduced to Canada and their development in later decades followed the waves of the holistic health and medicine movement. Canada's sociocultural policies had shaped the growth of acupuncture and TCM in this country.

Holistic Health Movement Revisited

In the early 1970s, the holistic health movement in Western countries started with the premise that health care was multifaceted. Seemingly unrelated social, cultural and environmental factors all affected health and illness. Health was ultimately a personal responsibility, and each individual was unique. Putting these principles into practice, health conscious people joined in mutual self-help groups and participated in self-care activities such as meditation with a connection to spiritual traditions, managing stress, diet and nutrition, reducing alcohol and tobacco consumption, and exercising regularly. Starting about 1970, popular magazines distributed in Canada regularly included some advice in the area of health and lifestyle improvement. By the 1980s, many bookstores devoted an entire section to personal health care and fitness, and television allocated more time to this area than ever before. Health foods and food supplements had become one of the fastest growing industries in a quarter of a century. Statistics Canada figures indicated that an estimated nine million Canadians would spend over a billion dollars on special diets, weight-loss products, devices, books, accessories, and fitness clubs and spas, during 1985.[73]

The women's movement was very critical of the medicalization of women's bodies and physiology. Sexism had dominated the medical profession and male doctors had consciously or unconsciously defined feminine features and functions as abnormal. Hysterectomy was overused as a means of treating mental and emotional distress. Medications were given for normal menstruation and menopause as "treatments" or "preventive measures" for problems in the future. Childbirth, once a sacred domestic affair attended by midwives, was

[73] Quoted from *Option* magazine, (Spring, 1985): 20.

exclusively treated in hospitals as a medical matter. Members of the women's movement fought hard against the general attitude of male practice and "malpractice" of medicine. Denied justified effective treatment by the medical profession, many women started turning to holistic therapies. They were the greatest allies of complementary medicine (including acupuncture and TCM) both as consumers and practitioners.

On the other hand, positive changes had taken place within the medical profession since the 1970s. A great number of women joined in the medical profession with particular interest in women's and children's health. Male physicians had become more sensitive to women's concerns. In the 1990s, midwifery was integrated into the respected health professions in some provinces in Canada.

In the 1970s, people became more aware of environmental deterioration, the limitations of nature to absorb pollutants and the consequences to human health. The overuse of chemical fertilizers and pesticides polluted not only the environment but also poisoned the population. Industry dumped chemicals into the water system and waste products into landfills. Foods that contained harmful residues of chemical agents made people sick. The toxin-filled environment gave rise to many allergic diseases. The same thinking was also applied to overmedication on human health. Chemical drugs always had greater effects than intended on the human body. People would develop dependencies on them and the side-effects would sometimes produce more serious harmful consequences than the illnesses that they were treating. The foods we ate, the water we drank and the air we breathed and the places we lived could all affect our health. Physicians and hospitals had a limited impact on the larger environment issues. However, the population with an increased holistic eco-awareness of health and of quality of life could influence govern-

ments and businesses to balance economic growth and environmental protection in development and planning.

The resurgence of holistic medicine was the natural consequence of the explosion of health consciousness and the holistic health movement. Consumers were not satisfied with high-tech, high-cost "scientific medicine" and they disliked the medical profession's impersonal approach of treating people as objects. Consumers also had great concerns about iatrogenic problems. All these factors encouraged people to look for easily comprehensible explanations offered by the holistic health care system.

A group of 19th century therapies such as chiropractic, homeopathy, hydrotherapy, massage therapy were experiencing a great revival in combination with a group of new techniques such as biofeedback, visualization, etc. There were also the age-old Eastern traditions of health care systems, such as, acupuncture, TCM and Ayurvedic medicine of India. In comparison with disease oriented "scientific medicine," the above therapies or healing systems were all grouped under the term "holistic medicine," a term of the 1970s.

The holistic medicine movement continued into the 1980s with the preferred term "alternative medicine" and further into the 1990s with the preferred term "complementary medicine." In the 90s, a periodical survey on general attitudes toward the use of complementary medicine was carried out in Canada. These findings indicated that the use of complementary medicine had become increasingly prevalent, a social fact that could not be ignored by the government, consumers and the health professions. A 1990 Price Waterhouse survey found about 30 per cent of Canadians were seeing at least one complementary healer. Some estimated that spending for complementary medicine had already reached one

billion dollars.[74] In the next year, the Angus Reid group asked 331 BC Lower Mainland residents if they were interested in complementary medicine, and 72 per cent said yes. In 1991, the *Canada Health Monitor* published a survey showing one in five Canadians was using alternative therapies, which could be viewed as competitive with conventional medicine.[75] A Statistics Canada 1993 survey showed that about 3.6 million Canadians had consulted an alternative medicine practitioner within the past 6 months. A 1995 survey by the same agency indicated that about 3.3 million sought treatment outside the conventional medicine system within one year. The Fraser Institute conducted a major study in May and June of 1997, which indicated "50 per cent of Canadians used alternative therapies in the course of a year, and 73 per cent have used alternative therapies within their lifetimes." The annual spending on alternative medicine care had reached $3.8 billion. Most of this expense was coming out of people's pockets and was not covered under public or private health plans.[76] Different methodology might be applied, and different criteria might be used to determine what constituted alternative medicine, but one thing was certain, the trend to holistic health and holistic medicine had continued.

Complementary medicine as a whole had come of age from her idealistic childhood, through defiant adolescency, and in the 1990s some of the systems were starting to find

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[74] See "Nurturing Health, A Framework on the Determinants of Health," *Healthy Public Policy Committee, Premier's Council on Health Strategy*, November 1990.

[75] *CMAJ*, 144, (1991): 469.

[76] The Fraser Institute, "Canadians Spend $3.8 Billion on Alternative Medicine to Cure What Ails Them," http://www.fraserinstitute.ca/media/media_releases/1999/. Two famous national surveys conducted in the United States uncovered similar findings. The use of alternative therapies had become increasely popular among Americans, from 33.8 per cent in 1990 to 42.1 per cent in 1997. See David M. Eisenberg et al., "Unconventional Medicine in the United States," *New England Journal of Medicine*, 328, (1993): 246-252, and "Trends in Alternative Medicine Use in the United States, 1990-1997," *JAMA*, 280, (1998): 1569-1575.

their place in the official health care system.[77] The introduction, development and professionalization of acupuncture and TCM have been part of this greater sociocultural movement.

Why could TCM and Acupuncture be introduced to Canada?

The successful introduction of TCM and acupuncture to Canada in the early 1970s can be attributed to the combination of the right subject, the right timing and the right place. In Canada as in the United States, the civil rights movement, the women's movement and the environmental movement of the 1960s foreshadowed the holistic health movement of the 1970s. Historically, medicine had been pressured to explain and theorize about the nature of illnesses. In the early 1970s, the popular conception that diseases could have only one

[77] The two most commonly used terms for therapies and medical systems other than conventional Western medicine are alternative medicine and complementary medicine. They are used interchangeably in everyday life and in literature. Alternative medicine is an older term. Since most patients of alternative medicine still maintain their regular visits to their conventional medical doctors and alternative medicine is really not a "alternative" to biomedicine in areas of diagnostic technology, emergency care, surgery and etc, the word "complementary medicine" is now preferred by authors.
In everyday conversation and in the news media, some people use the word "traditional medicine" to mean modern biomedicine, therefore biomedical physicians are called traditional doctors. I adopt the terms: "conventional medicine" and "conventional doctors" to mean biomedicine and medical doctors as opposed to complementary medicine and its practitioners.
I define traditional medicine as a healing system like ancient Greco-Roman medicine, native East Indian medicine or classical Chinese medicine, because such systems have complete structures of theoretical foundations, various clinical branches as well as a tremendous body of knowledge and literature. There are also systematically trained practitioners and a steady clientele for the professions. I don't think it is appropriate that some people use this term to include just about any healing practice that is outside of the modern biomedical system, such as "grandma's chicken soup with spices." The "chicken soup" type remedies are best defined as folk medicine as it is practised by non-professional healers and embodied in local custom or lore. It is a kind of folklore found in all human communities around the World, so called "people's medicine."

cause with specific biomedical therapeutics fell out of fashion among the people and the government.

Canada's health minister Marc Lalonde issued a major working document for government policy making in April 1974. It was named *A New Perspective on the Health of Canadians*, commonly known as the *Lalonde Report*. The old equation that medical care equals health was seen as false. The medical care system "was only one of many ways of maintaining and improving health."[78] Biomedicine had been focused on disease care rather than health care. The medical profession had no control over 90 per cent of disease causing factors such as personal lifestyle, sociocultural conditions and the environment.

The role of medical care in improving the health of the population was exaggerated due to medical advancements in the control of infectious diseases, in surgery and in the development of new drugs. Drug advertising and television series portrayed physicians as larger than life heroes further enhancing the image of medical care. The *Lalonde Report* claimed, with support from historical and contemporary studies, that the improved health and life expectancy of the population were more the result of improved nutrition, hygiene and other social conditions.[79] The *Lalonde Report* developed a new health field concept of four elements: human biology, environment, lifestyle, and health care organization. The concept directed individuals and governments to focus on health care and prevention through improving health care organization, protecting the environment and bettering lifestyle.[80] The principles of traditional acupuncture and TCM fitted perfectly into this new framework of thinking on health and health care. TCM holism views space and time, such

[78] Marc Lalonde, *A New Perspective on the Health of Canadians: a Working Document*, (Ottawa: DNHW, 1974), p. 1.
[79] Lalonde, *A New Perspective on the Health of Canadians*, p. 11-13.
[80] Lalonde, *A New Perspective on the Health of Canadians*, p. 31-37.

as environment and seasonal changes as crucial factors that affect human health and TCM dialectics emphasizes personal role in health maintenance and individuality in treatment.[81]

In 1970, Canada recognized the PRC freeing China from international isolation, making possible the introduction of TCM and acupuncture to Canada. Greatly improved public communications, academic exchanges and bilateral visiting of professionals created a favorable environment for Canadian physicians and interested individuals to learn TCM and acupuncture in China and to invite Chinese doctors to demonstrate such techniques in Canada. Canadians came to know this system of medicine through mass media coverage of health care and TCM in China. The Chinese promotional tactics and the media sensationalism promoted this transformation of knowledge.

Besides knowledge transformation, there has also been a migration to Canada of people of Chinese origin as practitioners and consumers of TCM and acupuncture. A fundamental change in Canadian immigration policy took place in the 1960s. The 1962 regulations required equal treatment of independent applicants from any part of the world. Only in the category of dependent immigrants were Canadians of European origin allowed to sponsor a wider range of relatives than those of non-European origin.[82] Progress continued in the 1967 policy in which all Canadians had the same rights to sponsor their relatives and a "point system" of selecting independent immigrants was introduced. The main content of the 1967 *Immigration Law* remains in place today. Based on these changes no wording that permits open discrimination on racial grounds has appeared in Canadian immigration policy

[81] See Chapter 1, under "Characteristics of Acupuncture/TCM" for more information.

[82] Freda Hawkins, *Canada and Immigration: Public Policy and Public Concern* (Montreal and London, McGill-Queen's University Press, 1972), p. 125.

since 1967, although it existed in hiding in administrative process.[83] Open, intentional racism in Canadian immigration policy did not end until the passing of the 1976 *Immigration Act*. Indeed, the 1976 *Act* was an innovative, liberal and effective piece of legislation. For the first time, the *Act* explicitly affirmed that "non-discrimination" was one of the fundamental objectives of Canadian immigration law.[84]

Acupuncture and TCM had been flourishing under the aegis of official multiculturalism. In 1971, the Liberal government first introduced multiculturalism as a government policy.[85] Generally speaking, there had been, at least in the history of English Canada, four models of dealing with "other ethnic" groups and maintaining national identity: Anglo-conformity, the melting pot, a non-official policy and multiculturalism. Anglo-conformity was a policy of assimilation, which insisted that other ethnic groups must abandon their own cultures and adopt the Anglo-Canadian way of life. The melting pot idea suggested that all ethnic groups in Canada blend together to form a single, common, national culture and society.[86] The non-official policy was an alternative that allowed the society to develop its culture without any publicly stated direction, which was essentially the situation before federal

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[83] Freda Hawkins, *Critical Years in Immigration: Canada and Australia Compared*, (Kingston: McGill-Queen's University Press, 1988), p. 39.

[84] Freda Hawkins, *Critical Years in Immigration*, p. 70. The *1976 Immigration Act* came into force in 1978.

[85] The concept of multiculturalism is used here as a government policy. Canada has been in fact a multicultural society, i.e. cultural pluralism or cultural mosaic: the languages, customs, traditions, and lifestyles of Canada's many different peoples as the pieces of material fitting together to form a harmonious society. Generally speaking, multiculturalism is a label for the nature of the Canadian ethnic cultural mosaic; a state policy; and an ideology of cultural pluralism. See Evelyn Kallen "Multiculturalism: Ideology, Policy and Reality," *Journal of Canadian Studies*, 1(Spring 1982): 17.

[86] In real application, however, the melting-pot policy was somewhat similar to Anglo-conformity since all other cultures were supposedly mixed into the melting pot designed by the Anglo-elite class.

multiculturalism was announced in 1971.[87] Applying the principles of multiculturalism, the Chinese community had striven to protect the rights of Chinese-Canadians to practise and access their traditional medicine.

The international environment was very favorable for the introduction and development of acupuncture and TCM in Canada. The holistic health movement had not been limited to North America. For example, acupuncture had been used in Europe on a small scale since the 18th century. It suddenly became very popular there in the 1970s because of the worldwide holistic health movement. In fact, acupuncture groups often quoted the acceptance and legislative development of acupuncture in other countries to persuade the provinces in Canada to recognize acupuncture as a legitimate health care practice. The World Health Organization (WHO) had played a very important role in promoting traditional medicine internationally. The WHO encouraged the utilization of traditional medicine in public health services in member states and issued numerous publications as references to policy-makers in various jurisdictions on the subject of policy options regarding the practice of traditional medicine.[88]

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[87] For a detailed historical background of these three phases (Anglo-conformity, melting pot and cultural pluralism) and the analysis of the ideology behind the terms, see Cornelius J. Jaenen "Federal Policy vis-a-vis Ethnic Groups." Unpublished Manuscript, Ottawa, 1971 and Howard Palmer, "Reluctant Hosts: Anglo-Canadian Views of Multiculturalism in Twentieth Century." Paper Presented to the Second Canadian Consultative Council on Multiculturalism, Ottawa, February 1976. Both Jaenen and Palmer prove that multiculturalism has long and well-established historical roots in Canada.

[88] Olayiwola Akerete (Programme Manager, Traditional Medicine, WHO), "Toward the Utilization of Traditional Medicine in National Health Services," a speech at the "World Symposium on Traditional Medicine, 1985," New York, USA. For example, Robert Bannerman, et al., eds., *Traditional Medicine and Health Coverage*, (Geneva, WHO, 1983).

As early as 1958, the WHO redefined health to be a state of physical, emotional and social well-being instead of the conventional medical definition of the absence of disease.[89] The Organization had adopted the holistic concept of health with an emphasis on prevention to guide its policy-making process. A traditional medicine program was established in 1977 to help member states to set standards for their traditional medicines. Aimed at developing countries, this policy had also had some impact on developed nations like Canada. In 1978, the International Conference on Primary Health Care held in Alma-Ata estimated about 80 per cent of the world's population relied on traditional medicine. In October 1991, the WHO co-sponsored the International Congress of Traditional Medicine in Beijing. The Congress declared, "Health of humankind continues to need traditional medicine," and called for continued support for the further development of traditional medicine. The 22nd of October of each year was declared as "World Traditional Medicine Day."[90]

The WHO particularly promoted the use of acupuncture and believed that acupuncture was a low-cost, low-side-effect natural healing system. The Organization recognized that acupuncture was suitable for treating over 200 commonly encountered clinical disorders that could be categorized into various bodily systems.[91] The mechanism of acupuncture was believed to activate the body's own healing system through enhancing the immune ability, reducing infection, decreasing pain and restoring the functioning of the nervous system.[92] Since 1975, the WHO has sponsored acupuncture-training courses for health professionals all over the world. Over the years, thousands of trainees, including some Canadians, have

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[89] WHO, Constitution of the WHO, Annex I, in *First Ten Years of the World Health Organization*, (Geneva: WHO, 1958).

[90] International Congress of Traditional Medicine, *Beijing Declaration*, (Beijing, 1991).

[91] See Appendix 6.

[92] R.H. Bannerman, "Acupuncture: The W.H.O. View," *World Health*, (December 1979): 27-28. Dr. Bannerman was the WHO program manager for traditional medicine.

graduated from WHO sponsored international acupuncture training. Fifteen years later, health professionals from over one hundred countries were able to practise Chinese acupuncture.[93] The WHO also conducted research projects, and organized conferences and activities for standardizing an English terminology of acupuncture.[94] Promoting acupuncture and TCM to member states was also part of WHO's working plan of "health for all by the year 2000." Canadian acupuncturists have actively participated in various projects and conferences organized by the WHO.[95] The favorable international environment has helped acupuncture and TCM to have their place in Canada.

The development of traditional acupuncture in Canada was also part of the international movement of professionalizing traditional medicine. The Chinese influence was obvious. First of all, there had been a direct "blood transfusion" from China to Canada. An estimated 60 per cent of non-medical acupuncturists and 80 per cent of TCM practitioners in Canada were recent Chinese immigrants who came to Canada after 1970. Many of them were professionally trained TCM practitioners and medical doctors with some training in TCM. The practice of acupuncture and TCM had been regulated by the governments in China since the 1950s as a profession enjoying equal legal status with the biomedical profession. Secondly, the Chinese Government and the TCM profession had striven to

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[93] According to official sources, up to November 1991, some 5000 TCM and acupuncture & moxibustion professionals coming from 130 countries and regions had been trained by three training centers (Beijing, Shanghai and Nanjing) and the Beijing College of TCM. See "Notes and News," *Journal of Traditional Chinese Medicine*, 11, 3(1991): 236.

[94] To facilitate the exchange of information, the WHO promoted to researchers, teachers and practitioners the *Standard International Acupuncture Nomenclature* (adopted by a WHO Scientific Group on Acupuncture in 1989). See "A Standard International Acupuncture Nomenclature: memorandum from a WHO meeting," *Bulletin of the Worth Health Organization*, 68, 2(1990): 165-169.

[95] For the history, policy and activities of the WHO on traditional medicine, see http://www.who.ch/programmes

promote acupuncture and TCM worldwide. For example, the Chinese State Administration of TCM cooperated with the WHO in acupuncture training and established the China International Examination Center for Acupuncture & Moxibustion in 1991.[96]

The development of acupuncture and TCM in the United States had the most direct impact on Canada. Many American states were one step more advanced than Canadian provinces in the recognition of acupuncture through legislation. For instance, the examination process and the standards established by the NCCA had a tremendous positive impact on Canada because the NCCA's publications were available in Canada, and some Canadian acupuncturists had taken the test and received their diplomas.[97] In 1992, the BC Health Professions Council invited the then Chairperson of the NCCA, Barbara B. Mitchell, to give a presentation to the Public Hearing on Acupuncture. In 1996, the Ontario Health Professions Regulatory Advisory Council also invited her to deliver a report to the Ontario Public Hearing on Acupuncture. Therefore, the NCCA had direct input to the public consultation on regulating acupuncture in Canadian provinces.[98]

The North American Free Trade Agreement (NAFTA) connected the three countries of this continent even closer. Its significance had gone beyond trade relations, and reached to areas of health care, education, professional standards and cultural perspectives. In view of this, the Acupuncture NAFTA Meeting was held in May 1994 in Acapulco, Mexico. From Canada, leaders of the AABC, the CMAAC, the AFC, the CMAS and the OAA participated

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[96] "Notes and News," *Journal of Traditional Chinese Medicine*, 11, 3(1991): 237.

[97] Viewing the need of establishing nationally recognized standards of entry-level competence for the safe and effective practice of acupuncture, a group of acupuncturists established the National Commission for the Certification of Acupuncturists (NCCA) in 1982 for such a purpose. Among the twenty-two American states that licensed acupuncturists in 1992, eighteen of them adopted all or part of the NCCA standards as their examination and/or eligibility requirements.

[98] Barbara Michell's presentation to the 1992 Public Hearing on Acupuncture in BC

in the meeting. Participants representing traditional acupuncturists, medical acupuncturists and naturopathic acupuncturists discussed acupuncture developments all over the world with the primary focus on North America. Topics ranged from educational standards to college accreditation and licensure. As a result, they formed the trinational NAFTA Acupuncture Commission.

To summarize, in the first half of the 1970s, Canadians were very interested in many new ideas and techniques related to the health care and medicine in China. The systems of "barefoot doctoring" and cooperative health stations were not transplantable. Acupuncture anesthesia for surgery as a medical technique was not suitable to the Canadian sociocultural condition. After the mid-1970s, these themes gradually faded from media reports and literature. However, Canadians had maintained an increasing interest in acupuncture therapy and TCM, because the practice and philosophy of acupuncture and TCM neatly fitted into the cultural developments in Canada and globally. Acupuncture in Canada is certainly more than "a child of the media." Mass media, as often if not always, reflects deeper changes in society. Since 1970s, the practice of acupuncture has been part of the continuing holistic health movement in Canada.

CHAPTER 3

MEDICALIZATION OF ACUPUNCTURE

"In the history of medicine, at least in our lifetimes, no other development, including the antibiotic era, has so captured the interest of the public, and so confounded and confused the health professionals, as has the introduction into Western medicine of the ancient Oriental practice of acupuncture."[1] This chapter is concerned with the reaction of the medical establishment to the rapid introduction of acupuncture to Canada in a historical perspective, especially the strategies used by the medical profession toward the monopolization and control of the practice of acupuncture over a quarter of a century. This chapter also reveals the changing attitude of the medical profession in the late 80s and especially the 90s toward the practice of acupuncture by practitioners who were not licensed medical doctors.

As in the United States and most other Western countries, the Canadian medical profession had been able to achieve the prestigious, state-sanctioned position of monopolizing the marketplace of medicine. Based on biomedical science as the only model, the medical profession maintained its cultural authority in defining health and disease. Noticing the enormous public interest in acupuncture and the growing practice by non-physicians of this "new" modality, organized medicine reacted rather quickly to declare acupuncture a

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[1] Jackson W. Riddle, "Report of the New York State Commission on Acupuncture," *American Journal of Chinese Medicine*, 2(1974): 289-318. Quoted from p. 289.

medical act. Therefore, only MDs, even without appropriate training, could legally practise acupuncture. A professionally trained acupuncturist might treat a patient only under an MD's direct supervision and in a research institute; otherwise she/he was practising medicine without a license.

Biomedicine had been an open system that could absorb potential theories and techniques into its realm provided they conformed to biomedical sciences. At first, doctors anticipated acupuncture being incorporated into medicine once the mechanism of acupuncture was explored. The CMA initiated medical exchanges with the PRC and research projects were set up at Canadian universities and hospitals. When doctors realized that a biomedical explanation of acupuncture could not be found in a short period of time, organized medicine attributed the effectiveness of acupuncture to the "placebo" or "psychosomatic" effect. This orientation discredited non-medical practice without scientific basis, but still left the door open for doctors to assimilate acupuncture into the biomedical system if scientific interpretation were obtained.

As individuals, medical doctors had various attitudes toward acupuncture. Some dismissed it as a primitive technique based on ancient irrational assumptions, while others ignored it out of lack of training and experience to reach an educated judgment. Those MDs who used acupuncture in their practice claimed that TCM in general was out-of-date except for a limited role for acupuncture technique in the management of certain health conditions. They coined terms such as "anatomical acupuncture," "physiological acupuncture," "scientific acupuncture" and "medical acupuncture" for their type of Westernized acupuncture to distinguish it from what had been practised by traditional Chinese practitioners. The history of the Acupuncture Foundation of Canada (AFC) portrays the process of

the vulgarization of sophisticated classical acupuncture to a technical form of acupuncture. By the mid-1990s, with its teaching and examination system firmly in place and a body of practitioners (both physicians and physiotherapists who followed this system of practice) firmly established, the technique of medical acupuncture was available in all Canadian provinces and territories. Through their study, practices and teaching of acupuncture, and their communication with traditional acupuncturists, medical acupuncturists had carefully appraised the advantage of incorporating this technique into their professional services. Some of them had eventually recognized the importance of co-existence with traditional acupuncturists as a complementary therapeutic system to mainstream medicine both in theory and in practice.

CLAIMING THE TERRITORY, 1970-1975

In highly developed capitalist countries, the medical profession had been considered a remarkably successful group, and the Canadian medical profession was no exception. Not only its wealth and prestige, but also its authority and influence on health-related matters contributed to its powerful position in Canadian society. Entry to and practice of medicine were strictly regulated by the profession and protected by provincial legislation. The comprehensive system of medicine, including its practice, teaching and research had been

run effectively through the establishment of medical licensing bodies, medical associations, medical schools and various kinds of hospitals.

Doctors were baffled by the acupuncture mystique produced by the media. The medical establishment had a really difficult time explaining the healing through acupuncture that some Canadian patients received at home and abroad. Apparently, Canadian doctors were generally not well-equipped with knowledge of acupuncture. Therefore, a wide range of different views on acupuncture existed in the early 1970s: some calling it rubbish, some believing in it as an effective therapy and some suggesting serious research to see whether acupuncture might indeed have some fundamental value for Western medicine.

Medical associations and licensing authorities assumed acupuncture to be part of medicine, but they did not clearly define this issue with any public statements at the beginning. They seemed to have taken a "wait and see" strategy. The first acupuncture-related item that appeared in 1971 in the *Canadian Medical Association Journal* (*CMAJ*) was a short report introducing the famous "pincushion man" which was later shown and distributed to physicians during medical conferences.[2] Canadian medical journals were suspicious of alluring stories written by journalists and scientists alike. As late as 1972, the *CMAJ* published the first accounts of acupuncture from CMA members who had visited China.[3]

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[2] The "pincushion man" was a rubber acupuncture model showing acupuncture meridians and acupoints on the body surface. According to traditional theory, the actual meridians and points were located slightly below the skin (epidermis). When a true acupoint was activated with an acupuncture needle, the recipient would feel a "deqi" sensation. The tip of the needle at that very moment was the location of the real acupuncture point. The rubber man and charts of meridians and acupoints were useful study aids for students of acupuncture. Also see Appendix 4, Charts of Meridians and Acupoints.

[3] For example, Kewal K. Jain, "Glimpses of Chinese Medicine: 1971 (Changes after the Cultural Revolution)," *CMAJ*, 106, (1972): 46-50.

Why "Regulating the Needle"?

Representing the views of many doctors at the time, Ottawa doctor, Wallace B. Shute, wrote to the *CMAJ* in 1972 stating he felt the research and practice of acupuncture should be kept within the realm of medicine and warned the medical profession:

> Unless organized medicine immediately forgoes its usual grudging resistance to new ideas, it will forfeit, possibly forever, all hope of controlling the most promising field for critical research in this generation.
>
> Clearly, paramedical practitioners, as superb opportunists, live by their wits and from them. What could be easier than a takeover of this innovation, if medicine decries and denies it - what more gratifying than to flout our failures with their triumphs?[4]

Bombarded by the daily news of acupuncture "wonders," noticing the enormous public interest in this therapy and the growing non-medical practice of this "new" modality, organized medicine had to react rather quickly in seeking control of its practice. In 1972, Dr. J.D. Wallace, the CMA Secretary-General, called for "regulating the needle":

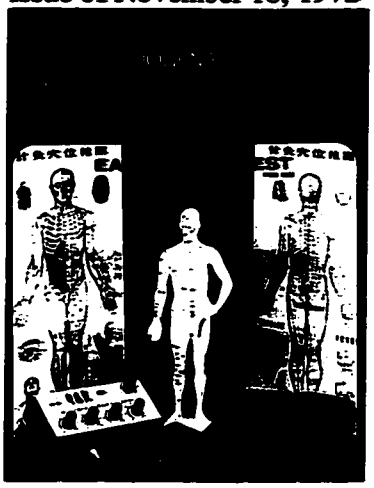
> At this point in time we have no regulation in any province with respect to the practice of acupuncture. Before we get into serious trouble in this regard, the provincial governments and the Colleges of Physicians and Surgeons should lay down some basic controls on licensing in this medical specialty covering physicians and non-physicians alike.[5]

Though acupuncture charts, needles, an electric stimulator and the "pincushion man" claimed the cover page in one of the *CMAJ* 1972 issues (see Figure 7, CMAJ cover, Nov. 18, 1972), the Canadian medical profession was perplexed when it came to claim acupuncture therapy in the early 1970s. It was quite clear to Canadians as they talked to practitioners of TCM that therapeutic acupuncture was by no means an act of medicine (i.e. modern Western biomedicine). Despite the fact that acupuncture had been practised in China for

[4] Wallace B. Shute, "East meets West (I): Canadian Eyes Peek Across the Acupuncture Threshold," *CMAJ*, 107 (1972): 1002-1005.

[5] J.D. Wallace, "Regulating the Needle...," *CMAJ*, 107, (1972): 1236-7.

Figure 7: CMAJ Cover:
Issue of November 18, 1972



thousands of years, over a millennium in other East Asian countries and two centuries in Europe, it did not fit the criteria of a conventional medical act and it was not listed in the regular Canadian medical curriculum. The practice of mainstream medicine was based on modern biomedical sciences, and if a therapy could not be explained in scientific terms, it had no place in medicine. As J.D. Wallace, then CMA Secretary-General said in 1972:

> The official stand of organized medicine in Canada and elsewhere has always been that if a procedure can't be proven by scientific tests to be valid; it is unacceptable as a part of the art and science of the practice of medicine.[6]

Social and judicial factors unrelated to the science of medicine persuaded the CMA to declare acupuncture a medical act under the following circumstances. Firstly, Canadian physicians had witnessed it to be an effective therapy for some medical conditions, though not a panacea, and the Canadian public was fascinated with the acupuncture methods described by the news media. If medical authority would not define acupuncture as a medical act, patients would legally access such service outside doctor's office. Secondly, the medical profession was certainly aware that there were many opportunists, but also some well-trained traditional acupuncturists. Backed up by a complete classical medical system, i.e. TCM, these people would not just take over some of the clientele with neuro-muscular disorders, but would also potentially compete for some share of the primary

[6] Wallace, "Regulating the Needle...," p. 1236. As the CMA Secretary General, J.D. Wallace published a series of commentaries in the column "The Way I See It" in the *CMAJ* during the 1970s. These commentaries, some concerning acupuncture, served somewhat as editorials of the Journal.

healthcare market. Only by designating it a medical act, could organized medicine legally prohibit people who were not licensed MDs from practising this valuable healing art. In their recommendations to the Government, the 1973 CMA delegation to China suggested, "that the application of acupuncture be considered a medical act - legally and otherwise," pending the obtaining of further knowledge.[7]

In 1973, increasing interest in acupuncture therapy and public demand for the service forced jurisdictions in Canada to consider regulating this practice. Consumers wanted easy (not limited) access to reliable service by qualified professionals. Traditional acupuncturists were against medical control. They strove for becoming primary healthcare givers with a status similar to that of chiropractors. Indeed, what concerned the medical profession the most was "the development of a situation where an acupuncturist sets up an independent practice like the naturopaths or the chiropractors because patients could see such a practitioner without referrals from their family physicians."[8]

Another option was to encourage family physicians to take quick courses in acupuncture and to make it part of their practice. Therefore, acupuncture would not be a fringe of practice, but a component of medicine. Enthusiastic physicians engaged themselves in action, but the provincial CPSs and medical associations were not motivated to organize training programs. In 1972, driven by curiosity and motivated to do something about it, a group of physicians in the Vancouver area got together to discuss matters related to acupuncture such as how to obtain training and the medical use of acupuncture. They

[7] G. Gingras and G.A. Geekie, *China Report* (Ottawa: CMA Document, 1973), p. P.
[8] Jain, 1973, p. 89-90.

would like to "pull in the fringe," before the technique was further attracted to "street charlatans."[9]

> We must be involved now before the non-medical quacks muster enough power and image to create another parallel medical system. We have enough illegitimate fringe groups like the chiropractors to contend with, without adding further to the woes of society.[10]

However, at that time, they had to rely on "Chinatown quacks for information" and they could only find non-physician acupuncturists to conduct seminars for them. They soon began clinical trials but encounered funding problems, because acupuncture was not a regular medical procedure and a fee schedule was not established. In mid-1973, organized medicine started to label acupuncture an "experimental" procedure, which also denied the rationale to charge the patients for such a service. To pool their resources and information together, this group of physicians incorporated themselves as the North Shore Acupuncture Society in September 1973.[11] The formation of the Acupuncture Foundation of Canada in 1974 was based on the same reasoning that "acupuncture can be easily learned and applied as a modality by physicians."[12]

"An Experimental Medical Treatment"

In the name of science, modern medicine maintained cultural authority in defining health and diseases, making diagnoses and choosing therapies. The medical profession had the

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[9] Murray E. Allen and Brent S. Brown, "Brief to College of Physicians and Surgeons of B.C. on Acupuncture," July 12, 1973.

[10] The group's brief to the CPSBC dated July 12, 1973.

[11] The Society had 17 founding members, mostly GPs, and some specialists. Murray Allen was the President, Brent Brown, Vice President. K.K. Jain was one of the members.

[12] For details, see section "Medicalization of Acupuncture and the AFC" in this Chapter.

authority to decide what would be included within its system. In the normal process, a technique or a theory would be scientifically explained before integration could be considered. The medical profession wished to have the acupuncture mechanism explained first and fast, but the introduction of acupuncture to Canada was so sudden and the public interest so overwhelming that the profession had no time to investigate "how acupuncture works" before the announcement of its official position on who had the right to practise it.

By 1973, acupuncture services were available in large urban centers in Canada. Physicians and acupuncturists with unknown qualifications provided acupuncture treatments and the demand for such services was growing. J.D. Wallace told the media that "provincial governments and provincial medical groups should get busy and develop some basic licensing regulations to cover acupuncture."[13] One after another, provincial Colleges of Physicians and Surgeons (CPS) declared acupuncture a medical act exclusively exercised by physicians. On April 2, 1973, the College of Physicians and Surgeons of Ontario (CPSO) issued a formal ruling on acupuncture, the first of its kind in Canada:

> The CPSO feels that acupuncture is a medical treatment that at this point in time is in an experimental stage in this country. It is pleased to sanction well-organized clinical trials of this therapeutic modality, and will assess the results when available...[14]

The medical profession had the social and legal authority to claim the "unexplained" acupuncture "a medical act." But the profession's pride was hurt and its cultural authority was challenged. They had to place it in "an experimental stage" as the best way to keep acupuncture under medical control. Three weeks after the Ontario resolution, the College of Physicians and Surgeons of British Columbia (CPSBC) passed a similar resolution on May 15, 1973 regarding both acupuncture analgesia and therapy:

[13] "Licensing Regulations Urged for Acupuncture," Ottawa (CP), January 30, 1973.
[14] "College Policy on Acupuncture," *Ontario Medical Review*, (1973): 278.

> BE IT RESOLVED that acupuncture analgesia be defined as part of the practice of medicine... Until further notification acupuncture analgesia shall be considered experimental, shall only be performed by members of this College or others under their direct supervision...
> AND BE IT FURTHER RESOLVED THAT... [Acupuncture] shall not be used... except under a properly structured study of research project with controls and supervised by members of this College.[15]

On September 20, 1973, the Corporation professionnelle des médecins du Québec (CPMQ), the equivalent to the CPS in other provinces, issued its public statement. By then, the authorities of organized medicine in the three most populous Canadian provinces with significant numbers of non-physician acupuncturists had all declared their policies on acupuncture. The goals of Canada's CPSs were to protect the public and to guide the medical profession. In reality, when a conflict arose between the profession and the public, a college would not be necessarily on the public's side. When there was a conflict between the medical profession and non-physician practitioners, a college would certainly support the medical profession.

The medical profession reacted favorably to the official statements of various provincial colleges. The CMA's Director of Communications, D.A. Geekie, commented that the Ontario College's ruling "assumed direct responsibility to protect the public of Ontario from quackery in this area." Since this was an urgent matter, Geekie mailed this Ontario

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[15] A copy of the CPSBC's Council Resolution held by the author. It is worth noting that the internal version of the original resolution contained the following passage: "RESOLVED: That the above resolutions shall not apply to Dr. Harold Saita in that he has practised acupuncture without incident for many years in British Columbia." Saita was a BC osteopath of Japanese descent. Among many non-physician practitioners in the Oriental community who had practised acupuncture for years without incident, the College gave only one exception because Saita was the principle teacher who taught acupuncture to some College members in the early 1970s. This exception was quite generous compared with the case of Soulié de Morant of France. For Details see "Chapter 6, Organizational Development," the 1st footnote under "Québec." Saita was not willing to associate with traditional acupuncturists, but was a great cooperator with the doctors. He passed away on March 28, 1978 at age 77.

Resolution with his comments to provincial CPSs before this item appeared in the *CMAJ* as a reminder that action was needed. Within two years the medical licensing bodies of all other provinces followed the Ontario regulation with even more restrictions on the non-physician practice of acupuncture.

At the request of the Federation of Provincial Medical Licensing Authorities of Canada, the DNHW arranged a national conference of all provincial-licensing authorities in January 1975 in Ottawa. The Acupuncture Foundation of Canada (AFC) was also present at the meeting. The conference issued the following statement on acupuncture: "It (acupuncture) is a medical or dental act, and with our present knowledge it is best performed by properly trained and fully licensed physicians and dentists..." The following were the recommendations for the control of acupuncture within the medical profession. If persons other than physicians or dentists were allowed to provide acupuncture services:

- They be required to demonstrate their competence to a level commensurate to the degree of responsibility to be delegated and
- They be restricted to the provision of acupuncture services in approved institutions for patients who have been examined, diagnosed and for whom a therapy prescription has been issued by a duly licensed medical or dental practitioner and
- They be required to practise under the immediate supervision of a duly licensed medical or dental practitioner in that institution. [16]

The conference gave a "seal of approval" for acupuncture research on pain relief only and it did not offer any concrete plan or funding. The united medical profession of all Canada claimed the territory of acupuncture without any intention of exploring its usefulness.[17] This conference concluded on a national level the discussion of the attribution of acupuncture therapy. Is acupuncture really a medical act? Undoubtedly, science or

[16] "National Conference on Acupuncture Issues Statement," *CMAJ*, 112, (1975): 397.

[17] "Acupuncture Gets 'Seal of Approval' for Relief of Pain Only," Ottawa (CP), January 30, 1975 and "Acupuncture OK'd for Relief of Pain," Ottawa (CP), by Bill Coulthard, January 29, 1975.

tradition could not answer this question. It was a social policy and legal issue decided by professional dominance. Therefore, defining acupuncture as a medical act by provincial medical colleges and associations was the medicalization of acupuncture in its social, political and legal perspective.

Actually, there were different opinions within the medical profession although the view on medical control of acupuncture was unanimous. For example, the Ontario Task Force on Acupuncture (1973) did not recommend considering the practice of acupuncture a part of the practice of medicine, nor did they recommend including acupuncture under The *Drugless Practitioners Act*. Furthermore, the Task Force did not recommend that acupuncture be reimbursed by the provincial health plan. The reason was that these recommendations would leave an impression that acupuncture had been thoroughly investigated.[18] Consequently they would lend credibility to such therapy.

Subordination of Acupuncture

The medical profession had the power of "science" to discredit acupuncture as useless quackery exercised by dangerous charlatans; the medical profession had the power of the "law" to exclude acupuncturists as illegal practitioners; the medical profession also had the power of the profession to subordinate acupuncturists within the hierarchy of the health professions. The tactic employed by the medical profession to control the practice of acupuncture after medicalizing it was the subordination of acupuncture to medicine.

[18] The Task Force on Acupuncture, *The Report of the Task Force on Acupuncture* (Toronto: The Ontario Council of Health, 1973), p. 8-9.

Acupuncture could be a sub-occupation under medical control because it was an empirically effective but scientifically unproven therapy. Since it was isolated from the TCM framework, it could not function as a primary healthcare system but relied on modern Western medicine for initial diagnoses and final post therapy evaluations. In this sense, acupuncture was classified as a therapeutic technique; its practitioners could work as physicians' assistants or medical technicians. Training of acupuncturists would be set at college level. The strategy was to prevent acupuncture from becoming an independent primary healthcare profession and maintain it as a sub-profession to medicine like nursing and physiotherapy.[19]

Medical doctors who valued acupuncture as a therapy thought that acupuncturists should be regulated in the same way that physiotherapists were regulated, allowed only to treat patients with referrals from MDs. The referring physician should decide the length of treatment and when to stop the treatment. They claimed that treating painful syndromes with acupuncture might mask symptoms and delay vital treatment, particularly if the practitioner was not medically qualified. This argument represented the opinion of the majority of physicians who had views on this issue. They had no respect for the "freedom of choice" and "informed decision" of patients and they had no confidence in the acupuncturists' ability to refer patients for medical investigation and intervention if necessary.

In the early 1970s when non-physician acupuncturists were needed to provide services to the public and to cooperate with physicians in research projects, they were only allowed to work under the strict supervision of a physician. For instance, the Ontario Task Force on

[19] For a classical sociological analysis on the sub-division of medical services, see Eliot Freidson, *Profession of Medicine* (New York: Dodd, Mead & Company, 1972), Chapter 3 "The medical division of labour," p. 47-70.

Acupuncture emphasized in their 1973 report that acupuncturists should not practice independently but only under a physician's supervision and within medical centers that accepted patients only on written referral from the patients' physicians. In other words, they should only be cooperators for doctors to conduct clinical research.[20] Since 1973, several Canadian medical centers with acupuncture projects had hired a handful of non-medical acupuncturists.[21] The medical licensing authorities announced the subordination of acupuncturists often as an official policy without amendments to medical laws. However, Quebec was different. Later in 1979, Quebec was to become the only province in Canada where acupuncture became an institutionalized sub-profession under direct medical control through legislative amendments.[22]

The practice of acupuncture in the United States also became subordinated to medicine. At the end of 1972, two Vancouver acupuncturists, Kok Yuen Leung and Roger Langrick, were licensed as "D.O. assistants" performing acupuncture by the Washington State Osteopathic Board to work only in the Pain Control Clinic at Standring Hospital in Seattle. Langrick claimed that he was the first to be licensed to practice acupuncture in North America. [23] In 1973, two states, California and Washington, permitted the practice of acupuncture as an investigative procedure under MDs' supervision in university medical

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[20] The Task Force on Acupuncture, *The Report of the Task Forces on Acupuncture* (Toronto: The Ontario Council of Health, 1973).

[21] See next section "Acupuncture Centers and Clinical Research."

[22] See Chapter 8, under "Québec."

[23] Roger Langrick, a British traveler and draftsman, studied acupuncture as an apprentice in Singapore in 1964. He had no medical background and did not plan to learn acupuncture. Langrick moved to Canada in 1967 and practised acupuncture in the 1970s and 80s. He published an autobiography in 1989 about his career as an acupuncturist and other experiences, *The Needle Game: One man's life in the world of professional acupuncture*, (Pender Island, BC, Dogr Hidesman Productions, 1989). See, Chapter Six, p. 88-110. The real impact of these two American acupuncture "licenses" to the legalization of non-physician practising acupuncture in Canada was very limited.

centers. Some American state medical licensing authorities even endorsed such titles for acupuncturists as "physician's assistants" of acupuncture. In 1973, to prevent acupuncturists from practising independently, American state medical regulatory bodies lobbied the FDA to have acupuncture needles labeled as experimental medical devices, therefore non-physician practitioners were forbidden from using acupuncture needles. Organized medicine in Canada, however, failed to convince DNHW to have similar regulations that would allow the sale of acupuncture needles and equipment only to licensed physicians.

In conclusion, by declaring acupuncture a medical procedure, the medical profession gained legal control of its practice. When the exclusion of non-medical acupuncturists from practice was difficult to enforce and when organized medicine could not stop patients seeing these non-medical acupuncturists, the subordination of acupuncture became an ideal strategy for the medical profession to keep acupuncture under medical control.[24]

EXPLORING THE NEWFOUND LAND

During the early 1970s, control of the practice of acupuncture and research into its mechanism were equally urgent for the medical profession in North America. Research would serve the purpose of controlling. As American medical historian, Guenter B. Risse, MD, told his audience in a symposium in April, 1972, "If we maintain a narrow and

[24] It was impossible for organized medicine to eliminate acupuncturists in provinces such as Ontario, Québec and BC where large number of practitioners formed strong opposition.

parochial viewpoint and refuse to use our scientific resources for the study of Chinese medicine, the entire field will fall into the hands of less well-trained opportunists. With their bizarre claims and cloak of mystery these individuals will only contribute to a total discredit and rejection of a medical system which indeed may offer valuable lessons for the West."[25]

In the early 1970s, Canadian doctors were trying to understand the mechanism of acupuncture analgesia by applying the "gate control" theory of pain proposed by Canadian psychologist Ronald Melzack and British physiologist Patrick Wall in the 1960s.[26] The "gate control" theory explained that nerve impulses from the area of acupuncture needling and the impulses from the diseased organ were conducted to the same segment of the spinal cord. Therefore, the impulses caused by acupuncture stimulation could block the impulses from the organ that had the symptoms. Since the gate was closed by acupuncture stimulation, no information of pain from the diseased organ could reach the pain sensory center in the brain. At least two problems existed in the application of "gate control" theory. Firstly, nerve distributions from the diseased organ and the acupuncture points did not necessary lead to the same spinal segment. Secondly, it took about 20 minutes of acupuncture stimulation to initiate the analgesia and the analgesia could last for hours after the stimulation stopped. Nerve impulses travel at lightning speed. It should not take 20 minutes for the analgesia to start and hours to disappear.

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[25] See "Introduction" in *Modern China and Traditional Chinese Medicine* (A Symposium Held at the University of Wisconsin, Madison), edited by Guenter B. Risse, (Springfield: Charles C. Thomas, 1973).

[26] Ronald Melzack and Patrick D. Wall, "Pain Mechanisms: A New Theory," *Science* 150, (November 19, 1965): 971-979.

Acupuncture Centers and Clinical Research

Since 1973, physicians who were interested in this subject had already carried out some limited research and clinical trials.[27] In 1973, with the creation of the NSAS, Dr. Murray Allen and sixteen other physicians carried out clinical research of acupuncture at the Lions Gate Hospital in North Vancouver. Doctors at health sciences centers at McMaster University, the University of Toronto and the University of Western Ontario were also among the pioneers. On November 16, 1973, the Ontario Task Force on Acupuncture submitted its report to the Ontario Council of Health with fifteen recommendations of which two were most crucial: establishing acupuncture referral centers and giving high priority to basic research. According to this report, five acupuncture referral centers were to be established in associated with Ontario Health Sciences Centers and acupuncture treatments were only provided in these approved centers in a medically supervised setting. Meanwhile, related research and clinical trials would be carried out along with the controlled acupuncture services.[28] From 1973 to 1975, similar experimental acupuncture

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[27] In this aspect, the United States physicians acted more quickly than their Canadian counterpart. As early as in February 1973, about one hundred doctors gathered in a conference organized by the NIH to exchange studies in acupuncture. At that time, research programs in Canada were barely started. See Howard P. Jenerick, ed., *Proceedings NIH Acupuncture Research Conference* (Bethesda: NIH, 1973).

[28] The Task Force on Acupuncture, *The Report of the Task Forces on Acupuncture* (Toronto: The Ontario Council of Health, 1973). The Ontario Council of Health that endorsed this report served as an advisory body to the Minister of Health. Therefore, it was not a statement of Government policy, but rather a set of recommendations to the Government. The members of the Task Force on Acupuncture who drafted this report were nine medical doctors and a dentist. It certainly reflected the position of the medical profession on this matter. The definition of acupuncture was described in Western medical terms without mentioning the underlying Chinese medical theories.
University Health Sciences Centers were specified as the health sciences institutions on campus and related developments, including teaching hospitals. In Ontario there are

referral centers were also established in other major cities, such as Winnipeg, Halifax, Montreal, Vancouver, Victoria, Edmonton and Calgary.[29]

At this time, very few Canadian physicians had expertise in acupuncture; only a handful of doctors of Oriental origin claimed their apprenticeship in acupuncture learned from their older relatives. It would be impossible for the referral centers to provide acupuncture services and to conduct clinic research without cooperation from non-physician practitioners.[30]

Clinical trials were mostly carried out on acupuncture analgesia for surgery and on acupuncture therapy for pain relief, despite traditional acupuncture having been used for a wider range of physical and mental disorders. Unfortunately, the medical profession had a poor understanding of both the traditional theory of acupuncture and the pain mechanism in modern science. Pain was neither a sign that another person could measure, nor was it an objective symptom a second person could detect. Pain was a subjective feeling of its sufferers only, on which objective evaluations were extremely difficult to obtain. The perception of pain was more complex than the receipt of messages to the brain from the damaged areas of the body. One's emotional conditions such as depression, anxiety, life threatening events, fear of cancer, and the need for attention could greatly influence the

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five such Centers affiliated with the University of Toronto, Queen's University, McMaster University, the University of Western Ontario and the University of Ottawa. In North America, modern medical knowledge had been largely produced and tested at university medical schools and teaching hospitals, and this was considered one of the mechanisms for maintaining the cultural authority of the medical profession.

[29] Nancy Ford, "Création d'un centre d'expérimentation en acupuncture au Québec," *CMAJ*, 110, (1974): 1425.

[30] Not many doctors claimed expertise in acupuncture at thebeginning of the 1970s. Journalist Gene Telpner said that: "there are supposed to be three doctors in Canada who know the technique." See "Acupuncture Needles Dims Nerves," *The Winnipeg Tribune* 3 August 1971, p. 4.

"feeling" of the pain. Doctors admitted that there were problems in their research design and results were often inconclusive.

Other than a few Caesarean sections, the first successful trial of acupuncture analgesia for surgery was carried out at the Reddy Memorial Hospital of Montreal in May 1973. It was a hernia operation performed on a 56-year-old Montreal nurse who said that: "from beginning to end of the operation, I did not feel a thing," but she was fully conscious. She was on her feet a few minutes after the procedure and returned home the next day. Dr. Stevens who operated on this patient was quite amazed by the acupuncture analgesia performed by a staff physician Dr. Chin Kwo at the same hospital.[31] In 1974, *Maclean's* reported another semi-successful case in London, Ontario. It was a major operation in which a kidney was removed. Some chemical anesthetics had to be added before the operation was completed. The patient Dr. C.Y. Leung was himself a family-trained acupuncturist. His father, who was visiting Canada, at the time performed the acupuncture anesthesia.[32]

Patients had been more interested in acupuncture therapy rather than acupuncture anesthesia for surgery. Mr. Smith was a regular acupuncture patient and he had gastrointestinal surgery in 1972 when he lived in London, Ontario. He had watched vivid TV reports on major operations under acupuncture anesthesia and also heard of some anesthesiologists carrying out acupuncture anesthesia for surgery. He said that he would

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[31] "Acupuncture: She Felt no Pain," Montreal (CP), May 18, 1973.

[32] John Gault, "Acupuncture: It's Hard to Dispute Something that Works," *Maclean's*, (May 1974): 75. In October 1996, Steven Aung administered acupuncture anesthesia for a patient to undergo surgery to have a lump removed from her thigh. The patient was severely allergic to chemical anesthetics, which was why she decided to give acupuncture a try. The *Calgary Herald* headlined this event "history made with acupuncture operation" in Alberta. See *Calgary Herald*, October 14, 1996, p. B 2.

consent to having one of his teeth pulled out under acupuncture anesthesia, but he was certainly not keen on the idea of the patient remaining conscious while undergoing a few hours of surgical procedures. He said that he just did not want to hear the noise of the lancets and forceps; he did not want to hear the doctors' conversation; and he would worry that he would not be able control himself if he had to cough or sneeze.[33]

In 1973, Dr. W.E. Spoerel was one of the earliest Canadian doctors to have non-physician acupuncturists work under his supervision. They conducted clinical trials on chronic pain which did not respond to conventional therapies. In terms of before and after treatment comparison, the result markedly favored acupuncture as a treatment modality. Acupuncture relieved pain for two out of three patients.[34] A controlled comparison was carried out at the University of Manitoba on rheumatoid arthritis. A 90 per cent moderate decrease in pain for up to three months plus 30 per cent slight increase in range of motion was reported.[35]

Some advocates of acupuncture pointed out that most drugs and medical treatments were never tested in a double blind, "scientific fashion." Therefore, some doctors thought acupuncture should simply be classified as a conventional medical procedure not as

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[33] Interview information held by author.

[34] W.E. Spoerel and C.Y. Leung, "Acupuncture in a Pain Clinic," presented at the Annual Meeting of the Canadian Anaesthetists' Society, Vancouver, BC, June 24 - 28, 1973. This report was later published in *Canadian Anaesthetists Society Journal*, 21, 2(March 1974): 221-229.

[35] S.C. Man and F.D. Baragar, "Preliminary Clinical Study of Acupuncture in Rheumatoid Arthritis," *Journal of Rheumatology*, 1, (1974). Sheung-Chi Man, a licensed physician of Chinese origin in Manitoba received a lot of media attention in the 1970s (especially *The Winnipeg Tribune* and the *Winnipeg Free Press*) for his successful acupuncture treatments for a wide range of health problems including migraines and smoking. With a grant from the War Amputees of Canada, Man established the Acupuncture Research Foundation of Manitoba in early 1974. A former patient of Man's who later studied traditional acupuncture himself, recalled in 1994 that Man was needling exclusively "ashi" points where the painful spots were located.

"experimental." Doctors could learn and use it. The art of acupuncture would not be destroyed by non-medical "hocus-pocus magicians." A Kingston doctor, Jaroslav Rajaf, a native of Czechoslovakia, said that acupuncture worked in many countries. There was no need to experiment with it. "Penicillin is working. Would they start all over again and find out why?"[36] Acupuncture was historicially time-tested, not a new "drug."

Among several physicians who had kept their interest in acupuncture research since early 1970s was Dr. Chit-Chan Gunn of Vancouver. Gunn received his medical degree from Cambridge University and immigrated to Canada in 1967.[37] He was a staff physician working for the BC Workers' Compensation Board (WCB). After treating numerous patients with skeletal muscle pain, Gunn discovered that patients whose pain turned chronic had shortened muscles (hyperactive). The key to recovery was to relax the muscles to their original length through "dry needling" which was later renamed "intramuscular stimulation or IMS." In 1973, the BCWCB assigned Gunn to produce a report on acupuncture. This two-week project totally changed Gunn's career and led him to become one of the reputable clinical investigators of acupuncture treatment for pain. For chronic myofascial pain, IMS treatment plus standard therapy was significantly superior to standard therapy alone.

Gunn believed that in chronic musclar pain, muscle shortening was caused by neuropathy. Therefore, he identified four types of needling points that only partially corresponded to TCM meridian and acupoint theories. Gunn said that the medical profession had a hard time accepting acupuncture because there was no theoretical connection with biomedicine. His new concept of chronic pain was the bridge where Western and Eastern medicine could meet. However, Gunn said that what he borrowed from TCM was the technique and

[36] "Ontario Gov't Urged to Halt Acupuncture," Kingston, Ont. (CP), December 14, 1974.
[37] Interview with Gunn in June 1994 in Vancouver.

implements for needling. He distanced himself from traditional acupuncturists' "cook-book" approach. His system "required a medical examination and diagnosis. Treated points were specific anatomic entities selected according to physical signs."[38] Unlike traditional acupuncture, his method was easy for health professionals to learn. Over the years, Gunn published numerous articles and a technical manual of his IMS therapy.[39] In 1978, Gunn received an Honorary Membership in the AFC. He had served as an AFC's teaching faculty in Vancouver for many years.

In January 23, 1975, the first results of scientific work in acupuncture were presented to the Canadian Association of Physical Medicine and Rehabilitation in Winnipeg. Although the researchers admitted that their study designs needed to be improved, the majority of the studies showed virtually no difference between treatment groups and controlled groups.[40] Similar results were published in Canadian medical journals in 1974 and 1975.[41] The interest in acupuncture research had reached its peak and declined sharply after the mid-1970s. Using the *Index Medicus* (1969-1978), David McQueen conducted a citation survey of the impact of Chinese medicine on Western medical literature. He concluded that the period 1973-1975 was the most active.[42] (See Figure 8) The initial scientific research

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[38] C. Chan Gunn, *Treating Myofascial Pain: Intramuscular Stimulation (IMS) for Myofascial Pain Syndromes of Neuropathic Origin* (Seattle: University of Washington, 1989), p. 4.

[39] C. Chan Gunn, *Reprints on Pain, Acupuncture & Related Subjects*, (Vancouver: Gunn Pain Clinic, 1992), a collection of Gunn's 24 articles published from 1978 to 1989.

[40] "Researchers Struggle to Design Valid Acupuncture Studies," *CMAJ*, 112, (1975): 112.

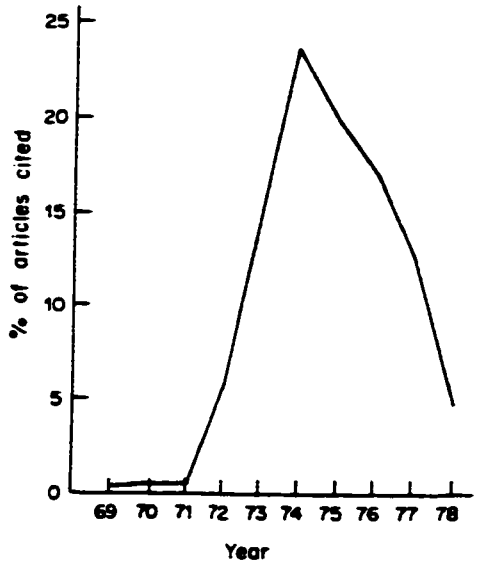
[41] For instance, W.E. Spoerel and team "have been unable to observe any lasting effects or changes in patients with multiple sclerosis that would justify the use of acupuncture in the management of the disease." See "Acupuncture and multiple sclerosis," *CMAJ*, 110, (1974): 751.

[42] David V. McQueen, "China's Impact on American Medicine in the Seventies: A Limited and Preliminary Inquiry," *Social Sciences and Medicine*, 21, 8(1985): 931-936.

worldwide on acupuncture by the biomedical profession neither confirmed nor rejected acupuncture analgesia and therapy in terms of their place in biomedical practice.

When it realized that a biomedical explanation of acupuncture could not be found in a short period of time, organized medicine attributed the effectiveness of acupuncture to the "placebo" effect or "psychosomatics." "Dr. Gingras must be hypnotized by the Chinese." This discredited non-physician practice without scientific basis, but still left the door open for acupuncture to be assimilated when a biomedical interpretation would be obtained. A 1974 editorial of the *CMAJ* entitled "Does Acupuncture Work?" questioned acupuncture analgesia for surgery by summarizing studies of negative results on this matter published in Britain, Germany and the United States. The article asserted that enough evidence demonstrated its ineffectiveness on most Westerners, no matter how satisfactory it might be in the Orient. Acupuncture was considered just an effective way of using hypnosis. "The twirling of the needles is a distraction comparable to the hypnotist's suggestions." This

Figure 8: Chinese Medicine Impact in 70s



The *Index Medicus* was distributed to and mostly read by the members of American and Canadian medical profession.

editorial concludes with the rhetorical question, "If Mao's teaching and the rest of the preoperative ritual is not operant conditioning, what is it?"[43]

Mechanisms of Acupuncture

In terms of basic research, Canada had the largest share of the world's best scientists in the field of pain mechanism related to acupuncture. In early 1974, S.C. Man and others proposed a theory, "Acupuncture needles may relieve pain by interfering with electrical current that transmit pain signals to the brain."[44] This theory was somewhat supportive of the "gate control" hypothesis with more specific evidence.

Co-operating with the medical acupuncturist Elizabeth Fox, Ronald Melzack conducted a comparison study of transcutaneous electrical stimulation and acupuncture on lower back pain and found more than 33 per cent pain relief in 75 per cent of the patients treated with acupuncture. Patients were selected after conventional methods had failed to deliver relief.[45] Melzack found that ancient Chinese acupuncture points were largely (70 per cent) related to so-called "trigger points" in Western medicine.[46] He concluded that acupuncture

[43] "Does Acupuncture Work?" *CMAJ*, 110, (February 2, 1974): 257. In the issue published on August 3, 1974 of the same journal, a letter to the editor from two Austrian doctors Wolfgang Lehrnbecher and Johannes Bischko criticized that the editorial did not distinguish acupuncture as analgesia and as a therapy. Acupuncture analgesia induced in animals did not fit the hypnosis explanation. The authors said such comments made in the editorial impeded the development of acupuncture research and practice.

[44] "Theory Explains Needle Treatment," *The Winnipeg Tribune*, 7 February 1974.

[45] E.J. Fox and R. Melzack, "Transcutaneous Electrical Stimulation and Acupuncture: Comparison of Treatment for Low Back Pain," *Pain*, 2 (1976): 141-148.

[46] R. Melzack, D.M. Stillwell and E.J. Fox, "Trigger Points and Acupuncture Points for Pain: Correlations and Implications," *Pain*, 3(1977): 3-23.

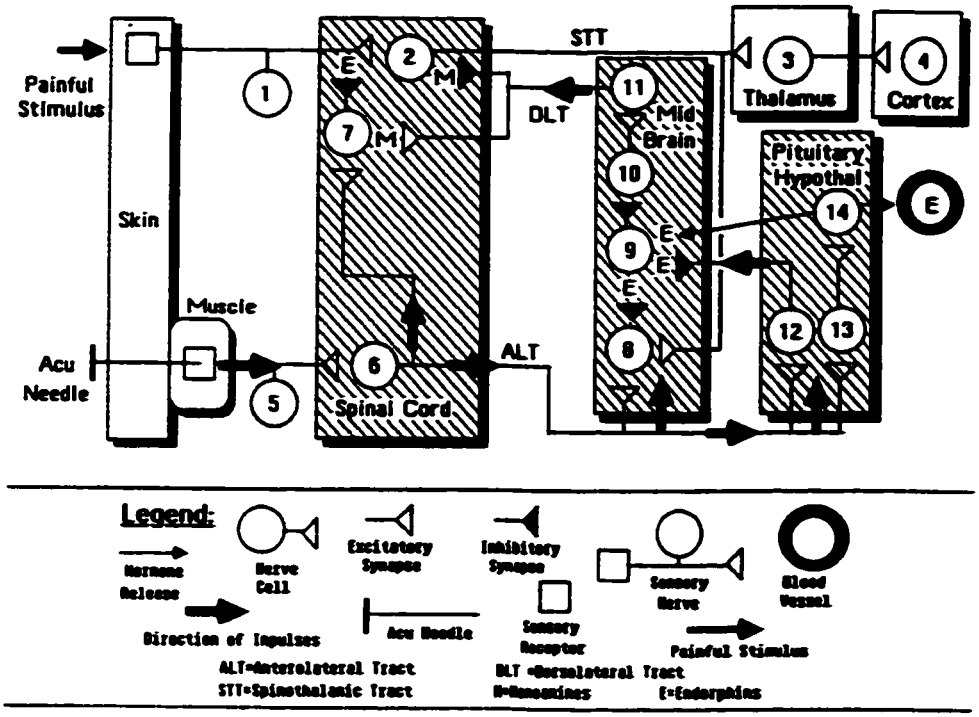
had been disappointing in Canada as an anesthetic for surgery, but it was effective as an analgesic for painful conditions.[47]

An exciting discovery of neurophysiology during the first half of the 1970s was the existence of opiate receptors and endogenous morphine (endorphins) in the human body. Endorphins have many physiological functions within the human body, such as: analgesia, homeostasis, and regulating behaviour. Bruce Pomeranz, Professor of Physiology and Zoology at the University of Toronto, his graduate student Richard Cheng and colleagues developed a hypothesis that acupuncture analgesia was a result of endorphins released by acupuncture stimulation. They gave naloxone, a drug that blocks the endorphin effect, to conscious mice. They found that acupuncture analgesia was indeed due to the release of endorphins and naloxone could completely block analgesia by acupuncture.[48] The following figure (Figure 9) made by Pomeranz shows how low frequency, high intensity acupuncture stimulation blocks pain transmission.

[47] "Chronic Pain Under Study," an interview with Melzack by Marjorie Earl, March 27, 1976.

[48] B. Pomeranz and D. Chiu, "Naloxone Blocks Acupuncture Analgesia and Causes Hyperalgesia: Endorphin is Implicated," *Life Sciences*, 19, (1976): 1757-1762. Several months later, a study in the United States produced similar results on human subjects. See, D.J. Mayer, D.D. Price and A. Raffii, "Antagonism of Acupuncture Analgesia in Man by the Narcotic Antagonist Naloxone," *Brain Research*, 121, (1977): 368-372. Also see R. Cheng and B. Pomeranz, "Electroacupuncture Analgesia is Mediated by Stereospecific Opiate Receptors and is Reversed by Antagonists of Type 1 Receptors," *Life Sciences*, 26, (1979): 631-639.

Figure 9: Acupuncture and Endorphins[49]



Pomeranz had become a strong advocate for using acupuncture in medicine. He criticized those doctors who were not open-minded toward acupuncture and who neglected this rich and useful knowledge accumulated through 4000 years of experience. Over the years, Pomeranz had published articles and lectured doctors on the clinical application of his research findings. As a special guest, Pomeranz had participated in many activities of the AFC since 1977.

In 1987, Gabriel Stux and Bruce Pomeranz published *Acupuncture: Textbook and Atlas*. Widely praised by medical acupuncturists, it became an excellent reference in teaching medical acupuncture to health professionals in the English-speaking world. The condensed

[49] From G. Stux and B. Pomeranz, and *Basics of Acupuncture* (Berlin: Springer-Verlag, 1987), p. 7.

pocket-size version, named *Basics of Acupuncture*, that was published four editions in a short period of time (1988-1998), had even more practical impact than the standard version for clinicians who were not systematically trained in TCM but were using acupuncture as an associated therapy in their practice. Some physiotherapists and physicians literally had this "recipe" book in their pockets at work. In 1996, an Ottawa physiotherapist told me that she had used this "guide" for a few years because she could find acupoints instantly according to disorders and symptoms in Western terms and convey Professor Pomeranz's message to her patients of how acupuncture could relieve pain in scientific terms.[50]

Extending his ideas from his lab research, Pomeranz, with Norman Salansky, also a professor at the University of Toronto, invented a devise named "Codetron." It was said to be a needle-free "electro-acupuncture" that patients could apply at home by themselves. It looked like a TENS machine, also a self-care device that had been around for over a decade. Users must put the electrodes on acupuncture points when using Codetron. TENS users may simply put the electrodes on the areas of aching muscles.[51]

In summary, there were many defects in research designs in these clinical trials of acupuncture therapy carried out in Canadian medical centers in the 1970s. Most notably,

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[50] Gabriel Stux and B. Pomeranz, *Acupuncture: Textbook and Atlas* (Berlin: Springer-Verlag, 1987) and *Basics of Acupuncture* by the same publisher in 1988 and subsequent revised editions in 1991, 1995 and 1998. Pomeranz writes the parts of "Scientific Basis of Acupuncture" and "Electroacupuncture and Transcutaneous Electrical Nerve Stimulation."

[51] "Needle-less Acupuncture Blocks Pain," *The Globe and Mail*, 19 January 1991, p. D4. Pomeranz was interviewed numerous times in different media for his research. For example, "Bruce Pomeranz, Ph.D. Acupuncture and the Raison d'être for Alternative Medicine," (An Interview by Bonnie Horrigan) in *Alternative Therapies in Health and Medicine* 2, 6 (November 1996): 85-91. I was unable to schedule an interview with Professor Pomeranz, but I read his articles and interviews of him by journalists.

the trials did not consider the specific demands of acupuncture therapy. Acupuncture was often performed not by a fully trained practitioner but by a researcher following a "recipe book," and comparisons were established based on a single session. Traditional acupuncture treatment was highly individualized and needed about six to twelve sessions to establish its efficacy. Large numbers of subjects and long-term studies would be more reliable. Traditional double-blind controlled clinical trials for testing drug therapy were not suitable for testing acupuncture because acupuncture therapies could not be masked as "true or pseudo." Therefore, a placebo could not be designed. The first matter to be solved seemed to be how to introduce "a true placebo needle" into acupuncture research. The discovery of endorphins and their connection with acupuncture stimulation in the lab were encouraging steps toward revealing the scientific mechanism of age-old acupuncture, in which Canadian researchers made important contributions.

KEEPING ACUPUNCTURE MEDICAL: THE CASE OF BC

The medical profession in BC had never had a genuine interest in developing the ancient healing art of acupuncture. What really concerned the medical profession in BC was the spread of "lay practice" of acupuncture in the province. The CPSBC had threatened and sued acupuncturists since the early 1970s, but had not made any significant effort to equip doctors with the knowledge and skills of acupuncture. Pressured by public demand for acupuncture service, with the help from the provincial government and with five years'

"preparation," organized medicine finally set up two medical acupuncture clinics, one located in Vancouver General Hospital and one in Victoria General Hospital in the last quarter of 1975. Organized medicine in BC had repeatedly declared acupuncture to be a medical act as the CPSBC's Council Resolution of 1976 stated:

> Acupuncture is a medical procedure, and a useful addition to the medical armamentarium in some instances, particularly in the relief of some types of pain syndrome. The College does not recommend the use of acupuncture in the treatment of disease per se, except as noted above for the relief of some types of pain. Further, the College does not recommend acupuncture in the prevention of disease.[52]

In the 1980s, the actual number of physicians using acupuncture in Canada was comparatively very small. According to the CPSBC survey report in July 1984, only about 0.02 per cent of all physicians used acupuncture as an adjunct to their practice. Despite this fact, organized medicine was determined to keep control of the practice within the medical profession. In the mid-1980s, when the Government started to listen to traditional practitioners, the CPSBC suddenly announced "the College's position on the administration of acupuncture."[53] For the purpose of medicalizing acupuncture, bearing no reference to the fact that acupuncture derived from TCM, the CPSBC defined acupuncture once again completely in Western medical terms:

> as a form of stimulation to and through the skin, muscles or nerves, by needles or by other means with similar effect as needles, to initiate change in the locally treated tissues or peripheral, autonomic or central nervous system to bring about therapy of disease. Regardless of the method used it is deemed to be a medical procedure.[54]

After twelve years of involvement in acupuncture committees, the CPSBC failed to deliver concrete advice to the Minister of Health and, further pressured by public demand for availability and quality of acupuncture service, in 1984 the CPSBC introduced steps to

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[52] Quote from the Deputy Registrar's letter to C. Michael Bryan dated May 7, 1984.
[53] See CPSBC's *Newsletter*, Jan/Feb, 1985.
[54] Ibid.

regulate the practice of acupuncture by physicians. The College created an unofficial register for physicians who had a particular skill and interest in the administration of acupuncture. This initiative made medical control of acupuncture more official. The College set its standard of training for physicians to perform acupuncture to be: a) a course of approximately 200 hours provided by the Acupuncture and Pain Clinic at the Vancouver General Hospital; b) satisfactory completion of the three levels of courses offered by the AFC and passing the AFC's examination.

The British Columbia Medical Association (BCMA) decided to follow the steps of the CPSBC in policy-making at a time when many American states had already granted the right to practise acupuncture to traditional practitioners. Closer to home, the neighboring province of Alberta was considering establishing acupuncture by non-physicians as a health profession. In 1986, the BCMA confirmed its position on this issue with five resolutions. First, the BCMA endorsed acupuncture as a therapeutic modality in certain pain management cases. Second, the BCMA recognized the CPSBC's position that acupuncture should be practised within the confines of the *Medical Practitioners Act*. The resolution three is quoted below in its entirety:

> Non-physicians and physician applicants without license to practise medicine in B.C., who wish to practise acupuncture may fulfill certain prerequisites by having degrees in medicine, nursing or physiotherapy. They should only practise acupuncture as a supportive allied health worker in a hospital or University sponsored clinic affiliated with a medical faculty set up specifically to handle acupuncture treatment, and supervised and directed by a licensed physician.[55]

Fourth, the BCMA should encourage the establishment of "Pain Clinics" with acupuncture capabilities. And, fifth, the BCMA would co-operate with the Government and other

[55] The BCMA's Resolution on Acupuncture, released on January 27, 1986.

agencies to establish policies and standards affecting the role of acupuncture within the established medical care system.

According to resolution three, acupuncture by lay practitioners was in fact allowed on condition that they would practise as a subordinated "health worker," that they would practise in a medical institution, and that they would be under direct physician supervision. This was more of an exercise in public relations to ease the tension with the public and the Government. Practically, the positions available for acupuncturists to work in medical institutes were extremely limited. However, this was still a gesture of concession of a proud profession with the attitude of "We know best."

It was not possible to analyze the attitudes of organized medicine in BC toward the practice of acupuncture without introducing Dr. Murray Allen to the scene, a specialist in musculoskeletal disorders and Professor in Kinesiology at Simon Fraser University. Allen was one of the earliest Canadian physicians to engage in learning and practising acupuncture. He made a great contribution in introducing acupuncture as a treatment modality to medical practice in Canada. He also engaged heavily in acupuncture politics. Ever since the early 1970s, he had informally served as a policy adviser to the CPSBC and BCMA. On behalf of the CPSBC and the BCMA, Allen was the principal author of some of the position papers regarding acupuncture of these two powerful medical organizations.

Traditional acupuncturists were using the therapy to address a wider range of health problems. Allen felt that acupuncture's role was far more limited and most useful in the relief of pain by raising endorphin levels. He felt that acupuncture should be used as an adjunct in combination with physical therapy regimes and medications to handle primary diseases. He also advocated acupuncture in certain kinds of drug and smoking dependency.

Acupuncture's future in medicine, according to Allen, should be as a component in a whole treatment program, "Let's get rid of the garbage, use acupuncture where it has its best benefits and be a little more selective and specific about the way in which it's used."

Medicalized acupuncture had its merits because it was relatively easy for physicians to learn and its main purpose was for the relief of pain. Its promoters believed that it was a form of acupuncture superior to the traditional form of Chinese acupuncture because they knew why it worked and how to perform it. In fact, they believed that some day the Chinese would come here to learn scientific acupuncture from them. If acupuncture worked in ancient times, it worked for the wrong reasons, because the traditional theories were false. In 1984, BC Acupuncture Committee organized a three-day (May 4-6) symposium at Simon Fraser University to teach acupuncture to physicians and interested dentists and physiotherapists[56]. The title of the Symposium was quite clear: "Acupuncture – The Western Approach to Pain Management." The Chairman of the Committee and Symposium Coordinator, Dr. Murray Allen, addressed the attendants of the Symposium:

> It is time to think ahead. The future of acupuncture is here with us today, right here, right now. You are living the future this very moment, and the momentum that we gain from today onward will set the stage for the role of acupuncture in our society. We do not have to travel to the orient, or to any other land of mystery to learn about acupuncture. They should be coming to us. Right here are the Gurus, and by the end of this [three-day] course you will know what these so-called mysteries were, and they will not be mysteries any more, and you will have become one of the Gurus yourself.[57]

Since 1985, Allen had done less and less acupuncture because other Western approaches often worked better. Besides, Allen was concerned that the patients' dependency on acupuncture for feeling good could increase health care costs. Regular

[56] See information flyer and course material of the symposium.

[57] Quoted from AABC, *The Future of Acupuncture in B.C.: The Public's Choice*, (Vancouver, 1984), p. 13.

acupuncture treatment could make a person feel a sense of well-being, more relaxed, more energetic and happier, similar to the effect of regular physical exercise.[58]

After the mid-1980s, many physicians had adopted a more open-minded attitude toward the practice of acupuncture by non-physician practitioners as long as they would not represent themselves as medical doctors. But the CPSBC and BCMA had maintained their unassailable view that only doctors should be entitled to perform acupuncture. They had always advised their members not to refer patients to acupuncturists without medical supervision. This was contrasted with the liberal approach adopted by the Acupuncture Foundation of Canada (AFC), a national organization representing medical acupuncturists. The AFC openly supported the regulation of acupuncture practised by non-physician practitioners ("street quacks" as referred to by opponents) as a self-governing health profession in the 1990s.

During the 1992 public consultation process on the possibility of designating acupuncture by traditional practitioners as a health profession, the CPSBC strongly protested any movement in that direction. They submitted their statements, reports and opinion papers to the Health Professions Council (HPC) and clearly declared, "The College cannot support the designation of acupuncture as a self-governing profession," because it was definitely not a profession but only a medical modality.[59]

The above-mentioned opinion paper ruthlessly criticized the "quacks" who were demanding self-regulation for their lack of self-criticism and their unwillingness to give up

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[58] The above information was largely drawn from Helena Zukowski's interview with Allen, "Pressure Points: Dr. Murray Allen's Exploration of Acupuncture," *Physicians' Management Manuals,* 12, 11(November 1988): 124-127.

[59] Letter from the Registrar to the Council dated April 10, 1992.

"useless" techniques such as auricular therapy and laser acupuncture.[60] The "quacks" did not conduct or even read scientific research on acupuncture. Therefore, their supposed profession would be "based on ignorance." According to the College, non-medical acupuncturists also caused serious complications because of their inability to make a diagnosis, to apply specific therapy and to detect the complications of the treatment. The medical profession, however, had found out how acupuncture should work and discarded "the garbage" that was associated with the traditional approaches. Above all, the current crop of doctors had already fulfilled the acupuncture needs of the province. Thus it was unnecessary to create "a profession" in this area. In 1992, there were about 100 doctors registered with the College as capable of applying this procedure. Allen estimated that 300 doctors used this technique "as required" and less than five practised it exclusively.[61]

The 1992 public hearing on the designation of acupuncture was very unfavorable to organized medicine. Among a dozen health professions consulted in the province, only the College of Dental Surgeons of BC was on the medical side. The HPC members seemed to incline to presentations that supported the concept of "self-regulation" for acupuncturists. At the hearing, Allen's wording was still pretty sharp but he stopped short of calling acupuncturists "quacks" because many of them and their supporters packed the room. The

[60] Auricular therapy refers to the technique that acupuncture stimulation is applied to the acupoints in the ears. For more information, see Appendix 5. Laser acupuncture refers to the technique that acupoints are stimulated with laser beams instead of needles.

[61] Murray Allen, "Acupuncture: A Treatment or Profession?!," part of the document package submitted by the College to the Health Professions Council on April 10, 1992.

CPSBC would like to see acupuncture performed by doctors only. At the very least, patients should consult a physician before an acupuncturist could carry out a treatment.[62]

The AFC was also invited to the public consultation process. Dr. Linda Rapson, President of this organization, called for a greater trust and cooperation between physicians and acupuncturists. They should refer patients to each other for the sake of the patients. Patients should not be denied access to pain and symptom management with acupuncture during the course of investigation. To be fair, anyone, physicians and acupuncturists alike, could miss a diagnosis. One should not take it as an opportunity to criticize the acupuncturists for a lack of medical knowledge.[63]

The AFC offered a definite (to some people a surprising "No") answer to the critical question of whether the medical profession should supervise the practice of acupuncture by traditional acupuncturists. Even though the AFC recommended that the prospective college of acupuncture have a medical component, the AFC declared, "Supervision of acupuncturists by the medical profession does not seem to us to be necessary or practical," except for the acute, serious, life threatening situations that the BC Acupuncture Advisory Committee listed in their 1991 Report.[64]

The AFC's 1992 position on this matter went further to convince the medical profession to be more open-minded to acupuncture and its traditional practitioners. I interviewed a BC

[62] I hold a full copy of the video tape recording of the hearing. *The Vancouver Sun* reported this hearing, "Acupuncturists Seek Regulation of Practitioners," 28 October 1992.

[63] AFC's submission to the HPC of BC in 1992, p. 3. Please also consult the section entitled "Changing Attitude of the Medical Profession."

[64] AFC's submission to the HPC of BC (1992), p. 5. Also see *Report of The Health Minister of British Columbia's Advisory Committee on Acupuncture, 1991*, p. 23.

physician after the 1992 Public Hearing and he could not believe that the following words were actually coming from a fellow medical colleague (Rapson on behalf the AFC):

> It would seem reasonable for the College of Physicians and Surgeons of B.C. (and all provinces) to take an initiative to encourage their members to take a serious look at acupuncture as a safe and effective modality of treatment which has the potential to help them find solutions to an increasingly costly, high-tech style of medicine which includes a significant iatrogenic component.[65]

At the Public Hearing, two medical organizations became opposed to each other. The CPSBC's submission included a list of "other serious complications [that] have also been reported in the literature, all in the hands of non-medical advocates." The AFC checked the list out item by item against the original journal articles and made an additional submission to the Council to point out the misinformation of the CPSBC.[66]

To strengthen their arguments, the CPSBC submitted a second package of documents to the Council. Among other documents was a position statement entitled, *Acupuncture: A Medical Act.*[67] In this lengthy document, Drs. Handley and Allen listed twelve reasons why acupuncture should remain as a medical act. For example, the CPSBC continued to conduct continuing education courses to make sure doctors were qualified and available to serve the patients with acupuncture service. Lay practitioners were not really excluded because CPSBC had applied provisions within the regulations "to allow the practice of

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[65] AFC's submission to the BC HPC (1992), p. 5.

[66] See AFC document entitled "Misinformation" submitted to the Council shortly after the Hearing. The Council's consultation was an open and transparent process. It was not possible to reach "back door" deals between the Council and any other parties. Submissions and other information were in the public domain except for personal privacy. In addition to the public hearing, concerned organizations and individuals could request information from the Council. Therefore, some parties used the process and made more than one submission to clarify their own positions and interpret the others to the Council. Rapson had some analysis of the BC consultation and hearing on acupuncture. *See Acupuncture Canada*, (Spring 1993): 3-5.

[67] *Acupuncture: A Medical Act* prepared by Drs. T.F. Handley (Registrar) and Allen, who also represented the College at the Hearing held on October 27, 1992.

some non-medical acupuncturists under the direct supervision of a qualified doctor." Indeed, as long as acupuncture remained within the realm of medicine, the CPSBC had become more flexible in their wording.

With nineteen arguments, they also emphasized that acupuncture should not become a distinctive profession of lay practitioners. The claims that acupuncture could be safely used for conditions of "lifestyle", "unease" and for maintenance of "life forces", etc. were misleading. The so-called benefits of good feelings could be misinterpreted as "cure, therefore an addiction can develop in hopes of maintaining the "goodness."[68] In summary, acupuncture was just an adjunctive form of treatment for properly diagnosed disorders, which was already safely provided by physicians in the province. The true public demand and the safety of this practice should be reassessed. A letter from a physician who had used acupuncture for years said that non-physician practitioners often misdiagnosed referred pains.[69] Consequently their acupuncture treatments cost more money and delayed proper treatments for the patients.

On behalf of the CPSBC, Drs. Handley and Allen exercised their uncompromising professionalism to protect medical sovereignty and to guard public safety. The HPC undoubtedly felt the pressure from the CPSBC. Despite the strong opposition from the CPSBC, the Council recommended to the Minister of Health that acupuncture should be regulated as a self-governing profession. Nevertheless, the CPSBC's efforts secured the

[68] Handley and Allen, *Acupuncture: A Medical Act*, p. 2-4.
[69] The letter was also enclosed in the CPSBC's second submission to the Council.

physician's rights to practise acupuncture and assured that certain limitations and supervisions were required when it was practised by traditional practitioners.[70]

In conclusion, the CPSBC and the BCMA had been very hostile to the idea of independent acupuncture practice by non-physicians. Over the years, the College threatened numerous traditional acupuncturists and took legal action against them.[71] They had maintained their hard-line position since the early 1970s, namely: acupuncture, as a treatment modality, should only be performed by a licensed physician or under his/her supervision.

MEDICALIZATION OF ACUPUNCTURE & THE AFC

At the beginning of the 1970s, the medical associations were mostly interested in acupuncture analgesia for surgery. Obviously, here they saw a close connection between acupuncture and a highly technical aspect of Western medicine: surgery. To journalists and TV viewers, operations under acupuncture analgesia were more fascinating and newsworthy than ordinary acupuncture therapy. Nevertheless, it was not a technique attractive to general practitioners and patients with chronic conditions. They were rather concerned

[70] BC Health Professions Council, *Recommendations on the Designation of Acupuncture* (Victoria: Government of BC, 1993).

[71] See Chapter 7, under "British Columbia."

about how it worked as an everyday clinical therapy.[72] Interested physicians went to Canada's big cities for short courses and some of them went as far as Taiwan and Hong Kong not to learn acupuncture anesthesia, but to learn the therapy. By the time Canada sent a delegation of anesthetists to learn acupuncture analgesia in 1974, acupuncture treatment was readily available in Canada from non-physician acupuncturists and physicians alike.[73]

It was widely believed within the medical profession in the early 1970s that physicians could easily learn acupuncture, since they had already mastered biomedical and clinical sciences. As a matter of fact, they claimed that physicians could be better acupuncturists than traditionally trained acupuncturists because the latter did not really know what they were doing. While using acupuncture, doctors could conduct a Western style physical examination, make a medical diagnosis, and monitor the overall conditions in scientific medicine. Theoretically this was the reasoning why acupuncture should be medicalized. Practically, medicalization of acupuncture had been a worldwide phenomenon since the early 1970s. In Europe, medical acupuncture associations were set up in most countries, and began to publish journals and bulletins.[74] In 1972, an American physician named Frank Warren published his manual for medical doctors entitled *Handbook of Medical Acupunc-*

[72] Acupuncture had been traditionally used more as a therapy than as an anesthetic method for surgery. In the electronic data base Medline covering the period from 1966 to 1994, there are listed 4342 entries for acupuncture as a general term including acupuncture anesthesia, acupuncture therapy, electroacupuncture and meridians, acupuncture points, etc., in which acupuncture anesthesia has only 35 entries. Medline database was indexed from approximately 3,600 journals published worldwide.

[73] From a letter to the editor of the *CMAJ* (March 16, 1974), we find that some physicians who were practising acupuncture criticized the CMA's agenda, and they did not see the usefulness of applying acupuncture analgesia in place of anesthesia. They said, "Other uses of acupuncture are far more important than this."

[74] In Europe as in North America, medical acupuncturists and traditional acupuncturists had been totally separated in terms of their associations, publications, and training facilities. Limited communications between the two groups had started in some cases since the later 1980s and the 1990s.

ture to make acupuncture practice consistent with medical concepts and then the American Medical Acupuncture Society was founded in 1973.

In fact, Westerners had never appreciated traditional Chinese medical theory in its original form until the early 1970s when TCM became one of the favored treatments during the ongoing holistic health movement. Medicalization of acupuncture began as soon as it was introduced to the West (Europe) in the 17th century.[75] Acupuncture was quite popular in the 19th century Europe, but it was largely treatment oriented, an isolated technique without "Oriental mysterious theories" attached. Nineteenth century American acupuncture followed the European model. It was detached from TCM philosophy and, if necessary, only existing Western medical theories would apply.[76] Osler's acupuncture was already medicalized. No TCM concepts were ever used but "thrust" of needles "at the seat of the pain." [77] The medicalization of acupuncture in the early 1970s led to the formation of the Acupuncture Foundation of Canada (AFC). This organization promoted simplified acupuncture procedures to a large number of physiotherapists and a smaller number of family physicians, dentists and veterinarians.

The real purpose of declaring acupuncture a medical act in Canada and making acupuncture services available in research centers was to drive non-physician practitioners out

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[75] For example, Ten Rhijine (1647-1700), a Dutch East India Company resident physician and one of the first Western medical men to study Chinese acupuncture, was trying to conform the meridians to "blood-vessels, veins and arteries," the concept of Yang to Galenic-Aristotelian "innate heat," the concept of Yin to "radical moisture," etc. (See Lu and Needham, 1980, p. 270-276)

[76] As Robley Dunglison said: "As a rule, the seat of pain will indicate the place where the needle should be introduced; but where the feelings of the patient do not indicate the spot, it must be suggested by our knowledge of anatomy and physiology." See Robley Dunglison, *New Remedies* (Philadelphia: Lea and Blanchard, 1839), p. 29.

[77] William Osler, *The Principles and Practice of Medicine* (New York: D. Appleton, 1892), p. 101.

of this field. The provincial medical colleges and medical associations did not encourage their members to study acupuncture and had no plans to set up training programs and standards for physicians to practise acupuncture. The Canadian Medical Protective Association (CMPA) even passed a policy which discriminated against those who were practising acupuncture in their own settings. The Council of the CMPA served a notice that:

> Members of the association are eligible for assistance in matters arising out of acupuncture only if the acupuncture has been done as part of an investigative study sponsored, approved and supervised by a recognized research authority at a hospital or university.[78]

After applying acupuncture in their own practice, a group of physicians convinced themselves of the value of acupuncture as a treatment modality. In 1974, seven enthusiastic physician acupuncturists including Elie Cass, Clifford G. Woolfe, Carmen Kong, etc. created the Acupuncture Foundation of Canada as a physicians' association for learning and practising acupuncture with its headquarters in Toronto. Cass was the President. He criticized the OMA for being "out in never-never land." He said, "The demand for acupuncture is overpowering. The need is there – people are suffering."[79] Woolfe said, "If the practice of acupuncture is confined to health sciences centers for research purposes alone the medical profession will lose it to the non-medical practitioners."[80]

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[78] Important Notice to Members about Acupuncture (CMPA, 1975).
[79] See *CFP*, (February 1975): 21.
[80] C.G. Woolfe, "To the Editor," *CMAJ*, 110, (March 16, 1974): 614.

Teaching "Anatomical Acupuncture"

One of the AFC's primary objectives was to establish regular seminars to train doctors who were interested in using acupuncture. The AFC started its acupuncture training courses immediately and offered twenty lectures for licensed physicians in 1974. In a letter to the *CMAJ* editor published in April 1975, Elie Cass wrote, "In six introductory seminars and one intermediate workshop, over 300 doctors and dentists have been given instruction that is comprehensive and of high quality." In early lectures only classic acupuncture was taught. The "Oriental mysticism" puzzled those "scientifically" minded doctors and made them scratch their heads. Even if the lecturers had really mastered the basic theories and clinical skills of traditional acupuncture, they simply could not make the doctors comprehend such a complex system of philosophy and therapeutics in a short seminar course.[81]

Then the AFC started the process of medicalizing the contents of acupuncture by introducing anatomy, physiology, and medical diagnostics into this ancient healing system. In 1975, Dr. Joseph Wong introduced his system of anatomical and physiological approaches to acupuncture, which fundamentally changed the nature of acupuncture taught in this institute. Though some traditional experience in acupoint selection was retained, the theoretical system of TCM had become largely irrelevant. Medical history, physical examinations and diagnoses were made in accordance with Western medicine; acupuncture meridians and acupoints were located according to Western anatomy and topography; and acupuncture mechanisms were explained with the theories of Western physiology and

[81] As early as in 1972, Murray Allen and others conducted a seminar at the UBC Faculty of Dentistry.

physical medicine.[82] Wong's approach was called "anatomical acupuncture" which was endorsed by the AFC and his contribution was highly regarded by members of the Foundation. Past president of the AFC, Dr. Jack Richman remarked in 1983:

> It was Joe Wong who took us out of the darkness when we were groping to find an explanation of the way acupuncture works. It was his understanding of anatomy which encouraged others, such as Richard academically and myself theoretically, to look more deeply at the physiological effects of stimulation of the nervous system and which led me to use the term "percutaneous peripheral nerve stimulation".[83]

How could a system of medicine and techniques be learned in just 20 hours? Traditional acupuncturists ridiculed AFC's weekend acupuncture program. It had also caused some concerns among the members of the medical profession. Dr. S.C. Man of Manitoba thought a minimum of 6 months training should be required for a physician to learn acupuncture: three months in theory and three months in practice.[84] Dr. Shute, who reported acupuncture in the *CMAJ* earlier in 1972, commented on this issue in 1975:

> I feel very strongly, however, as I am sure you do yourself, that to insert one acupuncture needle without at least three years training in reputable clinics, is impermissible. The use of an M.D. degree for malpractice of a new science is nothing less than prostitution of the truth as we know it and the dignity of my own profession.[85]

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[82] Finally Joseph Wong published his teachings in a monograph, *A Manual of Neuro-Anatomical Acupuncture* (Toronto: J.Y. Wong, 1999). Also see Joseph Wong and Richard Cheng, *The Science of Acupuncture Therapy* (Toronto: 1987), first edition in 1983.

[83] Jack Richman, "Foreword" to Wong and Cheng, 1983.

[84] *CFP*, (January 1975): 23.

[85] Letter of W.B. Shute to Oscar Wexu dated June 23, 1975. In 1979, he further commented: "I stressed the importance of adequate training in acupuncture before it was allowed to be practised. I warned very specifically that it could very easily and might foreseeably become the happy hunting-ground of quackery both inside and outside of our own profession from inadequate training, short superficial courses and imperfect teaching." Statement issued by Shute dated September 7, 1979, quoted from the WAA's Submission to the BC Ministry of Health (Vancouver, 1981).

The AFC opened its acupuncture clinic in March 1975 in Toronto "to allow doctors to observe and work under experienced senior members of the foundation."[86] Dr. Linda Rapson was one of two full-time staff physicians working in this clinic. She had to close her 15-year-old general practice to assume this position. Some of her colleagues thought she was either "crazy" or "getting lost" with Oriental mysticism. In two years, some 3000 patients were treated there. Two years later, she became the medical director for the AFC. Rapson remained at the centre of the AFC leadership and became one of the most-respected medical acupuncturists and educators in the whole continent.

In a 1977 announcement, the AFC declared that its membership consisted of physicians, dentists and veterinarians committed to incorporating acupuncture into their professional practices. From 1974 to 1977, over five hundred doctors were trained in AFC seminars.[87] The AFC also started to establish ties with international organizations of acupuncture. Since August 1977, the AFC had published a lively newsletter called *Acupuncture Today* with teaching activities, research reports, case histories and plenty of photographs illustrating the teaching and practice of acupuncture in this organization.

The AFC established its acupuncture examination for physicians and dentists in 1977. One hundred hours of acupuncture training were required to sit for the examination. On October 3, 1977, the AFC held its first ever examination in Toronto, which consisted of a written section (multiple-choice) and a practical section. Eighteen out of twenty-one candidates passed the test and received AFC certificates.[88] The AFC informed provincial

[86] See *CMAJ*, 112, (1975): 933.

[87] *Acupuncture Today*, (October 1977): 6.

[88] "First examination in Acupuncture for physicians and dentists held by the Acupuncture Foundation of Canada," *Acupuncture Today*, (December 1977): 5. Joseph Wong (Chair), Carmen Kong, Clifford Woolfe (died in 1988), Ian E. Purkis (died 1994) and

CPSs and provincial Colleges of Dentists of the examination. Some provincial CPSs, medical associations, and the College of Family Physicians of Canada started to endorse the AFC's training of medicalized acupuncture. By the end of the 1970s, three provincial colleges (Alberta, BC, and Saskatchewan) had informally credited the AFC program as a requirement for physicians to use acupuncture therapy.[89]

Organized medicine gradually adopted the approach of medicalizing acupuncture. For instance, in the late 1970s, the core members of the AFC were also core members of the OMA's Acupuncture Committee. Acupuncture was then defined as:

> A procedure of stimulating the neuroendocrine system, traditionally by the insertion of needles through the skin or mucous membrane at one or more specific points, and without the injection of any substance, to effect a therapeutic and /or analgesic response in a patient.[90]

To the AFC and the OMA, acupuncture was perceived as an act of inserting needles through the skin to stimulate the nervous system. Richman of the AFC, also Chairman of the Acupuncture Committee of the OMA, suggested an even simpler definition for acupuncture: "PPNS - percutaneous peripheral nerve stimulation."[91] It was recognized by the AFC as a useful technique for pain management. The use of acupuncture for other health conditions and as a means of promoting health was not encouraged. This was why many traditional acupuncturists thought that acupuncture needles in physician's hands could not show their full potential.

Edward Sheffman were the examiners. The examiners were given a "grandfather clause" and exempted from the examination. An external examiner Y. King Liu was invited for the event.

[89] The highest standards were set up in Québec in 1975, which required physicians to have 300 hours of formal training to practise acupuncture. The CPMQ recognized later that the AFC program could be part of the required 300 hours training.

[90] Jack Richman, "Acupuncture update: learning from experience," *Ontario Medical Review*, (December 1979): 614-616.

[91] Jack Richman, "Acupuncture Update: Learning From Experience," p. 614.

The AFC teaching program was well positioned in the 1980s. It advertised its program to Canadian doctors as "the medicine of yesterday and tomorrow is being taught today." The courses were more standardized. Starting from 1982, the admission of physiotherapists to its teaching program revitalized the AFC program. In the 1990s, the AFC further integrated traditional Chinese acupuncture to its programme for advanced students and the organization also made its courses available in French in Quebec. Over the first two decades, the AFC's teaching programs had developed greatly.

Table 4: The Development of the AFC Teaching Program, 1970s-1990s[92]

AFC	INTRODUCTORY	INTERMEDIATE AND ADVANCED		
1970s	Early seminars (74-76) Monthly half day (77-78) 3 day introductory (79)	Intermediate workshop Monthly half day seminars Continuing education		
1980s	Part 1: Introductory	Part 2A: Intermediate Part 2B: Advanced	Part 3A Part 3B	
1990s	Part 1: Introductory (available in French also)	Part 2A: Intermediate Part 2B: Advanced	Part 3A Part 3B	Classical A Classical B Classical C

Changing Attitudes Toward Traditional Acupuncture

In the 1970s, the AFC aimed at training doctors in acupuncture and preventing the practice of acupuncture by non-physicians. On government task forces, the AFC always discouraged the practice of acupuncture by non-medical practitioners. In the mid-1980s, the AFC was still very hostile to the ever-growing force of traditional acupuncturists. To a great

[92] This table was made according to AFC teaching program information collected by the author.

extent, due to the AFC's unfavorable input, the 1984 Ontario Health Professions Legislative Review (HPLR) reached a conclusion that acupuncture ought not to be regulated in Ontario.[93]

In the early 1990s, the circumstances were very different from the previous decade. Traditional practice of acupuncture had become a major force to meet the public need for services in complementary medicine in North America. Acupuncturists were much better organised than before and they were more effective in lobbying the government for legislative change. Over twenty American states had already allowed the practice of acupuncture by non-physicians through legislative recognition. In Canada, Alberta recognized and regulated lay practice of acupuncture in 1991. By the end of 1991, acupuncturists and the medical profession in Quebec had reached a consensus on self-regulation for acupuncturists.

In the meantime, entering its third decade, the AFC was firmly established and its achievements were much praised by the medical (especially the physiotherapy) communities in Canada. The AFC no longer felt intimidation from and the possibility of being controlled by the non-physician acupuncturist groups. The process of establishing separate colleges for acupuncturists might be delayed, but it seemed inevitable. Therefore, the AFC adopted a cooperative manner with acupuncture associations on the issue of acupuncture legislation as long as the AFC members could remain in the game and continue to practise this art as well:

> In our view, members of the professional groups which make up our membership ought to be regulated only by our respective regulatory bodies and not by a provin-

[93] For details, see Chapter 8, under "Ontario."

> cial college of acupuncture and we should be permitted to state that we use acupuncture within our practice or are "medical acupuncturists".[94]

Rapson emphasized that acupuncturists should realize the limitations of their services and should send their patients back to their conventional doctors if conditions warranted such needs. Moreover, as she stated in 1992:

> There are many people who depend on practitioners of naturopathy, chiropractic, acupuncture and other therapies and dislike allopathic medicine to the extent that they might die from cancer rather than undergo chemotherapy or radiation. In a free and democratic society that should be their choice, but they should be informed as well as possible before they make their decision.[95]

Therefore, the AFC encouraged good cooperation between physicians and classical acupuncturists. Since the early 1990s, the AFC had built up some communication channels with non-physician acupuncture and TCM associations such as the AABC, the ASA and has been part of the Ontario Coalition for the Regulation of Acupuncture (OCRA). For some acupuncturist leaders, the association with the AFC was quite an emotional issue. On the one hand, they were discontented with the AFC for lowering standards of training and disliked the AFC for promoting the practice of acupuncture by other health professionals as an "adjunct modality." On the other hand, they felt that alliance with the AFC would speed up the process of making traditional acupuncture a regulated health profession.

In the middle of the 1990s, the AFC had grown to be an organization sizable enough to compete with the largest Canadian non-medical acupuncture association the CMAAC.[96] Internationally, the AFC had established relations with the Pan Pacific Medical Acupuncture Forum in 1988, the WFAS around 1990, and the NAFTA Acupuncture Commission in

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[94] AFC's submission to BC Health Professions Council (1992), p. 2.

[95] AFC's submission to BC Health Professions Council (1992), p. 4.

[96] By May 1994, the AFC's membership had reached 563 coming from all twelve Canadian provinces and territories. See AFC's *Annual Report, 1993-1994*, p. 5. Forty per cent of the membership was from Ontario.

1992. The AFC training program was praised as one of the best in medical acupuncture worldwide.

In the 1970s and 80s, acupuncture was introduced to AFC members mainly as a technique dealing with specific symptoms of pain. For personal interest, some members continued to read more on TCM based acupuncture. Over the years, their respect for traditional acupuncture had increased. Classical acupuncture was integrated into the AFC's advanced seminars in the 1990s. This resulted in an increased number of physicians referring patients to traditional acupuncturists and Chinese herbalists. In some cases, doctors had worked side by side with TCM practitioners to promote TCM (including classical acupuncture) to their existing patients. The number of such cooperative clinics was small and limited to major cities. However, it signified a change in attitude for the AFC and its membership.

Prominent Medical Acupuncturists

One such "West-East cooperation" occurred in the Rapson Pain Clinic in Toronto run by the AFC's President Dr. Linda Rapson. One informant said that, "Dr. Rapson has done nothing but acupuncture since 1975." In fact, she had maintained her conventional medical practice but successfully introduced acupuncture into it as the most-used treatment technique. She had been so open-minded that she employed traditionally trained TCM practitioners who used both acupuncture and Chinese herbal medicine. In a 1994 visit to her clinic, I was introduced to Dr. Yun Ye, a graduate of a five-year professional program in

TCM with advanced postgraduate training in TCM internal medicine. Ye said that the cooperation had been very beneficial to patients there.

Rapson treated a wide range of conditions. Her patients "are made up of people who are failures of Western medicine."[97] She had taught herself through all these years of practice of acupuncture to be highly effective and with almost no side effects. Many well-accepted conventional medical treatments had very serious consequences. She thought that the use of chemical drugs could be greatly reduced if non-traditional therapies such as acupuncture and TCM were more integrated into Western medicine. Patients coming to see their physicians should not always end up with a prescription. After all, the best doctors encourage the body to heal itself and prevent diseases from happening.

Rapson firmly believed that medical acupuncture should officially be part of regular medical practice. The OMA gave acupuncture an "interest section" in the spring of 1997 because of an application by a group of family physicians led by Rapson. Her goal was to make medical acupuncture a permanent medical specialty.[98] In the 1990s, Rapson received many awards for her contribution to the cause of acupuncture from organizations at home and abroad including the prestigious YWCA woman of Distinction Award for Medicine in 1991.[99] The American College of Acupuncture bestowed honorary fellowships on Rapson

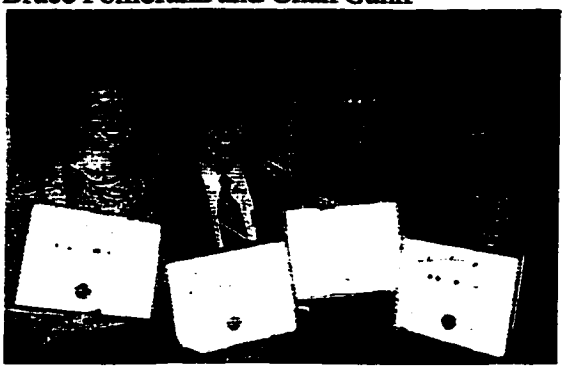
[97] Lynda Hurst, "Natural Medicine Breaks Through: How Alternative Remedies Are Finally Moving from the Fringe Toward the Centre," *The Toronto Star*, 17 January 1988, p. E1, E4.

[98] Ibid.

[99] Kirsteen Macleod, "Shattering the Barriers of Traditional Medicine," *Physician's Management Manuals*, 15, 9(Spring 1991), p31, 33. Roger Burford Mason, "A Toronto Doctor Gets Right to the Point," *CMAJ*, 157, 10(November 15, 1997): 1335.

and her Canadian colleagues, Drs. Steven Aung, Bruce Pomeranz and Chan Gunn in February 1992.[100] (See Figure 10)

Figure 10: Drs. Linda Rapson, Steven Aung, Bruce Pomeranz and Chan Gunn



Chinese-Canadian physicians had the advantage in blending the systems of Western and Chinese medicine into their practice. Dr. Fred Hui, past president of the AFC, had applied the combination of the best methods of Western and Chinese therapies after his graduation from the University of Toronto Medical School in 1980. With learning and practice, his respect for TCM increased. Since the early 1990s, Hui regularly employed traditional acupuncturists and Chinese herbalists in his office and he even invited senior experts from China for their on-the-spot advice. Hui had close relations with TCM practitioners in the local Chinese community and was a strong supporter of recognizing traditional acupuncturists by legislative means. He worked with other physicians to promote an open attitude toward complementary medicine within the medical profession.[101]

Another brilliant example was Dr. Steven KH Aung of Edmonton, Alberta. Born into a family with a tradition in Chinese medicine, Aung was an immigrant medical doctor from Burma and he obtained his Canadian license in the early 1980s. Since then, Aung had integrated medical acupuncture into his family practice. Being a core member of the AFC in Western Canada, Aung had carried out a successful acupuncture practice in a family

[100] *Acupuncture Canada*, (Fall 1992): 14.

[101] Janice Dineen, "East Meets West," *The Toronto Star*, 5 December 1994, Section E and Wallace Immen, "Looking East to Cure What Ails You," *The Globe and Mail*, 19 February 1997.

medicine setting since the early 1980s. In the meantime, he had been an acupuncture consultant for many hospitals in the Edmonton area. At the beginning of 1990s, Aung developed a medical acupuncture-training program at the University of Alberta. He was in favor of integrating acupuncture technique for interested health professionals and at the same time recognizing traditional acupuncture as a health profession. In 1991, Aung was appointed one of the examiners for the first Registration Examination for Acupuncturists in Alberta. Besides acupuncture, Aung had engaged in other traditional Chinese healing practices as well. In 1992 and 93, he became a hot news item because of his qigong workshops.[102] Qigong is a form of traditional Chinese exercise and healing arts that involves physical movements, regulating the breath and meditation.

Aung had been very active in the physicians' movement in complementary medicine. From 1987 to 1995, he participated in the organization of three World Congresses of Medical Acupuncture and Natural Medicine. The third congress was held in August 1995 in Edmonton, Canada. The integration of medical acupuncture and other natural therapies within biomedicine was the theme of the conference. Many Canadian medical acupuncturists and researchers were among the 300 participating physicians. Twenty years previous, doctors discussed at conferences how to take full control of the practice of acupuncture. Doctors at this gathering had no trouble letting traditional acupuncturists and

[102] Robert Walker, "Old Treatments Getting New Look from Physicians, Healing Workshop on Chinese Treatment Sees Healthy Interest," *Calgary Herald*, 27 October 1992 and Mia Stainsby, "Doctor Winning West to Chinese Healing Arts," *The Vancouver Sun*, 23 April 1993.

complementary medicine practitioners share the market. Instead, the congress called for physicians to keep an open mind on complementary health care.[103]

Dr. William LaValley of Chester, Nova Scotia, an energetic young physician in the field of complementary medicine, was also at the congress. Even in the 1990s, doctors who dared to integrate "fringe medicine" into their practice could still run into trouble with their own licensing authorities. Some of LaValley's medical colleagues accused him of "quackery", because he had been using acupuncture, botanical medicine and other unconventional therapies. The Nova Scotia medical board and medical society were investigating LaValley for charges of practising "bad medicine." A very loud mass protest forced the authorities to withdraw the charges. As a result of this public debate, the Nova Scotia medical profession adopted a more positive attitude toward doctors who blended conventional medicine with complementary medicine.[104] In 1994, LaValley chaired the Complementary Medicine Section of the Medical Society of Nova Scotia, the first such section within a provincial medical association in Canada.

It should be noted here that Dr. Murray Allen of Burnaby, BC was a highly successful medical acupuncturist and a widely published researcher in this area. He was associated with the AFC at one time. He took a different position on acupuncture politics than some of his medical acupuncture colleagues.[105]

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[103] M. Hope Spencer, "physicians should keep an open mind on complementary health care, congress says," *CMAJ*, (December 15, 1995): 1796-97.

[104] Sharon Kirkey, "The Other Medicine, William LaValley is Pushing Canada to Open its Eyes to Medical Alternatives," *The Ottawa Citizen*, 8 February 1998, p. D10-11 (two whole pages). This is a detail account of LaValley's practice of complementary medicine.

[105] For details see section above "Keeping Acupuncture Medical, the Case of BC".

Conventional doctors performing unconventional therapies are always a novelty, catching the public eye and of interest to the media. Medical acupuncturists had been great newsmakers from the local to the national level because their practices were controversial and their initial training and their way of medicine were different from their mainstream colleagues. In contrast, few traditional practitioners of acupuncture and TCM caught the attention of the national media, though many of them had been very popular in their local area. This might have been a result of their practices being regarded as a regular part of their community activities, and therefore less newsworthy. It might also have been due to their inability to work with the media because of language and cultural barriers.

POPULARIZATION OF ACUPUNCTURE AS A TECHNIQUE

During the early days, only MDs, dentists and veterinarians were accepted into the AFC seminars. The number of dentists and veterinarians who were interested in these seminars was always small and the number of those who actually used it was even smaller. By the end of the 1970s, physicians' enthusiasm for acupuncture research and practice dropped dramatically. For instance, the Acupuncture Group of some 200 doctor-acupuncturists, chaired by Dr. W.E. Spoerel, had been meeting under the auspices of the OMA for more

than two years. However, in May 1978 the OMA's Council voting group failed to recognize the group's "section" status within the OMA.[106]

On the one hand, physicians' enrolment in the AFC seminars was declining, because their enthusiasm had cooled. On the other hand, physicians did not need the AFC certificates to apply acupuncture. They were not required to keep up continuing education with the AFC. Some even failed to maintain their membership with the organization. If the AFC and its training program were to survive and to prosper, a new source of trainees had to be identified urgently.

In the minds of medical acupuncturists, acupuncture was mostly a therapy for pain and was easily learned by allied health professionals with the anatomical approach.[107] In the daily practice of physiotherapists, most cases they encountered were pain related. Unlike chiropractors who were still regarded by doctors as alien elements, physiotherapists were lower level workers within the recognized medical hierarchy. At the time, they still could not work with a patient unless he/she had a doctor's referral. Therefore, the physiotherapists were targeted as the new students and they were included in the AFC teaching program from 1982.

Making Acupuncture a Part of Physiotherapy

Like nursing, physiotherapy was traditionally considered an occupation subordinate to medicine. The opportunity to learn medical acupuncture techniques, offered by the AFC

[106] *The Ottawa Citizen*, 11 May 1978, p. T3. Also see, *Acupuncture Today*, (July 1978): 5.
[107] Linda Rapson, "Acupuncture: a Useful Treatment Modality," *CFP*, 30, (1984): 109-115.

promoted the using of acupuncture therapy within physiotherapy practice. In 1985, the Canadian Physiotherapy Association (CPA) declared that acupuncture was within the scope of practice of physiotherapists. Subsequently, provincial colleges and associations of physiotherapy adopted this policy and informed their members. These provincial regulatory bodies credited the AFC's training process which in turn boosted the AFC's teaching program.[108] The AFC's short training program armed many physiotherapists with an additional tool to accomplish their tasks at work. It was convenient for patients to access an extra treatment modality without even leaving the physiotherapy facilities and it could be effective at times for localized pain.

In a 1987 report, the President of the AFC, Dr. Rapson said that the organization had provided courses in the method of anatomical acupuncture to 2500 individuals in the previous 12 years including physicians, physiotherapists, nurses, naturopaths and those who had no other professional training but called themselves "doctor of acupuncture."[109] Many physicians did not directly apply the technique to their practice but they gained knowledge for referring suitable patients to physiotherapists and traditional acupuncturists. Some did use the technique for a short while, but abandoned it quickly because it was very time consuming and under no public health insurance coverage. The number of AFC trained physicians who carried on practising acupuncture in their daily work was very insignificant.

Therefore, in the 1990s, the AFC had become more of an educational institute for physiotherapists than for doctors because the physiotherapists tended to apply their newly learned skills to their work. For example, the program for 1991-92 attracted almost 250

[108] Information from a letter of Association of Physiotherapists and Massage Practitioners of BC written in April 1992.

[109] Claude Forand, "L'acupuncture en Ontario,"*L'Actualité*, (April 1987): 883.

new students to the beginner level seminar. The enrolment for other courses also met or surpassed the AFC's projections. It was as if acupuncture's golden age of the 1970s was returning. The administration also changed accordingly. Among the four executive members (the president, vice-president, secretary and treasurer) in the period 1991-92, three were physiotherapists.[110] The AFC established many more local chapters in the 1990s. Some of them were more like clubs for physiotherapy acupuncturists because they were mostly formed and chaired by physiotherapists.[111]

Though some physiotherapists did not feel confident enough to apply the art of acupuncture with only a few weekend seminars of training, most of them had no fear of using it on their patients as an adjunct to their daily practice. They had no reason not to administer this technique. Acupuncture had been officially included in their scope of practice and they were certified by the AFC to administer the technique.[112] Most physiotherapy clinics notified their patients of the availability of acupuncture service with signs or literature. When everything else failed, the patients would choose to give the needle therapy a try. In the early 1990s, acupuncture was available in physiotherapy settings all over Canada from coast to coast. From 1993 to 1996, I visited 15 physiotherapy clinics in which acupuncture

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[110] *Acupuncture Canada*, (Spring 1991): 2. The AFC's newsletter *Acupuncture Today* was renamed *Acupuncture Canada* in 1990.

[111] Interview information hold by author. Also see *Acupuncture Canada*, (Spring 1992): 16.

[112] Physiotherapists who successfully passed the AFC examination were certified and could bear the designation "C.A.F.C." after their names. It could be a good feeling to have an extra professional identity to help one's patients and to promote one's career. It took a few years for one to become a physiotherapist, but took only a few weekends to qualify as an "acupuncturist." In fact, the AFC certified them only to practise acupuncture as a treatment modality and did not certify them as acupuncturists. Despite the warning from the headquarters, some of the AFC certified identified themselves as acupuncturists anyway. Interview information held by author and also see *Acupuncture Canada*, (Spring 1991): 3 and the issue of Fall 1992, p. 4.

was used and found certain individual physiotherapists had transformed their practices to more acupuncture than physiotherapy. They spent more time practising acupuncture than applying physiotherapy techniques. In some provinces, physiotherapists could only serve patients referred by their doctors. However, acupuncture could be given without a physician's referral, an advantage in expanding their clientele and increasing the source of income.[113] The AFC President commented:

> The rapid introduction of acupuncture into physical medicine settings throughout the country, in many hospitals and clinics, had played a major role in the "normalization" of acupuncture. Its acceptance as an effective physiotherapy modality has opened the door further to its acceptance into other spheres.[114]

Judging from the information in Table 5, the AFC had evolved into an acupuncture certification agency for physiotherapists in Canada. In the 1990s, the newly certified were drawn more from physiotherapists than from the AFC's traditional source – doctors. In 1993, among the total of 50 successful candidates, 28 were physiotherapists (near 60 per cent).[115] Traditional acupuncturists had been concentrated in large urban centers. As part of physiotherapy, acupuncture treatment became available in many smaller centers.

[113] Interview information held by author.

[114] "President's message," *Acupuncture Canada: a newsletter of the Acupuncture Foundation of Canada*, (Spring 1992): 3. What were the other spheres? They would possibly be nursing, midwifery, massage therapy or chiropractic, etc. No details were given.

[115] *Acupuncture Canada*, (Spring 1994): 5. Neither dentists nor veterinarians were in the list.

Table 5: Acupuncture Practice Guidelines for PTs, MDs & VMDs, 1994[116]

Jurisdictions	Physiotherapists	Physicians	Veterinarians
Alberta	CAFC or CPMA	CAFC or CPMA	Not a part of VM
BC	C.A.F.C. suggested	C.A.F.C. or 200 hrs	No information
Manitoba	C.A.F.C. or AFC's part I plus U of M's 52 hrs	Adequate training	No information
New Brunswick	C.A.F.C. suggested	No guidelines	No guidelines
Newfoundland	Approval by the Health Ministry	No guidelines	No information
Nova Scotia	C.A.F.C. or equivalent	No guidelines	No guidelines
Ontario	Adequate training	No guidelines	No information
P.E.I.	C.A.F.C. or equivalent	No guidelines	No guidelines
Quebec	3 yr. acupuncture college training as acupuncturist	300 hrs	A part of VM, no guidelines
Saskatchewan	CPMA	CAFC or CPMA	No guidelines

Physiotherapists were very thankful to the AFC for introducing acupuncture to their practice. In November 1993, the Canadian Physiotherapy Association awarded an Honorary Membership to Rapson for being "instrumental in including physiotherapists as members of the A.F.C." and "a strong proponent for the use of acupuncture by physiotherapists."[117] In 1994, Rapson reported "there are teaching hospitals... where acupuncture is routinely used in the physiotherapy department by virtually all the therapists."

One such therapist Ms Kerr working in Halifax highly praised the situation, "Even in China, a client has to go to the acupuncture department to have acupuncture done. This is

[116] CAFC means certificate of AFC and CPMA means Certificate Program in Medical Acupuncture at the University of Alberta, Faculty of Extension. Main reference from *Acupuncture Canada*, (Spring 1993): 12-14. Also consulted the information package of the Alberta program CPMA, 1994. No guidelines means that acupuncture was part of the professional practice, but no specific standard had been established.

[117] *Acupuncture Canada*, (Fall 1993): 6.

more convenient here." She visited two Chinese hospitals on a tour and found that physiotherapists there were using virtually identical techniques and machines as in North America and they were not performing any acupuncture at all.[118]

Concerns about Physiotherapy Acupuncture

"Physiotherapists doing acupuncture" made exciting news in local media. However, the use of acupuncture by physiotherapists also raised some concerns among traditional acupuncturists and sometimes the patients. *The Ottawa Citizen* reported in 1994 that physiotherapists were using acupuncture to treat various ailments including sinusitis. "Ten physiotherapists at the Riverside [Hospital], who have a solid knowledge of anatomy, learned acupuncture during a two-day course and started treating patients with it in April, 1993." Another nine physiotherapists had been offering acupuncture for more than three years at the Queensway-Carleton Hospital. Since the physiotherapy program there was funded by the public health plan, there was no charge to patients for this therapy.[119] This was certainly unfair competition for local traditional acupuncture clinics.

Even if their acupuncture treatments were limited to the relief of pain, the advantages of acupuncture could not be fully accessed by their patients because physiotherapists would not be able to apply the TCM holistic analysis and approach. Sometimes a physiotherapist felt awkward in performing acupuncture under certain conditions but their patients demanded it anyway. The situation could therefore potentially harm the reputation of acupuncture as an effective therapy.

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[118] Interview with Ms Kerr out in June 1992 in Halifax. Information held by author.

[119] Elaine Medline, "Ancient Chinese Technique Finds Favor in Area Hospitals: Acupuncture Goes Mainstream," *The Ottawa Citizen*, 28 March 1994, p. B3.

Some patients felt very uncomfortable at the idea of physiotherapists practising acupuncture. A patient interviewed in 1991 said that he was suffering from a frozen shoulder and saw both a physiotherapist and an acupuncturist at the same time. He saw that acupuncture was practised very differently in the physiotherapy clinic compared with the acupuncture clinic. He told the physiotherapist, "No, thanks, I would rather have it done with my acupuncturist," when his therapist approached him with a needle. Chris, an Ottawa man, was suffering from severe back pain in 1995. He had twelve sessions of acupuncture at a local hospital's physiotherapy department, which did not help a bit. Then his friend referred him to a traditional acupuncturist and he started to experience remarkable improvement. His comment was brief, "physiotherapists do physiotherapy; acupuncturists do acupuncture."[120]

Acupuncture clients saw the difference between anatomical acupuncture and traditional acupuncture. In a letter to the editor of *Maclean's*, Mario Amato of Chatham, Ontario pointed out:

> Anatomical/clinical acupuncture is similar to an aspirin: the pain is temporarily suppressed but the underlying problem remains. To be an acupuncturist involves the study, understanding and application of a systemic body of knowledge of traditional Chinese medicine. The practice is Chinese medicine; one of the modalities is acupuncture.[121]

Occasionally, physiotherapists became highly devoted to acupuncture technique after initial seminars and applications. They wanted to pursue the studies necessary to become classical acupuncturists. Ketty Michel was a physiotherapist in the Maritimes, the only acupuncture practitioner listed in her local yellow pages in 1992. She had taken a few short

[120] Interview information held by author. Similar scenarios appeared in chiropractors' offices because many of them also attempted to practise acupuncture after a short "study" trip to Sri Lanka. They called themselves both chiropractors and acupuncturists.

[121] *Maclean's*, (May 12, 1997): 4.

seminars from the AFC since 1982 and had been a member of the AFC. In her practice, she had been using both conventional physiotherapy and acupuncture, just for the good of the patient. She always practised the needle acupuncture instead of the laser or ultrasound stimulation. She attested that acupuncture was a more advanced therapy then regular physiotherapy in dealing with complicated problems. Over the years, she upgraded her skills and integrated more traditional acupuncture theory into her practice. She also benefited personally from acupuncture treatment and she said "acupuncture truly opened a New World for myself and my work."[122]

The CPA, at the national level, announced that a physiotherapist could practise acupuncture, but the provincial licensing board did not grant Michel as a physiotherapist the right to practise acupuncture. Referral by a physician was necessary for physiotherapy in her province. However, acupuncture was in the public domain and it could be given without a physician's referral. Patients' insurance companies would often pay her for acupuncture therapy because acupuncture worked better than traditional physiotherapy. Ms Michel would have liked to retire earlier from physiotherapy to learn more about traditional acupuncture and become a fully qualified TCM acupuncturist.[123]

Further Expanding the Source of Trainees

The glory, awards and media attention that the AFC received for its "promotion of acupuncture" drove the leadership to achieve more. The great success of introducing acupuncture to physiotherapists prompted some core members of the AFC to think about

[122] Interview with Ketty Michel on June 1, 1992.
[123] Ibid.

expanding their teaching program to other health professionals such as nurses, chiropractors, midwives and massage therapists alike. In early 1994, an Ad hoc Committee on Expansion of the AFC Education Program was established. "When you take the anatomical approach, you will find acupuncture is pretty easy to learn and apply, and it is still very effective." Some felt that they were able to teach just about anyone who possessed a sound knowledge of gross human anatomy. There was also a lot of resistance within the AFC to this expansion because of concerns about the "standards." Dr. John Kent said:

> If the AFC determines that chiropractors are eligible to take our courses, due to political or direct pressure and lobbying, I see no end to the lowering of our standards. Why not nurses, they learn anatomy? Why not massage therapists? Why not Medical Office Assistants? Why not any graduate of an Acupuncture College or anyone who's taken any college course in Anatomy, such as that required for Fine Arts degrees? There are many intelligent individuals who would be capable of passing our "enabling examination."[124]

Some AFC members were concerned that this expansion might run the risk that AFC's program would no longer be recognized by provincial medical colleges and medical associations in the long run, simply because provincial medical authorities would not be willing to associate with a lower standard of training. In the short term, this move could make traditional acupuncturists very unhappy. In the 1970s and 80s, acupuncturists had already cried out that the AFC's weekend programming was inadequate. Therefore, it was not good for the reputation of a healing art. However, no one could stop them from performing it since they were allowed to perform almost any healing technique according to the medical laws of the land. In the early 1990s, acupuncturists once again felt that their profession was threatened, seeing "needle therapy" performed in physiotherapists' offices. The vulgarization of acupuncture to other health professionals very much devastated traditional acupuncturists because they felt that this was going to deprofessionalize

[124] "Letter to the Editor," *Acupuncture Canada*, (Spring 1994): 6.

acupuncture. As a result, some hard-line leaders of the CMAAC would not go along with the AFC in pursuing acupuncture legislation in Ontario in the 1990s, even though they desperately needed the AFC's support in legislative issues.

From the late 1980s, the AFC had also opened the door for immigrant physicians and dentists who were unable to obtain licenses to practise medicine and dentistry in Canada. Immigrant physicians such as those from South Asia and the Middle East with sufficient proficiency in Canada's official languages could avail themselves of the "lifeline" provided by the AFC. They became instant acupuncturists after they completed the AFC's seminars and passed its examinations. For AFC members who were licensed health professionals, acupuncture had been in most cases an adjunct therapy. However, for AFC members who were immigrant doctors without licenses to practise conventional medicine in Canada, acupuncture had to be their full-time businesses. They had worked either independently or in association with licensed doctors.[125]

In 1995, the teaching and certification program of the AFC was federally incorporated and was named the Acupuncture Foundation of Canada Institute (AFCI). The AFCI supported "the inclusion of acupuncture as a method of treatment by health care professionals" and gave itself the mandate of setting up the acupuncture practice standard for health professionals in Canada. The range of health professionals who were qualified for the AFC membership was broadened to include: physicians, physiotherapists, dentists, chiropractors, naturopaths, registered nurses (baccalaureate) and immigrant physicians without Canadian

[125] Interview information held by author.

licenses to practise medicine.[126] In the mid-1990s, only a small number of physicians practised acupuncture regularly and almost no dentists applied acupuncture routinely in their practice. Therefore, the AFCI was promoting acupuncture as a treatment modality by a group of health professionals who were prohibited from making a conventional medical diagnosis by law and who were unable to reach a TCM diagnosis by training. The AFCI admitted the limitation of its training program by declaring that, "While our training program provides health professionals with a useful tool to be incorporated into their practices, it does not provide comprehensive acupuncture training."[127] In reality, the AFCI certified were all first-line health care providers who applied their acupuncture technique to their clients without "comprehensive acupuncture training.

CPMA Program

The other training program of medical acupuncture had been the Certificate Program in Medical Acupuncture (CPMA) at the University of Alberta, Faculty of Extension. Targeted at physiotherapists, physicians and dentists, this program officially started in July 1992 and was considered to be the first university-based certificate program in North America. The central figure running this program was Dr. Steven Aung.[128]

In 1984, Aung initiated a medical acupuncture course for physiotherapists and physicians at Grant MacEwan Community College in Edmonton. In 1985, Faculty of Medicine

[126] See AFCI information sheets entitled "Introduction and Membership, 1995-1996." Notably, veterinary physicians who were among the big three in the 1970s were no longer on the list.

[127] Ibid.

[128] See more information about Aung in previous section under "Prominent Medical Acupuncturists."

of the University of Alberta, established an Oriental Medicine Program offering elective lectures. Aung headed its Acupuncture Section. By the end of the 1980s, Aung had established in the Faculty of Extension a 206-hour medical acupuncture course. This was the predecessor of the CPMA. The CPMA had been a 200-hour training program divided into four instructional levels and distributed over eight weekends plus an examination. The orientation of the program was highly technical:

Table 6: CPMA Instruction Modules, 1994[129]

Instruction Levels	**Contents**	**Hours**
Basic Elementary Acupuncture	Basic concepts of TCM; Focus on meridian and acupoint location	48 hrs in 2 wkends
Fundamental Acupuncture	Indications, contraindications and precautions; Needling technique, diagnostics and treatment plan	48 hrs in 2 wkends
Microsystems of Acupuncture	Basic theory, clinical practice and medical application of hand, foot, scalp, nose and auricular acupuncture	48 hrs in 2 wkends
Clinical Acupuncture	Clinical instruction and practice in an actual clinical setting in a rehabilitation outpatient clinic	48 hrs in 2 wkends
Final Examination	Written and oral/practical	8 hrs

As of April 1994, the CPMA training was recognized by medical and physiotherapy licensing authorities in Alberta and Saskatchewan, the Alberta Dental Association and the College of Family Physicians of Canada (Alberta Chapter). Resembling the AFC program (but more extensive) in the 1990s, the CPMA trainees were overwhelmingly physiotherapists. Between 1992 and 1994, forty-one health care professionals had received their certificates from this program: 28 physiotherapists (about 70 per cent of total trainees),

[129] Table made according to information package of CPMA, 1994.

8 physicians and 5 dentists.[130] In June 1994, a patient in an Edmonton acupuncture clinic waiting room told me of his experiences of acupuncture as a straightforward technique and as a holistic medicine:

> Before I came to Dr. Wong, a physiotherapist had given me several acupuncture sessions. Every time, she put two needles to the painful spot in same position. Twenty minutes later, she would come back and remove everything. That was it, a session. Whereas in here, Dr. Wong (a TCM doctor) was also concerned with my health in general and he used more needles and some were not in the painful area. He always manipulated the needles to let me feel the energy and explained to me my symptoms and the treatment with Chinese medicine theory. I am now also taking Chinese herbs and I find that my condition has improved a lot.

If acupuncture were to be officially included within the regular physiotherapy curriculum, as a standard requirement, the AFC and CPMA seminars could eventually become obsolete to physiotherapy graduates. Since the early 1990s, acupuncture had already been taught in some physiotherapy programs across the country. In 1993, I interviewed a physiotherapy student Ms Laurie at the University of Ottawa who was taking this course (code PHT-2553). The instructor was a practising physiotherapist trained by the AFC. The Department of Physiotherapy assigned a co-ordinator for organizing the course in acupuncture. Ms Laurie said that acupuncture was taught as an effective drugless method for pain relief. She said that she did not understand the age-old TCM theories, but she could locate the corresponding treatment points by surface anatomical measurements.[131] Students welcomed the inclusion of acupuncture technique in their training program.

The two sections above explained the AFC's efforts in medicalizing acupuncture. Some acupuncturists and some doctors thought that medicalization of acupuncture was a failure internationally. So-called medical acupuncture was a treatment modality that had no

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[130] Ibid.

[131] Interview with Ms. Laurie on June 19 (Saturday), 1993.

roots in conventional medical theory. Medicalization of acupuncture created a form of acupuncture therapy different from traditional acupuncture. As Dr. Linda Rapson explained, "What we do anatomically with acupuncture makes sense. And if you can identify the muscle you want to help, the nerve that goes to the muscle and then put a needle in a position to stimulate that nerve and make big changes, how can anyone say that's not medical?" she asked. "We have a physiological effect with acupuncture that is quite measurable."[132]

After a quarter of a century of development, medical acupuncture as a treatment modality had come of age. With its own theory and practice, a body of practitioners, and training programs, most provincial medical authorities recognized medical acupuncture as a therapy in the 1990s. The communication between the two groups of practitioners of traditional and medical acupuncture had been established since the 1980s. For instance, physicians based in France founded the International Society of Acupuncture and started to admit non-physician acupuncturists with equal status.

The World Federation of Acupuncture-Moxibustion Societies (WFAS) was founded in 1987 with the participation of both medical and non-medical acupuncture groups in various countries. For health professionals who wish to use acupuncture as an affiliated technique, the WFAS recommended that they be certified with a minimum of 120 hours of studies in TCM theory related to acupuncture and a minimum of 100 hours of clinical training. They were designated C.Ac. (certified acupuncturist) upon the completion of their training.

In Canada, the relationship between the medical and traditional acupuncturists had been more harmonious in the 1990s. As shown above, a good example was the co-operation of

[132] Kirsteen Macleod, "Shattering the Barriers of Traditional Medicine," *Physician's Management Manuals*, 15, 9(Spring 1991): 31, 33. Quoted in 31.

the AFC in acupuncturists' pursuit of legislative recognition in various provincial jurisdictions, which I will discuss in Chapter 8.

CHANGING ATTITUDE OF THE MEDICAL PROFESSION

The attitude of the medical profession toward complementary medicines in general and acupuncture in particular had changed significantly both at the collective level and the individual level. Doctors had beome increasingly aware of the limitations of medicine. In the middle of the 1990s, they were much more receptive and "trusting in traditional cures," such as acupuncture and TCM than they were two decades before.[133]

In the 1970s, acupuncture was about the only unorthodox therapy appearing in Canadian medical journals, which was because of the sensational news reportage of acupuncture at the time and the subsequent research conducted in Canada. The influence of the larger society on doctors' viewpoints started to take an effect in the 1980s. Articles analyzing alternative therapies regularly appeared in popular medical journals such as the *CMAJ*, the *CFP* and the *Ontario Medical Review*. In 1982, an editorial entitled "the soft health path: a healthier future for physicians" in the *CMAJ* stated that the medical profession should not be a dominant member of the community health team and should work with other health

[133] Xue T, "Trusting in traditional cures" [letter], *Nature*, 379, 6561(January 11, 1996): 110.

care professionals to create a healthy community. The profession would be "healthier without its present compulsion to overachieve."[134] Once the medical profession realized its position in the health care market, the profession would feel less threatened by "the other" health care workers.

Many patients saw alternative health practitioners without the knowledge of their physicians mainly because of their fear of disapproval by their physicians.[135] It was better for the physicians to become informed and not to take a confrontational approach with their patients. For instance, in June 1984, the OMA Council approved a recommendation that the OMA would "study the feasibility of preparing information pamphlets for distribution to physicians' offices on alternative therapies and their approximate cost." Two years later, an overview on alternative therapies published in *Ontario Medical Review* that served as an aid for physicians who would like to know more about alternative therapies and to refer patients to such practitioners.[136]

In the 1990s, mainstream medical journals became more open and positive to alternative therapies and acupuncture in particular. In August 1993, the *CMAJ* published in its alternative medicine section an article, "Traditional Chinese Medicine Becoming Another

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[134] *CMAJ*, 126, (May 1, 1982): 1019-1020.

[135] A Dutch study in 1980 revealed that 40 per cent of the patients of alternative medicine had sought conventional medical treatment for the same conditions without success. S. Fulder, "A New Interest in Complementary Medicine: Toward Pluralism in Medicine?" *Impact of Science on Society*, 143, (1988): 235-43. A Singapore study published in 1984 indicated that 60 per cent patients who saw TCM practitioners also consulted medical doctors. See K.C. Lun et al., "The Practice of Chinese Traditional Medicine in Singapore," *International Journal of Chinese Medicine*, 1, (1984): 17-29. It was estimated that only 2 per cent of the total population in Canada would seek help solely from alternative medicine. See S. Michael, "Innovative Doctors Meet to Prepare for Medical Challenges of the Next Millennium," *Natural HealthLine Newsletter*, November 3, 1996.

[136] OMA Committee on Medical Care and Practice, "Alternative Therapies: A Brief Overview," *Ontario Medical Review*, (June 1986): 371-374.

Health Option for Canadians." It warned Canadian physicians to be aware of what might become a new form of competition: TCM. It told the story of a 38-year-old American named Pamela Speraw with no Asian roots who started a successful TCM practice in Halifax after graduating from a TCM college in California. Local physicians had referred patients to this TCM practitioner, though they might not want to reveal their names to their medical colleagues.[137] The fact that the CMAJ published such an article demonstrated the openness of the editors to informing its readers of this healing system which was potentially complementary to conventional medicine. Besides the full-time regular TCM practitioners, a handful of physicians had subscribed themselves to TCM and acupuncture and made traditional acupuncture an option for their patients. The following issue of the *CMAJ* had a correspondence from Dr. Edward J. Sheffman of Willowdale, Ontario, with 20 years experience in TCM. He commented favourably on this report and helped his colleagues to appreciate the principles embodied in TCM:

> I have used traditional acupuncture, as opposed to Western anatomic acupuncture, for about 20 years, in 150,000 treatment sessions. I have treated patients with a wide spectrum of chronic disorders in a tertiary care centre. There is no longer any doubt in my mind or in the minds of my patients about the effectiveness of the procedure. If intelligent patients compare the risk:benefit ratio of TCM with that of drug therapy they usually request the former.[138]

In 1995, the *CMAJ* published a Quebec survey of general practitioners' (GPs) views on complementary health care services such as acupuncture, chiropractic and hypnosis. The results showed that: sixty per cent of the GPs knew at least one practitioner of a complementary health care service for referral; 59 per cent reported referring patients to physicians who practised such services and 68 per cent to non-medical practitioners. At

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[137] Patricia Houlihan, "Traditional Chinese Medicine Becoming Another Health Option for Canadians," *CMAJ*, 149, 4(August 15, 1993): 482-483.

[138] *CMAJ*, 149, 10(November 15, 1993): 1379.

least one of the three services studied was regarded as having some use by 83 per cent. Overall, self-reported knowledge was poor and only 13 per cent indicated that they currently provided one service of above therapies. Prior training was also lacking: only 8 per cent of the GPs had received previous training in acupuncture, 2 per cent in chiropractic and 3 per cent in hypnosis. In all, 48 per cent indicated that they would like further training in at least one of the services studied. The study concluded that referral of patients by GPs to practitioners of complementary health care services was common in Quebec. There was certainly a need to integrate more knowledge of complementary medicine into medical education.[139]

The *CFP* published a similar study with the focus on Ontario. Fifty-four per cent of the 200 Ontario physicians surveyed had referred their patients to an alternative medicine practitioner, though less than 10 per cent of them understood the treatment methods to which they referred their patients. Acupuncture was among the three most accepted therapies. The referral rates among these physicians who referred their patients to alternative medicine practitioners were: 83 per cent for chiropractic, 42 per cent for acupuncture and 17 per cent for medical hypnosis.[140] A very small percentage of doctors went beyond the referral. They actually learned some alternative therapies. They combined

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[139] M. Goldszmidt, C. Levitt, E. Duarte Franco and J. Kaczorowski, "Complementary health care services: A survey of general practitioners' views," *CMAJ*, 153, 1(1995): 29-35. A cross-sectional mail survey was conducted in the province. Among 200 randomly selected mailing recipients, 121 replies were useful for the analysis.

[140] M.J. Verhoel and L.R. Sutherland, "Alternative Medicine and General Practitioners, Opinions and Behavior," *CFP*, 41(January 1995): 1005-1011. Also see, by the same authors, "General Practitioners' Assessment of and Interest in Alternative Medicine in Canada," *Social Science & Medicine*, 41, 4(August 1995): 511-515. The following article is also on this subject: I.L. Bourgeault, "Physicians' Attitudes toward Patients' Use of Alternative Cancer Therapies," *CMAJ*, 155, 12(December 1996): 1679-1685.

complementary and conventional medicines in their practice.[141] In 1996, the Canadian Complementary Medical Association (CCMA) was established in Calgary as a network for doctors who were practising both conventional and complementary medicines.

The holistic health movement had already triggered new initiatives in medical education. A humanistic (as opposed to scientific) approach had been more emphasised in the 1980s and 90s. Premedical education was no longer limited to the natural sciences. Many applicants who majored in the social sciences or the humanities as premedical courses were accepted into medical schools. There were increasing percentages of female students and students with different ethnic cultural backgrounds entering medicine. Alternative psychotherapies, communication skills, social history of medicine, nutrition, stress management, environmental concerns and acupuncture had been partially integrated into their curricula often as selective subjects. For example, in the mid-1990s, a basic acupuncture course was taught at the University of Toronto Medical School. At McMaster University anesthesia residents had a chance to do a rotation in an acupuncture clinic and the University of Alberta's Faculty of Extension had a graduate program in medical acupuncture.[142]

As a result, the new generation of young doctors had already been showing greater openness to complementary medicine. They were more likely to combine services such as acupuncture with their regular practices and more likely to refer patients to such practitioners. In comparison, younger doctors, especially recent graduates were more

[141] J.W. LaValley and M.J. Verhoef, "Integrating Complementary Medicine and Health Care Services into Practice," *CMAJ*, 153, 1 (July 1995): 45-49. Dr. LaValley had been using TCM and acupuncture in his practice.

[142] M. Hope Spencer, "physicians should keep an open mind on complementary health care, congress says," *CMAJ*, Dec. 15, 1995, p. 1796-97.

enthusiastic about acupuncture, TCM and other forms of complementary therapies than their older colleagues were. Those who were approaching their retirement age were the most conservative. Women doctors were more interested in these "soft" therapies than their male colleagues and doctors who spent more time with their patients more likely referred their patients to Chinese medicine practitioners if needed.

In 1996, Canada's second largest hospital the Vancouver Hospital was to open the Tzu Chi Institute for Complementary and Alternative Medicine with a mandate to research into various unconventional therapies. The President of the Institute, Dr. Wah Jun Tze, who was a world renowned professor of pediatrics at UBC, had witnessed acupuncture and TCM working so effectively and cooperatively with Western medicine in China that it ensured the 1.2 billion citizens of a Third World country the enjoyment of relatively good health compared with the state of economic development. His dentist wife received more relief of lower back pain from TCM methods than from conventional treatments. He was convinced that there must be some science behind this age-old tradition. With an endowment of $6-million (Canadian) from the Buddhist Tzu Chi Foundation of Taiwan the establishment of a research institute became possible. Dr. Tze said what clinched it was his medical colleagues' recognition of the recent widespread change in Canadian attitudes. Three-quarters of the hospital board favoured the idea immediately.[143]

Patients certainly noticed that some doctors had become more open-minded toward the use of acupuncture. Here is an example, Joyce had a painful shoulder and went to see her doctor in 1974 when she was living in Montreal. She asked the doctor if she should see an

[143] "Acceptance of Eastern Medical Techniques Expected to Bring Standards, Regulation," *The Vancouver Sun*, 13 July 1996, Thu., p. A18. "Alternative Medicine, It's Official," *The Economist*, (March 22, 1997): 54.

acupuncturist because her friend had a very good experience with acupuncture for a similar condition. Her doctor replied, "Are you crazy? What made you think that a few sewing needles can help your aching frozen shoulder." Joyce went to see her friend's acupuncturist anyway who did help to unfreeze her shoulder. To avoid being called "crazy," Joyce kept seeing acupuncturists for different reasons but she would never mention it to her doctor again. The language and sovereignty issues in Quebec made Ontario her home after her retirement in the early 1990s.

In 1994, she developed a pain in her right knee. Muscles around the knee felt very tight, which prevented her from normal walking. The MRI revealed "Baker's cyst," horizontal tear of the meniscus, some mild osteoarthritis, etc. Under arthroscopy, an orthopaedic surgeon performed a debridement to clean and smooth the bone surface. One month after the procedure, the knee area was still quite swollen and Joyce felt that the knee was "worse" than before. She went to her family physician for help. To her surprise, the doctor referred her to have some acupuncture treatment to deal with the post-operative reaction and to recover the functioning of the knee. After only one session of combined TCM techniques of acupuncture, local herbal application and tuina massage, the pain was largely gone and the swelling reduced by 70 per cent.

In 1974, Joyce was afraid to tell her doctor about seeing an acupuncturist, whereas in 1994 her doctor referred her to one. Joyce thought that general practitioners were more tolerant of alternative medicine in the 90s but the specialists were still more concerned with their operations than their patients: "My orthopaedic surgeon did not take time to explain

the procedure and he only told me that I would walk well again. He was in the sky. After the operation, I had no way to reach him again."[144]

Here is another story. Mr. Heath suffered from a severe stroke in 1979. As a result, the left side of the his body became paralyzed and he lost most sensation in that areas. His daughter Jannis, as a client of a TCM clinic, checked out information with her TCM practitioner about acupuncture helping rehabilitation of stroke victims. She was told that acupuncture could be very helpful in her father's recovery program. Acupuncture, including scalp acupuncture should start as soon as the victim was conscious and his vital signs such as blood pressure, pulse, breathing and body temperature, etc. were stable. Mr. Heath had just moved from emergency observation to the rehabilitation department and he requested the doctor in charge to let the acupuncturist come and deliver some treatment sessions to him. The doctor was quite upset with the request and replied: "we have our own rehab program. Street people are not allowed to work here. If you want to have acupuncture, you have to move out."[145]

In 1995, Mr. Heath's younger brother was paralyzed because of a stroke, and he ended up in the same rehab centre. The physiotherapists there were using acupuncture among other techniques to aid in the recovery. The chief physician in the unit told him, "If you would like to invite a professional acupuncturist to treat you here, that would be okay with us." Jannis called a few acupuncturists in town. They were all too busy to offer services outside of their offices at the time.[146]

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[144] Interview with Joyce in July 1994. Information held by author.
[145] Interview with Jannis Heath in December 1998. Information held by author.
[146] Ibid.

From the patients' perspective, the above stories indicated the changes of medical attitudes toward the practice of acupuncture, especially by traditional practitioners. I can record here many more stories only if the space is unlimited. These stories were certainly not anecdotal evidence. My interviews with patients regarding this issue showed a pattern of change in doctors' views about alternative medicine and acupuncture. A good percentage of physicians would not discourage, if not encourage, their patients from looking for complementary treatments while maintaining their regular visits to their physicians.

In conclusion, medicalization was the main strategy that organized medicine used over the years in dealing with the acupuncture movement. Specifically, several tactics were developed in this process: claiming acupuncture as a medical technique, discrediting acupuncture when the attempt to find a scientific explanation failed, excluding independent acupuncturists from the health care market, subordinating acupuncturists as assistants in medical settings and vulgarizing acupuncture as an adjunct technique for other health professionals. Since the late 1980s, medical attitudes toward the practice of acupuncture by doctors and by traditional practitioners have become less antagonistic both at the collective level and the individual level. My analysis is that the epistemological differences between Western medicine and TCM determined the basic attitudes of the Canadian medical profession toward acupuncture and its practitioners. Professional and economic competition for status and resources accounted for the clash between MDs and traditional acupuncturists. The general sociocultural changes of the last three decades influenced the changes in attitudes of the medical profession.

CHAPTER 4

CHINESE IMMIGRATION & CHINESE MEDICINE

Where there were Chinese people, there was Chinese medicine within a broad definition. Elements of TCM were initially brought to Canada during the BC Cariboo Gold Rush in 1858 with early Chinese laborers who came from the West Coast of the United States. For over a century, the Chinese-Canadian communities did not grow, but rather declined because of Canada's past racist immigration policy. The majority of Chinese-Canadians who were living in Canada in the mid-1990s had arrived since 1970. The introduction and development of Chinese medicine and acupuncture in Canada paralleled this immigration trend. The use of TCM within the Chinese community and its impact on mainstream society has been closely related to the history of Chinese immigration in Canada and has been affected by Canada's official ethnic and cultural policies.

TCM had been part of Chinese cultural tradition and was deeply rooted in the way of life of Chinese-Canadians. As a systematic healing art, learned practitioners had practiced TCM professionally, but this number was very small in Canada until the 1980s. As a major element of Chinese ethnicity, TCM influenced Chinese-Canadians' health beliefs and behavior. Chinese-Canadians have practised folklore TCM all along. For example, they often apply their own (TCM) interpretation of illnesses and try foods with healing properties or in combination with medicinal herbs. For familiar symptoms, they usually

administer herbal preparations available at local Chinese grocery or herbal stores. However, when they decide to look for professional help, Chinese-Canadians face the question of how to use the two available, but very different medical care systems: conventional Western biomedicine and traditional Chinese medicine.

CHINESE IMMIGRATION TO CANADA

The Chinese came to Canada in the middle of the 19th century a few years before confederation. The first group of Chinese immigrated to Canada around 1858 in response to the gold rush in the Fraser Valley, British Columbia. They were from the West Coast of the United States where they had been engaged in placer mining. Later, during the construction of the Canadian Pacific Railway, at least ten thousand Chinese coolies were imported directly from China. Chinese coolies were also used for other similar labor-intensive projects. Almost all the early Chinese coolies were peasants with very little education from four counties of China's south coast province Guangdong.[1] For the following 100 years,

[1] There had been little academic interest in the studies of the history of the Chinese people in Canada before the 1970s. With the introduction of new non-discriminatory immigration policy and federal multiculturalism, growth of general interest in ethnic studies stimulated research in this field. Numerous books on this subject have been published during the last three decades. Related articles have often been published in such journals as *Canadian Ethnic Studies*, and *BC Studies*. See Edgar Wickberg, ed., *From China to Canada: A History of the Chinese Communities in Canada* (Toronto: McClelland and Stewart, 1982), p. 1-29.

the Chinese in Canada and their families back in China suffered tremendous bitterness. On the one hand, Canada was officially practising racist immigration policies specifically against the Chinese, who did not have the same economic opportunities as the people of European origin did. Families were inhumanely separated because of discriminatory policies. On the other hand, ailing China was going through a century of foreign invasion, civil wars, political turmoil and natural disasters, which prevented Chinese immigrants, who did not get rich in Canada as they hoped, from moving back to China.

White Canadians saw the Chinese as permanent "strangers" and did not expect them to stay as immigrants because the Chinese always kept their traditional beliefs and habits and they were "willing" to take jobs with less pay, an unwanted competition with white workers.[2] Therefore, British Columbians declared BC to be a "white men's province" and Canada a "white men's country." As soon as the railway was completed in 1885, the first federal anti-Chinese bill, the *Chinese Immigration Act*, was passed. It took the form of a head tax imposed upon every person of Chinese origin entering this country.[3] The exclusion measures developed further with time. The amount of the head tax increased continuously in the following 38 years, which seriously restricted Chinese from entry to Canada. Finally, the *Chinese Immigration Act* of 1923 banned the Chinese from immigrating altogether.

Between 1884 and 1923, the BC legislature successfully passed numerous bills depriving the Chinese of political and social rights in that province.[4] Other provinces such

[2] James Woodsworth, *Strangers Within Our Gates* (Toronto: Frederick Clarke Stephenson, 1908), Chapter XV, p. 170-189.
[3] See *Statutes of Canada* 1885, c71.
[4] See *Statutes of B.C.* 1875-1923.

as Saskatchewan and Ontario, also had similar legislation.[5] Because the state legally sanctioned the removal of citizenship rights, the exclusion from immigration, and restrictions on occupational competition against a racial and ethnic group, some scholars have termed these phenomena as "institutional racism."[6] Today most Canadians cannot understand why the governments had imposed such extreme discriminatory measures against a minority group that had made important contributions in building Canada at an important time of Canadian Federation. The number of Chinese had been always less than one per cent of the Canadian population and they had been living mostly in the West Coast. It was incomprehensible for Chinese immigrants who came to this country after the 1970s that their predecessors had been singled out and subjected to open injustice and discrimination.[7]

World War II changed the way that people viewed human communities. Therefore, the War changed the world forever.[8] The War also changed the fortune of Chinese-Canadians.

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[5] See *Statutes of Saskatchewan* 1908 and 1912; *Statutes of Ontario* 1914.

[6] B. Singh Balaria and Peter Li, *Racial Oppression in Canada* (Toronto: Garamond, 1985), p.21. In his studies on Chinese immigration to Canada, Li also successfully used quantitative and oral history, besides conventional historical methods. See his "The Use of Oral History in Studying Elderly Chinese-Canadians," *Canadian Ethnic Studies*, 1(1985): 67-77. As it was defined by Li, institutional racism was systematic and legal, and its practice was rationalized by an ideology stressing the superiority of white over non-white. It is on this basis that the term "institutional racism" is appropriate, as distinct from individual racism. For a more recent study in this area, see Constance Backhouse, *Colour-coded, A Legal History of Racism in Canada, 1900-1950* (Toronto: published for the Osgood Society for Canadian legal history by Univeristy of Toronto Press, 1999).

[7] For individual racism and other related concepts, see David Hughes and Evelyn Kallen, *The Anatomy of Racism: Canadian Dimensions* (Montreal: Harvest House, 1974), p.105-8; Evelyn Kallen, *Ethnicity and Human Rights in Canada* (Toronto: Gage Publishing Limited, 1982), Chapter 1 and David T. Wellman, *Portraits of White Racism* (London: Cambridge University, 1977).

[8] During the War, the small but vibrant Chinese communities were all mobilized in war efforts against the Japanese aggression in Asia. Many Chinese-Canadians were re-

After the War, Prime Minister Mackenzie King pronounced a statement on Canada's long-term immigration program in 1947, which served as the official formulation of Canadian immigration policy until 1962. Racism was reduced in the Canadian *Immigration Law*, introduced in 1947 and at the same time the *Chinese Immigration Act* was repealed. Canadian citizens of Chinese origin were permitted to sponsor their dependent relatives. Dying Chinese communities started to receive some fresh blood as children of aging Chinese married bachelors who came to Canada after 1947.[9] This newly allowed family reunion process was interrupted two years later because Communists took control of China in 1949. Under American leadership, Canada joined in the Western isolation of China. Inter-governmental communication channels were blocked. Except for a limited number of family reunion cases, migration between China and Canada was out of the question once again until diplomatic relationship was re-established between the two nations in 1970.

In the late 1960s, Canada's traditional European sources of immigration became almost exhausted. At the same time, Canada's racist immigration policy was terminated. Instead, the new immigration laws of 1967 and of the 1976 evolved further to become more economically oriented.[10] The new family class policy greatly benefited these Chinese-Canadians with families in Southeast Asia. But it did not benefit those with families in

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cruited to the Canadian army and sent to Asia to fight the Japanese. China was considered as an allied nation and Chinese-Canadians were suddenly becoming more respected. After the War, the Canadian Government recognized the right of Chinese-Canadians to Canadian citizenship.

[9] Only 12 (or 8) Chinese were allowed to enter Canada as immigrants during the quarter of century Chinese exclusion (1923-1947). From time to time, Chinese-Canadian men went back to China to make babies because their wives were not allowed to unite with them in Canada. Many of these men wished to accumulate enough money and to retire to China as rich men.

[10] For more information about the changes in immigration policy, please see the final section of Chapter 2.

Mainland China until official dialogue between Canada and the PRC was established in 1970.

One of Trudeau's achievements in his 1973 China visit was to facilitate the emigration of Chinese to join members of their families in Canada. With the establishment of a consulate general in Guangzhou, Canadian authorities could process within China applications made by Canadian residents on behalf of their family members in China. According to the numbers from the DEA, by the end of 1980, some 18,000 Chinese had immigrated to Canada under a family reunification programme commenced in1973 and in 1980, some 980 Chinese students and scholars were studying in Canada.[11]

Table 7: Increased Immigrant Population from TCM Influenced Areas, 1961-1996

Place of Birth	Immigrant Population	Period of immigration				
		-1961	1961-1970	1971-1980	1981-1990	1991-1996
Eastern Asia	589,420	20,555	38,865	104,940	172,715	252,340
	100%	3.5%	6.6%	17.8%	29.3%	42.8%
South-east Asia	408,985	2,485	14,040	111,700	162,490	118,265
	100%	0.6%	3.4%	27.3%	39.7%	29.0%

(Table made according to data from Statistics Canada, 1996 Census *Nation* tables.)

The Canadian immigrant population from Eastern Asia and South-east Asia increased dramatically, which provided a source of TCM practitioners and consumers. (See Table 7) It was a worldwide phenomenon that overseas Chinese tend to retain their culture, tradition, and language longer than many other ethnic groups. Culturally speaking, a large number of immigrants coming to Canada from areas outside of China could be considered ethnically

[11] "Canada's Relations with the People's Republic of China since 1973," *Canada China Journal*, 3, 2(1983): 4-8.

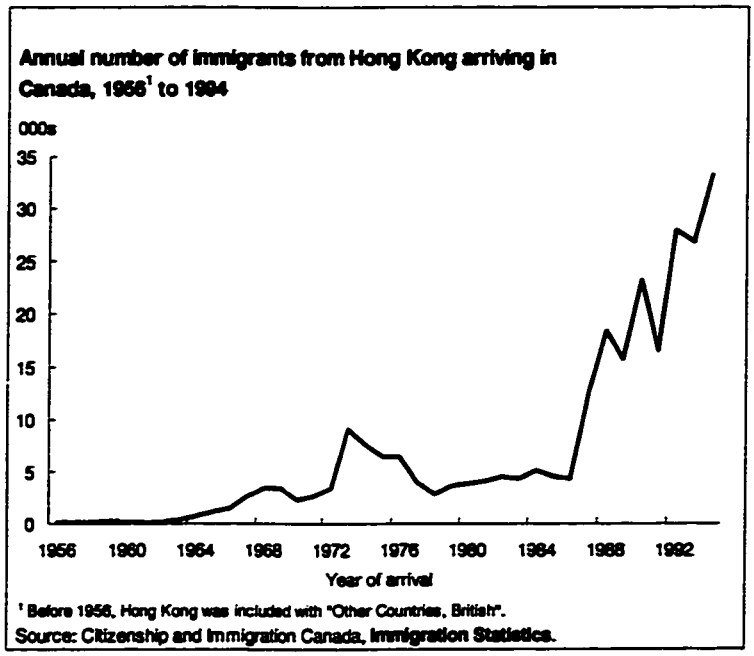
Chinese. For example, a great percentage of people driven out by communism in Indochina at the end of the 1970s were of Chinese origin. The famous "boat people"–Vietnamese refugees – were part of the result of the anti-Chinese campaign of the Vietnamese Government. Experts estimated that two thirds of the 44,000 Vietnamese who came to Canada in 1979 and 1980 were Chinese descendants. The 1991 *Census* showed that 32.2 per cent of Vietnamese immigrants in Canada still used Chinese as the most often spoken language in their home.[12] Those who lost their command of the Chinese language still observed Chinese traditions and customs such as eating Chinese food, taking Chinese herbs and having acupuncture. The Japanese and Koreans had adopted TCM long before Western medicine was introduced to their countries. The ethnic Chinese and native populations in the regions of South-east Asia had been traditionally influenced by Chinese medicinal culture, especially Chinese herbal medicine.

Canada's immigration and social cultural policies of the 1980s and 1990s attracted a large influx of Hong Kong Chinese, especially after Vancouver Expo 86. Hong Kong Chinese immigrants completely changed the appearance of Chinese communities in Canada. Worried about Communists taking over in 1997, many Hong Kong Chinese emigrated to safer countries of which Canada was the most favoured. As investment immigrants, wealthy Hong Kong Chinese came to Canada with their money. They invested in different sectors of the Canadian economy and they expanded Chinatown businesses as well. Many TCM herbal stores opened during the late 1980s. Some of them were huge in

[12] Statistics Canada, 1991 *Census of Canada*. People sometimes are confused between the concepts of citizenship and ethnicity. In 1994, I had a client named Rena from Mexico who was studying in an ESL class in which she had classmates from Malaysia, Indonesia and the Philippines. She wondered why these people who came from different countries sometimes all called themselves Chinese and were able to talk to each other in Chinese.

size running retail and wholesale business internationally. During the same period of time, many Chinese immigrants from Southeast Asia, including Taiwan, Singapore, Malaysia, and Indonesia, came to Canada as investment immigrants or independent technical immigrants. (See Figure 11)

Figure 11: Number of Immigrants from Hong Kong

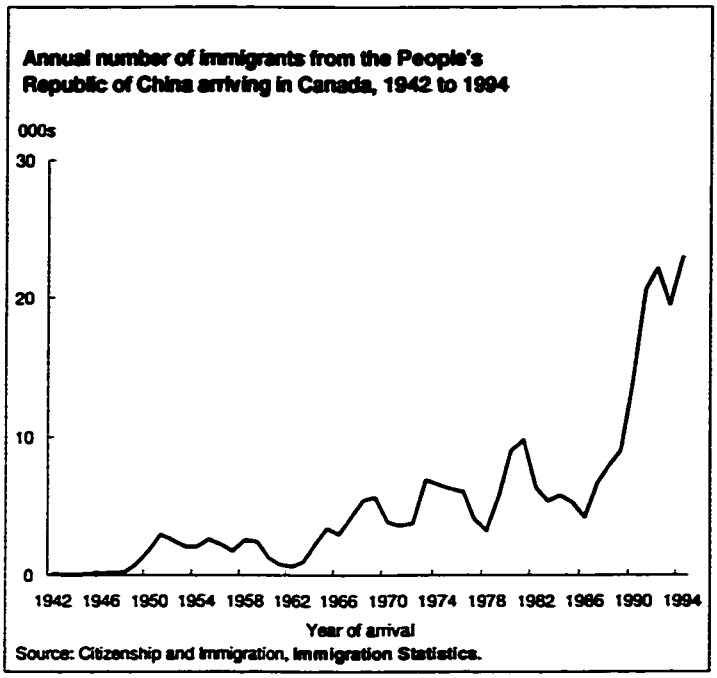


Immigrants from Mainland China had increased steadily since the 1970s. For a short period after the 1989 democratic movement in China, Canada let all the visiting Chinese scholars and students apply for permanent residency within Canada based on humanitarian reasons, as did other Western countries. Individuals who were not within the categories of family reunion and investment immigration, but had technical skills that were needed in Canada were called independent applicants. These were mostly highly educated young people with technical specialties and they were capable of speaking English or French. Under the orientation that immigration policy should serve the need for economic growth in Canada, independent technical immigration increased. The selection of such immigrants was based on a merit point system of occupation, education, working experience, age, language skills

and health. Unlike the southern Chinese coolies who arrived in the 19th century, these newcomers were entrepreneurs, engineers, scientists and professionals. (See Figure 12)

In the 1990s, China had become the largest source of immigrants as compared to any one single country. The percentage of immigrants born in the PRC was on average below one per cent of all immigrants arriving in Canada during the 1940s, 50s and early 60s. In the 1980s, however, immigrants from China represented over 5 per cent of all immigrants who arrived in Canada during that period. From 1991 to 1995, over 20,000 Chinese immigrants came to Canada annually and made up about 10 per cent of total immigrants arriving in the same period. Many of these people were working in scientific and technological fields, especially in the high-tech industry. Through family reunion immigration, talents of different sorts were brought to Canada. For instance, quite a few well-trained TCM physicians moved to Canada under the family reunion clause after their spouses entered Canada as technical immigrants.

Figure 12: Number of Immigrants from the PRC



Canadian census indicated that Canadians of Chinese origin had increased 7.4 times within just twenty-five years from 124,600 in 1971 to 921,585 in 1996.[13] When the 1991 Canadian census was taken, the majority (73 per cent) of Chinese-Canadians were foreign born and they had immigrated to Canada after 1970. (See Table 8) The first generation Chinese-Canadians kept more of their traditional cultural traits including the use of TCM and acupuncture. This fact was partially responsible for the successful introduction and development of acupuncture, especially TCM herbology to Canada.

Table 8: Chinese Immigrants vs. Canadian-born of Chinese Ancestry[14]

	1971	1981	1991
Period	**%**	**%**	**%**
Before 1946	6.2	1.1	0.2
1946-1960	18.5	8.	3.2
1961-1970	37.7	15.2	6.7
1971-1980		49.8	23.4
1981-1991			39.8
Canadian-born	37.6	25.6	26.8
Total percentage	100.0	100.0	100.1
Number of persons	124,600	285,800	633,933

The Chinese population, Chinese communities and Chinatowns had undergone many fundamental changes since the relaxation in immigration restrictions in 1967, especially the introduction of multiculturalism in 1971. There were still incidents of racial prejudice against the Chinese such as the CTV program W5 "Campus Giveaway" in 1979. This program irresponsibly portrayed Canadian born Chinese students as "foreigners" who took

[13] See Statistics Canada, *1971 Census of Canada, Population: General Characteristics* (Ottawa, 1976) and *1996 Census, Nation tables*, (Ottawa, 1996).

[14] Adapted from Peter Li, *The Chinese in Canada*, 2nd edition, (Toronto: Oxford University Press, 1998), p. 105.

university spaces away from Canadian students.[15] Some Canadians saw the Chinese in Canada as permanent foreigners and they would have liked to cut down the number of Chinese doctors, engineers and scientists in Canada.[16] Nevertheless, racial discrimination against the Chinese in training and employment has been in general very much reduced since the 1970s. Chinese-Canadians were employed in many different areas of the Canadian economy and no longer limited to the restaurant and laundry industries. Canadian-born Chinese students improved their school performances and some of them were engaged in the fields of science and technology, commerce, administration and health care. The newly arrived investment and technical immigrants literally reshaped the outlook of the Canadian-Chinese community and the Chinatowns across Canada. Because of the Tienanmen massacre, the Canadian Government allowed Mainland Chinese students, visiting scholars and scientists to apply for permanent residency. About 10,000 Chinese nationals were approved as landed immigrants. Many of them were in graduate or post-doctorate programs in science and technology. They were ready to make their contribution to Canada's economy. It was sad for the Chinese people to lose these fine youths, who could play important roles in China's drive for modernization. In a sense, these students and professionals changed the composition of the Canadian Chinese population and opened a new chapter in the history of the Chinese people in Canada. In the 1990s, Chinatowns were still the places for Chinese ethnic commercial activities and cultural events. The majority of the Canadian-Chinese, however, were no longer Chinatowners. A good percentage of them had their residences in middle class suburban neighborhoods.

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[15] CTV, W5 (public affairs program), title "Campus Giveaway," aired on September 30, 1979.

[16] Val Ross, "Can the Canadian Elite Tolerate the Chinese Invasion? A New and Vigorous Minority Knocks at the Door of Privilege," *Saturday Night*, (June 1977): 11-16.

FOLKLORE TCM IN CHINESE COMMUNITIES

There were a lot of health hazards in the gold rush and railway construction era. The Chinese workers were always assigned the most difficult and most dangerous jobs. They were often injured in unsafe working conditions and many died at work as indicated in an old saying: "there was a dead Chinaman in every mile of the railway." Retiring after long hours of work, these workers lived in unsanitary and over crowed quarters of their own, isolated from larger society. TCM had to play a very important role in dealing with all sorts of fractures and injuries from work and diseases caused by exhaustion and unhealthy living conditions. The Chinese pioneers brought with them Chinese medicine books and commonly used herbs.[17]

Medical services in 19th century frontier areas of British Columbia were very inadequate. Doctors were scarce. Some communities had only traveling doctors who might visit certain settlements from time to time. Doctors were not well trained either. Some of them never stepped into the lecture hall of a medical school, only read a few books they could find or they maybe had worked for a doctor for a short time to get hands-on experience.

[17] A small sample of such books and dry herbs were displayed in collections of the Canadian Museum of Civilization located in Hull, Québec.

Immigrant Chinese physicians, who were trained in the Western way, were delivering services to the locals including white people in some cases. [18]

Was acupuncture used in the Chinese communities in 19th century British Columbia? I collected only some oral history material to give a "yes" answer. No printed material was obtained. Recently, several studies came out on the use of acupuncture among the Chinese in the West Coast of the United States, especially in the California area. Archival research in early missionary writings indicates documented Chinese acupuncture practice as early as 1849. The earliest group of Chinese gold miners in British Columbia were from California. There was no reason not to suggest that the practice of acupuncture continued in the new province within the Chinese communities in the 19th century. At the same time, Osler and colleagues were using the European version of acupuncture in Montreal without knowledge of the Chinese acupuncturists on Canada's West Coast. Probably because the Chinese immigrants were perceived to be socially and culturally inferior, their acupuncture was not noticed, adopted, or accepted by the "noble doctors" of Montreal and Toronto.[19]

Since the 19th century, Chinese communities had established and managed their own public schools, cemeteries and hospitals. The creation of the schools and cemeteries was due to racial segregation, but this was not the case in the establishment of hospitals. Chinese people often preferred using Chinese herbs to taking Western medicine. Besides, before the discovery of antibiotics, Western scientific medicine did not show significant superiority over traditional Chinese herbal medicine in clinical efficacy except for the case

[18] There were ads offering medical services, placed by Chinese physicians, in Victoria's daily newspaper, the *Colonist*, between the years 1871-1880. Quoted in James Morton, *In the Sea of Sterile Mountains* (Vancouver: J.J. Douglas Ltd., 1974), p. 45-46.

[19] C. Engelbrecht, "Parallel Technologies: Nineteenth-Century Prescientific Needling and Chinese Acupuncture," American Sociological Association, 1990.

of surgery. The Chinese saw Western doctors only after they had taken herbs themselves and had consulted a traditional healer. In a Western hospital, no herbal medicine and food from the patient's family were allowed to be taken, whereas the Chinese believed that certain foods might be important for recovery. In traditional Chinese culture, the white color in which doctors and nurses dressed symbolized death and funerals. It was bad luck for patients to be surrounded by white color. Obviously, there had been communication problems between doctors and patients, since many Chinese people could not speak much English.[20]

The language barrier, and cultural and income level differences often prevented the Chinese-Canadians from seeking medical help from Western physicians. At the same time, the folklore part of Chinese herbal medicine, an essential component of traditional culture, encouraged self-responsibility and self-care. Self-doctoring was a common practice among the members of the Chinese communities, new Chinese immigrants in particular. Many Chinese-Canadians had observed traditional beliefs as how one should dress oneself to follow seasonal changes and arrange the household environment to protect themselves from harmful factors. Balanced diet and good lifestyle were believed to maintain good functioning of the body. Chinese medicine started from the kitchen: the way foods were cooked and the ingredients chosen were matters of health and healing. For instance, regularly using ginger, garlic, peppers, green onions were believed to strengthen the body's defense system to infections. The custom of self-treatment seemed only to prosper the Chinese medicinal herbal and health food retail businesses and undermined the professional services of TCM physicians. However, for serious illnesses and for conditions that did not respond to self-

[20] David Lai, "From Self-segregation to Integration: The Vicissitudes of Victoria's Chinese Hospital," *BC Studies*, 80(Winter, 1988-89): 52-68.

care, people would still consult TCM professionals for individualized herbal formulae. They might receive hands-on therapies, such as, tuina (Chinese massage and manipulation) and acupuncture from professional practitioners.

Symptomatically using Chinese herbs by oneself had been very common among the new comers. It was both practical and financially necessary. Mr. Wang, from Taiwan, came to Canada to study engineering in 1971. He left Taiwan for Canada with ten pounds of herbal supplies packed by his parents in his baggage: herbal tablets for colds, herbal powder to make tea for cough remedies and herbal balms and plasters for pain. He said the family always believed in Chinese herbs. Bringing herbs to Canada was also a money saving consideration because chemical drugs were expensive here.[21] In 1989, Mr. and Mrs. Yee, both in their early 70s, said that they administered herbal formulae a lot by themselves. Unless something was major, they did not even bother to see a TCM herbalist. They usually found herbal ingredients from Chinese grocery stores according to formulae noted in their TCM herbal recipe books. Dry herbs were imported as groceries and sold in Chinese general stores.[22]

Some families had kept popular TCM recipe books with easy-to-use formulae for self-administration. With time, their owners added notes to the books when they heard of experienced or secret formulae. Mr. Yang was a fellow working in a large Chinese herbal store in Vancouver in 1994. He showed me a herbal recipe book in which everything was written by hand with a traditional brush pen. Wrapped in a plastic sheet, the book looked pretty old because the pages had all turned yellow. Mr. Yang said that the book was handed down from the pioneers of early Chinese immigrants and he would not allow me to

[21] Interview with Mr. Wang in September 1995. Information held by author.
[22] Interview with Mr. and Mrs. Yee in July 1989. Information held by author.

photocopy it in case of damage. I glanced over this fragile book and noted that the book was mostly a copy of a 17th century book called *Prescriptions in Verse* (1694) by Wang An. All prescriptions were written in rhymes explaining the ingredients and conditions treated.[23]

Mr. Chow was a Malaysia immigrant in his 60s and he was working in a post office in 1990. He said that he had been basically very healthy largely due to taking Chinese herbs according to seasonal changes and the changes in his age. He used herbs in the summer to take care of the Yang and to drive out the dampness and in the winter to nourish the Yin and to preserve the body's essence. When he was in his middle age, he was building up his spleen Qi with herbs and when he reached 60, he took tonics for his kidney energy. He was always taking herbs immediately whenever he felt any minor discomfort, such as, a stuffy nose, a sore throat, loose bowels or fatigue. He said that he never really got sick because he had followed that way of preserving his health. Mr. Chow particularly enjoyed cooking food with herbs as that was "the best tonic for best health."[24]

There had been no accurate statistics regarding the Chinese herbal medicine industry. Chinese herbal medicines, imported as foods, had been commonly sold in Chinatown grocery stores, from the instant Chinatowns of the 1860s to the magnificent Chinatowns of the 1990s. In almost any Chinese general store in the land, there was always a section devoted to Chinese herbal medicines. Sliced dry herbs and preparations in forms of pills, powders, tinctures and plasters were displayed and sold. The names and the compositions of the herbal formula had been handed down for generations. The Chinese had a long tradition of taking tonic herbs to strengthen the body. Ginseng, lingzhi (ganoderma

[23] Interview with Mr. Yang in Vancouver in June 1994. Information held by author.
[24] Interview with Mr. and Mrs. Chow in August 1990. Information held by author.

lucidum), huangqi (radix astragali), danggui (Chinese angelica root), deer antler and royal jelly were household herbal supplies besides pre-mixed preparations. People often knew what they wanted to buy. Larger stores hired knowledgeable staff to dispense Chinese herbs. The sale of herbal tonics was always a profitable business that was primarily based on folklore beliefs of TCM other than the learned tradition of TCM. Before the 1970s, only the largest Chinatowns in Victoria, Vancouver, Montreal and Toronto had specialty stores where nothing else but Chinese herbs were sold. These herbal stores sometimes evolved from general stores or developed from the herbal sections of general stores. In such herbal stores, TCM consultations were customarily provided by sitting-in [zuotang] Chinese herbalists employed by the business owners and the services were often complimentary, as the patients would normally fill out their herbal prescriptions, written by the herbalists, from the stores.[25] Starting from the 1970s, acupuncture services had been available in the back rooms of some of these stores.

With the increase of Chinese immigrants, the main customers of TCM herbs in Canada in the past three decades, the number of Chinese herbal medicine stores had increased dramatically, especially in the 1980s and 90s. In Vancouver, there were only three Chinese herbal specialty stores before the 1980s and they were all located in Vancouver's China-

[25] There had been almost no research in the history of Chinese herbal stores and herbal sales in Canada. Except for store advertisements in local Chinese newspapers, there were no printed source documents to support such studies. Iwas able to locate only one short article in this area: "A Chinese Herbalist in British Columbia," by John Adams in *B.C. Historical News*, 21, 2(Spring 1988): 7-9. The article describes the furniture and equipment of a Chinese herbal store purchased by and displayed in Burnaby Village Museum. The store, named Way Sang Yuen Wat Kee, "opened in Victoria in about 1905 on Government Street in the heart of the city's Chinatown." In 1971, the store-owner Lum Chuck Yue died and no one was willing to continue the business because the market was small in Victoria. Therefore, the Museum bought the contents of the store for its collection.

town. In the past two decades, the number of herbal stores increased in Vancouver's Chinatown area and new stores also developed in Burnaby and North Vancouver.[26] In June 1994, I counted 25 such stores in Vancouver's Chinatown (Main Street and Pender Street). Some of them were huge in size with operations in Toronto, Hong Kong and the United States. Eleven of the 25 stores had sitting-in TCM herbalists and seven also provided acupuncture services. When I was visiting the Xinghua Herbal Store at the time, a herbalist called Dr. Hu was busy seeing his patients and writing herbal prescriptions for them. It took him only a few minutes to complete a consultation with a patient. There were 20 people waiting to see him. I had no chance at all to chat with him. A salesperson of the store told me, "Dr. Hu sees about 90 patients a day. Sometimes patients have to wait 3 to 4 hours. More and more Caucasians are coming for Chinese herbal medicine. Some come from the United States."[27]

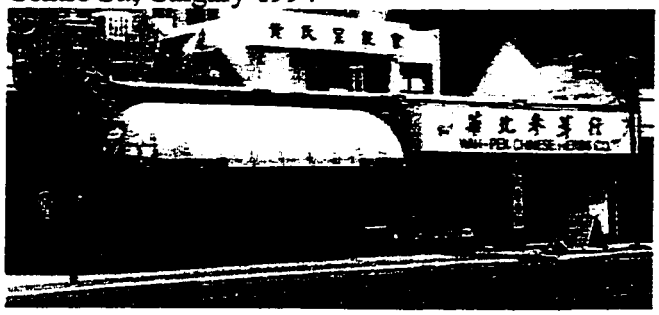
The development of Chinese herbal stores was similar in Toronto as in Vancouver. Dr. Kim Tim Ho, a Toronto TCM practitioner estimated that there were only 6 or 7 Chinese herbal stores around 1980 in Toronto. That number increased to about 100 in 1994.[28] Hong Kong business people established large stores in Vancouver and Toronto and they imported herbs from Asia and wholesaled to other stores and practitioners in various cities. In the mid-1990s, an estimated half of the Chinese herbal stores in Canada were located in the greater Toronto area, 40 per cent in Vancouver and Montreal and 10 per cent in Calgary, Edmonton and Ottawa. (See Figure 13) In Ottawa, there were only 2 Chinese herbal stores in the 1980s. The number increased to 5 in 1996. Besides Chinese herbal stores, most

[26] Informal interviews with herbal storeowners and their employees in Vancover in June 1994.

[27] Interview with Mr. Yuen in Vancover's Xinhua Herbal Store in June 1994.

[28] CACTHS *Newsletter*, 1(June 1994): 14.

Figure 13: Two Neighboring TCM Herbal Stores on Centre St., Calgary 1994



acupuncturists, especially those of Chinese origin, had small herbal "pharmacies." They sold herbal remedies to their clients after professional consultations were conducted. Herbs might be used alone. More often, they were taken in combination with acupuncture treatments.

The practice of traditional Chinese botanical medicine in Chinatowns had been continuously unregulated. Chinese medicine consumers were mostly first generation immigrants to whom Chinese herbal medicine was part of their everyday life. They often used herbs for minor illness without professional advice. The small number of practitioners only advertised their services in local ethnic Chinese newspapers. Many of them could use only the Chinese language in consultation. Imported Chinese herbal ingredients and ready to take remedies were sold as ethnic Chinese foods and "spices." Therefore, Chinese herbal medicine had a limited impact on people outside the Chinese community, which made Chinatown herbalism tolerated by authorities and prevented the making of laws to govern this field.

In the mid-1980s, the practice of Chinese herbalism and the business of Chinese herbal stores had developed rather fast. Chinese herbal retailers and wholesalers in the Toronto area formed the Chamber of Chinese Herbal Medicine of Canada (CCHMC) in 1985. Similar associations were also established in Vancouver and Montreal. The CCHMC developed as a national organization with over 100 members in the 1990s. At this time,

TCM herbal clientele had gradually expanded to include a small number of non-Asians. Forced by the medical profession, particularly the pharmaceutical industry, Federal Health Department and some provincial health ministries have unsuccessfully attempted to crack down on the trade of Chinese "drugs", probably because Chinese herbs were imported and sold as groceries. The control could be very difficult.[29] The CCHMC participated regularly in consultation meetings with Health Canada concerning the regulation of "natural health products." Chinese herbalists and their stores could still operate on small business licenses. In 1991, as part of the general regulation regarding herbalism, the practice of Chinese herbology was permitted in Saskatchewan.[30]

The legislative development and standardization of the practice of traditional Chinese herbology has been very much delayed in Canada. Acupuncture and TCM groups with members who were engaged in the practice of Chinese herbology failed to convince the government appointed legislation preparatory committees that Chinese herbology should be regulated at the same time as acupuncture and that TCM should be regulated with acupuncture as one of the therapies within the TCM system. In July 1998, the HPC recommended to the BC Minister of Health that TCM be designated as a regulated health profession.[31] Compared to acupuncture legislation, the regulation of Chinese herbology in

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[29] In 1988, Health and Welfare Canada was trying to crack down on the trade of Chinese herbal medicines. Some people protested against the attempted restrictions at the Department. Among the protesters were two employees of the Department, one from the Minister's office. Chinese herbal remedies had helped them. The information was obtained from an interview conducted in October 1994. The federal department "Health and Welfare Canada" was named "Department of National Health and Welfare" before and renamed "Health Canada" after.

[30] In Canada, the practice of herbal medicine is under provincial jurisdiction. But the sale of herbal products is governed federally.

[31] HPC, *Recommendations on the Designation of Traditional Chinese Medicine* (Victoria: Ministry of Health, 1998).

the United States has also been a far slower process. By the end of 1992, there were only two American states that had statutes with eligibility and requirements for practising Chinese herbology. The NCCA did not offer qualification test services for TCM herbalists until the middle of the 1990s.

CHINESE TRAINED TCM PHYSICIANS

The training background of acupuncturists and TCM practitioners varied greatly: from highly learned and very experienced TCM physicians to someone who had only read a couple of books or watched an acupuncture video program. Some were immigrant Chinese acupuncturists and TCM doctors; some were trained in Canada, the United States and other parts of the world. A Chinese practitioner was not necessarily well trained, though most clients thought that a Chinese acupuncturist must have been doing the real thing. Some of them were just exploiting the demand for acupuncture services. What follows illustrate the practice of Chinese medicine from the perspective of Chinese TCM university trained practitioners.

Long before Trudeau's new China policy, acupuncture service was available within some larger Chinese communities as part of folklore practice of TCM. This service was extended for "out of town" clients when acupuncture received massive publicity in popular media in the early 1970s. Suddenly, there was a shortage of acupuncturists. Several

Canadian doctors of Chinese origin read the barefoot doctor manual and "skillfully" caught the acupuncture opportunity. Acupuncturists from Hong Kong, Taiwan flew to Canada's major cities on various sponsorships. In 1974, Henry Lu was still recruiting acupuncturists from Taiwan to work with medical doctors in Canada.[32] It was not difficult to find opportunists among acupuncture practitioners of this period. Many of them stayed in the trade and upgraded their learning and skills in later years. Chinese TCM university trained practitioners did not come to Canada until the second half of the 1970s.

Acupuncturists and Chinese medicine practitioners had varied training and qualifications in traditional China. Since 1956, the Chinese government had standardized the TCM training programs and integrated such programs into the state's higher education system. TCM colleges had been gradually established in each province with five to six year full-time professional programs. There were also two to three year post-secondary education and secondary education in TCM to serve the rural area. Academically, the most trained TCM physicians and acupuncturists were graduates from these state recognized TCM professional training colleges. The Cultural Revolution (1966-76) interrupted the regular university teaching programs for a few years. Higher education institutes resumed normal teaching activities in 1977, one year after Mao's death.

The curriculum of these colleges was roughly divided into 70 per cent of courses in TCM and 30 per cent in Western biological medicine. Immersed in TCM history, philosophy and culture, students were trained in the whole range of TCM therapies such as herbal medicine, acupuncture, manipulation and preventive techniques. After receiving their professional MB (Bachelor of Medicine) degrees, the TCM graduates would continue

[32] See Lu's ad in *Contemporary Research in Chinese Acupuncture*, (Winter 1974).

their resident rotations in different departments of TCM hospitals before they could practise independently. Until recently, the state had assigned jobs to new TCM doctors in hospitals and clinics in various regions according to local demands instead of the graduates' wishes. These TCM university trained physicians were mostly working in city hospitals and health centres above the county level. Some practitioners can choose to develop their skill in certain areas and they must do so if they work in TCM hospital settings in contemporary China as services there are divided into departments. Overall, specialization has not been very much developed and most practitioners are generalists. Their training and state regulation allowed them full practising rights in the public health care system, i.e. they could diagnose and prescribe treatment in both TCM and biomedicine. The most academically achieved students were usually selected to continue their post-graduate studies in research and teaching. Upon graduation, they usually became TCM college professors and professional leaders in TCM hospitals.

Increased immigration from Mainland China brought several highly trained TCM physicians to Canada in the late 1970s. That number increased in the 1980s and greatly increased in the 1990s. They were called "zhongyi" meaning literally "doctor of TCM" in Canadian Chinese communities as in China. The title "doctor" here was neither an academic degree nor professional degree. Rather, it was an occupational title as the word "teacher" is applied in the English language. Some TCM physicians changed their career because of legal or financial reasons after they landed in Canada, but most eventually set up their practices.

In the summer of 1989, the well-known Ottawa acupuncturist Pierre Gaulin introduced me to Dr. Lienpo Chou. I was so happy to find that Chou was a schoolmate of Professor De

Gao in the early 1960s, my professor of TCM classics at Hunan College of TCM in 1978.[33] Chou was a 1965 graduate of the 6-year professional program of Beijing College of TCM.[34] After teaching and practising TCM and acupuncture for ten years in China, Chou found herself offering TCM services to friends and friends of friends in Ottawa in 1977. From 1979 to 80, she worked in a medical doctor's office because non-MDs were not allowed to practise acupuncture independently at the time. The Gaulin case of 1980 made acupuncture a legally gray area in Ontario.[35] Chou opened the first ever TCM clinic and herbal store Chinese Acupuncture and Herbs Center in Ottawa's new Chinatown on Somerset Street in 1981. The herbal section of the clinic was the first store in Ontario that was owned and directed by a professional TCM practitioner. Earlier Chinese herbal stores in Toronto were owned and operated by merchants with no formal training in TCM, though they often invited knowledgeable persons to offer consultations to customers.

As a key member of the CAAC and of the CMAAC in the 1980s and then of the PAUC and of the CACTHS in the 1990s, Chou had been part of the history of acupuncture and TCM in Ontario since the 1970s. As the first clinic offering the full range of TCM therapies in Ottawa, Chou was interviewed many times on local and national TV programs in the 1980s and early 90s. Local newspapers featured articles about her practice. Over the years, Chou promoted TCM and acupuncture by offering public presentations, writing articles for local Chinese papers and donating charitable treatments to the community's needy. In 1986, her university, Beijing College of TCM, bestowed her with the title of honorary professor for her achievements in promoting TCM overseas. She presented

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[33] Dr. De Gao was a famous TCM scholar, past deputy Minister of Health of Hunan Province and Vice President of the Chinese Academy of TCM.

[34] This institute was later renamed "Beijing University of TCM" in the 1990s.

[35] See details in Chapter 7, under "Ontario."

papers at various conferences including the first and the second conferences of the WFAS. Over the years, Chou served as a connection between TCM leaders in Beijing and TCM associations in Ontario. In the late 1980s and early 90s, Chou had been supportive to those newly arrived TCM physicians and many Chinese MDs who started their acupuncture practices in Canada.

It was so difficult to obtain Canadian medical licenses that most immigrant Chinese MDs would not continue their medical practice in Canada. Instead, they started to practise acupuncture and sell Chinese herbal medicine. Chou was open-mined to this fact and thought that Chinese MDs had some basic training in acupuncture and exposure to TCM fundamental concepts, plus their sound medical background. They could practise acupuncture safely and effectiveness would come with practice. However, Chou was very concerned about the quality and safety of acupuncture service by those who had training neither in TCM nor in Western medicine. In 1993, for example, she was quite upset that a local Chinese "fortune teller" started playing "magic" with the acupuncture needles because there was money to be made that way. Worse than that, this individual was accepted as member of an acupuncture association because of his ability to pay dues. She was also concerned that lay people and health professionals, who had only a few days "acupuncture training" started to puncture people and call themselves "acupuncturists." She had been work closely with patients and acupuncture associations to lobby the government to introduce legislation governing acupuncture. Chou noticed that acupuncture was not included within the twenty-four health professions in the *Health Professions Legislation Review* tabled in January 1989. She and her patients wrote to the media and the government with supporting documentation asking for recognition of acupuncture and TCM

services offered by professionals trained in this field.[36] They were able to secure a promise from David Peterson, then the Premier of Ontario: "I have reviewed your concerns in this regard with the Minister (refers to Elinor Caplan, then Minister of Health), and she has assured me that acupuncturists will continue to be able to provide services in the future."[37]

To my knowledge, one other professional TCM physician who immigrated to Canada during the 1970s was Dr. Tommy Tsui, a native of Guangdong, China.[38] In 1978, he opened the Chinese Herbal Center in Calgary's Chinatown and treated patients with both acupuncture and herbal formula. This was Canada's first Chinese medicine clinic and herbal pharmacy owned and directed by a TCM university graduate. For quite a few years, Tsui's was the only TCM herbal store in the whole province of Alberta until a Vietnamese Chinese family opened the second TCM herbal store in 1986. Then, two other stores were opened. At the turn of the 1990s, Chinese medicine and acupuncture were becoming increasingly popular. More immigrant Chinese Mainlanders opened acupuncture clinics in Alberta. They mostly set up their clinics in Calgary's Chinatown with affiliated herbal pharmacies. Tsui left Chinatown and relocated his practice and store on Centre Street in 1990. Two thirds of his patients were Chinese when he was working in Chinatown and after he moved out Chinatown, two thirds of his clients were European Canadians. His acupuncture treatment rooms were connected with his TCM herbal pharmacy. (See Figure 14)

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[36] I collected a set of letters by Chou and her clients to the Government and *The Ottawa Citizen*. Also see background information provided by Kenneth Basham about Bill 43, "Health Care Faces Curbs in Province," *The Ottawa Citizen*, 20 June 1989, p. A9. Mary Teixeira explained her concerns in a letter to *The Ottawa Citizen*, 17 July 1989, p. D3.

[37] Letter of Peterson to one of Chou's patients dated May 29, 1989.

[38] Locals could recall only one acupuncturist named King Lee who treated patients in Calgary before Tsui in the early 1970s.

Figure 14: Dr. Tsui's TCM Herbal Pharmacy

In June 1994, I met and interviewed Tsui in Calgary. Tsui was among the first Chinese TCM university graduates who completed a six-year (1956-1962) professional program at Guangzhou College of TCM.[39] Even inside China, very few TCM practitioners in his generation held TCM university degrees. Tsui was a typically learned traditional Chinese physician, kind, gentle and modest. He said that the practice of acupuncture, just as the practice of Chinese herbology, must be guided by the theories of TCM, especially the meridian theory, the acupoint theory and the acupuncture therapeutics. For effective therapy, an acupuncturist must always carry out a standard analysis with collected clinical information to decide what would be the diagnosis and make an appropriate therapeutic plan including strategy, selection of points and methods of stimulation.

Tsui enjoyed his work with full enthusiasm and took care of his clients with great concern. He became a member of the CMAAC in the 1980s because this association communicated in Chinese, the language he felt most comfortable with in matters related to Chinese medicine. He reported his clinical research to conferences organized by the CMAAC. His excellent services and effective treatments were praised in the local media many times, especially in the treatment of skin diseases. Several of his clients suggested he join the TCM leadership in Canada because of his solid academic background in this field.

[39] This institute was renamed "Guangzhou University of TCM" in the 1990s.

However, Tsui was very much a private person and quiet scholar. He had been very satisfied and fully occupied with his diligent services to his local communities.

More Chinese university trained TCM physicians arrived in Canada in the 1980s as visa students, visiting scholars and visiting spouses and family reunion immigrants. They mostly stayed in Vancouver, Toronto, Montreal and cities in which major universities were located. Some later returned to China or moved to the United States. The majority of them settled in Canada through the immigration process. In the summer of 1989, I joined a few friends discussing the possibility of forming a TCM university graduate club. We estimated that there were 35 university trained TCM physicians from mainland China in Canada at that time, 11 in Vancouver, 9 in Toronto, 5 in Montreal, 4 in Edmonton, 3 in Ottawa, 2 in Calgary, 1 in Regina and 1 in Fredericton. Only 8 of them had their own acupuncture and /or TCM practices. Three were working with Canadian MDs. Two were working as staff TCM doctors in Chinatown herbal stores. The rest of them were studying at Canadian universities or engaged in other activities such as learning English.

Some newly arrived practitioners found that smaller centers were more attractive for the simple reason of less competition. Tong Li, a Hong Kong born TCM physician opened her L-C Acupuncture & Herb Medicine Clinic in Fredericton, N.B. in the late 1980s. Li indicated that she was a graduate from Guangzhou College of TCM, an alumna of Tsui. Her practice was based on TCM theories, but she found it more effective to explain the conditions and treatments to patients by integrating concepts of TCM and contemporary health sciences. TCM based acupuncture was a new thing in Fredericton and doctors were interested in such a holistic therapy. Li had patients referred by their family physicians

from the very beginning of her practice.[40] In 1992, a newly immigrated TCM physician Dr. Linda Xu was helping Li's practice. One year later, another TCM physician arrived in Fredericton and worked with a local physician.[41]

The number of Chinese TCM university graduates who were practising in Canada had been always very small as compared to the total number of acupuncture and TCM practitioners in Canada. The comparative percentage was certainly below 10 per cent. About sixty TCM physicians in various age groups immigrated to Canada during the first half of the 1990s and I interviewed twelve of them. An important finding was that they started to play a vital role in the teaching of TCM in the 1990s. Teaching institutes such as the CCAOM in Victoria, ICTCM in Vancouver, and Rosemont College in Montreal all had faculty members who were Chinese trained TCM physicians.[42] Former Chinese TCM university instructors Drs. David Bai, Adam Chen and James Fu were teaching TCM in Toronto. They all had eight years professional university training in TCM and all had post graduate training in health sciences in North America. Chen and Fu were the founding faculty of the four-year full-time acupuncture and TCM program at the Michener Institute in Toronto.[43] Dr. Nana Ho of Shanghai was directing the teaching program in Vancouver. TCM physicians were also more active in clinic work. In 1994, I interviewed Drs. Yun Ye with eight years professional training in TCM and Linda Xu who moved from Fredericton

[40] Interview with Dr. Tong Li in June 1992. Information held by author.

[41] Interview with Dr. Xu in 1993.

[42] Information from catalogs of these institutes and from interviews. More detailed information can be found in the next chapter.

[43] The Michener acupuncture program started officially in 1997. Besides their comprehensive training in TCM, Adam Chen received an M.Sc. degree and a Ph.D. in genetics from the University of Alberta. James Fu had advanced training in research of traditional medicine from the University of Maryland and David Bai received a Master's degree in psychology from the University of New Brunswick.

to Toronto. Drs. Ye and Xu had been working in medical clinics where integrated approaches of Western medicine and TCM were applied.[44]

In the 1990s, several highly experienced and respected senior Chinese TCM experts came to Canada by family reunion or by invitation by established Canadian health professionals. There was certainly a great demand for their knowledge and skills. They started to practise part-time and some of them gave private lessons to acupuncture and TCM students and new practitioners. Some of these senior TCM doctors were working in the clinics of Canadian doctors who sponsored them to Canada. For example, among senior TCM experts in Toronto in the mid-1990s, there were several nationally respected educators and practitioners, such as Professors Tao Zhida of Guangzhou, Xi Yongjiang of Shanghai and Liu Zeng of Beijing.

The interviews with many traditional acupuncturists revealed certain general characteristics of their work: Acupuncture is an economical drugless therapy with no need for expensive equipment. It could be carried out in any healthy clean environment including clients' homes. Traditional acupuncture applies holistic approaches to health care, integrating social, psychic and physical aspects of the whole person in its analysis and treatment. With the focus on prevention, traditional acupuncture often helps people before they become seriously ill. More importantly, it is effective for some conditions that other therapies fail to improve. Sometines people came to acupuncturists and TCM practitioners because they had exhausted their resources from mainstream therapies. If they had come to such practitioners in the first place, some of them would not have reached the point when

[44] Interviews with Drs. Chen, Fu, Bai, Ye and Xu in Toronto in 1994 and 1995. Information held by author.

they had to swallow medication regularly with potential side effects and surgeries might be avoided.

Over the years, a certain number of academically less trained Chinese TCM practitioners also immigrated to Canada and set up their private acupuncture and herbal medicine practice in towns and cities across the country.[45] Mr. Chang was a male nurse working for a health unit of the People's Liberation Army. After receiving one year training in "new acupuncture therapy", he was assigned a job as an acupuncturist in the newly established acupuncture department of the health unit. After coming to Canada in 1984, Chang practised acupuncture and ran a small herbal pharmacy in eastern Ontario.

Mr. Liu worked as a barefoot doctor and then he worked as a technician in a provincial TCM research institute. Liu immigrated to Montreal in 1989 and started his acupuncture and Chinese tuina massage service while learning French. Mrs. Lao was a health school (an institute of occupational secondary education) trained practitioner working for her local county hospital. After six month training with the City TCM hospital, she was certified as an acupuncturist in her home county. Lao immigrated to Canada in the early 1990s. She improved her English and had a short course in general health care at Vancouver Community College. In mid-1990s, she was offering both acupuncture and Chinese herbal

[45] In China, doctors working in remote areas and in the countryside below the county level could be "second class" doctors in terms of training. They were usually not university educated, rather trained in middle level health schools. The curriculum could be as short as two to three years. Village doctors were often trained locally in the county hospital in six month to two years. Nurses were sometimes promoted to practise TCM or Western medicine in community clinics. In the past, the Chinese government purposely promoted the training of health professional at different levels to meet the population's need for health care. With the professionalization in the health care fields in China, standard training programs were set up for the training of all health professionals, no matter whether a trainee would intend to work in a remote area or a large urban center.

medicine services and also served as a sitting-in doctor for a Chinatown herbal store two days a week.

CHINESE MDS TURNED ACUPUNCTURISTS

China was one of the few countries that officially had dual systems of medical education and health care. Teaching institutes and hospitals of TCM and of Western medicine had been established throughout the country. Graduates of both TCM colleges and of Western medicine colleges received the same MB (Bachelor of Medicine) degrees and they had equal legal status. Since 1982, the *Chinese Constitution* officially announced: "the state promotes both Western medicine and traditional Chinese medicine." Patients decide whether they want to see Western style doctors or TCM doctors. Generally speaking, people see Western style doctors for acute cases when surgery or antibiotics are necessary, and they seek help from TCM doctors for most chronic illnesses and for health promotion. Some of them see both types of doctors at the same time for the same conditions.

Chinese MDs generally perceived acupuncture and TCM as unscientific and out of fashion. Therefore, it should be discarded all together. The Communist leadership considered it otherwise and declared it "a great treasure house." After 1956, one introductory TCM course (about 100 hours), namely, the Fundamentals of TCM, was forcefully integrated into medical colleges' curricula. This served as a patriotic teaching and prepared

medical students, when they started their practice, for making educated referrals to TCM doctors and to participate in joint consultations of Western and Chinese medicine on difficult cases. Obviously they had not received enough training to make TCM diagnoses and to administer TCM treatments. The lack of formal training in TCM made it difficult for them to adopt the TCM approaches to health and healing. Pattern discrimination (TCM diagnostic analysis) was out of the question. However, they possessed a strong base upon which to upgrade their competency by self-learning and practice. Since 1955, one to two year full-time training programs had been regularly organized for a very small number of selected Western style physicians to study TCM in the hope that they would be the leaders of the integrated Western and Chinese medicine. As expected, many of them later became excellent TCM practitioners and researchers.

The majority of Chinese acupuncturists here in Canada had been "MDs in China."[46] Like many other immigrant professionals, all Chinese trained Western medicine doctors wished to practice their profession in Canada. Except for several lucky ones, however, they were disillusioned by the English (or French) proficiency test, the licensing examination, and the low quota of foreign physicians admitted into the overcrowded Canadian medical profession.[47] To make a living, many of them decided to practise acupuncture and to sell

[46] They were truly medical doctors in China. But if they would use the title of "doctor" or "MD" here in Canada, they could run into trouble with the provincial CPSs. Thus, they note it clearly "MD in China" to remark that they were not licensed medical doctors here in Canada, therefore they were not considered as medical acupuncturists. They usually considered themselves as "traditional acupuncturists."

[47] One of the objectives of Canadian immigration policy was to promote national prosperity through the contributions of a highly motivated and well-educated immigrant labour force. However, there had been tremendous barriers to the recognition of the credentials of immigrants in Canada. The waste of human and intellectual resources that accompanies the failure of recognizing credentials was found in different trade and professional fields. Many qualified scientists, professors, medical doctors, dentists, engineers and

Chinese herbs. It was at least something related to health care and medicine. Knowing the difficulties of having their medical credentials recognized in Canada, many doctors rushed to departments of acupuncture and of TCM for a short period of intensive training right before their departure from China. After coming to Canada, some Chinese MDs had attended the Acupuncture Foundation of Canada's seminars to have some sense of how to practise in an English language environment.

Dr. Eva Tan had worked in Guangzhou, China as a medical doctor for twenty years. In an interview (with the aid of a translator) conducted in 1985 when Tan had already immigrated to Canada for two years, Tan revealed that she started practising acupuncture in the evenings and weekends while working for a government sponsored senior citizens' residence. She could speak very little English and was trying to improve it. When the time was ready, she would like to practise acupuncture full-time.[48] This had been a common experience for immigrant medical doctors from China and some other countries as well. They would first take any available jobs to support their families and then they would start to perform acupuncture at home for relatives and friends and those referred by them. Eventually, many of them would be able to make a living from practising acupuncture full-time.

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skilled workers could not find positions for which they were qualified. See Monica Boyd, "Immigration and Occupation Attainment in Canada," in *Ascription and Achievement: Studies in Mobility and Status Attainment in Canada*, eds. by Monica Boyd et al. (Ottawa: Carleton University Press, 1985) and Kathryn McDade, *Barriers to Recognition of the Credentials of Immigrants in Canada*, (Ottawa, Studies in Social Policy, 1988). For example, a 1986 survey showed that there were about 40 qualified immigrant doctors within the Toronto's Vietnamese community of 30,000. In theory, they should provide medical service to their community, but in reality, they had almost no chance to gain their licenses in Ontario. See, *Canada and the World*, 52, 3(November 1986): 26.

[48] Lorna Hancock, "Acupuncture: A Challenge form the Past, an Interview with Dr. Eva Tan," *Option*, (Spring, 1985): 7-9.

Dr. Ning, a former physician at a Beijing hospital, was a member of a physician team that treated cancer patients in that hospital with integrated methods of Western medicine and TCM. She never practised acupuncture in China, but had some training in her hospital's acupuncture department before she came to Canada to unite with her family. In the early 1990s, she was working as an acupuncturist for a community health centre in Ontario on a volunteer basis. The Centre proposed an acupuncture program for seniors and the poor in the community. The Ontario Ministry of Health provided grants for this and other similar programs in various regions. Ning was then hired as a full-time acupuncturist in this Centre with a part-time secretary for administration and for scheduling appointments. There was a long waiting list for her service. Physicians in community health centres across the region referred patients to Ning. The communities thus served, highly evaluated this program. But some thought this service (free to patients) was an unfair competition to private acupuncturists.[49]

Acupuncturists with Chinese MD background played a very important role in promoting acupuncture and TCM in Canada. Their solid knowledge and skills in conventional medicine helped in communicating with their clients. They certainly had the ability to recognize the signs and symptoms in terms of conventional medicine. Therefore, they were able to refer their patients for further medical investigations. Being able to read Chinese made it easier for them to explore TCM and traditional acupuncture. Dr. Chen came to Ontario in 1988 as a visiting medical researcher. He started an acupuncture practice in 1989 after he became an immigrant. Through self-study, Chen was eventually able to apply some TCM theories in his clinical work. He thought that his clinical result

[49] Interview with Dr. Ning in Ottawa in October 1995 plus information from the Centre.

improved greatly by applying TCM principles in acupoint selection and the way of stimulation. When I was visiting his office in 1994, his clients talked about him highly. A busy practice had been built upon word-of-mouth.[50]

Dr. Xie was a 1955 graduate of Sun Yat-sen Medical College in Guangzhou. He started an acupuncture practice right after he immigrated to Alberta in 1984. When he was working in a hospital in China, the provincial health administration organized TCM seminars for Western style physicians from which Xie gained a basic knowledge of Chinese medicine. He had further training in acupuncture as part of his preparation for moving to Canada. Xie had been very successful in his practice from the beginning and he had gradually incorporated Chinese herbology to his services. In 1994 he was registered with the Alberta Government as an acupuncturist. Xie believed that medical acupuncture and traditional acupuncture should both have their place in practice. He had no trouble with the fact that some Canadian MDs were providing acupuncture service. He said, "In medicine, we should not separate what is Western and what is Chinese. It counts as long as it works."[51]

In fact, most Chinese MD turned acupuncturists were practising a form of medical acupuncture when they started. Some had become more traditional in style through constant learning and practising. Some had never seriously studied and applied TCM theories because they had been deeply committed to their medical school physiology and biochemistry. They could not accept TCM explanations of acupuncture because they did not make sense to them. Like other Chinese MDs turned acupuncturists, they had to address themselves as traditional acupuncturists or doctors of TCM. Their style of practice,

[50] Interview with Dr. Chen in September 1994. Information held by author.
[51] Interview with Dr. Xie in June 1994. Information held by author.

however, was very much medical acupuncture though they were not trained by the AFC. In 1996, I interviewed Dr. Hu, a Chinese medical doctor who had been practising acupuncture since 1989. He thought that acupuncture did nothing more than nerve irritation to release the endorphins and to dull the pain. He served as a chief physician in a hospital in northeast China and never thought that he would have to become an acupuncturist in Canada. But it was the best job he could create for himself in Canada, though he never really enjoyed it. If he had not heard the endorphins theory, he would have hated his job more because he did not want to tell "lies" to his patients. Hu said, "All Chinese medicine doctors [zhongyi] are charlatans, consciously or unconsciously." It had been his opinion about Chinese medicine since he was a medical student in the early 1960s.[52]

Chinese MD turned acupuncturists usually spoke better English than Chinese TCM physicians as the latter devoted much time to studying ancient Chinese languages in which TCM classics were written. Due to their advantage in the English language and their closeness with medical doctors in Canada, Chinese MD acupuncturists played vital roles in some acupuncture organizations, especially in Ontario. The founding members of the CMAAC in 1983 and the CACTHS in 1993 were overwhelmingly Chinese MDs.[53]

Rebecca Lam investigated how clinical thinking differed by comparing four groups of practitioners: physicians without acupuncture training, physician-acupuncturists, non-licensed physician-acupuncturists and traditionally trained acupuncturists. Lam concluded that acupuncturists' initial medical training influenced their clinical thinking and practices.[54]

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[52] Interview with Dr. Hu in August 1994. Information held by author.

[53] See details in Chapter 6, under "Ontario."

[54] Siu-Yuk Rebecca Lam, "Acupuncturists' Clinical Problem-Solving Strategies," Ph.D. Dissertation in education (Montreal: McGill University, 1994).

In conclusion, the number of folk healers who were practising acupuncture and TCM in Asian communities in the early 1970s was very small. Except in Quebec, the number of acupuncturists who graduated from North American schools had been insignificant until the 1990s. Increased numbers of full-time acupuncture and TCM practitioners in Canada in the 1980s and 90s were largely due to the continuous immigration from Asia, especially from Mainland China. Their initial training in China, either as medical doctors or TCM physicians, and their command of the English language, had all played significant roles in their acupuncture and TCM careers and their involvement in organizational activities.

CHAPTER 5

MAKING OF ACUPUNCTURISTS IN CANADA

In the mid-1990s, the acupuncture profession started to reflect the composition of the general Canadian population. A decade before, the majority of acupuncturists were Chinese descendants. In 1996, there were a significant number of Canadian trained acupuncturists of different ethnic origins, which should be attributed to the training of acupuncturists in Canada.

For a short period of time in the early 1970s, most practitioners in Canada were following the "barefoot doctor's" style of acupuncture, also known as "new acupuncture therapy". There was an intense interest among the laity and the health professionals concerning the knowledge a barefoot doctor possessed and its applicability in Canada. During the early 1970s, many Chinese provinces published their own manuals for barefoot doctors as teaching material and clinical references, because people in each province had their own common diseases and available herbal resources. A few different copies of such manuals were circulating among medical doctors and lay people alike in the 1970s in Canada.[1] They

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[1] A typical manual contained chapters about the basis of anatomy and physiology, hygiene and preventing infectious diseases, family planning and midwifery, first aid and Chinese medicinal plants. Main chapters dealt with the diagnosis and treatment of common diseases. Theories and practices of both biomedicine and TCM were usually described. One needed only a high school academic background before training to become a barefoot doctor. The Revolutionary Health Committee of Hunan Province compiled *A Barefoot Doctor's Manual* [chijiao yisheng shouce] (Changsha: Hunan

were usually abridged translations of original Chinese manuals, printed in the United States and distributed in Canada. These manuals were written in a simple, clear and straightforward language with plenty of illustrations. Acupuncture was treated as a therapeutic modality with connections to basic anatomy and disease names in Western medicine. The barefoot doctor's manuals were an excellent quick reference for North Americans who decided to take advantage of the demand for acupuncture service. *An Outline of Chinese Acupuncture*, published in 1975, replaced the importance of the barefoot doctor's manuals in terms of learning acupuncture in North America.[2]

In the 1990s, the *Barefoot Doctor's Manual* fell into medical historians' collections. Canadian "barefoot doctors" of acupuncture of the early 1970s had upgraded their training by various means. The immigration of Chinese MDs and TCM physicians had changed and enlarged the acupuncture profession in Canada. Canadian acupuncture schools turned out more graduates each year, especially after 1990. Room was still open for certain number of opportunists who claimed to be acupuncturist without adequate training. In his 1991 presentation to the Ontario Standing Committee on Social Development and his 1992 report to the BC Health Professions Council, Cedric Cheung, President of the CMAAC classified acupuncture practitioners in Canada into three groups:

Institute of TCM, 1970). The Fogarty International Centre published its English edition (Bethesda, MA) in 1974. It lists close to 200 diseases occurring in Hunan with a variety of traditional Chinese and Western treatments for such ailments. It includes major therapies of TCM such as herbal preparations, acupuncture, moxibustion, and massage. A family physician in Vancouver recalled to me that he realized Chinese medicine was more than acupuncture after he read this *Barefoot Doctor's Manual*. The illustrations remind me of my seeing this book in 1971on my grandfather's desk when he was working for a local hospital in Hunan as a TCM consultant.

[2] Academy of Traditional Chinese Medicine, *An Outline of Chinese Acupuncture*, (Beijing: Foreign Language Press, 1975).

- members of the CMAAC and other TCM organizations (70 per cent from mainland China, and 30 per cent from Canada and other countries);
- members of licensed health professionals including doctors, chiropractors, dentists, naturopaths and physiotherapists (with 30 to 100 hours training); and
- individuals who studied acupuncture in foreign countries for four to six weeks in such programs as offered in Sri Lanka.

Group one were fully qualified acupuncturists; group two might be incompetent in certain cases; while group three were dangerous to their patients. The classification and comments might be the truth but they certainly offended some people including some AFC members, some naturopaths and chiropractors who were offering acupuncture service and those who had only the Sri Lanka "crash course."[3]

This chapter is devoted to the training courses, schools and examinations of traditional acupuncturists in Canada.[4] The training of Canadian medical acupuncturists has been depicted in Chapter 3. The training and immigration of Chinese born acupuncturists and TCM practitioners have been illustrated in Chapter 4.

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[3] It was a necessary step toward professionalization of acupuncture. However, the classification could be difficult and sensitive. In his 1991 presentation to the Standing Committee on Social Development, Cheung made many hometown therapists very unhappy by revealing the fact: "In London alone, from what I know, there are at least 20 of them already with a certificate from another country practising and posing as qualified acupuncturists in London."

[4] The practice of acupuncture by practitioners without medical licenses in Canada has been sometimes called "lay practice of acupuncture," "non-medical practice of acupuncture" or "acupuncture by non-physicians." In fact, some of these "non-physicians" had their professional degrees and worked in their old countries as physicians of TCM or Western medicine. I prefer the terms "traditional practice of acupuncture," "acupuncture by traditional practitioners" and "practice by traditional acupuncturists."

QUEBEC: HOME TRAINED ACUPUNCTURISTS

Private Acupuncture and TCM Schools

Oscar Wexu, President of the Association des Acupuncteurs du Québec (AAQ) started to teach acupuncture in Montreal in 1972 and he attracted close to 20 students. This AAQ associated institute was considered the first regular (as compared to correspondence courses or weekend seminars) acupuncture school in North America. This 18-month training program included 300 hours of classroom instruction (4 hours per week) and 500 hours clinical training. After the 800 hours of course work, students were required to write the final examinations and submit a 100-page thesis. Upon completion of the whole program, the students were conferred the title of Doctors of Acupuncture (D.Ac.) with their diplomas. The AAQ School aimed at recruiting para-medical professionals to this program because they would have already studied basic health sciences. Therefore, they did not need to repeat anatomy, physiology and biochemistry, but could focus on the subjects of traditional acupuncture. The program attracted students as far as the United States and other Canadian provinces.[5] Wexu achieved a great fame as an acupuncture educator and he was called "the father of acupuncture in Quebec." One thing was made clear from the very beginning of his

[5] For instance, Mark Seem was trained from AAQ School and he maintained close ties with the AAQ. Seem founded the Tri-State Institute of Traditional Chinese Acupuncture in Connecticut in 1979, co-founded the National Council of Acupuncture Schools and Colleges (NCASC, 1982) and participated in the National Commission for Certification of Acupuncturists (NCCA, 1983). Several acupuncturists who worked in the famous New York detoxification programs were also Wexu's students. See news in AAQ Journal, *Acupuncture*, (Summer 1983): 23-24.

school – no medical doctors would be accepted. He thought that doctors would force their non-doctor teachers out of business once the doctors learnt acupuncture from them just like George Soulié de Morant's sorrowful story in France in the 1950s. Therefore, Wexu never admitted a single M.D to his program.[6]

In the 1970s and 80s, numerous acupuncture associations organized their own training programs. Besides the AAQ School, the Institut Canadien d'Acupuncture was another popular school in the 1970s located at 10, 680 avenue d'Auteuil, Montreal. This school also promoted its program among para-medical personnel such as medical technicians, physiotherapists, nurses, chiropractors, and osteopaths, as well as people with college or university training in health and biosciences. Doctors and dentists were welcome. This three-year program cost $2100 in total with 1157 hours of theoretical studies and 515 hours of practice instruction. The detailed curriculum followed the model designed by Dr. Nguyen Van Nghi, which was used in the Faculty of Medicine in Marseille.[7] The first year studies were principles of TCM and general knowledge of acupuncture. The main contents of the second year courses were pathology and diagnostics of TCM and electric-acupuncture. Students spent their third year studying clinical subjects, analgesia and completing a thesis of 80 to 100 pages including bibliography.[8] This partially Westernized acupuncture program suited their students' background.

Established in 1973 under the leadership of Claude B. Prévost, the Institut d'acupuncture de Québec (IAQ) offered a three-year program in acupuncture. The school

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[6] Wexu said that: "Je dois toutefois préciser que nous n'avons jamais accepté de médecin à notre école." Quoted in *Acupuncture*, (Spring 1978): 14.

[7] Nguyen Van Nghi, a Vietnamese physician of Chinese descendant living in France was one of the most important figures in promoting acupuncture in Europe and North America in 1970s and 80s. He visited Québec several times during this period.

[8] See *Guide de l'edudiant* (Montréal 1977) issued by ICA.

was associated with the Société des acupuncteurs C.B.P. du Québec and the Corporation professionnelle des acupuncteurs du Québec. For teaching purposes and for promoting the institute, the IAQ published a journal *Acupuncture* in 1983 and changed its name to *Acupuncture réflexologie* in 1990. Its curriculum consisted of courses in basic health sciences, acupuncture and other natural therapies. In acupuncture politics, the IAQ held opinions similar to that of AAQ's, namely, acupuncture was an independent profession.

Major curricular changes were happening in acupuncture schools in the 1980s in which essential TCM theories and other practical areas were introduced. In the early 1970s, the source material for acupuncture training was mostly at "barefoot doctors" level. With more literature available in Western languages and with more Western acupuncturists connected with China, educators realized that acupuncture must be taught within the TCM environment. For instance, the AAQ made an extended fourth year program to have more TCM subjects covered by students who wished to receive a "Doctor of TCM" title. This part of the program was named the Canadian Institute of TCM.[9]

There were a dozen of schools of acupuncture and TCM for students to shop around during the mid-1980s in the Montreal area. According to a 1987 survey, Table 9 shows the important acupuncture and TCM schools which were operating in 1986 in Quebec.[10] The average age of students was about 35 and most of them maintained their regular jobs, sometimes with reduced hours. Some schools offered one to two day daytime courses, but classroom instructions were given mostly during the evenings and weekends. The Ministry

[9] Editorial: "Traditional Chinese Medicine Makes Its Official Entrance in the Occidental World," *Acupuncture*, (Summer 1980): 7.

[10] Information from Collége de Rosemont, *L'Enseignement de l'acupuncture* (survey carried out by Ressources – santé Québec, 1987), p. 42.

of Education had never recognized any of these private schools. Most of them stopped admitting new students once the publicly funded program at Rosemont College started.[11]

Table 9: Acupuncture and TCM Schools in Quebec in 1986

School Affiliation	Length of Study	Hours of Instruction	Cost
Association d'acupuncture du Québec	3 years	1,000 hours	$4,500
Ordre des acupuncteurs du Québec	Intensive, 1 year Regular, 2.5 year	315 hours 720 hours	$6,230 $15,000
Société d'acupuncture du Québec	3 years	2,500 hours including theory and practice	$4,500
Academie d'acupuncture de Québec	3 years	1,200 hours including theory and practice	$5,400
Société d'acupuncture CBP du Québec (IAQ School)	Intensive, 1 year Regular, 3 year	1,500 hours	$1,600 $9,000
Academie des sciences naturelles	3 years	1,000 hours in theory 500 hours in practice	$4,000
École supérieure de médecine chinoise	3 years		$6,000
Programme d'acupuncture Collége Rosemont	3 years Full-time	2535 hours in total 1350 in acupuncture	

In comparison with acupuncture training in Quebec, there were only short courses available in Toronto and Vancouver in the 1970s and the first half of the 1980s. The first school outside of Quebec that offered a three-year program in this subject did not appear until 1985. This was why acupuncturists and TCM practitioners in Quebec were mostly trained within that province, but the majority of practitioners in this field in other provinces were immigrants from Asia. This also explained why the ethnic Chinese had almost no

[11] According to information in the 1993 fall issue of the *Acupuncture Réflexologie*, the IAQ was still teaching some courses in TCM and acupuncture through correspondence.

voice in organizational activities in Quebec, but in Ontario, BC and Alberta, immigrant Chinese practitioners formed major membership of acupuncture and TCM associations.[12]

Rosemont College Acupuncture Program

Neither the Government nor the Corporation professionnelle des médecins du Québec (CPMQ) recognized the programs of existing acupuncture schools. One of the very important parts of the 1985 *Acupuncture Regulation* was the establishment of a provincial standard. In 1980s, acupuncturist groups all agreed that acupuncture training must be set at the university level with a curriculum emphasizing TCM. But the standard worked out by the Office des professions du Québec (OPQ) and the CPMQ assigned acupuncture education only at the college level because it was defined as a technique not as a system of medicine or health profession. The program was named an"experimental program" for "acupuncture technique." The training requirements for a candidate to write the registration examination with the CPMQ, described in the *Regulation*, served as the guidelines for the College program: 450 hours training in acupuncture theory; 200 hours training in basic and clinical sciences and 350 hours training in practice.[13]

The Minister of Education approved Rosemont College in Montreal for dispensing such a three-year full-time program.[14] The first class was to start in September 1986 with 25 students. The above listed private schools had to stop accepting new first year students

[12] For information regarding organzational development, see Chapter 7.

[13] For detailed description of each area, see "Règlement sur l'exercice de l'acupuncture par des personnes autres que des médecins," *Gazette Officielle du Québec*, (July 17, 1985): 3795.

[14] Conseil des collèges, *L'implantation du programme en techniques d'acupuncture*, (Government of Québec, 1986), #86-05367.

because their training programs would not be recognized by the CPMQ. One exception was l'École supérieure de médecine chinoise that accepted new students anyway. Obviously, the "standardization" was part of the strategy of the CPMQ to control the practice of acupuncture. Besides, the CPMQ could limit the number of students admitted to the program. Each year, there were always a huge number of applicants to the first ever government funded acupuncture program in a public college. On average, only one third of the applicants were admitted to the program. The applicants had to go through a process of pre-selection based on their files (academic achievements and life experience, etc) and an interview with the College's Acupuncture Department. Theoretically, a high school graduate was eligible for admission to this program. In reality, the majority of accepted students had post-secondary diplomas. Some applicants were already members of a health profession. They were looking for a career change or professional improvement to include their love of acupuncture and TCM. The following is the data of students' academic background of the first five acupuncture classes at Rosemont College:[15] (See Table 10)

Table 10: Acupuncture Students Pre-Schooling at Rosemont College, 1986-91

Pre-schooling	**1986-87**	**1987-88**	**1988-89**	**1989-90**	**1990-91**	**%**
High School	1	2	3	4	3	7%
College in progress	8	7	6	9	8	21%
College diploma	8	13	13	17	19	37%
University diploma	11	8	7	21	21	36%
Total	28	30	29	51	51	189

[15] Information from Elisabeth Lapierre, "La situation de la formation au Collége Rosemont," in SPAAQ, *Les actes du 3e colloque national de acupuncteurs et acupunctrices du Québec* (Château Frontenac, Québec, 1992), p. 17.

With the average age about 27 years old, the student population of this program was obviously a mature one. The College had established close ties with Nanjing University of TCM and Tianjin University of TCM in China. Chinese professors were regularly invited to teach clinical classes and students might have chances to intern in Chinese hospitals for a few weeks. In 1987, the Department established an affiliated teaching clinic that treated 150 to 200 patients weekly.[16] The program was highly evaluated. But acupuncturists continued their arguments that the program must be elevated to a university level.[17] After the acupuncture profession achieved the status of self-regulation in 1995, the Department of Acupuncture further improved its curriculum with more emphasis on TCM.[18] The ten-year effort had made the acupuncture program at Rosemont College a very successful one in which 333 students had graduated. The employment rate was almost 100 per cent. This success reflected the fact that Quebecers had a greater interest in acupuncture and TCM. It also reflected the fact that college graduates in health care fields had a better chance to locate a job. A survey of those who graduated from programs of health care from 1992 to 1997 found that 92 per cent of them were employed with an average income much higher than other new college graduates.[19]

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[16] "Traditional Chinese medicine to be taught here," *The Gazette*, August 26, 1987, p. A8. "Clinique-école d'acupuncture au Collège de Rosemont," *La Presse*, 13 December 1992, p. C 6.

[17] Martha Gagnon, "La formation professionnelle des acupuncteurs au cégep de Rosemont serait loin d'être un échec," *La Presse* (Montréal), 18 December 1991.

[18] The curriculum were partially defined in 1986 and greatly upgraded in 1994. See http://www.meq.gouv.qc.ca/ens-sup/ens-coll/Cahiers/cours-comp/Disc112.html.

[19] See "Boom de demandes au Cégep Rosemont," *Le devoir*, May 11, 1993, B1. Also see information for applicants in the web sites of the department and of the College: www.agora.crosemont.qc.ca/dacu/ and www.crosemont.qc.ca/dapc/program/acu.htm.

Acupuncture Examinations

According to the *Acupuncture Regulation* (1985), an individual who was not a licensed physician in Quebec and wished to practise acupuncture in that province must pass a licensing examination consisting of acupuncture, basic and clinical medical sciences, in addition to a three-year college level acupuncture program. The Government and the CPMQ had a very difficult time enforcing the examination requirement because of opposition from acupuncturists with public support. Finally, the Minister of Education served notice in major Quebec newspapers to acupuncturists and set the deadline for them. They must pass the examinations and register themselves with the Register within the CPMQ before the spring of 1988. Otherwise, they would not be able to practise acupuncture legally.[20]

Since there were few acupuncturists who had the approved college diplomas in acupuncture, the first two examinations were organized for the "grandfathers." In the *Medical Act* amended in 1977, a special clause called "grandfather" was created (see Section 21 of the *Act*) for people who practised acupuncture in Quebec before December 22, 1977. They were later called "grandfathers I" and they could take an examination with 1000-hour acupuncture training without a diploma from an approved three-year full-time formal college acupuncture program. In 1986, pressured by the acupuncturists, the *Medical Act* was modified again to created a new clause of "grandfathers" called "grandfathers II" to define those who practised acupuncture between December, 1977 and September 1986.

[20] A deadline: December 31, 1987 was given for acupuncturists who were already in practice to pass the examination.

The "grandfathers II" had the same privileges in terms of writing the registration examinations.[21]

The CPMQ administered examination consisted of a written part and an oral part. The first examination was held in the fall of 1986 for "grandfathers I." Not all of the 42 "grandfathers I" availed themselves of the right to write the first examination. Among 34 applicants, 21 were accepted as "grandfathers I" and admitted to the examination. Among those who wrote it, 14 failed and 7 succeeded including two women.[22] The examination questions were prepared according to the material supplied by the National Commission for the Certification of Acupuncturists in the United States. The second examination was for the "grandfathers II." Hundreds of acupuncturists could be classified within this category. Only 42 of them wrote the examination because acupuncture associations were boycotting the examination. Twenty-eight of the 42 candidates passed both parts of the examination. The third examination was held on October 1987 for all eligible candidates. Only 16 per cent of total candidates (49 over 350) were successful and found admissible to practice. All candidates were very furious. They claimed that the examination was invalid because it was not well designed and they asked the government to intervene in the examination procedure. However, Dr. Augustin Roy, President of the CPMQ, replied through the media: "examination faultless."[23] Afterwards, the examinations were held annually. The fail rate was usually high.

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[21] Sarah Scott, "Ryan Declares Truce in Acupuncture Battle," *The Gazette*, Tues., 1986. Claude Ryan was then Education Minister of Québec.

[22] Renée Rowan, "Sept acupuncteurs seulement ont réussi à percer aux examens de la Corporation des médecins," *Le Devoir*, 13 November 1986, p. 3.

[23] Jean-Pierre Bonnomme, "Seulement 16 p. cent des candidats à l'acupuncture passent l'examen," and " 'Examens impeccables', réplique Augustin Roy," *La Presse*, 3 December 1987, p. D8.

Acupuncturists were still protesting the examination in 1988, the 3rd year that the CPMQ conducted this test. They ridiculed the idea of doctors testing acupuncturists' competence as "an electrician examining a plumber." The CPMQ was claiming that the examination was for "assuring the quality of acupuncturists to protect the public." The protestors thought the whole purpose of the examination an exercise of professional control to limit the number of acupuncturists from entering the health care market. In 1988, 300 unlicensed acupuncturists who were members of the Syndicat des acupuncteurs et acupunctrices du Québec (SPAAQ) boycotted the examination. They called for acupuncture training to be set at the university level and for acupuncturists' own corporation to be established.[24]

Many examinees criticized that the examination did not focus on the system of TCM but concentrated on Western medicine. For example, after the November examination in 1988, about 50 acupuncturists protested that it was not a true test of competence. They told reporters that about 40 per cent of the questions tested Western diagnostic skills and barely 10 per cent asked about Chinese style "holistic" observations. Ironically, half of the examinees were trained in the three-year program at the Rosemont College, the only program recognized by the Ministry of Education and the CPMQ. The examination was not designed to correspond with the Rosemont acupuncture curriculum.[25]

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[24] "Acupuncturists don't want control by doctors: CNTU," *The Gazette*, 14 April 1988, p. A8. Brigitte Breton, "Les acupuncteurs affiliés à la CSN refusent de passer les examens de la corporation de médecins," *Le Soleil*, 5 May 1988. Pierre Cayouette, "300 acupuncteurs boycottent les examens de médecins," *Le Devior*, 30 November 1988, p. 2.

[25] "Acupuncturists protest exam not a true test of competence," *The Gazette*, 15 December 1988, p. F10. See also reports by Conrad Bernier, "Des acupuncteurs dénoncet les examens de la Corporation de médecins du Québec," *La Presse*, 13 December 1988, p. D15 and by Lia Lévesque, "Le examens des médecins piquent au vif les acupuncteurs," *Le Devoir*, 13 December 1988, p. 2.

After the acupuncturists' self governing body, the Order des Acupuncteurs du Québec (OAQ), took control of the profession from the CPMQ in July 1995, the OAQ administered a supplementary year of studies for candidates to have a better understanding of clinical acupuncture and to observe different styles of practice in addition to the three year training from Rosemont College. The OAQ had been asking to take acupuncture training to a higher level. The University of Quebec in Trois-Rivières, the Rosemont College and the OAQ discussed a project of building a five-year university level training program for acupuncturists. To many acupuncturists, the ultimate goal of training in acupuncture was to establish a university based professional doctorate program.

BC: FROM COURSE IN THE MAIL TO TRAINING IN SCHOOLS

Early Attempts

Kok-Yuen Leung established the North American College of Acupuncture (NACA) with a three-part correspondence course in Vancouver in 1972.[26] Roger Langrick was the administrator. The NACA claimed that it was promoting traditional acupuncture in its teachings, but still expected students to have a good knowledge of health sciences and "a reasonable understanding of orthodox medical practice." It took about 2 years to complete

[26] Leung, with 30 years experience in his profession, was then President of the Hong Kong Acupuncture Society and Principle of a Hong Kong acupuncture school.

all parts of the correspondence courses. The graduates were entitled to sit for the membership examination of the North American Acupuncture Association, a token organization sponsored by the NACA.[27]

Acupuncture was still a hot news item at that time and Langrick skillfully used the media for free publicity. He phoned the local media and the "establishment of the NACA" was announced immediately. He wrote a letter to *Life* magazine commenting about a previous report on acupuncture and the magazine printed the entire letter with the address of NACA, which attracted many American applicants to the program.[28] The business was so good that the school sold 200 package of correspondence teaching material (Each cost $150) in no time. Leung did give some hands-on instruction to selected local students. However the good days did not last long. The legal aspects of this course were before the provincial courts. In 1974 Leung was charged with "illegally operating a medical school" and the school was forced to close.[29] Leung and Langrick left BC for the United States.

In November 1972, a naturopath named Hermies Tong established the College of Acupuncture and Herbalic Medicine in Vancouver. He had given only two lectures and then he closed his college under pressure from the College of Physicians and Surgeons of BC (CPSBC). The director of the CPSBC said that some of its members who had attended Dr. Tong's opening lecture returned with "some very disturbing reports." The CPSBC reported this to the CBC. Tong opened and then closed his school within ten days. He left BC for the United States.[30]

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[27] *Acupuncture*, (manual of the NACA, Vancouver, 1972), p. 11-13.
[28] Langrick, *The Needle Game*, p. 72.
[29] "City Acupuncture College Charged," *The Vancouver Sun*, 16 July 1974.
[30] "Acupuncture College Closed by 'Pressure,'" Vancouver (CP), Nov. 18, 1972.

Henry Lu, Translator and Educator

Assisted with his wife Janet, Dr. Henry Lu founded the Academy of Oriental Heritage (AOH) in Vancouver in 1973.[31] Taking advantage of his background in languages and in educational philosophy, along with his translations of Chinese texts of TCM and acupuncture, Lu launched his correspondence course in acupuncture in 1973. While enrolling students to his correspondence courses, Lu sold his translated texts to them. Lu acted quickly in transforming knowledge of acupuncture and TCM from China to Canada by translating the original Chinese texts and then distributing them to his correspondence students. Many of Lu's early students were family physicians in Canada and the United States who were hungry for a quick course of acupuncture to meet their patients' demand for service.

Soon after starting the acupuncture program, Lu initiated a correspondence program teaching Chinese manipulative therapy (tuina) – the first and probably the only course teaching such a highly hands-on therapy through correspondence. In Lu's view, "the techniques of manipulation are fairly easy to master so much so that they may be picked up by anyone with average intelligence." The program was organized similar to the acupuncture correspondence courses. Upon receiving fees for registration and lessons, Lu's academy would mail course material on a monthly basis. There were no controlled measurements such as written and practical examinations of the quality of the program.[32]

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[31] The Academy was located at 308-193 Hastings St. (Ford Building), Vancouver, BC, Canada. As stated in its publications, the institute was for "translating, publishing and promoting the oriental heritage books."

[32] See Henry Lu, *Contemporary Research in Chinese Acupuncture*, (Spring 1974): 46-51. Quoted from p. 46.

Some criticized Lu as one of the opportunists in the field of teaching Chinese medicine. "How could one learn acupuncture and manipulative techniques by mail?" They commented: "This way of teaching Chinese medicine is dangerous and ridiculous."[33] Lu explained that correspondence would be the only viable way at the time. Any attempt to organize classroom or bedside teaching would be immediately killed by the CPSBC.[34]

Chinese herbalism was a less known area of TCM to Canadians. In 1975, the North American College of Chinese Herbalism (NACCH) tried to inform prospective students that Chinese herbalism "had such a tremendous impact on the Chinese culture far exceeding that of Chinese acupuncture." Nine out of ten Taiwanese practitioners of Chinese medicine were practising herbalism as compared to only 5 per cent of them practising acupuncture. Most articles in TCM journals were on herbal medicine. The NACCH emphasized the fact that close to 1000 Chinese herbal patent medicines were available in North American markets (Chinatown stores), which made learning this system practical. To offer an opportunity to explore the even greater (than acupuncture) treasury of Chinese medicine, the NACCH started correspondence courses in Chinese herbal therapy at three levels: introductory, intermediate and advanced. The courses were offered in English and were aimed at physicians, researchers and educated laymen.[35]

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[33] Interview information hold by author.

[34] Interview with Lu in June 1994

[35] See ad in *Contemporary Research in Chinese Acupuncture*, (Fall 1975): 354-355. The NACCH had mailing addresses in Canada and the United States: P.O Box 35057, Station E, Vancouver V6M 4G1; P.O. Box 1568, 1241 Mitchell Ave. Blaine, Wash. 98230.

Figure 15: Dr. Henry Lu

Lu is an excellent example of how a scholar of language, history and philosophy could train oneself through translation and self-study to become a TCM practitioner and teacher. (See Figure 15) Born in 1936 and originally from Taiwan, Lu received his Ph.D. degree in education at the University of Alberta in 1968 and then taught at the same university and the University of Calgary until 1971 when the "East Wind" of acupuncture changed his career by a 180 degree turn.[36] Because of the lack of English literature on acupuncture and TCM in the early 1970s, Lu made a big name for translating acupuncture related passages in the *Yellow Emperor's Classic of Internal Medicine* and contemporary acupuncture texts from China. Eventually he expanded his translation area to TCM herbal medicine, nutrition and home remedies. At that time, there was no waiting time for factory typesetting. The need for such information was so urgent that Lu's early translations were printed and distributed in their typewritten manuscripts to hungry readers in North America.

The Chinese Versions of Modern Acupuncture that Lu translated from the original Chinese texts of "new acupuncture" (technical renovations associated with the Cultural Revolution) was distributed in 1973. The so-called "new acupuncture" was technically rapid and deep insertion into a small number of points in each session, removing the needles after strong stimulation without delay. These techniques were claimed easy to learn and more effective than conventional methods. In terms of content, "new acupuncture" includes needling the special points in the hands and the ears and acupuncture anesthesia for surgery. Without much theoretical depth and far from professional standard, the original texts were

[36] The title of Lu's Ph.D. thesis completed at the University of Alberta in 1968 was "John Dewey's Philosophy and Education."

probably written as a quick learning manual to turn out barefoot doctors faster. However, Lu was "fully convinced that anyone who has read and understood this text will be ready for practice as a final step to become [becoming] a professional acupuncturist." Lu's translation certainly met the demand: "a large number of interested people and professionals are in search of a text in Chinese acupuncture."[37] Lu was probably the greatest translator of TCM in North America during the 1970s. The following is a partial list of Lu's translations:

The Chinese Versions of Modern Acupuncture, 2nd ed. 1973
The Yellow Emperor's Book of Acupuncture, 1973
A Complete Textbook on Auricular Acupuncture, 1973
Chinese Acupuncture for Pain Relief, 1974
Scalp Acupuncture: Therapy and Anesthesia, 1975
Acupuncture Treatment of Deafness and Mutism, 1975
The True Story of Chinese Acupuncture, 1975-1976
Introduction to Chinese Classics in Medicine, 1977

To have a place to publish his translations of original Chinese articles in acupuncture and related techniques, to promote his distant education programs and to promote his translated books and associated activities, Lu launched a unique journal named *Contemporary Research in Chinese Acupuncture* in the spring of 1974. The journal's readers were mostly physicians who were interested in integrating acupuncture into their practice. The journal also contained information on TCM manual therapy and herbal medicine. Lu provided both editorials discussing specific issues and letters between Lu and readers as questions and answers. The journal ceased to exist after three years of operation probably

[37] *The Chinese Versions of Modern Acupuncture*, trans. by Henry C. Lu, (Vancouver: Academy of Oriental Heritage, 1973). Quoted from Lu's "Preface."

because "the number of Western physicians interested in Chinese acupuncture has been drastically decreased."[38]

There were available high standard textbooks such as those used in TCM higher education institutes before the Cultural Revolution, but the media sensationalism of the "new acupuncture" therapy promoted during the Cultural Revolution guided Lu's selection of texts for translation. The relatively easy texts with many Western terms were more appealing to the busy health professionals who wanted to use acupuncture on the side. As early as 1975, Lu realized that: "eventually any Western doctor who wishes to become a professional acupuncturist or herbalist would have to pursue Chinese theoretical foundations underlining clinical applications."[39] In 1976, Lu made a series of charts as a simplified way to help his readers learn some basics of TCM diagnosis.

Dr. Davis, a family physician who was taking Lu's quick course in 1976 thought that the most useful study material he received was the three acupuncture charts, the front view, the back view and the side view. "The acupuncture points on the charts were marked with Chinese characters. Of course, the WHO Standard English Coding concerning acupuncture meridians and acupoints was not yet introduced then. The remarkable feature was that you had all these symptom names such as "headache," "dizziness," "fatigue," sciatica,"

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[38] See Henry Lu, ed., *Contemporary Research in Chinese Acupuncture* (Vancouver, Academy of Oriental Heritage), Summer 1995, "Editorial," p. 257. The final issue that I obtained is No 9 printed in the spring of 1976. Just as Lu's early books, the journal was produced in a hurry to catch readers' enthusiasm for acupuncture and TCM. Its typesetting, format and binding were not up to professional standard and its illustrations, except those copied from the original text, were kindergarten drawings. It is difficult to imagine how much time Lu invested in such a big venture with individual effort, especially before the age of PCs. Lu was very busy in translating and editing. He had hardly any time to practise the art he was translating. But Lu was lucky enough to sell his translations of original Chinese text because China had no enforced copyright law and China was not a member of international copyright organizations in the 1970s.

[39] See Lu, *Contemporary Research in Chinese Acupuncture,* (Spring 1975): 201.

"vomiting," "diarrhea," listed on both sides of the charts with lines leading to the appropriate acupuncture points to be needled." He used one of his three examination rooms exclusively for patients he thought to be good candidates for acupuncture and conveniently posted the charts on the wall beside the treatment table. He said that he achieved good result with the technique and sometime amazed himself but he stopped acupuncture service within one year because it took too much of his time.[40]

In terms of the amount of work accomplished, Henry Lu was the greatest achiever in translation, compilation and writing of textbooks for TCM students. In a 1980 list of Lu's textbooks provided by the Academy of Oriental Heritage in Vancouver, he had eleven titles (sixteen volumes) for regular students and seven titles for correspondence students. These titles covered a wide range of subjects related to TCM from TCM astrology to TCM sexuality.[41]

In the 1970s, Lu's translations were almost directly from one Chinese source into an English book and his readers were mostly health professionals. This was his stage of learning through translating. In the 1980s and 1990s, Lu compiled many popular books for the laity in which he often mixed and reorganized multiple Chinese sources into his own books in English. These books were more in the areas of Chinese medicinal herbs and healing foods and they were sold in health food stores across North America.[42] For example, 300,000 copies of Lu's *Chinese Foods for Longevity* has been sold since 1990.

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[40] "Davis" is a pseudonym. Interview carried out in 1994.

[41] I obtained a copy of the list.

[42] Henry C. Lu, *Chinese System of Food Cures: Prevention & Remedies* (New York: Sterling Publishing Co., Inc., 1986); *Chinese Natural Cures: Traditional Methods for Remedies and Preventions* (New York: Black Dog & Leventhal Publishers, 1986), reprinted in 1990, 1991, 1994 and 1999; *Chinese Foods for Longevity: The Art of Long Life* (New York: Sterling Publishing Co., Inc., 1990); *Chinese Herbs with Common Foods: Recipes for Health and Healing* (Tokyo: Kodansha International, 1997).

Lu's translations, correspondence courses, and popular books promoted his profile in the TCM and acupuncture community. There had been some unfavourable comments toward Lu's achievements, such as: "oh, Lu, he is only a translator." This was partially a form of professional jealousy.

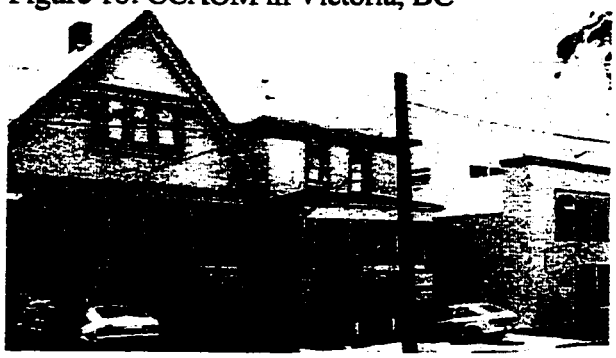
Colleges of Acupuncture and TCM

In 1985, Dr. Wee-chong Tan, an Anglican minister and biochemist, established the Canadian College for Chinese Studies in Victoria at which acupuncture and TCM was a program. This program was then named Academy of Science for Traditional Chinese Medicine, located at 4865 Tavane Road, R.R. 1, Victoria, British Columbia.[43] Tan was not a TCM doctor and never taught TCM before. He had a lot of difficulties in locating faculty and raising operating funds. At the same time, organized medicine in BC was warning him about the legality of operating such a school in Canada. The AABC, however, was firmly behind him. The school offered the first ever three-year full-time English program of professional training in TCM and acupuncture.

[43] Tan was a fascinating personality. After completing his Ph.D. program in biochemistry (Indiana University) in 1966, Tan studied theology at St. John's College, Oxford. Subsequently, he became honorary curate at St. James Sussex Garden, Westminster and a fellow of the Imperial Cancer Research Fund in London. In 1974, Tan was appointed the Director of the Department of Biochemistry at Pearson College in Victoria. After his visit to China (a country he had left for 31 years) in 1976, Tan engaged himself in to promoting traditional Chinese philosophy and science to Western culture. See Tan's autobiography *Wandering about the World [Langji], Story of an American Chinese* (Beijing: People's Education Press, 1992.) An article in the Victoria *Times-Colonist* (February 16, 1988) called him "a unique blend – a Western scientist, Oriental philosopher and Anglican cleric all in one."

The school conformed its teaching program to the famous California standards. The program combined 1980 hours of academic study, including 250 hours of clinical experience. Focused on TCM (70 per cent acupuncture and 30 per cent herbology), the program also integrated basics of health sciences and Western medicine. The school had no trouble in locating students and it selected 25 from applicants in the first two years. To avoid conflict with the College of Physicians and Surgeons of BC (CPSBC), the clinic was operating under the supervision of BC licensed medical doctors who were also faculty of the school.[44] The school subsequently moved to 855 Cormorant Street in Downtown Victoria, British Columbia. (See Figure 16) The "campus" was two Victorian houses that were renovated with the participation of the students. One held the classrooms and the other was the college clinic that was open to the public for students' observation and practice. Later, Tan purchased the third building right beside to host the bookstore (ground floor) for the Academy of Chinese Studies and for the CCAOM as well as for the museum for the history of Chinese sciences. Tan named the museum Joseph Needham Museum of Ancient Chinese Discoveries located on the upper level. The Museum was dedicated to his mentor Joseph Needham at his 90th birthday. Placing TCM in

Figure 16: CCAOM in Victoria, BC



[44] For example, Dr. Michael Greenwood, a Cambridge medical graduate, made a name for excellent service to local patients while he was teaching in the clinic. See Doug Kelk, "Doctor Proves Acupuncture Helps Victims of Whiplash," and "Alternate Treatment Bring Relief After Crash," *Times-Colonist*, 17 May 1988.

a historical context, this impressive museum of traditional Chinese sciences and technology was open to the public.

In early 1988, 32 students were studying there ranging in age from 24 to 47. Most of them left their previous careers to attend the 3-year full-time program. For instance, 28-year-old Patricia Farand was a rehabilitation counselor in Manitoba. Forty-six-year-old Susan Brown was a college assistant registrar and 41-year-old David Patterson quit his office job in order to attend the school.[45] In May 1988, the first nine students graduated from the school. Both the Acupuncture Association of BC (AABC) and the Acupuncutre Society of Alberta (ASA) recognized the teaching program of the School. Mary Watterson, President of the AABC, praised the school for setting a wonderful precedent in Canada. The CPSBC, however, had no warm reception for the school and its new graduates. The Registrar said that: "these individuals have no legal status in the province."[46]

In 1991, Tan retired as administrator of the School. A non-profit organization, East West Medical Society, was formed to manage the school and the school was renamed the Canadian College of Acupuncture and Oriental Medicine (CCAOM).[47] The school was officially accredited as a private post-secondary educational institute in British Columbia. The CCAOM's curriculum was accepted by the AABC. Therefore, graduates of the program were eligible to write the AABC's examination for membership. The following was the three-year curriculum synopsis used in the first half of the 1990s. (See Table 11)

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[45] Doug Kelk, "Acupuncture Grads Get Diplomas Today," *Time-Colonist*, May 7, 1988.

[46] Patti Flather, "Students Learn Needling Techniques at Acupuncture School," *The Ottawa Citizen*, 26 May 1988, Thu., p. F12.

[47] The Society was comprised faculty, students, and alumni of the College and public members. At the time, this was the only private TCM school run by a non-profit organization in Canada.

After 1997, the College made the program a four-year full-time study that consisted of 2592 hours of instructions.

Table 11: CCAOM Curriculum Synopsis 1993

First Year Courses	Second Year Courses	Third Year Courses
Foundation of TCM I	Foundations of TCM II	TCM Clinical Practice
Anatomy	Pathology	TCM Clinical Lectures
Physiology	Acupuncture Therapeutics & Techniques	East/West Medicine
Tai Qi	Treatment of Soft Tissue Disorders	Total instruction hours in 3 years: 1770.
Herbology I	Herbology II	
Jin Shin Do Acupressure	Point Location/Energetics	
Point Location I	Counseling Skills	
Surface Anatomy	Clinical Observation	
Clinical Observation		

In 1988, Henry Lu founded a three-year full-time TCM program in Vancouver: the Chinese College of Acupuncture and Herbology. The first class had only six students. In 1991, the College adopted a new name: International College of Traditional Chinese Medicine (ICTCM). The school subsequently established a second campus in Victoria with basically the identical curriculum as the Vancouver Campus. The College had used its own textbooks and claimed that graduates were equipped for both acupuncture and TCM. The curriculum was similar to that of the CCAOM except that the ICTCM had courses in the study of classic Chinese medical literature.

Five students graduated in 1991 and 10 in 1992. In the mid-1990s, the school admitted about 35 students each year with a total enrollment of 80 students. Over the years, the school attracted excellent faculty members who were graduates of China's professional TCM programs. In 1996, the College extended the program to four years with more clinical

discussions and practice in the final year. The total hours of instruction were 2,100 hours.[48] Lu said that Canadians were very interested in TCM and acupuncture:

> My first class was 100 per cent Westerners who already had good jobs. They pursued the studies of TCM because they were truly in love with this system of healing. One could make a living from practising Chinese medicine, but Chinese medicine is not a good money making business. The satisfaction comes from being able to help others.[49]

The attitude of his students made them better practitioners. Lu believed that graduates from his school and other schools improved the quality of TCM and acupuncture services in the province.[50] The graduates of the above two colleges were a small minority among practising acupuncturists who were trained in various ways in the mid-1990s. There was no standard control over acupuncture training programs

The Vancouver Community College Continuing Education Department organized a short upgrading program in 1993 for practising acupuncturists. The program focused on basic Western clinical sciences and patient safety. Trainees appreciated the program that reviewed and upgraded their knowledge in an English language environment. They learned more of the much-needed medical terminology in English and the more accurate translations for TCM terms. In a practical sense, the program brought the knowledge and skills of the students to a higher level. Released at the end of 1993, the HPC's *Recommendations on the Designation of Acupuncture* to the Government encouraged the development of education and training in acupuncture and TCM. Many small size private schools suddenly came out around 1995 and 1996. The total number of schools reached eleven in 1998.[51]

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[48] See the College's Brochure, 1995

[49] Interview with Dr. Lu in June 1994 in Vancouver. Information held by author.

[50] Ibid.

[51] HPC, *Recommendations on the Designation of Traditional Chinese Medicine*, web version: http://www.hlth.gov.bc.ca/leg/hpc/reports/apps-tcm.html, (Victoria, Govern-

There had been no official licensing examination in BC before 1996 because the practice of acupuncture by non-physicians was illegal in the 1970s and 80s and it became a legally gray area in the first part of 1990s. The AABC had administered an entrance examination for its membership applicants. A college level training in acupuncture or its equivalent was the prerequisite to take such an examination. Considering the fact that many practitioners obtained their training through apprenticeship and had no formal schooling in this field, the AABC also accepted them to write this examination on condition that they completed 4000 hours (in 3 – 6 years' time) under the direct supervision of a qualified preceptor. In an apprenticeship, the quality control was very difficult and the proof of training was even harder to obtain. Some commented: "This may not be a healthy training method for a health profession."[52]

In a 1988 report, the Minister's Advisory Committee on Acupuncture proposed a draft educational standard. Candidates for admission to acupuncture program would require a minimum of two years of post-secondary studies in general sciences, humanities or in health related areas. A total of three years' training consisted of two years for academic studies (1170 hours) and a third year for clinical training (775 hours). The first part included basic Western life sciences, basic theories and practice of TCM and acupuncture.

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ment of BC, 1988), p. 31. The eleven schools were: CCAOM, ICTCM (Vancouver and Victoria Campuses), Academy of Classical Oriental Sciences; Canadian College of Acupuncturists and Oriental Medicine; Canadian College of Traditional Chinese Medicine; College of Canadian Chinese TCM and Acupuncturist Education Society; North American Acupuncturists Examination College; Royal Canadian Energy Therapy College; Shanghai Acupuncture College of B.C., Canada; Vancouver Institute of T.C.M. & Acupuncture; Western Canadian Institute of TCM Practitioners. They were all registered under the BC *Private Post-Secondary Education Act*, R.S.B.C. 1996, c. 375.

[52] Submission of the BC Association of Podiatrists to the HPC in 1992 (no date specified).

The clinical part focused on clinical approaches to traditional acupuncture, clinical observation and supervised practice. The overall emphasis of the plan aligned more with traditional Chinese acupuncture than contemporary Western medical acupuncture. The Committee set academic training of acupuncture to be equivalent to community college programs of three-year full-time studies.[53]

However, in the document *Recommendations on the Designation of Acupuncture* released in November 1993, the BC Health Professions Council (HPC) did not propose any training or examination standard for acupuncturists. This was the mandate of the prospective College of Acupuncturists, which was established in 1996.

ALBERTA: DEVELOPING AN EXAMINATION FOR ACUPUNCTURISTS

The 1988 Alberta *Acupuncture Regulation* did not give full autonomy to the acupuncturists. The Health Disciplines Board (HDB) was in charge of developing and managing the qualification examination for licensing because the Board decided that the Acupuncture Society of Alberta (ASA) was not mature enough to take on this task. This examination would be the first one that was backed with the new acupuncture legislation. The ASA hoped that the practising acupuncturists in this province would have more input into this process. They thought that the Board should consider the existing ASA examination and

[53] Minister's Advisory Committee, *Report of the Minister's Advisory Committee on Acupuncture* (Victoria, Ministry of Health of BC, 1988), see Appendix 5, p. 44-46.

standard, allow time for acupuncturists to review the material and allow existing practitioners to continue to work while preparing for the examination. However, the Board aimed at a "higher standard" and decided to adopt the California examination. The ASA rejected this arrangement and asked the Board to develop Alberta's own examination. Should the Board insist on the California examination, they asked that the following four requests be accepted: review material, review seminar course, guidelines to examination and one year preparation time. They also asked that the exam be available both in English and Chinese.[54]

The ASA's suggestions were not accepted and the Board sent examination applications and related material on June 13, 1988 to acupuncturists asking for enrollment. The examination date was set on July 30 (written) and July 31 (practical).[55] Even though the Board promised that each practitioner could have three chances to be examined, the ASA thought there was a trick: "What would happen, if we all fail or only a very few people can pass the re-exam? The medical doctors can easily take over." The ASA held a general meeting and decided to unite all therapists who were using acupuncture to boycott the examination.[56] At the same time, they requested that the Ombudsman communicate with the Alberta Government to clarify their disagreement on this matter with the Board.[57] The scheduled exams could not be carried out because of the boycott of acupuncturists. Therefore, the new acupuncture law was not enforceable.

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[54] ASA letter to Mr. Richard Butler, the Registrar of the HDB dated June 8, 1988. In an earlier letter dated May 5, 1988 to Butler, the ASA had these reasons why the California Examination should not be followed: Its mechanism was to limit the number of practitioners entering the system and it was only suitable to graduates of California schools. California had too many acupuncturists, but Alberta needed more.

[55] The dates were postponed for technical reasons.

[56] Minutes of an ASA meeting held on June 22, 1988.

[57] A letter of the ASA to the Office of the Ombudsman dated July 4, 1988.

The HDB and its Acupuncture Committee continued their search for an examination formula with contents and methods acceptable to the Government, the College of Physicians and Surgeons of Alberta (CPSA) and the ASA. From 1990 to 1993, two doctors, three acupuncturists, a psychometrist and two government members participated in Acupuncture Committee meetings. Dr. Anthony Lam of the CPS was the Chairman. Following the famous California model of acupuncture examination, the Committee worked out the guidelines and syllabus in May 1991. The Government appointed three medical doctors with training in acupuncture as examiners: Steven Aung of Edmonton, Sung Liao of New York and Jane Lee of California.[58] The 1991 plan still faced a great resistance from the acupuncturists.

The majority of the practising acupuncturists were educated in Asia. Only 15 per cent of all acupuncturists were born and educated in Canada. Their average age was about forty years and their average number of years of practice in Alberta was ten. Except for a few young ones, their command of English was not good enough to sit for such an examination. If the Government insisted on testing them, then they would ask for the test to be carried out in Chinese.[59] Furthermore, they did not think that it would be fair to ask a busy practitioner who had graduated from university twenty years ago to write an examination that was designed for new graduates of a profession. These acupuncturists were asking for a grandfather clause that could exempt them from the examination or they would defy the examination.

[58] Steven Aung, "Historical Context: Acupuncture and the Province of Alberta," a short document contained in the CPMA information package 1994.

[59] Letter of John A. Hustwick (ASA's lawyer) to the Government of Alberta dated December 11, 1990.

Four senior practitioners wrote an emotional letter to the Alberta Professions and Occupations Bureau in August 1991 expressing their concerns about the English only examination. They were all graduates of colleges (university level) of TCM in China and they had been practising acupuncture and TCM in the Orient and in Canada for some thirty years. They were fully qualified in the knowledge and skills of acupuncture but they were not fluent in English. They had no objection to the written examination as long as it would also be administered in Chinese. They said that the proposed examination "does not test our qualifications as acupuncturists. It only tests our facility with English."[60] The Bureau also received letters from patients and the public asking that the examination not drive out highly skilled veteran clinical acupuncturists from practicing because of their insufficient English. One letter that should be particularly mentioned here was the one by Janice E. Lamont, B.A., LL.B. who had been a client of four excellent acupuncturists. She highly valued the great contribution made by these immigrated acupuncturists in health care for the community members over the years. Acupuncture and TCM was a culturally bonded healing system and Chinese was the most accurate linguistic tool describing this system. If this examination was to identify competency in TCM, then the applicant should be given the advantage of writing it in Chinese or be provided with a translator. She concluded that the acupuncture profession and the Albertans would be much better served if acupuncture were made a self-regulated profession and were not tested by outsiders.[61]

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[60] Letter of King Tse, Tommy Tsui, Zhen Yuen Liang and Raymond W.B. Kwong to the Bureau dated August 26, 1991. In June 1994, I interviewed Dr. Tommy Tsui of Calgary who was then already registered according to the *Regulation*. Graduated from Guangzhou College of TCM, he was not only good at acupuncture but also a very experienced TCM physician.

[61] Letter by Janice E. Lamont dated August 29, 1991 was heavily weighted with sharp analysis into the situation.

In terms of the language of the testing, the Government said there had never been a professional qualification examination conducted in a language other than English in the history of Alberta and the Government was not ready to start such an example.[62] Therefore, the demand for examination in Chinese was out of the question. In terms of the grand-fathering issue, the College of Physicians and Surgeons of Alberta (CPSA) said that it was "simply not acceptable" and that "acupuncturists who wish to register would be required to take both the oral and practical component of the examination."[63] In order to get the process going, Chairman Elvin Christenson of the HDB suggested that acupuncturists who had passed the ASA exam would be exempted from taking the written part of the provincial registration examination because most of the acupuncturists' concerns were about the type of questions and language of administration in the written examination.[64] Following this principle, a candidate who passed the California Examination and equivalent were also exempted from the written part.[65] For instance, in 1993, twelve acupuncturists who passed the examination designed by the Shanghai University of TCM were exempted from the written part of the Alberta Examination after the Government invited experts to check out the contents of the examination.[66]

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[62] Similar examination was already available in Chinese at this time in several North American jurisdictions.

[63] Letter of the Registrar of the Alberta CPS to the Professions and Occupations Bureau dated July 9, 1991.

[64] Letter of Christenson to Dr. Lam of the Acupuncture Committee dated July 26, 1991.

[65] In California, onc could write the California Examination in Chinese.

[66] Ernest N. Skakun's letter to the Professions and Occupations Division dated November 15, 1993. Also see letter of Dr. Grace Chen (family physician) to the Division dated November 28, 1993 and letter of Dan Charlton, Director of Health Disciplines to the Acupuncture Committee dated December 2, 1993. These 12 practitioners were all members of the Alberta Traditional Chinese Medical Science and Acupuncture Association (ATCMSAA).

The Alberta Acupuncture Examination had been administered since 1992. Fewer than half of the candidates were successful in the April 1992 examinations, but a majority of the candidates obtained their certificates from the annual examinations held in July 1993 and February 1994. In June 1994, a total of 50 practitioners had been certified as acupuncturists by then.[67] Under the Health Disciplines Act, acupuncture was regulated, but not self-regulated. The acupuncturist group was allowed to input their suggestions to the content and format of the examinations, but the Government bureau, Health Disciplines, essentially controlled the process. Through participating physicians, the medical profession was heavily involved in the development and administration of the Examination.

One of the more serious problems in the Alberta registration examination was the lack of defined training requirement before a person was admitted to the examination. A sixty-per cent passing score in the registration examination could not guarantee that a person had quality equal to someone who had completed three to six years training in a professional program at college or university level. The intent of the examination was to assure the basic knowledge of a field and not to examine all the details of one's learning and skills from a few years professional school training. The content of the examination was limited to a few reference books. It was possible for a person who had some bio-medical background and could spend a lot of time studying the reference books to obtain a passing mark in the examination. Under the *Acupuncture Regulation*, acupuncture was supposed to be practised as a profession, not as a technique used in another profession. There were physicians and physiotherapists who had completed only the Acupuncture Foundation of Canada's weekend seminars or other short training courses, such as the Certificate Program in

[67] Information from one of the Acupuncture Committee members.

Medical Acupuncture in Alberta, and who passed the acupuncture registration examination and could call themselves registered professional acupuncturists.[68]

ONTARIO: TEACHING ACUPUNCTURE TO CANADIANS

Practising acupuncturists in Ontario have been overwhelmingly foreign trained: the majority studied acupuncture and TCM in China; some learnt acupuncture in other Asian countries or in North America. Students enrolled in teaching programs were mainly white Canadians. Educational standards and licensing examination have not been established. Over the years, the Canadian Acupuncture Association of Canada (CAAC), the Chinese Medicine and Acupuncture Association of Canada (CMAAC) and the Canadian Academy of Chinese Traditional Health Science (CACTHS) set up their training requirements and managed their own entrance examinations.

Dr. David Lam opened his long surviving school, the Institute of Traditional Chinese Medicine (ITCM), in Toronto in 1970 and he was still the Dean of the Institute in 1996. Lam was an immigrant physician of Western medicine trained in China and was not a licensed MD in Canada. He had taught short courses of acupuncture and TCM herbology to naturopaths and students at the Naturopathic College in Toronto from 1970 and he became a naturopath in 1973.[69] Though his background was mainly in conventional

[68] Letter of the HDB to the AABC dated May 19, 1994.

[69] HPRAC, *Transcript of Public Forum on Acupuncture* (Toronto, June 20-21, 1996), p. 105.

biomedicine, Lam's teaching was more in TCM fashion. He was credited for introducing part of TCM and acupuncture to naturopathic medicine in Ontario.

Many correspondence courses were available in North America in the mid-1970s. Some individuals in Ontario started to "practise acupuncture" after trained by such courses, which caused some concerns in the legislature. During the parliamentary debate on December 3, 1974, Mr. R.F. Nixon, Leader of the Opposition asked the Health Minister F. S. Miller, "[Is it true] that people who want to become acupuncturists can learn to do so by applying for a correspondence course which would permit them to practise?"[70]

Several practising acupuncturists offered training to a small group of highly selected students in the 1970s and 1980s. These were more like apprenticeships in which the students observed and learned while assisting the teacher at work. Then, the students continued with supervised practice under the teacher. For example, Pierre Gaulin applied for a license to open an acupuncture school in Ottawa in late 1970s. The Ministry of Education turned it down because acupuncture was considered a medical act and opening a medical school would need the sanction of the CPSO.[71] However, Gaulin and colleagues in the National Capital Region did offer training to some local students. Their students were still practising in the 1990s.[72]

There was no full-time college level program for the training of professional acupuncturists and TCM practitioners in Ontario until 1989. That year, Cedric Cheung founded the Institute of Chinese Medicine at his family clinic in London, which also served as the

[70] *Legislature of Ontario Debates* (1974), p. 5995.
[71] "Acupuncture Removed from College's Control," *The Globe and Mail*, 20 August 1980.
[72] Interviews with Gaulin and others conducted in 1990 and 1994.

CMAAC headquarters.[73] Besides himself as the Dean and Professor, he listed over twenty honorary faculty members, mostly professors of TCM and acupuncture in Chinese universities and research institutes. In 1993, the first student graduated from the Institute.[74] The number of graduates from this institute has been small. The School improved and expanded its curriculum in the mid-1990s. (See Table 12)

Cedric Cheung suggested a four-year TCM and acupuncture program for his school including a review course of basic health sciences. A three-year university degree in science with a B average was a prerequisite. Graduates receive both titles of CMD (Chinese Medicine Doctor) and Dr. Ac. (Doctor of Acupuncture).

Table 12: Four-Year Academic Program of the ICMA, 1996

YEAR 1	YEAR 2	YEAR3
Anatomy, Physiology & Microbiology (Review)	CM: Examination & Diagnosis	CM: Ear, Nose and Throat Diseases
CM: History	Professionalism I	Professionalism II
CM: Physiology	Cerebral & Hand Acupuncture	CM: Pediatric Diseases
TCM: Philosophy I	TCM: Philosophy II	CM: Internal Medicine
CM: Terminology	Herbology I	Herbology II
WM: Terminology I	WM: Terminology II	CM: Gynecology
Meridian Structure & Pathway I	Meridian Structure & Pathway II	CM: Surgery & Dermatology
Acupuncture Point System I	Acupuncture Point System II	
Acupuncture & Moxibustion Therapy I	Acupuncture & Moxibustion Therapy II	Research Methodology & Review of Literature
Chinese Nutrition I	Chinese Nutrition II	Chinese Nutrition III
Ear Acupuncture I	Ear Acupuncture II	
Taichichuan, Introduction	Optionals	
YEAR 4: Internship/Consolidation; Research Thesis; National Examination for Certification.		

CM=Chinese Medicine; WM=Western Medicine.

[73] In newer advertisement, the school was said to be founded in 1985. Probably, Cheung taught students earlier. (See http://www.cmaac.ca/ucna/school/about.html)

[74] CMAAC, *Newsletter*, (1994): 9.

Cheung also introduced a new category of acupuncture professionals namely acupuncture assistants. They were trained on the job and had been often called "assistants" by their employer acupuncturists. No institutional program has ever existed in Canada. The CMAAC suggested a three-year (2000 hours) certification program and the affix of A.Ac. might be awarded.

In 1990, Toronto TCM practitioner Quanfu Zhou created upgrading TCM courses for shiatsu therapists and others in the city. It was affiliated with his own practice, Zhou's Acupuncture and Herbs, and he was the main instructor for the courses. The Toronto Institute of Chinese Medicine and Acupuncture was created in 1995 to manage these training courses. The courses offered were basic theories of TCM, acupuncture, herbology, Tuina and basic seminar courses in health sciences. Classroom instruction for each course was carried out once per week. After students completed a few defined courses, the Institute awarded them with diplomas in acupuncture, tuina or TCM herbology. Zhou explained that the training there was not intended to be a university level professional program, rather a continuing education program for health professionals such as shiatsu therapists, massage therapists and physicians.[75]

In 1994, it was rumored that the Ontario Government had given over $240,000.00 to the three Yuans to develop their TCM and acupuncture school related enterprises. It stirred some major excitement and confusion among the leaders of acupuncture and TCM. They were happy that the Government was supporting the TCM and acupuncture cause, but they were also confused why only the Yuans received money. The three Yuans, Jing Yuan,

[75] Information from a telephone interview with Quanfu Zhou on May14, 2000.

James Yuan and Tony Yuan, were Chinese trained biomedical doctors who were working in the Toronto area. In 1990, the Yuans started a school, Chinese Medicine & Acupuncture Academy of Toronto (CMAAT), which housed a TCM supply company and two treatment centers.[76] Officially, the Yuans obtained the grants in February 1995 from the provincial employment training programs to establish the Toronto Development Centre of Chinese Medicine and Acupuncture. After it received this unprecedented funding from the Ontario Government, the CMAAT became a well-known school to acupuncturists in Toronto.[77] In 1996, the school was "offering four years of full-time training for acupuncture and TCM."[78]

In the mid-1990s, several individual TCM practitioners in the Toronto area started to operate their own training programs with limited success. Often the schools functioned more like an apprenticeship setting: a teacher who taught most of the subjects in the curriculum and a couple of students followed the teacher when he was conducting consultations with his clients. Teaching Chinese medicine could not be profitable unless a large number of students enrolled in the program. A school owner, who was often a learned practitioner, could not survive financially if he had to stop his regular practice and devote all his time to administration and teaching activities. Ontario did not have a sizeable acupuncture and TCM program until the founding of the four-year program at the Michener Institute in Toronto in 1997 in which fully devoted and highly learned professors were employed.[79]

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[76] http://www.cftcm.com

[77] *The Canadian-China News* [Jia Hua Qiao Bao], May 1995, p. 4.

[78] HPRAC, *Transcript of Public Forum: Acupuncture*, June 20-22, 1996, p. 115.

[79] Visit www.michener.on.ca/programs/full-time/entry-level/acupuncture.html.

SELF-CLAIMED ACUPUNCTURISTS

Fraudulent Self-Claiming

The short supply of acupuncturists over the years created a generation of "on the job training" acupuncturists. They were unable or unwilling to invest a few years of their lives to study acupuncture systematically. Traditional acupuncture and TCM is a rigorous mental discipline which requires its devotees develop a high degree of skill in handling abstract concepts and theoretical systems. Some were capable of learning the technique and accumulating experiences, but lacked of the intellectual background necessary to master the philosophy of TCM.

Folklore TCM herbal medicine was an important ethnic Chinese health care system. The practice of acupuncture had been less noticeable until the 1970s when the North American media made a lot of fanfare about this technique, and the Canadian Chinese community increased its size by immigration. Seeing a great interest in acupuncture service in the early 1970s, enthusiastic Canadians of both Chinese and non-Chinese origin rushed to "study" acupuncture in Hong Kong, Taiwan and China. China was in the midst of the Cultural Revolution and learning institutions were closed for the Revolution. No professional acupuncture program was organized for foreign students. Travellers were welcome to observe acupuncture anaesthesia and therapy in Chinese hospitals, but no diploma could be issued.

For those who needed "certificates" to impress their patients in Canada, acupuncture seminars in Hong Kong and Taiwan were particularly attractive. Unlike Mainland China in which Western medicine and TCM were set on equal footing, health care in Hong Kong and Taiwan was dominated by the Western biomedical system. Acupuncture practice and teaching were operated as general small businesses without any professional standards and legal status. There was no prerequisite to take these seminar courses, and certificates were issued without quality control. Dr. Murray Allen recalled, "You can buy a master of acupuncture degree in Kowloon for the equivalent of approximately $20. That's just a bit more expensive than a large bowl of good won ton soup."[80]

Several Chinese immigrants went back to Hong Kong, Taiwan and Singapore for their "apprenticeship" in acupuncture and Chinese herbalism with a grand master. The length of the study ranged from a few hours to a few weeks. In some cases, with $500 and a passport size photograph, one could "buy seven years under the tutelage of Dr. X... and a diploma to prove it." Bringing with them the needles, charts and experienced "cookbooks" from the Orient, these acupuncture pioneers set up their semi-underground (as acupuncture was considered a medical act) practices in Canada's Chinatowns. Many patients had more confidence in acupuncture therapy when it was performed by a Chinese "master" in Chinatown. According to Roger Langrick, "The names Wong and Wu achieved a kind of magical significance when linked to the word " 'acupuncture'."[81] Besides the "Wongs and Wus," some European-Canadians made their trips to become "acupuncturists." Their

[80] Helena Zukowski, "Pressure Points: Dr. Murray Allen's Exploration of Acupuncture," *Physicians' Management Manuals,* 12, 11(November 1988): 124.
[81] Langrick, *The Needle Game*, p. xvii-xviii.

advantage was their familiarity with the Canadian culture and their fluency in the English or/and French language, which attracted certain clientele.

In the 1980s and early 90s, acupuncture educators in Sri Lanka and in some American States promoted short training courses in acupuncture ranging from a few days to a few weeks. The majority of these people had no previous health related training and they turned to acupuncture as a result of mid-life career change. I interviewed an acupuncturist in the Windsor area in 1994. He was a martial arts enthusiast without any professional background in health care and medicine. He was interested in natural medicine and had taken many short seminar courses in this area. Then, he attended a four-week "intensive" program in Sri Lanka. After coming back to Canada, he sent a "dissertation" of case studies with a cheque of $4000 to the institute that offered the program. It did not take long. He received this doctorate certificate in the mail. In 1994, I visited his office where a beautifully designed doctorate certificate was displayed. Apparently the program was notorious in the acupuncture community.[82]

I was informed that all sorts of degrees: "Ph.D. in Acupuncture," "Doctor of Oriental Medicine," "Doctor of Science in TCM," and "Master of Chinese Medicine" could be purchased from overseas diploma mills.[83] This was why many North American licensing authorities in acupuncture and TCM had an open list of recognized schools of acupuncture and TCM worldwide. Unfortunately, acupuncture and TCM were not regulated in many jurisdictions even in the 1990s and the patients did not know that such a list existed and from where to receive one.

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[82] Interviews with "Dr. Peters" in September 1994. Information held by author.

[83] Technology of the 1990s made it possible for people to buy their fake degree certificates of any fields and of any universities through certain Internet services. I have not yet personally heard of anyone who purchased a TCM diploma on line from the WWW.

Correspondence courses, video courses and self-teaching books turned some enthusiasts into instant acupuncturists. There had been such correspondence programs in Vancouver, Washington, California and Florida since the early 1970s. In May 1995, I visited three acupuncturists trained by the above courses. They admitted that the correspondence material did open "the door" for them. They explored "the room" later by themselves with more mini courses, further readings and practice on patients.[84] This was the process from "self-claimed acupuncturists" to "true acupuncturists." "Fast learners" of various career backgrounds were also attracted to the "quick methods" of weekend seminars. It took only a weekend for a travelling instructor to teach people how to practise auricular medicine – "ear acupuncture" and how to treat all sorts of allergies with easy "acupuncture."

In 1995, a client of mine, John, mentioned to his massage therapist that he was going to have some acupuncture treatment for fatigue and insomnia while he was having the massage. The massage therapist said to John: "I can do acupuncture. I had an excellent course and I am certified now as an acupuncturist. I am also a member of an acupuncture association." This was a typical "one course acupuncturist." In 1996, a retired nurse called me to see if I could have her as an assistant for a couple of months to learn acupuncture. She said,

> The natural medicine college in town doesn't offer acupuncture courses any more. I don't want to leave my grand children to have a course in Toronto. My friend is doing acupuncture part-time at home. She learned it from working with an acupuncturist. I have been a registered nurse for 30 years. I can do therapeutic touch and reflexology. I am sure I'll be able to perform acupuncture after being your assistant. You don't need to pay me.

[84] Information from interviews conducted in Toronto in May 1985.

I was stunned by her comments on how acupuncture could be easily learned and did not know what to say to this eager to learn "volunteer." When there is no legislation in place to control the act of acupuncture, anyone can "practise acupuncture."

Without licensing regulations, acupuncturists had to tell stories about when, where, and how they learned acupuncture and they sometimes exaggerated their qualifications and success in their advertising with misleading and false information.[85] In 1995, I noticed a poster in Chinese on some hydro poles around Ottawa's Chinatown area. To increase his credibility, a practitioner was claiming to be the direct descendant of the famous ancient TCM physician, Zhang Zhongjing (150-219 AD) of the Eastern Han Dynasty. Between 1992 and 1996, I visited several acupuncturists who claimed to have degrees of "D.Sc. in Acupuncture" and "Ph.D. in TCM," but they had no certificates to back up their claims. One acupuncturist has advertised annually in his local *Yellow Pages* as a "doctor of Chinese medicine" and "Ph.D. in acupuncture" since the later 1980s. He never received such degrees. The only reason for doing so was because others advertised as such and he just followed suit. In 1988, I personally knew a Canadian fellow who had a four-months training course in a Chinese TCM college. In 1995, I met this person who was a practising acupuncturist in Toronto. He had claimed to be a graduate of that institute.[86] In 1994, I met

[85] In the classified sections of Chinese community newspapers in Canada's major cities in the 1980s and 1990s, one could easily find acupuncturists and TCM practitioners who could "cure" all sorts of cancers.

[86] Some TCM colleges had provided an easy ride for foreign students who could pay higher tuition. In April 1996, the Ministry of Health and the State Bureau for TCM asked that TCM colleges maintain standards to protect the reputation of Chinese TCM teaching in China. See "Encouraging Development and Protecting Reputation," *People's Daily* (Overseas Edition), 8 April 1996, p. 3. Also see Tomlinson R, "China tightens up traditional Chinese medicine courses [news]" *British Medical Journal*, 312, 7037(April 20, 1996): 994.

an acupuncturist in Calgary who said to me that he was a disciple of a certain master. In reality, he only had attended two lectures by this noted TCM physician.

In traditional China, the number of doctors trained from government sponsored medical colleges was extremely small. Before the TCM educational system was established in the 1950s, doctors' titles were largely self-claimed. That was normal. After a certain amount of apprenticeship, the "qualification" to be called a doctor was one's ability to find clients.[87] Many practitioners were trained with experienced practitioners or at home at their family practice. This tradition was apparently continued in Canada. For example, a practitioner who had some acupuncture training from Asia started practising acupuncture in Ontario in the 1970s. In the later 80s, his spouse who was previously assisting the affiliated herbal sales started to practise acupuncture. In the early 1990s, their Canadian born children also grew up to be doctors of Chinese medicine and set up their practices.[88]

A husband and wife team had worked in the acupuncture and herbal business since 1989. One of them was a graduate of TCM college, but the other had only learnt acupuncture and TCM from working with the spouse. It was like a form of apprenticeship. In 1993, the one who was not a graduate of a Chinese TCM college also advertised as a doctor of TCM. Thanks to the modern photocopy technology, some people could amazingly make something out of absolutely nothing. In the mid-1990s, they both had a

[87] For instance, as an educated man in traditional learning, after following a TCM master for three years, my grandfather started to see patients independently, and later he operated his own herbal store in pre-communist China. People called him "doctor of Chinese medicine." In the 1970s, my sister Kerong and I had to study TCM at a TCM college to become "doctors of Chinese medicine."

[88] Interview with the practitioner in September 1994 and information from other informants.

diploma from the same college.[89] Acupuncture and TCM were not regulated in the province they were working. No one bothered to check out the authenticity of their papers.

A naturopath interviewed in 1993 addressed himself as an acupuncturist and Chinese medicine practitioner. With the help of his computer software, he "practises expert TCM." His computer automatically selected acupuncutre points and the TCM herbal remedies for his clients. Every client received a printed analysis. This naturopath was more of a computer operator than an artist of Chinese medicine. The joint effort of TCM doctors and software engineers have developed the so called "expert electronic brain (computer) diagnostic systems" to imitate senior doctors' clinical experiences. Once a client has filled out the symptom sheet and the practitioner inputs the data into this computer system, diagnoses and prescriptions for the client come up to the monitor screen in seconds. A connected printer can even print out these results. Such a self-claimed TCM practitioner has lost human interaction with his client in healing, the most important element in TCM. TCM is an art, craft and science at the same time. When it becomes an input and output mechanical process, patients become dead data.

The Story of "Dr. Nguyen"

In 1994, I visited an Ontario clinic operated by "Dr. Nguyen," a magical acupuncturist to his patients, but almost unknown to fellow local acupuncturists. He was neither a medical doctor nor TCM doctor. However, all his patients addressed him "Dr. Nguyen." Nguyen

[89] Their retired receptionist told me this story because she saw the "cutting and pasting" process of diploma making.

was the busiest acupuncturist among those I saw during my 1994 cross Canada research trip. Without an appointment to interview him, I accompanied a friend who was having a session there. Therefore, I had the opportunity of observing Nguyen's practice in action. I was also fortunate in getting to know Mrs. Wilson and several other patients who had been under Nguyen's "care" for a few years. I had more chance to dig out the story of "Dr. Nguyen." Mrs. Wilson was very much impressed with his skills. She thought that Nguyen was a magician and that the rest of acupuncturists were just therapists.[90]

Nguyen had never advertised his acupuncture service in any media. He had never been listed in the *Yellow Pages*. He was apparently using a residential telephone line for his acupuncture business. He had declined any interview requests either from the media or from social science researchers. People came to him truly by the word-of-mouth. He kept no appointment book and attended his patients on first-come first-served basis. His patients were almost exclusively retired, about 80 per cent women and 20 per cent men. He demanded that people come for needling everyday except weekends. With two female assistants, Nguyen was managing a total of 24 treatment tables in his house. He inserted needles "rapidly" to the newly arrived and everyone was punctured on the same body sites (or acupoints). No manual manipulation of the needles was ever applied and no electric stimulators were connected. After about 45 minutes, an assistant would take out the needles to complete a session. The setting was arranged in a completely "open concept": the reception, the consultation and the treatment tables in two connected big rooms. The clinic was more like a gathering place such as a teahouse than a treatment center. People all

[90] This section was written based on my own observation and interviews carried out between 1995 to 1999 with several Nguyen's former patients.

seemed know each other and they were chatting constantly on matters of their daily life and acupuncture healing. Some patients had been there on and off for several years.

Nguyen and his family came to Canada in 1979 among the Vietnamese "boat people" sponsored by a church group. He told his patients that he was a nursing assistant in South Vietnam, and that he had learned the technique of acupuncture before he left that country from a Chinese doctor with whom Nguyen happened to share a jail cell. This Chinese doctor taught Nguyen how to make a diagnosis by only looking at a person. Conventional TCM techniques, such as initial interviews, physical examinations, pulse taking and tongue checking were all unnecessary. This Chinese doctor showed Nguyen how to locate and puncture just 10 acupoints and said to him, "If you can survive the jail term, you'll never be hungry." After coming to Canada, Nguyen was employed as a maintenance and repair worker in a hotel for the first few years. At the same time, he started to give free acupuncture treatment to his friends. Finally in 1986 he quit his hotel job and started to treat patients regularly at home and he charged only $10 for each treatment. His clientele increased so fast that he had to move twice in six years to larger locations and his fee increased to $18 per treatment, which represented only one third of the fee charged by other acupuncturists of his area in 1992.

Since 1986, he had stored his used needles in a container with 75 per cent alcohol as a means of "sterilization" for next use. To reduce the possibility of cross infection, he started to use individually named containers to keep needles separate for each patient. The same needles were used only for the same patients. However, Nguyen was caught by his clients for using Mrs. A's needles to treat Mrs. B a few times especially when the office was getting busy. Therefore, in 1994, he accepted the suggestion that each patient keep his/her

own needles in a small tube container. Each time a patient took out the needles from his/her pocket and gave them back to Nguyen to start a new needling session. No confusion would be possible. Nguyen's perception of sterilization and cleanliness was obviously not up to the standard at the time when most acupuncturists had adopted factory sterilized, individually packaged single use needles. His office was not very clean either. When I was there in 1994, I was shocked to see used needles on the floor and on the steps leading to the other treatment room.

He gave a quick "diagnosis" to each new patient coming to the door before the patient even started to talk. He would say, "Mr. Jones, you have got a bad back," "Mrs. Robertson, you are suffering from asthma" and "Mrs. Harris, you are in pain and very fatigued." Then he would give a confident promise of cure to each and every patient including those who were suffering from MS and cancer, "Five sessions a week, I will cure you in one year." "I will make you cancer free in six months." "I will make you walk again in two years," he said to those came in wheelchairs. He would also warn his patients, "You should come for acupuncture regularly as prescribed, otherwise your condition will worsen." Then he would give the same dietary advice to any new client, "Do not eat cheese and wheat products and eat tofu and rice instead." As a supportive measure to his therapy, Nguyen often sold some exotic remedies and herbs to his patients such as sea horses, gecko tea, and some sort of ocean stones. Mrs. Wilson proudly showed me a can of Ginseng powder from Nguyen who charged $500 for it. "Yes, it is expensive, but it works and keeps me energetic," Mrs. Wilson said to me. If Mrs. Wilson had known the wholesale price of such a can of Ginseng powder, she would have been outraged about this flagrant overcharge. Pushing their clients

to buy expensive and unnecessary products was an ethical problem in some practitioner's practices.[91]

The accuracy of his diagnoses often amazed those present. But they could be problematic sometimes. In 1994, during my observation there, I saw two such cases. A young woman came in with a pain in the left palm close to the thumb. Nguyen did not even look at the palm and said, "You have got rheumatoid arthritis." The woman said that her doctor diagnosed the conditions as "tendonitis" and the doctor had suggested cortisone shots in the area. She preferred trying some acupuncture first to the proposed shots. Then her mother-in-law, Nguyen's client, referred her here. She told Nguyen that "rheumatoid arthritis" was excluded from the "blood work" that her doctor had ordered. Nguyen said to her: "if you don't have it (rheumatoid arthritis) now, you will have it in the future. This made another reason for her to have a series of acupuncture treatments to prevent it from happening." Then a lady in her 50s came in and removed her wig to show Nguyen her hair loss problem. Nguyen instantly said to the lady, "Oh, you have had chemotherapy for cancer. Don't worry. I'll make your hair grow again." The lady told Nguyen that she was not having any chemotherapy. The hair loss was a condition she had been suffering since she was in her 20s. Nguyen then told her: "whatever, the treatment is the same and you'll be cured."

Monique was in her early 40s, a Canadian who was working in the United States as a designer, serving gift shops. Every year, she came back to visit her family for about one month. Recommended by her father, in the summer of 1995, Monique went to see Nguyen for her insomnia, aching in her jaws, tension in the base of her skull, neck and shoulders. Nguyen asked her to have all of her bones X-rayed before acupuncture treatment. She made

[91] I took a picture of this Ginseng can.

a major effort to get this done and came back to see Nguyen with the required X-ray films. Nguyen looked very gravely after he briefly reviewed these films and told Monique that she had early stages of arthritis in all of her joints. More seriously, Monique was going to have lung cancer in twenty years.

Monique was shocked, very scared and she did not know what to say. Then Nguyen comforted Monique, "Don't worry, I can help you. Come for acupuncture treatment five days a week for three months. I can cure the arthritis and prevent the cancer from developing." The crowd looked at Monique and shouted, "Why are you hesitating? Start your treatment today, now. Dr. Nguyen will cure you." Monique had to rush to Florida to make business arrangements before the suggested series of acupuncture sessions. In the United States, she consulted a rheumatologist and an oncologist with the same X-ray films. These two specialists assured Monique that she had no cancer in her lungs and no one could tell what would happen in twenty years. Except for some mild degeneration in some of her joints, she had no serious arthritis that needed daily acupuncture.

Introduced by a friend, I interviewed Monique in September 1999. She was basically a very healthy person with some anxiety, insomnia and pain in her left jaw and the neck. She was still feeling bitterness about the encounter with Nguyen and his twenty patients because they took her for a fool who was undergoing terrible diseases but had denied immediate miracle treatment.

People often say that one of the reasons why alternative therapies are attractive is because the therapists spend a lot more time with each of their clients than regular doctors. This was certainly not true in Nugyen's place, where it was more like an assembly line operation. However, the patients' sub-culture might have contributed to Nugyen's success.

The service charge was not that expensive so retired people could afford to be there often and they also could afford the time. Patients joined in the group talk once they came inside the door. They talked to each other and shared their stories when they were waiting, when they were needled and even after their sessions. In Nguyen's clinic, one did not give one's name to a secretary and read an old magazine before meeting the doctor in a private room. People talked to their neighbours and seemed to care for each other. The "swapping grief" created "an optimistic and supportive environment that had tremendous therapeutic potential."[92] With the recognition of acupuncture as a health profession in various Canadian jurisdictions, the self-claimed therapists would eventually cease to exist, as credentials from recognized acupuncture (or/and TCM) training institutions would be a must for new acupuncturists to be licensed.

[92] Barbara Clow, " 'Swapping Grief': The Role of the Laity in Alternative Medical Encounters," *Journal of the History of Medicine and Allied Sciences*, 52, (April 1997): 175-201. Quoted from p. 197. Clow analyzed the story of Dr. Mahlon Locke of Williamsburg in 1930s Ontario. Locke developed a "tow-twisting" technique treating 1000 to 2500 sufferers a day. In fact, the patient culture was probably responsible for most of the healing. Also see Robert Jackson, *M.W. Locke, The Famous Foot Doctor of Williamsburg, Ontario* (Ottawa: R. Jackson, 1994).

CHAPTER 6

ORGANIZATIONAL DEVELOPMENT

This chapter deals with the organizational development of the practice of acupuncture and includes leadership, membership and professional activities. Matters relating to legal conflicts, government policy and legislation issues are discussed in the following chapters Seven and Eight.

QUEBEC: from "Warring States" to United Front

In the province of Quebec, there had been two traditions of acupuncture and TCM. One was the Oriental healing traditions retained within the Asian communities that had limited impact on the mainstream society. The other tradition which later developed into organized practice in Quebec was the French school of Chinese acupuncture.[1] Acupuncture in Quebec

[1] George Soulié de Morant, born in 1878, was a French diplomat who spent over twenty years in China. After he returned to France, he translated many Chinese works into French (e.g. *Precis de la vraie acupuncture*, 1934) and later published his impressive work *L'acuponcture chinoise* (1st volume in 1939, 2nd in 42 and 3rd in 55). He made it

developed closer affinity to the TCM system only after the 1980s. This was a very different phenomenon from other Canadian provinces in which acupuncture and TCM were imported from China through immigration and literature translation after 1970 as a result of aroused public interest by fanatic media coverage on acupuncture.

Acupuncture leaders from various European and Asian backgrounds organized many acupuncture associations in the 1970s and 80s. These associations struggled against the medical monopoly of acupuncture and they also fought among themselves. They knew that a federation of their groups would be necessary for their common cause of acupuncture. Finally, in the second half of the 1980s, they were able to set their differences aside and establish channels of communications. This unprecedented unity greatly promoted their common goals.

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clear that there was a simplified acupuncture and there was a traditional acupuncture based on age-old Chinese theory. He promoted the latter. Besides translating and writing, Soulié de Morant also engaged himself in acupuncture teaching and research. He was the person who laid the foundation of the modern French school of acupuncture that was introduced to other parts of Europe through his books and students. In contemporary acupuncture literature, using the word "meridian" to translate [jingluo] in Chinese, using "energy" to translate "Qi" and using a number system to replace the original Chinese names of acupuncture points were all invented by Soulié de Morant. These made the learning of acupuncture by Westerners much easier. For many years, he generously taught this healing art to many French doctors. However, after the doctors learnt the skills, they pushed a regulation in 1948 to outlaw the practice of acupuncture by non-physicians with no exception for their teacher. Soulié de Morant, the father of contemporary European acupuncture was forced to stop performing his beloved art because he was not a physician of Western medicine. He was constantly attacked as a "charlatan" and was deeply hurt by the betrayal of his former students and the hostility of the established medicine. He died a disillusioned sad man on May 10, 1955 shortly after he completed the 3rd volume of his *L'acuponcture chinoise.*

Oscar Wexu and the AAQ

Figure 17: Oscar Wexu

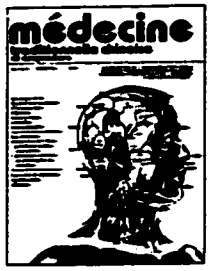
There were a handful of acupuncturists working in Quebec in the 1960s. Among them, Oscar Wexu was credited as the earliest acupuncture practitioner, teacher and organizer in Quebec. (See figure 17) Many called him "the father of acupuncture in Quebec." A short intense man, Wexu was trained as a physiotherapist and boxer in his native Romania. He later studied acupuncture in Paris at the Institut d'acupuncture de France and followed Soulié de Morant's teaching. Wexu came to Quebec in 1951, and because he was not a physician in Quebec, he performed acupuncture clandestinely for his patients. In the 1950s and 60s, no one was talking about acupuncture or TCM in North America except the Chinatowners who kept these matters within their own communities. Ordinary Quebecers had no idea what acupuncture was about and what it could do. Wexu's earlier clients were those who had had acupuncture treatments in Europe. Wexu did not start practising acupuncture openly until 1967.[2]

In 1971, Wexu organized the Association d'acupuncture du Québec (AAQ) that was later incorporated on May 5, 1972. The association was formed mostly by his students and was the oldest and most influential organization of this kind in Quebec and in North America in the 1970s and 80s. Wexu was also running an acupuncture and TCM school affiliated with the AAQ that supplied new members to the Association. In 1976, the AAQ had about 40 members with clinics in Quebec and in 1982 the AAQ had 120 members practising acupuncture all over the province. The AAQ published an informative quarterly

[2] Raymond Bergeron, "Oscar Wexu, Une vie comme un combat de boxe," *Perspective*, 24, 15(April 10, 1982): 2-5.

journal uninterruptedly for about a decade (1976 – 1985), an achievement that no other Canadian acupuncture and TCM groups could match. (See Figure 18)

Figure 18: AAQ Journal



The AAQ was a vibrant organization and was very active internationally. As the president of the AAQ, among many of his positions in international organizations in this area, Wexu was also one of the vice-presidents of the Société internationale d'acupuncture (SIA, Paris) during the later 1970s and early 80s. The AAQ kept close ties with acupuncture and TCM organizations in France, China, Korea, Sri Lanka, Italy, the United States, Mexico, the USSR and the Eastern Block countries.[3] In October 1975, delegates from twenty-three countries participated in the conference of the World Congress of Acupuncture. In June 1979, the Chinese health authority invited Wexu as a distinguished acupuncture promoter to the National Symposium on Acupuncture & Moxibustion and Acupuncture Anesthesia in Beijing.[4] He stayed in China for a total of three weeks associating with TCM doctors and visiting TCM institutions.

After this pilgrimage trip to China, Wexu became a great promoter of TCM and its complete range of therapies. He firmly believed that acupuncture was merely one specialty of the full spectrum of TCM and that acupuncture without TCM would be rootless. At the beginning of 1980, the full name of the AAQ was changed to "Association d'acupuncture du Québec et Association de médecine traditionnelle chinoise" and core members of the Association awarded themselves the title of "Dr. of TCM." The AAQ's journal *Acupunc-*

[3] The French Academy awarded Wexu the prestigious Civic Star's gold medal in 1984 for his promotional and teaching activities around the world.

[4] One hundred and fifty scientists and doctors from 34 countries and territories attended the Symposium.

ture was named *Médecine traditionnelle chinoise et acupuncture.* In April 1980 Wexu and three eminent acupuncturists founded the International Association of TCM with headquarters in Montreal and the founding members visited China in 1981.[5] In April (16, 17 and 18) 1982, the AAQ organized the First World Congress of TCM in Montreal. Forty-five papers from 28 countries were presented covering a wide range of topics within TCM.

In August 1985, the AAQ sent a 26-member delegation to attend the Second National Symposium on Acupuncture & Moxibustion in Beijing and the delegation visited many local TCM clinics and practitioners. Indeed, the AAQ represented Canada on many occasions, and became well-known in the international community of acupuncture and TCM. In July 1985, The WHO invited Wexu for consultation regarding the standardization of the names and listing of acupuncture points.[6] However, since the World Federation of Acupuncture Societies (WFAS) was established in 1987, the Ontario based CMAAC replaced the importance of the AAQ as Canada's acupuncture and TCM ambassador in the international scene.

As true followers of TCM ideas, Wexu and some of the AAQ members were against all chemical drugs and unnecessary surgery. They promoted their philosophy to the public and ruthlessly criticized the medical profession for many wrong doings. They routinely called the doctors "pill-pushers" and "chemotherapists." They thought that their struggle against the doctors was not simply a competition for the health care market, but a crusade for the health and welfare of the people. In Canada and in Quebec, Wexu said that the patients

[5] Editorial and News, in *Médecine traditionnelle chinoise*, 4, 1(1980): 6-8 and 4, 3(1981): 26. Nguyen Van Nghi, President of the World Union of Scientists and Acupuncture Societies; Jean Schatz, President of the ISA and Xue Chongcheng, a TCM doctor in Beijing.

[6] *Médecine traditionnelle chinoise*, 8, 1(June 1985): 14.

were first treated with aspirin, followed with steroids and ended with surgery. They believed that chemical drugs poisoned the population, and described: "The depressed, mutilated, pill-intoxicated and thoroughly nauseated people, who arrive at the oriental practitioners' offices in a desperate and final attempt to regain their health."[7]

Wexu said that "patients are dying from the therapy, not from the cancers they are suffering." "Cancer doesn't make one lose hair and cancer doesn't make one nauseous." He told people that he would never take chemotherapy even if he had cancer someday.[8]

Competing Acupuncture Associations

In the 1970s and 80s, Quebec had more acupuncture associations than all the rest of Canada. The Institut Canadien d'acupuncture (ICA) led by Henri Solinas was influential, second only to the AAQ. Solinas was one of the pioneers who practised acupuncture in Quebec in the 1960s and he formed the ICA in the early 1970s. L'Ordre des Acupuncteurs du Québec (OAQ), led by David Liou, a native of Taiwan, was established in 1974. Different from Wexu, Solinas and Liou were willing to negotiate with the CPMQ as long as acupuncturists could practise their art.[9] L'Acupuncteurs unis du Québec (LAUQ) and Centre d'acupuncture de Québec (CAQ) also communicated with the OPQ in March,

[7] Quoted from a Wexu's speech, *Acupuncture*, (Spring 1980): 28.

[8] In 1984, Wexu praised his friend Jean Schatz, the well known French physician acupuncturist, for refusing chemotherapy after being diagnosed with cancer: "He died as a fighter, staying loyal to the spirit of Traditional Chinese Medicine till the end; he refused chemotherapy treatments, He died serenely and left us an imperishable memory." See *Acupuncture*, (Summer 1984): 5.

[9] "Most Practising Illegally: Acupuncture Big in Québec," Montreal (CP), printed in *The Ottawa Citizen*, 2 August 1979, p. 27.

1977.[10] In the 1980s, more associations were active in the acupuncture field such as la Fédération d'acupuncture du Québec (FAQ), le Conseil général des acupuncteurs du Québec (CGAQ) and le Comité précorporatif des acupuncteurs du Québec (CPAQ). Other associations, such as l'Institut d'acupuncture du Québec (IAQ), and l'Academie des sciences naturelles (ASN), were identified in a 1987 survey.[11]

At this time, the oldest acupuncture association AAQ had split because of a drastic internal struggle. Alain Mazzetti's circle had replaced the Wexu regime and Oscar Wexu, who was then about 70 years old, became the president of a new group la Société d'acupuncture du Québec (SAQ). His AAQ presidency was unchallenged for over ten years though many members were not happy with the way the association was running. They complained that the organization devoted too much energy to international affairs and they thought it should work cooperatively with other acupuncturists' groups and the government to solve the problem in Quebec. They said that the AAQ was too much like a family enterprise because the Wexu family occupied key positions of the association. They accused Wexu of promoting his personal glory at the expense of the membership. However, acupuncturists, including those later uprising against him, had no doubt that it was Oscar Wexu who did the most in promoting acupuncture and protecting the traditional practice from being medicalized.[12]

There had never been peace and harmony among rival acupuncture associations. Noticeably, the AAQ and the ICA could not work together at all. Wexu was calling any other

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[10] OPQ, *Rapport Annuel, 1978-79*, "2.7 La réglementation de l'exercice de l'acupuncture," p. 45.

[11] College de Rosemont, *L'Enseignement de l'acupuncture* (survey carried out by Ressources – santé Québec, 1987), p. 42.

[12] Interviews with AAQ members in 1994 and 1995. Information held by author.

acupuncturists who did not belong to his group, "charlatans," and Henri Solinas of the ICA commented that the AAQ's views were "irrational." Wexu's AAQ refused to deal with the Corporation professionnelle des médecins du Québec (CPMQ). But the ICA and other groups were trying to negotiate with the medical profession from time to time.[13] In the 1970s and 1980s, there were simply too many acupuncture groups and they did not talk to each other at all. The division was a major disadvantage to acupuncturists as a whole because it reduced their power in lobbying with the Government and in negotiating with the CPMQ. The CPMQ saw the debate among the different acupuncture groups as evidence that acupuncturists could not manage their own affaires.

It was estimated that the total number of non-physician acupuncturists in Quebec in the mid-1980s was between 400 and 550. Some estimation reached as high as 700. The exact number was unknown because there was no unified registration for practitioners. And some practitioners did not belong to any groups. The number of practising acupuncturists increased at least ten times from the mid-1970s to the mid-1980s. The reason for this multiplication was that almost all these associations were also operating affiliated acupuncture schools. Before the first examination for registration to the CPMQ started in the fall of 1986, acupuncturist associations had been regulating their members since 1972. The following are the main associations and their practice standards in 1986: (See Table 13)[14]

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[13] Henri Solinas (on behalf of the ICA), *Acupuncture: mémoire présenté a la Commission parlementaire des corporations professionelles* (April 1977), p.2 and p. 39. Solinas took three pages from the AAQ's journal as Appendix III and named it "la voie irrationelle."

[14] Information from Collége de Rosemont, *L'Enseignement de l'acupuncture* (survey carried out by Ressources – santé Québec, 1987), p. 45-46. Acupuncturists formed only 30 per cent of the membership of the Academie sciences naturelles that was an association for other kinds of natural therapists as well.

Table 13: Standards of Self-Regulation by Acupuncture Associations in Quebec 1986

Name of Associations	Size	Annual Cost Membership	Criteria of Admission
Association d'acupuncture du Québec	110	$150 active $75 inactive	diploma of an acupuncture school with least 1000 hours training; respect AAQ's Code of Ethics
Ordre des acupuncteurs du Québec	220	$75 1st registration $150 annually	diploma of the Institut de médecine chinoise
Société d'acupuncture du Québec	120	$150	n/a
Fédération des acupuncteurs du Québec	60	$125 full member $50 students	completed 1000 hours of training or equivalent; active practice
Conseil général des acupuncteurs	150	n/a	Anyone who calls oneself an acupuncturist
Société d'acupuncture CBP du Québec	80	$100	n/a
Académie des sciences naturelles	30	$150	acupuncture diploma from l'école de M. Leblanc

According to the *Acupuncture Regulation* (1985), all acupuncturists must take the examination and be registered with the CPMQ. However, a large number of acupuncturists protested the law as putting acupuncture under medical control and refused to participate in the process. Therefore, in the second half of the 1980s, acupuncturists were divided into two groups: those who were registered were grouped under l'Association des acupuncteurs inscrits au registre de la CPMQ (AAIRC) and those who were unregistered belonged to different groups. By the end of the 1980s, a greater consensus had evolved among acupuncturists in professional development and legislative issues.

SPAAQ and the United Front

In 1988, to promote their cause, a group of acupuncturists united and joined the very powerful Quebec union Confédération des syndicats nationaux (CSN) and they formed the

Syndicat professionnel des acupuncteurs et acupunctrices du Québec (SPAAQ).[15] The CSN did not think that acupuncture, as a profession, should be controlled by another profession. They knew that the powerful CPMQ did not want to lose their power over acupuncturists, but "that doesn't scare us," Gérald Larose said.[16] The CSN's determination to take on the doctors was a vital political force in the "liberation" of acupuncturists from the physicians.[17] The CSN affiliated SPAAQ with 275 members and the AAQ with 120 members were the major organizations, and their opinions were getting closer on many major issues particularly related to strategies in dealing with the Government, the OPQ and the CPMQ for "liberating their profession from the hands of conventional medicine."[18]

The united front also gave acupuncturists a stronger and louder voice in many other issues concerning the practice of acupuncture. In 1989, upon the advice from the CPMQ, Bell Canada *Yellow Pages* informed the unregistered acupuncturists that they could no longer be listed under the section acupuncturists. They could only be listed under "alternative medicine" or "clinics." The SPAAQ asked acupuncturists to boycott the *Yellow Pages* service to force Bell Canada to back down.[19]

There was another incident in 1991: the Red Cross in Quebec was refusing to take blood from potential donors who had acupuncture treatments in the past 6 months to prevent

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[15] "L'acupuncture," *La Presse*, 17 April 1988, p. B 2.

[16] "Acupuncturists Don't Want Control by Doctors: CNTU," *The Montreal Gazette*, 14 April 1988, Mon., p. A8. Also see Paul Des Riviéres, "Les acupuncteurs ont la piqûre syndicale," 14 *Le Devoir* 1988, p. 3.

[17] Marie Caouette, "L'acupuncteur veut avoir sa corporation professionnelle," *Le Soleil*, 3 May 1989.

[18] Jean-Pierre Bonhomme, "Les acupuncteurs du Québec veulent leur propre corporation," *La Presse*, 8 February 1990, Thu.. The number of acupuncturists who were registered with the CPMQ increased from about 75 in early 1988 to about 200 after the examination in 1989.

[19] Louise Lemieux, "Pas d'anounces dans les pages jaunes," *Le Soleil*, 8 July 1989, p. C6.

spreading hepatitis and HIV viruses. In 1988, a Canadian died of AIDS and he had acupuncture treatment in Beijing 20 months before his death. Because he was not in one of the "high risk groups," the Canadian Health and Welfare Department suspected that he might have been infected by the acupuncture needles.[20] The Quebec acupuncture groups launched protests to the Red Cross and charged the Red Cross with discrimination against the acupuncture profession. They said that the needles were sterilized at 250 degrees Celsius in which no virus could survive.[21] Similar situations appeared in other areas of Canada.[22] The problem was largely solved because most acupuncturists had adopted disposable needles by then.

The SPAAQ organized three major symposiums in the early 1990s that were very significant in the process of the professionalization of acupuncture and TCM in Quebec. "The place of acupuncture in Quebec" was the theme of the first symposium held in 1990 with 150 participants. The symposium analyzed how acupuncture and TCM were situated in Quebec society, both contemporarily and historically, and searched for ways of future professional development. They were trying to tell the Government that: "legislation must adapt to social reality."[23] The second symposium, held in 1991, concentrated on profes-

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[20] Susan Mate, "Official Allay Fears of Aids by Acupuncture," *Calgary Herald,* 24 January 1988, p. C1.

[21] Martha Gagnon, "Les acupuncteurs protestent: la Croix-Rouge n'accepte pas le sang de leurs patients," *La Presse*, 5 December 1991, Thu., p. A7.

[22] In 1991, the Red Cross in Ontario also notified prospective donors that they could not give blood if they had had procedures of acupuncture, tattooing or ear piecing within one year. The CMAAC protested to the Red Cross, but the latter insisted that anyone who had acupuncture treatment in the past 12 month could not donate blood unless the acupuncture needles were sterilized single use needles. See letters of CMAAC to the Red Cross and the Federal Minister of Health both dated January 8, 1991 and the Red Cross's reply dated on March 6, 1991.

[23] "Les acupuncteurs rêvent à l'intégration au sein du systéme de santé québécois," *Le Devoir*, 26 February 1990, p. 3. Also see Julie Brouard, "En colloque hier à Québec,

sional training in acupuncture and TCM. Entitled "At the dawn of autonomy," the third symposium was held at a time when the Office des professions du Québec (OPQ) was considering applications from the acupuncturists and while the negotiation between the acupuncturists and the CPMQ was under way. In fact, representatives from the OPQ, the CPMQ and other professional organization participated in the discussion. These three symposiums cleared up many confusing issues on the road toward self-regulation of acupuncture in Quebec.

In 1994 when *Bill 43* was passed, there were five acupuncture associations left.[24] After the *Acupuncture Act* was enforced in July 1995, SPAAQ and AAQ still existed to serve their membership. A new organization Association professionnelle des acupuncture du Québec (APAQ) was formed for all the registrants of the OAQ.

BC: AABC, Acupuncturists' "Spine"

Harold Saita, Howard Mezger, Hermies Tong, Kok-Yuen Leung, Roger Langrick, as well as acupuncture translator Henry Lu, were among the pioneer acupuncturists in BC in the

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Les acupuncteurs du Québec exigent leur intégration au système de santé," *Le Soleil*, 25 February, 1990.

[24] Besides the AAQ, SPAAQ and AAIRC, two other associations existed: Alliance professionnelle des acupuncteurs du Québec (about 30 members) and Alliance des professionnels en pratique alternative de santé du Québec (about 20 acupuncturists among membership).

early 1970s. They did not (or could not) form any formal and lasting professional associations at that time. They had probably heard of each other, but no communications were established. A few enthusiastic lay people in the Vancouver area incorporated the New World Acupuncture Society of British Columbia (NWASBC), the predecessor of the Acupuncture Association of British Columbia (AABC), under the *BC Societies Act* on August 30, 1974. It is very interesting to note that the earlier directors of the Society were neither acupuncturists nor TCM herbalists. The occupations of the directors (five in first year, increased to seven in the third year) were listed as teachers, housewives, lawyers, salesmen, etc. Members were paying only ten dollars annual dues. After various expenses, there was less than twenty dollars asset in their balance sheet of April 1976. These residents came together because of their love of acupuncture and TCM, and their hope that the ancient healing arts would root into the New World and benefit British Columbians. Surprisingly, the Society's objectives were almost identical to those of the professional acupuncture and TCM associations in the 1990s:

a) To further the knowledge and understanding of acupuncture and traditional Chinese medicine.
b) To promote the recognition of acupuncture as a method of restoring and maintaining health distinct and different in principle and philosophy from traditional Western medicine.
c) To encourage the establishment of an acupuncture and Chinese medicine research foundation.
d) To promote the establishment of a recognized and accredited college exclusively for the teaching and study of acupuncture and traditional Chinese medicine and for the training and qualification of an acupuncture practitioner.
e) To assist in establishing criteria for the practice of acupuncture in BC
f) To hold lectures and discussions and to print, publish and distribute literature for the above purposes.[25]

[25] *Constitution and By-laws of New World Acupuncture Society of British Columbia*, Constitution, Section 2, (Vancouver, 1974).

The leadership of the Society gradually transferred to professional acupuncturists and the society name was changed to Western Acupuncture Association of British Columbia (WAABC) in 1977 with 15 acupuncturists and 700 associate (public) members. The Association was well organized and very well informed about how acupuncture was practised throughout the world. They certainly had a vision of how acupuncture ought to be regulated in their province. In November 1981, the Association submitted a document to the BC Ministry of Health that revealed the worldwide situation of acupuncture practice covering professional organizations, legal perspective and research, etc. Their recommendation regarding how this practice should be governed in BC included immediate and future plans. They even drafted their *Acupuncture Practitioners Act* with definitions, items and articles which looked quite like a statute document. Of course, only its authors recognized this Act.[26]

The association developed rather quickly. By the early 1980s, under the leadership of Ken Eldridge, the Association already had thirty-five professional members and two thousand associated members. They knew that the CPSBC had very negative views toward their organization and they took two approaches to deal with that: the hard way and the soft way. They maintained that the CPSBC should not mind the acupuncture business because it was beyond the scope of medicine and that CPSBC could not justify their decision allowing doctors to perform acupuncture without proper training. However, sometimes the WAABC softened their tone to seek the possibility of cooperation with the CPSBC by accepting a limited supervision by the doctors. For instance, they agreed to perform acupuncture only

[26] The Western Acupuncture Association, *A Submission to the Ministry of Health, Province of British Columbia Concerning Recommendation Regarding the Practice of Acupuncture* (Vancouver, 1981).

when a patient already had a medical diagnosis. The WAABC always tried to have the government on their side, and complained to the government about the CPSBC's harassment and informed the government of concerned legislative activities in other jurisdictions.[27]

In 1982, the name of the Association was legally changed to the Acupuncture Association of British Columbia (AABC). According to a report made in the same year to the BC Registrar of Companies, there had been no other acupuncturist group ever formed before that time.[28] During the 1980s and 1990s, under Mary Watterson's leadership, the increased membership kept the same goals that were set up by the founding members of this organization. The AABC developed to be the most outstanding acupuncturist group among those in English speaking Canada in terms of their professional activities, their tough stand against the medical control of acupuncture, their powerful lobbying to the government and their ability to mobilize public support.

The struggle to win the Government health authority to its side had been hard. During the first ten years of existence, the AABC had made six formal submissions to the Ministry of Health. The Association met with four health ministers and also met once with the Provincial Cabinet. Democratically elected politicians would not listen to the request of a small group of people, unless there was a clear public interest. Over the years, the AABC developed highly effective tactics in motivating their patients and other social organizations to work for the cause of acupuncture. In February 1990, Health Minster John Jansen indicated that he would like to hear some pubic voice on the issues related to the regulation

[27] WAABC meeting minutes and letter to Health Minister Rafe Mair dated April 25, 1980.

[28] Letter of the WAABC to the Registrar dated September 21, 1982.

of acupuncture and the desire to have public funds to cover its expense. With great cooperation among the membership, it took only one month for the AABC to hand in a large compilation of letters of residents and organizations in support of the issues discussed.

A wide range of social organizations were involved in the letter writing: health professions, insurance companies, opposition parties, community health groups, labour unions and organizations of the Chinese community. The public letters were sorted into the following categories: regulation issues, freedom of choice, public safety, health care costs and testimonials. The testimonial letters covered over twenty health conditions (limited two letters selected for each condition), e.g. gastro-intestinal diseases, gynecological diseases, musculo-skeletal pathology and neurological disorders, etc. Letters were all very emotional, many of them hand written and presented in their original format by photocopy. Quoted below are only a few lines of a very long letter:

> I feel that Acupuncture should be recognized under the Medical Services Plan. I strongly feel that the "Traditional Acupuncture" should be accepted by the medical profession as a specialized method of treatment. As citizens who are all potential patients we should have the choice of being treated by this Ancient system as well as the Western practice of medicine...
> p.s. If your wife or female acquaintances are encountering problems similar to mine (menopause) I suggest acupuncture therapy. Try it, acupuncture may save them and you months of grief.[29]

The government also worried about the cost to the health care system. Once acupuncture was a regulated health profession, the government would find it very difficult to argue why it should not also be covered under the provincial health plan.[30] Starting from the mid-1980s, the AABC shifted one of its strategies in persuading the Government to consider the

[29] AABC, *A Submission to the Ministry of Health, Province of British Columbia, Concerning A Compilation of Public Individuals and Professional Organizations supporting the Regulation of Acupuncture in British Columbia* (Vancouver, 1990). Quoted found in p. 73, this letter was written by Mrs. N. Takach.

[30] BC Health Minister Jim Nielsen raised such a concern in the mid-1980s. See Mary Watterson, "The Case for Acupuncture," *The Vancouver Sun*, 24 September 1984.

Association's main request: regulation. The changed strategy was to silence the demand for Medicare to pay for acupuncture services. Instead, the AABC praised its own history of effective self-government of its membership without costing taxpayers' money. One of the AABC briefs to the Government calculated the huge amount of public expense that had been saved over the years because of the usage of acupuncture services by British Columbians.[31] Its practising members also reminded their patients not to ask for Medicare coverage at this time. They also informed the Government that Canada's first three-year full-time college, The Academy of Science for TCM, in Victoria, had been operating for two years at no cost to the citizens of BC[32] In 1984, the AABC submitted a comprehensive analysis to the Government to explain why independent practice of acupuncture should be allowed from a social and economic view. This brief listed four major advantages for the independent practice of acupuncture and four major disadvantages for restricting the practice of acupuncture to medical doctors.[33]

In the meantime, the AABC had already evolved as a very effective organization for internal regulations. The Association improved and completed its eligibility requirements, examination procedures, code of ethics, rules of practice and a few other internal regulations. The Association also timely adopted the NCCA's clean needle technique for acupuncturists to eliminate the concerns of transmitting HIV and hepatitis by acupuncture. In view of the completeness of the documentation for a professional organization, the

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[31] AABC, *The Economics of Acupuncture Therapy* (Vancouver, 1981). In 1992, this study was further developed in a new document called *Acupuncture and Health Care Costs*.

[32] AABC, *New Directions for Acupuncture*, A Position Paper on the Future of Acupuncture in British Columbia, Presented to the Acupuncture Advisory Committee, Ministry of Health (Vancouver, 1986). See p. 4-5.

[33] AABC, *Social & Economic Advances of the Independent Practice of Acupuncture* (Vancouver, 1984).

AABC had functioned as a de facto regulatory body for the profession of acupuncture.[34] The AABC was so eager to have the acupuncture legislation in place that the Association drafted a newer, much-enlarged version of *Acupuncturists' Act* (fourteen pages in total) as a means to push the Government to act.

Figure 19: Mary Watterson Reading the Pulses (TCM)

During the critical years of preparing for regulation, Mary S. Watterson was elected President. (See Figure 19) The enormous contribution made by the AABC and Watterson herself to this long journey was noted by clients, the Government and of course, the CPSBC. Former Health Minister Dennis Cocke highly praised Mary Watterson and her group for their service to British Columbians. In the Legislature, Cocke said that they had done wonders to bring acupuncture to the point it was at in the province. Watterson had been involved in acupuncture and its regulative issues since 1970s, first as a student, then as a practitioner and finally as an organizational leader. The acupuncture advocate herself was from "a family of highly educated, highly motivated people – many medical doctors and others in that group" and was married to a medical doctor as well."[35] One of Watterson's acupuncture colleagues said to me in 1994:

> Over the past twenty years, Mary has devoted tremendous amount of time and energy voluntarily to our struggle for recognizing acupuncture in B.C. I think she will certainly cry someday when she sees the first license issued to an acupuncturist in our province. She is a fighter for a cause with uncompromising spirits.[36]

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[34] Copy of AABC archival documents held by the author.

[35] Quoted from Cocke's speech, *Debates of the Legislative Assembly*, 3rd Session, 33rd Parliament of BC, Friday, Nov. 22, 1985, Morning Sitting, Vol. 14, No. 22, p. 7094.

[36] Interview transcript held by author.

The AABC was not fighting alone. Over the years, they had built up effective and mutual beneficial communication channels with many other health professionals' organizations in and out of the province. The AABC was asking for a self-regulated health profession without demanding the act of acupuncture be exclusive. Therefore, other health professions with members practising acupuncture did not feel threatened, which made it easier for the AABC to establish a friendly relationship, with other health professions in British Columbia.[37] The AABC had maintained open communication channels with traditional acupuncturist associations in other provinces, particularly the ASA. For its bid to win legislative recognition, the AABC had even got connected with the medical acupuncture association: the AFC.[38]

There were no other acupuncture and TCM associations in the province until the late 1980s. Similar to the situation in other provinces, the relations among various associations had been far from harmonious. In the early 1990s, there were estimated 350 acupuncturists including 100 doctors of TCM working in British Columbia.[39] Several acupuncture and TCM associations had been formed in this province at that time period. Power struggles were unavoidable during the process of attracting new members and of dealing with the

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[37] In general, traditional acupuncturists were unhappy with the fact that other health professions were using acupuncture as a technique in their services. Since the AABC did not ask that the exclusive right of practising acupuncture be reserved to acupuncturists, the AABC could get along with other health professions. For example, acupuncture was one of the major therapies within BC naturopathic physicians' practice, and the Association of Naturopathic Physicians of British Columbia (ANPBC) was one of the AABC's strong supporters. See the ANPBC heavily weighted detailed submission to the Health Professions Council in 1992

[38] "AFC Meets with Acupuncture Association of British Columbia President," *Acupuncture Canada*, (Spring 1991): 4.

[39] The AABC had over 140 members; half of them were practising independently in 1992. See AABC, *Acupuncture and Health Care Costs* (Vancouver, April 1992). Their estimated total practising acupuncturists was around 210, much smaller than the TCMABC's estimation.

provincial health authority. They had major differences in strategies and principles leading to the legislation of acupuncture and/or TCM. There were also longstanding personal animosities amongst leaders of the acupuncturist groups.

Besides the AABC, the Traditional Chinese Medicine Association of BC (TCMABC), founded in 1987 by Henry Lu and colleagues, represented a large number of practitioners who were mostly immigrant Asians. Maintaining a standpoint different from the AABC's, in 1992 the TCMABC was trying to convince the Health Professions Council (HPC) that TCM, which includes herbal medicine (internal therapies) and acupuncture & moxibustion (external therapies), as well as manual therapy, etc., should be regulated as a unity and at once. In their correspondence to the HPC, the TCMABC said:

> Our Organization hopes to see TCM recognized in B.C. without the piecemeal process encountered in other areas... TCM practitioners are not acupuncturists who use adjunctive therapies, but rather that a TCM practitioner uses internal and external therapies in combination to treat an ailment and that their training is conducted accordingly.[40]

The TCMABC was worried about the fact that legislating acupuncture in isolation from TCM could affect their application for designation of TCM under the *Health Professions Act* and hinder the practice and development of TCM in that province. After the October 1992 public hearing, the TCMABC proposed one governing body with three categories of licenses, thus trying to accommodate TCM herbalists, acupuncturists and TCM doctors. They all shared the same TCM principles and methods of diagnosis with knowledge unique to herbology, or to acupuncture, and in the case of TCM a doctor, with knowledge of both areas.[41]

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[40] Quoted from TCMABC's submission to the Health Professions Council's 1992 public hearing on the designation of acupuncture in BC.

[41] Quoted from the TCMABC's submission made shortly after the hearing, document not dated.

Except the TCMABC, the other five associations were able to unite to make a stronger application for regulation to the HPC in 1992. These five associations were:

Acupuncture Association of British Columbia
Canada Acupuncturists Headquarters Association (BC Branch)
Canadian Chinese Acupuncturists Society of British Columbia
United Acupuncturists Association of British Columbia
Vancouver Chinese Acupuncture Association

The united applicants did not take any chance even after the HPC's favorable recommendations were made to the Government and published in November 1993. Hoping that the recommendations would be accepted, these associations had meetings together and submitted more supporting documents to the HPC and further to the Cabinet. For example, the AABC submitted to the Government a collection of excerpted passages from documents of seven health professions' organizations, five major unions and fourteen Chinese community organizations that supported the recommendations. They also enclosed a dozen recently selected individual petition letters as well as the AABC's response to the HPC's recommendations.[42] Meanwhile, they employed their twenty year old tradition of mobilizing their patients and families to write to the Health Minister (Paul Ramsey), the Premier and their local MLA. Written instructions were offered and sample letters were available. The AABC asked their patients to focus on the legislation and not to request that acupuncture be included in the provincial Medical Services Plan. At a time of fiscal restraint, the request for more spending was not realistic and it could hurt the chance of having the Recommendations passed by the Cabinet. In June 1994, I still saw such sample letters displayed at the entrances of some acupuncturists' offices.

[42] AABC, *The Designation of Acupuncture: A Submission to the Cabinet* (Vancouver, 1994).

ALBERTA: ASA, Formed with a Purpose

In comparison with their colleagues in the neighboring province of BC, Alberta acupuncturists formed their provincial association eight years later in 1980. After his legal case, Luke Wong and his chiropractor friend Ted Yoshida of Calgary who was also an acupuncturist thought that acupuncturists could communicate and support each other by forming an association.[43] At the same time, acupuncturists Roger Langrick and Ann Corcoran of Red Deer came into contact.[44] In October 1979, they attended an information seminar organized by the Alberta Government concerning the policy governing future legislation for professions and occupations. In fact, it was an information and consultation process on the proposed *Health Occupations Act* (Bill 30).[45] The Government indicated that they must form a self-regulated organization and then the authority would know with whom to negotiate. Together with Taiwanese immigrants, Peter Tsang and Stephen Tsang (uncle and nephew), of Edmonton, and a guest from Las Vegas, they held a meeting at Red Deer and founded the Alberta Society of Acupuncture (ASA) on November 9, 1980. Their aims were "professional support, inter-communication and upgrading of skills, and liaison with

[43] For Wong's background information, see Chapter 7, Legal Conflict, under "Alberta."

[44] Langrick left BC and settled in Red Deer, Alberta, in October 1976. Cocoran was a nurse who took some casual acupuncture lessons from Langrick. See Langrick, *The Needle Game*, p. 141, 149.

[45] A Government of Alberta document *Policy Governing Future Legislation for the Professions & Occupations* (1979) was distributed.

and recommendations to the Government of Alberta in the practical implementation of the *Health Occupations Act*." They unanimously agreed on their definition of the "practice of acupuncture" and "acupuncturist" and they also discussed membership qualifications and examinations. They elected the Society's first President, Roger Langrick, two Vice-Presidents, Luke Wong and Peter Tsang, with Ann Corcoran as Secretary-Treasurer. The establishment of the ASA was a very important event in the acupuncture movement in Alberta and it happened at the right time just as the new *Health Occupations Act* was introduced to regulate certain health practices that were previously unregulated.

The founding members worked very hard to build up membership and internal regulatory documentation such as application forms and case history forms. Two months after the formation of the Society, the first general meeting was held in Red Deer.[46] The founding members and the ten people who were invited attended the meeting and most of the invited became members of the ASA. James Smith, Wong's lawyer during his court battle, was now the ASA's legal advisor. With his help, the ASA was incorporated in Alberta on May 8, 1981.[47]

Some of the early members of the ASA had been practising acupuncture for a few years. In general, they were not university professional program trained and had a lack of theoretical depth in traditional acupuncture. They went through some apprenticeship and some seminars. Some were trained in more experienced practitioners' offices as assistants without much classroom study of the classics. They were practising quite different forms of acupuncture: Chinese acupuncture, Japanese acupuncture, scientific acupuncture and

[46] Red Deer is an Alberta town located between the two major centers, Calgary and Edmonton. Probably because of this convenience, almost all the meetings of the ASA from 1980 to 1995 were held there.

[47] See the Certificate of Corporation of the ASA.

auricular acupuncture. TCM physicians from mainland China, such as Tommy Tsui, who went through five or six years full-time professional training, were not attracted to the Society. The Society's business was conducted in English and the immigrant acupuncturists from Mainland China were to a degree handicapped in the official language.

The ASA saw the importance of connecting with other sister organizations in North America. "We are all fighting the same battle and our only hope appears to be in organizing and, to some extent, standardizing."[48] The Florida acupuncture educator and activist, Ralph Alan Dale, introduced the ASA to some American associations and to Ottawa's Pierre Gaulin. ASA had worked in affiliation with the AABC since 1982. The memberships of these two groups were mutually recognized. For instance, a member of the ASA could move her practice to BC and the AABC would accept her as a member, and vice versa. In fact, that year they jointly formed the Canadian Liaison Organization to the World Federation of Acupuncture Societies (CLOWFAS). In 1983, when invited by the Alberta Health Disciplines Board to review (both written and oral) the process of designation of acupuncture as a health discipline, the two associations enjoyed a very good cooperation. In that same year, Pierre Gaulin, representing the Canadian Acupuncture Association of Canada (CAAC) came to Edmonton to visit the HOB and backed the ASA's request for legislation.[49]

There were some philosophical differences among members of the ASA, such as their strategies in dealing with the government and in quality control of the membership. Such differences were reflected in the leadership change in October 1982. After election, Luke

[48] Quoted from a letter dated September 1, 1981, of the ASA to Louis Gasper, an American acupuncture organizer.

[49] Letter of the CAAC to the ASA dated February 23, 1983 and the ASA archival material.

Wong replaced Roger Langrick as the President. Langrick did not even remain on the Executive Board.[50] Langrick promoted a more progressive approach to encourage the Government for regulation and he also proposed a higher standard of membership through Society-organized seminars and examinations. He wanted these to be accomplished in a short period of time. But some other executive members preferred a slower approach in membership improvement and wanted to focus on legislation issues first. Some board members criticized Langrick as "running a one man's show" and speaking for the Society without consulting them. Langrick hoped that the licensing examination would select the qualified and purge the incompetent. However, some other members thought all those already in practice should have a fair chance to obtain a license.[51] Finally, Langrick resigned his membership from the ASA in January 1984 because his vision significantly differed from those of the majority of the membership.[52]

The ASA was a well-organized association and its constitution and by-laws were all well carried out. Membership meetings were well planed and leadership was democratically elected. From its formation in 1980 until 1995, the presidency changed four times, in contrast with the usual fact that such associations had a tendency to become dictatorships of powerful figures. The democratic method of running this organization had proven to be effective and to make people work together. Nonetheless, the presidents and executives

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[50] The ASA did not inform the HOB immediately after the leadership change, which caused some disturbances. The HOB was wondering with whom the Board should be dealing.

[51] Information letter from a founding member to all the members dated January 4, 1984.

[52] ASA archival material and interview with ASA executive members. Like other early acupuncture leaders such as Wexu and Gaulin, Langrick had no fear of authorities. After resigning from the ASA, he started to treat horses for farmers around Red Deer. Warning letters from the Alberta Veterinarian Association did not stop him from this venture. Instead, he issued a statement to teach the Association. See Langrick, *The Needle Game*, 1989, p. 208-212.

might achieve some personal glory because of the assignments they had in the association. But none of them excessively exploited their job titles to obtain personal gains in advertising, a common phenomenon of some other similar associations.

The willingness of the Alberta Government to deal with acupuncture matters with the ASA made this organization more significant to acupuncturists and others giving acupuncture services in this province. The close working relationship with the HOB stimulated the development of the ASA. From 1985 to 88 the HOB invited the ASA membership to review the drafts of the *Acupuncture Regulation*, though their suggestions were not always appreciated. Nevertheless, their partial participation made the *Regulation* more workable. In 1986, David Zhu, a Mainland China trained TCM practitioner who spoke fluent English, was elected the President. The organizational activities were further systematized. In 1987, the ASA completed and improved internal rules to form a member's handbook, standardized needle cleaning techniques, and more importantly, reorganized various committees that managed issues such as membership, examinations, public relations and the society's constitution.[53] After Zhu's four-year tenure, Jyttee Roy-Poulsen succeeded as the President and in 1994 Blanca Vanier became the leader of the ASA with a membership of 64.

A new group Alberta Traditional Chinese Medical Science and Acupuncture Association (ATCMSAA) was formed by practitioners who did not belong to the ASA and it was incorporated in November 1991. The members were mostly new comers from China. They had concerns that privileges would be given to the ASA membership because the legislation process was fought mostly by the ASA. They suggested that the written part of the Alberta

[53] Minutes of a meeting of the ASA held on May 17, 1987.

Acupuncture Examination should be in both English and Chinese.[54] Under the leadership of Huilun Fan, 12 members of this association who passed an examination designed by the Shanghai University of Chinese medicine bargained the Government for exemption from the written part of the Alberta Examination in 1993.[55] Since the *Acupuncture Regulation* was already in place and no representatives of the ATCMSAA were sitting in the Acupuncture Committee, this organization played a minor role in associating acupuncturists in this province.

ONTARIO: Traditionalists vs. Modernists

Given the fact that Ontario had a larger Chinese community and a larger number of practitioners in the field of acupuncture and TCM, the organizational development of traditional acupuncture and TCM in the 1970s and 80s was much slower in Ontario than in BC and in Quebec.[56] In the 1970s, the medical profession tightly controlled the field of acupuncture. Non-medical practitioners could not openly practise acupuncture and organize themselves into associations. During the 1980s, the practice of acupuncture by non-physicians was tolerated as the judgment of the Pierre Gaulin case (1980) made the practice of acupuncture a "gray area" in Ontario. The need for associations became not as urgent.

[54] Letter of Huilun Fan to the Alberta Professions and Occupations Bureau dated February 20, 1992.

[55] See 66

[56] Ontario was the centre of medical acupuncture as the AFC headquarters located in Toronto area. See Chapter 3, under "Medicalization of Acupuncture and AFC."

CAAC, PAUC and OAATCM

In 1978, Pierre Gaulin and Dominique Paquin (both members of the AAQ), and others started a national organization called Canadian Acupuncture Association of Canada (CAAC) located in Canada's capital city Ottawa with connections to some other provincial associations. The CAAC was recognized by France based Societiés internationales d'acupuncture (SIA).[57] Gaulin was the center of its leadership and long time president. Paquin and Jacques Clark were core figures within the organization.[58] The CAAC never hosted any major international or nationwide conferences. Gaulin made a trip to Vancouver in 1981 to provide legal advice to local practitioners who were facing legal attacks from the medical profession and to promote the CAAC membership. At the same year, Gaulin claimed that the CAAC had 479 members in total including 300 professional members who had 2,500 hours theory and three years of practice. These numbers might be very much exaggerated and difficult to confirm.[59] The CAAC was not a very active association in the 1990s, though it still organized examinations for accepting new members at the beginning of that decade. In 1993, an ex-core member of the CAAC said that what was left of the association was only a registered company name.[60] The name, the Canadian Acupuncture

[57] The SIA was found in 1946 by French physician acupuncturists with several renowned non-physician acupuncturists. It was the most important international organization before the WFAS was formed in 1987.

[58] The French name of the CAAC was l'Association d'acupuncture de Canada. Gaulin, Paquin and Clark were all fluent in both official languages. Clark was trained from Henri Solinas school in Québec.

[59] "One-time Opponent Now Champions Cause of Acupuncture," *The Ottawa Citizen*, Aug. 19, Wed., 1981, p. 83.

[60] Interview with this ex-core member of the CAAC in July 1993 in Ottawa.

Association of Canada, made a bit of inconvenience for a group of Alberta doctors who wanted to form an association.

In 1993, headed by Steven K.H. Aung of Edmonton, a group of physician acupuncturists were interested in forming an association in order to gain bargaining strength vis-à-vis Alberta Health Care. As an example, the medical acupuncturists asked the Health Plan to cover acupuncture treatment, a time consuming procedure, but the Government was only willing to pay each session as a regular visit ($22.50).[61] Their selection of the name "Medical Acupuncture Association for Physicians in Canada" was not approved when they were applying for incorporation because it contained the word "Canada", "Acupuncture" and "Association" which could be confused with the name of the Canadian Acupuncture Association of Canada led by Pierre Gaulin. The physicians' lawyer wrote to Gaulin on August 4, 1993 for his consent in letting them use the selected name, and on September 14, the lawyer faxed another letter to Gaulin with the same request. Actually, at that point in time, the relationship between the medical profession and the acupuncturists had improved in Alberta. The majority of physician acupuncturists stopped promoting the medical monopoly of acupuncture and they were used to co-existence with non-physician acupuncturists.

Gaulin had probably never met or known the above-mentioned Aung. At the time, Aung and other physicians were invited by the Alberta Health Disciplines Board to develop the actual examimations to be used to test non-physician acupuncturists in this province. To acupuncturists such as Gaulin who were prosecuted by the medical profession, the bitterness toward the medical profession would never go away. This time, the Alberta

[61] Steven Aung, "Historical Context: Acupuncture and the Province of Alberta," a short document contained in the CPMA information package 1994.

physicians were only asking permission to use their selected name. However, Gaulin tried to use this opportunity to teach them a lesson. Doctors were not applying for memberships with the CAAC, but forming their own doctors' acupuncture association. The lawyer clearly noted that members of the proposed association "must have completed the University of Alberta acupuncture training program or must have completed the program offered by the Acupuncture Foundation of Canada." Gaulin signed "refused" in the consent form prepared by the lawyer and stamped it with the CAAC' official seal. Gaulin said, "Being a medical doctor, dentist, veterinarian etc. does not without proper training make you an acupuncturist." He maintained that the CAAC's provincial directors would reject the request until "they are satisfied that the minimal requirements are met."[62] It is interesting to know that the CAAC's correspondence was sent from Florida, U.S.A., where its president was working.

Many original CAAC members in the national capital region were united in a new association named the Professional Acupuncturists' Union of Canada (PAUC). This organization was formed in February 1990 and led by Clark.[63] In 1991, the group had about 20 members and in 1994, the number increased to about 30. In the middle of the 1990s, acupuncturists on the Quebec side of the Ottawa River were no longer interested in this association as they were registered with the Quebec licensing authority OAQ and at the same time Clark retired from full-time practice. Since then, PAUC had been mostly in a state of dormancy.

Dr. David Lam, a Chinese trained medical doctor founded ITCM in Toronto in 1970. Later, Lam and his students organized the Ontario Association of Acupuncture and

[62] Copies of the mentioned letters and fax held by the author.
[63] Meeting Agenda of PAUC dated February 2, 1990.

Traditional Chinese Medicine (OAATCM). The OAATCM membership consisted of largely non-Chinese practitioners who received their training from the institute. Many of them were already licensed naturopaths, chiropractors and physicians before their training in acupuncture and TCM. The operating language had been exclusively English as most of its members could not speak, read or write Chinese.[64]

In the beginning of 1980, a group called the Association of Acupuncturists of Ontario lobbied the Government: "for a separate and distinct act for the licensing, administration and discipline of acupuncture and its practitioners."[65] But no more activities were reported about this association in later years.

Cedric Cheung and the CMAAC

The most influential organizational activities started in 1983 when London (Ontario) based Cedric K.T. Cheung came to Toronto and contacted Yu Chieh Tsen and David Quang and others. About ten founding members established the Chinese Medicine and Acupuncture Association of Canada (CMAAC). (See Figure 20) They first applied in April of that year for incorporation of the association in Ontario to the Ministry of Consumer and Corporate Affaires, but they were facing bureaucratic delays and strong objections to the name (because of the word

Figure 20: Headquarters of CMAAC in London, Ontario

[64] Interview with 3 members of the OAATCM. Information held by author.
[65] "Ouch," *The Ottawa Citizen*, 27 August 1980, p. 6.

"medicine") from the medical profession. Then the Ontario group decided to have the association registered federally and requested the CAAC for help on this matter. CAAC was willing to cooperate as long as the proposed association would include "Ontario" in its name and would aim to be the first and only association of such a nature in this province. Obviously the CAAC wished this new group to be one of its provincial branch associations.[66] However, the CMAAC also had aspirations to become a national association with branches all over Canada. Cheung wrote to the Federal Minister of Consumer and Corporate Affairs Judy Erola. The Minister approved the application and suggested the name "Chinese Medicine and Acupuncture Association of Canada." The association was officially established on August 25, 1983 with about 100 members, and was registered and incorporated in March 1984. The majority were medical doctors trained in Mainland China who had recently immigrated to Canada. Many of them had difficulty with commanding the English language and were unfamiliar with Canada's political system. A strong leader who could function effectively in Canadian sociopolitical system became essential.

Cheung, a student at the University of Western Ontario in the early 1970s, became an important figure in the recent history of acupuncture in Canada and internationally. He completed his acupuncture and TCM training with the famous Taiwanese TCM scholar Huang Wei San of the Huang Wei San Clinic in Taiwan in July 1972. Cheung also had a family tradition in TCM. His grandfather was a TCM practitioner.[67] Speaking and writing

[66] Letter of CAAC head office to its directors in early 1984. The letter was not dated.

[67] Some Chinese MD members of the CMAAC were resentful of Cheung because they thought Cheung had no solid academic credentials either in TCM or in convetional medicine. They maintained his long-term presidency was only because of his fluency in English. According Cheung's statement, he had extensive academic background in both Chinese and Western medicine and in science with a Doctor of Science degree. He said that he was a medical doctor in China (Taiwan?), but not a licensed MD here (On-

English fluently, Cheung was one of the pioneer acupuncturists in Canada and one of the practitioners who assisted Dr. W.E. Spoerel in clinical research of acupuncture (1971 to 1975) at Victoria Hospital and the University Hospital, London.[68] Most other founding members of the CMAAC and half of the later members were immigrant Chinese MDs who were originally trained in Western medicine but were also equipped with some knowledge of acupuncture and TCM as all medical students were required to take a basic TCM course after China entered the Communist phase.[69]

Ontario acupuncturists had enjoyed greater freedom in working in their field ever since the CPSO lost its legal case against the Ottawa acupuncturist Pierre Gaulin in both the original trial in 1980 and the following appeal, in which the court did not consider acupuncture part of conventional Western medicine. In BC and Quebec, non-physician acupuncturists had to fight with organized medicine and to request help from the provincial governments until the acupuncture legislation that allowed them to practise was in force. In Alberta, during the professional legislation reform of the 1979 to 80, the Government introduced the *Health Occupations Act* (Bill 30) and offered the opportunity for acupuncturists to participate in the process of creating an acupuncture regulation.

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tario). See transcript of Cheung's presentation at the Hearing organized by the Standing Committee on Social Development held in London, Ontario on August 22, 1991.

[68] Dr. Spoerel was a professor and director of the Department of Anesthesia, University Hospital in London, Ontario. He was one of the Canadian doctors seriously engaged in acupuncture research. As a result, he had several acupuncture research articles published in cooperation with Dr. C.Y. Leung (Ph.D. in Physics, family trained acupuncturist) in journals. He was a member of the 1974 Canadian Delegation of Anesthetists to China and the Chairman of the OMA's Acupuncture Section. Spoeral supported the concept of acupuncture being a regulated profession by non-physician practitioners. He died of a heart attack on July 12, 1989.

[69] For details, see Chapter 4, under "Chinese MDs Turned Acupuncturists."

The primary objectives of the CMAAC were in promoting TCM and acupuncture in Canada and associating and educating practitioners. Regulation of Acupuncture and TCM was also a very important issue for some members. However, striving for recognition of acupuncture as practised by non-physician practitioners through legislation was not mentioned in the CMAAC's 1983 *Constitution*. This was a major difference from objectives stated in other associations' constitutions.[70]

Organizing major conventions had become an important activity of the CMAAC and its leaders enjoyed huge gatherings and considered them great achievements of the Association. Only three years after the association was formed, the CMAAC hosted its First International Chinese Medicine and Acupuncture Academic Convention in Toronto. Over three hundred people from China, Taiwan, Hong Kong, the United States, Korea, Western Germany, Mexico and Canada attended the three-day (June 6, 7 and 8, 1986) Convention. At the opening ceremony, the Ontario Premier's representative, the Chinese Consul General in Toronto, and representatives of TCM institutes from China were invited to deliver short congratulatory speeches and the organizers read messages from federal and provincial politicians. One attendant commented that this was more of a Chinese style of conference opening that hoped the attention for the authorities present would enhance the meeting. This was the tradition of any sizable TCM and acupuncture convention held in Ontario.[71] Only two years after, the Second International Chinese Medicine and Acupuncture Academic Convention, organized jointly by the WFAS and the CMAAC, was held at Toronto's Royal York Hotel in September (16, 17 and 18) 1988. Five years later the

[70] *Constitution* of the CMAAC, no date in the document. It was probably written in 1984.

[71] CMAAC, *Proceeding of the First International Chinese Medicine and Acupuncture Academic Convention* (Toronto, 1986) including the 98 papers received, 58 in Chinese and 40 in English. A paper with Chinese and English versions was counted as two.

Canadian National Chinese Medicine & Acupuncture Academic Convention was organized in 1993. This two-day conference (May 29 – 30) was held in Toronto in celebration of the tenth anniversary of the organization. The CMAAC invested a lot of time, money and energy to prepare for these conventions. Such huge events celebrating Chinese medicine in a foreign land truly amazed the invited TCM leaders and experts whose travel expenses to the conventions were more or less subsidized by CMAAC membership dues.[72] Many members and the leadership of the CMAAC highly valued the conventions as effective means of educating the audience and promoting the influence of TCM in Canada and internationally. Some other members, however, thought that such events distracted the CMAAC's efforts from bringing in legislation to legally recognize the practice of acupuncture and TCM by traditional practitioners. They criticized that the CMAAC kept closer ties with the Chinese Ministry of Health than with the Ontario Ministry of Health. But the former was helpless in introducing acupuncture legislation in Canada.[73]

Besides the conventions, the CMAAC organized or sponsored seminars and workshops on an average of once per year. Members of the CMAAC and invited experts taught on these occasions which had been proven as a cost effective way to educate members and improve the quality of their services. Members of the CMAAC delivered pubic lectures in their local areas (largely in the Greater Toronto area). To promote TCM and acupuncture to consumers, lectures were sometime held in public libraries or during large festivals and

[72] I had got the impression from talks with Professors Xiao Zuotao (then President of Hunan College of TCM) and Liu Zuyi (then President of Hunan Institute of TCM) in 1986. I also had a chat with Professor De Gao (Vice President of the Chinese Academy of TCM) in 1995. They were CMAAC invited experts to the mentioned conferences.

[73] Interview with a group of Toronto TCM practitioners in October 1995.

shows, with free information sheets, demonstrations and complimentary consultations to the audience.

The CMAAC was trying to function as a national and a provincial organization at the same time. To separate the two functions more, as a mother organization, the CMAAC created the Professional Acupuncturists Association of Ontario (PAAO) in December 1987. PAAO was registered with the Department of Consumer and Commercial Relations of Ontario to offer membership to "doctors of acupuncture" in the Province of Ontario and to manage other provincial matters.

The membership grew rapidly during the CMAAC's first decade. The precise number of the membership was never officially announced. In 1987, the association had 392 members.[74] According to Cheung's own writing in 1993, the CMAAC had over 400 members with seven provincial chapters.[75] This rapid growth of CMAAC membership was corresponding to the rapid growth of immigrants to Canada from Mainland China, Hong Kong and Taiwan. Over 90 per cent of the association members were Chinese speaking.

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[74] College de Rosemont, *L'Enseignement de l'acupuncture* (survey carried out by Ressources – santé Québec, 1987), p. 35.

[75] The numbers come from Cheung's introductory article about acupuncture in Canada, "The Development of TCM & Acupuncture in Canada," *Journal of Nanjing College of Traditional Chinese Medicine*, vol. 9, No. 1, 1993, p. 55-56. Executive members had different figures about the actual size of their membership. One executive member told me that the number was over 600 in 1993. However, another executive member said that their membership in 1994 was slight below 500. In a presentation in 1991, Cheung said that: "we have close to 600 members across Canada. In Ontario alone we have approximately 250." (See Cheung's presentation to the Standing Committee on Social Development, August 22, 1991.) Probably some executive members counted the total accumulated number of people who were admitted to the association, but some others counted only those who maintained their membership status. There were also certain unpublished numbers of overseas members. The CMAAC official document *Blueprint for Tomorrow* (1993) quoted: "our membership today stands at over 600 globally." No doubt, CMAAC at that time was the largest acupuncture and TCM practitioners' organization in Canada.

Between 1980 and 1990, some practitioners of acupuncture and TCM moved to Ontario because they were less likely to be harassed by organized medicine as long as they could leave their "MD" title in China. There were complaints about membership control as some practitioners without sufficient qualifications still managed to obtain memberships. A couple of Chinese "fortune tellers" and "fengshui masters" who were "acupuncturing" on the side also had their membership certificates.[76] Background checks on applicants was never an easy task because of the variations in their training. This was not a particular problem to the CMAAC. At times, other major associations such as the AABC, ASA and AAQ also had unqualified applicants accepted.

The 1986 Convention gave the CMAAC great exposure to the world community of TCM and acupuncture and its leadership received acknowledgements from the leaders of the TCM profession in China. Then, the CMAAC participated in the creation of the World Federation of Acupuncture-Moxibustion Societies (WFAS) under the auspice of the WHO and supported by the Chinese Government. In 1987, the inauguration of the WFAS and its First International Conference was held in Beijing with the participation of acupuncture associations from 28 countries and regions. Composed of 55 acupuncture societies all over the world, the WFAS had been the largest international organization of acupuncture and moxibustion.

Representing Canada and the CMAAC, Cheung was chosen as one of the executives in 1987 Beijing Conference that founded the WFAS. In 1990, Cheung led a twenty-member CMAAC delegation to the WFAS's second international conference in Paris, France and he

[76] Information from an interview with a CMAAC member in September 1995.

was elected one of the vice-presidents of the Federation.[77] The same year, the President of this organization, Dr. Wang Xuetai, appointed Cheung as the Director of the WFAS Legislation Working Committee to gather information and study tactics on legislation issues. Three years later, a sixteen-member CMAAC delegation, led by Cheung, attended the WFAS's third conference in Kyoto, Japan and Cheung retained his position as a vice president within the WFAS.[78]

As a member society of the WFAS, the AFC also sent delegates to the Paris Conference. Some medical doctors felt that the Chinese were elevating the position of traditional acupuncturists while demoting that of medical acupuncturists. The AFC was not happy with the election process and the result of the new WFAS Executive Committee:

> The reaction of the Chinese delegation to this attempt to get more physicians on to the executive committee after an arbitrary decision to oust them in favor of non-medicals, was intriguing to watch. The Chinese, who have no experience with democratic process, apparently could not comprehend what Westerners were trying to do.[79]

After they were notified the above published message in AFC's *Newsletter*, the elected Executive Committee insisted that the election process was fully democratic and fair. They demanded the AFC give evidence of "non-democratic election."[80] Cheung said that the AFC statement was erroneous and that AFC should reform its policies on acupuncture.[81] Obviously, the election of the WFAS reflected the conflict of different philosophies of various acupuncture associations.

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[77] CMAAC *Newsletter* (1990): 3.
[78] CMAAC *Newsletter* (1994): 8, 9.
[79] "AFC Delegation Attends World Congress," AFC *Newsletter*, 2(Spring 1991): 4.
[80] Letter of the Secretariat of the WFAS to Dr. Linda Rapson. This letter (not dated) was published in the Spring 1992 issue of CMAAC *Newsletter*, p. 6.
[81] *CMAAC Newsletter* (1990): 6.

CACTHS, Rival of CMAAC

Though incorporated in Canada with a contemporary Canadian style company constitution, the CMAAC had been functioning more like a typical traditional "Chinese" organization of the old days. No one ever dared to challenge the existing dynasty. A peaceful transition of power was unlikely. A painful revolution would be the only possible solution. Therefore, the chief and the core members remained unchanged for many years. For instance, according to the CMAAC's *News Release* in May 1991, "since no nominations were received the past president and members of the executive committee agreed to stay for another term." At that time, President Cheung was already in his fifth term.[82] In 1993 and 1994, some members revolted against Cheung and charged him with running a dictatorship and privatizing the association as his own family business. However, it was unfair to blame one person for this unchallenged long-time leadership. Cheung was certainly a capable leader who could function in mainstream society. The problem lay in the operating mechanisms of an organization.

At the organization's tenth anniversary (1993), the CMAAC Executive Committee announced its five future plans in the document *Blueprint for Tomorrow*, namely, amending the *Constitution*, lobbying for professional designation, developing new membership (especially non-Chinese members), promoting academic standards and strengthening international ties. The *Blueprint* urged all members to unite for their common goals. Long existing divisions within the association finally started to surface at this time. The strategic

[82] *CMAAC Newsletter* (1992): 4.

differences on acupuncture and TCM legislative issues between the two factions of the leadership finally became public during the tenth anniversary dinner party in Toronto.[83]

A group of executive members insisted on a two-step strategy for achieving legislative goals: lobbying for acupuncture legislation first and then for TCM. Therefore, it was necessary for the CMAAC to form an alliance with other concerned health professional groups including the AFC. More importantly, they were demanding measures to reform CMAAC itself, such as normalizing the election system, establishing a democratic and transparent administration system, regulating the financial system and separating private business from the association's operation. They were unable to overcome the difficulties of carrying out such reform measures and their demands were simply ignored. To introduce acupuncture and TCM to Canadian health care system and to carry on the task of establishing legislation for their profession, the revolting executives realized that because reform within the CMAAC was not possible, a new association must be born. "We had no other choice but to incorporate a new organization to seek regulation for acupuncture (by cooperating with other acupuncture organizations) first and eventually, seek regulation for other parts of TCM (by ourselves)."[84]

After a few month intensive preparations, "the Canadian Academy of Chinese Traditional Health Sciences (CACTHS)" was created on April 17, 1994. Several vice presidents and key executive members of the CMAAC were elected to the executive committee of the

[83] During my data collection and interviews, I came into contact with a large amount of information concerning the infighting and accusations between the two groups of executive members of the original CMAAC. From 1993 to 1996, the accusations and debates between these two sides also appeared in Chinese newspapers of Eastern Ontario. The details were not relevant to this study. The rank and file members of both sides were sad to see the situation and wished their leaders could focus on their true objectives.

[84] CACTHS *Newsletter*, 5(February 1996): 2.

new association. Many were Chinese MDs graduated from the famous Sun Yat-sen Medical College in Guangzhou, China.[85] Dr. Edward Chu, a retired cardiac surgeon from China, who had been practising acupuncture and TCM in Toronto since 1983, was elected the first president. The new association had 115 members at the beginning representing 40 per cent of the traditional Chinese health care practitioners in the Greater Toronto Area.[86] The new association received immediate support from the AFC. In November that year, the CMAAC accused the CACTHS of using a Chinese name that was similar enough to that of the CMAAC to cause confusion and demanded the CACTHS stop using the Chinese name and asked for financial compensation. After failing conciliatory and arbitral attempts suggested by the court, on October 15 Mr. Justice Michael Dambrot dismissed the motion because the case involved two rival organizations but not "in an economic sense." The plaintiff's argument that the confusion of names was causing it "to lose face, reputation and goodwill" was "elusive" in this circumstance.[87]

Since 1994, the CMAAC and the CACTHS have become two major competing organizations for membership and for professional prestige. To win recognition within the acupuncture and TCM community, the CACTHS sent delegates to participate in the conference held on July 29, 30 and 31, 1994 in Los Angles when the World Association of Chinese Medicine (WACM) was created. The WACM's Canadian Chapter was established subsequently in Toronto. Unlike the WFAS, this organization had no formal relationship

[85] It was estimated that over thirty graduates of this medical college were practising acupuncture and TCM in the Greater Toronto area in the mid-1990s.

[86] CACTHS *Newsletter*, 1(June 1994): 1, 7.

[87] Ontario Court of Justice, Court File No. 19198, released on October 15, 1996. The CMAAC uses ten characters in its Chinese name and the CACTHS used nine characters. They were different but they were indeed very similar because they shared seven identical characters.

with the WHO and the Chinese Government. Its leaders were unknown in the world's TCM community. The CACTHS organized a major international convention called the 1995 Toronto Conference of the World Association of Chinese Medicine (October 18 – 20). Three hundred people attended the conference and over 80 papers were read. Similar to previous international conferences organized by the CMAAC, Chinese authorities of TCM and Canadian politicians were invited to the opening ceremony. Many members did not like the idea of spending money and energy on conferences. They thought the CACTHS should strive to provide more practical services to its membership such as continuing education and practice management.

The CACTHS quickly established a working relationship with the National Congress of Chinese-Canadians (NCCC) for legislative issues concerning acupuncture and TCM. In 1994, the CACTHS sent delegates to the Acupuncture NAFTA meeting in Mexico and in August 1995 the CACTHS participated in discussions on educational standards of acupuncturists and in the creation of Acupuncture League of Canada, U.S. and Mexico. In January 27 and 28, 1996, the CACTHS and the AFC participated in the meeting held in Richmond, BC during which the Canadian Federation of Acupuncture Societies (CFAS) was established. In June 1996, the CACTHS wrote to the WFAS to apply for membership with the WFAS. The CACTHS developed its membership rather quickly, in part because some previous CMAAC members joined the new association. Around the beginning of 1996, the CACTHS claimed to have over 270 members.[88]

In the mid-1990s, CACTHS and the CMAAC represented over 90 per cent of traditional full-time practitioners of TCM and acupuncture. The AFC grouped practitioners

[88] CACTHS *Newsletter*, 5(February 1996): 14.

(physiotherapists, nurses, physicians, dentists and veterinarians) obtained their short training from the organization. Naturopaths and other English-speaking practitioners associated themselves with the OAATCM. It was estimated that the number of TCM and acupuncture practitioners increased 100 per cent during the first half of the 1990s. Besides the above mention major players, there existed numerous small associations in the mid-1990s for people with similar backgrounds. Some organized themselves only because they needed a membership number with an association name to issue receipts to their clients. Sometimes people established their own association because they were denied memberships from other existing associations. Their constitutional rights of free association were well exercised.

CHAPTER 7

LEGAL CONFLICTS

In 1960s Canadian society, the medical profession had lawfully monopolized the enterprise of healing for over one hundred years. The areas under the medical hegemony have been slightly reduced during the past three decades. The newly established health professions started to become new monopolies in their services. One must be licensed in order to heal others. A person might give a good massage to her/his next-door neighbor for relaxation, but should this person claim any therapeutic effect and charge, she/he could be running into trouble with the law. The medical profession has been constantly watching and prosecuting any invaders in defense of its broadly defined territory. One hundred years ago, when the original medical acts were introduced in various jurisdictions of this land, the acts defined medicine in an unrestricted sense and governments conferred the exclusive right to practice medicine to the provincial Colleges of Physicians and Surgeons (CPSs). Through their control of medical licensure and education, the CPSs were able to limit the practice of medicine only to their members.

Though Osler tried acupuncture in Montreal in the early 1900s, the technique was never officially taught or recognized as an acceptable medical practice. When acupuncture was re-introduced to Canada in the early 1970s, the CPSs of various provinces simply assumed

their rights over this ancient Oriental practice, because the definitions of medicine in provincial medical laws were extremely broad to the extent that one could hardly imagine.[1] In some jurisdictions such as BC and Quebec, the CPSs' rights over the practice of acupuncture were further established by the rulings of provincial court judges. In some other provinces, such as Alberta and Ontario, the provincial court judges did not rule this issue in favor of the CPSs. Thus, the right of practising acupuncture returned to the public domain.

Acupuncture was described by the mass media as a panacea in the early 1970s. The public was suddenly aware of the ancient technique. A large number of patients, whose conditions had not been helped by conventional medical treatments, were immediately attracted to acupuncturists' offices. Several previously modest and unnoticed small Chinatown clinics in Vancouver and Toronto, which had served exclusively ethnic Chinese, were full of patients of different racial backgrounds and social classes. Numerous patients went to Hong Kong and Taiwan for "quicker and better" treatments.

To fulfil the public demand for services, several physicians turned themselves into acupuncturists overnight and joined in the acupuncture "gold rush." A medical legal expert said that in 1973: "There is nothing to prevent a licensed medical practitioner from using acupuncture because it is clearly a medical technique. No physician is required to take any recognized course in the subject."[2] Thus, any licensed physician in Canada had the inherent

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[1] Let's suppose that a person with a fever, a sore throat and a bit coughing came into the corner store. The cashier said to him: "You've got a cold, Ma'am. Drink this mineral water. You'll be better." Then, she sold a bottle of water to the lady. According to the texts of medical laws in Canada, this cashier was technically practising medicine. She made a "diagnosis," offered a "therapy" and charged for her service.

[2] Lorne Elkin Rozovsky, "Acupuncture and the Law," *Canadian Hospital*, (June 1973): 11.

right to apply acupuncture therapy. Legal actions were aimed at acupuncturists who were not recognized as physicians in Canada, even though they could be true experts in traditional acupuncture and TCM.

Members of the medical profession tried to deny the therapeutic value of acupuncture by calling it "quackupuncture", "amateur hypnotism," "faith healing," and "basement neuro-physiology." Dr. M.L. Mador, president of the OMA, compared acupuncture clinics to "racketeering" and said they had nothing more than "placebo" to offer.[3] Some members of the medical profession purposely portrayed acupuncture as a dangerous practice. Some doctors described acupuncture as causing problems ranging from third-degree burns (by moxibustion), introduction of infection, accidental pneumothorax (air getting into the thoracic cavity) and possible death due to delayed conventional treatment.[4] There were articles warning patients of the possible link between acupuncture and hepatitis B, paralysis, uncontrollable bleeding, internal organ damage, broken needle inside the body and so on. Acupuncturists argued that most medical procedures and chemical drugs had high accident rates and side effects and that acupuncture was harmless if performed by well-trained therapists. But the articles by medical doctors were frightening enough to those who read only the headline titles.[5] Although people in general took advice from their physicians, there were some members of the public who did not accept the theory that acupuncture was dangerous quackery. The medical profession could not stop them looking for treatments

[3] "Heated Words Precede New Rules for Ontario Lay Acupuncturists," *CFP*, (February 1975): 21.

[4] *JAMA*, 228, (1974): 1552. A pneumothorax case reported in the *CMAJ* was suspected as a consequence of acupuncture done by the patient's chiropractor. See R.M. Fraser, "An unusual complication of acupuncture?" *CMAJ*, 111, (1974): 388, 393.

[5] See Roger Langrick, *The Needle Game: One man's life in the world of professional acupuncture* (Pender Island, BC: Dogr Hidesman Productions, 1989), p. xv.

from lay acupuncturists but reminded them of the importance of medical supervision along with acupuncture. The attempt to discredit acupuncture failed because acupuncture patients were volunteer promoters of the therapy and the media was often on the consumers' side.

After two years of warning notices to independent non-physician acupuncturists, the CPSs noted that these lay practitioners had not disappeared, but rather multiplied themselves in numbers and were engaged in a booming business. From 1973 on, the medical profession began to take acupuncturists to court for practising medicine without a license.

BC: "We are here to stay" – Acupuncturist Watterson

In British Columbia as in other provinces, the practice of acupuncture was deemed "a medical act" by the CPSBC. Throughout the 1970s and 80s, numerous acupuncturists received warning letters from the CPSBC. One such warning notice in 1974 stated that: "...it is therefore suggested that you cease such activities immediately, your failure to do so may result in action being taken against you."[6] In November 1972, the Vancouver Business Licensing Department closed Roger Langrick's acupuncture practice under pressure from the CPSBC.[7] In August 1971, a newly arrived Hong Kong immigrant TCM doctor, Kok-

[6] Quoted from a warning letter to a practising acupuncturist in Vancouver sent by the Inspector of the CPS dated January 4, 1974.

[7] "Needle Legislation Possible," Victoria (CP), November 27, 1972. Langrick vividly recalled this event: a short, official-looking man carrying a briefcase came into the

Yuen Leung, president of one of Hong Kong's TCM and acupuncture associations, started a private acupuncture practice in Vancouver. Agents disguised as patients had visited Leung's office and someone had photographed his sign outside the office that read: "Doctor of Chinese Medicine." Under pressure, Leung closed his Vancouver clinic located at 4584 Fraser in December 1972, but kept his North American College of Acupuncture (NACA) of the same location in operation, teaching "correspondence courses in the theory of Chinese medicine." Finally, Leung was to become the first BC acupuncturist on trial for an acupuncture related "crime." The College of Physicians and Surgeons of BC (CPSBC) laid the charge that Leung "unlawfully carried on a school for training in medicine without the consent of the council of the medical body" between January 12 and July 11, 1974. The school, NACA, which had caught a lot of attention from all over the continent, was also charged.[8] In 1975, Judge Harvey Sedgwick convicted the company NACA and imposed a fine of $100, but dismissed the charge against Leung personally. Leung could speak very little English. Many English-speaking people including Langrick became involved in the organization. "There was lack of clear evidence as to what role he (Leung) actually played."[9] The light punishment and "letting Leung go" showed some sympathy from the Judge.

In 1974, Kenneth Tsang was also charged by the CPSBC and he was charged again in 1982 for the same kind of "offence." Therefore, he was the only acupuncturist found guilty

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office and walked straight up to the reception desk. "I'm from the Vancouver City Licensing Department," he said. "I have been ordered to close this office immediately." See Langrick, *The Needle Game*, p. 100.

[8] "City Acupuncture College Charged," *The Vancouver Sun*, 16 July 1974.

[9] Vancouver (CP), "Needle College Convicted by Court," 22 October 1975. The most famous acupuncture activist Mary Watterson was once Leung's student. She later received further training in Nanjing, China.

twice by the court for practising medicine without a license. These cases were less reported than Leung's and the following Mezger's probably because Tsang was not operating an acupuncture school and he was not a leader of the acupuncture association.

The next year, President of the AABC, Howard Mezger, was to stand on trial for such an offence. He was accused of "breaking the *Medical Act* of British Columbia." Many of Mezger's patients came forward as witnesses to tell the court how much Mezger had helped them when all conventional therapies had failed. The testimony virtually turned to an occasion in which patients highly praised Mezger's services and put "the medical profession on trial."[10] However, the prosecutor told the judge: "the results are irrelevant."[11] It was Mezger's behavior that broke the law. Judge H.S. Keenlyside of the BC Provincial Court delivered the decision and found Mezger guilty. The judge, somewhat moved by the patients' testimony, charged Mezger only a token fine of $50 to close the case. It was considered a victory by the acupuncturists.[12] However, the "guilty" verdict set an example for judges to follow in determining whether the practising of acupuncturist by non-physicians came within the terms of Section 72 of The *Medical Practitioners Act* of BC in which what constituted medical actions were defined.

The threats and the prosecutions had made the situation very difficult for acupuncturists to work in British Columbia. Since its re-organization and leadership change in 1977, the WAABC had intensified their fight for exclusion of acupuncture from the *Medical Act*. In May 1978, a group of acupuncturists and their clients demonstrated at the CPSBC and protested the college's control of acupuncture licensing. Patients were complaining to the

[10] Interview with an AABC member in June 1994. Information held by author.
[11] Primary source as quoted in Langrick, *The Needle Game*, 1989, p. xvi.
[12] Ibid.

public that they were being harassed by college enforcement of the BC *Medical Act.* Joyce Jones, a patient of a non-licensed acupuncturist, said: "If you want acupuncture you should damn well have it." Another woman claimed, "I don't think I would be able to walk today if it wasn't for acupuncture."

The protesting acupuncturists told the media that they should have the same right as chiropractors to organize and police their own association. "We want the government to bring in an act allowing us to have our own college with our own examining board and disciplinary committee." The protesters claimed that non-medical acupuncturists were better qualified to practise acupuncture than those physicians now licensed. Ken Eldridge, leader of the demonstrators, said: "Doctors can get a quickie course in Hong Kong and come back and be licensed." Dr. John Hutchinson, the CPSBC Registrar, said that non-medical acupuncture treatments could mask other medical problems that might continue undetected. He said that patients could go to one of two approved medical acupuncture clinics, one in Vancouver and another in Victoria, which had been set up to evaluate acupuncture with licensed physicians administering treatment.[13]

Acupuncturist Grant Smith, Vice President of the WAABC, was detected by the CPSBC and sued for practising medicine without a license. The prosecutor also accused Smith of advertising that he was treating human ailments and diseases. Judge Spencer found Smith "guilty" of the offence. Smith filed an appeal for the conviction of unlawfully practising medicine to the BC Court of Appeal. There was certainly a disagreement among judges concerning the nature of the practice of acupuncture. The defendant won the appeal in May 1977 and then in October the same year, Chief Justice Farris in the BC Court of

[13] "Acupuncture proponents picket physicians' group," *The Vancouver Sun*, 11 May 1978, p. A14.

Appeal refused this appeal with a very clear short judgment.[14] The following year 1978, acupuncturist Alan Brown was charged for offence to the BC *Medical Act*. As mentioned above, Kenneth Tsang was charged the second time in 1982. I will illustrate more details in the following Grabreck case, so one can see what kind of evidence the prosecutors and the defendants used in court and what kind of reasoning judges applied to make their decisions.

In May 26, 1983, Penticton acupuncturist Reiner Arno Grabreck appeared in the Provincial Court of British Columbia before Judge G.H. Gilmour. He was a senior member of the AABC. Grabreck acted on his own behalf while he faced the charge of "unlawfully practising medicine while not registered for practice under the *Medical Practitioners Act*, contrary to Section 72 (1) of the *Medical Practitioners Act*."[15] Grabreck admitted that he performed acupuncture and was skilled in the art with a training program of approximately one thousand hours in California and he denied that he was practising any form of conventional medical procedures.

After the CPSBC filed a complaint of violation to the *Medical Practitioners Act* by Grabreck, Constable Michael Pisio investigated this matter. He identified himself as a Mr. Wade Drake and pretended to have a shoulder pain to see Grabreck. Wearing "a white jacket, like those worn by physicians, the accused inserted needles into Pisio's neck, right shoulder, back and right elbow. "Will this pain go away?" asked Pisio. The accused replied, "It will probably take two or three treatments." Pisio checked with the accused if he was getting arthritis to which the accused answered, "I can't say. The energy flow is

[14] Frustrated Grant Smith wrote a *Brief to the Cabinet* (dated October 1977) to appeal for legislative changes to protect the rights of acupuncturists and the rights of citizens to receive treatment by the practitioners of their choice.

[15] BC Provincial Court Report, No. 13658T, Kelowna, BC, May 26, 1983: Regina v. Reiner Arno Grabreck, Reasons for Judgment, p. 1.

wrong in your body." Pisio went back to Grabreck for the second session in which he had six needles placed by Grabreck. During these two visits, Grabreck used electronic instruments connected with probes to measure the state of energy flow on Pisio. On December 7, 1982, Pisio returned with a warrant, searched the office and seized the needles and equipment including the probe as evidence in court. In support of Grabreck, the AABC delivered 8000 petition letters in February 1983 to the Ministry of Health including letters from acupuncture patients and other individual health professionals.[16]

On the Crown's side, besides Pisio, the Royal Canadian Mounted Police (R.C.M.P.) recruited one of Grabreck's patients, Mrs. Little, as witness. Little had suffered from arthritic pain for two years. After consulting with two medical doctors without much relief, Little decided to give acupuncturist Grabreck a try. He did not attempt to make any diagnosis and only told Little that acupuncture "was not to cure arthritis but to make it better" and he also told her, "She should be careful of her diet and to exercise regularly." He checked her energy and told her that she was tired from the pain. In addition to administering needle treatment, Grabreck also sold herbs to Little to assist her and make her feel better.[17] Little admitted that during one visit to Grabreck "her energy levels, or energy balance had improved."[18]

On Grabreck's side, he also had two witnesses giving evidence. Madam Ching Lien Kiang, an acupuncture teacher, told the court that acupuncture was a way of life. Dr. Mate, a physician with a bit training in acupuncture, told the court, "People are often helped by

[16] "Acupuncture Backed," *The Vancouver Sun*, 1 March 1983.
[17] Appeal Court Report, Kelowna Registry, No. 83/040, Kelowna, BC, Nov. 18, 1983, p. 9-11.
[18] The same Provincial Court Report, p. 2.

these procedures."[19] Kiang confirmed "what the practitioner does is to treat the imbalance in body energy as opposed to treating the symptoms of pain." Dr. Mate gave evidence that he had treated patients with a similar method to Grabreck's and said that although no training was provided for these practices in medical school he had taken a five-day course on this subject. He said that:

> Even without the course he would be permitted, as a physician, to use these methods... the energy flows... are not something that can be measured by traditional (meaning Western) medical procedures.[20]

No doubt, Grabreck was practising the ancient art of acupuncture. In Judge Gilmore's view, the key was to determine whether or not it was included within the definition of practising medicine that was contained in the *Medical Practitioners Act*, Section 72 and to determine whether or not Section 73 could be applied to Grabreck. Section 73 listed the exceptions to the *Medical Practitioners Act* such as the *Chiropractors Act*, *Dentists Act* and so on. Grabreck was not a member of any of these listed health professionals' groups and there was not an acupuncturist's act.[21]

Grabreck's counsel submitted several cases in support of his argument including the much-publicized Alberta Luke Wong case of 1979 in which Judge Stevenson acquitted the accused. The evidences of the two cases of Grabreck and of Wong were very similar and the related laws of the two provinces were also much alike. Judge Gilmore harshly criticized Judge Stevenson's interpretation of the *Act*. He said: "One cannot have a

[19] The same Provincial Court Report, p. 3.
[20] The same Appeal Court Report, p. 8.
[21] See Section 72 and Section 73 of the Medical Practitioners Act (Alberta), R.S.B.C. Chapter 254, 1979.

reasonable doubt about the law. That is not what criminal law is about... the judge has made a fundamental error in law in coming to the conclusion that he did."[22]

By the end, Judge Gilmore rather easily reached his "guilty" conclusion with a straight-forward reasoning: Mrs. Little had a real complaint and hoped to be treated. The insertion of the needles and selling of the vitamin supplement (meaning the above mentioned herbs) were both done to her on the expectation that she would get some relief from the arthritis. "Under all of those matters contained in Section 72, that he is caught right there."[23] The judge said that he was sympathetic to the veteran acupuncturist but "British Columbia's laws gave him no choice." Grabreck must stop practising acupuncture and he was fined $300 for illegally practising medicine.[24]

After the May guilty verdict, AABC in June decided to appeal the fine and wrote to Health Minister Jim Hielsen asking for changes to the *Medical Act*.[25] Grabreck filed an appeal in the County Court of Yale and the case was before court Judge Howard Hamilton on November 18, 1983. Grabreck performed very well in terms of convincing the Judge that what he was doing with his clients was totally different from regular medicine. He said that he gave a sheet of paper for his clients to write out what their problems were, because he was not examining the symptoms or diseases, but rather he was focusing on observing the whole person, "what the person is doing and acting." These observation and tests with "ohmmeter" or the dermatron were to determine whether the energy flow in the body was

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[22] The same Provincial Court Report, p. 5-8. Please consult the next section for details about the Luke Wong case.

[23] The same Provincial Court Report, p. 9.

[24] Vancouver (CP), quoted from *Winnipeg Free Press*, 6 September 1984, Thu., p. 37.

[25] "Acupuncture Group to Appeal Fine," *The Vancouver Sun*, 24 June 1983. It was interesting to know that fines for such offences were deposited into the general fund of the CPSBC.

positive or negative. The energy can be manipulated by speech, finger pressure or the insertion of needles. With balanced energy flow, one will have a better sense of well-being. He was not too much concerned about the specific complaints and told his clients that his treatment might help or might not:

> Generally if a person comes to me and after a few treatments – they generally don't say 'my pain is better or worse,' they generally just say their quality of life is better. They just feel like a different person. They sleep better; they eat better. Life is more enjoyable. They get up in the morning... They don't stay in bed ... It's a quality of life that is being changed and improved really.[26]

The appellant, therefore, developed an argument that whether or not one was practising medicine should not be determined by the "expectations of the persons seeking the assistance, but rather in the intention of the person alleged to have committed the offence." The Judge disagreed and said, "the test is whether or not the conduct is prohibited by Section 72. That the treatment differed from that of physicians was not a defense. The appellant treated pain, for a fee that constituted an offence."

Finally, Grabreck argued that the trial judge failed to find that the broad definition of the practice of medicine found in section 72 infringed the rights afforded by sections 2 and 7 of the *Charter of Rights* that a person should have access to the forms of medical treatment of his choice.[27] The Judge irresponsibly pointed out that acupuncture was available from such physicians as Dr. Mate. Probably the appeal Judge did not really take note of Dr. Mate's statement in court. He stated that he had only had five-day training in acupuncture and was not going to perform any more acupuncture. Acupuncture differed from traditional medical procedures, but the law allowed the physicians to administer it even without basic training.

[26] The same Appeal Court Report, p. 7.

[27] According to the *Charter of Rights*, Sections 2 and 7, a person should have the right to have access to the forms of medical treatment which they may by virtue of their conscience, religion, freedom of thought, belief or opinion to be more able to promote their general health than other forms of medical treatment.

In the court process, Judge Hamilton repeatedly praised the Provincial Court Judge as a "learned" judge and by the end, he dismissed the appeal.[28]

The law in this area was of course rigid, but judges in BC were also extremely unresponsive to cultural changes in their interpregation of the law toward other healing methods. The rulings made by these judges limited people's freedom of choices to the modes of health care and treatment modalities that they believed in. In about ten year's history of court battles between the acupuncturists and the CPSBC, the judges found the acupuncturists guilty each and every time, despite the general culture in North America had become more favorable to alternative medicine. Public opinion and the Government were more open and receptive of complementary health care. In the neighboring province of Alberta, the government, the acupuncturists and the doctors were actively negotiating a regulation that would allow acupuncturists to practise their art.

The BC medical profession finally felt that social reality was changing. It was not a popular action to take acupuncturists to court for practising the ancient art of acupuncture. After the Grabreck case, the College took a break in their "acupuncturist hunting." Grabreck and the members of the AABC had continued their practice regardless of the convictions. After the Grabreck trial, Mary Watterson said to the media that: "the medical monopoly will not make the AABC disappear. We are here to stay, supported by a strong public acceptance and a growing public demand."[29] The follow is the chronology of prosecutions of acupuncturists in British Columbia. (See Table 14)

[28] The same Appeal Court Report, p. 14.

[29] "Despite Conviction: Acupuncturists Make Decision to Practise," *The Vancouver Sun*, 19 November 1983, Sat, p. A16.

Table 14: Legal Prosecutions of Acupuncturists in BC[30]

Year	Case	Outcome	Note
1974	Regina v Kok Yuen Leung	guilty	NACA fined $100
1974	Regina v Kenneth Tsang	guilty	First offence
1975	Regina v Howard Mezger	guilty	President of NWASBC
1976	Regina v Grant Smith	guilty	Vice President of WAABC
1977	Grant Smith	won	appeal in May
1977	Grant Smith	lost	appeal in October
1978	Regina v Alan Brown	guilty	
1982	Regina v Kenneth Tsang	guilty	Second office
1983	Regina v Reiner Grabreck	guilty	guilty verdict in May
1983	Regina v Reiner Grabreck	lost	appeal in November

One of the consequences of these prosecutions was that many practitioners and educators of acupuncture were forced out of the Province. For instance, one of Canada's earliest acupuncture and TCM educators, K.Y. Leung left BC for the United States after he was found guilty of operating an illegal medical school. He was to become the first registered acupuncturist in Oregon and he was also licensed in Nevada and California. Despite the warning of the CPSBC, and despite the police intimidation, and despite the judges' ruling, the AABC remained, as always, defiant to the CPSBC. After Reiner Grabreck lost his appeal on November 18, 1983, the media asked the AABC whether or not their members would to continue to practise in BC. The Association simply replied that: "thousands of British Columbians depend on our members for acupuncture treatment."[31]

[30] This chronology was adopted from AABC's archival material.

[31] AABC, "Acupuncturist Loses Appeal," *Press Release*, November 18, 1983.

Acupuncture by non-physicians continued and was widely accepted. It appeared inappropriate to the public for the College to further prosecute acupuncturists. Indeed, after the Grabreck case, the College had been relatively inactive in prosecuting acupuncturists until six years later. In the middle of 1989, upon the request from the CPSBC, the R.C.M.P. launched a new round of criminal investigations involving acupuncturists because they were practising acupuncture. These investigations really shocked the acupuncture community. The police asked the acupuncturists to stop practising and to close the clinic immediately, or the police would close the clinic by force. The police also threatened acupuncturists with prosecution if they would not stop practising immediately.

On April 25, 1989, on Vancouver Island, a R.C.M.P. constable visited an acupuncture clinic called Community Wellness Center and asked about the practitioner, 29-year-old Patricia Farand, a graduate of Tan's school in Victoria. She had been practising for only one year. A local physician reported to the CPSBC that Farand was treating patients with acupuncture, which had triggered the whole story.[32] The second day the practitioner was interrogated for one hour at the police station. On May 4 and 8, the constable returned with more questions and he also questioned the patients of the clinic. In other two locations, police requested acupuncturists for questioning and interviews regarding criminal charges. All involved acupuncturists refused such requests on advice of legal counsel.

The AABC lobbied the government to stop such action from the R.C.M.P and from the CPSBC. On behalf of the Association, Mary Watterson wrote to Premier Bill Vander Salm and his Cabinet members. Acupuncture patients also protested the police harassment of

[32] Les Leyne, "'Harassed' Acupuncturist Points to Need for Legislation," *Times-Colonist*, 28 June 1989, Wed, p. B11.

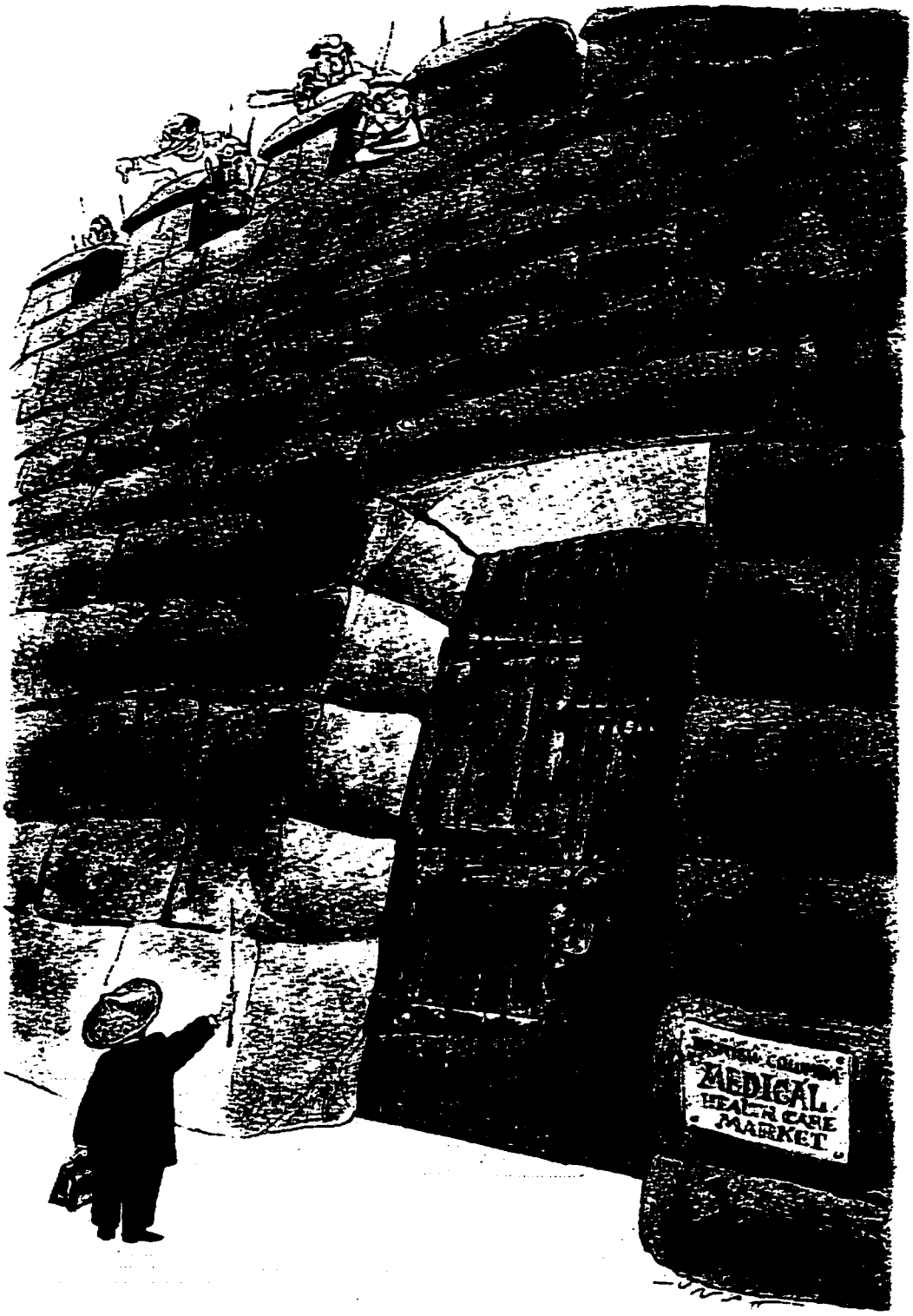
acupuncturists and their interruption of acupuncture practice. Health Minister Peter Dueck wrote to Watterson and said that:

> Having now taken these steps, my staff understand that prosecution of an acupuncturist for contravention of the *Medical Practitioners Act* would be very unlikely ... I believe that the recent difficulties experienced by some of your members are unlikely to continue.[33]

In later 1989, on orders from the Attorney General of BC, the R.C.M.P. closed the above investigations despite the CPSBC's persistent request for "law enforcement."[34]

[33] Letter of Health Minister Peter A. Dueck to Watterson dated September 8, 1989.
[34] Based on AABC's archival material.

Figure 21: Tightly Guarded Medical Monopoly
Source: *The Vancouver Sun*, September 24, 1984



ALBERTA: "An ancient art, not a branch of medicine" – Judge Stevenson

In the Province of Alberta, the College of Physicians and Surgeons of Alberta (CPSA) sued Mr. Luck Wong, a forty-two-year-old acupuncturist, for unlawfully practising medicine in 1978.[35] On May 9th of that year, upon the complaint from the CPSA, Constable Janz of the Calgary Police Service posing as a civilian came to Wong's clinic for acupuncture consultation. Wong indicated to Janz that acupuncture therapy might help to alleviate her discomfort. Just after Wong completed the preparation and was about to insert the first acupuncture needle, Janz advised Wong that she was a policewoman. Wong was subsequently charged for the above offence.[36]

After earning a B.Sc. degree from Taiwan, majoring in electronic engineering, Wong came to the United States and received a M.Sc. degree from the Case Western Reserve University in Cleveland, Ohio. His major was bio-medical engineering and he was involved in some research into acupuncture with methods of neuroscience. Through his research and book study, he became a self-taught acupuncturist. In 1974, Wong moved to Calgary and started treating patients with acupuncture.

The Alberta Provincial Court Judge Stevenson decided on this case on August 30th, 1979 and acquitted Wong of the alleged offense. In court, Constable Janz said that Wong

[35] Wong was charged under Section 64 (1) (a) of the Alberta *Medical Profession Act* (1975). Members of certain regulated health professions were excepted from the defined medical actions. Regina vs. Luke Cho-Kan Wong, Provincial Court of Alberta, August 30, 1979. The Judgment was reported at 50 C.C.C. (2d) 162.

[36] Alberta Provincial Court Report, 50 C.C.C. (2d) 162, p. 2.

applied the word "rheumatoid arthritis" as an evidence of unlawful medical diagnosis. Wong's three witnesses told the court that Wong never did diagnose their conditions and they never did consider him a medical doctor. In fact, they turned to Wang after medical doctors failed them. In view of the Judge, the question became: if the conduct of the accused could be classified as the practice of medicine, and at the same time he did not fall within any of the exceptions such as physiotherapist, then he would be convicted practising medicine without a license.

Before he came to his decision, Judge Stevenson extensively reviewed cases involving "unlawful practising medicine" in North America and he also did some research as to how acupuncture had been practised in China. After citing quotations from the *Medical Professions Act*, Subsection 64 (1) and (2), Stevenson was convinced that Wong did not fall within any of the exceptions. Therefore, if Wong's acupuncture "can be classified as the practice of medicine, then he cannot escape conviction."[37]

The Judge stated that acupuncture was an ancient art of healing developed in China thousands of years ago and it had been a common application in that country by persons dealing with human suffering. One needed many years of extensive and rigorous training to perform acupuncture treatment properly. The ancient art had just been recently introduced into Western societies such as Canada. Insofar as the evidence disclosed, Judge Stevenson concluded that the Alberta College of Physicians and Surgeons did not recognize acupuncture as a branch of 'medicine', nor was it taught as an approved course of medical education at any university in North America. He quoted the evidence of Dr. Lewke, a family physician who had received training from the AFC. In response to questions directly put to

[37] Alberta Provincial Court Report, 50 C.C.C. (2d) 162, p. 4.

him by counsel for the accused, Dr. Lewke indicated, "It was his professional opinion that those things done by Mr. Wong did not fall within the prohibitions in Section 64" that defined what were the acts of medicine.[38] The Judge applied the strict interpretation rule on Section 64 as the words had previously been interpreted by the legal profession and reached his judgment:

> On the basis of the foregoing, I am not satisfied beyond a reasonable doubt that the accused in this case may be convicted of the charge as laid. I am satisfied that his conduct was not in contravention of the particular wording of Section 64, nor in contravention of the spirit and intent of the Alberta *Medical Profession Act*... Lastly, I am indebted to both counsels for their exhaustive and diligent research into this most difficult issue, and for their able argument. In the result, I find the accused not guilty.[39]

It was a historical judgment delivered at the important time that the practice of acupuncture by lay practitioners was growing in Alberta and Canada. It was a great victory for acupuncturists across the land. Acupuncturists facing similar charges subsequently had a precedent favorable to them and they could request their judges to consider the arguments in the Luke Wong case. Judge Stevenson's decision also partially explained why Alberta became the first province that gave legal status to acupuncturists by means of legislation. The accuser appealed the decision to the Alberta Court of Appeal, but the appeal did not follow through the regular process because of technical reasons of the accuser. Therefore, the appeal was dismissed and Wong won his case again.

In Alberta, certain chiropractors had started using acupuncture as an adjunct to their practice since the 1970s, a behavior acceptable neither to organized medicine nor to the chiropractic profession.[40] Dr. Ted Yoshida, Wong's friend, was one of them.[41] The Alberta

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[38] Alberta Provincial Court Report, 50 C.C.C. (2d) 162, p. 13-14.
[39] Alberta Provincial Court Report, 50 C.C.C. (2d) 162, p. 15-16.
[40] A chiropractor caused acupuncture complication, "a complete left pneumothorax" was reported in *CMAJ*, 111, (September 7, 1974): 388.

Chiropractic Association's *Bylaw* regarded acupuncture as a surgical procedure, therefore disallowed its members from using the therapy. Yoshida had attended many short seminar courses and had been using acupuncture regularly in his chiropractic practice since 1970s. Probably because of his Japanese background and that such healing methods were believed to be part of his cultural heritage, the chiropractic authority never officially disciplined Yoshida. In 1978, the Alberta Chiropractic Association lifted chiropractic licenses of two other practitioners, R. Byrnes Fleuty and William S. Burns because of their engagement with acupuncture. These two chiropractors fought their case all the way to the Alberta Court of Appeal in 1981. Mr. Justice C.W. Clement ruled that acupuncture was not in the scope of chiropractic and the appeal was dismissed. He insisted that it was important that a professional stay within the scope of his field:

> Otherwise a patient who is not familiar with the limitations of chiropractic may have unjustified expectations of the treatment he receives; and when those expectations are not realized that reputations of the profession might well suffer both in his mind and in the minds of his acquaintances to whom he may express criticism.[42]

Governed by the rulings of the Wong case and the chiropractors' cases, anyone in Alberta, as long as she/he was not a chiropractor, "can put up a sign on his door and list himself in the *Yellow Pages* as an acupuncturist," and treat people with needles.[43] Over the years, acupuncturists had learnt to be very careful not to act like a medical doctor and not to attempt any diagnosis. If an acupuncturist said to a College-sent "patient" that: "it looks like you have arthritis," it could be an evidence for an illegal medical diagnosis. In

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[41] Yoshida assisted Wong's lawyer James T. Smith with information and articles about similar cases in other North American Jurisdictions to win the case.

[42] "Legal Needles for MDs Only: Alberta Physicians Squeeze Chiropractor out of Acupuncture," *Alberta Report*, (July 24, 1981): 44.

[43] Ibid., Also see, Fay Orr and Brian Wilford, "Escaping the Quackery Stigma, The Province Admits Acupuncture is Legitimate Medicine," *Alberta Report*, (December 12, 1983): 46-47.

February 1983, after the Wong case, there was one traveling acupuncturist, Allen Brown, who was sued by the College for practising medicine without a license. Brown stationed his traveling acupuncture clinic in Grande Prairie. A local R.C.M.P. undercover officer, Constable Karen Hilland, visited Brown. Brown used his "Voll" machine on her and found her to be "hypoglycemia (low blood sugar)."[44] Brown was subsequently charged for violating the Alberta *Medical Profession Act*.[45] No further report about the Brown case was located. This chaotic situation came to an end when the *Acupuncture Regulation* came into effect in 1991.

ONTARIO: "He was not practising medicine" – Judge Beaulne

There had never been any enforced qualification requirements and practice standards in the field of acupuncture in Ontario. Both doctors and lay practitioners were prone to opportunist style of greedy practice in the face of the huge demand for acupuncture service in the 1970s. Doctors could legally perform acupuncture even if they had absolutely no training.

[44] The "Voll" machine was an acupuncture diagnostic and treatment device invented by Dr. Voll of Germany. His system of acupuncture was called "Electroacupuncture According to Voll (EAV)."

[45] "Trying to Stick it to Acupuncture: Alberta Physicians Take an Unlicensed Practitioner to Court," *Alberta Report*, (March 28, 1983): 35. An informant in one of my 1996 interviews told me that the accused was "Al Brown," secretary of the ASA at the time, whose regular practice was based on Edmonton. The case probably, came to a conclusion because of his illness and subsequent death in 1985.

A few hundred Ontario doctors claimed their expertise in acupuncture, some with weekend training, and some with only self-study recipe books. Because acupuncture was associated with Chinese ethnicity, doctors of Chinese descendants had even a better chance of success in the lucrative business of group acupuncture treatments. In 1974, one third of medical acupuncturists were practising doctors of Chinese origin.

Acupuncture itself was a service not covered by the Ontario Health Insurance Plan (OHIP). Some doctor acupuncturists were suspected of charging the patients for acupuncture treatments and at the same time billing the OHIP for services such as check-ups that were never performed. In February 1977, Ontario Provincial Police charged Dr. H.C. Tsang of Vanier (a small city neighboring Ottawa) of defrauding OHIP. On April 17, 1978 the charge was cleared. However, the case report revealed the booming acupuncture business in which the doctor was engaged. He was treating "150 patients a day." The doctor was just so busy that he explained to two of his nurses where and how to insert the needles. They often treated 4 to 6 patients, sometimes, as many as 8 patients at one time who spent 20 to 30 minutes there and then the next group would rush into the treatment room.[46]

[46] Sarah Henry, "150 Patients a Day Flocked to Acupuncturist, Says Nurse," *The Ottawa Citizen*, 21 April 1978, p. 5.

Figure 22: Pierre Gaulin with Acupuncture Needles in Face

The most influential legal case in Canada against a lay acupuncturist was the Pierre Gaulin case of 1980 in Ottawa. (See Figure 22) Gaulin was one of the first North American acupuncture enthusiasts who had training in the Orient in the early 1970s. He was first under the local spotlight in 1973 when he treated the then Ottawa Rough Rider quarterback Rick Cassata's football injuries as well as other teammates. Some said that Gaulin's acupuncture was one of the reasons that the Ottawa Rough Riders won the 1973 Grey Cup and some said his treatment was not effective. Besides human athletes, he had treated arthritic racehorses. He identified himself as André Gaulin and displayed a certificate of acupuncture from China and a doctorate degree in engineering from an Ohio university.[47] Raised in the national capital region, Gaulin was fluently bilingual. At first, in 1973, he set up a practice in Hull, which is on the Quebec side of the Ottawa River. Quebec provincial police raided Gaulin's clinic there in 1974, but no formal charge was laid in court.[48] Then he moved his practice to Ottawa in 1975. The College of Physicians and Surgeons of Ontario (CPSO) filed a complaint about Gaulin for practising medicine without a license. After a thorough investigation by undercover College agents and police officers, Ottawa police charged Gaulin in November

[47] "Acupuncture is Just What the Doc Ordered," Ottawa (CP), Aug. 29, 1973. Also see, John Gault, "It's hard to dispute something that works," *Maclean's*, (May 1974): 28.

[48] Gaulin's practice was reported in great detail in the *Maclean's*, "Acupuncture: It's Hard to Dispute Something that Works," by John Gault, May 1974, p. 28.

1978 for that offence and also laid a second charge for using the title "doctor" illegally under the *Health Disciplines Act.*[49]

The case was tried in May 1980. Gaulin claimed that he would call 390 patients as witnesses including Ontario Health Minister Dennis Timbrell. The court actually heard 22 of them and Gaulin acted as his own lawyer. The Judge told Gaulin earlier that he would be better off with a lawyer. Gaulin pointed out that the way police had seized some of his acupuncture equipment was against a point of law. He impressed the Judge that he had enough knowledge of law to defend himself.[50]

As the first such court case in Ontario, provincial court judge Jean Pierre Beaulne was fully aware of the serious implication of his ruling. He allowed himself three months to review the evidence and arguments. Beaulne finally acquitted Gaulin of illegally practising medicine on August 18, 1980, simply because he was not practising medicine. According to Beaulne, acupuncture was not strictly a medical procedure and was therefore outside the jurisdiction of the Ontario *Health Disciplines Act.* With regard to Gaulin's use of the title "Doctor" or "Dr." which he had received in forensic medicine, Beaulne considered that the word was too broad to define as "medical doctor (M.D. in initial)" only. The Judge ruled that medical doctors could reserve the terms "physician" and "surgeon", doctorate degree holders of all sorts may use the title "doctor".[51]

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[49] "One-time Opponent now Champions Cause of Acupuncture," *The Ottawa Citizen*, 19 August 1981, p. 83.

[50] Neil Macdonald, "Acupuncturist to Call 390 as Witnesses," *The Ottawa Citizen*, 12 September 1979, p. 19.

[51] Regina vs. Pierre André Gaulin, Provincial Court of Ontario, Ottawa, Ontario, August 18, 1980. Tom Van Dusen, "Acupuncturist Makes His Points as Trial Winds up," *The Ottawa Citizen*, May 14, 1980, p. 5. and "Ontario could Curb Acupuncturists - Local Practitioner," August 21, p. 11.

The College and the Government were not happy with the unexpected ruling and very much concerned about its serious implications.[52] The Ottawa-Carleton Crown Attorney's Office made an application for a new trial. It was rejected in May 1981.[53] Then the Crown secured an appeal hearing in June, and County court Judge Hector Soubliere upheld the original judgment.[54] Doctors who were offering acupuncture services in the National Capital Region, including those who testified in court against Gaulin, were disappointed with the judgment.[55] However, quite a few doctors applauded the decision. Dr. Gerd Schneider, who referred patients to Gaulin, said: "how can people who know nothing about something take control of it? It's ludicrous for doctors to think they can practise acupuncture after a weekend course in Toronto." Another physician who asked not to be named for fear of reprisals from the College insisted that: "doctors offering acupuncture treatment after only a brief course are guilty of quackery."[56] The nine-day trial was highly publicized on radio and TV. Local newspapers, such as *The Ottawa Citizen*, ran a series of reports on the issue. This free publicity greatly promoted Gaulin's thriving practice in which he saw 500 to 800 patients per week! It did seem as though fame had turned him out to be the opportunist that he fiercely criticized.[57]

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[52] Dennis Foley, "Opened Acupuncture Field Concerns Medical Officials," *The Ottawa Citizen*, Aug. 19, 1980, headline item of the paper.

[53] "Bit for New Acupuncture Trial Rejected," *The Ottawa Citizen*, May 27, 1981, p. 5.

[54] Judicial District of Ottawa-Carleton, Report by J.H. Soubliere, Co.Ct.J. on 11th September 1981, Regina v. Gaulin, in *Ontario Report*, (2d), pp. 195-201. "Acupuncturist Cleared Again," *The Ottawa Citizen*, Sep. 16, 1981, p. 3.

[55] Tom Van Dusen, "Winning Acupuncturist Worries About 'Quacks,'" *The Ottawa Citizen*, 20 August 1980, p. 1, 15.

[56] Tom Van Dusen, "Ontario Could Curb Acupuncturists – Local Practitioner," *The Ottawa Citizen*, 21 August 1980, Thu, p. 11.

[57] "Crown Seeks New Hearing," *The Ottawa Citizen*, 23 May 1981, p. 3.

Judge Beaulne's ruling removed acupuncture from the College's control and left acupuncture practice in Ontario without a regulating body. Virtually anyone with a set of needles could claim to be an acupuncturist and set up a clinic. Ontario's acupuncture associations and the public demanded the Government many times to have some basic control on acupuncture under the *Drugless Practitioners Act* or later the *Ontario Health Disciplines Act.* The new *Regulated Health Professions Act* effective on December 31, 1993 excluded acupuncture once again as a self-governing health profession. The government had two simple reasons for the exclusion: acupuncture exposed its clientele to relatively low danger and the membership of the profession was not big enough to support a self-regulatory body. This reasoning did not including the concerns about the competence of acupuncturists and the quality of their service.

One of Gaulin's neighbors revealed that she had known "Pierre" when he was in his early twenties. Pierre's father Charlie was a self-made successful businessman. He had run a truck repair shop. Gaulin was a very smart and active fellow. He liked to drive a car with self-installed siren and flashlights through the city street. He was interested in everything, but did not really stay in anything until his acupuncture business. She had seen him in the General Hospital doing some sort of health related work in his thirties. He probably had some college training. She was not sure if he had any doctorate degree in medicine or in forensic medicine. However, he was seen to be a good acupuncture practitioner, because everyone knew that he won the case against the powerful medical profession.[58] Some insurance companies started to reimburse acupuncture services in Ontario since Gaulin's

[58] Interview with Gaulin's neighbor in 1997 in Hull. Transcript held by author.

legal victory because they had not been able to reimburse any service that had been defined as illegal.

I met Gaulin several times in 1989 and 1990 in his clinic located on 333 Besserer Street, Ottawa. He was a strongly built tall man with a lot of confidence and self-assertiveness judging from the way he talked and the tone of his voice. Over the years, I had treated quite a few former patients of Gaulin. They generally had a good impression of his skills and his practice was certainly a busy one. He was very good at communicating with others and had a good, supportive relationship with follow practitioners. I asked him if acupuncturists would still have the risk of being sued by the College. He said it was possible but unlikely. I bought my first acupuncture table from him in 1990 and I kept his legal advice: before the treatment was started, I always had my patients fill out necessary background information and always had them sign an informed consent form. He said that: "you need evidence against an ill intended undercover agent in court."[59] Fortunately, I have never had any trouble with the medical profession. Instead, about a quarter of my clients were actually referred by practitioners of organized medicine. Quite a few physicians and their families have been my regular clients.

Besides acupuncture, he also recommended Chinese herbs and North American Indian herbs for his clients. In July 1989, he showed me his herbal "pharmacy" and told me that he was having legal trouble related to the herbs. This time, Gaulin with his partner Gilbert Blondin of Hull, and their firm, were charged with 16 violations of the *Food and Drug Act* because of selling the herbal product called Easy-Ac as a cancer remedy. The trial took place on March 1 and April 26, 1989 without a decision. As in his acupuncture case,

[59] Interview with Pierre Gaulin in 1989 and 1990. Information held by the author.

Gaulin again defended himself in court.[60] Then, he went south to Florida and started an acupuncture practice there.[61] No further news was heard about the legal case.

Since the early 1980s, the CPSO had stopped actively seeking convictions against acupuncturists for practising medicine without a license. Acupuncturists could still receive warning letters from the College, if he or she advertised with the title "doctor" (or "Dr."). Many immigrant doctors continued to use the titles that they obtained from their mother countries. Some of those practitioners who obtained their qualifications from family tradition, apprenticeship and various other ways had also chosen to address themselves as "doctors" because they were working like doctors. Many practitioners of acupuncture and TCM received warning letters from the CPSO. An Ottawa acupuncturist showed me such a letter issued around 1990. In fact, he had worked as a medical doctor in China where he obtained his medical training. Such legal conflicts continued into the 1990s. If one did not stop using the title, one would be sued.

In March 1992, CPSO launched a court case against CMAAC President Cedric Cheung for unlawfully using the title "doctor" and its variations and abbreviations such as "Dr.", "C.M.D." and "Dr. Ac.". Cheung was not allowed to use such titles in any other languages as well. According to Bill 43 (1991), "no persons shall use the title "doctor", a variation or abbreviation or an equivalent in another language in the course of providing or offering to provide, in Ontario, health care in individuals."[62] After being charged, Cheung informed the court that he would voluntarily drop the "Doctor" before his name but keep the "C.M.D."

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[60] Sean Upton, "Pair Faces 16 Charges Over 'Ojibwa' Herb Elixir," *The Ottawa Citizen*, 2 March 1989, p. C3.

[61] Gaulin would have liked me to continue his practice in Ottawa in 1990 when he left. It was not possible for me to carry a full-time practice at that time.

[62] *An Act Respecting the Regulation of Health Professions and Other Matters Concerning Health Professions* (Bill 43, 1991), Section 33 (1).

and "Dr. Ac." after his name. However, the CPSO was not satisfied with Cheung's concession. Judge Hoolihan delivered the decision on July 15, 1992 and found Cheung "guilty" of offence to the *Health Disciplines Act* and the Judge stated that the usage of the title "doctor" and its abbreviation was restricted to licensed physicians and surgeons, optometrists, chiropractors, psychologists and dental surgeons.[63] Being a leader of acupuncturists and TCM practitioners, Cheung would always be targeted by the medical establishment for prosecution and harassment. After that verdict, Cheung had to title himself as "Professor Cheung" instead of "Doctor Cheung." Some CMAAC members did not care much about the title and they were happy enough if people referred to them as acupuncturists or TCM practitioners as long as they were allowed to treat clients under no medical control. Some others were very disappointed with the judgment. They argued:

> We have always maintained that we are permitted to use the title doctor because it is essential to our professional integrity and that it is our cultural privilege. The five above-mentioned groups do not have the monopoly on the title doctor and its restrictions by the HDA (*Health Disciplines Act*) are wholly unconstitutional.[64]

The above legal cases reflect the conflict between the medical profession and the non-medical acupuncturists. Besides these, there had been several reported sexual assault cases against acupuncturists in Quebec and in Ontario. Sexual abuse happens in many other settings in society and it has nothing to do with the particular practice of acupuncture. There are true sexual predators among health care professionals and such professional people are at the same time easy targets for certain patients. Dr. Michael Smith was an Ottawa medical acupuncturist who was very active within the AFC. He was constantly criticizing some other doctors for not spending enough time with patients, favoring drugs and surgery. One of Smith's former receptionists said:

[63] Ibid., Section 33 (2) and *The Shing Wah News*, 3, 8(August 1, 1992): 6.
[64] CMAAC *Newsletter*, (1993): 8.

> If you have seen the way most family physicians working, you see that Michael was different. He did acupuncture, bio-energetic medicine and psychotherapy. He might not spend time to dress himself in suit with a tie. He would certainly spend time with you, the patient.[65]

In 1992, Smith, the highly regarded holistic healer by some, was facing sexual assault charges. Thirty-eight former patients signed affidavits vouching for his innocence and professional integrity. However, the CPSO stripped him of his medical license without a hearing, which was called by his patients and friends as "being on a witch hunt to discredit a practitioner on the fringe of mainstream medicine." After his license was removed, Smith committed suicide on December 21, 1992 at the age of 53. Smith's lawyer and others felt that he was a victim of the medical community, which did not approve of the alternative form of medicine he had practised. The College denied such accusation and said that the College "does not suspend a license lightly."[66]

QUEBEC: "We would pay the fines & continue" – Acupuncturist Wexu

Acupuncture services were available in Montreal (outside of the Chinese community) since 1960s. Oscar Wexu started to practise acupuncture in Montreal in 1967, and he did not

[65] Interview with the receptionist in September 1998. Information held by author.

[66] Nicole Baer, "Victim or Victimizer? Rebel Doctor's Suicide Followed Running Battle with Establishment," *The Ottawa Citizen*, 23 December 1992, Wed, p. A1-2. *The Ottawa Citizen* published a series of reports, commentaries and letters from Smith's patients. The following dates are noted for reference: Jan. 3, 10, 13, 1993. With Smith's death, no further investigation was conducted. Several of Smith's patients, including his former secretary, became my clients later. They said that Smith was a very different doctor and they believed in his innocence.

catch the attention of the organized medicine at the beginning. Later he opened a school, l'Institut d'acupuncture du Québec, with 6 students and a clinic to train more acupuncturists to serve the population and to promote acupuncture therapy. This was a "time bomb" to the Quebec medical authority. In the early 1970s, acupuncture was supposed to be a news item that visitors reported back to North America from China. The Corporation professionnelle des médecins du Québec (CPMQ) was surprised to find out that there had already been an acupuncture school and clinics in Quebec operated by non-physicians. The Corporation called Wexu a "charlatan" and insisted that acupuncture was a medical technique that might be useful in reducing pain. Wexu claimed that acupuncture was a system of holistic healing that was effective for many ailments. The AAQ and the CPMQ debated in newspapers, radio and television, all of which in fact became a sort of promotion for the "new" therapy. More patients went to the clinic and more students applied for admission to the school. In 1973, it was estimated that there were at least 300 daily visits to acupuncture clinics in the Montreal area where most lay acupuncturists were located. When "the number of people versed in acupuncture grew steadily and clinics gradually began to proliferate," the CPMQ could not wait any longer to launch its legal arsenal to kill the illegal acupuncture in its infancy.[67]

In 1973, according to the CPMQ's investigation, seventy-five acupuncturists would have been meeting the medical licensing authority head-on in the courtroom.[68] Instead, the

[67] "Acupuncture... in brief," *Bulletin de la corporation professionnelle des médecines du Québec*, 25, 2(1985): 2, 6.

[68] There were only 25 people including 3 doctors calling themselves acupuncturists in the spring of 1974. See Québec Professions Board, *Recommendations to the Lieutenant-Governor in Council on Acupuncture*, which was released on May 1974. There might be a certain number of acupuncturists who dared not call themselves acupuncturists openly. Also see, Serge Mongeau, with Hélène Vadeboncoeur, *L'enseignement de*

Quebec medical profession pursued those influential ones like Oscar Wexu, his family (Wexu's son, daughter and son-in-law were also acupuncturists) and the members of the AAQ. Between 1974 and 1975, the CPMQ initiated at least 16 legal proceedings against Wexu's circle of members.[69] The police raided their facilities and interrogated acupuncturists and their patients. The police seized acupuncture devices and patient treatment files as evidence. Then they were called to the court and all were found guilty of violation of the *Medical Act*. The court ordered them to pay a few thousand dollars fine for each offense.

Acupuncturists like Wexu would pay the fines and continue to practise and to teach acupuncture again. Wexu said that he was the president of the national boxing association in Romania and his spirit was always to fight like a boxer and never give up. A 1979 article reported, up to then, that members of Wexu's association had been subject to regular police harassment and charged more than $100,000.00 in fines.[70] However, the AAQ members had always remained defiant. Wexu was openly calling "scientific medicine" as practised by the Quebec medical profession "nothing but crockery." "The chemotherapists don't know the first thing about treating sick people, except to poison them with pills."[71] The support from patients was a very important fact for acupuncturists' survival in Quebec. No matter what the outcome from the court battles, patients did not stop seeing their acupuncturists. In

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l'acupuncture dans le contexte nord americain, researche réalisée par Ressources - Santé Québec Inc. pour le Collège de Rosemont (Montréal: Collège de Rosemont, 1987). p. 40.

[69] Voyer (1989), p. 59-60.

[70] "Acupuncturist rules cause stir in Québec," *The Ottawa Citizen*, 7 August 1979, p. 36. Wexu was indeed a person doing things his way with no fear. There report said that he also treated horses and dogs with acupuncture. Most acupuncture would like to avoid the trouble from the College of Veterinarian Medicine. See, "Schultz is Needled into Action," Montreal (CP), February 12, 1975.

[71] "Most Practising Illegally: Acupuncture Big in Quebec," Montreal (CP), printed in *The Ottawa Citizen*, 2 August 1979, p. 27.

a 1982 interview, Wexu said that their clinic treated 200 to 300 patents per day. Over the years, patients were called to be witnesses in court and no one ever testified against him or against acupuncture.[72]

In the second half of the 1980s, acupuncturists and the public started to use the *Charter of Rights and Freedoms* to challenge the *Acupuncture Regulation* and the *Medical Act*. In 1987, Martine Migneault, with other acupuncturists and some members of the public, asked the Supreme Court for a judgment déclaratoire concerning the legality of the *Regulation* regarding the practice of acupuncture by non-physicians and the articles in the *Medical Act*, because they considered "these articles were illegal." The required "medical certificate" limited patients' right to the treatments of their choice that contradicted the guaranteed rights as offered by the *Charter*. The CPMQ deposited a "requête en irrecevabilité" which was rejected twice by the Court. This opened the door for more judicial pressure from the acupuncturists against organized medicine.

On the other hand, the CPMQ launched legal actions against those acupuncturists who were refusing to write the examination and refusing to register with the CPMQ but practising anyway. In 1988, a "back pain" patient (a "stoolie" as called by Alain Mazzetti, president of the AAQ) was sent by the Corporation to visit Sylvie Desaulniers, an unlicensed acupuncturist who had practised in Trois Rivieres for two years. The Corporation charged her for illegal practising medicine.[73] This was the first legal case against an acupuncturist since the CPMQ called a moratorium on legal actions in 1977 in order to have time for acupuncturists to be licensed. In court, the defendant also invoked the *Charter* and

[72] Raymonde Bergeron, "Oscar Wexu, Une vie comme un combat de boxe," *Perspective*, 24, 15(April 10, 1982): 2-5.

[73] "Acupuncturists Intend to Fight Control by MDs," *The Montreal Gazette*, 23 February 1989, p. A5.

attacked both the *Medical Act* and the *Code of Professions* for violating the freedom of choice. Judge Maurice Langlois deliberated a long time about the argument and finally found Desauliniers guilty the next year.[74] Thereafter, the Corporation sought more acupuncturists for conviction.[75] Seeing this wave of legal actions against them, acupuncturists, both licensed and unlicensed, intensified their struggle against medical control. At the turn of 1990, the medical establishment finally ceased pursuing acupuncturists.[76] Instead, the doctors and the acupuncturists started to reconcile and to pave the way for legislative recognition of acupuncture as a self-governing health profession.

[74] Desauliners filed an appeal and was still waiting for decision from the court in early 1992. See, "Desaulniers en appel," *La Presse*, (Montréal), 18 January 1992, p. A9.

[75] "Acupuncturists intend to fight control by MDs," *The Montreal Gazette*, 23 February 1989, p. A5.

[76] For more information, see Chapter 8, under "Quebec."

Figure 23: Fighting between Doctors and Acupuncturists
Source: *L'Actualité*, Mar. 1980, by Gérard Frischeteau

The foregoing, illustrated legal cases against acupuncturists were just some of the prominent ones. In fact, during the 1970s and the early 1980s, numerous acupuncturists were charged for unlawfully practising medicine because they had applied acupuncture technique without a medical license. The use of legal procedure to eradicate lay practitioners proved unsuccessful. There had always been the demand for acupuncture as a complementary therapy provided by qualified acupuncturists and there had been strong public support for acupuncturists' struggle for the rights to offer such a service. Over the years and across the country, tens of thousands of people, many of whom were patients benefitting from acupuncture, had participated in demonstrations or signed petitions to designate acupuncture as a health profession.[77] To a certain degree, some judges were sympathetic to acupuncturists. No one had ever been put in jail as a result of illegally practising acupuncture. In most cases, the acupuncturists were ordered to pay fines. The judges in the Luke Wong case in the Calgary and in the Pierre Gaulin case in Ottawa acquited both men for offences against their provincial medical laws; these verdicts challenged physicians' effective monopoly of acupuncture and making acupuncture services available to residents in Alberta and Ontario.

Acting on complaints laid by the Colleges of Physicians and Surgeons of various provinces, police also raided offices of chiropractors, naturopaths and homeopaths who practised acupuncture in the 1970s and 80s. The fight against medical control of this procedure was not as fierce among the practitioners of these health disciplines. To stop performing

[77] Mary Watterson, "The Case for Acupuncture," *The Vancouver Sun*, 24 September 1984, p. A5.

acupuncture would jeopardize the livelihoods of acupuncturists, but not the livelihoods of the other health professionals, for whom acupuncture was only an adjunct therapy.

The public had always been involved in the battles between the acupuncturists and the medical profession while the government was the mediator. While there had been very few cases in which patients accused acupuncturists of malpractice or improper behaviour, many patients had been very active in their defence of acupuncturists and in protesting against certain health policies and the monopoly of the health care system by the medical profession. Over the two decades following the introduction of acupuncture to Canada, many acupuncturists had been accused of practising medicine without a license. There were always numerous thankful patients who were willing to appear in court as witnesses on their behalf.

Although acupuncture was announced a medical procedure in every province of Canada, it could not stop acupuncturists from treating their clients. Many doctors discredited acupuncture as a pseudoscience, but clients still went to see acupuncturists for treatment. Non-medical acupuncturists had survived a quarter of a century's ruthless legal prosecution and carried on their services to the public.

Medical sociologists have demonstrated that organized medicine often uses the argument of "protecting the public" to serve its real purpose of "protecting its monopoly;" the quacks the medical profession denounces sometime include experts of a new technique or a new theory unknown to medical doctors.[78] This strategy is evident in the case of acupuncture. The easiest way to control the practice of acupuncture was simply to reserve the

[78] Jeffrey Lionel Berlant *Profession and Monopoly: A study of Medicine in the United States and Great Britain* (Berkeley and Los Angeles, University of California Press, 1975).

exclusive right of this practice to licensed physicians by declaring it "a medical act in an experimental stage." To ease the tension with the public, in the name of patient safety, some provincial medical colleges subordinated acupuncturists under medical supervision, which in fact substantially limited public access to acupuncture service.

CHAPTER 8

RECOGNITION AND DESIGNATION

Prior to the burst of enthusiasm for acupuncture in the early 1970s, acupuncture and TCM had been practised within the Chinese communities in Western countries as a folklore healing practice without medical or legal issues ever being raised. In the last three decades of the 20th century, there has been considerable development in the statutory recognition of acupuncture and TCM in the Western world. Generally speaking, acupuncture and Chinese medicine had been more accepted in Europe and Australia, New Zealand, followed by the United States. Canada happened to be one of the countries conservative toward the use of acupuncture, especially toward the issue of legalizing and regulating the practice of acupuncture and TCM by non-physicians.

During the conference of Federal-Provincial Ministers of Health in February 1974, ministers discussed matters related to acupuncture policies and declared their position on acupuncture.[1] It was not possible at this early stage for any Canadian jurisdiction to grant non-physician acupuncturists the status of a profession. The reasons were simple: First of all, the governments had no solid Canadian data on acupuncture (effectiveness and potential risk, etc). Secondly, there were no sufficiently well-trained acupuncturists and no

[1] The federal Department National Health and Welfare Canada organised this meeting in Ottawa with the participation of all provincial health authorities.

recognized Canadian training program. After all, both acupuncture anesthesia and therapy appeared somewhat medical. Therefore, the safer and more convenient way for the governments to deal with the issue was to let the medical profession take control of this practice. In the *Final Communiqué*, the Ministers said that:

> In Canada at the present time there are a number of persons practising as acupuncturists without control. Ministers of Health wished to express a cautionary note to Canadians. Until the merits of acupuncture have been fully examined, the Canadian public should regard acupuncture as an experimental medical procedure not insurable under Medical Care and to be undertaken only on the advice of a qualified physician.[2]

Legislative processes regarding acupuncture in Canadian provinces were much slower and less active than the processes in American states. In the mid-1970s, half a dozen states had already passed legislation licensing acupuncturists within their jurisdictions. In the early 1990s, half of American states had allowed by law the practice of acupuncture by non-physician acupuncturists. The delayed legislative process in Canada was the result of strong resistance from the medical profession.

The regulation of the manufacture and sale of health devices came under federal jurisdiction. In the mid-1970s, while the provinces were taking measures to clean the "mess" of acupuncture practice by non-medical practitioners, the federal health protection branch was busy with planning a crackdown on the sale of acupuncture needles, stimulators and point finders, etc. The branch believed that these products "are more in the nature of fraud" and they wanted to get these types of products off the market.[3] The systematic crackdown on the sale of acupuncture supplies has never been carried out. The most common devices were

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[2] *Final Communiqué*, Item 5 (Conference of Federal-Provincial Ministers of Health, Ottawa, February 13-14, 1974).

[3] Jeff Carruthers, "Crackdown Planned on Acupuncture Sales," *Winnipeg Free Press*, 28 February 1975.

reusable acupuncture needles and electric stimulators. Once purchased, they were good for use for several years. A small number of acupuncturists were using laser apparatus, ultrasound equipment, infrared devices, and various magnets and therapeutic lamps. Such equipment could be used repeatedly. Therefore, the amount of business in this area had been limited. In the 1970s, Canadian practitioners, including both the doctors and the acupuncturists, obtained their supplies by mail order from the United States. Around 1980, Canada started to have its own acupuncture suppliers in BC and Ontario. For instance, the MED Servi-System Canada Inc. located in Stittsville (near Ottawa) had been in operation since that time. Some importers of Chinese herbs also imported acupuncture supplies. Since most acupuncturists have adopted the use of disposable needles in the 1990s, and this together with the increased number of practitioners, the demand for needles had increased substantially. Acupuncture devices were mostly made in China, Japan, France and the United States. Several small independent importers/distributors appeared in the 1990s in Toronto, Vancouver and Montreal. They did not encounter any serious legal obstacles.

In this Chapter, I will first discuss, based on interview information obtained from 1994 to 1996, the reasons in favor of regulation of acupuncture. Then, I will illustrate the development of acupuncture legislation in Alberta, Quebec, BC, and Ontario. There has been very little legislative activity in the other Canadian jurisdictions. Therefore, I will describe the situation in these areas in one section. Comparisons of provincial differences are made in relevant sections and summarized in a table attached at the end of this chapter.

WHY REGULATE ACUPUNCTURE?

Over the past three decades, all parties involved in the acupuncture legislation issue agreed on one concept, that "acupuncture must be regulated" because they shared the common rhetoric of "public protection."[4] The medical establishment wanted to regulate acupuncture as part of medicine. The traditional acupuncture associations fought to have acupuncture regulated as an autonomous health profession in order to provide the highest quality of service to the public and enhance their professional status. The other health professions hoped to legitimize their share of the acupuncture procedure through regulation. The public wanted the state to guarantee their free access to safe and effective acupuncture service.

On behalf of the public, governments set the criteria for regulating the practice of acupuncture based on public interest, especially patients' safety rather than the professional status of a particular occupation. The art of acupuncture is as old as Chinese civilization and it is a safe practice. Otherwise it would have disappeared long time ago. It should be emphasized that acupuncture is a safe procedure as long as qualified practitioners perform it, in that well-trained acupuncturists practising standard techniques would rarely encounter complications. When I inquired about the safety issue in interviews with fifty interviewed Canadian acupuncturists, no serious complications were reported. Acupuncture needles are

[4] One exception was the 1984 Ontario HPLR, which held the opinion that acupuncture should not be regulated. (See subsection "Legislative Attempts: 1980-1996" under "Ontario" in this chapter) A very small percetage of individuals held a similar opinion.

thin (like human hair) and solid (unlike hollow injection needles).[5] Therefore, a skilled practitioner can painlessly insert them through the skin, and they will not damage the tissue. Awareness of the risk of HIV and hepatitis virus infection by reusable needles led most acupuncturists to voluntarily assure 100 per cent safety of their clients by use only sterilized, disposable needles.

Unregulated acupuncture practice, however, could be a threat to public safety and health. Acupuncture complications were usually a result of unskilled practice.[6] Those who did not go through minimal theoretical study and did not go through supervised practice (internship) could be prone to cause internal organ injury, major internal bleeding or nerve branch damage. For instance, it is very important to insert a needle at the right angle and at the right depth especially in the area connecting the base of the skull and the top of the neck and in areas in which major internal organs, blood vessels and nerves are located. Certain "acupuncturists" who were afraid of accidents used only several presumably safe acupoints. This might be safer for these practitioners, but consumers received no intended benefit from these limited acupuncture treatments. In the early 1990s, I also noted that some "acupuncturists" were using self-made so-called "unusual needles" or "big needles" and connecting their needles with unproven devices, which could cause damage to the human body.

Another major problem was that some practising acupuncturists possessed no concept of sterilization. In 1991, a patient once told me that his acupuncturist put the needles through clothes, so patient did not need to get undressed to expose the needling sites. This

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[5] The diameter of regularly needles can be as small as 0.20mm.

[6] R. Gray, G. S. Maharajh and R. Hyland, "Pneumothorax resulting from acupuncture," (Department of Radiology, Wellesley Hospital, Toronto, Ont.) *Canadian Association of Radiologists Journal*, 42, 2(April 1991): 139-40.

would be the worst-case scenario of a practitioner showing his courtesy and needling skills (puncturing the right acupoints without even asking his patient to be undressed). The common concern, however, was that acupuncture with reusable needles without proper sterilization could cause cross-infection of serious viruses and bacteria. Since the late 1980s, acupuncturists have been encouraged to use only sterilized, for single-use needles. Some irresponsible, stubborn practitioners, however, still reused their needles without proper sterilization. Since 1989, I have observed a variety of "needle cleaning techniques:" some involve putting used needles in an alcohol container as a means of sterilization; some boiling the needles in a cooker and then confidently using these needles again; some keeping a set of needles for repeated use for each patient. An interviewee told me that she saw her practitioner twice pick up the wrong pack of needles to treat his clients. She was frightened and did not go back to that practitioner. Some practitioners asked their clients to keep their own needles in a packet and said to them: "You cannot catch any disease from yourself." They did not realize that the needles were contaminated once they were used and exposed to the environment. Cleaning the acupuncture sites with 75 per cent alcohol solution is a standard procedure before the needles are inserted. Many practitioners simply forget or did not know this common practice. Once I saw an "MD" acupuncturist sticking needles in a volunteer without any cleaning procedure in a public demonstration of acupuncture therapy. Acupuncture associations urged their membership to use disposable needles or strictly follow clean needle procedure. Risk of cross infection was one of the arguments that acupuncture groups used to persuade politicians and health care authorities to regulate acupuncture practice.

The number of practitioners and clients who were engaged in the practice warranted some regulation. Statistics Canada reported that more than 10 per cent Canadians sought treatments from various healing systems outside conventional medicine in 1994. Acupuncture clientele was a significant percentage of this population. In December 1994, I conducted a random survey of 500 adults in an Ottawa shopping center (the Rideau Centre near Parliament Hill). Close to two per cent (1.94 per cent) of the shoppers had had at least one session of acupuncture treatment. Consumers of acupuncture services came from the Canadian population as a whole; those of Chinese origin made up only about five per cent of the clientele. Taking any annual *yellow pages* from 1985 onwards in a major urban centre in Canada, one could see that the number of acupuncturists really represented a significant presence in health professions, this without counting the number of acupuncturists who were not listed in the phone book and the number of other health professionals who were practising acupuncture on the side. Toronto alone had close to one hundred listed in the Bell *yellow pages* in 1996. No doubt, the regulation of acupuncture was a serious public policy issue in terms of the size of the population involved in this service.

It was necessary to regulate the practice of acupuncture in order to improve the quality of service to the public. Many consumers had difficulty in locating qualified acupuncturists. At first, they might well be confused by so many different titles used by acupuncturists: "D.Ac." or "DAC," "C.M.D." or "CMD," "TCMD" or "DTCM."[7] In a free market society, these titles were simply decorations that enhance one's professional appearance. Neither Canadian Universities nor governmental recognized institutes had ever conferred

[7] Since the 1970s, many acupuncturists had used the titles of Dr. Ac. (doctor of acupuncture), CMD (doctor of Chinese medicine) and DTCM (doctor of TCM). In fact, acupuncture associations such as the AAQ, CAAC, CMAAC and CACTHS adopted some of these titles in their official documents.

such degrees, nor have universities in China. Until provincial regulations were established, there had been no regulatory body for the consumers to check whether their practitioner met any educational and professional standards in this field.

Canadian society has become increasingly multicultural in nature. The population with Chinese cultural influence continued to use TCM and acupuncture to improve their health and to manage illnesses. Over the years, members of mainstream society were also attracted to the TCM approaches to health and illnesses. This trend and the federal official multicultural policy prompted government to do more in terms of being culturally sensitive to different ways of delivering health services.

ALBERTA: Not Quite Self-Regulated

To establish acupuncture as a regulated health profession was one of the main reasons why the ASA was formed in November 1980. According to Roger Langrick, he wrote to the Alberta Government to check if acupuncture would be included in the proposed Bill 30. The response from the Government was that no government would be willing to dealing with individuals: "We appreciate what you put in your brief, but to make it effective you're going to have to team up with others in an acupuncturists' association of some sort."[8] The same month, the long-awaited *Health Occupations Act* (Bill 30) went through second

[8] Langrick, *The Needle Game*, 1989, p. 158.

reading in the Assembly. The *Act* was intended to provide a means of regulating a variety of health occupations, which had infringed on the *Medical Professions Act*. The Government was considering if acupuncture among others should be governed under this Bill. Under the authority of the *Act*, the Alberta Health Occupations Board (HOB) was established in December 1981 to investigate and to determine whether or not a health occupation should be regulated and how.[9] The HOB sent requests for submission to various organizations to ask their assessment of nine points of consideration including: the complexity of the tasks of the investigated occupation, the degree of supervision, the basic educational programs in Alberta and elsewhere, the risk to the public, the scope of services, the ability of independent practice, the desirable qualifications and the minimum standard of competency.[10]

The Acupuncture Society of Alberta (ASA) applied to the HOB in 1982 for designation of acupuncture under the *Act*.[11] With its powerful lobby machine, the medical profession wanted to continue its monopoly over this practice. Public input was the only way to turn the situation favorable to the acupuncturists. To take advantage of the Government's new thinking, the ASA motivated acupuncture clients and their relatives and friends to write to the Government to move toward regulating acupuncture. The following is a 1982 letter from the ASA to its supporters:

> At present, the Alberta Medical Association is trying to persuade our government that only medical doctors should practise acupuncture. Our Society, the Acupuncture Society of Alberta, is against this. We feel that fully trained acupuncturists provide a better service for Albertans than medical doctors with only a few hours training in acupuncture do... Your recommendations are of vital importance to us.

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[9] In accordance with the *Act*, the Ministry of Labour, Professions & Occupations appointed the HOB members.

[10] The HOB's letter dated September 10, 1992.

[11] ASA's letters to the Board dated March 25 and April 23, 1982.

> Without the support of the public, acupuncturists in this province may be forced to close their practices and take their skills elsewhere. Your letter can stop this.[12]

The majority of briefs submitted to the HOB from other health professions were favorable to the regulation of acupuncture by non-physician practitioners. The chiropractors aligned themselves one hundred per cent with the acupuncturists. The Alberta Chiropractic Association prepared the requested brief to the HOB with very detailed information and analysis. In the summary of this brief, the authors stated:

> It is our opinion that acupuncture therapy and qualified acupuncturists have a rightful place in the health care system as an independent practitioner, as with chiropractic profession, free from prosecution and harassment by organized medicine. Sooner the Government of Alberta will recognize acupuncture as a distinct branch of health occupation and assist in developing increased quality of service. If it is left up to organized medicine, acupuncture will not progress any further and will die or go underground in Alberta.[13]

The consultation procedure was open and transparent. A group or an individual could request copies of briefs or letters presented to the HOB by other groups or individuals. The ASA sent the Canadian Acupuncture Association of Canada (CAAC) copies of the briefs and letters that were submitted to the HOB. Pierre Gaulin was the President of the CAAC and he adopted an even more radical approach than his Alberta comrades against the medical establishment to win the rights for non-physician acupuncturists. The leaders of organized medicine regarded Gaulin as a "crazy" man with "no fear". After he read a copy of the Canadian Medical Association's (CMA) letter to the HOB regarding the regulation of acupuncture, Gaulin phoned the CMA head office in Ottawa and talked to Dr. B.J. Henderson who had signed the letter. Gaulin criticized the CMA statement as "misleading and erroneous" and he wrote to the CMA after this heated conversation and challenged the

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[12] Quoted from a letter of request prepared by the ASA Secretary Dr. T. Yoshida to acupuncture clients in 1982.

[13] Alberta Chiropractic Association, *Brief to the Alberta Health Occupations Board on the Occupation of Acupuncture* (Edmonton, 1983).

organization to substantiate its statement at the hearing with proof. He said: "If you elect not to be represented at the hearing we will move that your letter be quashed and not considered by the board."[14]

On April 8, 1983, the CAAC sent the HOB a *Notice of Motion*, with the CAAC as the plaintiff and the CMA, Alberta Medical Association (AMA), Alberta Association of Naturopathic Practitioners and Alberta Advanced Education and Manpower as co-defendants. The CAAC asked the Board not to consider the letter from the co-defendants and to remove them from the dossier of the HOB permanently. The CAAC claimed that the co-defendants did not submit the required brief with answers to specific questions designed by the HOB. Instead, the co-defendants presented only letters to the HOB. According to the CAAC, this was because they lacked knowledge and information concerning acupuncture and Chinese medicine. The CAAC called the information contained in the co-defendants' letters "erroneous, misleading, biased and prejudiced" and the letters of the CMA and the Alberta Medical Association (AMA) "in favor of the monopoly" of acupuncture by the medical profession. The three-page document was all typed in block capital letters throughout and the statements were harshly critical and ruthless. One could feel the writer's anger toward those who were against legalizing acupuncture by lay practitioners.[15]

After conducting literature reviews, survey investigations (140 letters and seven written briefs), meetings of concerned parties, and hearings (6 oral presentations of various groups), the Board completed its examination in August 1983. Most parties were in favor of regulation and some groups had certain reservations. The medical establishment was the

[14] The CAAC's letter to the CMA dated March 28, 1983.
[15] The CAAC's *Notice of Motion* to the HOB dated April 8, 1983.

only group that was against the proposal. The Board found out that acupuncture entailed significant risk of harm to the public, which was the primary and sufficient criterion for designation.[16] Therefore, the HOB recommended that acupuncture become a designated health occupation. The Board informed all parties who submitted a written brief to the HOB of this decision. The ASA executives and members were extremely excited because the ASA was barely a three-year-old organization with a membership of only about thirty.[17] Yet, they were participating in the process of making history by working out a plan to elevate the practice of acupuncture by non-physician acupuncturists to a legalized and regulated health profession in Alberta, the first in Canada. To work out its internal differences, the ASA held a special general meeting to elect new officers and to restructure the association to suit the need of building acupuncture legislation and the licensing process.[18] The ASA drafted general guidelines for acupuncture legislation and collected relevant information from other North American jurisdictions. These documents were sent to the HOB for reference. The association also organized regular upgrading seminars for members, and improved its code of ethics and other internal regulations.

With the authority from the *Act*, the Board established a three member Acupuncture Committee in September 1984, with Luke Wong and Ted Yoshida representing the ASA and Dr. John McIntyre representing the College of Physicians and Surgeons (CPSA), to develop regulations and standards governing the practice of acupuncture. Regular meetings were held to discuss, item by item, the draft versions of the regulation. However, the HOB

[16] HOB, *Report on the Final Results of the Investigation of the Occupation of Acupuncture* (Edmonton, September 1983). The Report listed seven major risks of harm to the public.

[17] The ASA's 1983 list of members (announced on January 22, 1984) had 37 names with two resided out of Alberta and ten owed membership dues.

[18] Minutes of the ASA meeting held on January 22, 1984.

had power over the Committee to decide the contents of the regulation and the HOB did not want to further irritate the medical establishment.

In December 1985, the Second Draft of the Regulation was provided to the ASA membership for review.[19] The ASA suggested that acupuncture should be defined within the context of Oriental medicine. There should also be explicit rules for physicians who would like to use the therapy. The proposed legislation should not only regulate the practice of acupuncture as a modality but also as an autonomous health profession that should be self-regulated by a peer formed professional body similar to the CPSA. The scope of practice should not be limited to "an exotic medical experiment." Above all, the primary concern of the membership was that doctors were not informed enough to recommend patients to acupuncturists. The requirement of medical referral was not practical and it could drive once again the practice of acupuncture "underground." The Regulation should place the right of informed choice in the hands of Alberta citizens and should not place control in the medical profession.[20]

Some suggestions of the ASA were accepted. However, the Board insisted on the clause that an acupuncturist could not see a patient unless a physician or a dentist had referred the person for such a treatment. In July 1986, the ASA wrote a letter to further declare its position on the issue to the Chairman of the Health Disciplines Board with copies to the Solicitor General, Education Minister and the CPSA.[21] The letter stated that the majority of the world's population was enjoying the right to choose acupuncture as a well-regulated

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[19] The *Acupuncture Regulation* went through many draft versions. This was Draft number 3.

[20] *Response of the ASA to Draft Acupuncture Regulations in the Health Disciplines Act*, December 1985.

[21] In 1985 the Health Occupations Board was renamed Health Disciplines Board (HDB).

form of treatment. The same right should not be denied to Albertans. Allowing persons outside of the acupuncture profession to limit patients' access to this service would narrow acupuncture to a therapy as compared to a complete system of professional service. The ASA demanded that the "medical referral" clause be removed from the regulation because the physician/dentist referral requirement fundamentally contravened the internationally recognized principle:

> Professions should be governed by autonomous, self-regulating bodies composed exclusively of leading professionals from within the profession being governed... Thus, the insistence on physician or dentist referral would defeat the whole purpose of the Act, which is to protect the public from incompetence.[22]

The ASA had also mobilized the clientele of its members to sign a petition letter which stated that the requirement of seeing a physician first was intrusion into personal affairs, a waste of time and increased unnecessary health care spending. Addressed to Mr. Elvin Christenson, Chairman of the HDB, the letter concluded:

> Would you please look into these proposed regulations and advise me as soon as possible whether you support my freedom, as an Albertan, to use my own judgment regarding the services of an acupuncturist of my choice, without harassment of any kind by physicians or government officials.[23]

The Board finally changed the required "referral" that meant a signed piece of certificate from a physician or a dentist to much more soft and flexible terms, i.e. an acupuncturist shall not undertake the care and treatment unless:

a.) that person has already consulted with a physician or dentist about the condition;
b.) that person has informed the acupuncturist about such a consultation and
c.) the acupuncturist has completed the patient consultation form prescribed by the Minister.[24]

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[22] Letter of the ASA by Paul Tse to the HDB dated July 1986.
[23] The ASA sample letter distributed in 1987.
[24] Alberta *Acupuncture Regulation* (1988), 8(1).

In reality, these requirements of medical supervision placed most responsibility with the patients. In the Government issued *Patient Consultation Form*, a question was asked: has the patient consulted with a physician or dentist (as appropriate) about the condition for which acupuncture treatment is now being sought? "Yes" or "no" answer was to be selected and signed by the patient. This symbolic way of medical control between the medical profession and the acupuncturists was worked out by the HDB. This Regulation, with the attached conditions of medical control, was short of the ASA's demands, but it was probably the best that the ASA, a relatively young and small acupuncture association could achieve. Therefore, the ASA accepted these terms.[25] The medical profession and physician acupuncturists were heavily involved in the process of drafting the *Regulation* and later in the examination process.

In 1988, the specific *Regulation* for acupuncture was passed. The *Regulation* isolated acupuncture from TCM:

> "Acupuncture" means the stimulation of an acupuncture point on or near the surface of the body by the insertion of needles to normalize physiological functions of the flow of Chi for the treatment of discomfort of the body and means the techniques of needle acupuncture, Electro-acupuncture, acupressure and moxibustion.[26]

A title of "Registered Acupuncturist" was conferred to a practitioner once she/he was registered under the *Regulation*. The title "acupuncturist" was reserved for those who were registered. But the *Act* and the *Regulation* did not give an exclusive right of practising acupuncture to the registered acupuncturists. Others could perform acupuncture as long as they would not use the title "acupuncturist". In other words, the *Legislation* and the *Regulation* did not prohibit the practice of acupuncture by persons who were not registered including hypothetically those who were not trained. This was the most serious shortcom-

[25] Letter of the ASA by David Zhu to the HDB dated January 15, 1988.
[26] Alberta Regulation 42/88, *Acupuncture Regulation*, Definitions 1 (c).

ing in this piece of legislation because it failed to protect the public. Legally, anyone could practise acupuncture as long as this person did not use the reserved title. Reserving the title but not the practice remained unchanged even though the *Regulation* had been amended in other areas over the years.[27] This was a major compromise between the acupuncture group and the other health professionals who were wishing to use acupuncture as an adjunct.

According to the *Regulation*, an acupuncturist could use the above techniques plus cupping, should only use pre-sterilized disposable needles and might use only non-invasive measuring equipment in examination. Direct on-site supervision of physicians was not required, but an acupuncturist could care for and treat only those patients who consulted a physician or dentist first for the same condition. If no improvement occured in the condition treated, the acupuncturist is obliged to refer the patient to a physician or a dentist. These rules still put the acupuncturists under the doctors' control, but in a looser way.

The eligibility requirement of training such as "what courses" and "how many hours" was not established when the *Regulation* was passed. The language requirements stated "sufficient competence in and comprehension of the English language to be able to practice in Alberta." This was a sensitive issue to some highly qualified practitioners of Chinese origin who were not functional in English. The Ministry appointed two acupuncturists and two physicians with knowledge in this area to form the Examination Committee that oversaw the examination. The examination was divided into three parts, written, oral and practical.

The *Regulation*, which was scheduled to be implemented in October 1991, was held up until the middle of the second year. This was because of technical problems related to the

[27] See Appendix 8 for Alberta *Acupuncture Regulation* (Amended in 1991).

design and contents of the registration examination for acupuncturists. The first examination was administered in April 1992.[28]

In 1994, I visited the Health Disciplines Branch under the Alberta Ministry of Labor and the Acupuncture Committee members. They had already held the examination three times. Physicians and other health professionals were informed of such a registration process.[29] About fifty acupuncturists had been registered but a large number of the practising acupuncturists still remained unregistered. Many of the unregistered were practising in the Chinatown areas of Calgary and Edmonton. They used the Chinese languages and its various dialects with their patients. The government had no immediate plan to urge them to become registered or take any action against them. At this time, the Acupuncture Committee consisted of five members: three registered acupuncturists, one medical doctor, and one from the public.

The acupuncturists and their clients asked the Government to include acupuncture in the Alberta *publicly* funded health care system. It had not been possible before the profession was legally recognized. After acupuncture was regulated in Alberta and many acupuncturists were registered with the Professions and Occupations Bureau, the acupuncturists and their clients started to make the reimbursement request again to the Government. Acupuncture clients wrote to the Government and stated how much they were helped by acupuncture and why acupuncture was a cost effective therapy to be included within the pubic health

[28] For information on the development of this examination, see Chapter 5, under "Alberta."

[29] Robert Walker, "Alta. Acupuncturists Alert! New Legislation Aims to Protect Consumers," *The Medical Post*, 19 April 1994, p. 53.

plan.[30] This proved to be an even more difficult request than the request of recognizing acupuncture. In October 1992, after Health Minister Nancy J. Betkowski received many petition letters from acupuncture clients asking for treatments to be covered under the Alberta Health Care Insurance Plan, the Minister replied:

> It is simply not possible, however, to extend health care insurance coverage to cover all the treatment options available, without taking funds away from benefits now included in the health care insurance plan. Providing services has become increasingly expensive; health care now accounts for approximately 30 per cent of provincial expenditures.[31]

Since its introduction in 1988, the *Acupuncture Regulation* had been smoothly implemented over the years in the province of Alberta. However, the wording "self-regulation," "self-governing" and "autonomous profession" were missing in the whole process. Under the *Act* and the *Regulation*, accountable to the HDB and the Government, the multidisciplinary Acupuncture Committee had been responsible for governing the practice of acupuncture. Even though acupuncturists had gained more power within the mechanism in later years, obviously, they did not achieve the same degree of autonomy as acupuncturists in Quebec and in British Columbia did in the 1990s when they negotiated the deals with their respective governments. They had managed to obtain autonomy similar to that of many other health professions and they established their own regulatory bodies known as "college" or in the case of Quebec known as the "order."

Why did the acupuncturists in Alberta not carry out their "revolution" to the end and win a full victory? First of all, a winning condition was created with the introduction in 1980 of *Bill 30* in which acupuncture was already under consideration for legislation.

[30] I collected a set of thirty copies of the testimony letters. Among the patients, a family physician and a dental specialist admitted they were tremendously helped by acupuncture and TCM herbal medicine.

[31] Letter of the Minister to some acupuncturists dated October 14, 1992. The Minister asked acupuncturists to post the letter in their office to let their patients read the reply.

Alberta acupuncturists did not have to beg the government to deal with this issue. Instead, the Government was knocking on the acupuncturists' door. Secondly, the Alberta *Regulation* and its subsequent implementation were the result of a compromise between the acupuncturist group ASA and the medical profession. From the early 1970s to the time that the regulation was proposed, their conflict had been heated up at times, but not deadly, especially after the Luke Wong case. The CPSA was more or less ready to allow the practice of acupuncture by non-physician practitioners with certain conditions, such as that a patient must have consulted with a physician first. The ASA members were largely satisfied if they would be legally allowed to practise in the province. Therefore, they adopted a milder attitude in dealing with organized medicine. In these circumstances, the Government and its agency – the HDB – enjoyed a relatively easy task to precede the process.

In Quebec and BC, the conflicts between the medical profession and the acupuncturists were ferocious because the medical profession wanted to continue their full control over acupuncture and acupuncturists had to fight to survive. The situation forced the militant acupuncture organizations such as the AAQ, SPAAQ and the AABC to fight as hard as they could. They might lose the "bloody" battle and return to point zero from which they started the struggle a quarter of a century ago. But if they won, they would win a more complete victory. Indeed, that was the case with the support given to the acupuncturists from the public and most other health professions.

QUEBEC: From Subordination to Self-Government

In 1970, acupuncture and TCM suddenly caught the attention of the public, the medical profession and the Quebec government, despite the fact that a few individuals had been offering acupuncture service in the Montreal area since the 1960s. To organized medicine, inserting a needle under the human dermis and claiming to treat health conditions were within the scope of practising medicine. The *Medical Act* 1973 made a clear reference to define the practice of acupuncture. It was to be practised only by licensed physicians. On behalf of the AAQ, Oscar Wexu made a formal request to the Office des professions du Québec (OPQ) for establishing a professional regulatory body for acupuncturists. The answer was unfavorable because acupuncture was a medical technique that was still at its experimental stage. Besides, the number of well-trained acupuncturists was too small to form a regulated profession.[32] The time was obviously not right for such an idea. Acupuncture was then legally an exclusive medical act in the province of Quebec. In the 1970s and 80s, numerous non-physician acupuncturists were convicted of the unlawful practice medicine.

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[32] *Memoire de l'Association d'acupuncture du Québec* to Ministry of Social Affairs (Montréal, 1973). L'Office des professions du Québec (OPQ), created in 1973, a Québec Government agency, evaluates the applications from professions that provide service to the public for status as an independent profession by establishing a self-governing "corporation." This term is similar to that of "college" in other provinces.

Subordinating a Profession: 1979-85

After their analysis of the "chaotic" situation, the Office des professions du Québec (OPQ) prescribed remedies to solve the problem in a document released in May 1974. Among four possible solutions: using existing legislation; amending the *Medical Act*; creating a new professional corporation; and setting up an experimental center. The OPQ recommended the last one to the Lieutenant-Governor in Council:

1. Create an single officially recognized experimental treatment centre in the province;
2. Both physician and non-physician acupuncturists serve the public in the centre;
3. At least $100,000 be allocated to research in the centre;
4. At the end of the experimental period, if an acupuncturist corporation is created, acupuncturists outside the centre must be tested;
5. Non-physician acupuncturists disallowed to use the title doctor or its abbreviation.[33]

The above document did not touch the legality of the practice by acupuncturists who were not physicians. The CPMQ continued its legal actions against acupuncturists. However, the prosecutions did not stop them from practising. In the mid-1970s, the acupuncturists had organized themselves into associations to regulate their practice. They were publishing journals and operating private acupuncture schools. All the factors were ready for the acupuncturists to claim the status as a health profession. Organized medicine was very frustrated with the steady growth of non-physician acupuncturist clientele that was essential for the existence of their service occupation. The acupuncture business was flourishing and new "acupuncturists" joined in the trade: graduates of Quebec acupuncture schools, extensively trained Chinese immigrant practitioners, apprentices of certain masters,

[33] OPQ, *Recommendations to the Lieutenant-Governor in Council on Acupuncture*, 1974, p. 7-8.

weekend seminar graduates and acupuncture "cookery-book" followers. In 1976, the concerned parties including: the acupuncture organizations, the medical profession, the public and the government, all agreed that the acupuncture chaos must been put in order. In October 1976, the OPQ was considering an amendment to the *Medical Act* to allow non-physician acupuncturists to perform acupuncture. The news that "acupuncture to be legalized by non-physicians" instantly made a big story in Quebec media.[34] The medical profession never had a problem recognizing acupuncture as a treatment modality but had a lot of concerns about who should be recognized as acupuncturists and under what conditions they could perform acupuncture. The CPMQ and the acupuncturists came to a cease-fire in order to make legislative changes to allow qualified acupuncturists to practise.

In 1976, the AAQ submitted a memoir to the Ministers of Social Affairs, of Justice and of State and told them that there were already internationally recognized acupuncturists with a teaching institute in Quebec. To them, acupuncture was not at an experimental stage, as the doctors claimed. No doctors were qualified to practise acupuncture in Quebec and they believed their financial interest was threatened by genuine acupuncturists. The AAQ was asking the OPQ for equal treatment with the medical profession, because they asserted that acupuncture was a separate and distinct profession. They thought the government and the AAQ (not the CPMQ) should make the law for this practice.[35]

The Government was not confident enough to let the acupuncturists govern themselves. At that time, only one jurisdiction, i.e. California, in the whole continent was considering

[34] Nicole Beauchamp, "Que Québec légalise la pratique de l'acuponcture par des non-médecins," *La Presse*, 16 October 1976.

[35] *Memoire de l'Association d'acupuncture du Québec* to Ministre des affaires sociales, M. Claude Forget, Ministre de la justice, M. Jerome Choquette et Ministre d'etat, au Conseil executif, M. Fernand Lalonde, (presented by Oscar Wexu, 1976), p. 2-4 and p. 6-10.

such a move.[36] The OPQ invited the CPMQ to propose amendments (Bill 25) to the *Medical Act* in which non-physician acupuncturists under CPMQ control could legally practise this technique. These amendments offered the CPMQ the authority to regulate the occupation of acupuncture: from training, examination to licensing and practice. The *Amendments* to the *Medical Act* were passed in December 22, 1977.[37]

Legislatively speaking, acupuncture has been a regulated health occupation in Quebec since 1977.[38] However, the medical profession and not the acupuncturists regulated it. Though some acupuncturists were willing to see how this would work, the majority represented by the AAQ insisted that medical control could not be accepted. Oscar Wexu wrote to the Minister of Education, Jacques-Yvan Morin, before *Bill 25* was officially published and called it "purely and simply discriminatory."[39] The AAQ cried out: "a sad page in the history of acupuncture in Quebec because the government put acupuncture under the control of the medical corporation."[40] Acupuncturists were surely not willing to work under the guardianship of the medical profession. Nevertheless, *Bill 25* was still a partial victory to the acupuncturists which even Wexu had to admit:

> We in Quebec where health is a provincial government jurisdiction and where the medical profession is almighty, have nonetheless waged a ten-year battle for the recently won legalization of the practice of acupuncture by non-MDs. We are still however, subjected to certain legal clauses, which keep us firmly under the domina-

[36] Acupuncture was made a self-regulated health profession by state legislation in California in 1976.
[37] See Québec *Medical Act* (la *Loi Médicale*), art. 20 and 21, 1977.
[38] OPQ, *Rapport Annuel, 1978-79*, "2.7 La réglementation de l'exercice de l'acupuncture," p. 44-45.
[39] Letter to Minister Jacques-Yvan Morin from Wexu dated July 5, 1977.
[40] AAQ Journal *Acupuncture*, (Spring 1978): 18.

tion of the medical corporation, restricting the conditions under which we can practice our profession.[41]

Before the amendments were submitted to the Parliamentary Committee on Acupuncture, the CPMQ had drafted a regulation for acupuncture. The draft regulation was officially filed in March 1978 and distributed to acupuncture groups in the coming summer for consultation as part of the necessary legal procedure. At this point, the two largest acupuncturist groups the AAQ and the ICA, refused to accept it. However, some other groups accepted the principle with objection to the "medical certificate" clause. The first official version was published on May 30, 1979 in the *Official Gazette of Quebec*. Much of the debate was around the "medical certificate" that required the patient to obtain a certificate from a physician before any acupuncture treatment and that required also the acupuncturist to report to the physician on treatment progress. This clause would have the acupuncturists and their clientele fully under physicians' tight "supervision", whereas independent relationship with clientele was the most crucial factor for the existence and development of a professional service.

The CPMQ promised not to take any acupuncturists to court after the amendment to the *Medical Act* was passed in 1977. The filed *Acupuncture Regulation* was published in May 1979 in the *Gazette Officielle du Québec*, but the Minister of Education, Jacques-Yvan Morin, set it aside because there was still too much disagreement between concerned parties. The concrete regulation would not be passed until 1985. This delay created a period (1977-1985) in which acupuncture enjoyed a great development free from external interference. The number of acupuncturists multiplied rapidly. It was estimated that there

[41] Oscar Wexu's presentation to the National Symposium of Acupuncture and Moxibustion and Acupuncture Anesthesia in Beijing, June 1979. Quoted from the AAQ Journal *Acupuncture*, (Winter 1979): 19.

were only 40 acupuncturists in 1977, 85 in 1979, but there were 500 with various qualifications in 1985. The acupuncturists did not stop their lobbying for self-determination. They criticized the OPQ for becoming "the Office of Protecting the medical profession in Quebec" (underlining by me). They briefed the Government that acupuncture was not a part of conventional medicine and acupuncture was in itself a discipline, a profession.[42]

The Order-in-Council finally passed the regulation concerning the practice of acupuncture by non-physician practitioners on June 26, 1985. The CPMQ insisted that the *Regulation* must be implemented without delay. The regulation was published in the *Official Gazette of Quebec* on July 17 and it took effect the same day. By amending the *Medical Act* and making a regulation, the CPMQ actually recognized acupuncture as a health discipline practiced by non-physicians. In return, the CPMQ obtained a full control of this discipline: registering acupuncturists within the CPMQ in a separate office; organizing licensing examinations and making rules respecting the practice of acupuncture, including the strict rules of "medical certificate." The following were some of the rules:

2.1 An acupuncturist may practise acupuncture on a client only if the client has a medical certificate.
2.2 The medical certificate that allows an acupuncturist to practise must ... (designated contents).
2.3 After the treatment is over or 6 weeks after it has begun or after 10 treatment sessions, the acupuncturist shall send a report to the physician who signed the medical certificate.
2.4 Acupuncture may not prolong treatment beyond 6 weeks or 10 sessions unless the physician who signed the medical certificate issues another one.[43]

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[42] Wexu, "Dossier de l'acupuncture: l'Office des professions du Québec," *Médecine traditionnelle chinoise*, vol. 7, no. 2, 1994, p. 6. Also see letter of Lucien Pelletier, Vice President of AAQ to the OPQ dated May 31, 1984.

[43] "Règlement sur l'exercice de l'acupuncture par des personnes autres que des médecins," *Gazette Officielle du Québec*, July 17, 1985, p. 3791-95. Quoted in Section IV, "Règles relatives à l'exercise de l'acupuncture," p. 3793.

This regulation was perceived by the public as a measure of the medical profession's subordination of acupuncturists to technicians' level after its failure to exclude them. A commentary published in *La Presse* reported it "acupuncture enslaved."[44] Quebec acupuncturists reacted very strongly to the new rules governing their occupation. The majority of them were against the medical certificate requirement. L'Ordre des acupuncteurs called for a news conference and criticized the medical control of acupuncture. They insisted that acupuncture should be a complete and independent discipline with a different approach from conventional medicine.[45] Wexu and his association AAQ, a long time head to head enemy of the CPMQ, declared no cooperation with the "chemotherapists (physicians)." "They want to wipe us out," because few doctors would write certificates for their patients to see acupuncturists. Bernard Grimaux and his association, Fédération des acupuncteurs du Québec (FAQ), however, would accept the clause on medical certificate. But they thought that it should only apply to patients who had never had their illness diagnosed by a physician.[46] Acupuncturists knew that the medical certificate was a way the CPMQ would be able to control the practice of acupuncture and to subordinate acupuncturists to the level of technicians in the biomedical system. Two professors, one in sociology and one in economics, wrote to *Le Devoir* an article with a detailed analysis of this issue and concluded that: conventional medicine tries to incorporate parallel systems in order to

[44] Jacques Dufresne, "L'acupuncture asservie," *La Presse*, 5 July 1985, A 6.

[45] Lia Levesque, "L'Order des acupuncteurs qualifie de «loi matraque» le nouveau décre," *Le Devoir*, 20 July 1985, p. 3.

[46] Sarah Scott, "Quebec trying to wipe us out, acupuncturists charge," *The Gazette*, 23 July 1985, p. A4. Grimaux, French immigrant, was one of the earliest practitioners of acupuncture in Québec. His practice could be traced back to the 1960s.

control them."[47] Neither was it a victory for insuring public safety, as the CPMQ put it, nor a victory for professional control in the long run because the two systems did not share a common ideology. A health professionals' association, Réseau d'action pour la santé intégrale (RAPSI), wrote to the concerned cabinet ministers and demanded that the Government remove the articles allowing medical control of acupuncture.[48] The certificate was absurd professionally because allopathic medicine and TCM based acupuncture each had their own diagnostic system. A medical diagnosis should not dictate the professional practice of an acupuncturist.[49]

Nevertheless, the CPMQ firmly intended to apply these regulations.[50] The situation was critical, though pubic opinion and the news media were on the acupuncturists' side as always. Clearly the acupuncturists needed to mobilize themselves to maximize public support. Different associations united under the Pre-corporative Committee to deal with the Government and the OPQ. To an elected government, nothing counted more than their voters' opinion. Acupuncturist groups cooperated well with each other since the fall of 1985 in an effort to bring down the medical certificate requirement. An open petition was displayed in acupuncturists' offices for collecting supporters' signatures with verifiable addresses and telephone numbers. On May 21, 1986, Madame Yolande D. Legault, deputy of Deux Montagnes, on behalf of acupuncturists, presented a strong petition of 100,000

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[47] Jacques Godbout and André Lemelin, "La médecine et l'acupuncture: une victoire à pyrrus?" *Le Devoir*, 29 August 1985, p. 9.

[48] Renée Rowan, "Acupuncture: Une association de praticiens de la santé proteste contre le contrôle des médecins," *Le Devoir*, 18 September 1985, p. 5. Action Network for Integrated Health Care (Réseau d'action pour la santé intégrale-RAPSI) promoted the integrated health care of conventional and alternative medicines. Its membership consisted of practitioners of both regulated and unregulated health professions.

[49] Monique de Gramont, *Les médecines douces au Québec* (Montréal, Québec/Amérique, 1986), p. 123-124.

[50] Editorial, "Of Pins and Needles..." *CPMQ Bulletin*, 25, 2(November 1995): 2.

signatures to the National Assembly asking for an immediate appeal of the *Acupuncture Regulation* and the abolishment of the medical certificate obligation.[51] Claude Ryan, the Minister of Education (also responsible for the application of professional acts), met with the representatives of the acupuncturists and suggested a negotiation between the acupuncturists and the CPMQ with a mediator to be appointed by him. The Minister announced a moratorium on medical certificates and CPMQ's legal actions against acupuncturists. He also promised to modify the *Regulation* to allow those who did not have college level training in acupuncture but had practised between 1977 and 1986 to take the registration examination. This was a very important victory for the acupuncturists because they realized that they were much more powerful when they united. The cooperation among acupuncturist groups has greatly improved ever since.

Toward an Independent Profession: 1985-95

After the implementation of the *Regulation* in 1985, acupuncturists in Quebec were divided into two groups: those who were registered with the CPMQ and those who were out of the system. Those who were registered could legally perform acupuncture as long as they obeyed the *Regulations* and those who were unregistered continued their practice, independent from the CPMQ, which resulted in numerous legal cases in the second half of the 1980s. The health care activist organization, RAPSI, played a very important role in the process that led to the legislative recognition of acupuncture as an autonomous profession in

[51] Alain Mazzetti, President of AAQ, wrote a short article recalling the long struggle leading to recognition of acupuncture as a profession. Mazzetti highly evaluated and thanked the support of the public, especially of the patients. Alain Mazzetti, "Enfin, Une Corporation," distributed to members in 1995.

Quebec. The President of this organization, Paul Martel, issued an open letter in 1989 to all acupuncturists entitled: "waking up, acupuncturists." He demanded that acupuncturists unite and told them: "Your profession is in danger. If you do not react very early, it will be too late."[52] In 1989, two main acupuncture associations, the AAQ and the SPAAQ, united and joined forces with other acupuncturists and they made a strong application to the OPQ for forming a self-regulated corporation.[53] On April 27, 1990, 150 acupuncturists, activists and researchers attended a conference organized by the SPAAQ and discussed the strategies needed to regulate acupuncture as an independent profession in Quebec. They concluded that acupuncturists must be united in order to request for an autonomous corporation.[54]

In 1990, there were over 200 acupuncturists with the CPMQ registration and about 400 other regulated by their own associations. There had been conflict between the medical profession and the acupuncturists, between the Government and the acupuncturists and between the two groups of acupuncturists who had either chosen to or chosen not to register with the CPMQ. Henri Solinas, head of the Registered Acupuncturists Association with the CPMQ (AAIRC), explained that they were not entirely satisfied with the situation either, though they had a legal right to practice acupuncture.[55] The two groups of acupuncturists

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[52] Paul Martel's letter to acupuncturists dated December 4, 1989, in Montreal. Martel, Professor of University of Québec in Montreal, Department of Legal Sciences, had researched in the field of law and alternative medicine.

[53] Renée Ouimet, "La Place de l'acupuncture au Québec," in *La Place de l'acupuncture au Québec* (Actes du colloque SPAAQ, 1990), p. 47.

[54] SPAAQ, *La Place de l'acupuncture au Québec* (Actes de colloque SPAAQ, 1990), p. 62. This is the transcript of the conference.

[55] For example, Salinas said that the CPMQ's examination was adequate and that registration with the CPMQ provided a means for an acupuncturist to practise legally despite the fact that many other acupuncturists criticized the examination to be biased and boycotted it. Marie Caouette, "Le Syndicat des acupuncture ne fait pas l'unamimité, *Le Soleil*, 4 May 1989, p. A10. Also see Renée Rowan, "Le président des acupuncteurs s'en prend à ceux qui contestent la tutelle des médecins," *Le Devior*, 17 May 1989, p. 4.

could not see eye to eye on some issues concerning the examinations and their profession, but they never stopped struggling for their common goal of establishing a truly independent professional body to regulate their own affairs.[56]

As elsewhere in North America, the popularity of alternative therapies had increased since the 1970s. Quebecers were even more enthusiastic about such therapies than residents in other parts of Canada. In 1989, about 80 to 90 per cent of Quebecers were in favor of free choice of therapeutic approaches.[57] In 1990, 30 per cent of the total population in Quebec reported using some sort of alternative medicine. Following this social trend, the government adjusted their policy-making direction toward legalize holistic health practices. The Ministry of Health & Social Services expressed its intention to integrate alternative therapies into the official health care system. In 1990, the OPQ was studying the possibility of recommending the government to elevate the practice of acupuncture to the status of a professional corporation.[58] Both groups of acupuncturists welcomed this new trend of thinking. Information regarding the public demand and efficacy of these therapies were needed to be considered. Acupuncturist groups submitted briefs to the government and sociologists conducted surveys for such purposes.[59]

The fact that Quebec had several acupuncture associations weakened the collective power of acupuncturists in lobbying the government and in negotiating with the medical

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[56] Jacques Drapeau, "Pour Plusiers: L'ultime bouée de sauvetage," *Le Soleil*, 18 February 1991, p. C2.

[57] Quoted from Voyer (1989), p. 143, and survey number originally from *La Presse* in 1989.

[58] Claire Villeneuve, "La Place de l'acupuncture dans le systeme professionnel Québec," in *La Place de l'acupuncture au Québec* (Actes de colloque SPAAQ, 1990), p. 35-37. Villeneuve was a researcher for the OPQ at the time.

[59] Odile Sevigny and Anne Queniart, et al., "L'Evaluation des soins holistiques," *Revue internationale d'action communautaire*, 24, 64(Autumn 1990): 109-114.

profession. Finally, an alliance of acupuncture groups was formed in the early 1990s and enough political strength was gathered to deal with the issue of regulating acupuncture as an autonomous profession. The medical profession's control of the practice of acupuncture had created a negative public image.[60] The CPMQ was also tired of the troublesome acupuncture business and wanted to withdraw from the messy situation. In the early 1990s, besides the group of acupuncturists, who were already regulated within the CPMQ, most other acupuncturists belonged to two associations: the SPAAQ and the AAQ. On December 18, 1991, the CPMQ and the united acupuncturist group reached an historical agreement.[61] The main points were: CPMQ would support an independent acupuncturist corporation; the future acupuncture corporation would recognize the past examinations managed by the CPMQ and those who succeeded in the examinations; acupuncture would be an exclusive act; and acupuncture training program would be established at the university level. On March 11, 1992, a similar agreement was signed between the CPMQ and the AAQ.[62] These agreements put an end to a twenty-year fight between the acupuncturists and the CPMQ. The exhausted mediators, i.e. the OPQ and the Ministry of Education were happy to see the end of the chaotic era.

On March 14, 1992, Dr. Roy Augustin, President of the CPMQ, spoke at the third National Colloquium of Quebec Acupuncturists. He totally reversd his usual criticism about acupuncturists at the conference:

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[60] The news media in Québec was heavily involved in the commentary and reportage of acupuncture regulations. Many articles appeared in Québec newspapers with the media sympathetic toward the traditional acupuncturists.

[61] Martha Gagnon, "Les acupuncteurs 'illégaux' négocient avec la Corporation des médecins pour régler leur cas," *La Presse*, 13 December 1991, Fri, 1991, p. A8.

[62] President of the AAQ, Alain Mazzetti's Presentation in *les Actes du 3e colloque national des acupuncteurs et acupunctrices du Québec* (SPAAQ, 1992), p. 17-19.

> I assure you, not only my personal support, but also equally the members of the Quebec Medical College, for the organization of your autonomous college of acupuncturists in offering you our expertise just as you did before... Good luck and successful congress.[63]

Augustin encouraged various acupuncturists groups to unite and to achieve their common goal. This certainly did not sound like someone who used to say "charlatans like acupuncturists." After Bill 34 was tabled in the National Assembly, Augustin commented:

> We (CPMQ) feel it's time for the acupuncturists to become independent. It's a move in the right direction. It's time for them to take affairs into their own hands. We have done enough.[64]

On June 17, 1994, the Quebec government adopted the law, *An Act Respecting Acupuncture* (Bill 34), that would come into force on the 1st of July 1995. This legislation enabled the constitution of a professional order whose members have the exclusive right to practise acupuncture and to the title acupuncturist.[65] The practice by an acupuncturist of his profession includes:

> (1) performing, according to the traditional oriental method, the clinical assessment of the energetic state of a person;
> (2) determining, on the basis of the clinical assessment, the appropriate energetic treatment for a person;
> (3) performing any act of stimulation of specific sites on the skin, mucous membranes or subcutaneous tissues of the human body, by any means other than needle, particularly by heat, pressure, electric current or rays of light, to improve health or relieve pain.[66]

In this *Act*, acupuncture was recognized as a profession based on TCM (oriental method) and the TCM diagnosis was part of the practice. The *Act* reserved the act of acupuncture exclusively to the acupuncturists with only one exception, which physicians

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[63] Roy Augustin's Presentation in *les Actes du 3e colloque national des acupuncteurs et acupunctrices du Québec* (SPAAQ, 1992), p. 3-6.

[64] Louise Gagnon, "Québec Acupuncturists to Get Professional Body," *The Medical Post*, 5 July 1994, p. 61.

[65] A professional "order" or "corporation" is similar to a professional "college" in English speaking provinces.

[66] *An Act Respecting Acupuncture*, 1994, Division IV, 9.

could carry out acupuncture while being regulated by their own professional body. However, physicians could not present themselves as acupuncturists unless they were also registered with the Acupuncture Order. The CPMQ set up a minimal requirement of 300 hours of training for physicians to perform acupuncture, the highest standard in Canada.

The reason why only the medical doctors were exempted from the "exclusive acupuncture act" was because organized medicine was politically the most powerful health profession. It was impossible to take any "due right" from the members of the medical profession. In fact, acupuncturists had just negotiated their right to form a separate self-governing professional body from the medical profession with the help of the government. Besides, medical act was a term broadly defined by the Quebec *Medical Act* and inserting a needle under the human dermis certainly constituted part of medical training, whether one named it "needling" or "acupuncture."

After 10 years (1985-1995) of official subordination under the medical profession, the acupuncture profession established its own legislatively recognized regulatory body, l'Ordre des acupuncteurs du Québec (OAQ). July 1, 1995 was a historic day for Quebec acupuncturists in which the power of governing the practice of acupuncture transformed rather smoothly from the CMPQ to the OAQ. A dream of a quarter of a century suddenly became a reality.

For the state, the purpose of regulating a health profession was to protect the public from harm and to assure the best quality services. For a given profession, however, the purpose of regulation was also a means to achieve professional prestige and to safeguard one's territory. In the Quebec acupuncture act, chiropractors, physiotherapists and other health professionals were not allowed to perform acupuncture treatment as an adjunct

therapy to their professional services. If they chose to perform acupuncture, they must become members of the OAQ as well and that was exactly what some of the health professionals did. Chiropractors and physiotherapists with good training in traditional acupuncture had registered with the Order of Acupuncturists since 1995.

In the middle of 1996, knowing that the OPQ was discussing the possibility of shared acts among health care practitioners, the newly formed OAQ wrote to the OPQ to explain that the act of acupuncture could not be a shared act:

> If we were to apply the approach of a shared act, it becomes illogical to maintain a professional college of acupuncturists which would no longer have anything to offer to its members. No more guarantee of the quality of acupuncture, and it would become impossible to control those professionals that were not its members.[67]

Very different from the legislative process of acupuncture in other provinces, ethnic Chinese acupuncturists and TCM professionals were not part of the negotiation process. Every applicant of the Order membership had to pass the French language test for professionals before one could be licensed, though the acupuncture examination could be written in either French or English. Chinese language was not allowed in the licensing processs. Although Chinese was the classic language of TCM and acupuncture, no special consideration was given to veteran Chinese practitioners who had practised for many years but were handicapped in French and English proficiency. Many practitioners of Chinese origin felt very frustrated.

[67] Quoted from A. Fowler's (President of SPAAQ) presentation to the Ontario hearing on acupuncture. See HPRAC, *Transcript of Public Forum on Acupuncture* (June 20-21, 1996), p.53.

BRITISH COLUMBIA: Title Reserved & Act at Large

In response to public demand for acupuncture service, the Acupuncture Advisory Committee of BC was created on July 19, 1972 at the request of the BC Health Minister Dennis Cocke and the CPSBC.[68] Because acupuncture was deemed a "medical procedure," no non-physician acupuncturists were sitting on the Committee, which was composed of the Registrar and four members of the College. The main purpose of the Committee was to establish pain clinics for managing some types of symptomatic pain problems within hospital settings. It took the Committee two and half years to open two pilot acupuncture clinics, one at Vancouver General Hospital and the other at Victoria General Hospital in January 1975.

Doctors vis-à-vis Acupuncturists vis-à-vis Government

The BC Provincial Court had already held acupuncture to be the "practice of medicine" since 1974 in the judgments. Therefore, the responsibility for its regulation was vested in the College of Physicians and Surgeons of BC (CPSBC). Acupuncture pioneer Kok Yuen Leung approached Health Minister Dennis Cocke in 1972 to discuss the practice of

[68] It was rumored that Dennis Cocke had the intention in 1972 to introduce a bill and to legalize qualified acupuncturists as technicians to practise acupuncture. See "Needle Legislation Possible," Victoria (CP), Nov. 27, 1972. This bill was never introduced.

acupuncture by non-physicians and they failed to reach any agreement. As soon as the New World Acupuncture Society of British Columbia (NWASBC) was formed in August 30, 1974, they decided their first priority was to make acupuncture a regulated health profession in BC and they immediately started a letter writing campaign to politicians.[69] The government regarded acupuncture as a medical technique that belonged to physicians. Although the Minister of Health listened to the request of the non-physician acupuncturists, he would only follow the ideas of the CPSBC's Acupuncture Committee. In October and December 1974, Minister Cocke wrote back to NWASBC and stated that he had no intention to do anything regarding legislation pertaining to acupuncture "until the Acupuncture Committee has finalized work and made definite recommendations."[70]

In 1977, the NWASBC was renamed Western Acupuncture Association of BC (WAABC). The WAABC was always persistent about this issue and the Association kept the Ministry informed especially when there was a change in Government. After having received the WAABC's request for establishing acupuncture legislation in BC as well as the information forwarded by the WAABC concerning the practice of acupuncture in California, Hawaii and Britain, Minister Bob McClelland replied: "I have passed this along to Dr. J.H. Smith for study by the Acupuncture Advisory Committee."[71] In October 1978, the WAABC sent delegates to meet the Socred Government with seven requests to be solved. They were calling on the Government to allow acupuncturists, who were not trained in Western medicine to practise and to allow people "to have the freedom of choice as to

[69] See Appendix 2, Chronology, under line 1974 for name change history of the AABC.
[70] Letters from Health Minister Dennis Cocke to WAABC on October 29 and December 10, 1974. Quoted from the letter of October 29.
[71] Letter from Health Minister Bob McClelland to WAABC on January 31, 1978.

selection of preferred mode of treatment."[72] In the 1970s, the government had no political will in recognizing the practice of acupuncture by non-physicians.

As the organization developed and the support from the public grew in the 1980s, the voice of the WAABC in dealing with the government was becoming louder and sharper. In 1980, the WAABC expressed its view of how to take steps for the legalization of acupuncture by non-medical personnel to the Minister of Health, Rafe Mair. The Association promised to set up membership standards and self-policing procedures, etc. The Minister appreciated the suggestions and promised that not only the Acupuncture Advisory Committee but also his Ministry would study the matter.[73]

As a result, Health Minster Jim Nielsen created a Medical Advisory Committee consisting of five members of the CPSBC and one registered nurse. However, Nielsen relied solely on the medical profession for opinions concerning "health issues" and hoped that the Committee would provide the Ministry with "a single, well-documented opinion on matters that require a medical background." In reply to the AABC in May 1982, Dr. David Hsu, Secretary of the Committee, notified that the Committee had invited the CPSBC to prepare a report on the subject of acupuncture.[74] Acupuncturists were never invited to participate in the processes that concerned them the most. Trying to have some input in this matter, the AABC made a formal request to the Social Credit Government for a meeting with the Caucus. It was denied because Nielson would have to receive that report from the Medical

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[72] AABC archives and *The Vancouver Sun*, 23 October 1978, Mon. "Who were not trained in Western medicine" meant "who were not licensed physicians," because acupuncturists usually had basic training in Western medicine though they majored in acupuncture and/or TCM.

[73] Letter of WAABC to Dr. J.H. Smith, Asst. Provincial Health Officer dated June 19, 1980 and letter from Health Minister Rafe Mair to WAABC on July 10, 1980. At the time the President of the WAABC was K.A. Eldredge.

[74] Letter from Dr. David Hsu to AABC on May 12, 1982.

Advisory Committee first.[75] Acupuncturists saw no hope of introducing a bill on this issue under Nielsen's leadership in the Ministry.

To mobilize acupuncture clients to intensify their struggle for recognition of non-medical practice of acupuncture, the AABC launched a massive campaign of letter writing and petition signing to MLAs and concerned governmental officials. Upon receipt of letters collected by the AABC and forwarded to him, Nielsen stated his position in March 1983 as follows:

> As you are aware, the Medical Advisory Committee of the Ministry is actively addressing the establishment of standards and qualifications for the practice of acupuncture by the medical profession in the Province. Further, the Acupuncture Advisory Committee has reconvened and is preparing a report on the use of acupuncture at established Pain Clinics. I view the work of these committees as necessary first steps in examining the larger issue of the appropriate role of acupuncture.[76]

Nielsen saw no place for non-physician acupuncturists in discussions related to the practice of acupuncture in the province. He was relying on the medical profession, the two medical committees and pain clinics for answers. He was certainly annoyed by the never-ending letter writing from the AABC. As a politician, he was obliged to respond to citizens' inquires. In a letter of June 1983 sent to the AABC, Nielsen lost his patience and stated, "As I have indicated previously" and then repeated the same words he wrote in an letter three months previously. [77]

Frustrated with no progress in communication with the Government concerning legalization of non-physician practice of acupuncture, the AABC became more militant. The relations between the AABC and the Ministry of Health became more tense. The AABC

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[75] Letter from Terry Segarty, M.L.A. to AABC on December 8, 1982.

[76] Letter from Health Minister Jim Nielsen to AABC on March 15, 1983, underlining by me.

[77] Letter from Health Minister Jim Nielsen to AABC on June 27, 1983. The earlier letter refers to the one written on March 15, 1993 as quoted above.

harshly attacked the attitude of the Ministry on this issue. The following is a letter from the AABC President, Mary Watterson to Nielsen on March 9, 1984:

> Thank you for meeting with our Legislative Committee last week. From our meeting it is clear that the Ministry does not wish to involve itself in the development of acupuncture in this province. In effect, the Ministry continues to abrogate its role in the health care system of British Columbia. The role is being played by the College of Physicians and Surgeons. The Ministry continues to point to the College as the decision-maker.
>
> The Provincial Government must assert its authority in health care policy. Your comments regarding the extraordinary powers of the College of Physicians and Surgeons are well taken. However, we elect a government to legislate. Legislation must clearly define our constitutional rights. The freedom to choose acupuncture as an alternative form of therapy has been denied every citizen of this province.
>
> Today the Government allows the monopoly of one group, the College, to prohibit the development of another group, the Acupuncturists. The public is in the middle, the public is the loser. The responsibility is in the hands of the Legislators.[78]

The acupuncturists certainly wanted to share in the lucrative market of acupuncture service, if not to take full control of the practice. The AABC's strategy was to use the "public interest" as the more effective argument in lobbying the Government. Two weeks later, Nielsen responded to Watterson with a sharp and extremely short letter, about thirty words in its entirety: "Thank you for your letter of March 9, 1984. While I do not agree with many of the points that you make in your letter, I do appreciate hearing your views."[79]

There were MLAs from both sides of the house who supported the idea of legislation for independent acupuncture practice by non-physician practitioners. Former Health Minister Dennis Cocke, in opposition, shifted his stand on this issue and criticized medical control of acupuncture: "The only way you can get that procedure is counter to the law of the land – not our law, but the law that we've given the physicians to go out harassing the

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[78] Letter from AABC President Mary S. Watterson to Health Minister Jim Nielsen on March 9, 1994.

[79] Letter from Health Minister Jim Nielson to AABC President Mary S. Watterson on March 23, 1984.

people."[80] A backbencher, John Reynold, of Nielsen's own party introduced a motion urging the Health Minister to bring in legislation related to alternative health approaches such as acupuncture that was seconded by the NDP health critic Eileen Dailly.

However, the Health Minister had not yet to make a move. The AABC decided to take this already heated debate to the public. Watterson wrote a long article to *The Vancouver Sun* heavily attacking the Social Credit Government, particularly Nielsen, for their refusal to recognize traditional acupuncture and their lack of leadership. She urged the public not to allow the government to continue to "let doctors' monopoly make decisions" on what forms of health care should be available to the citizens of British Columbia. In this very well written protest, Watterson asked the question: Why should thousands of citizens go underground to access acupuncture treatments? How much could acupuncture save the government on health costs? And how big was the demand for such a service? To push the Government to legalize acupuncture by traditional acupuncturists, the AABC developed both arguments; they claimed that acupuncture was a cost effective therapy and that a big demand existed for such a service in BC society.[81]

Creating a New Health Profession, 1984-96

The AABC's compaign by public petitions finally built up enough pressure. After a more than 45 minute talk with the AABC, Neilsen created a Minister's Advisory Committee on

[80] Quoted from Mary Watterson, "The Case for Acupuncture," *The Vancouver Sun*, 24 September 1984.

[81] See Mary Watterson, "The Case for Acupuncture," *The Vancouver Sun*, 24 September 1984.

Acupuncture with participation of non-physician acupuncturists.[82] On November 7, 1984, he appointed two representatives from the AABC along with representatives from the CPSBC and from the Ministry to form the Committee. Taking the task very seriously, the Minister's Advisory Committee investigated this issue.

In the meantime, former Health Minister Dennis Cocke introduced a private member's bill (Bill M 204) to amend the *Medical Practitioners Act* and to recognize non-physician acupuncturists.[83] Why had he not put this bill forward earlier when he was the Health Minister? He explained that "acupuncture has come of age in British Columbia" and he now had confidence in the AABC to govern this profession. Cocke saw the *Medical Practitioners Act* as "a pretty tight little instrument when it comes to excluding other people" and the medical profession "feel that their avenue is the only avenue to successful treatment of illness and, for that matter, the only good procedure in terms of prevention."[84] Nielsen explained that investigation by the Advisory Committee was under way, and welcomed Cocke's discussion.[85]

It took three years with twenty meetings, for the Committee to complete the *Report of the Minister's Advisory Committee on Acupuncture* in January 1988. The new Health Minister Peter A. Dueck released this document in July for public comment and feedback

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[82] J. Christopher Lovelace, Assistant Deputy Minister, chaired the Committee with other five members: three doctors Jone Chang, Ronald S. Puhky, Douglas O. Schneider and two acupuncturists Mary Watterson and York Wong of AABC. Alan Moyes and William J. Kierans contributed a lot to the organization and research material in the final report released in 1988. Also see "Committee to Review the Role of Acupuncture," *The Vancouver Sun*, 4 October 1984.

[83] Dennis Cocke, Bill M 204 – 1985 (Victoria: Queens Printer for BC, 1985). "Acupuncture Bill Introduced," *The Vancouver Sun*, 12 April 1995, Fri. A private member's bill had very little chance of getting anywhere.

[84] *Debates of the Legislative Assembly*, 3rd Session, 33rd Parliament of BC, Friday, November 22, 1985, Morning Sitting, Vol. 14, No. 22, p. 7093.

[85] Ibid., 7094-7095.

on its findings.[86] The *News Release* from the Ministry noted, "The government does not necessarily endorse the recommendations." The *News Release*, however, favorably highlighted some areas of the report and directly quoted the Committee's following recommendations:[87]

- Acupuncture should be formally controlled in some manner.
- Practice should neither be restricted to medical practitioners alone, nor should it be simply open to any member of the public.
- Superintendency of non-physician practitioners should be required in most cases but the degree would vary in accordance with the patient's health and the nature and severity of the condition being treated.
- Medical practitioners should not be specifically regulated.
- Government should appoint the first regulatory body, and subsequent bodies would be a combination of elected member and government appointees.
- No person – including a medical practitioner – would be permitted to use the title "acupuncturist" unless registered in accordance with the regulation.
- The entire regulatory structure should be self-supporting.[88]

This report was a compromise of different viewpoints of committee members and it only partially reflected the position of traditional acupuncturists. The committee explained that "non-traditional" acupuncture provided acute care based on a symptom-oriented approach to treatment (rather than according to Chinese medical philosophy) and was more widely accepted. Therefore, in their Executive Summary, the Committee defined acupuncture as:

> the practice of affecting the function of acupuncture points, their meridians and the pertaining physiological structures and functions in the body by means of needle

[86] Minister's Advisory Committee, *Report of the Minister's Advisory Committee on Acupuncture* (Victoria, Ministry of Health of BC, 1988).

[87] *The Vancouver Sun* favorably reacted on its cover page to the Report and published lengthy comments from the AABC and the Minister. Tom Barrett, "Views Sought on Legalized Acupuncture," July 22, 1988, p. A1, A2.

[88] Ministry of Health, "Acupuncture Report Released,"(two pages) *News Release*, 1988: 46. These recommendations may be found in the original report on page iv.

> insertion and manipulation, pressure, electrical stimulation, massage, moxibustion, or the use of any other stimulating appliance (such as laser or ultrasound).[89]

This was a rather narrow definition. However, it was a step forward toward a broader concept of acupuncture. It mentioned one of the basic theories: "the function of acupuncture points, their meridians," instead of saying "to pierce the skin or mucous membrane of a person."[90] The Committee and their researchers were aware of traditional acupuncture and noted: "to practise this form of acupuncture the practitioner needs to be well versed in Chinese medical philosophy."[91]

Having been disappointed by successive governments for almost twenty years, acupuncturists started to see the light at the end of the tunnel in 1989 when Health Minister Peter A. Dueck tabled the proposed *Health Professions Act* (*Bill 91*) in BC Legislature on July 18 that year. This was a major reform in health care delivery in the province. Though the proposed bill did not name any specific disciplines, the Ministry *News Release* clearly indicated that acupuncture was a health discipline and that an application would be made for designation of acupuncture as a health discipline under the proposed bill. Members of the AABC and other acupuncturists warmly supported the Bill.[92] A joint application of five acupuncture associations was presented to the Health Professions Council (HPC).[93]

Under the authority of *Health Professions Act* and based on the 1988 *Report of the Minister's Advisory Committee on Acupuncture*, the HPC started an extensive consultation

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[89] See note 86, p. iii.

[90] The Task Force on Acupuncture, *The Report of the Task Force on Acupuncture* (Toronto: The Ontario Council of Health, 1973), p. 13.

[91] See note 86, p. 5.

[92] Information from the letter of Minister of Health Peter A. Dueck to Watterson on September 8, 1989. Judging from the pleasant tone of the letter, one senses a relaxed cooperative relationship between the Ministry and the AABC.

[93] Namely, the AABC, Canada Acupuncturists Headquarters Association (BC Branch), Canadian Chinese Acupuncturists Society of British Columbia, United Acupuncturists Association of British Columbia and Vancouver Chinese Acupuncture Association.

process on the issue of designating acupuncture as a regulated health profession.[94] The HPC requested information from health authorities from all Canadian jurisdictions, various organizations and concerned individuals. Upon request, many professional associations, regulatory bodies, consumer's groups, and individuals submitted their position documents to the Council. A well-attended Public Hearing that allowed various opinions to be expressed before the Council was held in Vancouver on October 27, 1992.

The Council was facing three fundamental issues in sequence: Should acupuncture be regulated?[95] If so, what would be the scope of practice? Finally, should the practice be supervised or be subject to limitations? That acupuncture should be regulated was overwhelmingly favored by those consulted, with two conspicuous exceptions. The CPSBC held that acupuncture was only a treatment modality and not a separate profession, while the TCMABC considered acupuncture inseparable from TCM. The latter submitted a separate application to the Council for the designation of TCM. Despite strong opposition from the CPSBC and reservation of the BC Dental Association at the hearing, the Council suggested that acupuncture be categorized as a self-regulated health profession to the BC provincial legislature. In their 27-page report to the Minister of Health Paul Ramsey in November 1993, the following were the key points:[96]

1. the profession of acupuncture be designated under the *Health Professions Act*,
2. the college established for the health profession be named the College of Acupuncturists,

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[94] The HPC was a government appointed three-person advisory body with a mandate to review applications from groups of health practitioners for designation under *Health Professions Act*. (R.S.B.C. 1979, c. 162.7)

[95] At the time, the Council members were: Chairman, Mr. Irvine Epstein, Members, Dr. Arminée Kazanjian and Mr. David MacAulay. Ministry Executive Coordinator, Ms Helen Morrison.

[96] Rebecca Wigod, "Legalize, Regulate Acupuncture, Health Professions Council Says," *The Vancouver Sun*, 26 November 1993, Fri, p, B7.

3. the title "acupuncturist" be reserved exclusively for registrants of the College of Acupuncturists,
4. the services which may be performed by registrants are the practice of acupuncture, as well as adjunctive therapies and diagnostic techniques, based on traditional oriental medical concepts...
5. the following limitations be placed on the performance of services by registrants, namely
    - for active serious medical conditions (e.g. cancer-related pain, angina, renal colic, ulcerative colitis, Parkinson's Disease, multiple sclerosis), treatment may only be provided after the patient has consulted with a physician, naturopath or dentist, as appropriate,
    - for use as surgical anesthesia, acupuncture may only be administered under the direct supervision of a physician or dentist, and
    - for any other condition, if no improvement has occurred within two months of acupuncture treatment, the patient must be advised to consult a physician, naturopath or dentist, as appropriate. In the absence of such consultation, if no improvement has occurred within an additional two months or if the condition worsens or if new symptoms develop, treatment must be discontinued.
6. the insertion of acupuncture needles under the skin be a reserved act for registrants of the College of Acupuncturists.[97]

The Council noted that acupuncture had been practised within different contexts, i.e. a traditional oriental medicine vs. a Western medical framework and that acupuncture had been used as a treatment modality in the practice of other professions, such as medicine, dentistry, veterinary medicine and physiotherapy. According to Section 14(a) of the *Health Professions Act*, recommendation 6 would not prevent other health professionals from practising acupuncture where authorized, pursuant to another enactment.[98]

The Council also noted the intricate issue of the English language requirement for registration to the regulating body, but they left a final ruling to the future College and the Government to handle.[99] The province had many Canadian born acupuncturists of both Chinese and European ancestry, but the vast majority of practitioners were immigrants

[97] BC Health Professions Council, *Recommendations on the Designation of Acupuncture*, (Victoria: Government of BC, 1993), p. 4-5.
[98] Ibid., p. 18.
[99] Ibid., p. 15.

whose English language competency varied greatly. Some of them would only be able to conduct their services in Mandarin or Cantonese. In fact, some acupuncturist groups had promised their members that they would persuade the Government to allow unilingual Chinese speakers to be registered as a means of retaining and expanding membership. Those who demanded that all registrants be competent in English argued that an acupuncturist would be an individual in an integrated health care team, and therefore this person should be able to communicate with other health care institutions, organizations, and especially with other health professionals for consultations and referrals. Those who favored bilingualism in the future College argued that the theories and techniques were more accurately expressed in Chinese and that Chinese-speaking practitioners would be practising only within their own community.

Both immigrant acupuncturists and Canadian born North American trained acupuncturists indicated that they would like to see the examinations and other services available in both English and Chinese, at least for the first couple of years. Sunny Lee, President of the Canadian Chinese Acupuncturists Society of BC, told *The Vancouver Sun* that many of his members could not function in English and he hoped that a "grandfather" clause would apply, if not, he thought the qualifying examinations should be available in Chinese.[100]

In July 1995, twenty months after the HPC's *Recommendations* were made to the Government, BC Health Minister Paul Ramsey announced that the College of Acupuncturists was to be established to regulate the practice of acupuncture as a legally recognized profession. On April 18, 1996, BC Premier Glen Clark and Health Minister Andrew Petter announced the approval of the *Acupuncturists Regulation* and the establishment of the

[100] Rebecca Wigod, "Legalization of Acupuncturists 'Thrilling' Move," *The Vancouver Sun*, 11 July 1995, p. B1.

College of Acupuncturists of British Columbia. The *Acupuncturists Regulation* clearly defined the scope of practice for acupuncturists, including the use of diagnostic techniques and the administration of acupuncture needles. Acupuncturists were also permitted to recommend dietary guidelines and therapeutic exercises to their patients. Just as there were limitations to many other health practices, the *Regulation* also outlined limitations to acupuncture practice. For example, acupuncturists were required to refer their patients to other health professionals for certain health conditions. However, the elimination of medical supervision was a victory to acupuncturists.[101]

Meanwhile, Petter appointed to the first board of the College: six professional members and three public members, among them veteran acupuncture advocates, Grant Smith and Mary Watterson. After a quarter of a century's hard struggle by BC acupuncturists and thousands of petitions from the public, the practice of traditional acupuncture was finally recognized as a self-regulated health profession.[102]

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[101] Drafting the by-laws and preparing the registration process proved to be a slow, painstaking process for the newly created College. One of the difficulties was how to accommodate a wide spectrum of practitioners with a variety of training and experiences. Sections 3 and 5 of the *Acupuncture Regulation* that prohibit any person, other than a registrant of the College, from using the title "acupuncturist" or from practising acupuncture had to be deferred to allow practitioners sufficient time to become registered. See, O.C. 510/97 (April 24, 1997); O.C. 1434/97 (December 18, 1997); and "Regulation of Traditional Chinese Medicine," in *Health Professions Bulletin* (BC Ministry of Health), 5, 1(August, 1999): 1.

[102] Ministry of Health, "B.C.'s First College of Acupuncturists Established," *News Release*, 1996: 008. The other board members were: Liping Cai, May Twin Chu, Andy Soo Hoo, Sunny To Chi Li and public members: Sheila Gallagher, Andrea Ruth Jones and Les Lewchuk.

A Movement Driven by Acupuncture Clients

Clients were acupuncturists' closest allies. Their demand for better services had stimulated this profession to improve and grow. The clients' experiences with acupuncture treatments helped the government to redirect their policies toward this matter. Dennis Cocke was the BC Health Minister in the early 1970s and he was not ready to talk about the practice of acupuncture by non-physicians, partly because of the pressure from doctors' protection of their territory and partly because of still insufficient public support. Cocke developed hypertension in 1974 when he was still Health Minister. For a number of years, conventional doctors treated him with "a fair amount of prescription drugs" and brought down his blood pressure, but it remained elevated. In 1985, he introduced a private bill to recognize acupuncture as a legal profession. No one was lobbying him at the time, and in fact, his party was no longer in power. Rather Cocke was motivated by his personal experience as a client with acupuncture treatment and his communication with non-physician practitioners. He confessed in the House that he had availed himself of an illegal procedure since acupuncture, performed by a non-medical acupuncturist, was considered unlawful:

> Three years ago I availed myself of acupuncture, and my hypertension dwindled off within three months to a point where I was normal and I have been normal for that full three years. In fact, it has already reduced the chemicals that were being put in my body by 50 per cent... I am standing in this House and very seriously talking about what I consider to be a first-class procedure.[103]

In a democratic society, changes to the health care system often come about when the government responds to pressure from the public. Government policies concerning TCM and acupuncture conformed to this model. Over the years, traditional practitioners had

[103] *Debates of the Legislative Assembly*, 3rd Session, 33rd Parliament of BC, Friday, Nov. 22, 1985, Morning Sitting, Vol. 14, No. 22, p. 7094.

greatly used public opinion in pushing the government to bring in legislation legalizing acupuncture. According to the statistics of the AABC in 1984:

> The government's steadfast refusal to take independent action on the legal status of acupuncture has resulted in an ongoing appeal from the citizens of the province. Over 13,000 petitions have been signed, letters of support from community organizations represent another 50,000 people...[104]

On the 15th of February, 1984, John Reynolds' motion for a review of BC's health profession legislation was passed in the House. After that, consumer health organizations published a standard petition letter to the Government and asked that the public sign the letter. The organizers collected 12,000 signatures in about six months time and in 1990 they had a total of 28,000 signatures. Among their petitions, the petitioners asked the Government:

1. to examine the safety and efficacy of conventional medical procedures; and
2. to determine their cost-efficiency; and
3. to assess the adequacy of the CPSBC's performance as gatekeeper of medical quality assurance for the past 98 years.

They supported the enactment of legislation in BC that would:

1. restrict the policing powers of the CPSBC to the conduct of its own members; and
2. establish an open-ended regulatory system for non-conventional health practitioners (including acupuncturists)...[105]

Health Action Network Society (HANS) was a consumers' health organization based in BC (founded in 1984) with 2500 members in 1992. Their members had benefited from and were very supportive of the availability of acupuncture in the province. They were quite enthusiastic about referring their friends and families for acupuncture treatment. HANS had a very good working relationship with acupuncturists and their associations and helped to

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[104] Mary Watterson, "The Case for Acupuncture," *The Vancouver Sun*, 24 September 1984.

[105] The *Petition Letter* was quoted from the AABC's 1990 *Submission* to the Government.

inform consumers about acupuncture and find answers for patients that were not available from conventional medicine.[106] In their 1992 submission to the BC Health Professions Council for designation of acupuncture, HANS highly evaluated the contribution made by the AABC and its leadership in this area:

> Our organization has worked with Mary Watterson and other members of the Acupuncture Association for over ten years, and has appreciated their skills and dedication. Of all the other health professions, Mary and the Acupuncture Association of BC stand out as examples of dedication and commitment, and we have no hesitation in endorsing their application to you.[107]

The consumers perceived a genuine and growing need for acupuncture service. In the same submission, HANS told the HPC: "We do not believe this is a short term trend but that the demand for professional acupuncture services will continue to increase into the foreseeable future."

Individuals also wrote to the Council during the investigation of the possibility of regulating Acupuncture. A consumer with multiple sclerosis said:

> It is surely in the public interest to make this kind of treatment of a chronic disease readily and easily available... There is no substitute for acupuncture; I cannot find an equivalent in conventional or even other non-traditional medicine.
>
> An effective acupuncturist, in my opinion, is someone with enough medical background to have a thorough understanding of anatomy, and the physiology of diseases, as well as the role played by emotional factors and stress. A good acupuncturist will have good communication skills and good "bedside manner." Patients cannot be assured of these unless acupuncture is legitimized and regulated.[108]

The acupuncture clients' voice did make a difference for the Council noted:

> In determining the public interest in the regulation of this profession, the Council was particularly impressed by the demand in the Province for the services of acu-

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[106] For instance, they dedicated the premiere issue of their magazine *Option* (Spring, 1985) to public awareness about this practice.

[107] Letter from Health Action Network Society HANS to the Council dated October 8, 1992.

[108] BC Health Professions Council, *Recommendations on the Designation of Acupuncture*, (Victoria: Government of BC, 1993), p. 9-10. Original letter dated October 30, 1992.

puncturists and the desirability of having only skilled and qualified persons delivering such services to consumers.[109]

Public demand for services was a key factor that permitted traditional acupuncture and TCM practice to survive, especially during the years when these services had to be performed underground and Chinese herbalism had been confined within Oriental communities. It was estimated that over 100,000 visits in 1989 and over 140,000 in 1991 were made to acupuncturists in BC alone and that number sharply increased to 200,000 in 1993. Mostly, payments for services came mostly directly from the patients' pockets since very few insurance companies included such treatments in their coverage. However, the Government and the Workers Compensation Board (WCB) had saved million of dollars in health care and in wage loss benefit.[110] It was "in the public interest" that the Council recommended to the Ministry of Health that a College of Acupuncturists should be established to regulate acupuncture.

On December 13, 1999, British Columbia issued licenses to her first sixty-eight acupuncturists whose professional qualifications were recognized by the provincial health authority. As an acupuncture client, Health Minister Penny Priddy commented on this event and with personal experience. She praised acupuncture as an effective therapy for promoting health. She said that citizens would have more confidence to choose acupuncture as a complementary treatment when this practice was regulated by the licensing

[109] Ibid., p. 2.

[110] See a study treatment cost in the area of alcohol & drug abuse and chronic pain by the AABC, *Acupuncture and Health Care Costs* (Vancouver, April 1992).

system. It also promoted the public image and status of the profession and its practitioners.[111]

Postscript: TCM to be Regulated

It took half a decade in the 1990s for the collective wisdom of practitioners, the consumers and the Government through its agency, the Health Professions Council (HPC) to produce a feasible plan for regulating acupuncture. This great investment of time and energy had conceived an even more ambitious plan. In 1992, there was an unsolved issue concerning the regulation of TCM for which the TCMABC made an application to the HPC. Late in 1996, the Canadian SinoBiology Practitioners Association (CSPA) and the Pacific Region TCM Practitioner and Acupuncturist Society (PRTCMPAS) respectively submitted their applications to the HPC on April 25 and June 10. Through consultations among those involved, the three applicants formed a joint application for the HPC's consideration.

After an extensive consultation process with health professional groups, various jurisdictions, Health Canada and other individuals, a public hearing was held on October 9 and 10, 1997. The investigation convinced the Council that TCM met the definition of "health profession" as set out in the *Health Professions Act* (R.S.B.C. 1996, c. 183). TCM activities presented a "significant risk of harm," if performed by unqualified people, which fell into the category of reserved act. TCM services provided a benefit to the health and

[111] Four years before, she sought help from acupuncture for improving the movement of her arm after medical intervention for breast cancer. See *Canada China News* (published twice a week in Ottawa), 17 December 1999, p. A4.

well-being of the public, and their availability was in the public interest. Therefore, the Council made its recommendation in July 1998 to the Government that:

1. TCM be designated as a health profession;
2. The title "TCM Practitioner" be reserved exclusively; and
3. A single college govern both practitioners of acupuncture and practitioners of TCM be established.[112]

The Council also defined the TCM scope of practice as four primary therapies:

- Chinese acupuncture and moxibustion (Zhen Jiu),
- Chinese manipulative therapy (Tui Na) and Chinese rehabilitation exercises (Lian Gong or Dao Yin),
- Chinese energy control therapy (Qi Gong) and Chinese shadow boxing (Tai Ji Quan), and
- Prescribing Chinese medicinal formulas (Zhong Yao Chu Fang) and Chinese food cure recipes (Shi Liao).[113]

Although the request for designation of TCM as a legally recognized health profession started as late as 1992, the TCM community worked very hard and made an excellent case to the HPC, which made the Council and the Government realize that the fundamental principles behind acupuncture also applied to other areas of TCM and that the whole range of TCM therapies ought to be managed as an integral system.[114] The social reality was that

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[112] HPC, *Recommendations on the Designation of Traditional Chinese Medicine.* Find online version at: http://www.hlth.gov.bc.ca/leg/hpc/reports/apps-tcm.html (Victoria: Government of BC, 1988), reference from p. 3-8. Members of the HPC were Jim Chisholm, David Fish and Dianne Tingey. At the time when this recommendation was made, TCM was not regulated in any Canadian jurisdictions. Outside Mainland China, TCM was only regulated in a small number of American States. The Government of Hong Kong and the Government of Australia were considering regulating such a practice.

[113] Ibid., p. 6.

[114] However, the Board members of the newly established College of Acupuncturists of BC (CABC) were unhappy with these recommendations. They saw that the "designation would contravene the duties and objectives of the CABC" and they strongly opposed both the reserved title and the reserved act for TCM practitioners because they were in conflict with the *Acupuncturists Regulation.* Quoted from letter of Andy Soo Hoo, Vice Chair of CABC to the Council. Ibid., p. 45

TCM's popularity had continued to grow in the 1990s. This was partially due to the increased population of Asian origin. The province had a much higher concentration of ethnic Chinese population, especially in the greater Vancouver area as compared to the national average. In the meantime, this popularity of TCM had transcended ethnic boundaries. It was definitely no longer only a Chinatown phenomenon. Many British Columbians of various cultural backgrounds were using some form of TCM. The BC Government decided to accept the HPC's recommendations.

On June 21, 1999, the BC Government announced that the whole range of TCM therapies would be regulated in British Columbia, the first initiative of this kind in any Canadian jurisdiction. Premier Glen Clark commented, "By regulating traditional Chinese medicine, the provincial government recognizes it as an important and valued health option in our society. I am proud B.C. has taken this important step." Social attitude change towards complementary medicine and demands for such services had certainly affected the direction of government policy. Health Minister Penny Priddy added that the government was committed to "providing a health-care system that incorporates the best health-care practices - both old and new."[115]

In view of the integrity of TCM and its best-known therapy, acupuncture, TCM and acupuncture were to be governed under a single college. Therefore, the name of the newly established College of Acupuncturists of B.C. was changed to College of Traditional Chinese Medicine and Acupuncture Practitioners of BC and it was restructured to accommodate the situation. Priddy appointed nine board members, 6 professionals of TCM and acupuncture, and 3 public members for the renamed College. Among others, the noted

[115] Ministry of Health, "Traditional Chinese Medicine to be Recognized in B.C.," *New Release*, 1999:280.

translator and educator of TCM, Dr. Henry Lu, and close associates sat on the Board.[116] This was a completely new regime without a single face from the old Board, which was probably best for internal harmony, but not necessarily good for transitional issues.

ONTARIO: Acupuncture? TCM? Or Both?

An Act Controlled by Organized Medicine: 1970-80

In the 1970s, acupuncture service in Ontario could be legally obtained only from medical clinics and health sciences centres that were undertaking limited research and clinical trials. Underground acupuncture services were also available in Ontario's Oriental communities and from certain other individuals including medical doctors and non-medical practitioners. In April 1973, the College of Physicians and Surgeons of Ontario (CPSO) declared the practice of acupuncture to be an act of medicine. In the same year, a Task Force on Acupuncture reported to the Ontario Council of Health. The Task Force suggested that acupuncturists should be allowed to provide services under medical supervision and only in the designated acupuncture research centres and also suggested that new legislation was

[116] Other professional members were Warren J.D. Fischer, Nafisa Lakhani, David Li Lam,, Harvey Zhu, Douglas Ying; and three public members were Mason Loh, Evon Soong and Sheila Stickney.

required for the protection of patients from unqualified acupuncturists and from excessive service charges.[117]

The research centres in London, Toronto and Hamilton could not meet the demand of patients who were anxiously waiting for treatments as such centres were concentrated in one region that was geographically not convenient for many patients. In 1974, both immigrant Chinese acupuncturists and instantly trained North American practitioners practised illegal acupuncture in many locations in Ontario. On June 19, 1974, the CPSO issued a statement that expressed the College's deep concerns "about the proliferation of self-styled acupuncturists" and threatened that these individuals "will be prosecuted by law." In the Legislative Assembly, the Opposition was also pressuring the Government to crack down on the illegal acupuncuture businesses.[118] On June 25, 1974, Minister of Health Frank Miller made a speech in the Legislative Assembly supporting the CPSO's position to stop illegal acupuncture and announced three grants to support medical research on treating pain with acupuncture. He said that acupuncture was a medical act, but would not be covered under OHIP "until the therapeutic value of acupuncture has been conclusively established."[119]

By the end of 1974, more than 50, perhaps as many as 200 non-physician acupuncturists had set up clinics in Sarnia, Sault Ste Marie, Hamilton, Windsor, Peterborough, Thunder

[117] The Task Force on Acupuncture, *The Report of the Task Force on Acupuncture* (Toronto: The Ontario Council of Health, 1973), p. 8.

[118] For example, see, *Legislative of Ontario Debates* (1974), p. 5871 (R.F. Nixon) and p. 5995 (I. Deans).

[119] Ibid., p. 3660. Statement by Hon. Frank S. Miller, Minister of Health to Ontario Legislative Assembly, June 25, 1974. The Statement was reprinted in *Ontario Medical Review*, (1974): 406, 410.

Bay, Niagara Falls, Fort Erie, Sudbury, Toronto, Timmins and Kitchener.[120] The AFC volunteered itself as a College "watch dog" to monitor the situation. Dr. Elie Cass, President of the AFC, said, "Unlicensed, non-medical practitioners of acupuncture can earn up to $500,000 a year." They were treating any disorder whether acupuncture was appropriate or not. The AFC's position was that "only upon proper qualification and certification should a person be employed to work under medical supervision in a hospital or university as a salaried employee." The AFC was asking patients to report complications from acupuncture by non-physician practitioners and to report treatments (by a non-medical practitioner) that were not referred by a physician as required by law. Cass said "it is essential we have the hard facts in stated form."[121] Cass told the Toronto Radio station CFRB that acupuncture should only be in the hands of doctors and dentists and that non-medical practitioners should be prosecuted. He criticized the Health Minister for not doing anything about it.[122]

After meeting with three medical groups, the CPSO, the OMA and the AFC, the Minister released an official statement on January 8, 1975.[123] He gave a "green light" to the College for control of the administration of acupuncture. Miller said that lay acupuncturists might perform acupuncture only in institutions under physicians' supervision.[124] Non-physician acupuncturists must speak English and pass the examinations conducted by the

[120] "Acupuncture Spreading," Toronto (CP) quoting from *The Globe and Mail*, 2 December 1974.
[121] "Acupuncture Warn of Non-medical Use," Toronto (CP), November 27, 1974.
[122] "Acupuncture Qualification Bar Wanted," Toronto (CP), January 4, 1975. Also see, Basil Jackson, "Answers are Coming up for Those Needling Questions," *Financial Post*, 64, 17 January 1975, p. 4.
[123] "Acupuncture Meeting Set," Toronto (CP), Dec. 28, 1974.
[124] "Heated Words Precede New Rules for Ontario Lay Acupuncturists," *CFP*, (February 1975): 21.

CPSO. The College welcomed their mandate to control the practice and stated: "A lay acupuncturist by his training is not qualified to make a diagnosis nor carry out acupuncture without risk to the patient."[125] The OMA issued a six-point statement and maintained a similar position to the CPSO and told its members "this Association deplores referral of patients by physicians to lay acupuncturists."[126]

Both the CPSO and the OMA considered acupuncture an experimental medical procedure. But there were no statutory requirements for physicians for carrying out such a procedure. The statutory requirements of Ontario Regulation 577/75 under *the Health Disciplines Act*, 1974, Section 48 applied to lay acupuncturists only. The regulation defined the concept of "moxibustion" and the needle technique, and stated that these techniques might be performed under the supervision or direction of a member (of the CPSO) by a person who

(a) has successfully completed a course of study acceptable to the College as providing training in Acupuncture and in the basic medical sciences;
(b) passed such examinations as the College may set and conduct for the purpose of testing the person's ability to perform acupuncture, and only
(c) in a hospital classified as a public hospital under the Public Hospitals Act; or
(d) in the course and for the purposes of any research into Acupuncture being carried out by a school or faculty of medicine or dentistry or with the approval of the Minister.

Early in 1975, the AFC favoured the statements and regulations that controlled the lay practice as "protection against the quackery that was rampant in acupuncture." Dr. Elie Cass was aware of a big demand for acupuncture treatments. He quoted an example: a Toronto doctor asked for 300 volunteers in an acupuncture study. "He got 10,000 written

[125] The CPSO's position paper on acupuncture dated February 1975.
[126] OMA Policy Statement submitted to the Minister of Health in early January 1975. The OMA Council approved it later on February 3-4, 1975.

replies in one day. He couldn't believe it." Cass saw an urgent need to train more doctors who were interested in performing acupuncture therapy.[127]

In 1977, a new Task Force on Acupuncture was formed to review related information and to develop guidelines for the clinical practice of acupuncture. The members of the Task Force were physicians and dentists from the AFC, OMA, CPSO, Royal College of Dental Surgeons of Ontario, College of Family Physicians of Canada, and the Ministry of Health. At this time the AFC had existed for three years. For several years, some physicians and dentists had been learning and adopting acupuncture as a therapeutic technique. Therefore, the Task Force thought there was no longer a need for assistance from traditional acupuncturists in hospitals or research centres. The following was the first of five guidelines proposed by the Task Force:

> Acupuncture should be practised only by licensed medical and dental practitioners who have received training acceptable to the governing bodies of the medical and dental professions.[128]

The legal advisor to the Task Force thought that it would leave no "role" for the lay acupuncturists in Ontario if the Task Force truly believed in their proposal quoted above. This advisor suggested a recommendation of revocation of Section 48 of Ontario Regulation 577/75 under the *Health Disciplines Act*, 1974.[129]

The Task Force also recommended that acupuncture service be included in OHIP coverage, but this was later rejected by the Ministry. However, the Ministry accepted three other recommendations: Acupuncture research project must be reviewed by a physician or a dentist experienced in acupuncture; such a person should be included in the provincial

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[127] Quoted from *CFP*, (February 1975): 21.
[128] *Report of the Task Force on Acupuncture to the Ministry of Health of Ontario*, (January, 1978), p. 10.
[129] Ibid., p. 27.

grants review committee; and basics of acupuncture should be included in medical and dental undergraduate curricula.[130]

In conclusion, in the 1970s, organized medicine and the government decided who could practise acupuncture and under what conditions. Traditional acupuncturists were not united and no one had ever dared to legislatively challenge the medical monopoly of this practice.

Legislative Attempts: 1980-96

In 1980, the CPSO suffered its major setback in their court case against Ottawa acupuncturist, Pierre Gaulin, accused of illegally practising medicine. Henceforth, acupuncture was largely an unregulated practice. Practising acupuncturists no longer need ed to fight for their right to practice their healing art. Many veteran acupuncturists with established practices had completely lost interest in the issue of legislation. They said: "Who cares about the title? I am quite happy as long as I am allowed to work and make a living." They cared even less after they knew that acupuncture was still not covered by public health plans in the three provinces in which acupuncture had already been regulated.

In November 1982, the Ontario Government started the Health Professions Legislation Review (HPLR).[131] Health Minister Keith Norton appointed Toronto lawyer, Alan M. Schartz, as the co-ordinator to head the Review team.[132] First, there must be a need for

[130] Ibid., p. 14. Also see, Joan Hollobon, "No OHIP Coverage for Acupuncture, But Ground is Gained," *The Globe and Mail*, 13 November 1978, p. 5.

[131] *Striking a New Balance: A Blueprint for the Regulation of Ontario's Health Professions*, (Toronto: Government of Ontario, 1983).

[132] Ontario Ministry of Health, "Co-ordinator Named to Head Review of Health Professions Legislation," *New Release*, Toronto, August 22, 1983. Besides Schwartz, Morrey M. Ewing, James D. Fisher and Daphne Wagner were in the team.

regulation regarding a certain practice and only then an optimal form of regulation may be sought. In the case of acupuncture, the Minister of Health accepted the recommendation made in 1984 by the Review that acupuncture regulation was not required based on the following reasons:

1. There was not a substantial risk of physical or emotional harm to individual patients;
2. Acupuncture was not a profession in which all those entering practice must first obtain a diploma or degree;
3. Widespread compliance was not likely and too many practitioners did not believe in the concept to make self-regulation a likely success;
4. A substantial number of practitioners were, in fact, already members of regulated professions and subject to professional controls;
5. Little evidence that acupuncturists were willing to accept the costs of separate self-regulation and membership was not sufficient to support self-regulation.[133]

Reason number four was drawn from the Acupuncture Foundation of Canada's (AFC) submissions to the HPLR in 1984 in which the AFC proposed that acupuncture should be restricted to licensed health professionals such as physicians, dentists, physiotherapists and veterinarians. Traditional practitioners should only be permitted to work under supervision of licensed medical practitioners and they should not be allowed to set up private clinics. Based on these proposals, there was no need to regulate acupuncture as a profession since: 1) their respective licensing bodies had already regulated the health professionals who were using acupuncture, and 2) traditional acupuncturists were to be under direct supervision of licensed health professionals. If acupuncture was to be regulated, it ought to be regulated by a special body within the CPSO.[134] Obviously, the AFC was trying to obtain power to regulate acupuncture in Ontario. The CMAAC presented submissions to the Review and strongly opposed the AFC's recommendations. The HPLR accepted neither CMAAC's

[133] CMAAC explained in their 1984 and 1985 submissions that acupuncture could be in fact potentially very dangerous to patients if performed by incompetent practitioners and that its members were willing and able to take the cost of regulation.

[134] See AFC's submission to the HPLR in 1983 and its final submission in 1984.

proposal for regulation of traditional acupuncturists nor AFC's proposal for a complete ban of private practice by traditional acupuncturists.[135] However, the 1984 Review still took opinions, largely from medical experts, without thorough consultations with traditional acupuncturists and with the public. Consequently, the designation of acupuncture as a regulated health profession was defeated and acupuncture remained in the public domain.

In 1984, the CMAAC was barely a one-year-old organization with no experience in working with a government agency. Many members were recent Chinese immigrants and were still taking English lessons. As compared to native-born Canadians, newcomers knew less about how to exercise their democratic rights and how to protect themselves. Immigrants from a society governed more by "human relations and officials" than by "regulations and laws" tend to follow what they are told rather than check on its legality. The word "lobby" sounded quite foreign to their ears. The 1984 Review process served as a good "internship" for the CMAAC to learn how to operate in the Canadian social and political environment. The Association's lobbying activities were more effective in the 1990s. Members were encouraged to write to and meet with their local MPPs to discuss matters related to acupuncture and TCM regulation. Through its membership, the CMAAC collected 4,000 signatures on its petition letter to the Government in 1990. The names on their petition increased to 10,000 in 1994.[136] The petition indicated: "We disagree [with] the prevailing medical system being dominated by the Western School which discriminates against other alternative medicines. Thus [sic] denies the rights of the residents of Ontario." The petition also used official multiculturalism as an argument and asked the Government

[135] See CMAAC's submission to the HPLR in 1983 and a second submission in 1984.
[136] CMAAC *Newsletter*, (1994): 2.

to support the promotion of TCM and acupuncture and ensure standard services by means of legislation.[137]

In addition to the legislative issue, acupuncturists protested to the governments about unfair public policies. In 1990, the Federal Government added the GST requirement for acupuncture service, but many other health services by health professionals, such as physicians, dentists, chiropractors and psychologists, etc. were exempted. Acupuncturists did not think that this was justified. The Government should treat acupuncture as a genuine health service. The CMAAC wrote to the Government asking for explanations and asked for an exemption. The CMAAC also asked the Provincial Government for coverage of acupuncture services by OHIP in order to make the services more accessible to consumers. Cedric Cheung presented this at the hearing of the Provincial Standing Committee on Social Development in London, Ontario on August 22, 1991. He said that provincial health care would save money if acupuncture could be integrated into the publicly funded system.

Based on the recommendations of the HPLR, the Ontario Parliament passed the *Regulated Heath Professions Act* in November 1991. Regulations governing various health professions were to be made according to the *Act* and twenty-four health professions, including massage and midwifery were grouped into this piece of legislation. Despite vigorous lobbying from the CMAAC to the government, acupuncture was not considered to be regulated as a self-governing profession under the *RHPA* (1991). This piece of legislation came into effect on December 31st, 1993.

In 1992, the Professional Relations Branch, part of the Ministry of Health in charge of these issues, informed the CMAAC that the Ministry was not considering regulating

[137] A copy of the petition letter held by the author.

acupuncture under the *RHPA* at that time. However, the request might be reviewed once the implementation of the *RHPA* was accomplished. The CMAAC continued its lobbying and protestation by requesting support from other groups, such as labour unions, multicultural groups and holistic health associations. Since 70 per cent of its members were ethnic Chinese, in 1992 the CMAAC sought alliance with two major Chinese-Canadian organizations, namely, the Chinese-Canadian National Council (CCNC) and the National Congress of Chinese-Canadians (NCCC).[138] On November 9, 1992, a Working Committee was established. Dr. Cedric Cheung and Dr. Joseph Du, President of the NCCC, were elected Co-Chairs to direct the Committee. The Committee issued a joint declaration from the two organizations and stated their strategic procedure of making TCM a legislatively recognized profession in Ontario and in Canada:

1. Regulating acupuncture first and then regulating the whole range of TCM;
2. Achieving the recognition in Ontario first and then developing the process to other jurisdictions;
3. Recognizing acupuncture first and then regulating TCM herbal industry as well.[139]

The CMAAC were strongly against the concept of medical supervision over practitioners of Chinese medicine and acupuncture. Instead of subordinating acupuncturists and TCM practitioners, medical doctors should co-operate with them for the sake of effective health care.[140] The CMAAC had always insisted that "Chinese medicine encompasses a vast

[138] CMAAC *Newsletter*, (1993): 5.

[139] "Joint Declaration of the NCCC and the CMAAC," *Prairie Chinese News*, November 1992, p. 15. Many CMAAC executive members knew little about acupuncture and TCM legislation in other North American jurisdictions. They had no clear idea about the differences between "regulation" and "self-regulation."

[140] Cheung, 1992, p. 9.

field of specialties, of which acupuncture is only one component," therefore, any legislation must consider TCM as an inseparable unity.[141]

Formed by mostly native-born Canadian naturopaths and other health professionals, the OAATCM sought to guard their business in the acupuncture and TCM market. Their familiarity with the official language, and with the Ontario social and political system, guaranteed their effective lobbying. When the proposed *RHPA* legislation was released for comments, the OAATCM submitted their position paper and asked that acupuncture not be a "licensed act" reserved to the medical profession. They claimed that the short training MDs received was sufficient only for "muscle and tendon" problems whereas the OAATCM members' training, based on the TCM model, enabled them to treat internal "organ" problems. Many members of the OAATCM already belonged to a regulated health profession and acupuncture was an adjunct therapy to their practice. Their clietele consisted of members of the general population of the society because of their command of the English language and their familiarity with Canadian society. Nevertheless, they claimed that the proposed Act might cause them to lose their livelihood and that it might deprive Chinese-Canadians of the treatment of their choice.[142]

On May 13, 1993, upon the suggestion of the Ministry of Health, delegations from four associations (the CMAAC, the AFC, the OAATCM and the Ottawa based PAUC) met in

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[141] Quoted from CMAAC's "Report to the Health Professions Council of British Columbia," delivered by Cedric K.T. Cheung in Victoria, 1992. However, the Ministry was more concerned with the criteria of regulation than "the complete system of TCM." Ana Ning concluded in her 1993 study that poor communications between the associations and the Ministry made supporters of acupuncture and TCM regulation "out of touch" with key proposals embodied in RHPA, which prevented acupuncture and TCM from being regulated in Ontario. See Ana Margarida Ning, "Regulating Health Professions and Chinese Medicine in Ontario," MA thesis in anthropology, (North York: York University, 1993).

[142] See the OAATCM's submission to the Ministry of Health, 1989.

Toronto to jointly apply for the designation of acupuncture as a regulated health profession in Ontario.[143] They focused their discussions on acupuncture legislation, and they agreed that the CMAAC would apply for designation of TCM as a second step once acupuncture was regulated. However, part of the CMAAC leadership led by Cedric Cheung would not accept this agreement. As a result, the CMAAC split and the CACTHS was founded.[144] The CMAAC was still headed by Cheung. The original CMAAC delegates to the above May meeting in 1993 were among the members of the Board of Directors of the new association CACTHS.

Cheung's circle thought that the CACTHS executive had no true enthusiasm in protecting the integrity of TCM because they had agreed on the notion that acupuncture could be a treatment modality singled out from TCM. Their mindset was similar to the leaders of the AFC because they explained acupuncture only in terms of Western sciences rather than in TCM theory. Both the leaders of the CACTHS (mostly Chinese trained ethnic Chinese MDs) and the AFC (mostly licensed Canadian MDs and physiotherapists) were initially trained in Western biomedicine. Their educational and occupational backgrounds influenced their ideology on this issue more than their ethnic cultural origin.[145]

The CMAAC leadership under Cheung refused to align with the AFC and was concerned that medical acupuncturists might control the application process. If acupuncture and TCM were to be designated as a single profession, the AFC could not be the leader of the application process since the AFC was promoting acupuncture as a modality based on medical sciences. The CMAAC did not think that the AFC would have any real interest in

[143] Later, PAUC lost contact with other groups and faded away from further discussions on this matter.

[144] See details in Chapter 6, "Organizational Development," under "Ontario."

[145] Interviews with some Toronto acupuncturists in 1994 and 1995.

having acupuncture regulated within the TCM framework, let alone having acupuncture and TCM regulated as a whole. The members of the AFC and other groups did not even have much idea about "what TCM really is".

In the 1970s and 80s, the AFC was a hard-line opposition group against the concept of independent practice of acupuncture by traditional practitioners. After the medical acupuncturists of AFC realized that "the trend" of professionalizing traditional acupuncture was irresistible in the 1990s, the AFC became interested in such a joint application because the AFC leadership was concerned that traditional acupuncturists might take total control of the practice of acupuncture in future acupuncture legislation. That control might even take away the practice right from the AFC members, especially those who were not licensed physicians, such as physiotherapists or nurses, which explained why the AFC felt they must monitor and participate in the legislative process.[146]

The AFC had a concern about unethical practice by acupuncturists who did not belong to any regulated health profession. Dr. Linda Rapson often cited the sexual assault conviction of an acupuncturist (ex-lab technician) of Barrie, Ontario in the mid-1980s. This acupuncturist was found guilty of sexually touching a female patient. He was alleged to have fondled ten other patients as well. However, they refused to testify. The acupuncturist was sentenced to three months in jail, but he was allowed to serve the sentence during weekends. Therefore, he could still practise acupuncture full-time. Rapson said: "If he was a doctor, his license would have been removed."[147] Women were entitled to legitimate

[146] Interviews with some CMAAC executive members in June 1994.

[147] The case was quoted from Claude Forand, "L'Acupuncture en Ontario," *L'Actualité*, (April 1987): 883.

services, without fear of abuse by unethical therapists. This became one of the AFC's arguments why the practice of acupuncture by non-physicians must be regulated.

"To fight for official and legislative recognition of the Chinese traditional health care profession in Canada" was one of the founding objectives of the CACTHS.[148] In 1994, the CACTHS, the AFC, the OAATCM and the Ontario Naturopathic Association (ONA) jointly formed the Ontario Coalition for the Regulation of Acupuncture (OCRA). Dr. S.Y. Mak of the CACTHS (main force of the OCRA) was named the President of the Coalition. The CMAAC and others formed an alliance called TCM/Acupuncture Alliance of Ontario (TAAO) to promote the legislative process.

The CACTHS leadership did not believe that the TCM group was mature and large enough to regulate the practice of the whole system of TCM at that time. Only a small percentage of Ontario acupuncturists were capable of writing TCM herbal prescriptions and using other TCM techniques. They estimated that there were less than one hundred full-time TCM herbalists in the whole province of Ontario. Acupuncture and TCM share the same basic theoretical framework. If acupuncture could become a regulated health profession, TCM would naturally be the second step. In some American jurisdictions, the profession of traditional acupuncture was recognized first. Then a few years later, TCM herbology was also recognized.

According to the CACTHS, the main therapeutic method of TCM – Chinese herbal formula was largely limited to ethnic groups of East Asian origin rather than Westerners. Except for acupuncture, other areas of TCM were perceived as an ethnic and culture trait peculiar to Chinese-Canadians. People out of the Oriental community often misread

[148] The CACTHS *Constitution* (1994), p. 1.

acupuncture as synonymous with TCM. There were few TCM practitioners and their practice was limited to Chinese. Therefore, the urgency of regulating the practice of TCM was not as obvious as that of acupuncture.

Some thought that Canada's constitutional system favored the two-step strategy to achieve legal regulations to govern the complete system. Dr. Chen in Toronto talked about the difficulty of regulating acupuncture and herbology together. Herbs are the essential therapeutic agents in TCM. In Canada, issues related to health care practice are basically provincial affairs, but regulation of food supplements and drugs is at the federal level. Merchants in Chinese herbal stores and grocery stores are now working with Health Canada to properly define Chinese herbal ingredients. Tangling too many issues together could make the whole issue of regulating the practice of acupuncture unworkable. Therefore, the complexity could indefinitely delay legislation for acupuncture.[149]

In Ontario, before the *RHPA* was in force, professional groups requesting regulation contacted the Ministry of Health through its Professional Relations Branch. To provide advice to the Health Minister on matters related to the regulation of health professions, under the power of the *RHPA*, the Health Professions Regulatory Advisory Council (HPRAC) was formed in 1994 as an "arms length" agency of the Ministry of Health. The Council also served as a neutral forum (instead of a Ministry branch) for considerations of requests made by professions for self-governing status. HPRAC provided advice to the Minister of Health about whether unregulated professions should be regulated and how they should be regulated. After some primary investigation and literature research, the HPRAC called for submissions from professional groups and the public, and asked for their input to

[149] Interview with Dr. Chen in Toronto in October 1995.

some twenty-one questions. These three were essential ones: whether or not acupuncture should be considered as a profession; whether or not acupuncture should be a controlled act; whether or not some one can practice acupuncture without any training within TCM.

Based on these submissions, the HPRAC organized a public hearing in Toronto on June 20 and 21, 1996. This two-day hearing was packed with about forty highly charged presentations of groups and individuals, including out-of-province experts. All its sessions were well attended by acupuncturists of different kinds and by many concerned acupuncture clients. There was consensus that acupuncture must be regulated in some fashion. However, practitioners of various cultural and professional origins vied in their claims for their territory within the domain of acupuncture. Naturopaths claimed that acupuncture and TCM had already been defined as a core part of their practice.[150] Chiropractors claimed that acupuncture should be available to other health professionals. Nurses said that they had a good background in health sciences; therefore, they were qualified to do acupuncture once they had couple of hundred hours of related training.[151] Of course, the territory for physiotherapists who were performing acupuncture was guarded by the AFC.

OCRA's submission was a compromise of the various opinions of its member associations and it maintained the position developed three years earlier, that traditional acupunc-

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[150] HPRAC, *Transcript of Public Forum on Acupuncture* (Toronto, June 20-21, 1996), p. 58.

[151] HPRAC, *Transcript of Public Forum on Acupuncture*, p. 101. At the hearing, certain chiropractors said that chiropractors were licensed to manipulate, but that other health professionals were also allowed to manipulate. Following the same rationale, when acupuncturists were licensed to perform acupuncture as a profession, other health professionals should be allowed to use acupuncture as a technique. This was misinformation because the term "chiropractic treatment" was legally reserved. It was true that other health professionals might manipulate, but they could not name it chiropractic treatment. Likewise, many suggested that acupuncture performed by members of other health professions should be named "needle therapy" or something else because "acupuncture treatment" should be a reserved term.

ture be regulated as a self-regulated profession, and that acupuncture therapy by other health professionals, such as physiotherapists and physicians, be regulated by their own specific colleges.[152] At the hearing, the AFC's representative took up a significant amount of time assigned to the OCRA and emphasized in her presentation that acupuncture could be characterized as a profession and a treatment modality at the same time. She was trying to explain the concept of "anatomical acupuncture" as a justification for health professionals to perform acupuncture as an adjunct therapy without being registered with the prospective College of Acupuncturists.[153] This point of view was strongly opposed by some other groups and individuals who said that:

> We disagree that they can provide acupuncture under 220 hours of training because this acupuncture service is no different at all from regular acupuncture. For practitioners, it is maybe 10 per cent only, but for the patients, it is 100 per cent. So you use acupuncture treatment as 10 per cent as your total treatment which you deliver to your client or patient, that does not mean you only need to study 10 per cent of knowledge of acupuncture.[154]

Some said that such adjunct therapy should be termed "needle therapy" and not acupuncture and some said that everyone should be treated equally, including existing health professionals.[155] If they wanted to practise acupuncture, they should be registered with the same College of Acupuncturists, based on the same standards.

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[152] In the OCRA's submission to the HPRAC in January 1996, there were six member associations in the Coalition. Except the CACTHS, all others were interested in acupuncture as a modality in their practice scope. These five members were: AFC, the Board of Directors of Drugless Therapy-Naturopathy, the OAATCM, the Ontario Chiropractic Association Committee on Acupuncture, and the Ontario Naturopathic Association.

[153] HPRAC, *Transcript of Public Forum on Acupuncture*, p. 3-9.

[154] HPRAC, *Transcript of Public Forum on Acupuncture*, p. 118. Views presented by the Chinese Medicine & Acupuncture Academy of Toronto (CMAAT).

[155] The term "needle therapy" was not acceptable to other health professionals because the public still associating the word "acupuncture" with some magic effect.

The CMAAC alliance (named TAAO) submitted a very strong proposal that insisting that acupuncture should not be separated from the framework of TCM. At the hearing it was explained:

> The profession that requires regulation is TCM. Regulating TCM first will result in a much smoother regulatory process ahead of acupuncture. A strong regulatory framework would be established for TCM and would serve as the foundation for adjunct acupuncture regulations.[156]

The CMAAC tried to avoid direct conflict with the AFC's position: "It is not our intention to limit the practice of acupuncture to one profession." In the meantime, they expressed their deep concern that those who were using acupuncture only as an adjunct might have a significantly narrower knowledge base in comparison to practitioners of TCM and acupuncture. They insisted that the public should have access to the most highly qualified practitioners in this field.

The submissions and the hearing reflected a wide range of opinions. There were individuals who were against the idea of making acupuncture a self-regulated profession because it would eventually become a monopoly. At the hearing, there was also an organization claiming that its 100-hour course was good enough to train professional acupuncturists.[157]

It was not an easy task for the HPRAC to come up with its recommendations to Minister of Health David Tolweon. Finally, in December 1996, half a year after the hearing, the Council gave its report to the Minister and suggested that acupuncture should be established as a regulated health profession in Ontario. The regulation of the whole TCM system

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[156] HPRAC, *Transcript of Public Forum on Acupuncture*, p. 79-80.
[157] HPRAC, *Transcript of Public Forum on Acupuncture*, p. 89.

should be dealt with later as a second step.[158] There was no response from the Ministry for about two years. It seemed that the whole process had died. It was a great disappointment to those who were eager to have acupuncture regulated. What was lacking in 1996 was political willingness and leadership in the provincial health ministry as well as a united front of acupuncturist associations.

For a while no one talked about this issue. The membership of the HPRAC who made the recommendations disbanded. Acupuncture groups wrote to the Ministry inquiring about the status of the regulation process and expressing concerns about the safety and effectiveness of acupuncture as practised in an unregulated fashion.[159] It took the Ministry of Health over two years to review the Council's recommendations. On February 19, 1999, the new Health Minister, Elizabeth Witmer, wrote to the newly restructured Council and asked for additional advice on the issue of the regulation of acupuncture and suggested clearly reviewing the case in conjunction with the review of TCM.[160] On January 24, the HPRAC sent notices to concerned groups and individuals and requested submissions. The responses were overwhelming.[161] The Council decided to organize "an informal discussion forum

[158] This recommendation document was not made public. Information quoted from a letter of Health Minister Elizabeth Witmer to the Chairman of the new HPRAC, Dr. Rob Alder, dated February 19, 1999.

[159] For instance, Dr. S.Y. Mak, Chairman of the OCRA, wrote to Witmer in 1998 for such a purpose and the latter replied to Mak on December 21, 1988. The Minister said that she would be asking the HPRAC to review this matter in conjunction with the referral on the regulation of TCM.

[160] The old HPRAC members were completely replaced by newly appointed members.

[161] Letter from Dr. Rob Alder, Chair of HPRAC, to concerned health professional groups and individuals, dated January 24, 2000.

between HPRAC, the applicants and participants in the TCM/Acupuncture referral" on September 20, 2000.[162]

Ontario is the province with the most acupuncturists because of the size of its population. I estimated over 600 practitioners in Ontario, making up 40 per cent of the total number of acupuncturists in Canada and about 2,190,000 acupuncture treatment sessions carried out in 1996. It is incredible to think that such a large industry operated under no state sanctioned professional regulations! Virtually anyone could buy a set of acupuncture needles and set up a practice. There was potentially great risk to public safety in acupuncture practice and unethical acupuncturists could exploit innocent citizens in various ways.

Since 1996, a consensus has been reached among acupuncturists. First of all, acupuncture should be regulated under the *RHPA* with the title "acupuncturist" reserved in order to protect the public, and there are no other regulatory or non-regulatory alternatives to consider. The meaning of "protecting the public" should be explained as protecting the public from possible harm and protecting the public from less effective services. Secondly, acupuncture and TCM should be regulated at once by a joint acupuncture and TCM college in Ontario. In any case, acupuncture must be regulated in association with TCM. Most importantly, acupuncture should be regulated as a self-governing profession. Every practitioner of the profession should meet the same standard requirement. Naturopaths, Chiropractors, nurses and everyone else must be registered with the proposed College of Acupuncture (and TCM) if they want to practise acupuncture or want to use acupuncture as a technique in their professional services.

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[162] Letter from Dr. Rob Alder, Chair of HPRAC, to concerned health professional groups and individuals, dated August 8, 2000

OTHER CANADIAN JURISDICTIONS

Except for the four provinces with larger populations (Alberta, Quebec, British Columbia and Ontario), legislative activities were very limited in other provinces where acupuncture had been considered an act of medicine. The number of non-physician acupuncturists working in these provinces has been few if any. Several physicians and a few physiotherapists incorporated acupuncture into their regular practices.

In Saskatchewan, acupuncture had been defined as a medical procedure by *Bylaws* pursuant to the *Medical Profession Act.* Only physicians were allowed to practice acupuncture legally and the minimum qualification for them to do so had been a diploma from the AFC. The *Bylaws* required that physicians wishing to practise acupuncture submit their qualifications to the Registrar of the College of Physicians and Surgeons of Saskatchewan (CPSS).

The CPSS had threatened and pursued charges against non-physician acupuncturists for unlawful practice of medicine in the past. However, the College had stopped legal action against non-physicians practising acupuncture since the middle of the 1980s. A dozen acupuncturists had been working, mostly in Regina and Saskatoon, and they had not made any official application for regulation. In 1996, only about 20 acupuncturists were listed in telephone directories in the province. Naturopaths in Saskatchewan had always used acupuncture as one of their therapeutic techniques. No public complaints had ever been filed regarding either the safety of acupuncture or any unethical behaviour of practitioners.

In response to my inquiry in 1996, the Ministry of Health stated that it had no intention to regulate acupuncture as a distinct profession in that province.

In Manitoba, the College of Physicians and Surgeons firmly considered acupuncture to be part of medicine. As early as 1972, the College issued a warning to the public through the media that non-medicals were not allowed to practise acupuncture, and that the register "is not aware of anyone practising acupuncture in Manitoba."[163] The College issued a formal statement in 1983 and declared that "acupuncture should only be performed by members of the medical profession who adequately familiarised themselves with the technique."[164] But no specific references related to the use of acupuncture were found in the *Medical Act*. In the 1990s, the College loosened its control over non-physician practice of acupuncture. I located four acupuncturists in Winnipeg in 1994 and six in 1996, all of whom were Chinese immigrants. About 12 acupuncture clinics were listed in the telephone directories of the province. They had encountered no legal complications in their practice. They belonged to the CMAAC and did not form their own provincial acupuncture association. In 1996, they had worked in that province for four years on average with little communication between each other or with the government, and made no request for provincial legislation respecting acupuncture. The Ministry of Health had never received any complaints about the use or misuse of acupuncture.

There had been several physicians using acupuncture in adjunction to their regular practice. For instance, Dr. S.C. Man achieved great fame for practising acupuncture in Winnipeg in the 1970s. As compared to Ontario, BC, Quebec and Alberta, the CPS of

[163] *The Winnipeg Tribune*, 10 December 1972.
[164] Quoted from the *Policy Statement* of College of Physicians and Surgeon of Manitoba, 1983.

Manitoba had been more conservative until recently toward acupuncture even when it was performed by its own members. In 1987, the CPSM ordered a medical acupuncturist, Julsi Sarka, to stop using acupuncture for smoking cessation. The College decided that acupuncture was a valid way to relieve pain but not good for smoking cessation.[165] Since the early 1990s, a small number of chiropractors and physiotherapists started to pick up acupuncture needles, though no amendments had been made to the *Chiropractic Act* and the *Physiotherapists Act*.

There were absolutely no legislative activities regarding the practice of acupuncture in the Maritimes and the Territories. Acupuncture had been assumed to be a medical procedure if practised by a physician. Therefore, it was supposedly governed under the *Medical Act* of each province and territory. Except for several physicians, physiotherapists were the main acupuncture service providers in the Maritimes. A small number of Asian immigrants, with experience in acupuncture, appeared in this region around 1990. About the same time, North American private-college-trained acupuncturists also started setting up offices. There had been no concerns raised by any part of society about the risk of harm to public safety and welfare. No legal cases have ever been reported regarding this practice. The health authorities in these jurisdictions have no immediate plans to make acupuncture a regulated health profession.

In New Brunswick, acupuncture had been noted in the *Physiotherapy Act* as a procedure that a physiotherapist could apply if sufficient training was obtained. The AFC's certificate had been recognized as "sufficient training." TCM acupuncture was available in Fredericton

[165] "A Prickly Subject, An Acupuncturist is Forbidden to Treat Smokers," *Western Report*, (September 14, 1987): 33-34. Also see Doug Speirs, "Acupuncture Cure Banned on Smokers," *Winnipeg Free Press*, 31 August 1987, p. 3.

in the late 1980s. Some patients demanded provincial health insurance to cover TCM and acupuncture. The provincial health authority had an open letter regarding this issue, which became the province's official attitude toward TCM. The letter said that patients were responsible if they chose to see a TCM practitioner. The communication did not raise a legal issue of the practice of acupuncture and TCM by traditional practitioners.[166] In 1992, the number of traditional acupuncturists who were in practice was still so small that I could locate only two of them in the entire province: one in Fredericton and one in Moncton.

Similarly, in Prince Edward Island, the only law that referred to acupuncture was the *Physiotherapy Act*. A physiotherapist must first obtain a provisional certificate for the purpose of training and must receive a certificate of extra training above the regular physiotherapy curricular. When I visited the island in the mid-1990s, I found only two family physicians had used some acupuncture in their regular practice and saw no non-physician acupuncturist working there. Newfoundland was in a similar situation. There were several physiotherapists and a couple of medical doctors offering acupuncture service on the side, but there were no full-time practising traditional acupuncturists before 1996.

In Nova Scotia, there had been no legislative initiatives for the practice of acupuncture, which was considered part of the practice of medicine. Medical acupuncture services had been available in Halifax throughout the 1970s to 90s. In 1994, I interviewed a family physician who had used acupuncture quite often in her general practice, and who appeared on local television and in the news media in the late 1980s.[167] Since 1990, non-physician acupuncturists have been openly practising in this province. In June 1992, I interviewed two American-acupuncture-school trained practitioners who had established their practices

[166] Interview with Dr. Tong Li in June 1992.
[167] Interview with her in her clinic in June 1992. Information held by author.

in Halifax for two years. Since 1993, immigrant TCM doctors had opened acupuncture offices and Chinese herbal stores.

As far as the Territories were concerned, residents had never heard of acupuncture being available in their areas and their ministries of health were unaware of any non-physician acupuncturists working in their Territories.[168]

CONCLUSION

After announcing their initial position on acupuncture in the early 1970s, the CPSs seemed to have lost interest in acupuncture and did not actively direct policy to establish acupuncture service within the medical profession, except that they were unhappy to see a new chiropractic style profession taking shape. After the mid-1970s, the discovery of endorphins offered a scientific mechanism for acupuncture. Many doctors recognized that acupuncture was a proven and effective therapy for certain medical conditions. However, the medical profession did not accept the connection of acupuncture and the endorphins as sufficient scientific proof to integrate acupuncture fully into medicine. At the same time, doctors who learned this procedure in the 1970s and early 1980s gradually stopped using it because it was time consuming and not financially rewarding. Had the CPSs and the provincial medical associations accepted acupuncture as a medical procedure without the

[168] I called their government ministries in 1995 and also talked to a few people who had worked in the Territories.

restrictive adjective "experimental," and had they organized serious training programs for physicians to offer such a service, the size of non-physician practice would not have been "out of control" by the mid-1980s. After all, the existing legislation was on medical side. The fact that acupuncture was not conveniently available at doctors' offices created a good market for non-physician practitioners.

The legislative recognition of the practice of acupuncture by traditional practitioners has been a very long process. In a 1984 *The Vancouver Sun* interview with Mary Watterson, when the Social Credit Government agreed to set up the Minister's Advisory Committee on Acupuncture, she said that her association was optimistic and its 10-year-battle for legal recognition of acupuncture was near an end.[169] She never imagined that it would take another 15 years for the first acupuncture license to be issued in British Columbia. In the province of Quebec, the possibility of legalizing non-physician practice of acupuncture was discussed in the 1970s. In 1985, acupuncture became an officially subordinated profession under medical control. Ten years later in 1995, acupuncture finally achieved the status of a self-governing health profession. In the case of Ontario, the process had been ongoing since the early 1980s. In 1996, the HPRAC made favourable recommendations to the provincial government for establishing acupuncture as a regulated health profession.

The practice of acupuncture has been regulated in Alberta, Quebec and BC; however, the acupuncturist groups were unable to include into their specific provincial regulations the following clause: the act of insertion of acupuncture needles under the skin is reserved exclusively to acupuncturists without exception to practitioners of any other professions. (See Table 15) Medical doctors and other health professional had participated in the

[169] "Committee to Review the Role of Acupuncture," *The Vancouver Sun*, 4 October 1984.

regulation process and made sure that they would not lose their rights for the use of acupuncture.

Table 15: Legislative Comparison of Three Canadian Jurisdictions on Acupuncture

	ALBERTA	QUEBEC	BC
Year	1988	1994[170]	1996
Act	act of acupuncture not reserved	act of acupuncture reserved to acupuncturists except for physicians	act of acupuncture reserved, but not exclusively
Title	title of registered acupuncturist reserved	title of acupuncturist reserved	title of acupuncturist reserved
Mode	regulated, but not self-regulated	self-regulated profession	self-regulated profession
Note	A patient must declare that she/he had consulted a medical doctor or dentist for the same condition for which acupuncture would be applied.	Physicians were regulated by their own professional body; other health professionals wishing to practise acupuncture must be registered with the Order of Acupuncturists.	The reserved act was subject to section 14 of the *Health Professions Act*. The other health professionals have the right to the act if it falls in the scope of their practice.

In 1996, Ontario was in a critical stage of reviewing the possibility of making acupuncture a distinctive self-governing profession. Undoubtedly, organized Ontario acupuncturists could have the personnel and financial resources to manage their own provincial college of acupuncture. The high quality of membership, with the immigration of many Chinese university-trained TCM professionals, could guarantee a high professional standard in the management of the prospective college of acupuncture. Some

[170] As of 1985 lay acupuncturists in Québec had been allowed by an amendment to the *Medical Act* in 1985 to treat patients referred by MDs.

acupuncturists' groups wished to see "an absolute exclusive clause" in the prospective Ontario Regulation. Since the AFC occupied an important part of the OCRA, with rich experience in legislative issues, it would be close to impossible to take away the needles from the physiotherapists and it would be absolutely impossible to take the needles away from the doctors.

CHAPTER 9

A NEW HEALTH CARE OPTION FOR CANADIANS

After a quarter of a century of introduction and development, acupuncture was no longer an Oriental mystery in Canada. The public had warmly embraced it. Doctors had started to accept it. Other health professionals had cut off its TCM roots and adopted acupuncture as an adjunct technique in their practices. Most importantly, the traditional practice of acupuncture had developed to become a regulated health profession in three Canadian jurisdictions since the mid-1990s. In conclusion, this chapter synthesizes various factors that had shaped the introduction, the development and the professionalization of traditional acupuncture, especially the strategies employed by various social, political and professional forces.

The holistic health movement had created a favorable sociocultural environment in which traditional acupuncture grew and matured. Nevertheless, the recognition of the non-medical acupuncture practice based on TCM was a long and difficult process. The problem was centered on the philosophical and legal conflicts between medicine and TCM acupuncture and between the two professions. In the 1970s, the medical profession had fallen behind the social reality in health care thinking. In fact, the holistic health movement started with criticizing the limitations of the reductionist medical model. On the one hand, the conservative medical profession was not ready to balance their original scientific and

localistic approach with the new (or lost) humanistic and holistic approach. On the other hand, the medical profession was not ready to surrender any rights and privileges within their legally protected monopoly without a bitter fight. In the one and half decades after 1970, traditional acupuncturists were beset with tremendous difficulties and their undertaking was almost destroyed. It was the holistic health movement in which a great number of Canadians participated over the past three decades that allowed traditional acupuncture to survive and prosper.

STRATEGIES FOR PROFESSIONALIZATION

The extravagant media coverage on acupuncture in the early 1970s had created a strong market for acupuncturists with varied training and backgrounds. The uninterrupted and increased immigration from Asia and the operation of North American acupuncture schools (especially in Quebec) had guaranteed a steady supply of non-medical acupuncturists in Canada. The main resistance to the development of the traditional practice of acupuncture came from the medical profession. The epistemological differences between Western medicine and TCM determined the basic attitudes of the Canadian medical profession toward traditional acupuncture and its practitioners. Economic as well as professional competition for status accounted for the clash between MDs and the traditional acupuncturists. The medical establishment employed various policies and tactics to take control of this

practice. The first and most important step was to declare acupuncture as a biomedical procedure in order to eradicate non-physician acupuncturists. This only forced the practice of acupuncture by non-physicians to go underground and effectively limited people's access to the service. The strategies of discrediting acupuncture and subordinating acupuncturists adopted by organized medicine had served the purpose of controlling the practice of acupuncture to a degree. The Westernization of acupuncture over a quarter of a century by some members of the medical profession had made acupuncture an ancillary technique to the practices of some doctors and physiotherapists. By the end of the 1970s, numerous acupuncturists had been charged for unlawfully practising medicine and the prosecutions were intensified. It seemed that traditional acupuncture would soon disappear in Canada. The acupuncture movement in Canada reached its lowest point.

However, the lowest point was also a turning point. The judgments on the Luke Wong case in Alberta (1979) and the Pierre Gaulin case (1980) in Ontario released acupuncture from medical control. The acupuncture groups in Quebec and BC were ready for a protracted warfare with the established medicine. Traditional acupuncture did not disappear. Instead, several Canadian jurisdictions had recognized it as a primary healthcare profession in the 1990s. Such a tremendous success was a result of strategies and tactics developed by traditional acupuncturists toward the professionalization of their trade.

Organizing themselves into associations and building up acupuncture schools were of crucial importance in strengthening their collective political power and establishing public confidence in quality of service by maintaining standards of entry to the profession. All associations had developed their own qualifications of membership, entrance examination, register lists and code of ethics. The associations tried to reduce internal competition

among acupuncturists and to be united on all fronts. For a long time, the AABC in BC and the ASA in Alberta had represented the great majority of acupuncturists in each province. Without the effective leadership of these associations and the focused energy of the majority of acupuncturists, the legalization of acupuncture by non-physicians in these two provinces would not have been possible.

It is noteworthy that too many associations in one jurisdiction could weaken their collective bargaining power such as was the case in the mid-1980s in Quebec and in the mid-1990s in Ontario. Around 1985 acupuncturists in Quebec had realized that intraprofessional rivalry among acupuncture associations had become a big hurdle in pursuing their common goals. By the end of 1980s, most acupuncturists were united under the SPAAQ and AAQ with shared ideology and strategies, which formed a favorable condition for the acupuncturists to negotiate with the government and the medical profession leading to the drafting of Bill 43. In BC, five acupuncturists' groups were able to unite to submit a stronger application to the HPC in 1992. In Ontario, during the HPRAC consultation process in the middle of the 1990s, acupuncture associations tried to reduce their internal competition by forming alliances, but the two largest traditional acupuncturist associations the CMAAC and the CACTHS remained hostile to each other. Their bitter arguments on major issues were partially responsible for the fact that neither acupuncture nor TCM were officially designated as self-regulated health professions in Ontario following the 1996 consultation process. The leaders of various associations might have their own reasons to be arrogant to each other and might duly have concerns of being consumed by the other side. But the rank-and-file acupuncturists had realized that a democratically operated umbrella organization to promote the common interest was urgently needed in Ontario.

In dealing with the demand for legalizing acupuncture performed by non-medical acupuncturists, the governments had to weigh the pressure from the medical profession against the public pressure nurtured by the acupuncture groups. Thus mobilizing the public, especially the acupuncture clients, to make massive petitions to the government had become the most effective tactic employed by traditional acupuncturists. This was particularly true after 1980. Ten years of illegal acupuncture services offered by non-physician practitioners had benefited thousands upon thousands acupuncture clients. This large body of clients multiplied by their families and friends formed a sizable social political force. Acupuncture groups in various provinces had repeatedly launched large-scale public campaigns of letter writing and of petitioning to the governments. To keep up the pressure on the governments, the public petition had become an on-going effort. Acupuncture associations had asked their members to display the petition in their places of practice to collect signatures and had provided sample letters for supportive members of the public to write to the government.

The acupuncture leadership had tried to work closely with the political elite and had provided them with large doses of new health care ideology. They requested many meetings with the governments and with individual legislators and kept them informed of how much demand there was for acupuncture services, how much such services had saved and would save the government on health care costs and what legislative reforms had been made in various jurisdictions for accommodating acupuncture into the designated health professions. Numerous studies, briefs and position documents had been submitted to the governments with copies to other politicians. This was particularly true in the case of BC in which the AABC sent several submissions to government and the lawmakers each year.

Acupuncture groups, especially the AAQ, the SPAAQ and the AABC, had truly mastered the tactics of attracting the media attention to the advantage of traditional acupuncture. Journalists had almost always been on the side of the acupuncturists in legal conflicts between the non-physician acupuncturists and organized medicine. Media reports portrayed acupuncturists as the oppressed and defenseless little guy and organized medicine as the giant bully of the health care market. Such reports often aroused great public sympathy toward the former. The public certainly did not want their rights to access a mode of treatment being infringed upon by the medical monopoly.

Acupuncture organizations of various jurisdictions realized the importance of communicating with each other. Acupuncture leaders had often met at national or international conferences. They supported each other in times of need, especially during the public consultation period of each jurisdiction. They also exchanged ideas to improve their profession with regard to the eligibility requirements for entering the practice, licensing examination, educational standards and ethic codes, etc.

Establishing mutually beneficial relations with other health professions and forming political alliances with various social organizations were tactics the acupuncturists used to determine any possible support and to structure the widest-possible united front. Without exception, acupuncturists' allied themselves to actively participate in the consultation process in support of the movement to designate acupuncture as a health profession in all four provinces.

Nevertheless, traditional acupuncturists played an important role in promoting acupuncture service, education and legislation. Their strategies for professional recognition were: self-organization, reducing internal competition, winning support from consumers, uniting

other health professionals including members of the medical profession, and always keeping pressure on the government, as well as working closely with the political elite.

In short, traditional acupuncturists played an important role in promoting acupuncture service, education and legislation. Their strategies for professional recognition were: self-organization, reducing internal competition, winning support from consumers, uniting other health professionals including members of the medical profession, and always keeping pressure on the government, as well as working closely with the political elite.

ACUPUNCTURE COMING OF AGE IN CANADA

Governments started to note the changes in public attitude toward holistic medicine as early as the 1970s, though it was not yet the right time to take major actions to bring marginal groups into the health care field. At the federal level, the *Lalonde Report* of 1974 adopted the broader definition of health and health care, thus indicating possible changes in future public policy related to medicine and health care. At the provincial level, several provincial governments launched an unprecedented review and reform process in health legislation in the 1980s and continued in the 1990s. One of the main purposes of this process was to integrate fringe medicine into the provincial official health care system. Medical laws in Canadian jurisdictions were originally created to suit the needs of the biomedical practice that was focused on disease care other than health care and professional dominance. The

new integrated health professions legislation in Canadian jurisdictions broke new ground and started a new era of regulating health care services in Canada.

The practice of medicine had been defined so broadly that it restricted people's basic freedom to self-care and their rights to select the modes of health care and treatment modalities of their choices. The health legislation framework needed a major structural adjustment to accommodate the new concepts of health care and the new health professions. In Quebec, the *Professional Code* was introduced to regulate all professions generally, in addition to respective laws serving particular professions. In Alberta, Ontario and BC, general health legislation was created and served as umbrella legislation to govern all health professions, under which individual professions were also governed by their respective acts or regulations. In this new framework of health legislation, biomedicine had been reduced to a member, though an important one, of the health care team. Organized medicine had exerted great resistance to many changes in the new direction of health care including the recognition of traditional acupuncture as a health profession. However, governments had felt the pulse of society and prescribed their "remedy" — legalizing non-medical acupuncture within state recognized health professions network.

Quebec made the earliest acupuncture regulation in 1985 in which the practice of acupuncture by non-physicians was recognized as long as it was controlled by the medical profession. An acupuncturist could have a private practice by registering with the medical authority and reporting to referring medical doctors. Compared with the 1970s and early 1980s when non-physician acupuncturists were only allowed to practise under direct medical supervision in designated health centers, this was a great step forward in the direction of breaking free from medical restriction. Despite the fact that the Alberta

Acupuncture Regulation of 1988 did not create professional autonomy, it went further in distancing acupuncture from medical control than the 1985 Quebec *Regulation*. The Alberta Government itself, not the medical profession, officially regulated acupuncture with the participation of both the acupuncturists and the medical profession.

In the interest of the public, of the government and of the acupuncture profession, in 1994 Quebec introduced the best ever acupuncture legislation (Bill 34) in which the practice of acupuncture was an exclusively reserved act to licensed acupuncturists (with the only exception to medical doctors) and the title of acupuncturist was absolutely reserved. A physician could perform acupuncture, but not claim to be an acupuncturist unless she or he was also registered with the acupuncture regulatory body. More importantly, acupuncture was defined in Bill 34 according to TCM concepts and theories. One serious problem of this legislation was its virtual exclusion of traditionally trained immigrated Chinese acupuncturists because of their language and cultural barriers. A special policy during the transitional period to allow highly qualified immigrated practitioners being integrated into the regulated profession would have been desirable.

The *Acupuncturists Regulation* of 1996 in BC reserved both the title of acupuncturist and the act of acupuncture, but with too many exceptions to the latter. Such exceptions were a result of the power struggle among different health professions during the legislative consultation process, and they were not in the best interest of the public. Acupuncture as practised by other health professionals would hurt the reputation of a therapy and would ultimately damage the reputation of the acupuncture profession. These exceptions were even worse in the Alberta *Acupuncture Regulation* (1988, amended in 1991) in which only the title of acupuncturist was controlled and the procedure of acupuncture was not. To be

fair to the clients and the practitioners, the same regulations should be applied to anyone who would wish to practise acupuncture.

At the end of 1996, the HPRAC recommended to the Health Minister of Ontario that the practice of acupuncture be regulated as an independent health profession. As in BC, a great number of TCM and acupuncture practitioners in Ontario requested that acupuncture be regulated within the context of TCM. After the mid-1990s, legislatively speaking, whether or not to recognize acupuncture as a self-governing health profession was no longer a question in Ontario. The difficult question for the government to decide was whether or not to regulate the whole system of TCM at once and whether or not to regulate acupuncture and TCM in the same piece of legislation.

Quite contrary to the pessimistic prediction that the phenomenon of acupuncture would be short lived, the numbers of both users and practitioners had increased rapidly since the early 1970s in Canada, a highly developed industrialized country with an advanced conventional biomedical system. Traditional acupuncture in Canadian jurisdictions, had gone through three stages of development in its relation to the official health care system and judicial system. The first stage, the decade of 1970s, was an exclusive "dark stage" in all Canadian jurisdictions. Traditional acupuncture and its practitioners were excluded from the official health care system and not recognized. Such services were carried out illegally. Since the early 1980s, Ontario, Alberta and later some other jurisdictions had entered acupuncture's second stage, a "gray stage" in which traditional acupuncture was tolerated with no official policy and legislation. In the third stage, an inclusive "enlightened stage," traditional acupuncture was integrated into the state sanctioned official health care system.

Such was the case in Quebec when the 1985 *Acupuncture Regulation* took effect in which acupuncture was included in the health care system by subordination to the medical profession. When Bill 43 came into force in 1995, traditional acupuncture achieved the status parallel to other health professions. In 1991, traditional acupuncture in Alberta entered an "enlightened stage" and in 1996, the *Acupuncturists Regulation* was passed in BC that would allow traditional acupuncture to be part of the health care system. Even though in the mid-1990s many Canadian jurisdictions still had no legislation that would embrace traditional acupuncture into the regulated health care market, no one was actively pursuing charges against any qualified traditional acupuncturist. In fact, all Canadian jurisdictions were showing a greater tolerance toward safe and effective acupuncture services delivered by well-trained non-physician practitioners. Indeed, acupuncture had become a new health care option for Canadians.

The above-proposed three-stage theory of acupuncture practice in Canada, namely, from medical control, to free marketplace and to self-regulated health profession, does not suggest a straightforward progress without ups and downs, and turns. Canada is a large country in geography with great regional differences in culture, language and judicial system. The thesis reveals the unevenness and disparity among various regions of Canada in acupuncture movement. The recognition of traditional acupuncture as an autonomous health profession was not an accident. It is a result of great societal changes in political and judicial ideology, public policies in immigration and ethnicity, and most importantly by general cultural changes in health care and medicine in this period.

APPENDIX 1 ABBREVIATIONS, PHONETICS AND GLOSSARY

ABBREVIATIONS

AABC:	Acupuncture Association of British Columbia
AAIRC:	Association des acupuncteurs inscrits au registre de la CPMQ
AAQ	Association des Acupuncteurs du Québec
AMA:	Alberta Medical Association
AFC:	Acupuncture Foundation of Canada
ASA:	Acupuncture Society of Alberta
BCMA:	British Columbian Medical Association
CAAC:	Canadian Acupuncture Association of Canada
CACTHS:	Canadian Academy of Chinese Traditional Health Science
CABC:	College of Acupuncturists of B.C.
CCAOM	Canadian College of Acupuncture and Oriental Medicine
CCNC:	Chinese-Canadian National Council
CFP:	*Canadian Family Physician*
CMA:	Canadian Medical Association
CMAAC	Chinese Medicine and Acupuncture Association of Canada
CMAJ:	*Journal of the Canadian Medical Association*
CMAS:	Canadian Medical Acupuncture Society
CPMQ:	Corporation professionnelle des médecins du Québec
CPS:	College of Physicians and Surgeons
CPSA:	College of Physicians and Surgeons of Alberta
CPSBC:	College of Physicians and Surgeons of British Columbia
CPSO:	College of Physicians and Surgeons of Ontario
DEA:	Department of External Affairs
DNHW:	Department of National Health and Welfare (federal)
FAQ:	Fédération d'acupuncture du Québec
FDA:	Food and Drug Administration (U.S.)
HDB:	Health Disciplines Board (Alberta)
HOB:	Health Occupations Board (Alberta)
HPC:	Health Profession Council (BC)
HPRAC:	Health Professions Regulatory Advisory Council (Ontario)
IDRC:	International Development Research Centre
JAMA:	Journal of American Medical Association

HPLR:	Health Professions Legislation Review (Ontario)
ICTCM	International College of Traditional Chinese Medicine
MLA:	Member of Legislative Assembly
MPP:	Member of Provincial Parliament
NACA:	North American College of Acupuncture
NCCC:	National Congress of Chinese-Canadians
NIH:	National Institute of Health (U.S.)
NWAS:	New World Acupuncture Society of British Columbia
NSAS:	North Shore Acupuncture Society (BC)
OAA:	Ontario Acupuncture Association
OAATCM:	Ontario Association of Acupuncture and Traditional Chinese Medicine
OAQ:	Order des Acupuncteurs du Québec
OCRA:	Ontario Coalition for the Regulation of Acupuncture
OMA:	Ontario Medical Association
OPQ:	Office des professions du Québec
PAUC:	Professional Acupuncturists Union of Canada
PRC:	People's Republic of China
RAPSI:	Réseau d'action pour la santé intégrale
RCMP:	Royal Canadian Mounted Police
RHPA:	*Regulated Health Professions Act (Ontario), 1991*
RHPAA:	*Regulated Health Professions Amendment Act* (Ontario), 1992
SPAAQ	Syndicat des Acupuncturices et Acupuncteurs du Québec
TAAO:	TCM/Acupuncture Alliance of Ontario
TCM:	traditional Chinese medicine
TCMABC:	Traditional Chinese Medicine Association of British Columbia
TENS:	transcutaneous electric nerve stimulation
UBC:	University of British Columbia
WAA:	Western Acupuncture Association (BC)
WFAS:	World Federation of Acupuncture Societies

PHONETICS

In the English-speaking world, Chinese words had usually been transliterated according to a phonetic spelling system called Wade-Giles Romanization since 1892. In 1958, another phonetic Romanization known as pinyin ("phonetic symbols") was created in the PRC. The pinyin system has gradually replaced the Wade-Giles system except in historical documents. This study adopted the pinyin system for phonetically translating personal names, place names, literature names and technical terms in their official [putonghua] pronunciations unless they appeared in quotations. In such cases, the pinyin equivalent were provided within parentheses.

Three literal expressions are available for any one Chinese term, the original Chinese characters, the pinyin symbols and the English translation. In order to avoid confusion with English words, the pinyin symbols are underlined in text, such as the underlining of "pinyin". Words, such as "Yin-Yang," "Qi" (pronounced "chi") and "Qigong," etc. have been part of the English vocabulary, therefore, no underlining was necessary. To help non-Chinese speakers to pronounce the Chinese term and to help Sinologists to trace back the original Chinese characters, pinyin symbols were also supplied after an English translation of an original name in Chinese within the square "[ ]," such as "*Yellow Emperor's Classic of Internal Medicine* [Huangdi Neijing]."

Traditional spellings were maintained for historically well-known names, such as "Sun Yat-sen" and "Chou En-lai" because of their familiarity.

GLOSSARY

Chinese Pingyin	Chinese Characters	English Translation
bianzheng lunzhi	辯證論治	pattern discrimination and associated therapeutic principles
Chijiao Yisheng Shouce	赤腳醫生手册	Barefoot Doctor's Manual
danggui	當歸	Chinese angelica root
Dao(Tao)	道	the Way, the fundamental principle of the universe
daoyin	導引	an earlier term for qigong
Ershisi Shi	二十四史	Twenty-four histories
fengshui	風水	traditional Chinese geomancy, about location of things and its influences to energy flow
fengwang jing	蜂王精	royal jelly
Hanshu	漢書	History of the Han Dynasty
Hongqi Zahi	紅旗雜志	Red Flag Journal
Huangdi Bashiyi Nanjing	黃帝八十一難經	Yellow Emperor's Classic of Eighty-One Problems
Huangdi Neijing	黃帝內經	Yellow Emperor's Classic of Internal Medicine
huangqi	黃芪	radix astragali
Jindai Zhongxiyi Lunzhen Shi	近代中西醫論爭史	Debate between Chinese and Western medicine in Modern China
jingluo	經絡	channels or meridians
kanbing	看病	looking at the person and disease
langji	浪迹	traveling wide and far
lao zhongyi	老中醫	senior experienced TCM physician
liangong	練功	TCM exercises for improving health and rehabilitation
lingzhi	靈芝	miraculous mushroom, ganoderma lucidum
lurong	鹿茸	deer antler
pinyin	拼音	Chinese phonetic alphabet
Qi	氣	energy, functioning

qie	切	palpation and pulse taking
Qigong	氣功	a combination of meditation, deep breath and physical movement
renshen	人參	ginseng, Chinese, Korean and North American Ginseng
Shanghan Zabing Lun	傷寒雜病論	Treatise on Cold Damage and Miscellaneous Disorders
Shennong Bencao	神農本草	Materia Medica of the Divine Husbandman
Shiji	史記	Records of the Historian
shiliao	食療	use food as medicine, dietary therapy
shuxue	腧穴	acupoints, energy points
taijiquan	太極拳	Chinese shadow boxing
tuina	推拿	TCM massage, acupressure and manual manipulation, bone-setting
wang	望	visual observation, looking
weiqi	衛氣	defense energy
wén	聞	listening and smelling
wèn	問	asking, questioning
wuxing	五行	five phases, five elements
xiyi	西醫	Western medicine or Western medicine physician
Yin-Yang	陰陽	Yin and Yang
Yixue Shigang	醫學史綱	An Outline History of Medicine
Yixue Shuju	醫學書局	Medical Press
zangfu	臟腑	internal organ system
zhengqi	正氣	normal functioning and energy of the body
zhengti guannian	整體觀念	TCM holistic concepts
zhenjiu	針灸	acupuncture and moxibustion
Zhongguo Yixue Shi	中國醫學史	A History of Chinese Medicine
zhongyaochufang	中藥處方	TCM herbal formula prescription
zhongyi	中醫	Chinese medicine or TCM physician
zuotang	坐堂	a herbalist carrying out consultation in a herbal pharmacy, sit in the store

APPENDIX 2 CANADIAN CHRONOLOGY OF TCM: 1865 - 2000

1865 First group of Chinese coolies came to British Columbia. The use of TCM started within Canada's Chinese community.

1878 Sir William Osler used European imported acupuncture for pain relief in Montreal.

1885 A discriminative head tax imposed on Chinese entry to Canada that discouraged Chinese immigration, as well as the introduction of TCM and importation of TCM herbs to Canada.

1892 Sir William Osler recommended acupuncture to be the most effective means of treating lumbago in his *Principle and Practice of Medicine.*

1923 *Chinese Exclusion Act* passed; Chinese immigration to Canada stopped

1947 *Chinese Exclusion Act* appealed; Chinese were allowed to immigrate to Canada for family reunion.

1961 Bethune Professorship exchange program facilitated the introduction of acupuncture & TCM to Canada.

1967 Bethune Professorship exchange program interrupted because of China's Cultural Revolution.

1970 Diplomatic relations between Canada and China established in October.

1971 Canadian Cultural Delegation organized by the University of BC visited China and visitors' reports stimulated public interest in acupuncture and TCM.

1972 Chinese Medical Delegation visited Canada and lectured on acupuncture in Canadian medical centers.

Oscar Wexu, with his colleagues and students, founded the first Canadian acupuncture association – the Association d'acupuncture du Québec (AAQ).

Henry Lu, Ph.D., started his massive translation of Chinese texts in acupuncture and TCM.

1973 Prime Minister Trudeau visited China and negotiated with Chinese Premiere Chou En-lai a medical exchange program, including acupuncture between the two nations.

Canadian Medical Delegation organized by CMA visited China observing acupuncture anesthesia, acupuncture therapy and TCM in practice.

Dr. Murray Allen and colleagues founded the first physicians' acupuncture association – North Shore Acupuncture Society, incorporated in North Vancouver.

Québec organized medicine started pursuing legal charges against Wexu and members of the AAQ for unlawfully practising medicine.

Report of the Ontario Task Force on Acupuncture submitted to the Ontario Council of Health in which tight medical control over this procedure was recommended.

1974 New World Acupuncture Society of BC, incorporated in Vancouver, renamed to Western Acupuncture Association of BC in 1977, and renamed to AABC in 1982.

The first reported case in BC of an acupuncturist, K.K. Leung charged for practising and teaching medicine illegally.

Acupuncture Foundation of Canada (AFC) formed by a group of physicians with head office in Toronto.

1975 Canada's medical colleges and associations formed a united front on acupuncture policy

1977 *Bill 25* passed on December 22 that amended the *Medical Act* to allow the practice of acupuncture by non-physicians in Quebec.

1978 Pierre Gaulin founded the first non-physician acupuncture association in Ontario – Canadian Acupuncture Association of Canada (CAAC) located in Ottawa.

1979 Alberta Judge Stevenson acquitted Luke Wong for the charge of practising medicine without a license. The first of such judgments ever made in a Canadian jurisdiction.

Bill 25, the first official version of the *Acupuncture Regulation* in Quebec published in *Official Gazette of Quebec* in May.

1980 Ontario Judge Jean Pierre Beaulne acquitted Ottawa acupuncturist Pierre Gaulin of illegally practising medicine and of illegally using the title "Doctor" or "Dr." Since then, the practice of acupuncture has been in public domain in Ontario.

Acupuncture Society of Alberta (ASA) established

1983 BC Provincial Court Judge G.H Gilmour found Reiner Arno Grabreck guilty of unlawfully practising medicine.

Cedric Cheung and a group of Toronto practitioners founded the Chinese Medicine and Acupuncture Association of Canada (CMAAC) located in London.

1984 The Ontario Health Professions Legislation Review (HPLR) disqualified acupuncture as a self-regulated profession due to the lack of sufficient risk to the public.

BC Health Minister Names Nielsen appointed the Health Minister's Advisory Committee on Acupuncture.

1985 Dr. Wee-chong Tan founded the Academy of Science for TCM (predecessor of CCAOM) in Victoria, BC with a three-year full-time program.

Former BC Health Minister Dennis Cocke introduced a private member's bill to legally recognize acupuncture performed by non-physician acupuncturists.

Amendments to the *Medical Act* and the *Acupuncture Regulation* passed in Quebec. Acupuncturists must register themselves with the medical regulatory body CPMQ and could only see clients with "medical certificates" issued by physicians.

1986 Canada's first state-recognized, three-year, full-time acupuncture training program established in Collége Rosemont in Montreal.

First International Chinese Medicine and Acupuncture Academic Convention in Toronto organized by the CMAAC.

1988 Alberta passed the *Acupuncture Regulation*. The practice of acupuncture was to be regulated and the title "acupuncturist" reserved.

(BC) *Report of the Minister's Advisory Committee on Acupuncture* released recommending self-regulation of acupuncture.

SPAAQ formed under the powerful Quebec union Confédération des syndicats nationaux (CSN), a great boost to acupuncture movement in Quebec.

1989 BC Health Minister Peter A. Dueck tabled the *Health Occupations Act* (Bill 91), but it was incomplete.

Requested by the College of Physicians and Surgeons of BC, R.C.M.P. investigated acupuncturists for illegal practising medicine.

1990 BC *Health Professions Act* (Bill 31) passed.

1991 BC Health Professions Council was appointed to review applications of various health practitioners' groups for designation as self-governing professions.

Alberta *Acupuncture Regulation* was amended and came into force in October.

1992 BC Health Professions Council held a Public Hearing for the designation of acupuncture in Vancouver.

Alberta's first registrated examination for acupuncturists administered in April.

1993 *Recommendations on the Designation of Acupuncture* made by the Health Professions Council of BC to the Health Minister, released in November.

Regulated Health Professions Act (*RHPA*, 1991) in Ontario came into effect on December 31.

1994 Quebec National Assembly passed *An Act Respecting Acupuncture* (Bill 34) on July 17, which establishes acupuncture as a self-regulated health profession.

Acupuncture NAFTA Commission formed at the meeting held in Acapulco,Mexico.

1995 Legal authority of regulating the practice of acupuncture in Quebec transferred from the CPMQ to the Ordre des Acupuncteurs du Québec on the first of July.

The 1995 Toronto Conference of the World Association of Chinese Medicine organized by the CACTHS in October.

1996 BC *Acupuncturists Regulation* passed and BC's first College of Acupuncturists established in April.

Ontario HPRAC Public Forum on Acupuncture held in Toronto in June and the HPRAC recommended to the Government that acupuncture be regulated.

1997 BC Health Professions Council held a Public Hearing for the designation of TCM in October.

The Michener Institute in Toronto introduced a four-year full-time professional acupuncture-training program.

1998 *Recommendations on the Designation of Traditional Chinese Medicine* made by the Health Professions Council of BC to the Health Minister, released in July.

1999 BC Government announced in June the full range of TCM would be regulated, the first Canadian jurisdiction to recognize TCM as an autonomous health profession.

BC issued the first ever licenses to sixty-eight acupuncturists.

Grant MacEwan Community College in Edmonton, Alberta introduced a three-year full-time diploma program in acupuncture.

2000 Ontario HPRAC Informal Discussion Forum (Toronto) on regulating TCM and acupuncture in September.

International Chinese Traditional Medicine Academic Conference (Toronto) organized by the CACTHS in October.

APPENDIX 3 LIST OF TCM TECHNIQUES

1. **Acupuncture**
   a. acupuncture with regular stainless acupuncture needles
   b. acupuncture with press needles
   c. electrical acupuncture (connecting selected needles with an electric stimulator)
   d. auricular acupuncture with regular needles or press needles
   e. acupuncture with plum blossom needles
   f. acupuncture with warming needles
   g. blood-letting with a sharp triangular needle
   h. laser (beam) acupuncture
   i. TENS (transcutaneous electric nerve stimulation)
2. **moxibustion**
   a. standing moxibustion
   b. stick moxibustion
   c. Zhou's moxibustion
3. **Cupping**
   a. cupping with glass jars
   b. cupping with bamboo jars
4. **Magnetic application to acupuncture points**
   a. ear magnets
   b. body magnets
5. **TCM manual therapies**
   a. Tuina (Chinese massage, occasionally with tools such as a roller)
   b. Acupressure pressure
   c. Manipulation (manually or added with equipment)
   d. Skin scrape (guasha)
6. **TCM pulse diagnosis**
7. **TCM tongue diagnosis**
8. **TCM herbology (usually in a compound format of a group of herbs, called a formula)**
   a. Sliced dry herbs (to make herbal soup)
   b. prepared herbal pills, tables and balls
   c. herbal powders
   d. herbal wine
   e. herbal liquids
   f. herbal plasters (poultices)
9. **Health promotional techniques**
   a. Taichi (Taiji)
   b. Qigong (daoyin)
   c. Meditation (rujing, dazuo)

10. TCM personalized advice

a. advice to diet
b. advice to exercises
c. advice to environmental changes (such as seasons, geography)

APPENDIX 4 CHARTS OF MERIDIANS AND ACUPOINTS

Figure 24: Side View of an Acupuncture Meridian Chart

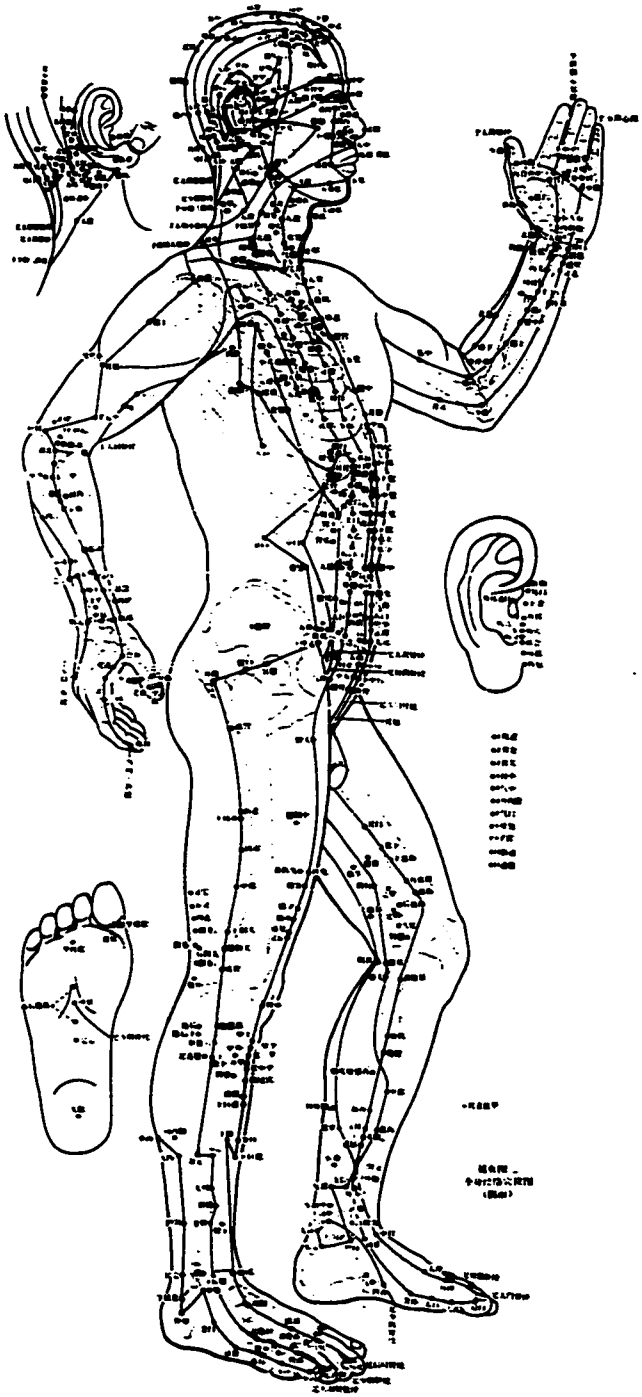
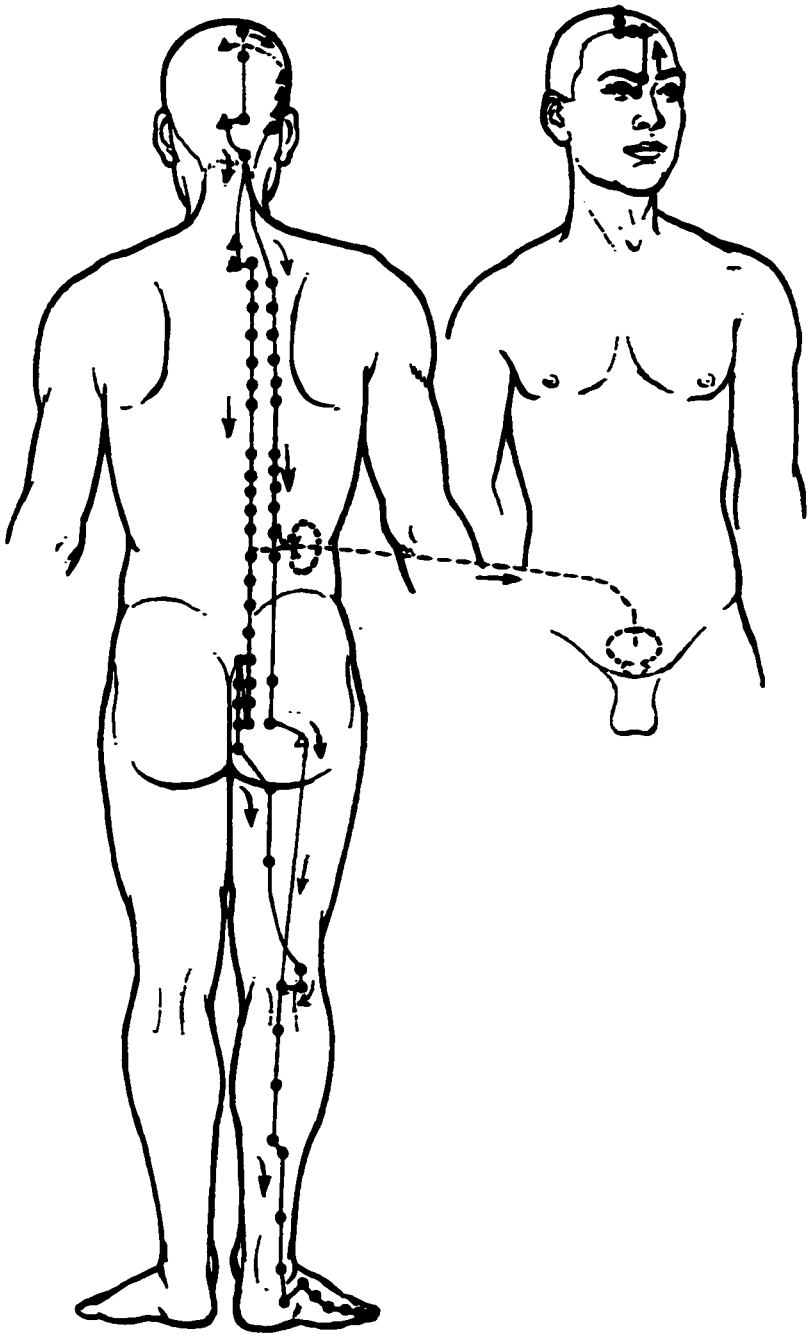


Figure 25: Complete View of the Bladder Meridian[1]



[1] Note that the bladder meridian belongs to the host organ, the urinary bladder, and connects to its corresponding pair organs, the kidneys.

APPENDIX 5 NEW ACUPUNCTURE AND ACUPUNCTURE ANESTHESIA

The exotic idea of barefoot doctoring was interesting, but the idea was not very appealing to most Canadians, because 80 per cent of the Canadian population lived in urban areas with easy access to highly trained physicians and hospital facilities. TCM herbal decoctions were very foreign and inconvenient, especially after the "pill solution" dominated medical encounters for over half a century. It was acupuncture that really caught the attention of the Canadian medical profession and the public because it involves the "needle," the "nerve" and its association with surgery as in acupuncture anesthesia. Because it was more amenable to Western thinking and the media gave the technique very much publicity, acupuncture soon became the synonym for Chinese medicine in the 1970s.

The Chinese Communist Party promulgated acupuncture innovations, especially during the Great Leap Forward and the Cultural Revolution. Electric acupuncture, acupuncture anesthesia, acupoint injection, acupoint imbedding of needles (intradermal), acupoint and meridian imbedding of thread, scalp acupuncture and ear acupuncture are among such acupuncture techniques. A small number of practitioners used electric acupuncture during the Republic era (1911-1949), but it had been greatly developed and promoted since 1958. On one hand, they are all associated with traditional theory and the practice of acupuncture, something inherently Chinese, and a source of national pride; on the other hand, they bear features of Western medical practice, a token of science and modernity. These characteristics in technique innovations perfectly suited the Chinese Communist Party's ideology at the time: patriotism, nationalism, scientism and progressiveness.

Electric acupuncture refers to connecting electric current from a stimulator (usually powered with batteries) with acupuncture needles after they are inserted to selected acupoints. Electric acupuncture is a rather common practice. During the 1995 Toronto Conference of the World Association of Chinese Medicine (August 18-25), I surveyed 102 Canadian acupuncturists, and 81 of them used electric acupuncture technique on some of their clients. Acupoint injection, literally known as "water needling", refers to injecting a small amount of fluid (usually saline, vitamin solutions or TCM herbal extracts) into acupoints with a regular syringe instead of inserting a dry acupuncture needle. Only 7 of the above informants used this technique. The method of imbedding special needles to acupoint intradermally was very popular in the 1970s in China. In the above-mentioned 1995 survey, only 9 had applied this technique. In my investigation, no therapist has ever applied the treatment of acupoint/meridian imbedding of thread, a technique similar to minor surgery. In contrast, all the above informants of my 1995 survey used scalp acupuncture and ear acupuncture regularly in their practices. During the Cultural Revolution, some practitioners mapped areas of the scalp for acupuncture needling in accordance with the concept of functional localization of the cerebral cortex. In 1957, a French doctor named, P. Nogier, published his map of the ear acupoints. His theory was further developed in China to become one of the commonly used new acupuncture techniques today. The fascinating reportage of acupuncture anesthesia promoted the reintroduction of acupuncture

therapy to Canada, but acupuncture anesthesia in itself has never become a regular procedure in Canada.

Acupuncture anesthesia refers to applying acupuncture stimulation to certain acupoints in order to release pain and to relax muscles for surgical procedures.[1] Acupuncture needling and manipulation should start at least twenty minutes before the operation to reach an ideal analgesic effect (inducement) and an adequate quantity of stimulation is maintained throughout the procedure. A small dose of various medications (tranquilizers or/and muscle relaxants) may be given to the patient who is completely conscious during the operation and cooperative with the surgeon. Except for pain, other senses and normal physiological functions remain intact and vital signs are stable. Therefore, some authors preferred the term acupuncture analgesia to acupuncture anesthesia, because analgesia means the lack of pain whereas anesthesia is a state of unconsciousness. This technique originated from acupuncture treatment for pain and was influenced by contemporary anesthesiological principles.

After the Communists took power in 1949, traditionally trained and Western style physicians were encouraged to learn from each other. In many areas of China, acupuncturists and surgeons worked together using acupuncture for post operational pain. In 1958, in response to Mao's call, "Traditional Chinese medicine was a great treasure house, efforts should be made to explore it and raise it to a higher level," medical workers in Shanghai and in Xi'an (Shanxi Province) began to explore the possibility of using acupuncture to replace conventional anesthesia during surgical operations. From August 30 to September 7, 1958, Shanghai First People's Hospital successfully completed forty-seven tonsillectomies with acupuncture stimulation. In December, Xi'an Fourth People's Hospital introduced electric stimulation through inserted acupuncture needles (electric acupuncture) as a way of anesthesia for surgery. (See Bibliography under Shanghai First Hospital and Xi'an Fourth Hospital) These events started the first chapter of a relatively short history of acupuncture anesthesia.

From 1958 to 1968, acupuncture anesthesia was in its stage of experimentation, gradual standardization and experience accumulation. Since it was considered one of the victorious examples of Mao's revolutionary line on medicine, the Cultural Revolution created a favorable political environment for acupuncture anesthesia to play a big role in surgical operations. (For Mao's role in this movement, see Bibliography under Li Jingwei). In 1971, the Chinese Communist Party and the Government officially announced the achievements

[1] The equivalent term of acupuncture anesthesia in Chinese is zhenci mazui that has been used since the invention of this technique. In official English documents in China, the term "acupuncture anesthesia" is used. Some authors choose to use the word "analgesia" instead of "anesthesia" because acupuncture for surgery stops only the pain sensation and the patient remains awake. Unless in a direct quote, I use the term acupuncture anesthesia as a matter of respect to history and truthful translation. In *American Heritage Dictionary* (3rd edition, version 3.5, 1994), analgesia is defined as a deadening or absence of the sense of pain without loss of consciousness. For anesthesia, it gives two definitions: 1. Total or partial loss of sensation, especially tactile sensibility, induced by disease, injury, acupuncture, or an anesthetic, such as chloroform or nitrous oxide; 2. Local or general insensibility to pain with or without the loss of consciousness, induced by an anesthetic.

of acupuncture anesthesia in operations by publishing a series of studies of acupuncture anesthesia in the Party's prestigious periodical *The Red Flag Journal* (Hongqi Zazhi, No 9 & No 12) and soon after, released a film named *Acupuncture Anesthesia*. From 1968 to 1978, an estimated 2,000,000 surgical procedures were carried out under acupuncture anesthesia all over Mainland China, from major urban medical centers to rural commune clinics, from common appendectomy to open heart surgery.

In 1975, as a student representative, I was allowed to observe a partial gastrectomy under acupuncture anesthesia (at Hunan Provincial People's Hospital) on my high school director and teacher, Mr. Tan. He was absolutely relaxed without any sign of discomfort. He was really amazed by the acupuncture technique. After the surgery, he had the excised part of his stomach bottled with formalin and kept it with him. In 1978, he was quite happy that I was admitted to a TCM university program. By that time, however, acupuncture anesthesia was just about out of fashion. I learned the technique from our experienced instructors, but never got a chance to apply it.

The First National Symposium on Acupuncture & Moxibustion and Acupuncture Anesthesia (Beijing) in 1979 (June 1-5) established the efficacy of acupuncture by reviewing thousands of published studies, but the symposium officially concluded the "mass campaign" in acupuncture anesthesia.[2] Canadian scientists, Professor Ronald Melzack and Bruce Pomeranz, medical acupuncturist, Jack Richman, and acupuncture activist, Oscar Wexu were invited by the Chinese Government to the Symposium. In the 80s and 90s, free from political pressure, acupuncture remained a commonly-used popular therapy. Acupuncture anesthesia became one option in anesthetic methods in a small number of hospitals and cases; however, selection for using acupuncture anesthesia became much more restrictive and in no way competitive with conventional anesthesia.

There are certain advantages to using acupuncture anesthesia. First of all, a patient can cooperate with the surgeon, which reduces the risk of accidental nerve damage by the operation. Secondly, it does not have the side effects or accidents related to chemical anesthesia. It is a good choice for patients who are allergic to chemical anesthetics, who have failing heart, lungs, liver or kidneys or who are in shock. Patients have speedy recoveries from the surgery because physiological disturbance is minimal. They can eat and move earlier. Acupuncture anesthesia is inexpensive and easy to apply. There is no need for complicated equipment. The following shortcomings of acupuncture anesthesia restrict its extensive use. The pain is sometimes not completely blocked and muscles are not relaxed to a sufficient degree (Therefore, small doses of medications are often added). The effect of acupuncture anesthesia may not last through a very long operation. It requires the surgeon to be steady, accurate, gentle and fast. Nervous persons are not good candidates for such a technique because they cannot endure the psychological pressure of knowing what's going on in the operation.

Acupuncture anesthesia is not part of traditional practice, but rather a new development of TCM, though traditional theories of the meridians, acupoints, and needling techniques were instructive in the procedure.

Chinese surgical teams in various institutions accounted for this process in empirical terms, and sought its conformity with modern physiology and anatomy. Acupuncture

[2] People's Health Publishing House, ed., *National Symposium of Acupuncture, Moxibustion and Acupuncture Anesthesia*, (Beijing: World Books, 1979).

anesthesia, as an offspring of traditional acupuncture, was separated from her parent in early infancy and was adopted by Western surgical technology as a means of achieving analgesia for operations.

APPENDIX 6 SOME INDICATIONS FOR ACUPUNCTURE

INDICATIONS FOR ACUPUNCTURE (WHO)

Not all the conditions treated were based on controlled studies; some were based on clinical experiences. According to the theories of traditional acupuncture, this technique could be used for a wider range of disorders, because acupuncture treatment improves the body's state of functioning to deal with the problem. Some conditions and some individuals might respond to acupuncture better than others. An acupuncture treatment does not necessarily mean a "cure" of a disorder. It might slow down or stop the worsening process of a disorder or improve the situation. In terms of traditional acupuncture, it is a successful treatment if a patient feels generally better. (Source: World Health Organization (WHO), "Use of Acupuncture in Modern Health," *WHO Chronicle*, 34, (1980): 294-301.

Respiratory Tract Disorders
Acute Sinusitis
Acute Rhinitis
Common Cold
Acute Tonsillitis

Bronchopulmonary Disorders
Acute Bronchitis
Bronchial Asthma

Disorders of the Eyes
Acute conjunctivitis
Central Retinitis
Myopia
Cataract

Disorders of the Mouth Cavity
Toothache
Pain after Tooth Extraction
Gingivitis

Gastrointestinal Disorders
Spasm of the Oesophagus and Cardia
Hiccoughs
Gastroptosis
Acute and Chronic Gastritis
Gastric Hyperacidity
Chronic Duodenal Ulcer
Acute and Chronic Colitis
Acute Bacterial Dysentery
Constipation
Diarrhea
Paralytic Ileus

Neurological & Orthopedic Disorders
Headache
Migraine
Trigeminal Neuralgia
Facial Paralysis
Paralysis after Apoplectic Fit
Peripheral Neuropathy
Paralysis Caused by Poliomyelitis
Ménière's Syndrome
Neurogenic Bladder Dysfunction
Nocturnal Enuresis
Intercostal Neuralgia
Periarthritis Humeroscapularis
Tennis Elbow
Sciatica, Lumbar Pain
Rheumatoid Arthritis

NIH CONSENSUS ON ACUPUNCTURE (USA)

In 1997, the American National Institute of Health (NIH) organized a NIH Consensus Conference on Acupuncture to provide practitioners, patients and the public with a responsible assessment of the use and effectiveness of acupuncture to treat a variety of conditions. A nonadvocate 12-member panel was formed, representing the fields of acupuncture, pain, psychology, psychiatry, physical medicine and rehabilitation, drug abuse, family practice, internal medicine, health policy, epidemiology, statistics, physiology, biophysics, and the public. An exhaustive bibliography of 2,302 references, produced from medical literature of January 1970 to October 1997, including studies by Canadian authors, was provided to the panel and the 1200 conference-audience. Twenty-five experts including invited Canadians from the above fields, made presentations to the conference. Based on the principle that scientific evidence must be given precedence over clinical anecdotal experience, the panel developed its final statement just a few weeks after the conference.[1]

Conclusion:

> Acupuncture as a therapeutic intervention is widely practicd in the United States. Although there have been many studies of its potential usefulness, many of these studies provide equivocal results because of design, sample size, and other factors. The issue is further complicated by inherent difficulties in the use of appropriate controls, such as placebos and sham acupuncture groups. However, promising results have emerged, for example, showing efficacy of acupuncture in adult postoperative and chemotherapy nausea and vomiting and the postoperative dental pain. There are other situations, such as addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma, in which acupuncture may be useful as an adjunct treatment or an acceptable alternative or be included in a comprehensive management program. Further research is likely to uncover additional areas where acupuncture interventions will be useful.[2]

[1] See http://consensus.nih.gov.

[2] *JAMA*, 1998 (280), p. 1518-1524. Quoted from p. 1518.

APPENDIX 7 INTERVIEW QUESTIONNAIRE

I. Historical Context (1970-75) in Which Traditional Chinese Medicine (TCM) Was Introduced to Canada

1. Were you personally involved in this introduction, or can you recollect some historical facts that took place on either a national, provincial or local basis?

2. Why was TCM introduced to Canada during this specific period of time? Were there political or socio-cultural preconditions that made this introduction possible?

II. The Relations Between Established Health Professions (Especially the Medical Profession) and TCM of the Past Two Decades

3. What do you have to say, including some facts and details, about the attitudes of organized medicine toward TCM and its practitioners in a historical perspective? What were their strategies and tactics in dealing with the issue of TCM? How did the medical profession deal with the practice of TCM by non-physicians and how did the TCM practitioners or their groups react to the medical profession? Did they sometimes cooperate for the good of the patients by recommending patients to one another?

4. In your practice and environment, what have been the attitudes of other health professions toward TCM, such as dentistry, chiropractic, naturopathy, nursing, and physiotherapy? What do you know about their training and practice in TCM? What is their relation to the TCM practitioners?

5. Have you seen any change in attitude of the medical profession and other health professions toward TCM?

III. The Development of TCM in Canada

6. Do you happen to know anything concerning TCM in Canada before the 1970s, for example, within the local Chinese community or physicians who might have practised it?

7. What branches or elements of TCM have been introduced in Canada or in your local community since 1970?

8. Were you one of the early practitioners of TCM or did you know any? When did practitioners of TCM begin to organize themselves and what form did this take? What was your involvement? What are the current activities of acupuncturists' groups?

9. In the early 1970s, there were only a handful of qualified practitioners of TCM in Canada. Today, there are close to 2000 practitioners who consider TCM as a profession. There are still many more who use a bit of TCM, especially acupuncture and Chinese manipulation technique in their respective professions. What has changed in terms of education and training of TCM practitioners? (apprenticeship, schools and examinations)

10. Why have people chosen TCM as their career? What motivated their devotion to holistic health care? (new cultural influence? family tradition? career change?)

11. What about the financial factors related to the practice of TCM? Has it ever been a lucrative business? Could the practitioners make a living from it (income)? How about patients' costs and operational costs? Have there been any public or private insurance policies covering TCM treatments? What were the efforts made to fight for public health plan and insurance coverage?

IV. Administrative and Legal Aspects of TCM in Canada

12. What have politicians' attitudes been toward TCM? (local MP, MPP, the Minister of Health, etc.) What were the governmental policies regarding the practice of TCM and what was your opinion of these?

13. What have been the laws governing TCM in your province? How have they been changed over the years? Did you or do you know anyone who was prosecuted for practising TCM?

V. Public Opinions and Patients' Perspectives

14. What were the public attitudes toward TCM? How did they support the cause of TCM in your area? How have the attitudes changed over the years?

15. Why did clients come to TCM practitioners? What were the reactions of the clients to TCM therapies? Judging by your own practice or that of others, how effective do you feel TCM is?

VI. Scientific Research of TCM

16. What do you know about the scientific research of TCM in Canada or elsewhere? Have you ever done or participated in any studies on this issue?

17. Do people practise TCM in a unique way or in different forms? What are the differences between different practitioners in different regions, with different clientele? How do you explain such terms as traditional acupuncture, medical acupuncture, and scientific acupuncture? What are the ethnic and cultural differences manifested in this aspect?

VII. Personal Profiles

18. Would you tell me something about yourself? Why did you decide to have a career in TCM? Where did you obtain your training? Has your practice been successful over the years? How do you evaluate your involvement and contribution to the holistic health movement, the development of TCM in Canada or in your area (for example, your work in TCM organizations)?

19. What do you think of the future of TCM in this country and in your area? What are your and your organization's plans for the future development of TCM?

20. Do you have something such as documents, letters, diaries, patient records and alike which would be useful for my research project? Everything I borrow from you would be returned safe and sound. Can you recommend any other informants (politicians, medical doctors, TCM practitioners or patients) whom I should meet?

APPENDIX 8 ACUPUNCTURE LEGISLATION IN CANADA

ACUPUNCTURE LEGISLATION IN ALBERTA

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AR 42/88 Acupuncture
(Consolidated up to 280/93)

ALBERTA REGULATION 42/88

Health Disciplines Act

ACUPUNCTURE REGULATION

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Definitions

1 In this Regulation,

(a) "Act" means the Health Disciplines Act;

(b) "acupressure" means the stimulation of an acupuncture point by nominal pressure;

(c) "acupuncture" means the stimulation of an acupuncture point on or near the surface of the body by the insertion of needles to normalize physiological functions or the flow of Chi for the treatment of discomfort of the body and means the techniques of needle acupuncture, electro-acupuncture, acupressure and moxibustion;

(d) "acupuncturist" means a person who is registered as a member of the designated health discipline of acupuncturist;

(e) "Committee" means the Acupuncture Committee established by the Minister under section 5(1) of the Act;

(f) "cupping" means the stimulation of acupuncture points by the application of a small jar or cup within which a vacuum has been created;

(g) "dentist" means a licensed member, professional corporation or registered practitioner as defined in the Dental Profession Act;

(h) "electro-acupuncture" means the electrical stimulation of acupuncture points;

(i) "moxibustion" means the application of the heat generated by burning moxa wool to produce warming of the tissues in the vicinity of an acupuncture point;

(j) "needle acupuncture" means the stimulation of acupuncture points by the insertion of needles.

AR 42/88 s1

Initial registration

2(1) A person is eligible to be registered as a member of the designated health discipline of acupuncturist if the person

(a) has satisfactorily completed

(i) a program of studies that has been approved by the Board, or

(ii) a program of studies that is substantially equivalent to a program referred to in subclause (i),

(b) has satisfactorily completed an examination approved by the Board,

(c) has

(i) within the 2 years immediately preceding the date of application carried out the practice of acupuncture for at least 500 hours,

(ii) within the 1 year immediately preceding the date of application met the requirements of clause (a), or

(iii) within the 1 year immediately preceding the date of application satisfactorily completed additional training as required by the Committee,

(d) has completed and submitted to the Registrar the applicable forms prescribed by the Minister and has paid the applicable fees prescribed in section 15,

(e) has completed a personal interview with the Registrar or his designate, and

(f) provides evidence satisfactory to the Registrar of sufficient competence in and comprehension of the English language to be able to practice as an acupuncturist in Alberta.

(2) Notwithstanding subsection (1)(f), a person may be eligible to be registered as a member of the designated health discipline of acupuncturist if the person meets the requirements of subsection (1)(a) to (e) and the Committee approves that the person may practice acupuncture under the supervision of an acupuncturist who meets the requirements of subsection (1)(f).

AR 42/88 s2

Temporary registration

3(1) A person is eligible to be temporarily registered as a member of the designated health discipline of acupuncturist for a period of 2 years if the person

(a) completes the requirements of section 2(1)(a), (e) and (f),

(b) has within the 2 years immediately preceding the date of application practised as an acupuncturist for at least 500 hours but at least 250 of those hours must have been practised in Alberta within 1 year immediately preceding the date of the application, and

(c) has completed and submitted to the Registrar the applicable forms prescribed by the Minister, and has paid the applicable fees prescribed in section 15 prior to October 1, 1991.

(2) A temporary registration cannot be renewed.

AR 42/88 s3; 276/88

Registration renewal

4(1) For the purposes of section 16 of the Act, the Registrar shall issue an annual certificate to an acupuncturist registered pursuant to section 2 who has submitted a completed renewal of registration form prescribed by the Minister, paid the applicable fees prescribed in section 15, and

(a) within the 2 years immediately preceding the date of submission of the application for renewal of registration, completed 50 hours of educational programs approved by the Committee and has, within the 2 years immediately preceding the date of application for renewal of registration, worked as an acupuncturist for at least 1360 hours, or

(b) if section 16(4) of the Act applies, satisfactorily completed, within the period of time specified by the Committee, the training program or examination, or both, prescribed by the Committee.

(2) The training programs and examinations that the Committee may order an applicant for renewal to take or pass pursuant to section 16(4) of the Act are

(a) a period of practice under the supervision of an acupuncturist for a duration determined by the Committee;

(b) the examination referred to in section 2(1)(b);

(c) a period of additional training including all or a part of the program of studies referred to in section 2(1)(a) as determined by the Committee.

AR 42/88 s4

Renewal date

5 The date for submission of an application for renewal of registration for the purposes of section 16 of the Act is January 1st of the year for which the renewed registration will be valid.

AR 42/88 s5

Register

6 The Registrar shall enter in the register the names, places of employment and registration numbers of persons to be registered as acupuncturists and shall issue each registered member a certificate of
registration.

AR 42/88 s6

Permitted modes of practice
7 An acupuncturist may provide the services of acupuncture but in providing that service the only technical modes of practice that an acupuncturist may use are needle acupuncture, electro-acupuncture,
moxibustion, cupping and acupressure.
AR 42/88 s7

Care and treatment
8(1) An acupuncturist shall not undertake the care and treatment of a person unless
(a) that person has already consulted with a physician or, in the case of dental pathology, a dentist about the condition for which he is seeking care and treatment,
(b) that person has informed the acupuncturist that he has consulted a physician or dentist about the condition, and
(c) the acupuncturist has completed the patient consultation form prescribed by the Minister.
(2) An acupuncturist shall retain the form completed under subsection
(1)(c) with the record referred to in section 12.
AR 42/88 s8

Advice to patient
9(1) An acupuncturist shall not inform a patient by any form of communication that acupuncture cures diseases.
(2) An acupuncturist shall not advise a patient to discontinue any treatment that has been prescribed by a physician or dentist.
AR 42/88 s9

Condition fails to improve
10 If after 6 months of providing the services of acupuncture to a patient the patient's condition for which the services are being provided does not improve, the acupuncturist shall refer the person to a physician or in the case of dental pathology, to a dentist.
AR 42/88 s10

Instruments
11(1) The instruments that an acupuncturist may use in the examination of a patient are restricted to non-invasive measuring equipment including thermometers, stethoscopes, electrical devices used for locating acupuncture points and measuring skin resistance, blood pressure and pulse rate monitors and flashlights.

(2) When providing a needle-acupuncture treatment, an acupuncturist may only use pre-sterilized disposable needles that shall be disposed of by the acupuncturist as soon as they have been used.
AR 42/88 s11

Patient records

12(1) An acupuncturist shall, in the English language, complete a record of management for each patient.
(2) An acupuncturist shall, in records of patient management, use the acupuncture point numbering system that is set out in the Essentials of Chinese Acupuncture, first edition, 1980, compiled by the Beijing College of Traditional Chinese Medicine, the Shanghai College of Traditional Chinese Medicine, the Nanjing College of Traditional Chinese Medicine, and the Acupuncture Institute of the Academy of Traditional Chinese Medicine published by the Foreign Languages Press, Beijing, China and is available from the Alberta Acupuncture Society and from the Registrar.
(3) The record of patient management referred to in subsection (1) shall be retained in the acupuncturist's clinic for a period of at least 5 years after the patient receives treatment from or consults with the acupuncturist.
AR 42/88 s12

Practice review
13(1) As a condition to providing services, the place where an acupuncturist conducts his practice of acupuncture may be inspected in accordance with subsections (2) and (3) by the Registrar or a person
authorized in writing by the Registrar.
(2) An inspection may be made during regular business hours to ascertain whether
(a) the requirements of this Regulation are met, and
(b) the acupuncturist has maintained adequate skill and knowledge
as required by this Regulation.
(3) A person authorized pursuant to subsection (1) shall, when carrying out an inspection, on demand show identification and proof of authorization in the form prescribed by the Minister.
AR 42/88 s13

Non-delegated procedures
14 Unless authorized in writing by the Committee, an acupuncturist shall not delegate to any person, other than another acupuncturist, any of the following procedures:
(a) the taking of medical history from patients;
(b) the use of diagnostic instruments on patients;
(c) the insertion of acupuncture needles;
(d) the use of therapeutic devices on patients;
(e) the supervision of patients while they are receiving therapy;
(f) the removal of therapeutic instruments from patients.
AR 42/88 s14

Fees
15 The fee for
(a) an application for registration is $40;
(b) an initial registration is $60;
(c) an annual registration is

(i) $100 in the case of a complete application received by the Registrar prior to the date set out in section 5, and

(ii) $115 in the case of a complete application received by the Registrar on or after the date set out in section 5.

AR 42/88 s15;280/93

Standards of conduct

16 An acupuncturist shall

(a) practise acupuncture in a safe and competent manner and shall be guided at all times by the patient's welfare and best interests;

(b) attend to the health needs of all those seeking acupuncture services without discrimination based on race, religious belief, colour, sex, national or ethnic origin, or age;

(c) at all times practise acupuncture with all the knowledge and ability of which he is capable;

(d) not practise acupuncture under conditions that adversely affect the quality of his treatment of the patient;

(e) improve his knowledge and skill by constantly renewing his theoretical and clinical education and by adjusting to modern concepts of the practice of acupuncture;

(f) not mislead patients with respect to information, procedures, equipment or materials;

(g) consult with colleagues or with members of other professions when the consultation, in the acupuncturist's professional judgment, is in the best interests of his patient and shall advise the patient when that consultation is necessary;

(h) keep in strict confidence information about a patient of a professional or personal nature that the acupuncturist acquires in the course of providing health services under this Regulation;

(i) when examining a patient, respect the honour, dignity and privacy of the patient;

(j) not offer any benefit, either direct or indirect, to any person in return for the referral of a patient by that person;

(k) not accept any benefit, either direct or indirect, from any person in return for the referral of a patient.

AR 42/88 s16

Advertising limitations

17(1) An acupuncturist may advertise only in accordance with this Regulation.

(2) Advertising by an acupuncturist shall be in good taste as determined by the Committee.

(3) Advertising shall

(a) be truthful, accurate and not misleading to the public,

(b) maintain the dignity of the discipline of acupuncture, and

(c) not claim that the services of one acupuncturist are superior to those of another.

(4) An acupuncturist may permit a person, whether directly or indirectly, to advertise on his behalf with respect to health services that the acupuncturist provides under this Regulation only in accordance with this Regulation.

(5) An acupuncturist may send a notice by letter or card of the opening of an office, a change of address or telephone number or the commencement of or change in a partnership

or association to his current patients, other acupuncturists or members of any other health profession.

AR 42/88 s17

Advertisement contents

18(1) Only the following information may be included by an acupuncturist in an announcement, business card, letterhead or an advertisement in any regularly published publication or on a sign:

(a) the name of the acupuncturist and the names of his partners and associates;

(b) the acupuncturist's title, degree or graduate status from a university and membership in other professional societies approved by the Committee;

(c) the acupuncturist's address, neighbourhood, telephone number and any telex or telecopier number;

(d) the acupuncturist's office hours;

(e) languages the acupuncturist speaks;

(f) employment opportunities in the practice of acupuncture;

(g) a change in an address or telephone number;

(h) the opening of the acupuncturist's office;

(i) the commencement or termination of a partnership or association;

(j) any change in a partnership or association;

(k) any other information specifically approved by the Committee.

(2) An announcement referred to in subsection (1) shall not appear more than once a week in any 1 publication.

(3) An advertisement or announcement in a publication shall not be more than 2 columns in width and 10 cm in depth.

(4) An acupuncturist may place an advertisement in a telephone directory listing in accordance with the following requirements:

(a) a listing in the white pages of a telephone directory shall be in bold print with all listings uniform as to type, colour, size and form and may include only the name, address and telephone number of the acupuncturist;

(b) a listing in the yellow pages of a telephone directory shall be in the smallest print with all listings identical in type, colour, size and form and may include an alphabetical listing of acupuncturists practising under the same firm name stating only the name, address and telephone number of the acupuncturist;

(c) a listing in the yellow pages of a telephone directory shall state that the acupuncturist is registered as an acupuncturist or temporarily registered as an acupuncturist, as the case may be, with the Registrar of Health Disciplines and may state that the acupuncturist is a member of a professional association of acupuncturists;

(d) no logo, display or photographic material of any nature shall be included in a telephone directory.

(5) Notwithstanding subsection (4)(b), a listing in the yellow pages of a telephone directory may have either the name of the acupuncturist or the firm name in bold type.

(6) An acupuncturist's name may appear on the letterhead or in the publications of a charitable organization along with any special designations.

(7) An acupuncturist shall not, unless with prior consent of the Committee, use a sign in respect of his practice that has letters of more than 20 cm in height, that uses pulsing artificial illumination in any way
or that is not affixed to a door, wall or window of the building in which he practises.
AR 42/88 s18

Public liaison
19(1) An acupuncturist may participate in a program of health education offered to the public.
(2) An acupuncturist shall not promote his practice nor that of an associate when the acupuncturist participates in a program described in subsection (1).
(3) Any pamphlet, brochure, booklet, document or handout of any kind used to relay information to the public about the practice of acupuncture shall be approved by the Committee prior to its distribution by an acupuncturist.
(4) An acupuncturist shall display and distribute to patients the information pamphlets received from the Committee for display and distribution purposes.
AR 42/88 s19

Coming into force
20 This Regulation comes into force on October 1, 1991.
AR 42/88 s20;276/88

ACUPUNCTURE LEGISLATION IN BRITISH COLUMBIA

ACUPUNCTURISTS REGULATION

Definitions
In this regulation
"active serious medical condition" means a disease, disorder or dysfunction which has disabling or life-threatening effects which will not improve without intervention;
"acupuncture" means an act of stimulation, by means of needles, of specific sites on the skin, mucous membranes or subcutaneous tissues of the human body to improve health or alleviate pain;
"dentist" means a person authorized under the Dentists Act to practise dentistry; and
"naturopath" means a person authorized under the Naturopaths Act to practise naturopathy.

Designation
Acupuncture is designated as a health profession.
The "College of Acupuncturists of British Columbia" is the name of the college established to regulate acupuncture.

Reserve title
No person other than a registrant may use the title "acupuncturist".

Scope of practice
A registrant may practise acupuncture, based on the traditional Oriental method, including
The use of diagnostic techniques,
The administration of manual, mechanical, thermal and electrical stimulation of acupuncture needles, and
The recommendation of dietary guidelines or therapeutic exercise.

Reserved act
Subject to section 14 of the Act, only a registrant may insert acupuncture needles under the skin for the purpose of practising acupuncture.

Limitations on practice
No registrant may treat active serious medical conditions unless the client has consulted with a medical practitioner, naturopath or dentist, as appropriate.
A registrant may only administer acupuncture as a surgical anaesthesia if a medical practitioner or a dentist is physically present and observing the procedure.

A registrant must advise the client to consult a medical practitioner, naturopath or dentist if there is no improvement in the condition for which the client is being treated within two months of receiving acupuncture treatment.
In the event a client does not consult with medical practitioner, naturopath or dentist, a registrant must discontinue treatment if
There is no improvement in the condition for which the client is being treated after four months from the date treatment commenced,
The condition for which the client is being treated worsens, or
New symptoms develop.

Patient relations program
The college is designated for the purposes of section 15.1 (2) (f) of the Act.

RECOMMENDATIONS ON THE DESIGNATION OF TCM

(by the HPC to the Government of B.C. in July 1998)

III. RECOMMENDATIONS[1]

The

1. Traditional Chinese medicine (TCM) be designated as a health profession under the Health Professions Act
2. the services which may be performed by registrants are the practice of TCM, as defined in the following scope of practice statement:

   the practice of TCM is the promotion, maintenance and restoration of health and prevention of disease by utilization of the four primary therapies:

   - Chinese acupuncture and moxibustion (Zhen Jiu),
   - Chinese manipulative therapy (Tui Na) and Chinese rehabilitation exercises (Lian Gong or Dan Yin),
   - Chinese energy control therapy (Qi Gong) and Chinese shadow boxing (Tai Ji Quan), and
   - Prescribing Chinese medicinal formulas (Zhong Yao Chu Fang) and Chinese food cure recipes (Shi Liao).
3. the reserved acts recommended for members of the College are:

[1] Excerpted from HPC, *Recommendations on the Designation of Traditional Chinese Medicine*. See web version: http://www.hlth.gov.bc.ca/leg/hpc/reports/apps-tcm.html (Victoria, Government of BC, 1988).

- TCM diagnosis, and
- the insertion of acupuncture needles below the dermis.

4. in addition,
   - an expert multidisciplinary panel including practitioners who utilize TCM formulas, be appointed by the Minister of Health to finalize the list of substances used in TCM formulas which carry a high potential for adverse consequences; and
   - upon finalizing the list of substance, prescription according to TCM principles of TCM formulas that include those substances be included as a reserved act on the Council's list of reserved acts and subsequently be granted to members of a college of TCM.
5. a single college govern both practitioners of acupuncture and practitioners of TCM.
6. the college established for the health profession be named the "College of Traditional Chinese Medicine Practitioners."
7. the title "Traditional Chinese Medicine Practitioner" be reserved for the exclusive use of registrants of the College of Traditional Chinese Medicine Practitioners. The title "Acupuncturist" be reserved for those members of the college who are not qualified to use "TCM Practitioner" as their training is only in acupuncture.

ACUPUNCTURE LEGISLATION IN QUEBEC[2]

EXPLANATORY NOTES

This bill provides for the constitution of a professional order whose members have the exclusive right to practise acupuncture and , in that respect, the bill defines what constitutes acupuncture and regulates its practice.

The bill provides measures to integrate into the new professional order the persons who, at the time the Act comes into force, will be entered on the register of acupuncturist kept by the secretary of the College des médecins du Québec under the Medical Act. It maintains in the Medical Act the powers of the Bureau of the College to make rules respecting the training of physicians who wish to practise acupuncture.

In addition, the bill contains provisions enabling the integration of various categories of persons according to their level of training on 1 July 1995.

Lastly, the bill contains measures to ensure the proper functioning of the new professional order from the coming into force of the provisions constituting the order.

ACTS AMENDED BY THIS BILL:

- Professional Code (R.S.Q., chapter C-26);
- Medical Act (R.S.Q., chapter M-9).

Bill 34

An Act respecting acupuncture

THE PARLIAMENT OF QUEBEC ENACTS AS FOLLOWS:

DIVISION I

Definitions

1. In this Act and the regulations enacted under its authority, unless the context indicates a different meaning, the following terms mean:

"acupuncturist" or "member": any person entered on the roll of the Order;

"Bureau": the Bureau of the Order;

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[2] Early regulations existed before acupuncture became a self-regulated profession under *Loi Medicale* (L.R.Q., chapitre M-9): *Règlement sur l'exercise de l'acupuncture par des personnes autres que des médecins*, in *Gazette Officielle du Québec* (July 17, 1985); *Règlement modifiant le Règlement sur l'exercise de l'acupuncture par des personnes autres que des médecins*, in *Gazette Officielle du Québec* (February 8, 1989).

"Order": the Ordre des acupuncteurs du Québec, constituted by this Act;

"permit": a permit issued in accordance with this Act and the Professional Code (R.S.Q., chapter C-26);

"roll": the list of the members in good standing of the Order, prepared in accordance with this Act and the Professional Code.

DIVISION II

ORDRE DES ACUPUNCTEURS DU QUÉBEC

2. All the persons qualified to practise acupuncture in Quebec constitute a professional order called "Ordre Professionnel des acupuncteurs du Québec" or "Ordre des acupuncteurs du Québec".

3. Subject to this Act, the Order and its members shall be governed by the Professional Code.

4. The head office of the Order shall be within the territory of the Communauté urbaine de Montréal or at such other place in Quebec as may be determined by regulation of the Bureau.

5. Every proceeding directed against the Order must by served upon its secretary at the head office of the Order.

DIVISION III

BUREAU

6. The Order shall be governed by a Bureau constituted as prescribed in the Professional Code.

7. In addition to the duties prescribed in section 86 of the Professional Code, the Bureau shall cooperate, in accordance with the terms and conditions fixed under subparagraph b of the first paragraph of section 184 of the Professional Code, particularly in preparing a program of studies leading to a diploma giving access to a permit or, as the case may by, a specialist's certificate and in preparing examinations or other means of evaluating the persons pursuing such studies.

DIVISION IV

PRACTICE OF ACUPUNCTURE

8. The practice of acupuncture consists of any act of stimulation, by means of needles, of specific sites on the skin, mucous membranes or subcutaneous tissues of the human body to improve health or relieve pain.

9. The practice by an acupuncturist of his profession includes

(1) performing, according to the traditional oriental method, the clinical assessment of the energetic state of a person;
(2) determining, on the basis of the clinical assessment, the appropriate energetic treatment for a person;
(3) performing any act of stimulation of specific sites on the skin, mucous membranes or subcutaneous tissues of the human body, by any means other than needles, particularly by the use of heat, pressure, electric current or rays of light, to improve health or relieve pain.

10. Every holder of a permit who has paid all the contributions exigible by the Order and who is not suspended or struck off the roll is entitled to be entered on the roll.

11. No acupuncturist may practise acupuncture under a name other than his own.

Nevertheless, acupuncturists shall be allowed to practise their profession under a firm name which may be the name of one, several or all of the partners. The firm name may also include the name of any partner who has ceased to practise his profession, for a period not exceeding three years from the date on which he ceased to practise, provided the name of the partner was included in the firm name at the time he ceased to practise.

12. In the practice of his profession, no acupuncturist may hold himself out otherwise than an acupuncturist.

13. No acupuncturist may be compelled to disclose what has been revealed to him in his professional capacity.

DIVISION V

ILLEGAL PRACTICE OF ACUPUNCTURE

14. Subject to the rights and privileges expressly granted by law to other professionals, no person may perform the act described in section 8 unless he is an acupuncturist.

The first paragraph does not apply to a person enrolled in a program of studies leading to a diploma giving access to a permit relating to such an act performed by the person with the framework of such a program or to a person undergoing a professional training period in accordance with the regulations of the Bureau.

15. Every person who contravenes section 14 is liable, for each offence, to the penalties prescribed in section 188 of the Professional Code.

DIVISION VI

AMENDING PROVISIONS

PROFESSIONAL CODE

16. Section 31 of the Professional Code (R.S.Q., chapter C-26), amended by section 27 of chapter 40 of the statutes of 1994, is again amended by replacing the figure "21" in the third line by the figure "21.1".

17. Section 32 of said Code, amended by section 1 of chapter 38 of the statutes of 1993 and by section 28 of chapter 40 of the statutes of 1994, is again amended by replacing the words " or nurse" in the fifth line by the words ", nurse or acupuncturist".

18. Schedule I to the said Code, amended by section 5 of chapter 38 of the statutes of 1993 and by section 181 of chapter 40 of the statutes of 1994, is again amended by inserting, after paragraph 21, the following paragraph:

"21.1 The Ordre professionnel des acupuncteurs du Québec;".

MEDICAL ACT

19. Section 20 of the Medical Act (R.S.Q., chapter M-9), amended by section 376 of chapter 40 of the statutes of 1994, is replaced by the following section:

"20. In addition to the powers provided for in section 94 of the Professional Code, the Bureau may by regulation make rules respecting the training of physicians who wish to practise acupuncture."

20. Section 21 of the said Act is repealed.

21. Section 22 of the said Act is amended

(1) by replacing the words "or in accordance with section 20 within the delay" in the second and third lines of the first paragraph by the words "within the time";
(2) by striking out the words and figure "section 20 or" in the third line of the second paragraph.

22. The said Act is amended by inserting, after section 40, the following section:

"40.1 No physician may, in any manner, claim to be an acupuncturist or use any title, abbreviation or initials which may lead to the belief that he is an acupuncturist, unless he has received training consistent with the rules made under section 20."

23. Section 43 of the said Act is amended by striking out subparagraph e of the second paragraph.

24. Section 44 of the said Act is repealed.

25. Section 45 of the said Act is amended by replacing the words and figures "sections 43 and 44" in the first line by the words and figure "any provision of section 43".

DIVISION VII

TRANSITIONAL AND FINAL PROVISIONS

26. In this division,

(1) the words "register of acupuncturists" means the register kept by the secretary of the College des médecins du Québec and referred to in the provisions of subparagraph c of the first paragraph of section 20 of the Medical Act;
(2) the word "Regulation" means the Regulation respecting the practice of acupuncture by persons other than physicians, approved by O.C. 1299-85 of 26 June 1985, as amended.

27. Notwithstanding section 6 of this Act, the first Bureau shall be composed of the following persons:

(1) six directors appointed by the Office des professions du Québec and chosen from among the persons who, on 1 April 1995, are entered on the register of acupuncturists; they are deemed to be elected directors;
(2) two other directors appointed by the Office des professions du Québec, at least one of whom is not a member of a professional order and is not entered on the register of acupuncturists, after consultation with the Quebec Interprofessional Council and the different socio-economic groups; they are deemed to be appointed under section 78 of the Professional Code;
(3) one president elected by the vote of the directors referred to in subparagraph 1 from among their number by secret ballot; he is deemed to be elected in the manner provided for in subparagraph b of the first paragraph of section 64 of the Professional Code.

For the purposes of section 75 of the Professional Code, the territory of Quebec constitutes a single region until the date of the coming into force of a regulation made pursuant to section 65 of the Code and having as its object the delimitation of the territory of Quebec into regions for the purposes of section 65.

The term of the president is a four-year term beginning on his election and the term of the directors is a four-year term beginning on their appointment.

Any vacancy in the office of a director deemed to be elected shall be filled for the unexpired portion of the term by a new director appointed by the Office des professions du Québec from among the persons entered on the register of acupuncturists,

if the vacancy occurs before 1 July 1995, or from among the members of the Order, If the vacancy occurs after that date.

28. To obtain a permit for the practice of acupuncture,

(1) the diploma of college studies awarded by the College de Rosemont in "acupuncture techniques" is recognized as valid if awarded before the date of the coming into force of a regulation of the Government made pursuant to the first paragraph of section 184 of the Professional Code and whose object is to make an initial determination of diplomas which give access to a permit issued by the Order;
(2) a diploma in acupuncture awarded outside Quebec is recognized as equivalent if awarded by an institution affiliated with a university or recognized as an educational institution by the located, provided that the training of the holder of the diploma is considered to be equivalent by the Bureau before the date of the coming into force of the first regulation made by the Bureau pursuant to paragraph c of section 93 of the Professional Code the object of which is to fix standards of equivalence of diplomas.

29. Every person who, on 30 June 1995, is entered on the register of acupuncturists shall be entered on the roll of the Order by operation of law, and shall be issued a permit by the Bureau.

30. Every person who, before 1 July 1995, passes the acupuncture examinations held by the College des médecins du Québec but who, on 30 June 1995, is not entered on the register of acupuncturists may obtain a permit

(1) if less than four years have elapsed since the date on which the person passed the examinations or ceased to be entered on the register and the date on which he applies for the permit;
(2) if four years or more have elapsed since the date on which the person passed the examinations or ceased to be entered on the register and the date on which the person applies for the permit and the person completes a 12-months clinical training period under the supervision of a member of the Order and passes a training control examination to be determined by the Order, held and corrected, at least once every 12 months, under the responsibility of the Order or of any committee created by the Bureau to which it delegates that function.

If the person is not entered on the register of acupuncturists on 30 June 1995 as a result of the application of section 6 of the Regulation, the person shall not be entered on the roll of the Order unless the period during which he would not have been entered on the register has elapsed.

If the person is not entered on the register on 30 June 1995 as a result of the application of section 8 of the Regulation, the person shall not be entered on the roll of the Order unless he applies therefore in writing to the Bureau which shall decide the

application in accordance with the provisions of the second and third paragraphs of section 52 of the Professional Code.

31. Every person who holds a diploma referred to in subparagraph 1 of the first paragraph of section 11 of the Regulation, or holds a diploma referred to in subparagraph 2 of the first paragraph of that section and whose training is considered to be equivalent by the College des médecins du Québec, and who, before 1 July 1995, fails the written examination referred to in section 13 of the Regulation at least once, or passed that examination but fails the oral examination at least once, or does not sit for the oral examination also referred to in that section, may obtain a permit if he meets either of the following conditions:

(1) the person passes the written examination and the oral examination, or the oral examination, as the case may be, referred to in the said section 13, held under the responsibility of the Order, taking account of the provisions of section 18 of the Regulation which shall continue to govern that person;

(2) the person completes a 12-months clinical training period under the supervision of a member of the Order and passes a training control examination to be determined by the Order, held and corrected, at least once every 12 months, under the responsibility of the Order or of any committee created by the Bureau to which it delegates that function.

Every person who holds either of the diplomas referred to in the first paragraph and who, before 1 July 1995, fails the written or oral examination referred to in section 13 of the Regulation after sitting for it as many times as allowed under the provisions of section 18 of the Regulation may obtain a permit if he meets the condition mentioned in subparagraph 2 of the first paragraph.

32. Every person who holds a diploma referred to in subparagraph 1 of the first paragraph of section 11 of the Regulation, or holds a diploma referred to in subparagraph 2 of the first paragraph of that section and whose training is considered to be equivalent by the College des médecins du Québec, and who, before 1 July 1995, does not or is unable to sit for the written examination referred to in section 13 of the Regulation, may obtain a permit if he meets either of the following conditions:

(1) the person passes the examinations referred to in the said section 13 which the Order is required to hold, if the need arises, for a person referred to in subparagraph 1 of the first paragraph of section 31;

(2) the person completes a 12-months clinical training period under the supervision of a member of the Order and passes a training control examination to be determined by the Order, held and corrected, at least once every 12 months, under the responsibility of the Order or of any committee created by the Bureau to which it delegates that function.

33. Every person who, after 30 June 1995 but before the date of the coming into force of the regulation referred to in paragraph 1 of section 28, obtains the diploma recognized as valid under that paragraph 1, or in respect of whom the Bureau recognizes a diploma or training equivalence during that period, may obtain a permit if he meets either of the following conditions:

(1) the person passes the examinations referred to in section 13 of the Regulation that the Order is required to hold, if the need arises, for a person referred to in subparagraph 1 of the first paragraph of section 31;

(2) the person completes a 12-month clinical training period under the supervision of a member of the Order and passes a training control examination to be determined by the Order, held and corrected, at least once every 12 months, under the responsibility of the Order or of any committee created by the Bureau to which it delegates that function.

34. Notwithstanding the provisions of subparagraphs a and c of the first paragraph of section 20 of the Medical Act, and notwithstanding the provisions of the rules determined by regulation made pursuant to those subparagraphs, the secretary of the College des médecins du Québec shall enter on the register of acupuncturists, not later than 30 June 1995, every person who meets the following conditions:

(1) the person sends to the College des médecins du Québec an application for eligibility to sit for the examinations referred to in subparagraph 3, in the form and manner prescribed in Schedule B to the Regulation, and pays such amount as may be determined by the Bureau of the College, by resolution, for the examination of the application;

(2) the person furnishes proof to the College that he is a graduate of a school of acupuncture where he received at least 1000 hours of theoretical and clinical instruction in the subjects prescribed in sections 59 to 61 of the Regulation;

(3) the person passes the acupuncture examinations to be determined by the College, held and corrected, not later than 30 June 1995, under the responsibility of a jury of examiners;

(4) the person meets the conditions mentioned in paragraph 1, 3, 4 and 5 of section 4 of the Regulation.

The provisions of section 3, of sections 5 to 10, of paragraph 4 of section12, of section 13, of the second sentence of section 14 and of sections 15, 16, 17, 19 and 20 of the Regulation apply.

Every person who, on 30 June 1995, has failed the written examination or has passed that examination but has failed the oral examination, may obtain a permit if

he passes, not later than 30 June 1999, the examinations to be determined by the Order and held and corrected under the responsibility of a jury of examiners. The person may not sit for the examinations referred to in section 13 of the Regulation more than two additional times in the case of the written examination, more than three times in the case of the oral examination or, as the case may be, more than two additional times in the case of the latter examination.

Every person who fails the written examination three times or who passes that examination but fails the oral examination three times may not obtain a permit unless his training has first been recognized as equivalent by the Bureau in accordance with the standards it fixes under the Professional Code.

35. Notwithstanding the provisions of subparagraphs a and c of the first paragraph of section 20 of the Medical Act, the provisions of the rules determined by regulation made pursuant to those subparagraphs and the provisions of section 21 of that Act, the following are valid:

(1) the declarations of eligibility to sit for acupuncture examinations issued before 1 July 1994 and the examinations held before that date, concerning persons who do not hold a diploma referred to in subparagraph 1 or 2 of the first paragraph of section 11 of the Regulation; and

(2) the entries on the register of acupuncturists made before 1 July 1994 and concerning the persons referred to in subparagraph 1 of this paragraph, to the extent that those persons pass the acupuncture examinations of the College des médecins du Québec held pursuant to the rules determined by the Regulation and meet the other conditions imposed by the College.

Every person referred to in subparagraph 1 of the first paragraph who,

(1) before 1 July 1994, fails the written examination at least once or passes that examination but fails the oral examination at least once, or does not sit for the oral examination, may be entered on the register of acupuncturists if he passes the examinations held by the College des médecins du Québec pursuant to the Regulation; in such a case, the provisions of the first and second paragraphs of section 34 and the provisions of section 18 of the Regulation apply;

(2) on 30 June 1995, has failed the written examination at least once or has passed that examination but has failed the oral examination at least once or has not sat for the oral examination, may obtain a permit if he passes the written examination and the oral examination or, as the case may be, the oral examination referred to in section 13 of the Regulation held under the responsibility of the Order, taking account of the provisions of section 18 of the Regulation which shall continue to govern that person;

(3) fails the written examination or the oral examination referred to in section 13 of the Regulation after sitting for it as many times as allowed under the provisions of section 18 of the Regulation may not obtain a permit unless his training has first been recognized as equivalent by the Bureau in accordance with the standards it fixes under the Professional Code.

36. The provisions of section 12 to 20 of the Regulation and of Schedule B to the Regulation remain in force for the purposes of the provisions of subparagraph 1 of the first paragraph of section 31, of paragraph 1 of sections 32 and 33, of subparagraph 2 of the second paragraph of section 35 and of paragraph 4 of section 12, of section 13, of the second sentence of section 14 and of sections 15, 16, 17, 19 and 20 remain in force for the purposes of the third paragraph of section 34.

From 1 July 1995, the Bureau shall be responsible for seeing to the application of those provisions and, to that end, the words "Bureau" and "Order" are substituted respectively for the words "credentials committee" and "Corporation" wherever they appear in those provisions.

37. Notwithstanding the provisions of the second paragraph of section 86 of the Professional Code, the first resolution passed by the Bureau for the purpose of fixing the first annual assessment, payable in particular by persons to whom section 29 applies, need not, to become into force, be approved by a majority of the members of the Order. However, the amount of the first assessment shall not be greater than the sum fixed by the Bureau of the College des médecins du Quebec pursuant to paragraph 5 of section 4 of the Regulation and payment of which is required, in 1994, for the purposes of entry on the register of acupuncturists.

38. The diploma mentioned in paragraph 1 of section 28 is, within the meaning of section 42 of the Professional Code and for the purposes of paragraph c of section 93 of the Professional Code, as amended by paragraph 2 of section 80 of chapter 40 of the statutes of 1994, a diploma recognized an valid and required for the purposes of the issue of a permit.

39. The Bureau shall fix the content, the objectives and the terms and conditions of the clinical training periods required under section 30, 31, 32 and 33.

40. The issue of permits to persons to whom the provisions of sections 30 to 35 apply remains subject to any other condition, formality and procedure for the issue of permits prescribed by the Professional Code and the Charter of the French language (R.S.Q., chapter C-11), except that relating to the awarding of a diploma recognized as valid.

41. The provisions of sections 25 to 28, 29.1 to 29.9, 30 to 32, 35, 38 to 40, 42 to 45, 47 to 51 and 52,1 of the Regulation and, where applicable, the provisions of the Regulation made pursuant to subparagraph b of the first paragraph of section

20 of the Medical Act that come into force after 30 June 1994, and the application of which is under the responsibility of the Bureau from 1 July 1995, remain in force until the coming into force of the provisions of regulations made pursuant to the Professional Code in respect of similar matters.

For the purposes of the provisions of section 52.1 of the Regulation, the word "Order" is substituted for the word "Corporation".

A contravention of a provision of sections 25 to 28 and 29.1 to 29.9 of the Regulation is deemed to be a contravention of a provision of a regulation made pursuant to the first paragraph of section 91 of the Professional Code, enacted by section 79 of Chapter 40 of the statutes of 1994.

A contravention of a provision of sections 30 to 32, 35, 38 to 40, 42 to 45, 47 to 51 and 52.1 of the Regulation and, where applicable, of a provision of the Regulation made pursuant to subparagraph b of the first paragraph of section 20 of the Medical Act that comes into force after 30 June 1994 is deemed to be a contravention of a provision of a regulation made pursuant to section 87 of the Professional Code.

42. The records, books, registers and documents held by the College des médecins du Québec pertaining to persons other than physicians who practise acupuncture become the records, books, registers and documents of the Order. The College or any of its committees, as the case may be, is required to transfer the records, books, registers and documents to the Order on request.

43. The chairman of the committee on discipline of the College des médecins du Quebec shall act as chairman of the committee on discipline of the Order until he is replaced or reappointed, in accordance with section 117 of the Professional Code.

44. Matters relating to the practice of acupuncture by persons other than physicians and pending on 30 June 1995 before the Bureau or any of its committees, the professional inspection committee or the syndic or assistant syndic of the College des médecins du Québec or before a court, shall be continued and decided in accordance with the legislative and regulatory provisions in force on that date.

The Bureau of the College des médecins du Québec shall communicate decisions made under the first paragraph to the Bureau of the Order.

45. Division VII of Chapter IV of the Professional Code, adapted as required, also applies in respect of a member of the Order, for an offence against the Regulation committed before 1 July 1995 while the member was entered on the register of acupuncturists.

46. From the coming into force of paragraph f of section 93 of the Professional Code, enacted by paragraph 3 of section 80 of chapter 40 of the statutes of 1994, section 4 of this Act shall be read as follows:

"4. The head office of the Order shall be within the territory of the Communauté urbaine de Montréal or at any other place in Quebec determined by regulation of the Bureau pursuant to paragraph f of section 93 of the Professional Code."

This section comes into force on the date of coming into force of paragraph f of the abovementioned section 93.

47. Section 7 of this Act ceases to have effect on the date of coming into force of subparagraph t of the first paragraph of section 86 of the Professional Code, enacted by paragraph 14 of section 72 of chapter 40 of the statutes of 1994.

This section comes into force on the date of coming into force of subparagraph t of the first paragraph of the abovementioned section 86.

48. Section 10 of this Act ceases to have effect on the date of coming into force of section 46 of the Professional Code, replaced by section 40 of chapter 40 of the statutes of 1994.

This section comes into force on the date of coming into force of the abovementioned section 46.

49. From the coming into force of paragraph h of section 94 of the Professional Code, replaced by paragraph 4 of section 81 of chapter 40 of the statutes of 1994, the second paragraph of section 14 of this Act shall be read as follows:

"The first paragraph does not apply to acts that may be engaged in by a person in accordance with a regulation under paragraph h of section 94 of the Professional Code."

This section comes into force on the date of coming into force of paragraph h of the abovementioned section 94.

50. Section 21 of this Act becomes inoperative on the date of coming into force of section 377 of chapter 40 of the statutes of 1994, if that date is before 1 July 1995.

This section comes into force on the date of coming into force of the abovementioned section 377.

51. The provisions of sections 26, 34 and 35 of this Act will come into force on 1 July 1995; the provisions of sections 1, 3, 4, 6, 7 and 27 will come into force on 1 April 1995 and the remaining provisions, subject to the provisions of sections 46 to 50, will come into force on 1 July 1995.

APPENDIX 9 ORGANIZATIONAL INFORMATION[1]

GOVERNMENT ADVISORY AGENCIES ON HEALTH PROFESSIONS

Alberta

Health Disciplines
Ministry of Labor, Professions & Occupations
5th Floor, 10011 – 109 Street
Edmonton, Alberta T5J 3S8
Tel: (403)427-2655

British Columbia

Health Professions Council
Suite 680, 1500 West Georgia Street
Vancouver, BC
V6G 3A9
Tel: (604)775-3582; Fax: (604)687-8551
E-mail: hpcbc@moh.hnet.bc.ca
Web site: www.hpc.bc.ca/

[1] In general, organizations listed here were established before 1996 and they still existed in August 2000 when this research was completed. For up-to-date information, please visit www.tcmworks.com.

Ontario

Health Professions Regulatory Advisory Council
2195 Yonge Street, 4th Floor
Toronto, Ontario
M4S 2B2
Tel: (416) 326-1550; Fax: (416) 326-1549; TTY (416) 327-0823
E-mail: HPRACWebMaster@moh.gov.on.ca
Web site: www.hprac.org

Quebec

L'Office des professions du Québec
320 Saint Joseph East
Québec City, Québec
G1K 8G5
Tél: (418)643-6912

REGULATORY BODIES

Alberta

Acupuncture Register
Professional & Technical Service
Alberta Department of Labor
8th Floor, 10808 – 99 Avenue
Edmonton, Alberta T5K OG5
Tel: (403) 422-5685

British Columbia

College of Traditional Chinese Medicine and Acupuncture Practitioners of British Columbia
(Previous name: College of Acupuncturists of British Columbia)
#206 – 5050 Kingsway
Burnaby, BC V5H 4H2
Tel: (604) 638-3108
Fax: (604) 638-3103
E-mail: ctcma@canada.com
Web site: www.ctcma.bc.ca

Quebec

Ordre professionnel des acupuncteurs du Québec
1600, boul. Henri-Bourassa Ouest, bureau 500
Montréal, Québec H3M 3E2
Tel: (514)331-8870 or 1(800)474-5914

ASSOCIATIONS[2]

Alberta

Acupuncture Society of Alberta
10665 Jasper Avenue, Suite 1210
Edmonton, Alberta T5J 3S9
Tel: (403) 421-7766
Fax: (403) 988-5592

The Alberta Traditional Chinese Medical Science and Acupuncture Association
805 9th Street SW, Suite 101
Calgary, Alberta T2P 2Y6
Tel: (403) 295-1375

[2] Some organization may be national or international in terms of their activities and membership. They were grouped in this list according to their headquarters' official address.

Fax: (403) 274-5507

Canadian Medical Acupuncture Society (CMAS)
9904-106 Street
Edmonton, Alberta T5K 1C4
Tel: (403)426-2760
Fax: (403)426-5650
E-mail: CMAS steven@hippocrates.family.med.ualberta.ca
Web site: acupuncture.com/Referrals/Can.htm

British Columbia

The Acupuncture Association of British Columbia (AABC)
1367 East 41st Avenue
Vancouver, BC V5W 1R7
Tel: (604)324-3066
Fax: (604)261-8700

Traditional Chinese Medicine Association of British Columbia (TCMABC)
1200 Burrard St, Apt. 801
Vancouver, BC V6Z 2C7
Tel: (604)602-9603

TCMABC's Victoria Address
317-620 View Street
Victoria, BC V8W 1J6
Tel: (604)383-4894; (604)731-2962

United Acupuncturists Association of British Columbia
7031 Westminster Hwy, Apt 102A
Richmond, BC V6X 1A3
Tel: (604)821-1323

Vancouver Chinese Acupuncture Association
1832 Valencia Pl
Victoria, BC V8N 5W1
Tel: (604)477-8197
Fax: (604)477-8197

Canadian Chinese Traditional Chinese Medicine & Acupuncturists Society
1160 Burrard Street, Suite 707
Vancouver, BC V6Z 2E8
Tel: (604)682-1268
Fax: (604)438-9922

Ontario

Traditional Chinese Medicine Physician Association of Canada (TCMPAC)
576 Bathurst Street, Main Floor
Toronto, Ontario M5S 2P9
Tel: (416) 961-0449; Fax: (416) 961-3740

The Canadian Academy of Chinese Traditional Health Sciences (CACTHS)
465 Dundas St. W. (within the Toronto's Chinatown area)
Toronto, Ontario M5T 1G8
Tel: (416) 596-7373

The Acupuncture Foundation of Canada (AFC)
2 Sheppard Avenue East, Suite 1004
North York, Ontario M2N 5Y7
Tel: (416) 229-0746; Fax: (416) 226-1669

Canadian Academy of Chinese Traditional Health Sciences
465 Dundas Street West
Toronto, Ontario M5T 1G8
Tel: (416) 596-7373

Canadian Federation of Traditional Chinese Medicine And Acupuncture
Tel: (416) 695-2132; Fax:(416) 695-1085
E-mail: cmaat@cftcm.com

Chamber of Chinese Herbal Medicine of Canada
1655 Dufferin St. P.O. Box 63035
Toronto, Ontario
Tel: (416) 979-9559

Chinese Medicine and Acupuncture Association of Canada (CMAAC)
National Office:
154 Wellington Street
London, Ontario N6B 2K8
Tel: (519) 642-1970
Fax: (519) 642-2932
E-mail: icma@skynet.ca
Web site: www.cmaac.ca
Toronto Liaison Office
2301 Brimley Road, #142
Scarborough, Ontario M1S 5B8
Tel: (416) 297-8676
Email: icma@skynet.ca

Ontario Association of Acupuncture and Traditional Chinese Medicine (OAATCM)
370 Dupont Street
Toronto, Ontario M5R 1V9
Tel: (416) 944-2265
Fax: (416) 925-6652
Ontario Chinese Medicine and Acupuncture Cooperative (OCMAC)
3950 14th Avenue, #609
Markham, Ontario L3R 0A9
Tel: (905) 305-9606

Ontario Chinese Medicine Society (OCMS)
Tel: (416) 493-8447; Fax: (416) 493-9450

Quebec

Association d'acupuncture du Québec
441, rue Ste-Hélène, suite 1
Longueuil (Québec) J4K 3R3
Tel: (450) 679-0853 or (418) 623-9451; Fax: (450) 467-9213
Email: info@acupuncture-quebec.com
Website: http://www.acupuncture-quebec.com

Syndicat professionnel des acupuncteurs et acupunctrices du Québec
1601, avenue de Lorimier
Montréal (Québec) H2K 4M5
Tel: (514) 598-2071or 738-6241
Fax: (514) 598-2259

Association professionnelle des acupuncteurs du Québec
(for members of the Ordre des acupuncteurs du Québec)
4822, Christophe Colomb
Montréal (Québec) H2J 3G9
Tel: (514) 982-6567
Fax: (514) 525-2425

L'Association de médecine chinoise et d'acupuncture de Québec
68 Ouest, René-levesque
Montréal, (Québec) H2Z 1A2
Tel: (514) 878-9933

SCHOOLS

Alberta

Acupuncture Diploma
Health & Community Studies Division
City Centre Campus
Grant MacEwan Community College
P.O. Box 1796
Edmonton, Alberta
T5J 2P2
Tel: (780) 497-5168
E-mail: knowlesd@admin.gmcc.ab.ca
Web site: www.gmcc.ab.ca/Diplomas/Acupuncture.shtml

University of Alberta
Faculty of Extension
Certificate Program in Medical Acupuncture (CPMA)
93 University Campus NW
Edmonton, Alberta T6G 2T4
Tel: (403) 492-3037
Fax: (403) 492-1216
E-mail: CMAS-CPMA susan.turner@ualberta.ca
Web site: acupuncture.com/Referrals/Can.htm

British Columbia

Canadian College of Acupuncture and Oriental Medicine (CCAOM, 1985)
855 Cormorant Street
Victoria, BC V8W 1R2
Tel: (250) 384-2942; 1-888-436-5111
Fax: (250) 360-2871
E-mail: ccaom@islandnet.com
Web site: www.ccaom.com/index.html

International College of Traditional Chinese Medicine (ICTC|M)
Vancouver Campus
Suite 201, 1508 W. Broadway,
Vancouver, BC V6J 1W8
Tel: (604) 731-2926
Fax: (604) 731-2964
E-mail: info@tcmcollege.com

Web site: www.tcmcollege.com/index.html

International College of Traditional Chinese Medicine
Victoria Campus
769/771 Pandora Avenue
Victoria, BC V8W 1N9
Tel: (604) 388-4266
Fax: (604) 388-4266

Canadian College of Traditional Chinese Medicine
Suite 201, 560 West Broadway
Vancouver, BC V5Z 1E9
Tel: (604) 879-2365 or 876-2144
Fax: (604) 877-0095

Joseph Needham Museum of Ancient Chinese Discoveries
853 Cormorant Street
Victoria, BC V8W 1R2
Tel: (604) 385-6622
Fax: (604) 385-6704

Ontario

Institute of Chinese Medicine and Acupuncture (1989)
154 Wellington
London, Ontario N6B 2K8
Tel: (519) 642-1970
Fax: (519) 642-2932
E-mail: icma@skynet.ca
Web site: www.cmaac.ca/ucna/school/about.html

The Michener Institute for Applied Health Sciences
Acupuncture Program (1997)
222 St. Patrick Street
Toronto, Ontario M5T 1V4
E-mail: achen@michener.on.ca
Web site: www.michener.on.ca/programs/full-time/entry-level/acupuncture.html

Acupuncture Foundation of Canada Institute (1995)
2131 Lawrence Avenue East, Ste. 204
Tel: (416) 752-3988
Fax: (416) 752-4398
E-mail: information@afcinstitute.com
Web site: www.afcinstitute.com

Institute of Traditional Chinese Medicine (1970)
Office of the Dean
368 Dupont Street
Toronto, Ontario M5R 1V9
Tel: (416) 925-6752
Fax: (416) 925-6752

Chinese Medicine & Acupuncture Academy of Toronto
Main Training Center
3950 14th Avenue, #609
Markham, Ontario L3R 0A9
Tel: (905) 305-9606

The SSC Acupuncture Institute (1996)
547 College Street
Toronto, Ontario M6G 1A9
Tel: (416) 323-1818 or toll-free (800) 263-1703
Fax (416) 323-1681
E-mail: info@shiatsucanada.com
Web site: www.shiatsucanada.com/

Toronto Institute of Chinese Medicine and Acupuncture
212 Bathurst Street
Toronto, ON M5T 2R9
Tel: (416) 603-0236

Quebec

Collège Rosemont
Acupuncture Programme (1986)
6400, 16e Avenue
Montréal, Québec H1X 2S9
Tel: (514) 376-1620 ext 351
Fax: (514) 376-3211
E-mail: comm@crosemont.qc.ca
Web site: www.agora.crosemont.qc.ca/dacu/
Web site: www.crosemont.qc.ca/dapc/program/acu.htm

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TCM Health Newsletter (301-1847 W. Broadway, Vancouver, BC V6J 1Y6), October 1993-

Newsletter of TCMABC, November 1993-

Revue québécoise de médecine traditionnelle chinoise, (official publication of the AAQ) 1994-

12th Annual International Symposium on Acupuncture and Electro-Therapeutics. New York City, New York, October 17-20, 1996. Abstracts. Acupuncture & Electro-Therapeutics Research 1997; 22(1):59-82

Personal Collections

Collection of meeting minutes of Canadian associations of acupuncture and TCM, 1970-1996, held by author

Collection of letters between acupuncture-TCM associations and the governments (provincial and Federal), 1970-2000, held by author.

Collection of letters from private citizens to politicians and their replies, 1970-2000, held by author.

Collection of letters from acupuncture and TCM clients in appreciation to their practitioners, 1970-2000, held by author.

Collection of audiotapes of oral history interviews, made from 1992 to 1999, held by author.

Collection of video tapes containing practitioners, clinical settings, herbal stores, acupuncture & TCM conferences and public hearings, made from 1994 to 1999, held by author.

Collection of photographs of practitioners, clinical settings, TCM herbal stores, acupuncture & TCM conferences, taken from 1989 to 2000, held by author.

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"Acupuncture Gets 'Seal of Approval' for Relief of Pain Only," Ottawa (CP), January 30, 1975.
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