

Providers of Complementary and Alternative Health Services in Boston Respond to September 11

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Traumatic events such as the September 11, 2001, attacks on the World Trade Center can have profoundly stressful effects on individuals, even if they are far from Ground Zero.¹ Responses to this type of stress can manifest both psychologically and physically with a variety of complaints, such as insomnia, anxiety, body aches, digestive upsets, and poor concentration.

A number of researchers have described the use of complementary and alternative medical (CAM) treatments, such as acupuncture and massage, for stress-related complaints.²⁻⁴ Following the attacks in New York City, groups such as the Professional Acupuncturists' Response Team (PART) and Community Relief and Rebuilding through Education and Wellness (CREW) offered support services to firefighters, police, emergency medical technicians, and other rescue personnel.^{5,6}

In Boston, stress reduction clinics were offered by Pathways to Complementary Medicine, a nonprofit urban public health CAM clinic. Pathways' services were developed to complement those of the AIDS Care Project, which has been in operation since 1989. Volunteer acupuncturists and massage therapists provided free stress reduction treatments to individuals who reported that they were seeking CAM services to deal with some type of stress-related complaint related to the attacks.

METHODS

Following September 11, Pathways organized a series of stress reduction clinics that were offered on Sundays in September and

October, at times when the clinic is generally closed. These sessions were structured on a drop-in basis. Individuals affected by the attacks and their aftermath could come to the clinic for free 30-minute treatments. If openings were available, individuals could receive more than 1 type of modality.

The Integrative Medical Alliance (IMA), a Boston-based group that offers a variety of educational and networking activities for CAM professionals, provided its mailing list and Web site for organizing efforts. More than 40 volunteers responded; these professionals included acupuncturists, massage therapists, and other body workers. Volunteers were required to have either a valid Massachusetts acupuncture license or a valid certification for their specific type of therapy.

Public outreach efforts included flyers, newspaper announcements, e-mail messages, and Web site-based information. The message contained in all of the outreach material explained that free sessions of acupuncture and massage would be available for stress-related conditions experienced in relation to the events of September 11.

Intake procedures were designed to be user friendly for people seeking treatment as well as for volunteers. An intake form collected demographic information, the reason(s) for requesting treatment, and the type of treatment requested. All clients signed an informed-consent statement indicating that they were to receive a sample stress reduction treatment. Written parental consent was collected for each client aged less than 18 years.

Fifteen acupuncturists, 4 reiki practitioners, 4 massage therapists, 1 shiatsu provider, and 1 Polarity therapist provided treatments. Providers recorded each treatment administered as well as specific information on the treatment such as acupuncture points used, type of body work or massage provided, and comments. Acupuncture treatments included points on the ear and easily accessible points on the arm and lower leg.

RESULTS

Forty-seven individuals attended the clinics and received services; 43 (91%) had

never used Pathways' services before. Each 4-hour clinic provided treatment to 14-23 individuals. Of the total, 36 (77%) were female and 11 (23%) were male. Individuals ranged in age from 6 to 60 years with a median age of 30 years (mean = 35.4 years); 2 were aged less than 18 years (6 and 12 years). Thirty-five (77%) of all clients were White, 7 (15%) were African American, 3 (6%) were Latino, and 2 (4%) were Asian American.

Figure 1 details the reasons individuals requested treatment. Individuals could report multiple reasons for treatment, and 30 individuals (64%) listed 2 or more stress-related complaints. However, only the first reason given by each is shown and included in Figure 1. A total of 81 treatments were provided during the clinic sessions. Of these, 51% were acupuncture (reflective of the fact that most of the volunteers were acupuncturists), 15% were reiki sessions, 12% were shiatsu, and 9% were massage. Tui-Na, Polarity, and acupressure made up the remaining treatments.

Twenty-four (51%) clients received 1 treatment, 16 (34%) received 2 treatments, and 7 (15%) received 3 to 6 treatments. At least 8 individuals indicated that their treatment at the clinic was their first use of CAM therapy. Although no formal evaluation of treatment efficacy was conducted, 12 clients who received more than 1 treatment reported the following responses: improved relaxation and sleep (33%), pain reduction (25%), reduced stress (17%), and increased energy (25%).

DISCUSSION

Following September 11, CAM therapies have played a role in the treatment of post-traumatic stress and crisis support. CAM offers another avenue of supportive care that can be mobilized to respond to critical public health and safety emergencies. Services at Pathways' free clinics were requested for a variety of stress-related conditions by a diverse group of individuals, many of whom had not previously used CAM. As consumer demand for CAM services continues to increase,⁷ areas of innovative collaboration with public health colleagues can correspondingly develop, resulting in mutually rewarding part-

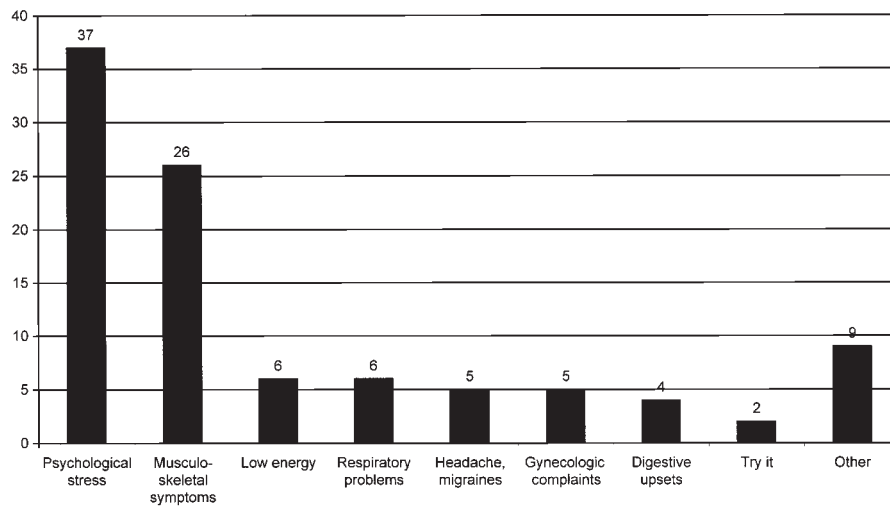


FIGURE 1—Reasons given by individuals (n = 47) who requested and received CAM treatment for self-described stress-related complaints.

nerships that contribute to public health and well-being. ■

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Contributors

All contributors made substantial contributions to the article. E. Sommers was responsible for planning the study, compiling the data and results, and writing the first draft of the article. K. Porter implemented the project and provided valuable editing and insight. S. DeGurski contributed to writing and editing the article.

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Human Participant Protection

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