

# Acupuncture's Radical Roots and Political Branches

Susan M. Reverby, PhD

## ABOUT THE AUTHOR

Susan M. Reverby is with the Department of Women's and Gender Studies, Wellesley College, Wellesley, MA, and the Hutchins Center for African & African American Research, Harvard University, Cambridge, MA.

 See also Meng, p. 896.

When a third of Americans are fearful of the COVID-19 vaccines, even in the face of the disease's expanding and terrifying death toll, we are reminded that biomedicine's triumph in the health care marketplace has never been total.<sup>1</sup> Indeed, Americans of every type have consistently turned to "alternatives" or hedged their health bets with a mix of botanicals, purges, prayer, meditation, cannabidiol tinctures, and the like. Nothing in the past 50 years has signaled this use of alternatives more than acupuncture. What has not been so clear, in part, is how much radical political struggles were key to the 20th-century turn to this ancient Chinese modality.

Histories of the Black Panther Party and the Young Lords have demonstrated the centrality of health concerns to their political efforts. Sometimes it was capturing a health department x-ray truck to do screening for tuberculosis in the East Harlem neighborhood of New York City, or opening up free clinics to provide desperately needed services that were ignored by mainstream medical institutions. Such efforts provided the standard primary care that was missing. With a turn toward acupuncture, however, many of

these activists hoped to develop a real alternative to the medical armamentarium. As Eana Meng describes in "Use of Acupuncture by 1970s Revolutionaries of Color: The South Bronx 'Toolkit Care' Concept" (p. 896) in this issue of *AJPH*, this allowed a "healing process" that combined a new technique with political education.

Knowledge and use of acupuncture existed, although erratically, in the United States in the 19th century. It gained contemporary attention after *New York Times* reporter James Reston's front-page July 1971 story of his experience of having acupuncture, instead of anesthesia, during his emergency appendectomy in China.<sup>2</sup> The subsequent visiting US medical teams in China, as relations with the United States opened up, aroused even more interest in some in the medical establishment. However, for 1970s US radicals, already well versed in Chairman Mao's *Little Red Book* of aphorisms and knowledge of China's "barefoot doctors," acupuncture had medical and political appeal.

As Meng demonstrates, this interest sprang up in the early 1970s in both Oakland, California, and the South Bronx area of New York City, brought by

radicals who knew healing required community control linked to self-empowerment, not just medicines. As trips to China became possible, medical practitioners on the left—physicians and lay people alike—began considering acupuncture's application to their communities' needs, especially to curb drug addiction. Auricular acupuncture, combined with caring practitioners and a political analysis of the reasons for so many drugs and addicts in Black and Latinx communities, became an intriguing new treatment of choice.<sup>3</sup> Throngs appeared for this care at a clinic in Oakland, California, and especially in what became known as Lincoln Detox in the decrepit Bronx public hospital undergoing enormous community and practitioner demands for improvements.<sup>4</sup> It could be used instead of the more standard methadone, which substituted another drug for heroin, was carefully monitored, and required daily visits.

Questions exist on whether auricular acupuncture worked then, or now, as its use has spread through the global efforts of the National Acupuncture Detoxification Association that grew out of the original Lincoln Detox program. Part of the problem is what counts as an end point to measure. As medical anthropologist Linda L. Barnes notes, with acupuncture there is the difference between "efficacy—outcomes measured in 'placebo-controlled, experimental conditions,' and effectiveness—'positive perceived outcomes and self-reported improvements in quality of life.'"<sup>5</sup>(p254) With the Lincoln Detox program in its earliest iteration, perhaps its success could have been explained by a number of nonmedical factors, and not just the acupuncture. Practitioners actually paid attention to the patients, with whom they shared a common heritage; provided them with an explanation for why they

had turned to drugs; and promised them the possibility of a different kind of life. This was done as they put acupuncture needles in their patients' ears, which may have reduced their anxiety enough to let them heal.

The problem is often that we do not do enough to measure social and political interventions when they are used in conjunction with medical ones. When I served on a US Food and Drug Administration (FDA) Obstetrics and Gynecology Devices Panel in the mid-1990s, for example, we were asked to evaluate a device called a "home uterine activity monitor." It was to be given to a parturient woman who seemed to be in danger of going into preterm labor. If the woman felt contractions before her fetus's viable due date, she was told to put on the monitor, lie down and send the tracings over a modem, and then call a nurse, who would tell her whether to come into the hospital for tocolytic drugs to stop the labor. As a feminist health activist, I wondered aloud at our FDA meeting whether a woman being able to explain to her family she had to lie down and then talk to a sympathetic human being on the other end of the phone made the difference in outcomes, rather than the monitoring per se or the drugs. The chair of our committee told me no one would pay to evaluate this possibility or, at least, had not yet figured out how to monetize such a simple intervention. And the monitor was never evaluated separately from that caring voice on the other end of the telephone line nor the ability of the pregnant woman to rest.<sup>6</sup>

In the case of the original efforts with auricular acupuncture in Oakland and the South Bronx, the intervention was never measured outside its political context. Those close to the Panthers, other radical Black groups, and the

Young Lords understood that healing was never just an individual event and that the cure of drug addiction was not merely to provide another drug separate from an explanatory and political framework. Individuals had to be put into a political public health context.

This history of the beginnings of acupuncture in the United States reminds us that calls to just "follow the science" avoid considering how the science itself is developed, measured, and distributed. Medicine and public health are always embedded in a political context. Mistrust is a reasonable response to the abuse and disdain many Americans have experienced at the hands of that science. If the acupuncture story teaches us anything, it is that needles alone cannot provide all the healing we need. *AJPH*

## CORRESPONDENCE

Correspondence should be sent to Susan M. Reverby, 65 East India Row #25F, Boston, MA 02110 (e-mail: sreverby@wellesley.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

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## CONFLICTS OF INTEREST

The author has no conflict of interest to declare.

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