Praxis and the Social Container
2025

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Introduction

Our school created a series of workbooks starting with *Punking: The Praxis of Community Acupuncture*,[1] because it became clear that we needed a detailed guide to what community acupuncturists do in the clinic. Initially, like other acupuncture teachers before us, we thought it was enough to focus on topics such as acupuncture points, methods of diagnosis, and needling skills, but once we had clinical interns actually practicing the jobs they were in training for, we realized those categories barely scratched the surface of what punks do when they're at work. There was a whole other set of skills, attitudes, and capacities that our interns needed to identify and discuss in detail, so that they could practice them.

A couple of years later, we had pretty much the same realization again, except this time it was about the skills, attitudes and capacities related to creating and maintaining a social container for community acupuncture. A crucial part of the punk job is to be aware of all of the relationships, boundaries, resources and systems that are required to hold a community acupuncture clinic together, so that patients have a place to get acupuncture and punks have a place to work. That might seem obvious, but our experience is that many students really struggle with this.

Liberation Acupuncture affirms that the value of acupuncture is in its practical usefulness to people who are suffering. Or, as Ignacio Martín-Baró wrote, "True practice has primacy over true theory"[2], or what you DO is more important than what you SAY. Acupuncture's usefulness to people who are suffering requires a social container for them to receive it in, otherwise even Liberation Acupuncture is just a set of theories, and just a lot of talk.

Seven years into having a school, it's clear that social containers represent the biggest challenge for both POCA Tech's students and graduates. Acupuncture itself is the easy part.

A major feature of being an acupuncturist is developing the skills to manage your energy, which is expressed not just by your ability to contact "qi" but by your control and awareness of your attention and your intention. Good needling, good rapport, and good communication in the clinic all require intense focus; it's impossible to be an effective punk if you're distracted or preoccupied. An overlooked corollary is that it's equally important to manage your intention and attention with respect to the clinic's relationships, boundaries, resources and systems.

Creating and maintaining a social container requires a specific kind of focus and a specific mindset. That's what this Praxis workbook is about.

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[1] Rohleder, Lisa. *Punking: The Praxis of Community Acupuncture-2023*. POCA Tech, Portland, 2023.
[2] Martín-Baró, Ignacio. *Writings for a Liberation Psychology*. Harvard University Press, Cambridge, MA. 1994.

Keynote for ACMAC 11/6/21
(UK Association of Community and Multi Bed Clinics)

Regarding: Focus

Hi everyone, thank you for inviting me to your conference.

I remember sometime in March 2020, someone wrote in an online forum, so does COVID mean the end of community acupuncture? And I think that honestly, to one degree or another, most of the community acupuncturists I knew were wondering that.

My clinic, Working Class Acupuncture, will be 20 years old in March 2022. When we shut down in March 2020, we had never before been closed for more than a week at a time, and that week was the Great Portland Snowpocalypse of 2008 (which I also feared would be the end of us). So, when the lockdown happened and we were closed for four months, it felt very strange. Before COVID, Working Class Acupuncture was providing about 60,000 treatments a year in four locations across Portland, and early spring is always our busy time. In March we were just ramping up. So, to shift from accelerating to a sudden hard stop, from very high volume to nothing at all — it was shocking.

That weird, uncertain pause that lockdown created — it reminded me of other kinds of uncertainty.

First, it made me think of the spring of 2002, when my brand-new clinic was empty a lot of the time and I had no clue whether my bright idea about providing affordable acupuncture to my working-class neighborhood would actually succeed. Starting in spring 2002, and really going through the next ten years or so, I was often convinced that the clinic — even as it steadily got busier — was going to run out of money. I would look at our finances and think, okay, right this minute we have enough money for what we need but NEXT month? I think we're going to run out of money next month. And then once next month arrived, it was the same story. And it kept going like that. (Right around the same time I started my clinic, someone opened a barbecue restaurant down the street, and they hung a wooden sign that said, "free barbecue tomorrow" — and of course tomorrow never arrived). Eventually I just forgot to worry about next month, basically, and got used to just muddling along, having things work out well enough to keep going. Month after month of survival, even if we were just barely making it, added up over time to real stability.

By the time lockdown happened, WCA was in much, much better financial shape; I hadn't worried for a long time about how we'd make payroll — we even had savings. So there we were in lockdown, and all of our staff were applying for unemployment benefits, and I looked at the clinic's bank account and thought, huh, we're okay right now — but we're going to run out of money next month. It was like someone had hit "rewind", right back to the early years. Oh, hello, I know what it's like to live like this — I remember how to do it, it's maybe not my first

choice but it's definitely a skillset I'm glad I have. I remember how to get through one day or one week or one month at a time.

And that made me think about what it's like to treat a lot of the patients who come to our clinic, the ones who are dealing with a serious diagnosis (maybe they're doing a course of chemotherapy) or dealing with a chronic condition (especially chronic pain), or they're going through a divorce, or they've lost someone close to them and it's just very hard to get through the day, let alone a week, let alone a month.

As community acupuncturists, a lot of what we do is accompaniment — walking with our patients down whatever road they're on. And a lot of people are navigating experiences that they just have to take one bit at a time, because they can't see very far ahead. We believe that healing is accessible to people no matter what road they're walking, and acupuncture more often than not is effective at lightening the load of pain, stress, and anxiety. We are glad to treat conditions that we can't "cure" if it helps our patients have a better quality of life.

One of the beautiful things about not charging very much for treatment is that people can afford to come in repeatedly, even multiple times a week, as well as regularly, for years. They use acupuncture on their own terms, in ways that fit into their lives. They use it to manage conditions that can't be cured; they use it because it offers them consistent relief, even when other parts of their lives are uncertain, difficult, and precarious — and as a result they develop a relationship with the clinic that can last for decades. As community acupuncturists, we get to keep people company, both during some of their most challenging experiences and over long periods of time — it's an honor to be able to accompany them.

I thought about that during lockdown. And I observed that outside of a pandemic, I'd never before been so successful at staying in the present moment. During lockdown, nobody knew what was going to happen, and it was useless to speculate; there was literally nothing to do about any of it except stay home and wait. So, I was just hanging out in the present, the uncertain present, and it was kind of amazing, actually, to be suspended like that. I thought about all the people we treat who do that all the time, who don't have any choice about being anywhere BUT the present, regardless of COVID.

As you might know, we started our own acupuncture school in 2014 and we focus on training students in community acupuncture exclusively. And it's a super interesting process, figuring out how to make a layperson into a skilled acupuncturist. The main reason we made a school is because there were community clinics all over the US that were having similar problems hiring acupuncturists. So, we were very concerned about graduating practitioners who could do a good job immediately — we were really tired of having to try to re-train acupuncturists; we needed them to be well trained before they started working.

Seven years later, I believe that the most important skill for an acupuncturist is focus.

Giving a good treatment, whether in a community clinic or in any other setting, is largely a matter of focus. Our tools, our needles, are literally very small, you have to look hard to be able

to see them (a fact that you're reminded of if you accidentally drop one on the floor). Just finding the points in order to needle them — that requires a lot of focus too. And then there are all the other skills of a good acupuncturist: paying close attention to a patient's body language, knowing when to turn the intensity of your needling down or up, making sure the needles are neither too deep nor so shallow they'll fall out, looking for the subtle signs of pain relief in someone's face or movements in order to know if your treatment is working. Not to mention, in a community setting, keeping an eye on all the other patients in the room.

Essentially, in order to give a good treatment, you have to pay close, close attention to a lot of minute details (and your fine motor coordination has to be excellent as well!). You can't be a good acupuncturist if you're distracted or careless. In the treatment room, you have to really concentrate. You have to control your attention. Acupuncture itself is a concentrated, minimalist, elegant kind of healing — you could say it's a way of focusing.

On another level, a lot of what good practitioners do in order to support their patients in a healing process is to help them focus as well. With chronic pain and chronic conditions, healing is very often incremental. And understandably, people get tired and discouraged when they're living with pain. We spend a lot of time talking to our students about the small details of how to support patients by helping them focus on positive changes, even when — especially when — they're small and they might get overlooked.

Things like making sure to document pain scales, so that you can remind someone that when they started treatment, they reported their pain was 8 on a scale of 10, and this week, even though they're feeling discouraged, they told you it was 6 out of 10. Or making sure to explain to people that often, when you're working on managing chronic pain, the first signs of improvement don't necessarily feel like less pain — they show up as better sleep or more energy or a better mood, so if we see any of those signs, that's progress. Things like helping patients notice when they're starting to do things again that they hadn't been doing, like weeding their garden or playing with their grandchild or cooking a meal from scratch — even though they're still feeling pain, they're able to do things they couldn't do before. That means the treatment is working — maybe slowly, but it's working.

There's a vicious cycle with chronic pain where the pain narrows people's lives, takes away their opportunities to do small, pleasurable, fulfilling things, and the fewer pleasurable things you have to focus on, the more you feel the pain and the more space the pain takes up. People can literally lose their lives to that particular vicious cycle, because when there's nothing but pain, life isn't worth living anymore and people behave accordingly. The only good news — and it is good news — is that the reverse is true, there's a virtuous cycle that works similarly. An effective way to manage chronic pain is to make space for small, pleasurable, fulfilling things, and the more space those activities take up, the less space there is for the pain. Getting acupuncture can be one of those small, pleasurable, fulfilling things — an opportunity to relax and be in a healing space with other people — at the same time as the needles are working on the pain itself.

Pain also isolates people, and the more isolated you are, the more intensely you feel your pain.

It can be crucial to have someone accompanying you, witnessing you, encouraging you to focus on maintaining space for small, pleasurable, fulfilling activities. That's an important thing we want our students to be able to do for their future patients. That witnessing, that encouragement, is an important form of pain management. And just like the process of needling, it requires a very specific, sustained kind of focus. You have to not only keep your focus on incremental positive changes but find ways to help your patient focus on them too.

There's a beautiful article by Dr. Atul Gawande titled, "*The Heroism of Incremental Care*" that I think all community acupuncturists should read. He writes about observing a clinician working with someone on managing their migraines, and he notes that the first thing the clinician does is to lower the patient's expectations. When we're in pain, we all want to get better fast, we want the pain to just go away — but one of the most critical aspects of a successful clinical outcome is realistic expectations. Because having high expectations, unreasonable expectations, can make it impossible to sustain an incremental process of improvement.

I think that's an important reminder for all of us in the process of picking up the pieces after 19 months of COVID. Because in some ways, COVID is like chronic pain; we all hoped it would be over quickly, and we've had our hopes dashed over and over in the same way that our patients do when they're dealing with their pain and yet another prescription, yet another surgery, doesn't turn out the way they'd hoped. It takes courage to pick up the pieces and keep going.

For me, community acupuncture is all one thing, one integrated whole, which is a big reason why it's been so healing for me, personally, to practice. The skills of focus, of learning how to manage my attention, that I had to learn in order to be with patients in the treatment room are pretty much the exact same skills I've needed to get my clinic through COVID. I know I have a choice about what I focus on, and I have to take responsibility for how I direct my attention.

As a practitioner treating a patient with chronic pain, it's tempting to put my attention on all the ways I wish the treatment would work faster or how inadequate I feel in the face of pain that has the potential to ruin someone's life. It's tempting to focus on everything I can't do for my patients or how terrible it is that the rest of the healthcare system has failed them or just how unfair life is, in general.

But that's not my job. If I want to spend my own time spiraling down into misery about how awful everything is, that's certainly my choice, but I can't do it at work. When I'm at work I have to focus on controlling what I can control, even if it's tiny, and on signs of hope, even if they're only flickers. I have to turn all my attention toward the possibility of a positive future for my patient. That's the only way to stay with them in an incremental process of improvement, and sometimes even play the role of the anchor that draws THEIR attention back to those tiny positive changes, the glimmers of a hopeful future.

Similarly, during all the times when it looked like we really were going to run out of money, I had a choice about where I directed my attention. I could get indignant about how much uncertainty I had to live with, as someone who's responsible for a small business in a low-

income neighborhood; I could put all my energy into resisting what was happening, raging at the pandemic and at the politicians' blunders in handling it. OR I could tune all that out and focus on how to get the clinic through one day, one week, one month. In a sense, I had to lower my expectations. And it was good to do that.

It really worked. We never did run out of money, and we still have savings. My clinic isn't back to where we were in terms of patient volume before the pandemic, but we're doing 100 treatments a day or so and, in many ways, we're in much better shape now than we were in January 2020. We tightened up a lot of our systems. Although we lost quite a few staff either because of our own downsizing or because of life changes for them that the pandemic set in motion, those of us who are still here are bonded in a whole new way and we're much better at working together, at sharing responsibility, and particularly at accepting and navigating uncertainty.

Hope is a discipline and survival is a triumph. Both happen in increments. A lot of our patients know that and now we know it too, in a deeper way.

For some acupuncturists, COVID did mean the end of their community acupuncture practice (or their individual acupuncture practice) but for us at WCA it meant a joyful, determined recommitment to it and to each other. In lots of ways, it's hard to be responsible for a small business and it's hard to face how much pain, suffering, and precarity there is in the world. COVID reminded me how the commitment to doing that is so, so worth the effort. I wouldn't want to live through a pandemic in any other way.

Thank you.

Part One

What IS a Social Container?

This is a surprisingly challenging question to answer in a satisfying way. You could say, a social container describes all of the relationships, boundaries, resources and systems that are required to hold a community acupuncture clinic together, so that patients have a place to get acupuncture and punks have a place to work.

Or: A social container for community acupuncture describes what's required for a punk to have a job doing acupuncture, as opposed to a hobby.

Or: A social container is made up of an enormous amount of invisible labor that supports the visible labor (acupuncture).

Or: A social container is the difference between praxis and theory.

A social container represents an organization in one form or another. It might be a) a community acupuncture clinic that a punk created from scratch; b) an already-existing community acupuncture clinic that a punk works for; c) an organization that isn't itself a community acupuncture clinic but makes it possible for community acupuncture to happen as part of its operations, such as a behavioral health center or a senior center or a hospital.

A social container is concrete and specific, as opposed to abstract and general. Many people who are attracted to the study of acupuncture are inclined to think about it in abstract and general terms. For example, consider these abstract and general questions, the kind that acupuncture students like to ask: Is acupuncture effective for treating diabetes? And if it is, how can we convince the larger healthcare system to recognize the value of acupuncture in treating diabetes?

As opposed to these *concrete and specific* questions: Is acupuncture helpful to Pat, Maria and Vernon, who all live within a mile radius of our community clinic and who are all managing diabetes? And if so, how can we make acupuncture as accessible as possible to them and people like them, so that they can get the most out of it? What can we actually do, with the resources that we actually have, that will help those three humans (and others like them)?

Pat, Maria and Vernon will not benefit from acupuncture in the abstract. They only benefit from acupuncture that they can actually get, which means acupuncture that they can consistently afford, at a clinic that has consistent hours, where they feel comfortable being treated. Patients need community acupuncturists to be able to make solid, lasting social containers.

Hierarchy of Needs for Acupuncture

I'm a big fan of The Fat Nutritionist [3], and it was her blog post "if only poor people understood nutrition!" that introduced me to Ellyn Satter and her Hierarchy of Food Needs. I don't know why it's taken me so many intervening years, not to mention having to start an acupuncture school, but I finally connected the dots. I realized that the concept of a hierarchy of needs for acupuncture explains every single argument I've ever had with the rest of the acupuncture profession, and much of what we've struggled to teach students at POCA Tech.

As Ellyn Satter explains, the basic concept of the hierarchy is that needs at each level must be satisfied before those at the next higher level can be addressed. If you don't meet the needs at the foundation, you can't move up. So, without further ado, I'd like to present Rohleder's Hierarchy of Acupuncture Needs (because obviously, I'm very attached to it, and one way or another, it's all I can talk about).

From the foundation up, here are the levels and what I think they mean for the relevance of acupuncture in 21st century North America. Do we really want a lot of people to get acupuncture in a meaningful way? Then this is what we need to think about, in order of priority.

Physical safety

[3] The Fat Nutritionist. eating normally is the new black.

First do no harm. Acupuncture that is likely to leave a patient with more physical problems than they came in with is not acupuncture that works, and not the kind of acupuncture we want to be doing.

This level includes the need for sterile needles, safe needling depths, red-flag referrals, and good needling technique that minimizes pain. I think it should also include adverse events reporting, collecting safety data, and engaging a feedback loop that comes from using an adverse events reporting database. Because acupuncture is basically a much safer practice than many other medical interventions, the acupuncture profession as a whole has gotten by with paying less attention to adverse events than is warranted — but we should fix that, in part because by definition (OK, by my definition) it's such a foundational issue.

Also, worth remembering because it's foundational: acupuncture is much, much safer than pain medication or surgery and can potentially save lives by providing an alternative to dangerous forms of pain management, like opioids. For some people, getting acupuncture is of life and death importance, and this is a major reason why we care about it.

Economic access/stability

Acupuncture that people can't afford to try is acupuncture that doesn't work. Full stop.

While the most basic need of physical safety for acupuncture is relatively easy to meet, this level makes up for it by being excruciatingly difficult. This level encompasses not only affordability for patients but having an economic delivery mechanism for acupuncture that exists, as opposed to not existing. This level means acupuncturists who are in business, as opposed to not in business. This level means small businesses surviving more than a couple of years. It means practitioners not entering practice with levels of student loan debt that they'll never repay.

All sorts of beautiful dreams crash and burn at this level. The mobile acupuncture clinic in the Airstream trailer, the community acupuncture clinic that only serves people that its owner likes, the acupuncture clinic with the flexible, ever-changing hours built around its owner's surfing schedule. Hospital-based integrative medicine centers that go out of business because they can't make their revenue streams work, no matter how shiny and impressive they are, fail this level.

Acupuncture that people can't get, because there's no economically viable place to get it, is acupuncture that doesn't work.

Social safety

If people don't feel safe in the environment – including in relationship to their practitioner – they won't get acupuncture, and (say it with me now) acupuncture that people don't get is acupuncture that doesn't work.

Social safety is always relative because humans are so diverse. We can't guarantee social safety

for anyone, let alone everyone, but we can work to make our practices socially safer. This level encompasses trauma-informed care and "low barrier" environments that are nonjudgmental and welcoming. It means not pushing people to change their diets or quit smoking, and honoring people's autonomy. It means practitioners who can take care of their own needs and boundaries. It's also a challenging level, but not nearly as hard as the prior one. You can't practice social safety if you've got no place to practice it.

Reliable access

From the GERAC 2 studies, and also from our own years of clinical experience, we know that when it comes to acupuncture, *dose matters*. Acupuncture that people can't get enough of is acupuncture that doesn't work or doesn't work the way we want it to. It doesn't matter what kind of acupuncture it is if the dose isn't sufficient. People need reliable access to acupuncture in order to fulfill a course of treatment. Social safety and economic access are the foundation for this level (because people won't get enough acupuncture if they don't feel safe and can't afford it) but it also requires practitioners who can competently give treatment plans and work with patients to fulfill them. Also, clinics that are open enough hours for patients to follow up on those treatment plans.

Acupuncture Theory (fits with any particular)

The GERAC studies also show that sham acupuncture works. In the real world, however, practitioners need a theoretical framework that makes sense to them. Once the needs for physical safety, economic access and stability, and relative social safety are met, and once it's possible to provide a sufficient dose of treatment, we can begin to consider what kind of acupuncture we'd like to do.

The beautiful thing about acupuncture is that it's so old and so diverse that the list of options is vast. Dr. Tan? Master Tung? Japanese? TCM? Knock yourselves out, acupuncturists, you could spend the rest of your lives exploring the options. Just don't forget that the most theoretically elegant treatment delivered only once, because you didn't take care of the prior levels, will almost certainly be less clinically effective than, say, Miriam Lee 10 delivered twice a week for five weeks at a cost the patient can afford, in a setting where they can relax.

Seriously, never forget that.

Unfortunately, a lot of the acupuncture profession is obsessed with this level, to the exclusion of everything else.

Organizational Culture

This level might overlap with Theory so much that they shouldn't be separated, but I'm not completely sure about that yet. I think culture encompasses issues like practitioner clothing: wearing a white coat vs. a t-shirt with a WCA logo vs. a uniform with a Modern Acupuncture logo. It's not that culture's not important — in some ways it overlaps with issues of social safety — but in terms of what it has to do with the efficacy of acupuncture from a patient perspective, it's not on the same level as affordability or dosage. It's something we can think about when

we've taken care of the preceding levels.

Unfortunately, a lot of the acupuncture profession is also obsessed with this level, to the exclusion of everything else. This is where issues of social status live. Do other medical professionals respect us? Some acupuncturists will claim that culture has everything to do with economic access/stability, but POCA Tech knows that's not true. There are so many people who are sick and in pain and traumatized, there will never be enough of us to treat them, no matter how much other professions "infringe on our turf" or "steal our patients". If we do the work of creating economically accessible and stable settings for people to get acupuncture, people will use them.

Hierarchy of Needs: Poor People's Priorities

When punks have complained, over and over, that conventional acupuncturists don't "get it" — while also not being able to articulate what "it" is, to everyone's ongoing frustration — most of the time, I think what we meant was, the hierarchy of needs.

It's both difficult and emotional to communicate about what we can take for granted, especially relative to what other people can take for granted. Part of why I was thinking about Ellyn Satter's pyramid was that I've always thought that I never had any issues around food insecurity, because there was always enough food in my house when I was growing up. Recently I realized that's not entirely true. Having enough food in the house was accompanied by my father telling stories about what it was like for him as a child to not have enough food, to have to steal food, to eat the same foods over and over to the point that he never wanted to see them again which meant we never had them. (Mayonnaise on white bread.) And then I realized – I might not have experienced food insecurity myself, but it was a vivid reality to me, nonetheless. I grew up not being able to take that first level of Ellyn Satter's food pyramid for granted, and that remains a difference between me and people who never had to think about it.

If you can take something for granted, it means you don't have to put effort into maintaining it. If you can take something for granted, it means it doesn't require focus and perseverance. You don't have to be grateful for it; heck, you don't even have to be aware of it. And if you have to admit that you can't take something for granted, especially relative to other people who can, you're acknowledging that you're a have-not and they're the haves, that you lack social power. You're admitting vulnerability.

I started writing about community acupuncture because I was finally able to admit that economic access to acupuncture, and economic stability in practicing acupuncture, weren't things I could take for granted. The acupuncture profession had told me that I could, and I should, but the enduring reality was that I couldn't, which had everything to do with who I was and where I came from, but also the state of the acupuncture profession itself. And boy, was I mad about it, and boy, did my writing strike a nerve. Because of course I wasn't the only one.

Remember the buckets and Ming vases article? [4] (See full article in the Appendix)
And Peter Deadman's response to it? [5]

In hindsight, there could have been a lot fewer words in that exchange (though I had fun with the metaphors) and a lot less emotion, because all we were really talking about was the hierarchy of needs.

In his response, Peter Deadman starts out by acknowledging: a lot of people can't afford

[4] https://www.workingclassacupuncture.org/wp/wp-content/uploads/2023/10/Community_Acupuncture-_Making_Buckets_from_Ming_Vases.pdf
[5] https://www.workingclassacupuncture.org/wp/wp-content/uploads/2023/10/MingVases-Deadman-Reply.pdf

acupuncture and a lot of people can't make a living at it. BUT — the rest of the article is BUT, a model that prioritizes access over theory risks impoverishing Chinese medicine. Our model isn't best practice, and we're not complete practitioners, and to the extent that we're successful in propagating our model, it's a loss for Chinese medicine as a whole. One of his major problems with us is that we don't make patients take off their clothes, and as a result, "a swathe of acupuncture points is largely consigned to oblivion". In 2012 I was too mad to love this line, but I love it now: *POCA Tech, consigning back shu points to oblivion since 2014.*

In other words: the acupuncture theory level of the pyramid deserves much more attention and focus than the economic access level. Yes, the economic access level is arguably a huge mess, but that doesn't matter as much as getting the theory right. And if you prioritize the levels the way punks do, with economic access being more foundational than theory, you will impoverish the entire field of Chinese medicine. You could rephrase that as: **the priorities of Chinese medicine will look like the priorities of poor people.**

That's why we call what we do Liberation Acupuncture.

And that's where you get punks waving their hands in the air, stomping their feet and yelling Fuck Yeah — that's what we want! and you get conventional acupuncturists being like, what? no, that's exactly what we don't want! So even when you take the emotion out of the argument, we're still disagreeing about fundamentals. Because of course, everybody would like to take economic access (to everything) for granted. What we're saying is: that's great that you can, but we can't.

The end of Peter Deadman's article is the most interesting part, to me. He writes that every patient, regardless of income or social status, deserves access to the best possible practice (which he defines as back shu points, TCM differential diagnosis, and lifestyle counseling — we'll skip the discussion about social safety for now). The reason that community acupuncture shouldn't succeed is that there has to be a better model, where you could treat just as many people, but you could still make theory your first priority. I think you could rephrase that as: what actually exists and is providing relief to humans who need it right now, is less valuable than something that doesn't exist but is ideologically purer. Or, *you should be able to do better than that* — which is something people with my background are used to hearing, about everything.

Making acupuncture economically accessible to the number of people that we do is, all by itself, a lot, because it involves small business, and small business is very difficult. Doing small business for a decade or more means that it gets easier in some ways, but in other ways, it really doesn't. It's funny, I feel like I have to keep outing myself as somebody with low-class priorities: if it exists, and I can afford it/make it happen/keep it up, it's more valuable to me than something "better" that doesn't yet exist.

I can't forget about the first level of the pyramid, physical safety, where it matters that acupuncture is so much safer than other forms of pain management. Estimated overdose deaths in the US from opioids increased from 50,963 in 2019 to 69,710 in 2020. That's 191

people per day. How many of them might never have tried prescription opioids at all if they had had access to acupuncture? Acupuncture that isn't happening is acupuncture that isn't saving anybody's life.

Hierarchy of Needs: Too Sexy for This Work?

Got your attention? I hope so. This chapter is about things it's hard for people to pay attention to, so if it helps to play the "Too Sexy" [6] song by Right Said Fred in the background, please do!

The previous chapter was about punks complaining about how conventional acupuncturists "don't get it" — memorably demonstrated by somebody no less famous than Peter Deadman. This chapter has nobody famous in it (unless you count Right Said Fred); it's just about us, and what's going on (I think) when veteran punks complain that newbie punks, or potential punks, don't get it. This is about the unsexy levels of the Hierarchy of Needs, and how to pay attention to them.

I'm using the word sexy here with its more general meaning: attractive, interesting, appealing, captivating, glamorous. The first two levels of the Hierarchy of Needs are significantly less of all those things, I think, than any of the other levels, and so people often resist paying attention to them until it's clear that they absolutely have to. For the purposes of this chapter, I'm going to focus more on the second level of economic access than the first level of physical safety, because in general, physical safety in acupuncture is easier to get right with a lot less effort. Proportionally it requires less attention than economic access.

I've been reading Michael Pollan's book about psychedelics, *How to Change Your Mind*, [7] and one of the excellent points he makes is that the therapeutic use of psychedelics, despite having a lot of promising research behind it, has been impeded due to the lack of, as he puts it, "a sturdy social container". The use of psychedelics for healing purposes, like acupuncture, comes from another culture, and our culture has had a lot of trouble figuring out how to make it work. Everybody knows that I think acupuncture is a psychedelic, that it works because it increases neuroplasticity, so I won't go on about that any further — let's just say that the lack of a sturdy social container is also the biggest obstacle to ordinary people using acupuncture.

Hello, level two in the Hierarchy of Needs! A sturdy social container for acupuncture encompasses all of the relationships, boundaries, resources and systems that are required to hold a community acupuncture clinic together. Gathering them, organizing them, and maintaining them for the long haul, so that your community has economic access to acupuncture, is an epic amount of work. If you're not the person who did that work yourself, though, it's easy to overlook it down there at the bottom of the pyramid. And it's easy to take a social container, and the economic access that it provides, for granted. And that's a big problem when it happens.

I think this is the substance of many (most?) conflicts between veteran punks and newbie punks, who are in a position to take things for granted that the veterans had to build from

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[6] https://www.youtube.com/watch?v=P5mtclwloEQ

[7] Pollen, Michael. *How to Change Your Mind: What the New Science of Psychedelics Teaches Us About Consciousness, Dying, Addiction, Depression, And Transcendence*. Penguin Random House, 2018.

scratch. It can be an issue with training employees, and it's been an issue at POCA Tech; not only because veteran punks get mad about it but because, if newbie punks can't pay attention to social containers, they can't learn how to build or maintain them. The vast majority of community acupuncture clinics exist because somebody decided to suck it up and learn how to create a small business, even though they probably didn't want to. When there were very few community acupuncture clinics, I don't think most of us who were making them assumed the process would be easy, or that we could take it for granted; we looked at the wasteland around us and figured it was going to be hard to build anything. Now that there are more clinics, it's more tempting to take those existing social containers for granted.

Cue Right Said Fred! Some would-be punks are just… too sexy for this work. Too geeky for this work, too dreamy for this work, too idealistic for this work. One way or another, they refuse to drop down to the grind of level two and pay attention to what it takes to make, and run, a clinic, particularly for the long haul. They'd rather float up to the higher levels.

Yeah, says the veteran punk bitterly, who wouldn't?

Let's talk about the stigma against small business. As I wrote in *Holes* [8], the only useful business education I got was outside of acupuncture school, when my mentor showed me how to fill out IRS Schedule C and gave me a copy of Paul Hawken's book, *Growing a Business*.[9] Hawken describes how his upper middle-class family didn't think much of him being "a shopkeeper" and because of the stigma, he didn't immediately realize how interesting and creative small business was. A lot of acupuncture schools have their own version: the challenges of small business aren't compelling or valuable enough to put real time and energy into exploring — instead, let's just hope everybody gets hired by a hospital. (Getting hired by a hospital is sexy!) Being a lowly small business owner is, well, lowly, and being good at small business is a lot less impressive than wearing a white coat.

At this moment in time, though, the only reliably workable blueprint we have for a social container for community acupuncture requires creating a small business, or a nonprofit that supports itself like a small business. It's so, so tempting for people to look at small business as somehow *extraneous to* community acupuncture, instead of *foundational to* community acupuncture.

Trying to transcend level two with magical thinking is pretty obvious when acupuncture schools do it, but there are more subtle versions, some of which come from anti-capitalists. Yep, you know the ones who would rather dream about the sexy, sexy revolution than build an actual social container so that ordinary people can get acupuncture in their own neighborhood. Some would-be punks are, unfortunately, too radical for this work. They're quite skilled at critiquing social containers for acupuncture, but they themselves won't build or maintain any. Critique is all they've got to offer. As Peter Deadman demonstrated, it's easy (*cough* *lazy* *cough*) to negatively compare something that exists to something better and purer and loftier

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[8] Rohleder, Lisa. *Acupuncture Points are Holes*. Portland: POCA; Portland, 2017.
[9] Hawken, Paul. *Growing A Business*, Simon & Schuster, 1987.

– that doesn't. There's a new-age version of this magical thinking too, where would-be punks don't understand why the veterans didn't just "manifest a better reality" so that it had more rainbows and unicorns and fewer pesky small business problems.

Being good at small business is less impressive than being (insert relevant version of "sexy" here): being radical, being enlightened, being clever, being a free spirit, being charmingly contrarian, etc., etc., etc. The problem is, none of those things are foundational to community acupuncture because none of them will get you a social container, absent the work of building a business. And they can all be powerful distractions from the unsexy work of taking care of the container.

A really basic, really boring part of paying attention is identifying distractions and dragging your focus away from them. The upper levels of the hierarchy of needs can be a distraction from the lower levels. Sexy ideals can be a distraction from unsexy work. Attention really is magic, though, and I think the more practice we get, collectively, with hauling our attention back down to the foundational levels of the hierarchy of needs, the more people we'll be able to serve.

Purpose vs. Idealism

Recently Gail Roudebush, who edits the *Praxis* workbooks and who's been involved with WCA and its projects for over a decade now, said something great. We were talking about how WCA has a difficult relationship with people who think of themselves as idealists; sometimes it seems like we attract them over and over even though we always end up disappointing them and they always end up frustrating us. It's like moths to a flame — if the flame were tired and exasperated and wishing the moths would do something more useful with themselves. Gail said, "Well, that's because idealism is different than purpose. What WCA has is purpose."

And I said, "AAHHH!"

Merriam Webster defines idealism as "the practice of forming ideals or living under their influence" and ideal as "existing as a mental image or in fancy or imagination only; broadly: lacking practicality; relating to or constituting mental images, ideas, or conceptions", while purpose is "the feeling of being determined to do or achieve something". WCA's purpose is to offer as much acupuncture as it possibly can to ordinary people who need it, so that they can use it on their own terms, in whatever way works best for them. And while WCA's purpose might be appealing to people who orient themselves towards ideals, it actually has very little to do with idealism itself.

As it turns out, untangling the ways that people confuse purpose with idealism is important for punks, students, and prospective POCA Tech students. And it's particularly relevant to the tasks required for making and maintaining a social container.

All of WCA's operations are based on our observations over the last two decades about how acupuncture actually works, as opposed to how anybody thinks it SHOULD work, and on how people actually behave in relationship to acupuncture, instead of how they SHOULD behave. Hence our mission of offering people as much acupuncture as they want, so that they can use it in support of whatever goals they have. We're not trying to get anybody to believe in anything; we're only creating a resource for people to use on their own terms. This practical, adaptive approach has made WCA resilient.

For us, the distinction between idealism and purpose has to do with being aware that there are plenty of people out there, legions even, who want to tell our patients what they *should* do and how they *should* manage their health, but there are few people who are willing to buckle down and do the work to create actual resources for them. I don't think anybody needs more *shoulds*. However, there are a lot of people (particularly low-income people), who could really benefit from having more *options*. Especially when it comes to managing chronic pain and chronic conditions.

Ironically, some of the punks, students, and prospective students who appear most passionate about community acupuncture and other health equity topics *in the abstract* are also the least able or willing to do the on-the-ground labor to make it possible for people like our patients to

receive community acupuncture. This is a big problem for POCA Tech, because we measure our success by the actual treatments that our graduates provide to actual humans who need them, as opposed to our graduates' passion for the *concept* of accessible acupuncture.

Access to acupuncture doesn't magically happen as a result of anyone passionately believing that it SHOULD happen — somebody has to suck it up and DO something. In the society that we live in, that means somebody has to make a social container for affordable acupuncture, which requires contact with some very non-ideal elements such as small business — and other people. We live in capitalism, with other flawed, suffering humans. There is no charitable funding source, nor any kind of universal healthcare, that will pay for ongoing acupuncture treatment for people of ordinary incomes with garden variety problems like headaches, back pain, anxiety, stress, and depression. Of course, it would be better if there were, but in the meantime, there are a lot of people in immediate need; people are literally dying as a result of unmanaged pain. WCA decided, a long time ago, not to wait for help from the powers that be, because we were pretty sure it wasn't coming.

And indeed, it has yet to show up. Meanwhile we keep treating people. And that's the approach that POCA Tech teaches "get your act together to treat people in the world we live in now, don't wait for it to become more ideal." (Yet another example of a foundational decision. See also: *control what you can control,* and *talk is cheap*.)

A common feature of the idealism that we've encountered at WCA and POCA Tech is the expectation and the demand that other people should change in order to meet an ideal of how things SHOULD be. By contrast, purpose involves taking responsibility for what we want to accomplish and putting all our attention on that — as opposed to wasting any energy on what other people are or aren't doing. In a best-case scenario, idealism represents latent energy that can be converted into purpose. However, this almost always requires the idealist to lower their expectations, in the exact same way that people being treated for chronic pain have to lower their expectations for relief — in both cases, to be able to persevere in a context of slow, incremental progress.

Hope is a discipline and survival is a triumph — that's the reality that many, many community acupuncture patients are living, especially those with chronic pain. Purpose helps you maintain hope and it also helps you survive (there's even science to that effect). Idealism sets you up for disappointment and burnout. And this is the perspective you pretty much have to embrace if you want to make a stable, resilient social container for community acupuncture.

Or Is It… Classism?

How much of our collective difficulty with paying attention to creating and maintaining social containers is actually about classism?

The acupuncture profession in the US has worked hard to establish the image of the acupuncturist as a white-coated professional with, ideally, a doctorate and an upper-middle-class income. The economic and occupational reality, as we know, falls far short of this image for most graduates of acupuncture schools. Nevertheless, an aspect of the image that hangs around *even for community acupuncturists* is the suggestion that acupuncture is intellectual, abstract work for highly trained professionals and so…should those professionals really have to worry about making their own social container? Didn't they go to acupuncture school so that they could focus on more interesting stuff?

Isn't it somebody else's (lowlier) job, to worry about the boring, repetitive things like paying bills, cleaning bathrooms, managing (less important) relationships like volunteers and vendors, and generally keeping things together behind the scenes? Shouldn't all that labor magically get done without the acupuncturist having to think about it?

I've written in other places that discovering community acupuncture, for me, was all about being able to treat gas station attendants. Before I had access to the community acupuncture model, my practice choices for acupuncture were limited to charging prices that only wealthy people could afford or providing treatments that were somehow subsidized. The subsidized treatments were generally only accessible to people experiencing highly specific challenges: houselessness, addiction, certain diseases like HIV, or the aftermath of a disaster. There was simply no way to treat working-class people outside of those categories, ordinary people with garden-variety problems like headaches, arthritis, insomnia or anxiety; the conventional wisdom was that these people couldn't possibly be interested in acupuncture (only educated people were smart enough to be interested in acupuncture) and even if by some miracle they were interested, they weren't worth treating. (One acupuncture business coach of that era advised: Never be afraid to raise your prices, because the more you do, the more you'll attract *a better quality of patient*.) (Yes, I had a fight with him, too.)

In the acupuncture profession at that time, a gas station attendant with knee pain was entirely invisible: an invisible person, doing invisible labor, experiencing invisible pain. This invisibility was intensely painful to me because my grandfather was a gas station attendant. I had no way to practice in my own community. And so the community acupuncture model was designed for invisible people with ordinary problems, and it's based on what those people typically need from their acupuncturists: consistent, reliable access to treatment in a low-barrier, welcoming setting. Successfully treating these people long term 1) is the antithesis of sexy, and 2) requires creating and maintaining a sturdy social container out of limited resources.

Out of all the amazing things that have emerged from the community acupuncture fractal, I am forever the happiest about gas station attendants (and other people who occupy that level of

the socioeconomic ladder) getting access to acupuncture on their own terms. However, I've noticed that this doesn't always translate to acupuncturists and acupuncture students whose social networks aren't populated by gas station attendants. For them, social containers of community acupuncture (such as the clinics of Working Class Acupuncture and POCA Tech as an acupuncture school) sometimes seem to elicit a knee-jerk impulse to *improve* them. Because how could anybody possibly be satisfied with social containers so obviously made out of limited resources? How could we possibly be excited about relieving headaches for a bunch of gas station attendants? Don't we aspire to anything better and more idealistic than that?

As a result, there's continual pressure to make the social containers of community acupuncture look less like the people they were designed for and more like what middle-class and upper-middle-class people expect. (See also: POCA blog Modern Acupuncture.) Unfortunately, that pressure is sometimes accompanied by the attitude that if POCA Tech can't do social containers any better than this, should we even be doing them at all? Which in turn can lead to our social containers being improved right out of existence.

Classism can manifest as idealism. Classism can also manifest as:

- not recognizing basic needs for consistency, reliability, and affordability as important priorities.
- an inability to recognize non-professional labor as *real work* with real demands of time, energy, attention, and intention.
- a refusal to accept the reality of limited resources or the validity of making decisions based on managing limited resources (see also: "you should be able to do better than that").
- a belief that what's abstract is inherently more valuable than what's concrete.

Classism in our society is ambient, it's in the air we all breathe, and it generally requires active effort to identify its influence on our perspective, our decision-making, and its potentially destructive impact on social containers.

Part Two

The Small Business Mindset

From "Entrepreneurship in Low Income Areas", the Office of Advocacy of the Small Business Administration:

> Small businesses play a central role in the U.S. economy, contributing to job creation, economic development, and self-sufficiency. In many instances, workers view self-employment as an attractive alternative to salary employment. workers in low-income areas may be particularly interested in self-employment since there is likely a dearth of appropriate wage and salary jobs in their neighborhood. In addition, starting a small business affords flexibility that traditional workplaces may not offer and can furnish substantial opportunities for individuals residing in disadvantaged localities or zones.

Small businesses are inherently fragile and vulnerable to risk, and the less social power their owners have, the more fragile they are. (If we didn't know that before COVID, we know it now!) At the same time, many low-income entrepreneurs start small businesses because the other options for supporting themselves are worse. Starting a small business is an expression of hope and a container for hope.

But being an entrepreneur isn't just about learning specific skills like bookkeeping, marketing, negotiating with landlords, etc. You certainly need those skills, but any of them are arguably easier to attain than the overarching mindset that makes somebody happy to work in a small business setting. This is something we're belatedly recognizing at POCA Tech, so from here on out, you can expect us to never shut up about it. All the data suggest that most acupuncturists will either need to create their own small business or work for a small business that somebody else created, so we have to talk about the small business mindset.

Making a living in late capitalism via a small business is a lot like transporting yourself through a city via bicycle. The terrain was built for cars, but you don't have a car; you're surrounded by things that are much bigger than you are, driven by people who don't even see you as they whiz past. If you let yourself get discouraged about how hard it is to ride a bike through traffic in the midst of big scary cars, you might not have the energy to peddle up the next hill, so you can't let yourself get discouraged. However, you also can't ignore the degree to which you're vulnerable and exposed and need to be able to respond, quickly, to any surprises. If you're going to survive your commute, one thing you absolutely cannot do is to pretend, even for a moment, that you're NOT riding a bicycle.

A lot of acupuncturists, students, and prospective students really want to pretend they're not riding a bicycle. A lot of them would prefer to cruise through city traffic in a Hummer (second cousin to a tank). If they can't have a Hummer, okay, they'd settle for a nice solid Volvo. And so they pretend that's what their bicycle is. Of course, many of them won't get on a bicycle at all after they graduate from acupuncture school (which is probably a good decision) but others do get on their bicycle and then expect it to behave like a Hummer. When it doesn't meet their expectations, they get angry.

(I'm trying to have a conversation here about risk. People hate talking about risk, so I keep testing out different metaphors in hopes of making it easier. Granted, other acupuncture schools are not helping with this conversation, but it's not all their fault either.)

At POCA Tech, we can teach you how to ride a bicycle through city traffic; not only that, we can teach you to ride it through a low income neighborhood, where there are probably more potholes than average, some surprisingly deep puddles, and maybe even a loose dog or two. That's what we WANT to teach you, that's our whole reason for being! Our version of acupuncture school is like training wheels for that kind of ride. But what we don't have, and can't give you, is a Hummer. Or a Volvo. Or even a used Honda Civic. All we have is a bicycle.

On our end, we're coming to terms with the understanding that we can't teach you to ride a bicycle in a low-income neighborhood if YOU don't actually want to, and you're going to resist learning it. If you're going to continually be disappointed that we're not offering you a Hummer so that you can feel as safe, as secure, as insulated from risks and surprises as you want to feel, you should not be learning acupuncture at POCA Tech.

Awhile back, my sister sent me an article (I can't remember now which one) about how people who had chaotic childhoods sometimes make good small business owners not in spite of the stress of their upbringing, but because of it. I went down that rabbit hole of research and found lots of interesting stuff about how growing up in an unpredictable environment may have given me a range of entrepreneurial advantages: flexibility, tolerance for ambiguity, facility at updating my "working memory" (or being able "to forget information that is no longer relevant and to attend quickly to newer data that is"). The main take home message was that *not expecting anybody to save you* is an adaptive advantage for entrepreneurs. It helps you take responsibility.

I don't mean to say that everyone whose childhood sucked is a good candidate for entrepreneurship or even that I'm happy that I have these skills. I've taken way more responsibility than my fair share and I'm trying to learn to take less. I'm also not saying that being a good small business owner means never asking for help; that's not true at all. You can take responsibility AND ask for help and support. A lot of acupuncturists and would-be acupuncturists, though, are completely unprepared for the level of self-responsibility that a small business demands. That bicycle is powered and guided by YOU; if you expect an invisible thousand-horsepower engine to magically kick in when you need it, you're going to be in trouble, out there in traffic.

One crucial aspect of the small business mindset is the ability to make the best of things, to cultivate a strategic focus on the positive. In my experience, especially when your business is new, you have to radiate faith and goodwill, and set an overwhelmingly, contagiously positive tone. In my experience, this requires a lot of self-discipline. You also have to let go of critique and perfectionism. They will not help you. I know letting go of perfectionism is harder for some people than for others, and it might represent a multi-year project, but working on it is still better than allowing it to tie you up in knots. Because being tied up in knots is no good when you're riding a bicycle.

POCA Tech is a small business and WCA, whose clinics it uses to train students, is also a small business. We need students to take responsibility for the inherent risk and fragility of small businesses in order to learn in these settings — but also, living with risk and fragility is possibly the most important thing we teach. We love riding our bicycles through our neighborhood with its potholes, its puddles, its loose dogs, because *it's where our people live*. We love riding in this neighborhood even when the weather's bad and we're cold and wet and yeah, a nice big warm car would be much more comfortable, but who cares? We're flying down our own street on our rickety bicycles and we're home, we're home, we're home.

More About Positivity (With an Example)

Q: When you say, “you have to radiate faith and goodwill, and set an overwhelmingly, contagiously positive tone”, what exactly do you mean by that? You don’t mean “the power of positive thinking”, do you? What if you’re really angry about, say, the lack of access to healthcare?

A: Thanks for the clarifying question! Setting a positive tone while building a social container doesn’t mean pretending you don’t feel anything you actually feel, including anger. *Setting a positive tone here means practicing control and awareness with regard to your intention and attention; it’s about strategically managing your energy*. Anger can be great fuel, especially when you’re conscious of it, while negativity can be like a slow leak in your tires, where things keep being difficult and you don’t really know why.

A concrete example of how this plays out in real life for community acupuncture clinics is **landlords**. Here are two possible perspectives on the very same situation:

1. My landlord is such a pain! I rent space in a multi-disciplinary building and the person who manages the space seems to mean well, but seriously can’t get it together. There’s been one issue after another about security, building access, parking, and then of course there was the time when they were working on the sprinkler system and the fire alarms went off three times while I had patients trying to rest! I’ve asked them for advance notification when they’re doing work on the building but even though they agree, they don’t actually tell me until noisy things are happening while I’m trying to treat people! Every time I turn around there’s another example of building-related chaos and drama, and I know it’s affecting my numbers! All I can think about is how much I wish I could own my own building, but that’s never going to happen.

OR

2. Having a positive relationship with my landlord has been a real challenge at times but I’m so grateful for the opportunity to be in this space! It’s a multi-disciplinary building that has some really cool community-oriented tenants, and a lot of them get treated at my clinic. (Even the building manager — she’s constantly stressed out, so she really needs acupuncture, haha!) The building is right downtown, very visible, ADA-accessible, and I can afford the rent. My treatment space has beautiful windows and great light. We’ve definitely had some bumps around communication and a few unpleasant surprises with some of the shared spaces in the building, but I know that’s to be expected when there are so many players involved and so many moving pieces. We all keep trying, and even though my numbers have had some fluctuation, over the last five years when I look back, they’ve grown steadily. This space isn’t perfect, but it’s been a stable place for me to establish my patient base and to create some important relationships with people in my community that otherwise I never would have met.

Both of these perspectives are equally *true*, but only one of them is going to help the clinic owner take care of their social container. The second perspective is an example of radiating

faith and goodwill and setting a positive tone that leads to building positive relationships in their community. Even if the clinic owner could easily justify taking the first perspective, it's a strategic decision to choose the second perspective instead.

It's important to note that it takes *energy, focus and intention* for the clinic owner to choose the second perspective. Most people would find it easier to default to the first perspective and let their attention remain on everything their landlord is doing wrong. Particularly because in this society, landlords generally have more power than tenants, and many people who are attracted to community acupuncture come into the landlord-tenant relationship primed to look for abuses of power, or at least a failure to take care of the tenant. It requires invisible effort to strategically choose a positive perspective in the service of maintaining a social container. Once you do it enough, you build up muscle and habit so that it becomes much easier, even reflexive. However, since the effort remains invisible, this is a prime example of something that the clinic owner has to do, that their employees — if they have employees — might not be aware of, and so might take for granted.

Even though it's invisible, choosing a positive perspective can be crucial to a clinic's survival. I can think of more than one unfortunate example of community acupuncture clinics that didn't make it because their owners put a lot of energy into pointless power struggles with their landlords. Instead of focusing their attention on what they could control and maximizing their efforts where they would make a difference, these clinics picked losing battles over issues which were, in the scheme of things, relatively minor, like who was going to pay for re-striping the parking lot. From talking to the clinic owners, it seemed like they were constantly comparing the imperfect but functional space that they had to a more perfect space that they didn't have, and probably couldn't ever afford. As a result, they had less energy to put into building their patient base and eventually got tired of struggling and closed their clinics. A big part of the struggle was self-created, though they didn't see it that way.

Setting a positive tone is about remembering that, especially where community acupuncture is concerned, *the perfect is the enemy of the good*. Making do, making the best of what you've got, is an important skill for punks. Rejoice in any good that you can find; it's a strategic way to reinforce your social container.

More About Positivity (With Another Example)

Landlord, Space, and Positivity

By Chris Rogers, Wasatch Community Acupuncture

Our first clinic location was on the third floor of a large, unmarked office building. This building was challenging for patients for several reasons. It was hard to find the building, and almost every day a new patient would call, lost and frustrated. Once you found the building, the driveway leading to the parking lot was a tiny chute off of a busy street, and people often missed it and had to flip around and try again. After parking, patients still had to navigate a byzantine directory and questionable elevators and then find their way through a labyrinthine network of hallways required to reach our clinic. Once you finally made it to the treatment space it was nice and cozy, but then if you had to pee, well, let's just say you had to brave the labyrinth once again. Needless to say, the only walk-ins we ever had only happened because someone was lost looking for another business in our office building and would wind up in our clinic completely by random chance.

We decided that we should look for another location so that we could move when our lease was up. One that people might actually be able to find when they were looking for it, and as an added bonus, maybe a location with street visibility, one that would generate new patients from people walking, riding, and driving by. We had no idea how much work we were in for.

Looking for a new location requires a lot of time and a lot of excitement followed by repeated disappointment. We looked, very actively, for a new space for nearly a year and a half. We wanted a space that had street visibility, space enough for at least 16 recliners, though preferably more, and plenty of parking for all our patients, front-desk staff, and two massage therapists and their clients on any given day. And we needed to be able to afford it. After several hopeful prospects that didn't work out for one reason or another, we finally found a space that would suit our needs. The new space required major lease negotiations, lots of cleaning, and augmentation and buildout to meet our needs. We were on our way to having our dream space!

Finally, moving day. We did the move ourselves, with lots of volunteers. We only closed down for the weekend and reopened the following Monday in the new space. The logistics of moving also ended up being more work than anticipated but once we settled into the new space it looked and felt great. It had all the things we were looking for and it was more beautiful than we had anticipated so that was an additional bonus. We were ready for business.

Opening the new space up to patients also opened us up to hearing comments and criticisms that long-time patients had about the new space versus the old. Many comments were extremely positive but there were several not-so-positive comments too. For example, "why can we hear people walking around upstairs?", "the bathrooms are not very nice," "it's too cold and bright in the front room," etc. It was frustrating to hear all of this after all of our hard work, and we began to dwell on a lot of the things patients pointed out, which went on for some time. We

kept wondering if we'd made a mistake. We researched if we could somehow muffle or mitigate the heavy footsteps coming through the ceiling from the floor above us without spending a fortune, to no avail. We worked past those feelings and decided things were good enough, eventually feeling pretty good about our decision to move.

Then the building started farting on us. Literally, some strange plumbing issue caused trapped gas in the sewage system to randomly be released through the HVAC system, unleashing an unholy smell into our treatment space where our unsuspecting patients were resting peacefully. Another hang-up, which brought about more negative thinking regarding our space. Apparently, the landlord knew about this problem, but he didn't bother mentioning it before we signed the lease. The landlord was also not overly concerned with trying to fix the issue.

Around this same time, the building's roof developed a slow leak that only ran into our treatment space. It was difficult to troubleshoot because it only happened after it had been storming for a particular amount of time. The roof needed to be replaced, but again the landlord isn't interested in spending money on the building. In addition, it's difficult to control the climate in our space because the HVAC system is really, really old. The plumbing is old and the toilets back up if you're not gentle with them, the entrance doors are not well insulated and they leak when it storms, and the sidewalks turn into lakes that patients have to navigate around whenever it rains or snows. These things kept coming to the forefront of our attention.

We just had a staff meeting and we are quickly coming up on our four-year mark at this location, which means we have just another year to decide if we want to renew our lease for another five years. The discussion of whether we should look for another location came up and most in attendance thought we should at least begin looking around especially considering how long it took to find a suitable place last time. However, the following day something hit us. We realized that even if we could find another place, it probably wouldn't be perfect either and, besides, we may not even be able to afford this mythical place that would fit our description of perfect. It's hard on us and on patients when we move, and there is something to be said for creating a stable place that people can depend on.

This helped us realize how lucky we are to have the space we do have. It's flawed, but it's also got everything we actually need to create the social container that's required to provide our neighborhood with lots of affordable acupuncture. It's got a small group of dedicated people that love it and care for it, which has caused the place to become a palpable and substantial entity all its own. We've decided to love it, with all of its flaws, and to fill it with gratitude instead of dwelling on its imperfections. We cultivate a big colorful flower garden out front in the summer and admire the snow on the pine tree during the winter. We're grateful that our social container actually has a workable physical container. One that thousands of people in our community have come to rely upon. It's not perfect, but it works, and that's good enough.

Personality Traits for Entrepreneurs Rating Worksheet

Test yourself by checking the following questions. There are no right or wrong answers. Circle the answer that indicates what you feel or comes closest to it. Be honest with yourself.[10]

1. Initiative/Self-starter
a) I do things on my own. No one has to tell me to get going.
b) If someone gets started, I keep going all right.
c) Easy does it. I don't put myself out until I have to.

2. Attitude Toward Others
a) I like people. I get along with just about anyone.
b) I have plenty of friends; I don't need anyone else.
c) Most people irritate me.

3. Leadership
a) I can get people to go along with me if I start something.
b) I can give orders if someone tells me what we should do.
c) I let someone else get things moving, then I go along if I feel like it.

4. Responsibility
a) I like to take charge of things and see them through.
b) I'll take over if I have to, but I'd rather let someone else be responsible.
c) There's always some eager beaver around wanting to show how smart they are. I say let them.

5. Organizer
a) I like to have a plan before I start. I'm usually the one to get things lined up when the group wants to do something.
b) I do all right unless things get too confusing; then I quit.
c) Just when I'm all set, something comes along and presents too many problems, so I just take things as they come.

6. Industrious
a) I can keep going as long as I need to. I don't mind working hard for something I want.
b) I'll work hard for a while, but when I've had enough, that's it.
c) I can't see that hard work gets me anywhere.

7. Decision Maker
a) I can make up my mind in a hurry if I have to, and it usually turns out okay, too.
b) I can, if I have plenty of time, make good decisions. If I have to make up my mind fast, I think later I should have decided the other way.
c) I don't like to be the one who has to decide things.

[10] This worksheet was adapted from a worksheet in Standforth, Nancy and Glenn Muske. "An Exploration of Entrepreneurship: Turning Your Passion Into a Career", Oklahoma State University, Stillwater.

8. Sincerity
a) People can trust what I say. I don't say things I don't mean.
b) I try to be on the level most of the time, but sometimes I just say what's easiest.
c) Why bother if the other person doesn't know the difference.

9. Stick to it/Perseverance
a) If I make up my mind to do something, I don't let anything stop me.
b) I usually finish what I start if it goes well.
c) If it doesn't go right, right away, I quit. Why beat my brains out?

10. Physical Energy
a) I never run down.
b) I have enough energy for most things I want to do.
c) I run out of energy sooner than most of my friends seem to.

11. Independence
a) Independence is important to me.
b) At times I like not having to make decisions.
c) I don't want to be in charge.

12. Assertiveness
a) I am confident that I can meet and overcome obstacles.
b) Usually, obstacles do not block me from achieving what I want.
c) I often run into things that block me from achieving my goal.

13. Creativity
a) I enjoy trying new ideas and experimenting to improve the situation.
b) Innovation is helpful at times but being too inventive often wastes time.
c) There are good reasons to stick to current ways of doing things.

14. Realistic
a) I generally find myself able to complete my plans.
b) My plans get done some of the time.
c) My plans are rarely accomplished. There is never enough time or resources.

Crackers and the Social Container

An important thing to understand about social containers for community acupuncture, especially when they take the form of small businesses (which will be true 90% of the time) is that they reflect the personalities of the people who made them.

Just like punking itself, everybody who makes a social container does it slightly differently and everybody does it their own way. If you've ever worked in a multi-punk clinic and have had the experience of unpinning your coworkers' patients, you know that acupuncture treatments are kind of like handwriting. If I walked up to a patient with no idea of which punk in my clinic had treated them, I could figure it out by looking at the needle placement, the same way I can figure out who left a note on the whiteboard in the punk cave: oh, that's Moses, and there, that's Cortney. They don't have to sign their work; I recognize it because it has their stamp on it. Small businesses are like that too.

Which leads to what I think of as "that bitch eating crackers" problem with social containers for community acupuncture. This might seem silly, but I feel like it encapsulates perfectly the feeling of: OMG, I am so sick of YOU being YOU. Can you just…not?

Here's a story about a punk for whom WCA became That Bitch Eating Crackers (TBEC).

Let's call this punk Skylar. (Names and identifying details have been changed.) WCA hired Skylar at a time when we were, as usual, short-staffed, but after we had gotten together some on-boarding materials that we thought did a pretty good job of explaining who we were and what we expected. Skylar was a quick learner and had good patient numbers; we consistently got positive feedback about them, from both patients and coworkers. Skylar got salaried and then got a module because they said they were interested in doing some administrative work.

Everything seemed to be going fine for a year or so…

And then various members of WCA's management collective got some cryptic emails from Skylar that were apparently about their module work. Skylar had some ideas; Skylar would like to improve things; Skylar requested a meeting with the management collective to make a presentation. OK, sure, we said, let's have a meeting about your module.

The meeting was not about their module.

After Skylar's presentation to us was over, once we all recovered from being speechless from disbelief and/or rage, we decided that their presentation would live in our memories forever as an example of the worst decision we'd ever seen an employee make. What Skylar really wanted to talk about was how WCA's core values and culture needed to change so that they, personally, could be happier with their job. They admitted that when they read all of WCA's onboarding materials, they internally rejected all our premises but had taken the job in order to "be the change" they wished to see, and over the intervening year, they had only gotten more determined. The essence of the presentation was that WCA being WCA was offensive to Skylar. WCA doing its thing, eating crackers like it owned the place (which, uh, it did), was driving Skylar up the wall.

WCA was too angry. Too intense. Too snarky, too gruff, too irreverent. Too unfriendly to non-community acupuncturists. The red fist was a symbol of everything wrong with us, and Skylar couldn't even stand to look at it anymore. (Also? Skylar would like us to replace our logo.) Furthermore, our policies and procedures about hiring, scheduling and taking time off were oppressive to Skylar's free spirit. Skylar wanted us to look in the mirror and ask ourselves why we couldn't be kinder, more flexible, more open to all possibilities (including Skylar working only when they felt like it).

We looked at each other and decided we were open to the possibility of firing Skylar.

After discussing it, though, we decided not to, because we were still (of course) short-staffed and apart from the presentation itself, there hadn't been any problems with Skylar's actual job performance. Skylar just didn't like who we were. Later on, I realized that more importantly, Skylar didn't really want what we had to offer. Before we had the term "social container", we referred to the concept at WCA as, "having each other's backs so that we all can have jobs". We called it, "sharing a patient base" and "collectively making acupuncture available to more people than we could individually". But regular hours, a predictable paycheck, a consistent work environment, and providing acupuncture to tens of thousands of people, weren't actually priorities for Skylar. We assumed they must be for anybody who was working for WCA, but that was a mistake on our part. Skylar valued flexibility, openness to all possibilities, and love and light to the rest of the acupuncture profession much more than they valued having a social container. Eventually, to no one's surprise, Skylar quit. Last I heard, they were getting out of acupuncture altogether.

Over the years I've heard a lot of employee criticism of individual community acupuncture clinics, not just WCA. The clinics are all really different, so the complaints are all over the map. I've heard criticism of clinics for: being too detail-oriented or not detail-oriented enough; way too chatty or not communicative enough; having too many policies and procedures or not having enough; being too political or too apolitical; being too mainstream or being too quirky…the list could go on and on, but the point is I finally realized that a number of the criticisms were basically profound irritation with the clinic owners sitting there eating crackers like they owned the place. And so my working theory is, anybody who has enough personal drive to create a small business, enough personal intensity to make a social container out of nothing, also has the potential to become TBEC for somebody. And it's more likely to happen when the somebody, as an employee, was attracted to community acupuncture as a disembodied ideal and consequently, has unrealistic expectations of what it takes to make and maintain a social container.

It takes a person or persons with individual personalities. It takes you being you in such a sustained and amplified way that somebody else could get really sick of it. And so it's worth reiterating that your options as a punk are limited to putting up with somebody being themselves as a small business owner/your employer, or taking on that role yourself. So far, no perfect, generic, un-irritating social containers for community acupuncture have been dropped out of the sky by angels; all the ones we have were made by flawed human beings. Successful punks get that and make their choices accordingly.

Critique Is Different from Building

A foundational element of the community acupuncture model is the affirmation that imperfect acupuncture works. That's not quite the same as the concept that there's no one right way to do acupuncture, though they're related. Recognizing that there's no one right way means that there could be multiple right ways, which is true, but it's also true that "right" in any context doesn't matter as much as lots of acupuncturists think it does. Imperfect acupuncture, delivered in a way that people can use, is sometimes enough to save lives. (Yes, I know the rest of the acupuncture profession finds this attitude controversial and disturbing.)

A challenging issue for POCA Tech is that many people equate critique and the pursuit of perfection with learning itself, and also with being in school. Isn't school supposed to be about learning how to do things right? Aren't teachers supposed to be models of how to do things correctly and even elegantly, so that students can emulate them? Meanwhile POCA Tech believes that humans learn from making mistakes, trial and error are necessary, collectively muddling through our problems is okay, and most of all, that critique and the pursuit of perfection are obstacles to practicing community acupuncture.

If you accept the idea that acupuncture that people can't afford is acupuncture that doesn't work for them, and you also accept that currently there's no government funding or private philanthropy that will cover the costs of providing acupuncture treatment for most people who can't afford $100 per treatment, you're left with the problem of how to provide acupuncture in a way that enough people can afford, and can get sufficient amounts of, to be worth paying for at all (dose matters), to be able to cover the overhead costs of a clinic where people can get treated. A skill that POCA Tech interns have to master is being able to build a treatment that's 1) good enough and 2) deliverable in less than 10 minutes. What we see in clinic is that students who are oriented toward critiquing their treatments instead of building them run into all sorts of problems, most obviously time management. Critiquing their treatment, second-guessing their treatment strategy and their point selection, prevents them from actually getting the treatment done in a timely fashion.

If we don't address this problem with student interns, what we end up with is an acupuncturist who loves the concept of community acupuncture and says they're deeply committed to it, but who can only provide acupuncture treatments at private room rates. And by rates, I mean both speed (humans getting treated per hour) and cost. If you want a community acupuncture clinic that can keep its lights on, you can't charge patients $20 a treatment or less and then only treat one or two of them an hour. The slower you are, the more you'll have to charge.

Critique takes time and energy. Critique takes time and energy away from building.

Another foundational element of community acupuncture is the affirmation that imperfect patients can get great results from acupuncture. Many conventional acupuncturists believe

that providing acupuncture to people who won't improve their diets, quit smoking, learn to meditate or otherwise reform themselves is a waste of their valuable professional time. Even practitioners who are otherwise aware of the social determinants of health can be remarkably focused on wanting to coach their patients into "transformative change".

At POCA Tech, we're trying to teach students how to create a resource (a community acupuncture clinic) for patients to use on their own terms without any critique of their lifestyles at all. Because critiquing our patients would take time and energy. Critiquing our patients would take time and energy away from building and maintaining a clinic that offers acupuncture to more and more people.

Even students who can accept the need to put aside critique in the clinic have trouble putting it aside in other areas. I feel very lucky to have had a small business mentor when I was starting my clinic. As I wrote elsewhere (footnote: Acupuncture Points Are Holes), one day I told him I was frustrated because it seemed like I was never able to finish a to-do list for my business: I would get maybe 70% of my tasks checked off, and then I'd have to make a whole new list, and there were always things I never got to at all. He threw back his head and laughed. He thought that was hilarious. 70%! he said. That's pretty good! As a general rule, you're lucky to get 50%.

As a small business owner or manager, not only will you never get everything right, but you'll also never even get everything done. You'll constantly be making mistakes and constantly recovering from them. Critique takes time and energy and in a small business, what it takes time and energy away from is survival.

The attitude and energy required to build a self-funded community acupuncture clinic for a wide range of people to use is fundamentally different from the attitude and energy involved in criticizing, correcting, and telling people (both other people and yourself!) what they're doing wrong (no matter how gently you do it). In order to build, not only do you have to accept that what you're building will be filled with imperfect treatments and imperfect humans (including you), you kind of have to lose interest in finding fault, period. Maybe you get bored with it or maybe you learn how to wrestle your attention away from it, but somehow you have to get to the point where you don't invest energy in critique because you're too engaged in building a world, your own world, that needs all the energy you can give it.

Writing by Other Punks about the Social Container

Jersey Rivers:

I Am Closing My Clinic

I'll be joining another community clinic just two miles down the road, as an employee. After more than six years, I am grieving my emotional attachment to this place. As is always the case with grieving, though, amidst all of the intangibles – the thoughts and feelings and memories - there are the THINGS that need to be handled. The STUFF. All of the contents of the clinic need to be cleared out. Every post-it-note and paperclip. All the recliners, the rolling stools, the boxes of tissues. I need to touch and re-home every physical item in the place. All the comforts: the cough drops and the blankets and the earplugs and the quilts covering the cold cinder-block walls painted chocolate-brown.

And my desk drawer, a snowstorm of reminder notes and thank-you notes and breath mints and dried-out highlighters. And the lost-and-found box: temporary home to essential things like cell phones and house keys and prescription glasses (people always come back for those); permanent resting place for the smaller accessories people shed as they prepare for treatment: folks literally and figuratively letting their hair down, leaving the plain brown elastics behind to keep company with the sassy-patterned reading glasses and the lone dangly silver-feather earring, the homework assignment – balled up, smoothed out, then folded impossibly small, and the sobriety coin that slipped out of a pocket, unnoticed.

My mind wanders to what else people have left behind here.

Many left their back pain, as those same 10 pins, five each in a hand and a leg, did their thing again. And again. And again.

Some left a layer of grief, as three pins placed evenly along the inner forearm, a pattern called Three Scholars, stood upright in parallel formation, bearing solemn, sagely, and silent witness to the cold autumnal rain of tears.

Skeptics left their disbelief, as a single pin placed in their palm near the pinky finger melted away that three-day migraine.

Caregivers left behind the relentless tidal pull of those they take care of day and night, clearing out, at least for this hour, an oasis for themselves.

Newbies left behind their first-time acupuncture jitters.

At least one person left behind her identity as "patient, fertility (frustrated)" She traded it for "parent, adoptive (joyful)". Five pins, in a NADA constellation, whispering comfort into her

ear, weekly, for months.

Everyone left their money, 15 and 20 bucks at a time: from hard-earned wages or a closely managed monthly check.

Some left their hope for relief from whatever was tormenting them. Acupuncture was their last try before moving ahead into whatever mixture of resignation and acceptance would be their long-term home.

Others left their despair, as time, patience, repetition, and hundreds of pins created a shift in their glacially stubborn symptoms.

And many left, at least for a moment, their loneliness: resting peacefully in community, during a shared moment, a mutual recognition of the most basic truth of human suffering.

And me, what am I leaving behind as I empty this space? And is it more like housekeys or is it more like a hair tie? At times, it has felt raw, like bloody, torn chunks of the flesh of Ego and Id, ripped and strewn like carrion. I had completely identified with my clinic, like the whorls of my fingerprints were pinwheels. I would meet people around town and start talking, and they would light up and say "Oh! You're Pinwheel!" and I would light up in response: "Yeah, that's me. I'm Pinwheel." My good reputation in town has fed me and fooled me… a hummingbird addicted to the colored sugar-water. What a boost of energy! But wait… I'm crashing… I need some more…

My identity as the founder and creator of the clinic was feeding an old, old weed of self-esteem, rooted in the relentless capitalist rubric: production + power = value. But the weed has proven to be very fragile, discredited by every single patient interaction. Every time I roll my stool up to a patient's chair, I know just how much I am NOT in charge of what's about to happen. How much it's all them, and the pins, and the forces at play that are far, far, beyond my control. I do not have the power to produce results for patients. All the power is in the people. I am the fortunate and profoundly grateful witness.

So, I hope to leave behind a scaffolding of ego that has served me until now – the same one that will suffocate me if I don't part ways with it. I leave behind "owner," "founder," "president," and "sole practitioner" for "employee," "punk," and "team member."

I'm also leaving behind the desk chair where I learned what depression feels like for me. It's heavy arms. Like some mixture of lead and clay that can't be lifted to the keyboard to respond to that email or produce that IRS report. That wouldn't sweep away the cobweb in the corner or go clean up the Big Gulp a neighbor left in my parking lot. The same ones that regularly couldn't be persuaded to check voicemail or post something worthy on Facebook or any of the thousand lonely things clinic owners need to do to keep their clinics busy.

I'm not expecting to leave behind the depression cycle itself. But I am hoping to find some peace, away from the demands I could no longer meet on a regular basis. Away from the self-judgment and criticism that came so easily, paired with a crushingly heavy suit-of-armor persona as all-competent, all-capable, solo practitioner and founder.

I want to leave the desk chair and hang out on a rolling stool. All the sad and broken, and all the soft and human and kind and playful parts of me, being light. Thanks to someone else who is willing to be the owner, I get to hang on to the privilege of rolling from chair to chair, sipping the true nectar of love and connection with the people under the pins.

Cait Cain:
On Beginning, Again - for new and old punks.

I'm finally writing a POCA blog - my name is Cait and I own Lincoln Acupuncture Project here in Lincoln, Nebraska. Some say adaptability is what keeps us alive, but it's also what keeps us engaged, expanding, growing and learning as individuals and, as a community. Being a CA punk is ALL about adaptability, it's crucial for success - being flexible, not getting unhinged with upgrades and changes to systems/ paperwork/websites/ schedulers, not letting erratic patient behavior change the steady, solid environment you, your clinic and co-workers have set up, dealing with and accepting revenue fluctuations and changing patient numbers and not freaking out when staff changes or your clinic has to find a new location, to name a few examples. (PS - I didn't say it was easy.) Change really is the only universal constant though and our willingness, ability to and success with adapting molds us into who we are, what we're made of and what we'll do.

Good news is we tend to adapt with more ease when we know ourselves which is another really important skill for a CA punk. The more we embrace, understand, accept and work with who we are - how we move in the world, why how and what we do, what both our strengths and weaknesses are, the less change bothers us. Once upon a time, WT said something like, "Vancouver was where you learned about the world, Oakland is where you've learned how the world works and Nebraska is where you'll get to put it all together." Something like that. While leaving Oakland/SOAP was hard, it's not difficult for me to adapt - I like it, it's challenging and fun. Which helped because my Adaptation List included morphing from a punk employee part of a very successful 3 clinic location team of 10 to a solo punk clinic owner; exchanging the ocean for the prairie; leaving a blue state for a red one and being out of work for a super long time while I studied, re-licensed, searched for clinic space and, eventually, opened LAP 6 months ago. Amazingly, my partner and I are still together - we're both healthy, we have an excellent community of friends, family and neighbors and we even have a new cat friend. Crazy great, I love it here! Each day, Lincoln Acupuncture Project grows stronger, more supported and financially stable. And, in turn, I become that too. Here's some things I've learned so far:

1. I've always known that opening more successful CA clinics and having more skilled CA punk employees and owners working in those clinics is crucial to POCA's continued success. But I can't say I really knew HOW crucial. We have come a long, long way and there is so very much more to do. So many people don't have access to community acupuncture, and they ought to, they really ought to. It's a crime a mid-sized college town aka city like Lincoln, population 290,000 plus had 5 acupuncturists, none of which I could/can afford, before LAP arrived. This is a liberal city in a conservative state that thrives on family, community, agriculture (large and small) sports and beer. And everyone's got a health concern. Each time we, as POCA members, look at a US map with CA clinics on it and we feel so happy and thrilled that there are so many - stop and look at those huge swatches where finding affordable acupuncture is like finding a very thin 18 x 15 acupuncture needle in a warehouse of feather beds. We desperately need more CA clinics in places where they are not. And we need folks to own them and work in them and for them to be great at what they do.

That said...

2. Most people were shocked when I decided to move to Nebraska, they felt like I was moving to another planet - some people didn't even know where Nebraska
is. Deep down, though, everyone supported me because I think they knew I'm built for this. It's true, if you're gonna leap out of your comfort zone and bring CA to a place that doesn't have it already, the stage is set for you. People will appreciate you showing up for them more than you could ever imagine and, believe me - I support you, I applaud you and I will do everything I can to help you. Do, however, study up on where you're going - land in a place where you have friends or family and, if you're going with a partner, make sure your relationship is as stable as the two of you can make it. I spent a year studying Lincoln and the state of Nebraska, which is where my partner's from. I followed an entire Huskers football season before I even got here regardless of whether I cared about college football or not. Now, I can keep up with any die-hard Huskers fan which is actually important to having CA clinic here. I sent letters to a couple of Nebraska senators before I arrived too, about acupuncture legislation and then I talked about what I wrote and why to some LNK folks and they wrote letters also! That immediately got everyone interested in and directly involved with LAP and CA, which was super important. And while people knew Mollie and I were moving here and they knew CA was coming to town, I built on that as much as I could when I was in Oakland which made the clinic come together a lot faster with tons of community support and energy.

Lastly,

3. The gratitude, respect and love I have for my SOAP family is immeasurable. I became a superpunk in Oakland because I was surrounded by them every day. I got taught by example and I was taught really, really well. Observing other successful punks, working side by side with them, following their careers, knowing their stories, asking them questions, taking in whatever guidance and wisdom they have time to give is, along with knowing who you are, so important to your punk success. I'm so glad I became involved in POCA when I did, I'm

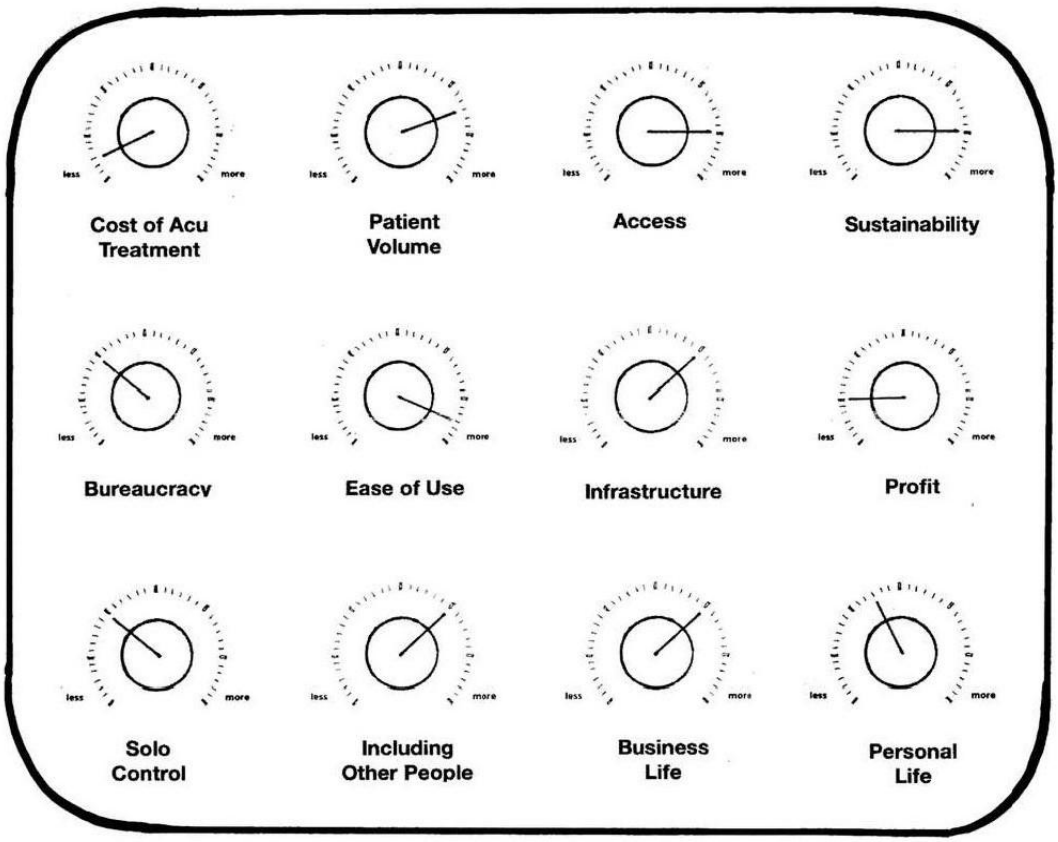
thrilled I've gotten to attend so many POCAfests and I did the right thing by joining circles, teaching, keeping up with threads and mentoring others both in POCA and POCA Tech. All of it has been so very helpful. Thank you everyone - I would not be the punk I am now without all the mentoring I've had and continue to have. Our POCAverse has a terrific sample of owners who have become employees and employees who have become owners and even owners who became employees who then became owners again. LAP succeeds because of all those before it. It also sustains itself, out here in the Dry Zone because of what we have done and continue to do together. Stay tuned for more.

Part Three

Dials on the Dashboard

We live in capitalism with other flawed, suffering humans; no perfect social containers for community acupuncture have been dropped from the sky by angels; most community acupuncturists will have to be responsible for their own small business. And so, when it comes to making social containers, everything's a tradeoff. Everything's a balancing act.

I think it's helpful for POCA Tech students to imagine their future practices, and the tradeoffs required, in terms of dials on a dashboard that get turned up or down. When you're a student intern at POCA Tech, you're working in a clinic that someone else (most likely WCA) set the dials for. If you make your own small business after you graduate, you'll be responsible for setting the dials on your clinic's dashboard and continually calibrating them. If you work for another punk who made their own clinic, their dial settings will almost certainly be different from WCA's and they also might be different from where you would put them yourself. If you work within the context of a larger institution (like a drug treatment program), the dials for your clinic might be set by people you don't even know (see also, The Partnership Mindset). Regardless, though, it's important to be able to think about how and why the dials are set where they are.



Cost/Volume

The community acupuncture model's defining characteristic is low cost, high volume. But how low is the cost and how high is the volume? This is the first dial you have to consider.

At this moment in time, there is no charitable funding source, nor any kind of universal healthcare, that will pay for ongoing acupuncture treatment for people of ordinary incomes with garden variety problems like headaches, back pain, anxiety, stress, and depression. Which means if you want to treat those people for those kinds of conditions, you have to charge them for it. If you want to keep your clinic's lights on and you want to make a living, the fewer people you treat, the more you have to charge.

This dial also relates to time because there are only so many minutes in an hour. If you want to treat only four people per hour, you'll have to charge each of those four people more than you would if you want to treat six or eight people an hour.

If you work within a larger institution (like a public health clinic or a drug treatment program) the institution itself will be making these calculations to determine whether your community acupuncture clinic is 1) financially viable and 2) worth the trouble for them to host. How many people are benefiting vs. how much does the program cost them to run?

Access/Sustainability

If you treat everyone for free, you don't have a small business. You might have a community acupuncture program of another kind (and you'll still have to figure out how to fund it) but that category of programs is beyond our scope for this workbook. Community acupuncturists who do have a small business, though, have to get clear about how much access they're aiming for. Do you want to treat some people for free, and if so, how many and what systems will you use to figure out who they are? What will you do about the patient who comes in for an intake, has a condition that will most likely respond to acupuncture, but can't afford to follow your treatment plan?

In my experience, managing this dial feels like being smacked in the face by capitalism over and over. Many of the people who would benefit most from community acupuncture can't afford the bottom end of WCA's sliding scale (not always because the cost of an individual treatment is prohibitive, but because they need so *many* treatments to adequately address their problem). No matter what sliding scale you use, if your clinic is doing well, periodically you'll attract people who can't afford the bottom end. Quite a few of them will be in excruciating pain and very desperate. If you meet enough of these people, you may begin to hate capitalism as much as the punks of WCA do (if you don't already).

If you want to have a nonprofit community acupuncture clinic, you're going to have to show the IRS that you don't ONLY have a business, you also have a means and a system of giving away a certain amount of treatments for free to people who "qualify". There are a variety of

ways to give acupuncture away — just like everything else, there's no one right way. Different social containers will use different systems. WCA uses our relationship with Care Oregon to make sure we give enough treatments away to qualify for 501c3 status.

WCA gives away more acupuncture than that, though, because: 1) see above, we hate capitalism with the fire of a thousand suns and 2) it's good for our acupuncturists' morale. In our experience, one of the most meaningful forms of autonomy we can offer our punks is the ability to adjust the sliding scale as needed in order to make it possible for patients to fulfill a treatment plan. WCA has any number of patients who are paying $5 or $10 a month for unlimited treatments because our punks negotiated that arrangement, based on the punks' sense of how much acupuncture the patient needs in order to make a dent in their problems. As a result, WCA's punks get continuous affirmation of how beautifully acupuncture works for even difficult, chronic conditions. This is one of the ways that we proactively avoid burnout: we don't set ourselves up for clinical frustration; we make sure we can get good results. Also, 3) it's fabulous free advertising for the clinic. Nobody helps out with word of mouth like a patient who got great results.

At WCA, then, each punk has the ability to adjust this particular dial because we're convinced it's worth it to us, even though it probably means we make less money overall. Many clinics don't operate like that, though.

Bureaucracy/Ease of Use

All clinics require some bureaucracy because acupuncture is regulated by the state (at least in the US). If you want to practice legally, you need various forms, policies, and strategies for record-keeping. A non-profit clinic requires relatively more bureaucracy than a for-profit clinic, because there's an extra layer of accountability to the IRS.

Too much bureaucracy makes it hard for patients to use your clinic and hard for you to maintain your own systems. Too little will tip you over into noncompliance with the powers that be. Calibrating this particular dial is something you'll need to do particularly with regard to what kind of intake paperwork you use.

Some clinics use "means-testing" to both prove to the IRS that they deserve 501c3 status (they're "serving the needy") as well as to determine how their patients use the sliding scale. WCA loathes means-testing in all its forms, and POCA Tech won't teach any of our students how to use this particular type of bureaucracy. (Pro tip: requiring your patients to prove that they are poor enough to deserve help is humiliating for them and extra work for you!) Similarly, some clinics require patients to show their ID before receiving services; we think that's a bad idea too.

This dial also has a relationship with the two previous ones. The higher your volume, the more user-friendly your clinic bureaucracy needs to be. If your bureaucracy is burdensome enough

to diminish your volume, you will have to charge more. Too much bureaucracy will also interfere with access (Care Oregon describes WCA as "low barrier" for a reason and it's a big part of why our relationship with that huge entity is workable). Bureaucracy can also interfere with sustainability, because just like every other aspect of a social container, bureaucracy requires energy and attention to maintain. In general, punks need to be thoughtful and careful when it comes to bureaucracy.

The next two dials are related to each other as well.

Infrastructure/Profit

The lower your clinic's overhead, the more cash you'll be able to withdraw from your operations. Infrastructure means both physical structure, like the space you rent or buy, as well as your clinic's organizational structure. There's a lot more about this balance in our *Praxis/Leadership* [11] workbook, but here's the quick summary: a community acupuncture clinic can be a cash-generating machine for an owner who ruthlessly keeps their overhead low and their volume high. Similarly, the more revenue that you plow back into your business to build up its various structures (anything from installing new windows to buying the latest version of QuickBooks to adding an employee), the less you'll have to take out. Of course, a social container that isn't much more than an individual business owner has some distinct vulnerabilities.

Side note: this dial is the reason why most experienced community acupuncturists think that the Modern Acupuncture franchise is doomed: it involves way too much infrastructure to be really profitable, and unlike other social containers, *its reason for being* is profit.

Solo Control/Including Other People

This dial is possibly another version of the previous one, but it deserves some specific attention. One of the most fundamental decisions a punk has to make about their social container is: how many people do I want to involve besides myself, and in what capacity? Do I want to work with volunteers or paid receptionists? Do I want a business partner? Do I want to employ other punks?

I know more than one punk who has adjusted this particular dial back and forth over periods of time. Businesses and people change and working alone might be the right choice for a punk at one time but not at another. Similarly, COVID-19 caused most community acupuncture clinics to downsize in one form or another. Before the pandemic, WCA had both paid receptionists and reception volunteers, while now we have only reception volunteers.

Business/Personal Life

Practicing community acupuncture is demanding. One of the biggest challenges for any punk

[11] Rohleder, Lisa. *Punking: Praxis and Leadership*. Portland: POCA; Portland, 2020

in any social container is paying attention to how much energy and focus they give to their practice relative to how much energy and focus they give to everything else in their life. Most punks have to calibrate this dial continually.

In general, there's going to be a basic difference between how much energy and focus business owners (or managers, if the clinic is a nonprofit) have to put into establishing and maintaining a social container compared to how much energy and focus employees have to put in. In my experience, being a small business owner involves sometimes having a lot less control over this dial than you'd like. Especially when a business is new, it's not unlike having an infant: if it needs something, you have to put down whatever else you're doing and take care of it.

Depending on what your other life priorities are, it may be worth it to you as an employee to give up the ability to adjust other dials on the dashboard, in return for being able to adjust this one.

Examples of Different Dashboards

Okay, having looked at some of the individual dials, let's pull back and compare a couple of radically different dashboards. Remember that there is no right and wrong when it comes to where the dials are set — there are only radically different outcomes.

On one end of the spectrum, there's an individual punk who has a goal of maximizing her personal income while practicing community acupuncture. She sets her fee for treatment at $30 — no sliding scale — and creates a schedule that allows her to treat up to 8 patients per hour. She never offers a reduced fee for any reason; if people can't afford her rates, she doesn't treat them. She uses invisible reception and has no employees, so nobody else is involved in operating the business. Her clinic is located in an affordable small space. She treats patients only four days a week so as to have as much time to spend with her family as possible. She belongs to a local small business group but other than that, has no relationships with other organizations in her community. Her infrastructure is minimal. The solo punk feels good about her social container.

On the other end of the spectrum, there's WCA, trying to treat and employ as many people as possible while 1) frequently dropping the low end of its sliding scale; 2) maintaining a relationship with Care Oregon and 3) supporting the operations of POCA Tech, which involves student clinic shifts that consistently lose money. WCA's infrastructure is maxed out in every direction, and WCA's employee compensation is lower as a result. The punks of WCA feel good about their social container.

This is what trade-offs look like in practice. One of these dashboards is not victimizing the other by its very existence, or forcing it to do anything, or proving the other dashboard "wrong". There is no wrong. The people who set the dials made their choices freely.

While POCA Tech students might choose the dashboard configuration that looks like the solo punk's, it's important for them to understand that only WCA's dashboard makes it possible for them to go to POCA Tech. If the people who made WCA had wanted what the solo punk wanted, we wouldn't be having this discussion right now, because there wouldn't be a school for community acupuncturists. The solo punk's social container doesn't give rise to anything but itself; it doesn't produce or support any other social containers. It does, however, provide access to acupuncture to people who otherwise wouldn't have it.

To sum up, it's important for punks to recognize that there's no avoiding these kinds of trade-offs. You have to take responsibility for your choices, both in regard to dials on the dashboard, and to social containers in general.

The Partnership Mindset

For a variety of different reasons, including the challenge of building free-standing social containers for acupuncture, quite a lot of community acupuncture gets delivered in the context of partnerships, particularly with public health or drug treatment organizations. Because a number of POCA Tech graduates have found themselves working in these settings, it's worth taking a look at the partnership mindset as a kind of subset of the small business mindset.

Cooperation is an age-old way for people with limited resources to solve problems and create more resources for themselves. Partnerships are a reliable strategy for creating possibilities, particularly for treating people who can't afford the low end of a community acupuncture clinic's sliding scale. POCA Tech participates in two of WCA's long-running partnerships, Care Oregon and CODA (currently on hold due to the pandemic) and it also has its own partnership with the Rose City Community Collective (at Rose City Park United Methodist Church, where our classroom is located). As a result, POCA Tech provides various opportunities for students to practice a partnership mindset and develop partnership skills before graduation.

In my experience, the foundation of building a partnership mindset is a thorough acceptance of the idea that *nobody owes you a social container in which to practice acupuncture*. A sense of entitlement is the kiss of death for partnerships, and too many acupuncturists and acupuncture students have one. If you are practicing within another organization's social container, you have to approach the relationship in a spirit of humility, with the expectation that you are going to have to work on it. You should be prepared to go first and make efforts in areas like communication, conflict management, and planning. You can never treat your organizational partner like That Bitch Eating Crackers.

A concrete first step is recognizing that, no matter what kind of partnership you're in, *you must pay attention to how acupuncture treatments are funded*. You cannot participate in partnerships if you refuse to think about money and funding streams. How acupuncture is funded is not outside your job description (unfortunately, you're likely to meet many acupuncturists with this attitude). Rather, it's a problem for you and your organizational partner to solve together, and you have to treat it with as much care as you would as if you were working in your own small business. How many patients do you have to treat per hour to make the arrangement work for your partner organization? At the very least, this is a number you should know off the top of your head.

The easiest business or partnership to succeed in is one that exists only in your imagination. Once you're working on a business that exists outside your dreams and involves other people, it gets considerably more complicated and some things you think "should" be possible, won't be. (See also: Purpose Vs. Idealism.) The good news, however, is that sometimes real-world constraints and limitations (including funding) give birth to interesting new realities. Necessity is the mother of invention, etc. Partnerships can be extremely generative if used

correctly. The ways that you have to be flexible in an organizational partnership may have long-term benefits for you.

For WCA, the early stages of its partnership with Care Oregon were fraught with difficulty. I can't even write about the details because Care Oregon is so large that it has its own communications department and anything we say about Care Oregon in print has to be vetted by them. (I think I'm allowed to say that we actually tried to break up more than once, but it turned out to be one of those relationships where you keep getting back together.) However, every rough patch we navigated with Care Oregon resulted in WCA learning lessons that we applied in our relationship with CODA (whom, by the way, we met through Care Oregon). At CODA, because of how their organizational funding works, WCA acupuncturists had to learn a completely different kind of charting and had to learn how to keep up with a whole new system of paperwork. This is a concrete example of the need for flexibility in partnerships.

Partnerships are BOTH business transactions (between adults) and human relationships. They require acupuncturists to take responsibility to the same degree that a small business does; a certain level of emotional maturity and self-management is required. You have to be a grown up, and you also need to be willing to step up to be a good partner. You should not be looking for somebody who will take care of you as if you were a dependent, even when — as with WCA and both Care Oregon and CODA — the other party is a LOT bigger than you are. It's important for our self-respect that we treat our partner organizations like equals, regardless of their size.

Partner organizations have their own culture, which you have to be able to honor. Don't waste your energy and attention on thinking about ways that your partner's organizational culture could be improved; it's not your business. *Literally*. They have their own ways of doing things and they're holding their own social container together as best they can. If you really can't stand their culture, you should end the partnership, while recognizing what the loss of that social container will mean for your practice. It's another kind of trade off.

Other tips: Be ready to put lots of energy into the nuts, bolts, and very boring details involving money, legality and contracts; your partner organization may have constraints you don't know anything about, that you'll need to accommodate. Do a sober inventory of what you're getting and what you're giving — and be honest with yourself and with your partner about whether what you're getting is enough for you. Respect not only your partner's organizational culture but also their limitations — don't demand that your partner give you things that they don't actually have.

WCA's partnerships with CODA and Care Oregon are functional, stable, and mutually beneficial — despite them being very different organizations and despite a number of "relationship challenges" — because we have one really important thing in common: we want to treat the same people (people with chronic pain and substance abuse issues who can't afford the low end of WCA's sliding scale). Just like relationships between humans, partnerships can

evolve over time. Incremental improvement can happen, and you can help a lot of people as a result — people who otherwise wouldn't be getting any acupuncture. But you probably have to ditch your idealism in order to do it.

Conclusion: Selfishness and Selflessness

Creating and maintaining a social container requires a specific kind of focus and a specific mindset. It also requires navigating a tricky balance between selfishness and selflessness.

Too many acupuncturists and acupuncture students approach social containers as if they were pinatas at a child's birthday party; they're focused only on getting what they want out of them, and they'll hit them as hard as they can in hopes that the good stuff falls out faster. And if they can't see where the treats are coming from, they don't want anything to do with the container itself. There are a lot of reasons that acupuncture is such a marginal occupation in the US, but this is a big one. It's very hard to build something that other acupuncturists won't attempt to tear down.[12]

A small percentage of patients will try to treat a community acupuncture clinic itself like this, but the keyword here is *small*; community acupuncture would be clinically impossible if *most* patients thought the clinic was a pinata. Fortunately, though, most of them treat the clinic with care and respect, even when they don't necessarily understand how much work it takes to keep it together.

Social containers aren't just shiny bits of packaging; they're not merely barriers between the good stuff and the people who want to grab it. They're composed of materials that take skill and practice to work with, like bureaucracy, laws, budgets, risk, cash flow, and of course, other humans. They take time, energy, and focus to construct. If one breaks, you can't just go buy another one. If you make one by hand, it will require you to put a lot of yourself into it, including the parts of you that annoy other people.

It's not sustainable to pick up the shredded pieces of a social container and try to put it back together if you know it's just going to be ripped apart again. Small businesses in this culture are up against a lot of different challenges *in addition* to the people who mistake them for pinatas. Somebody has to be willing to make social containers for acupuncture, but it's always a personal risk. At this point, to make the risk worth it, I think we need to continually try to bring awareness — especially among acupuncturists — about how much effort and focus that social containers take to create and to sustain, so that the people who are willing to make them are more likely to find some support.

So, if you take nothing else from this workbook, please take this advice: Don't take social containers for community acupuncture for granted. Try to prevent other acupuncturists from taking them for granted. If you find yourself in a social container that doesn't work for you, try to just leave it as gracefully as possible — don't rip it apart on your way out. Then use what you learned to build something that fits you and your practice better.

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[12] Conversations with Tabitha Silver, Sara Bursac, Jo Ann Lenney, and Tyler Phan, 2021

Community acupuncture is such a demanding vocation that I don't think it's realistic to approach it from a purely altruistic perspective. I don't think it's possible to sustain it, particularly all the energy that goes into caring for the social container, unless the work inherently meets some of your own needs. Punking can't solely be something you do for your community; it has to be something you do for yourself as well. On a selfish level, you have to get something personally significant out of maintaining your clinic's relationships, boundaries, resources and systems. It has to be a valuable experience for you, if you're going to do it for any length of time.

And if it turns out that punking isn't for you, if you feel exhausted at the prospect of maintaining a social container, if small business terrifies or disappoints you, please don't try to force yourself do it anyway because you think it somehow reflects on your worth as a person or your commitment to your ideals. If you decide to be a punk, be a punk because punking makes you happy, full stop. Take care of your social container because it's a joyful thing to do (even when it's hard and other people are grabby), because it's also a way of taking care of yourself and your community at the same time. Punking is a choice, and for some of us it's a right and beautiful choice, but it has to be made freely, not out of guilt or obligation.

Resources

The Mighty CA Wiki - Opening a POCA Clinic

Including “Community Acupuncture” in Your Clinic Name

There are a couple of issues that come up, generally, when naming your clinic. The first is about clinic name similarity (or identicality!) in one place. The other issue is whether to include the term “Community Acupuncture” in your clinic name. Since the inception of CAN (now POCA), many clinics have sprouted up calling themselves community acupuncture when that’s not at all what they are doing. As a result, the term “community acupuncture” ends up being misleading and confusing to people who are expecting a certain kind of experience/service/price, etc. POCA would prefer that clinics not use the term community acupuncture unless it follows the following criteria.

- The fee structure takes into consideration the needs of both the patients and practitioners. Knowing that many conditions require ongoing, regular treatments, keep the low end of your sliding scale low enough for minimum wage earners to afford to get treatment weekly for an open period of time (think of baristas, bike mechanics, hotel staff, or even senior citizens on a fixed income, etc.). At the same time practitioners need to earn enough money to pay their bills and keep their clinic open. Come up with a good compromise fee that would permit your clinic to stay open if everyone paid the minimum fee. Since prices vary over time and in different areas, POCA no longer sets a fee guideline for members.
- The top end of the sliding scale is set to keep the patients on a roughly equal basis with each other. Therefore, it should not be too high. If the top end was high, there would be a dynamic of patients at the high-end subsidizing or giving charity to the patients at the low end—and charity is not consistent with the principles of community acupuncture. Community acupuncture is about community—supporting equitable relationships—rather than encouraging top-down relationships.
- The extra initial paperwork fee recognizes the need of the practitioners to spend more time orientating new patients to the clinic. In real terms, patients make appointments which means that the practitioner (or receptionist) puts their name in a slot at a certain time. Usually that time is a 10- or 15-minute window so that the flow of the clinic doesn’t become too chaotic. New patients usually need two slots to orient and treat them the first time and, thus, a first visit paperwork fee reflects the extra slot used by the practitioner to cover their extra efforts. Keep that fee low, preferably the same amount as or less than the low fee in your sliding scale.
- Some clinics find the sliding scale too complicated and instead charge a flat fee.
- One final thing. No POCA clinic asks for income verification of any kind. We have no idea of the details of patients’ lives that allow them to afford one fee and not another, and we don’t think the patients should have to share such info. Often, higher income patients have commensurately higher vital expenses and so we believe that anyone should be allowed to pay what they can within the sliding scale.

Clinic Location

There's a lot that goes into where a clinic is located. Do you have to locate it in an urban area? NO. It doesn't appear that town size is all that important. It's what you do with your town that makes a difference. Here are some factors: **- Locating on a ground floor with signs on the street.** This is the gold standard. This is what you want. Particularly the signage. Not only does it let folks know you are there (duh), but it stakes your claim to being part of the town or neighborhood. When you first open, your neighbors will notice you, but what they want is to know that you are a part of them and their lives and not just some fly-by-night outfit that will be gone in six months. The longer you stay, the more you are accepted. But how will people know you are there unless they see a sign? **- Locating on the ground floor is important but not as important as the sign.** That said, a clinic on an upper-level floor with no elevator may not get patients who aren't very mobile: those with walkers and such. Kinda obvious, but in the long run, the location otherwise works out almost perfectly. **- Locating in an office building, even a medical office building…may not be the best.** It suppresses patient numbers. There's no outside sign so people don't casually know you are there. The other medical providers won't just start referring to you unless you have some arrangement with them. **See added note below on this topic.* **- Strip malls can work.** Speaking of strip malls, it may not be so important to be in a neighborhood where folks can walk around as opposed to only driving by. There are suburban CA clinics that are doing well, so walking access is not crucial in and of itself. [Skip, "The Location Thread"]

**Note about opening a clinic in a medical office building:*
It's possible. Here are the pros: 1. If it's an easy place to locate and describe, people don't have an issue finding it, and word-of-mouth still works. Plus, Google can find you anywhere! 2. It can be a little bit "stodgy" and "respectable," which may actually help with a more conservative demographic. 3. It has free parking, generally. 4. It's typically ADA-accessible, which is quite helpful. 5. Also helpful, some come equipped with a ton of sinks and counters and built-in drawers and shelves.

Here are the cons: 1. Signage is an issue as size and location of signs are usually restricted for everyone in the building. It can be frustrating to lose free advertising for all the people walking by. 2. Your neighbors might be chiropractors, dentists, etc., and that inevitably affects your branding by making you seem similar to them. [Jersey, "The Location Thread"]

The Right Clinic Space for CA

Look at your current clinic setup: Can you possibly fit many patients into your clinic, let alone squeezing them into a three-and-a-half-day week? And what if you want to work more? Can you possibly see 100+ patients into your space? No? Why not?

I've now read several business plans as well as talked to several of you, and what has struck me (ouch!) is that so often the physical layout of the clinic is too damned small (TDS). Too small to have the patient load you should be expecting within 2-3 years. Look at it this way: POCA acupuncture aims to make acupuncture accessible to a larger segment of the population than acupuncturists in this country have previously known. It stands to reason then that more patients will want to see you once they find out about your clinic. You should then be seeing many more people than what happens in the, ah, other way of doing acupuncture.

So how are you gonna handle this growth? It should be noted that for POCA-style to be good for you, you need to see more people than that old way of doing acupuncture. After all, you are charging less, so you need more people to make up for the (supposed) loss of income. I mean no one expects you to accept making less income. We aren't into martyrs here.

Okay. This all makes sense, you say. But how can I possibly find a building that isn't too expensive to rent, that has a large enough space? If you start to look around your city, then you will start to see all sorts of buildings that your eyes immediately skipped over as being inappropriate. Often these buildings are called warehouses, though not always. Usually they are ugly from the outside (inside too once you go in one). They look industrial or at least heavily commercial. They are almost always older. But what they have you need: space. You need lots of space. You can always make the space seem more intimate: screens, plants, fountains, whatever. You will probably need to paint too. You might even "wall off" part of the space at first (as we did at WCA). Or you might sublet some of the space to another practitioner. But eventually you will need to use all of the space. How much space are we talking about here? WCA started with about 2200 square feet of space, 90% of it treatment space. When we started I (Skip) was still working full-time elsewhere so it was just Lisa really. We walled off part of the space (the back room for those who have been here), and we sublet a small room. Gradually we opened up the back room—but first as a yoga room for two years. And get this: we did it with no savings at all. The thing is that with most of the spaces I'm talking about here in any city, the landlords are dying to rent them because no one wants to. They aren't sexy. The landlords will make deals. But you've got to look for them, and I'll guarantee that your eye is used to passing right over the spaces I'm talking about. But you need the space to support your vision.

The title of this passage is taken from a famous quote by a city planner from the last 1800's, Daniel Burnham. We should take the full quote to heart at POCA: "Make no little plans. They have no magic to stir men's blood and probably will not themselves be realized." [Skip, "Make No Little Plans"]

Expected Income

How to figure your monthly take home pay:

1. Multiply the number of patient visits per day by the number of open days per month by the average payment per visit (use an average near the low end of your proposed sliding scale).

—Example: 20 patient visits per day x 20 days per month x $20 per visit = $8000

2. Figure monthly business expenses.

3. Subtract business expenses from total in #1.

4. Multiply the amount in #3 by 0.30. This is an estimate on the amount of federal and state taxes to be paid, which can vary widely according to personal circumstances.

5. Subtract the amount from #4 (taxes) from the amount in #3. This number should be your approximate monthly income.

Natural Business Cycles

When estimating potential income, it's important to remember that most community acupuncture clinics run on a cycle, meaning there are highs and lows during the calendar year. Geographic location can have a major role in this cycle as the clinic's specific population follows local weather and cultural norms. If you work up North where many snowbirds live, you can expect a decrease in the winter months. If your clinic is in a college town, then there may be a mass exodus over the summer. Below are the experiences of four CA clinics from the "How the Calendar Affects Your Business" POCA forum. Keep in mind, this is not exact as shifts may occur mid-month and may be affected by specific holidays.

	Jan	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Working Class Acupuncture, Portland, OR [Skip]	Period of strong growth				Growth is less strong, and it's more likely that we are staying at the new plateau.		Number s stay even with the spring or go very slightly down.	Sometime s we experience a HUGE week or two.	Numbers retreat a bit from that August surge. They stay pretty high though.		The holiday time is highly variable for us.	
Manchester Acupuncture Studio, Manchester & Nashua, NH [Andy]	Slower time of year		Solid growth/busy				Steady but slower	Picking up, then quite busy		Busiest time of growth each year		
One World Community Acupuncture, Fitchburg, MA [Tess]	Upward growth with mild peaks and valleys					Somewhat steady progress, no decline	Weirdly busy, some of the bigger numbers are reached.	Hellsville, big valleys, tiny peaks	Moving upward	Better	Typically, slowest	
Acupuncture Together, Cambridge, MA [Justine]	A little slow to start but then picks up	Gets busier and busier				Totally dies	Things start to pick up again and are usually pretty steady-busy with a little more week by week.		Busy, busy, busy			Okay, not as low as June but not as good as fall/spring

Example Income

Tucson Community Acupuncture had our one-year anniversary yesterday! Keith, Larry, and myself had a quiet celebration over pizza and spent much time crunching numbers and reminiscing about some of the highs and lows of the past year. Here are our patient numbers and gross sales from the first year:

Month	Year	# Paid treatments	Total # treatments	Total income (including a very tiny amount of herbs and some book sales)
Jun	'08	53	142	$1,430 - Grand Opening & small article in biz paper
Jul	'08	121	201	$2,945 - Free Day
Aug	'08	232	246	$4,450
Sept	'08	255	340	$6,326 - Back to School Promo
Oct	'08	392	407	$7,567
Nov	'08	345	361	$6,502
Dec	'08	445	523	$8,946 - Free Day
Jan	'09	502	603	$9,902 - Free Week
Feb	'09	605	634	$11,654 - segment on PBS newsmagazine
Mar	'09	636	654	$12,414
Apr	'09	652	704	$12,827
May	'09	730	836	$15,604 - May Day Event + Noodles sales
June	'09	342	361	$6,914 (first half of month)
Total		**5,310**	**6,012**	**$107,480**

We had a very good month in May, but things seemed to level off back to the numbers in the earlier spring (approximately 140-170 a week) once summer set in. We recently expanded to what we consider a full-time schedule for two punks (20 total treatment hours/punk), and the feeling is that the numbers probably won't grow significantly beyond where we are at until we get a third punk hired.

We calculated our average take is about $20 per treatment (our scale is $15-35). This represents about $18 for return patients and $28 for new patients (we had about 850 new patients in the first year). We've scheduled folks at 6 per hour since the get go.

Rent $15,870
Advertising (website costs, flyers, appt. scheduler) $1,800
Bank charges (credit card fees) $1,500
Insurance (building & malpractice) $1,500
Licenses & permits $1,200
Professional development (workshops) $1,500
Consulting (accounting & legal etc.) $1,400
Startup construction/repairs (new flooring, wall, paint) $4,000
Office supplies (also includes start up stuff like recliners) $3,000
Medical supplies (needles, cotton balls) $3,100

Retail merchandise (Noodles books) $866
Telephone (phone and internet) $2,400
Travel (visit to Portland, workshops) $2,900
Utilities (electric bill) $600
Payroll (one very part-time employee) $3000
Total expenses for the year (including startup costs before we opened): ~$50,000.

We also had tons of helpers, including many volunteers who helped at the desk, people who painted and spruced before and after we opened, and a fair bit of unpaid work from me in the beginning for marketing and setting stuff up. The patient numbers were much higher than we initially projected, but of course we couldn't be happier! We were stunned last month when we had one week with 210 treatments, but I imagine that by the fall that will be a regular occurrence. And we are getting bigger! We just signed a lease to expand our current space by about 600 sq ft (we started our current
lease with an option to rent the small space next door). This will give us room for some more chairs, a small back office, and an extra bathroom. So once again, our summer will be about getting a space ready and reaching out to more people who want to get poked.

~Shoshana, Keith, and Larry [Smayden, "Another CAP's Year 1 Numbers"]

Malpractice and Business Insurance

Most landlords require that you have general liability insurance ("trip and fall"). Sometimes you can get this kind of insurance from your malpractice insurance carrier for a reasonable rate, but it's available from many insurance agencies, so shop around for a good rate.

Also, here's a quote from Lisa Rohleder that's worth considering: A couple of things I have heard over the years about acupuncturists and lawsuits: a common scenario in which acupuncturists get sued (which is rare in itself) is when a patient who was paying for his/her care with insurance and was seeing multiple professionals (MD, PT, DC, L.Ac., etc., with the L.Ac probably being a referral from the MD or DC) becomes unhappy with some part of that care (possibly not the acupuncture at all) and gets a lawyer, and they decide to sue EVERYBODY who was involved in any way. (Love that integrative medicine!) Then there's the outrageous stuff like acupuncturists setting patients on fire (when cupping goes terribly wrong!). Anyway, it happens, but it still doesn't happen very often. Since community acupunks see way more patients than most acupuncturists, the odds for weird incidents go up. Weird incidents may not lead to lawsuits, and I often think that WCA is paying AAC a boatload of money, possibly for nothing, but in the end, I figure it's just a cost of doing business in the real world. Kind of like credit card fees—what we pay is ridiculous, but not taking plastic seriously limits your business. Avoiding malpractice insurance is, for me, more trouble than its worth.

The Physical Setup and Layout of a Clinic

Your clinic layout will evolve to suit you and your patients as your practice grows. Here are several bits of wisdom that other CAP owners have shared about how to have a safe, efficient, and pleasant physical facility.

Clinic Layout – Where Stuff Goes & How It's Separated

For the purposes of delineating different functional spaces and making their clinics comfortable, some clinics use portable screens, some build half-walls or walls, and others use plants or other creative solutions to get the most out of their square footage. A primary concern in selecting a location and designing a layout is whether/how to separate the reception and treatment spaces. The treatment room or rooms are very quiet, but reception needs to accommodate people who walk in fresh to the clinic, using their "outside voices," and are not accustomed to the hushed environment. It can be an unwelcome barrier and awkward dynamic to ask a new person to be quiet right away upon their arrival to the clinic, so many punks really appreciate having a separate reception area. This also helps because it is where the phone can go so that appointment scheduling can happen without disruption in the quiet treatment space. As with everything, CA punks are a crafty lot, and many have developed creative workarounds in situations where they cannot have an acoustically separate reception area.

How Some CA Clinics Use Their Space

We have a 1600 sq ft office with two separate rooms, a small entry room, and a closet, and we have 12 chairs in our main room. [Dominic, "Recliners per square foot?"]

My entire clinic is 860 sq. ft. That gives me:

- 3 8x10 massage rooms
- 1 bathroom (handicap accessible of course)
- small kitchenette (sink, counter, kettle, cupboards and a microwave, with room for brooms and stuff in the corner.)
- reception area with two benches (fits 5 or 6 people comfortably, plus a good-sized desk)
- community room with 8 zero-gravity chairs. Approx. area of this room = 300 sq. ft. (actually more like 285) [StillpointCA, "Recliners per square foot?"]

Our clinic is, in total, 865 square feet. The treatment room is rectangular, about 14' by 23' (320 square feet). I have six recliners of various sizes (lazyboys and such) and two Lafuma zero-gravities in there - it's packed. I want to comment about space and body mechanics: yes, it's tight in our treatment room, and too small to use a stool. Though I got into some bad bending habits the first year or so, I have adapted my body mechanics and now leave shifts feeling strong and energized. I squat, lunge, do dead-lift-style bends, and basically never allow my spine to take weight that my abdominal muscles or legs could take instead. [Demetra, "Recliners per square foot?"]

A community clinic can be set up with different "pods." At last count, WCA had 5 pods with 21 chairs (3 pods with 4 chairs, one pod with 3, and one with 6, and 2 tables). It makes a ton of sense to have extra chairs. Not only do you not have to play Acu Cop, it allows people to have more choices about where to sit, and they like that. [Lisafer, "Make No Little Plans!"]

Tables vs. Chairs

Most (but not all) CA clinics treat patients primarily in chairs, while keeping one or two tables on hand for patients who need or simply prefer to rest on a table. The two main types of chairs in use are plush, La-Z-Boy-type recliners and lightweight, LaFuma-type chairs. LaFumas are a bit

more compact for small spaces, but the standard version has weight limits that you won't run into with an old-school recliner, and they are more difficult to find used. Standard size massage tables also have limitations on how large of a patient will be comfortable on them. Additionally, when patients are fully reclined, either face-down or face-up, on a massage table, it requires the punk to walk over to check in on them, as opposed to having them face-up in chairs, in which case a punk can scan the whole room quickly to see who needs attention. Some punks use a wireless doorbell solution to work around this. Used recliners can be found on Craigslist, at yard sales, and in your local thrift store.

Blankets

Most clinics use blankets (not space blankets, just regular ones) to cover patients. The main issues regarding selection of blankets are price (you'll need a lot of them) and weight/weave. Certain fabrics will allow the needles to pop through the blanket when it's placed over them, and then the needles will dislodge with the blanket if it's not removed carefully.

20 Steps to Opening Your

POCA Community Acupuncture **CLINIC**

First edition March 2013

Why this outline?

Opening a POCA community acupuncture (CA) clinic takes persistence, clarity, flexibility, and cooperation. This guide is meant to walk you through the general process that most of us undertake when opening a clinic.

A few assumptions are made about you, the clinic-owner-to-be:

1. **You are open-minded and willing to learn what it means to be a POCA clinic.** A successful POCA clinic is the outcome of the work of all of us. The development of the successful community acupuncture clinic model has been a collaborative, cooperative, and long-term process. You may encounter ideas or methods around CA that seem unlikely, misconstrued, unnecessary, or just plain wrong. Let's just start off, then, by saying that all the standard CA systems are in place because they are time-tested, successful, and function in a wide variety of formats. In the vast competition of what works, they are the repeat Olympic gold-medal winners of systems. Innovation on these systems is generally best accomplished by people who have deep experience with them. So if you keep finding that you don't get why certain systems are in place (the sliding scale, for example, or the idea that the cost of treatment be kept to a certain maximum, or why the Locate-Our-Clinics guidelines are what they are), then the best course is to keep reading until it starts to make sense. Depending on your level of stubbornness, this may be quick or take a long while. There are literally dozens of blogs, forum topics, and even a few books to help you get it. Read and learn. The quickest way to get it? Become a regular patient at a POCA clinic! Just understand that this guide assumes you understand and co-sign the practical means and philosophical ideals at the heart of POCA and the CA movement.

2. **You are willing to dig deep and read hard.** This guide is just that: a guide. It is not exact, guaranteed, or "for dummies." Detailed information about everything in here can be found on the POCA forums, blogs, and wikis. We assume that you will teach yourself how to navigate POCA's archives, search functions, and wiki entries to get the detailed discussions on every little nut and bolt. There are a variety of ways to get more information: we encourage you to take charge in seeking it out!

3. **You are ready to be a community acu-punk and POCA cooperator.** But even being a solo CA clinic owner doesn't mean you have to go it alone! You can buddy up with an experienced POCA mentor, ask for Clinic Success volunteers to assist you when you get stuck, participate in community discussions online, volunteer for various POCA projects and circles, volunteer at your local POCA clinic, and join us at CA 101 workshops, regional meetups, and national POCAfests to get connected and informed. There are as many kinds of people in POCA as there are in any community. Shy people may find their inner voice speaking up more readily; natural leaders will learn how to cooperate. Find a means and level of participation in the POCA CA movement that suits you, but also that stretches you, and gives you new opportunities. Our motto takes the Do-It-Yourself ethic further: we like to say that POCA members Do It Together!

4. **You understand that this is just the beginning.** This guide is meant to help you organize the tasks needed to get your clinic open. But beyond that you will need to acquire skills in rapid intake, diagnostic, and needling strategies; understand the financial realities of small business ownership and community acupuncture practice; self-educate in classism, accessibility, harm reduction, and the differing needs of the many varied populations of people who will be your patients. Beyond that you will learn about being a better punk, being an employer, training staff and managing them, dividing the non-punking tasks of clinic operations between yourself and others, learning about volunteers, continuing outreach and growth, and all the aspects of being part of the community acupuncture revolution. Opening a clinic is just the first part.

Onward to opening your POCA clinic!

Demetra Markis, L.Ac.
March 2013

Yerba Buena Community Acupuncture
San Francisco, CA

20 steps to opening your POCA clinic, more or less in order.

1. **Write up a vision and mission statement: what you want your clinic to be.** While many of us just put our heads down and charged toward the goal of opening a CA clinic, others prefer a more methodical approach. I suggest taking some time (a few minutes or a few weeks, depending on your disposition) and putting into words what you want your clinic to be. This can be as simple as "A place for everyone in the community to be welcomed, to rest together, and to receive care" or "Our clinic will ultimately provide 20,000 treatments per year and five full-time jobs for community acupuncturists." Or it can be as complex as a multipage, highly detailed vision for your long-term plans, including multiple clinic locations. Spend some time thinking about this. Allow it to be a guiding vision but one that is flexible, and changes as needed as the future makes its way forward.

2. **Determine your ownership/employment structure**. Is it just you to start? You and a partner, or two? You and a spouse/relative/friend who wants to run operations? You and an employee acupuncturist or two? Successful POCA clinics exist that started with all these arrangements. There is no ideal way to do it, just what works for you and your situation. Some people prefer to go it alone at first. Others post for collaborators on POCA or in regional groups or start putting out feelers amongst their friends and former classmates. Read through the forums and wikis, and search thoroughly: there are numerous discussions on the pros and cons of all kinds of situations.

3. **Determine your legal structure**. This will be in part determined by your ownership structure. Will you form an LLC, PC, S-Corp, sole proprietorship, partnership, B-Corp, co-op? You will need to read up on the legal and business regulations of your state/province/country: municipalities are diverse this way. Check your local municipal business resources and acupuncture-specific regulations, or medical practice regulations. You may determine that you need professional assistance here, either from a lawyer, financial or business advisor, or accountant.

4. **Assemble professional advisors.** This might be anything from an accountant, lawyer, bookkeeper, website designer, graphic designer, handyperson, business mentor, or administrative specialist; all, some, or none of the above, depending on your needs, skills you have, and skills you're willing and able to learn. Many of us have found family members, friends, friends-of-friends, and even relatives of friends who are ready to provide professional support for free, trade for future treatments, or for a reasonable rate. If you find that the idea of business taxes makes you want to quit before you start, then get an accountant, certainly- local punks or other small business owners can be great resources if you have no idea where to look. This is often the first place where people start seeking outside support for their business, and it's worth noting that it's fine to try a few people if it's not a good fit right away. It's important to have people who understand your mission; running a new business is hard enough without the added stress of people who don't support what you're doing!

5. **Determine your clinic name, logo, colors, and branding.** This can be as simple or as complicated as you like. Look around and see what works for similar successful clinics and consider what reflects the community you're serving (neighborhood/town name). There are successful clinics with very straightforward names (Tucson Community Acupuncture in Tucson, AZ, Oakland Acupuncture Project in Oakland, CA), with evocative names (Acupuncture Together in Cambridge, MA, We The People Acupuncture in Santa Fe, NM), and even charming local-centric names (HamsterPuncture in Bellingham, WA- locals get it!). The best tack is to try out a name on your peers, pick something you like, and stick with it. Once you've settled on a name, pick some colors, maybe get a logo designed, and settle on your "brand." While this may sound marketing-y or sales pitch-y, it's just practical. Your patients will need a means of recognizing you, and a solid name and visual identity are a major part of that. Just remember this (like most things about CA clinics) needn't be complicated or expensive. Ask artistic friends for help, hand-draw a logo, or pick a font you like. Or invest in a professional graphic designer. It's up to you.

6. **Develop a system for staying organized.** You are about to enter an often complicated and overwhelming stage: getting your clinic from zero to open. Find a way of keeping your to-do list and myriad tasks organized. This may be a notebook, spreadsheet, day planner, legal pad, digital application, or in-depth organizational process. Just find a way of keeping track of what you need to do, the details you'll need to do it, and the timing of when it needs to get done. Whatever it is (legal pad or iPhone calendar) you are going to spend a lot of time with it in the next few months, so find something that works for you!

NOTE: the next steps will mostly happen concurrently, so you will get to immediately try out your task-planning system from step six. You can do it!

7. **Determine a budget for opening your clinic.** You will need money! This might come from a POCA micro-loan, your savings, income you earn from another job, a local bank loan, money from friends/family, an online fundraising campaign...while most clinics will be able to start covering their operating expenses (rent, utilities, and tools of the trade) within the first few months of business, some may not. In any case you will need to furnish your clinic, pay for utilities, and pay for your space before you are open for business. Use your (by now) well-honed information-gathering skills to determine just how much you might need to startup and maintain operations until the business can cover overhead and payroll.

8. **Find a place and space**: identify neighborhoods, start scoping out spaces, scan rental listings, walk/bike/drive around looking for potential spots. Find a place that has room for at least six chairs (arguable! Some say less, others much more) but hopefully many more, or with potential room to grow, that you can afford to pay for at least a month or two. Scan the resources POCA has about space and chairs and visit clinics or review their websites to see spaces in action. Secure a lease and sign it.

9. **File business registration papers.** In most municipalities, you will need to formalize your business with city, state, or other authorities. This may include getting an employer tax ID number from your state/province, the IRS, or other regulating authorities. You'll need your business name, address, and personal information about owner(s) to do this. It's useful to set up file folders with

copies of these papers and set reminder dates for renewal in your calendar.

10. **Prepare your punks**. Make sure you (and all practitioners) have met necessary legal requirements for practice: licenses registered, malpractice insurance arranged, and necessary CEUs to maintain licenses. You may need to register your business address with the board of your municipality and/or your malpractice carrier.

11. **Set your beginning hours**. And while you're at it, make plans for various stages of growth, and what your clinic will look like at full-time. Starting off with one punk, your hours can be MWF 9-1, T/Th 3-7. Or MWF 9-11, 2-5, T/Th 1-6. Or close one weekday shift and do a Saturday. Two punks just starting off can each do 4 shifts: MWFSat 9-1, TuWThF 3-7, then expand from there. Full-time often looks like: 9-1, 3-7 weekdays, 9-5 weekends (14 shifts). Clinics with room for two punks to needle at once add overlapping and double shifts to busy hours. There are a ton of discussions about hours and what works and why on the forums and wikis.

12. **Set up utilities.** Electricity, gas, phone, internet: keep all your account numbers, access information, and emergency numbers in a handy location for easy and safe access.

13. **Set up services**. Bank, checks, credit accounts, merchant services, website host, online scheduler, email provider. Liability and workers comp insurance (you will need workers comp if you have employees). Liability insurance can sometimes be gained via malpractice insurance.

14. **Set up vendors**. Needles, sharps disposal, hand sanitizer, cotton balls, alcohol, herbs (if any), office supplies... POCA offers discounts for some vendors.

15. **Set up your space**. Source recliner chairs, reception furniture, seating for punks/reception staff/patients, tables, chairs, sheets, blankets, plants, speakers, computers/phones, lighting, artwork, file cabinets, office supplies and equipment...Freecycle, Craigslist, yard/sidewalk sales, pleading requests to people you know- these are all ways to affordably source everything you need. Visit POCA clinics or check out photos of them in forums and on individual clinic websites/social media for inspiration.

16. **Create clinic paperwork**. Welcome letter, health history, consent form, patient intake; forms for recording payments, tallying bank deposits, inventory checklists; internal paperwork such as employment contracts, hours tracking, clinic policies (employees, training, punking, legal, safety, emergency, security) ... Some of this you will need to have in place by opening day; others you can develop over time and as needed. Much is available for download via clinic wikis and forums.

17. **Develop outreach materials**. People will need to know your clinic is here! Build your website, post your vision/mission, hours, location and directions, bios, contact info, what to expect, photos, how to schedule. This can be easily done with Wordpress or

other user-friendly web development tools, or you can find someone to do it for you. Make your business cards, flyers, signs, banners. Source local and/or affordable printers.

18. **Determine first year budget, marketing plan, and projections.** This can feel very challenging to do but is super useful in time. Learn how to use a program like Microsoft Excel or Numbers for Mac or find a software or web-based application to manage financial and marketing data. Assign some costs to basic expenses so you can track how you do over the course of the year, and in this way gather extremely useful planning data for your growth over time. Plan outreach of some kind (flyering, open houses, free days, talks, neighborhood fairs, local advertising, walking the vicinity to introduce yourself, social media outreach, press releases, local radio, etc.) and assign dates on a calendar for when you do it. Just like acupuncture, outreach is more effective over time and with frequent applications. Be patient and persistent! Try to plan for how many patients you'd like to be seeing in one month, three months, by the end of the year. Create roadmap to correct your course: plan regular assessments to check your projections (income/expenses as well as patient numbers) against reality.

19. **Plan your opening!** This is when you set a specific date, plan to have everything ready to go, and open your doors to the public. Your to-do list for this step may involve everything from "Finish painting bathroom" to "Find storage for extra needles" to "Order banner for clinic front." Get as much help as possible from friends, family, your POCA community, and the people you hope will be your clinic regulars. Remember the motto is Do It Together!

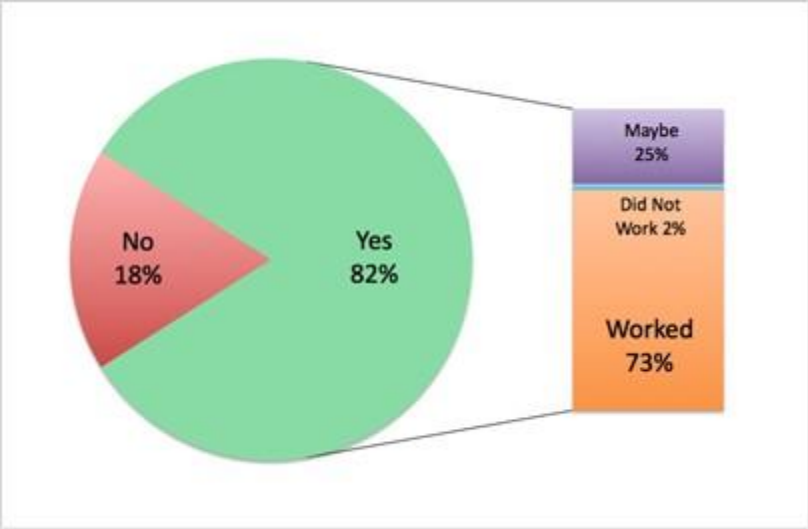
20. **Open!** Congratulations! Welcome to the beautiful, intense, hard, rewarding life of a POCA clinic owner. Now go sign up as a POCA clinic member and apply for LOC status!

Marketing 101 for Community Acupuncture Clinics

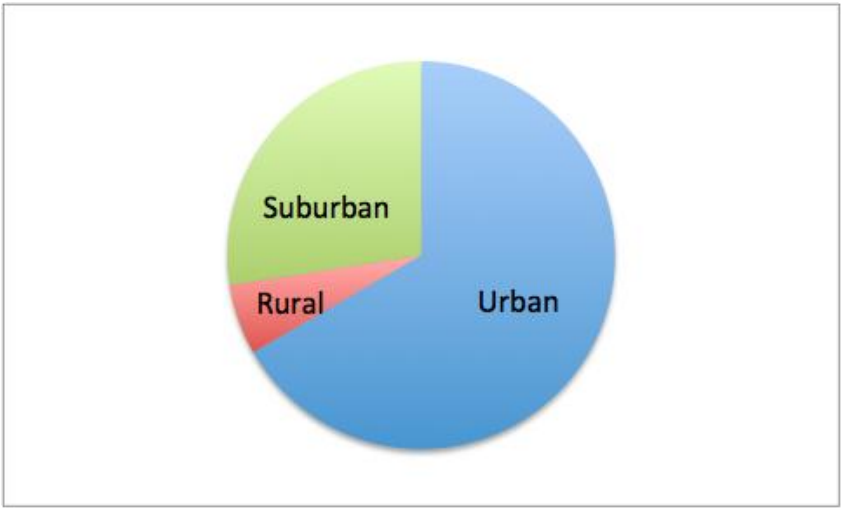
A survey was sent out to POCA clinics in September of 2020 to gather information on whether marketing was working for them and if so, what they were doing.

51 clinics responded.
Here is what they had to share:

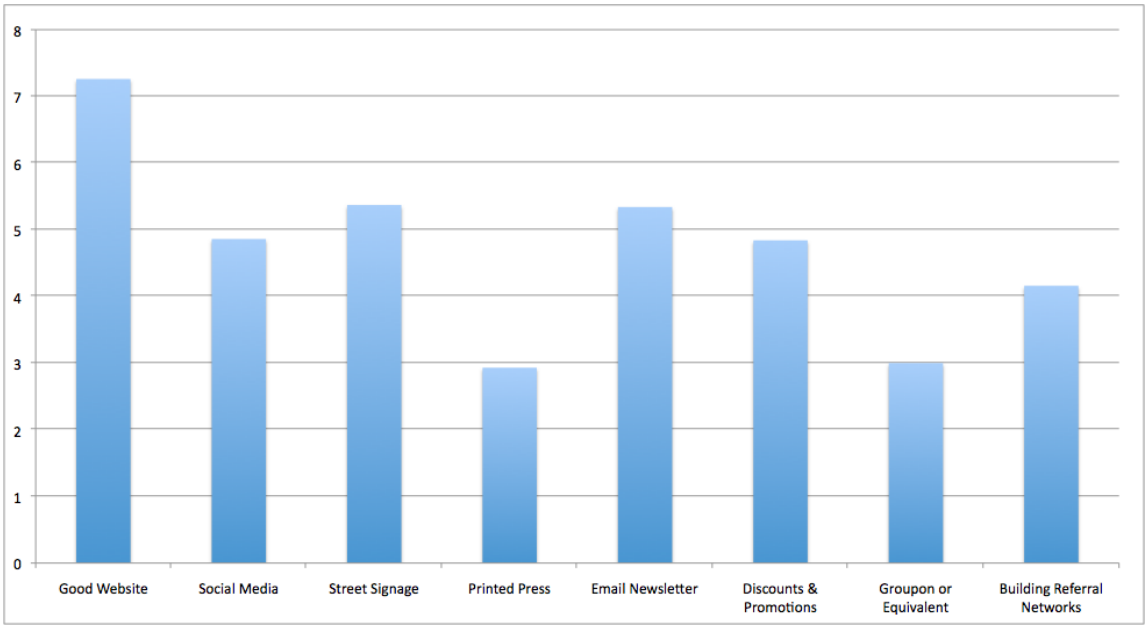
Have you used marketing to grow and/or retain your patient base? Did it work



Is your clinic based in an Urban, Suburban or Rural setting?



Which methods do you perceive to yield best results?



- An intentional and useful website was of primary importance to most clinics.
    - Must be simple, clean, searchable.
    - Option to book online is necessary.
    - A good mobile platform with online booking also recommended.
    - Considering search engine optimization (SEO) strategies was recommended by a few but hiring that out to a third party was not recommended.
- Street signage, social media and email newsletters were tied as secondary strategies.
    - Most people really dislike using social media.
    - Some people solely use social media for announcements.
    - For some, social media is how they get the clinic name out there and known.
    - Google ads were recommended by more than a few.
- Email newsletters were generally preferred over social media.
    - Email newsletters are viewed as a personal way to stay in touch with an existing patient base.
    - Some clinics send welcome letters, personal emails, etc.
    - Facebook accounts are mostly useful to improve searchability and to direct people to the actual website.
    - The Front Porch Forum was recommended by one clinic in a rural area.
- Printed press and Groupon or the local equivalent were agreed to be least effective.
    - For some, Groupon was used only in the beginning to help build a patient base.
    - For others, Groupon and the like were only to be used in dire situations.
- Discounts, promotions and free treatment days were interpreted very differently

among clinics - some clinics found promotions very effective, and others really did not.

- Many clinics spoke of building a patient base in the short run with promotions and free clinics, but said these strategies weren't so effective in the long run.
- Some clinics felt the inconsistent income of 5tx for 65$ was destabilizing, given the initial windfall and then not much. Other clinics really liked the 5tx for 65$.
- Some clinics tried occupational promos (e.g., free treatments for teacher's month). There was not a lot of enthusiasm for its efficacy.
- Bring a friend for free was a recommended promotion.
- Word of mouth referral networks were above and beyond the best means to bring in patients over the long run; once you build the base it can keep itself alive.

Further comments by clinic owners on what methods they prefer and why.
A novel approach to thinking about marketing: consider it boosting Clinic Qi. This translates into getting existing patients excited about the clinic via email newsletters, street signage, general clinic vibe, and maybe some social media so that they feel themselves to be part of something important and tell their friends and family!

One-to-one connection was highly recommended (even as far as sending welcome letters, thank you cards, or personal calls to check in) and getting your name out there as much as possible, but only by means that one personally finds enjoyable. Keeping free treatment cards on your person at all times can be a nice way to offer a gift to someone you meet when out and about (pre-covid).

Key takeaways:

1. Think about short-run vs. long-run strategies.
2. Word of mouth is the absolute best but can take some time.
3. Promotions, discounts and even Groupon can be useful in the beginning.
4. Newsletters and social media help to bring the clinic into people's awareness, personal connection and boosting clinic Qi help keep people involved.
5. Consider search optimization strategies and what brings people to your website.
6. Offer the option to book on both website and mobile app.
7. Building community relationships and educating people on what we do and how we do it is really what matters. Any traditional marketing is really just so people can find the clinic and know that it exists.

What online tech do you use and how do you choose content?
A lot of strong feelings around this. Many people use Facebook, but it is largely disliked. Instagram was generally more tolerable. Some use Twitter. Other less used platforms included: YouTube, Front Porch Forum, Canva design app for making posts, Google ads, Mailchimp, and Yelp.

- Visual memes + hyperlink to book now!
- Seasonal recipes
- Acupuncture news and articles on what it treats or how it works.
- Shares and re-posts from other CA clinics.
- Medical/acupuncture studies
- Pictures of staff doing their thang
- Updates on the work punks are doing.
- Neighborhood news
- Political activism and social justice issues
- Quirky and weird stuff
- Uplifting memes/themes
- Pictures of the clinic
- Testimonials
- Covid updates

About how much time/money/blood/sweat/tears can one expect to put in?
The vast majority of folks reported not much! About 79% spent 0-$50/mo. and/or 84% dedicated 0-5 hrs./mo. - often to write a monthly newsletter, maintain website services, print free treatment cards or craft social media posts. The next largest percentage of folks (7%) spent between $50-100 and 5-10hrs per month. At the far end of the spectrum, 4.7% spent more than $300/mo. and or 25 hrs./mo. on marketing. Some clinic owners say to expect to put in more time during transitions, such as website revisions.

When asked if clinics have successfully tried to market services to special interest groups in the hope of increasing patient numbers within that demographic, we received a variety of responses that basically fell into two camps.
Those who said Yes, mentioned reaching out to one or more of the following groups: healthcare workers, teachers, veterans, Spanish speakers, athletes, formerly incarcerated, families of incarcerated people, refugee groups, LGBTQ+, people with disability, people in recovery, social workers, immigrant rights organizers, and other social justice groups.

- There was strong interest and commitment to do so by many, but not much evidence of success as measured by increased patient numbers in the above demographics.
- Some clinics have found success by reaching out to local nonprofits who represent these groups to build alliances.
- Speaking at LGBTQ+ community events and other local special interest health events such as: Parkinson's Awareness, Fertility, Lyme Disease, etc.

- Advertising in Spanish language newsletters.
- One clinic owner reached out to a local university and entered clinic on a list of transgender health resources.
- Emailing clinic info to doctors and therapists as a trans-friendly healthcare resource.
- One clinic owner says that Groupon has accessed some of these underserved groups best.

Those who said No generally didn't want to single out specific groups in their community.

- Noting that: many people don't like being typified by a special interest group.
- Some clinics prefer to be vocal about social justice issues via other means and trust that word of mouth will reach the people it needs to.
- Since a culture of inclusivity and individual connections matter so much, many clinics chose not to offer differentiated promotions.
- Clinics report working with various groups, e.g., vets, LGBTQ+, healthcare workers, but not specifically marketing to them. Word of mouth alone increases those demographics.

Closing remarks:

The big takeaway is that the most important marketing strategy seems to be simply doing the work in a streamlined way - having a solid user friendly website, caring for people when they come into the clinic so that they have a good experience, putting your clinic's name in the sight of vision of those you can serve, and being a good neighbor so that word can spread organically about the clinic is most vital. There are ways in which this survey could be expanded on over time. A few examples include following up on growing niche markets and how such undertakings work, covid times vs post covid times, and how targeting specific groups of people (like free month for single mothers, veterans, protesters, BIPOC, etc.) at different times affects clinic usage overall.

There are so many different potential target groups and contexts for a clinic to serve depending on the location and interest of the punks in charge, that it really does make for a very open market - there is room for everyone. This survey seems to support the vision of having a community of acupuncture clinics be as common as neighborhood family restaurants. We are glad to be in such good company.

POCA Tech Cohort 5

Appendix

Journal of Chinese Medicine • Number 98 • February 2012

Community Acupuncture: Making Buckets from Ming Vases

Abstract

Community acupuncture – as practiced by self-styled 'acupunks' – is a radically different vision and philosophy for the practice of acupuncture in the West. Patients are seen in a group setting, which allows for treatment to be conducted via a high-volume, low-cost sustainable business model. Spa settings and excessive Chinese medicine theory are unnecessary with such a model of treatment, as the needles do all the necessary work. This article describes the vision, aims and underlying philosophy of the community acupuncture movement.

Acupuncturists and acupunks

Community acupuncture[1] has a curious problem. It is a controversial subject among acupuncturists, admired by some for its lively idealism and despised by others who accuse it of 'degrading' Chinese medicine. At this point in time, the community acupuncture movement in the United States is still very much a work in progress but has developed significant momentum. It owes this momentum to a variety of factors, including the Great Recession, the increasing inaccessibility of healthcare for people with ordinary incomes, and the undercurrent of populism that is currently surfacing in the Occupy movement – community acupuncture seems timely. But the vigor of community acupuncture also comes from a careful and conscious rejection of the professional acupuncture culture that has developed in the US in particular and in Western countries in general.

Possibly the greatest challenge to the success of the community acupuncture movement is not acupuncturists who hate the thought of community acupuncture, but rather acupuncturists who love community acupuncture in theory, but misunderstand how to do it in practice. This misunderstanding sometimes comes from an inability to reject the professional culture of acupuncture – acupuncturists tend to like to keep their options open and try to 'have it both ways' by practicing community acupuncture and simultaneously striving to be respectable examples of the acupuncture profession who get along well with their peers. This does not work.

Genuinely successful community acupuncturists have to refuse to act like acupuncturists, think like acupuncturists – even think of themselves as acupuncturists. The movement has come up with a useful shorthand: we call ourselves acupunks, or often just punks. Upstanding representatives of conventional acupuncture culture in the US are more than happy to agree with us about that: we are the troublemakers of the acupuncture world.

Community acupuncture has spread as far and fast as it has in the US in large part due to the fact that I was able to write a column about it for the publication *Acupuncture Today*, but after a year the editors fired me as a columnist because they thought the column had, in their words, 'dangerous potential'. This article is about the difference between an acupuncturist and a community acupunk. I hope it will be useful to acupuncturists who are contemplating practicing community acupuncture. Since

you can't have it both ways, you need to decide whether you are, at heart, a punk. An online dictionary (dictionary.com) defines 'punk' variously as 'any prepared substance that will smolder and can be used to light fireworks, fuses, etc., 'something or someone worthless or unimportant', 'a young ruffian; hoodlum' and 'a style or movement characterized by the adoption of aggressively unconventional and often bizarre or shocking clothing, hairstyles, makeup … and the defiance of social norms of behavior, usually associated with punk rock musicians and fans. An early reviewer of this article was concerned that using the term punk throughout this article would lead some readers to prematurely dismiss its arguments. Such people might share the values of community acupuncture but would be turned off by the call to become a punk. It is therefore worth clarifying that turning off acupuncturists who think that they share our values is a conscious goal for us: we do not want to persuade people to do what we do - they need to want to do it enthusiastically, without persuasion and in the face of opposition and difficulties. Furthermore, it is a good thing for community acupuncture as a movement to be dismissed by acupuncturists who do not want to get dirty and disruptive, because the odds are high that those acupuncturists would be unable make community acupuncture a living reality anyway. It is bad for community acupuncture as a movement to be embraced by acupuncturists who love it in theory but who are too well-socialized to make it real.

Community acupuncture needs people who are able and willing to smoulder, who can light a fuse and stand the heat. Community acupuncture needs people who are untroubled by being unimportant and glad to take care of other people who are unimportant. Community acupuncture needs people who are happy to be seen as ruffians by other acupuncturists, who can defy and shock the social norms of the acupuncture profession. Community acupuncture needs punks.

Orchids and dandelions, Ming vases and buckets

Acupuncture in the West is fundamentally out of context – it floats unmoored from the culture that created it, and is as yet unrooted in the US, the UK, Europe or Australia.[2] If acupuncture were a plant, it would be a fragile epiphyte - precariously attached to foreign structures and living mostly on air. How can acupuncture root itself in the West, and what might those roots look like? Community acupuncture has a vision of what acupuncture would look like if it were truly grounded in the West, and we are fixated on the rooting process. 'Root' in Latin is *radix*. Not only are we punks, we are radicals. If conventional acupuncture in the West is an orchid – a delicate and exotic epiphyte – we are dandelions: not much to look at, but tenacious, nutritious and challenging.

Our radical perspective on conventional professional acupuncture culture is that it is too passive and self-absorbed to survive in any meaningful way. In the US at least, acupuncturists as a group are not really a profession; they are merely dedicated, long-term consumers of the acupuncture education profession. There is a notable, uncritical emphasis on accumulating and consuming knowledge, as opposed to simply using what we already know to help real people. Many of us became acupuncturists because we were fascinated with the concepts of Chinese medicine; we were motivated to hear someone else talk about those concepts. Once we graduate from school, it becomes our turn: we go out looking for patients who we hope will want to listen to us talk about those same concepts and attempt to locate another tier of acupuncture education consumers below us. But we have trouble finding them. Community acupunks believe that this is because most potential patients of acupuncture are actually looking for something quite different than fascinating concepts. They want something that is less romantic, less abstract and more personally meaningful: they want relief from pain.

Acupuncture can provide relief from pain, with or without the theories of Chinese medicine to support it. A lot of acupuncturists treat their acupuncture training as if it were a Ming vase; they like to have it and display it so that other people can admire it. It is valuable to them because it is exotic, ancient and refined. They are resentful when other people don't admire it sufficiently, because it is a rare and

precious antique. It's *their* rare and precious antique, which they believe entitles them to all kinds of social recognition. However, they have little intention of doing anything objectively useful in society with it. Acupuncturists define themselves by what they know; community acupunks define themselves by what they do.

Community acupunks take the Ming vase off the shelf and use it like a bucket. We are not interested in venerating its ancient elegance, because we know people who need water. If there were the acupuncture training equivalent of a bucket that allowed us to pour the water of relief over as many suffering people as possible with as little fuss as possible, we would be delighted, since we do not care that much about knowing everything there is to know. In the US, however, you can only get an acupuncture license if you have a Ming vase – an education that is devoted to the theories of Chinese medicine. So, we acupunks go about devaluing' the Ming vase by filling it up and pouring it out over tens - maybe even hundreds - of thousands of people. These people do not even notice that it was a Ming vase that brought them relief; they only notice that their pain went away. This offends many acupuncturists, who have no desire for acupuncture to be so commonplace, so unremarkable, and so unremarked.

A low-cost, high-volume business model …

Community acupuncture is not really about acupuncture - at least not the acupuncture that is defined by concepts and theories. It is a means of delivering something else altogether. The only hope of rooting acupuncture in Western soil, we believe, lies in recognizing that the worth of acupuncture lies in the solace it offers, not in its theoretical underpinnings. When I first opened my community acupuncture practice ten years ago, other acupuncturists repeatedly told me that working-class patients do not want acupuncture, as they are not refined or educated enough to appreciate it; they do not value their health enough to pay for acupuncture, because they spend all their money on beer and cigarettes. Thanks to such helpful advice from my peers, I had no difficulty rejecting professional acupuncture culture (rage can be a great source of clarity, not to mention motivation). Now that my practice provides some 700 treatments each week, it is hard for anyone to claim that working-class patients do not want acupuncture. But it is still hard to get acupuncturists who think that they want to practice community acupuncture to understand the difference between orchids and dandelions, Ming vases and buckets.

It is very sad to hear, as I do from time to time: 'Well, I tried to offer affordable acupuncture, but nobody wanted it.' When I first opened my clinic, I spoke with the director of a prominent local affordable acupuncture practice that focuses on treating patients with serious diseases such as cancer but who have few resources. He told me flatly, 'Affordable acupuncture clinics don't grow. Ours hasn't grown at all in 11 years.' His clinic is a non-profit business with other funding sources besides patient fees. In the years since that conversation, my clinic has grown some 10,000 per cent with no significant funding sources other than patient fees. Why is this? He was trying to grow low-cost orchids. I was cultivating dandelions.

The core of community acupuncture as we define it is that it is a low-cost, high-volume business model. The cost is lower than most acupuncturists can stand, whilst the volume is higher. The business aspect is critical. Early in the US community acupuncture movement we defined what we meant by low cost and high volume and set parameters around the business model (see http://www.pocacoop.com/join-POCA). Many acupuncturists were outraged by our definition, because a cornerstone of their identity as acupuncturists is being able to do whatever they want, however they want. But we wanted community acupuncture to survive. We deliberately chose to discourage the would-be orchid growers. As a result, we were called divisive, polarizing, and worse. Our little plot of dandelions, however, is fairly healthy, and so we think it was worth it.

… and its consequences

The average payment for an acupuncture treatment in my clinic is about 18 dollars (11.41 British pounds).
Many people pay at the low end of our sliding scale, which is 15 dollars (9.51 pounds). The goal in setting our fees was to try to be accessible to people who have jobs that are paid at or the near minimum wage. Our decision to create a business based on fees this low has had all kinds of consequences (as well as being vilified by other acupuncturists for devaluing the profession).

The first consequence was that we had to radically simplify what we did in the clinic. If patients could only afford 15 dollars per visit in order to get a full, clinically sound course of treatment, then we had to find a way to give at least six treatments per hour if we wanted to keep the lights on in the clinic and take home a paycheck that would let us buy groceries. This was not a theoretical dilemma. If we could not figure out a way to treat quickly, simply and inexpensively, then patients would not get acupuncture and we would not eat. Other acupuncturists told us repeatedly that there was no market for this kind of stripped-down, non-verbal kind of acupuncture, in which practitioners spend no more than three minutes or so talking to the patient before inserting
the needles. What those acupuncturists forgot, or never knew in the first place, is that acupuncture – all by itself - really works. If the treatments are frequent enough and regular enough, the results speak for themselves, and there are enough patients of modest means who want pain relief – as opposed to a lecture on Chinese medicine – for a business like ours to thrive. Therefore, the first consequence of setting fees at rates that working-class patients can afford is that treatments have to be simple and fast. No matter how compelling the theory or philosophy behind
treatment, if patients cannot afford to pay you to do it and you cannot do it six times an hour, then it cannot be done. Many acupuncturists are unable to accept this consequence.

The second consequence of a low-cost, high volume business model is that as a practitioner you depend on your patients for your livelihood. If you work in a public-health treatment center, parole officers or social workers or psychiatric nurses will ensure that patients come in for treatment, and you can rely on them to keep your schedule full. If your job is supported by charitable donations or government funding, you can rely on wealthy donors or the government itself for your income. If you are providing acupuncture as a volunteer, in a humanitarian context, your livelihood has nothing to do with it at all. But in a community acupuncture clinic in a working-class neighborhood, your livelihood depends entirely upon one patient after another walking through your door and paying you what they can afford. You have to have good social skills, be willing to provide first-rate customer service, and you also need a healthy dose of humility. The people who make your job possible are the same people that your colleagues think are spending all their money on beer and cigarettes. Some of them know that acupuncturists – and other
medical providers – think this. If you think this, they will pick up on it, and if you believe that you are better than they are because you own a Ming vase, they will not support your practice. You are directly accountable to them.

Many acupuncturists find it difficult to accept the consequences of being directly accountable to, and dependent on, patients. Whether they admit it or not, they chose acupuncture as a profession expecting some kind of secure and privileged position in society. In the US, in fact, many acupuncturists are vocal about wanting to be recognized as doctors. Acupunks can live with the consequence of having no security other than solid relationships with individual patients and with their community as a whole. We have found that punks can make a living by providing fast, simple, effective treatments and by being directly accountable to patients. Not necessarily an extravagant living, but a decent living, which results in thousands of ordinary people having access to as much acupuncture as they want or need.

Acupuncturists who are thinking of providing community acupuncture need to ask themselves if this is really what they want.

What do you want?

A final, critical distinction between acupuncturists and acupunks is that punks want and need jobs. At least in America, many acupuncturists have given little thought to what it really means to work as an acupuncturist, day in and day out, year in and year out, with regular hours and prosaic demands like payroll taxes. For many it is far more interesting to ponder the routes of the transverse and longitudinal luo. For too many acupuncturists, acupuncture is an exotic hobby. Being a community acupunk is not designed to be intellectually entertaining. Any long-term clinician who is honest with herself will admit that the same strategies mostly work over and over. There are occasional exceptions, of course, but many of the patients who seek care are not suffering from anything fascinating, and what will help them is not particularly complex. As a community acupunk, I do a lot of the same points and point combinations over and over. My treatments are rarely thrilling. What is thrilling are my patients in their amazing diversity, and the clinical outcomes that occur when people have access to as much acupuncture as they want for months or years.[3] This is how we believe that acupuncture can take root in the West: by practitioners concentrating on what ordinary people want and need from acupuncture, and what structures we need to create in order to make it available to them. Being a community acupunk means setting aside your identity as an acupuncturist in order to concentrate on this – because such an identity can be cumbersome or even crippling when you are trying to be useful out in the world. This is our challenge to the acupuncture profession in the West: do you want to be acupuncturists, or do you want to help people?

Lisa Rohleder has been a licensed acupuncturist in Portland, Oregon since 1994. She is a co-founder of Working Class Acupuncture, the Community Acupuncture Network and the People's Organization of Community Acupuncture.

Endnotes

1 We define 'community acupuncture' as the practice of acupuncture: 1) in a setting where multiple patients receive treatment at the same time; 2) by financially sustainable and accountable means, whereby community acupuncture clinics are directly supported by the patients who receive acupuncture in them, rather than by grants, donations, or other funding; 3) within a context of accessibility, which we create by providing consistent hours, making frequent treatment readily available, offering affordable services, and lowering as many barriers to treatment as we possibly can for as many people as possible while continuing to be financially self-sustaining.

2 This may also apply to Israel. I regret that I am unaware of the cultural context of acupuncture in Latin America.

3 Since words cannot adequately describe this, community acupunks in the US produced a 35-minute documentary about community acupuncture which can be viewed online at https://vimeo.com/69251326.

Business Plan Quad Cities Community Acupuncture, LLC

November 19, 2021

Quad Cities Community Acupuncture, LLC
Moline, IL 61265
www.quadcitiesacu.com
info@quadcitiesacu.com

Executive Summary - Startup Acupuncture Clinic - January 2022

Coming Soon to Moline!

Quad Cities Community Acupuncture is here to help you feel better.

We provide affordable, accessible acupuncture. Our vision is to be a well-known, reliable community resource: a place to rest and recover from the pain, trauma, and illness that are part of our universal human experience.

> Our skillful acupuncture treatments in a group setting will make acupuncture a commonplace occurrence in our patients' lives - as simple and affordable as getting a haircut. We offer a solution for pain, stress, anxiety, depression, insomnia, and addiction - things that are not easily addressed by the Western medical model. We also treat acute and chronic conditions of the digestive, endocrine, circulatory, and nervous systems. People can use acupuncture to feel better, with minimal effort, cost or side effects.
>
> Community acupuncture is different from private-room acupuncture. It is a high-volume, low-cost business model. The sliding scale price of $15-35 is well below average private-room prices of $60-120 per visit[13], opening up an entirely new client base. The clinic will serve residents of the Quad Cities, and will draw patients from a 25-mile radius, across a wide spectrum of race, ethnicity, age and gender. Income levels are centered on middle- and working-class people. There are two existing community clinics in the area, both on the Iowa side of the Quad Cities, both operating very part-time. The area population of 380,000[14] could easily support five full-time clinics[15].

To attract clients, everything from the logo design to the voicemail message, the decor, and the clinic hours will answer "Yes" to three big questions: "Can it help me?," "Can I afford it?," and "Will I be comfortable there?." Pricing appears on every flyer and business card as well as on the clinic window. Simple, welcoming language speaks to people's concerns. Spanish language materials and diversity signage convey that all are welcome. The clinic will be centrally located, accessible by wheelchair and bus, and open weekends and evenings. Online scheduling and credit cards make payment easy.

The owner/acupuncturist has 12 years of clinical experience in high-volume, low-cost settings as well as ten years of C-level business experience. The original clinic location will have capacity for three acupuncturists and a business manager, plus a part-time receptionist. These positions will staff up over the first three years, based on business volume. Each full-time acupuncturist will generate about $125K in gross revenue. The overhead cost structure is designed to be sustainable with just one acupuncturist, in a slow-growth scenario, while the systems are replicable for additional locations in a fast-growth scenario. Hiring additional practitioners is the single biggest constraint to growth. To address this, the site will be a clinical training location of POCA Technical Institute, a school for acupuncturists.

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13 https://www.acufinder.com/Acupuncture+Information/Detail/How+much+does+an+acupuncture+treatment+cost+

14 https://www.moline.il.us/357/Community-Data

15 https://pocacoop.com/

The owner will contribute 30% equity and is seeking a working capital loan of $25K to support rent and labor costs during the first two years. Equity consists of $4K in pre-paid expenses, furnishings, equipment and supplies plus $7K in cash. During the startup phase, fixed costs can not be offset by revenue, which depends on building a client base over time. Ideal loan terms will be 2% interest and a 48-month term, with payments starting in month seven. Payments will be made from cash flow, which will run consistently positive as early as month 10.

Service Description - Needles and a Nap

What is Acupuncture?
Acupuncture is a treatment that can only be delivered by a licensed acupuncturist, a chiropractor, or an MD. It is useful for a wide variety of complaints, often as an alternative or a supplemental treatment to mainstream care. It is a hands-on treatment in which the practitioner places needles in the patient at certain therapeutic spots on the body and then the patient rests before having the needles removed. It is often necessary to repeat the treatment at a frequency that can vary from daily to weekly until the symptoms are resolved. The procedure is not covered by insurance except in a few rare instances, so it is an out-of-pocket expense for the patient.

A Walk Through The Patient Experience
How does a person get started with acupuncture? A prospective patient will have a new or chronic condition which they are not able to relieve with other means. They may become curious about acupuncture, but not know if it is helpful, if they can afford it, or where to go for a good experience. They will learn about the clinic through one of three main marketing channels: word of mouth, internet research, or flyers and advertisements.

Most patients will review the website and will encounter an online booking link there. Some will book independently, some will call from the website, and some will call from a flyer. A few will stop in to ask questions in person. The clinic is open during posted, regular, reliable business hours.

At the first appointment, the practitioner will evaluate all the available diagnostic information to determine a treatment plan. This plan includes both where the pins will be placed and how often the patient should come for treatment. These plans are finalized in collaboration with the patient.

Once a plan has been made, the patient may roll up their selves or pant legs as needed/desired, and then lean back in a reclining chair to rest. The practitioner places the pins and sometimes a blanket over the patient, ensuring they are comfortable. The patient rests or naps, with the practitioner always within sight or earshot. Other patients are also resting in the same large room. The room is dim, and there is calm music playing. When the patient is ready, they signal to the acupuncturist, who removes the needles and reviews the treatment plan before the patient departs.

Patients return as they wish, as often and for as many sessions as they desire. Some conditions resolve completely, some partially, and some do not respond after a reasonable course of treatment. Regardless of results, some patients will continue treatment and others will discontinue.

Features

The **group treatment setting** is peaceful and relaxed, without the sterile feel of a medical environment. The physical clinic environment is **casual**. The presence of others lends a calming effect, and most people nap or rest deeply during their treatment.

There are no demands placed on the patients; they simply get to rest. There is no shaming about how their choices may have caused or worsened their condition and there is no lifestyle advice given - no one leaves with homework. Practitioners never shame people for how they use substances or other addictive coping mechanisms. This is part of the **Harm Reduction**[16] framework.

There is very little talking, so patients do not need to relive or review any painful experiences from the past if they don't care to. Practitioners also do not shame people for their body size. The group setting minimizes the potentially re-traumatizing situation of a one-on-one interaction with a medical provider. People are treated in their street clothes, with no requirement ever to expose any part of their body they do not care to. The acupuncturist and staff wear casual clothing and use first names rather than a medical title to reduce patient-practitioner power dynamics. These are parts of the **Trauma-Informed Care**[17] framework.

Patients access the service on their own terms, coming as often as they like for whatever conditions they want to treat. The **sliding scale** allows those with fewer means to get a treatment and those with greater means to "pay it forward." The **low-cost** places acupuncture within reach for an entirely new group of potential patients. **Same-day appointments** increase accessibility.

There is **no sales pressure** to buy a package of services or any other products such as herbal medicines. There are **no questions asked** about what people choose to pay on the sliding scale; we respect that each person has the best information on their own financial situation, and we do not attempt to guess what factors come into play for them.

Benefits

The main benefit for patients is **relief from their symptoms**. Patients may experience a full or partial recovery, or relief may look like acceptance of a chronic condition. Some conditions will cycle and relapse, and those patients will return for a "tune-up" as needed.

Other benefits are the "side effects" of acupuncture treatment, which often include improved **sleep, energy,** and **mood**. Patients may also experience relief from symptoms other than their chief complaint.

Finally, there is a benefit in spending time in the group treatment room. It can increase empathy and **reduce isolation.** Both of these benefits are crucially important for good mental and physical health as people continue to recover from the isolation and divisiveness of the pandemic.

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[16] https://harmreduction.org/

[17] https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

Marketing - 3 Big Questions

The most important job of all the clinic's marketing efforts is to answer "Yes" to the "3 Big Questions":

1. Can it help me?
2. Can I afford it?
3. Will I be comfortable there?

1. Can It Help Me?

The list of things acupuncture can help with is prominent on the landing page of the website and on all print media bigger than a business card. The list is not sufficient to answer this question, though. Most people have tried other solutions before they seek out acupuncture. Answering the first big question means addressing patient skepticism, which comes from at least two sources: First, people have tried other solutions without relief. This can create a general pessimism from simple lack of hope. Secondly, the foreign nature of acupuncture for many of our patients can breed a healthy skepticism. People simply don't know *how* it works, and so they reasonably wonder *if* it works. The conversation about "Can it help me?" needs to accurately and succinctly convey hope where hope is warranted while simultaneously not over-promising results where those cannot be guaranteed.

Acupuncture is not an appropriate primary treatment for many conditions that can be easily addressed with effective Western medical interventions. Our practitioners are trained to recognize these and make appropriate referrals. Many patients continue to be seen in the clinic to treat the stress associated with major/chronic illness and the side effects of Western treatments. If the answer is "Yes, acupuncture can help," it is always followed with the likelihood of success, based on the practitioner's experience. This nuance is helped out tremendously by our low fee scale and our generally helpful and no-nonsense presentation. In order for people to try it, we need to build trust. In order for people to return and refer, we need to deliver results within reasonable expectations.

Our competitive landscape, therefore, has both direct and indirect elements. Costly private-room acupuncture is generally set up as a "medical spa" type service, at $60-120[18] per treatment. Sometimes people believe that those are our competitors, but that's not really the case. Cost and positioning mean that a private room treatment is not actually an option for 95% of our target demographic. More direct competition could be the two part-time community clinics in the area: one in Davenport at $35 and one in Bettendorf at $25. However, the nature of this service is that people will drive up to 45 minutes to get to a clinic if they *have to*, but if there is one in their neighborhood *and they are comfortable there,* they won't travel any further than necessary. The existence of those other two part-time clinics is not a competitive concern. On the contrary, it means that some people in the area have been introduced to the idea of community acupuncture, which is helpful. Also, based on hours, capacity, or other accessibility issues, those practitioners can become a good source of referrals to our clinic, as can the private-room acupuncturists who wish they could treat their patients more often or for a lower fee.

Indirect competition comes from other possible solutions to people's pain and illness - ones that *are* within their reach: yoga, meditation, massage, physical therapy, chiropractic care, surgery, or medications. The following table details the indirect competitor landscape.

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18 https://www.acufinder.com/Acupuncture+Information/Detail/How+much+does+an+acupuncture+treatment+cost+

Indirect Competition Matrix

Chief Complaint	Alternatives	Most common reasons people choose acupuncture before, during, or after other solutions
Pain: back & neck, joints/tendons/muscles Neuropathy: pain, tingling, numbness	Chiropractic, physical therapy, massage, opiates, NSAIDS, street meds, alcohol, surgery	Expensive, painful, may not work, meds and drugs have side effects and tax the stomach, liver, kidneys. Some alternatives are addictive and people either want to avoid that risk or are in recovery.
Stress, anxiety, depression, mania, addiction as a secondary issue	Rx meds, street meds, alcohol, talk therapy, exercise, meditation	Therapy can be expensive and talking may be more harm than help for some. Exercise and meditation routines can be difficult to start and continue while experiencing mental health symptoms and based on social and economic factors.
Inflammation: joints, skin issues	NSAIDS, steroids	NSAIDS tax the stomach, liver, kidneys. Steroids suppress the immune system, are generally only for short-term use, and shots can wear off before the next one can be scheduled.
Allergies	OTC and Rx meds, natural products, dietary changes	Some patients can't tolerate the meds or find one that works for them. Some natural products are affordable and others are not; usually an out-of-pocket expense. Dietary changes can be hard to make or sustain based on social and economic factors.

Chief Complaint	Alternatives	Most common reasons people choose acupuncture before, during, or after other solutions
Digestive, urinary, reproductive & endocrine system issues	OTC and Rx meds, fertility specialists, surgery, dietary changes	Some patients can't tolerate the meds or find one that works for them. Hormonal treatments have strong side effects for some people. Fertility clinics are expensive and are often inaccessible for people in gender and sexual minority communities. Some natural products are affordable and others are not; usually an out-of-pocket expense. Dietary changes can be hard to make or sustain based on social and economic factors.

2. Can I Afford It?

The sliding scale of $15-35 will be printed on every business card and flyer as well as on the window. This will help answer the question but is not yet a complete answer. What cannot be known before treatment begins is how many treatments, over what period of time, the patient will need. This can only be estimated, and only once the practitioner has met and assessed the patient. This is an area of trust-building where we ask patients to take a leap of faith on the first treatment (or first several treatments). To support the message that this is an affordable solution for them, our location, our space, and our decor will be clean, comfortable, and basic. We are neither a typical medical experience nor a spa.

Every choice reflects our mission to make acupuncture commonplace, simple and affordable. It is as easy to get acupuncture with us as it is to get a haircut, and costs about the same.

3. Will I Be Comfortable There?

This final "Big Question" can also be asked as "*Who is this clinic for?*" The clinic will be a unique resource in the Quad Cities, drawing a regular customer base from a 25-mile radius, with some patients in critical need coming from even further. Most regular patients will have certain stable elements in their life that allow them to access care: sufficient discretionary income to pay for the service, time to dedicate to the treatment, transportation, access to a phone/internet for scheduling, physical mobility to leave home, adequate mental health to seek out care. Some people will be in a homeless situation, experiencing a mental health crisis, under the influence of intoxicants, too poor to pay on the sliding scale, or other difficult circumstances. We can often treat these people as well, if doing so will not cause disruption to the clinic operations.

Nationwide, the demographics of the typical private-room acupuncture patient skew very strongly to white, affluent, and feminine. This is not true of community acupuncture clinics, which extend accessibility to racial minorities, to working-class and middle-class patients, and to masculine people. In particular, the minimal talking, reduced personal attention, and the ability to be treated without disrobing make community clinics more comfortable for some masculine people. Economics are the main demographic differentiator, however. In a 2012 research paper[19], income was the most well-

[19] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3390970/

documented distinction between private-room and community clinic patients: people earning less than $35,000/year made up only 24.5% of private-room acupuncture patients while they comprised 46% of the patient base at community clinics.

Patient comfort levels will also depend on why they chose the clinic. There are several different types of acupuncture patients who will use our clinic:

Last-choice patients: people who have tried "everything else" and have not found anything helpful. They may be skeptical but are desperate. They will push past some level of social discomfort, and we design the clinic to be an easy space for them to rest.

Example: Bob has had pain and tingling in the fourth and fifth fingers of his left hand ever since a neck surgery two years ago. He is retired and likes to play golf, but his pain prevents him from getting out much. His doctor prescribed a medication that didn't help. He has also tried physical therapy, chiropractic, and even massage. He doesn't like talking to doctors much or taking his clothes off in medical offices. One of his buddies told him about our clinic and said he should give it a try.

First-choice patients: people who have other options and prefer acupuncture for various reasons, such as the lack of side effects, systemic help, the pleasant experience of getting treated, or for philosophical or spiritual reasons. They may continue treatment even after primary symptoms have resolved. They love us before they meet us.

Example: Jeanne has been considering taking anti-depressants for several years but worries that the side effects are worse than the benefits. She had acupuncture a few times before and found it very helpful and relaxing. As a social worker, she could not afford to go regularly enough to manage her symptoms. She saw a flier at a coffee shop with the sliding scale on it.

Only-choice patients: Some people cannot access care from a medical doctor for various reasons. Perhaps they've been shamed or stigmatized, or simply have no insurance for the conditions they need help with. These patients notice every detail of how the clinic is set up and how communication is handled; they have to in order to keep themselves socially safe. We design the clinic to meet as many of their needs as possible.

Example: Ruby has bilateral knee pain. She works at a daycare and her pain makes it difficult to do her job. Her doctor has said that her only option is surgery, but because she is overweight, he will not make the referral until Ruby loses 100 lbs. She is unable to do most cardio exercise due to her pain, and even the most restrictive diet has had little to no effect. Her cousin told her that she'd had a good experience at our clinic and suggested she check it out.

Tourist patients: Some people are curious, and our pricing allows people to "just try it". They are willing to go outside their comfort zone and are up for an adventure.

Example: 20-year-old DeShawn is a religious studies major at Augustana. He recently started a course in world religions and has become interested in various Eastern traditions and practices. He wants to try acupuncture but doesn't have much money. He Googled "acupuncture in the Quad Cities" and saw an ad listing the sliding scale.

SWOT Analysis

	Strengths	Weaknesses	Opportunities	Threats
Product/ Service Offering	Broadly useful, pleasant experience. Very effective for otherwise difficult conditions. Treats multiple issues at once.	Self-care can be among the first things people drop when they are busy, distracted, or low on funds. It's not the top priority for most people.	People have deferred healthcare and self-care for almost two years. Stress, anxiety, depression are all high right now.	Indoor group treatments are not a pandemic-friendly business; people may not be ready; virus may continue to cycle
Brand/ Marketing	Addresses untapped market / unmet need; Sliding scale makes equity focus obvious	Group concept is new; needs explaining; trust & reputation takes time to build	Intern labor on special projects can help with marketing and outreach	Online reputation is critical; bad reviews early could be hard to overcome
Staff/HR	Main acupuncturist is a highly experienced clinician and businessperson	One person shop means that some patients will not connect with the practitioner and will not stay with the clinic	Clinical training location for POCA Tech increases chance of good hires / talent pipeline	One practitioner is a liability if there is illness or injury; fragile startup period lasts until second hire
Finance	Low startup costs; all equipment, materials, and furnishings are in place already	Overhead is high from the beginning; will have a 'warm, staffed' building even while numbers are still low.	Business is sustainable on one practitioner, so each additional FTE adds significantly to bottom line, savings, and stability	Ramp-up could be slower than expected in post-pandemic economy

Operations/ Management	This is a very simple, fee-for-service, cash practice. No insurance minimizes administrative overhead.	All tasks will be the owner's responsibility at first, with tipping points to ramp up various functions. Cash flow can suffer if staffing is not managed carefully	Intern labor on admin tasks can lighten the burden for owner and office manager	Supply chain will need close attention; needles are critical, all else can be substituted
Market	QC is a large, connected metro area with few affordable acupuncture services	Palmer Chiropractic graduates have saturated the area, so that may be patient's natural first choice for alternative care	The local hospitals and cancer centers do not offer acupuncture, so strong referral programs are possible	If some plans offered insurance coverage with $0-15 co-pay, that would make self-pay a non-option for most people

Our strengths and weaknesses offset one another

While the group treatment setting is unfamiliar, our focus on healthcare equity clarifies the "why?". Our sliding scale; is intention translated into action and is clearly not 'just pretty words'. This gives us immediate credibility with the very large and diverse community of social workers, helping professionals, and non-profit organizations in the area. Those are places where people understand how to get creative and make modifications in order to make resources stretch and serve more people. They immediately understand the purpose and value of the group setting. They like to connect people to new resources, and word of mouth spreads quickly.

Immediate goal

The website is the most important tool to develop next; it will do a lot of the work of establishing trust and answering questions. It will need to explain the basics about how we deliver group treatments and what acupuncture is good for. It will also need to clearly identify how acupuncture differs from chiropractic care, why a person would choose one or the other, or both and in what order. All of that will need to take care not to alienate any of the chiropractors who could become strong sources of referrals, if it's handled well.

Long-term goal

The clinic will be most stable once we've reached 2.5 FTE acupuncturists. That means there are two people who can fill in for any practitioner absence. The cash flow and income will be very stable at that size. Getting there as quickly as possible is the most important goal.

Demographics

The 2020 census shows a population decline for the Illinois side of the Quad Cities, with an increase on the Iowa side[20]. Even with that decline, the Illinois Quad Cities have 80,000 residents, exactly the right size to support a full-time community acupuncture clinic, even without considering the total Quad Cities population of 380,000. Community clinics[21] are thriving in cities such as Urbana, IL (pop. 42,000), with the metro area of Champaign-Urbana at 226,000 and in Lincoln, NE (pop. 289,000). Demographic information on cost of living and median income have been used to set pricing; see the pricing section further down.

Acupuncture in the US, the Rise of Community Acupuncture, and Training

The acupuncture profession in the US is in trouble. Unlike chiropractic care, acupuncture is not covered by most insurance plans[22], and is therefore an out-of-pocket expense for most people. The usual price range for a private room treatment is $60-120, which is only affordable on a regular basis to the wealthiest among us. Acupuncture is also offered for free in several institutional settings such as prisons and drug rehab programs. Most Americans - those of us in the middle class and the working class - lie in between those two extremes and have no simple way to access acupuncture care. For the last decade, a business model most widely known as Community Acupuncture has become more popular around the country as a way of addressing that untapped market.

Acupuncture is a licensed profession requiring 3-4 years of post-graduate education at a price of $60-120K. As such, the barriers to entry are high, yet the employment prospects are dismally low. Most acupuncturists are self-employed, facing the need to fund and open a start-up after paying for their education, all while being a brand-new practitioner with zero years of clinical experience and often zero business background. The number of acupuncture schools and acupuncture graduates is dropping[23], reflecting this grim reality. In addition to being burdened with excessive school debt that drives up the graduates' income requirements, people coming out of most acupuncture schools are poorly trained to treat the high volume of patients required to earn a living.

The Community Acupuncture movement was created out of a need to circumvent the financial problems of the profession itself. POCA Technical Institute is a training program designed to address the chronic labor shortage of qualified practitioners. The total program cost is under $25K. Quad Cities Community Acupuncture will be a clinical training location for POCA Tech, which may result in more success hiring additional practitioners. However, the business model is designed to be sustainable as a one-acupuncturist clinic, because that is a realistic / worst case scenario given the hiring constraints.

Marketing Communications

Quad Cities Community Acupuncture is simple and straightforward; there are no frills. It is a basic and comfortable place, utilitarian and clean, yet warm and inviting. There will be no exotic or appropriated imagery or items, such as Chinese decor or Buddhist art. The focus will be on the service, the patient's needs, and the clinic rather than the practitioner being "special." Patients are encouraged to see whichever acupuncturist has an appointment open at a convenient time for them. All of this contributes to demystifying acupuncture. Our clinic is a welcoming place for everyone; differences are secondary to the basic humanity that brings us there together to try to feel better.

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[20] https://qctimes.com/news/local/census-data-rock-island-county-shrinks-bettendorf-swells/article_f471ae96-c950-5133-958d-eba3d3cd7915.html

[21] https://www.lincolnacupunctureproject.com/

[22] https://www.consumerreports.org/health-insurance/does-insurance-cover-acupuncture-nondrug-therapies/

[23] www.nccaom.org

All marketing relies on getting out three messages: acupuncture can help; we are affordable; you will be comfortable in our clinic. Pricing goes on every piece of print media, on the website, and in the email signature line. The list of things acupuncture can help with is prominent on the landing page of the website and on print media bigger than a business card.

Advertising tends to be too expensive for our business model, though Google Ads and Facebook Ads allow for small, incremental investments to promote a special, address seasonal allergies, or catch a numbers slump before it slides too far.

Marketing communication includes:

- Business website: www.quadcitiesacu.com with SEO from Wix
- Social media marketing: Facebook, Instagram, Twitter all used to drive traffic to the website.
- Email marketing: Mail list will primarily be established patients, with some names from website signup and some from events. Simple monthly newsletters remind patients we are here and include very brief discussions of conditions treated.
- Blog: www.acusafetynerd.com
- Print marketing materials: tri-fold brochures, 1/4 sheet flyers, business cards
- Public relations:
    - Radio interviews https://www.quadcities.com/local/media/radio/
    - News coverage https://www.quadcities.com/local/media/newspapers/
    - Television interviews https://www.quadcities.com/local/media/television/
- Networking
    - Palomares
    - Project Now
    - The Project
    - Clock, Inc.
    - QC Harm Reduction
    - Cancer and Parkinson's support groups
- Word-of-mouth: "Friends are Free" cards, especially at hair salons
- Referrals: Social workers, therapists, chiropractors, massage therapists, acupuncturists, physical therapists

Pricing - What the Market Will Bear

Pricing is based on what people **can** and **will** pay for this service. Data from several regional clinics with the same business model is shown in the table below. This pricing reflects acupuncture as a reasonable discretionary expense for the median household income in the area, using the Fannie Mae Lookup Tool[24]. Cost of living index comes from bestplaces.net[25]

Regional and Local Comparable Pricing	Years in Business	City, State	Zip Code	Cost of Living Index	Median Household Income	Sliding Scale / Price
Minnesota Community Acupuncture https://www.minnca.com/	14	Plymouth, MN	55442	116	$104,300	$20-40
Lincoln Square Acupuncture https://www.squarenergy.com/	16	Chicago, IL	60625	107	$91,200	$25-50
Urbana Acupuncture https://www.urbana-acu.com/	12	Urbana, IL	61801	78	$86,400	$20-50
Milwaukee Community Acupuncture https://milwaukeecommunityacupuncture.org/	12	Milwaukee, WI	53207	85	$84,400	$20-50
Lincoln Acupuncture Project https://www.lincolnacupunctureproject.com/	3	Lincoln, NE	68504	92	$83,700	$15-35
Peaceful Acupuncture (part-time) https://www.peacefulacupuncture.life/	4	Bettendorf, IA	52722	89	$76,300	$25
Davenport Acupuncture https://www.davenportacupuncture.com/	12	Davenport, IA	52807	79	$76,300	$35
Quad Cities Community Acupuncture https://www.quadcitiesacu.com/	coming soon	Moline, IL	61265	75	$76,300	$15-35

[24] https://ami-lookup-tool.fanniemae.com/amilookuptool/
[25] https://www.bestplaces.net/cost-of-living/

Location - You Can't Miss Us

The clinic's location will be central to the Moline and Rock Island communities, in a well-trafficked area such as Uptown/Midtown, 7th Street or 16th Street, Avenue of the Cities, the City Line Plaza area, or John Deere Road. We want to be convenient for Iowa patients as well as those on the Illinois side. Bus route access, signage, and parking are all critical access accommodations and will support growth in patient volume. Well-known landmarks and a location that people perceive as safe and easy to get to are important. There are no zoning restrictions for acupuncture clinics. Other acupuncturists or bodywork professionals as neighbors could cause confusion and should be avoided.

Facility - Everyone Is Welcome

Unlike a private-room practice, our clinic will have a much more "public space" feel to it. Retail space is ideal for many reasons, mostly because everything about retail spaces is designed to welcome people into the doors. Strip mall locations, for example, are very approachable, and convey the message that people are allowed and encouraged to enter. Window signage with pricing and information in big print also says "this is more like a store than it is like a private office - come check it out!" The minimum size for the facility is 1,000 s.f., given an ideal layout. Up to 2,500 s.f. would also be appropriate and would help accommodate the presence of students. Patients are scheduled every ten minutes and practitioners work four or five-hour shifts. Patients rest for 30-60 minutes on average, but sometimes over an hour, so the treatment space needs to accommodate 8-10 chairs. The clinic will be fully ADA accessible and will have prominent Spanish-language and diversity signage to signal welcome to the whole community. Excellent ventilation is a critical post-pandemic feature.

Operational Plan - KISS: Keep It Simple with Systems!

Systems, Systems, Systems!: A high volume clinic needs solid systems to handle all of the logistics. Our clinic will use several technologies to run smoothly.

A scheduler is software that allows patient to book their own appointments online. It provides critical reports on treatment volume over time. We will use one that accept payments as well.

An electronic health records system (EHR) is the tool for the acupuncturist to keep chart notes as required by law. Some schedulers have HIPPA-compliant EHR's built in. Together, these two systems cost around $70/month.

Credit card processing: Patients will be able to pay when booking their appointment (through the scheduler) or at the time of service using a terminal on site. Accepting credit cards is a choice that supports our mission of ease in accessing care, and also allows us to accept FSA/HSA cards.

In addition to credit cards, patients will have the option to pay via cash or check at the reception desk. A self-pay station allows patients to pay via envelope when the reception desk is not staffed.

QuickBooks accounting software is adequate for basic bookkeeping and has a payroll module when that's needed.

The website and email are hosted on Wix. Hosting, domain name registration, and email cost $265/year.

We will use a google voice line for phone service and get a local 309 number. This allows us to manage voicemail via email from anywhere, and the talk-to-text feature allows the acupuncturist to see what's on voicemail when they're working alone, while still being able to keep an ear on the treatment room. The only specialized supply item is the acupuncture needles themselves. These are manufactured mostly in Korea, with some coming from China or Japan. It's critical to maintain an adequate supply, particularly in advance of the Chinese New Year, when production lines stop in China. It is not difficult to keep a large stock on hand, as they don't take up much storage space.

Success for this clinic has the following components:

Treatment volume: We are a mission-driven organization. Our number one metric is the total number of treatments delivered. More is better. The goal is to *optimize* the number of treatments per practitioner (~100/wk), per hour (~4.5), and per month, keeping the clinic open during as many viable hours per week as possible (~75).

Patient demographics: we want a substantial number of our patients to be people who *could not otherwise access acupuncture care* for financial reasons or reasons related to cultural marginalization in general and with respect to medical care.

Viability: The clinic needs to derive at least 90% of its revenue from patient fees. Other revenue sources or grant support cannot be critical for the clinic to run in the black.

Living wage: Employees need to earn a reasonable living wage with appropriate benefits to ensure that their efforts are rewarded with adequate personal financial security and freedom from undue financial stress.

Sustainable workload: Our goal is to optimize, not maximize, practitioner treatment numbers. While an acupuncturist can see up to 150 patients per week, a sustainable number is about 112 on average, depending on the person. Normal fluctuations mean that even a well-established acupuncturist can see as few as 70 patients per week at times.

Sustainable finances: The clinic needs to have savings adequate to cover expenses during normal lows in patient volume due to weather and holidays as well as more severe events such as a natural disaster or public health emergency.

Smart Growth: Hiring qualified acupuncturists is the number one constraint to growth. This is why the clinic will be a clinical internship and training location as a branch campus of POCA Technical Institute, a technical school for acupuncturists.

Startup: 1 FTE Acupuncturist
Six Months: Add 0.5 FTE Business Manager, Clinical Interns
12 Months: Increase Business Manager to FT
24 Months: Add 2nd FT Acupuncturist, Branch Campus Classroom

Legal Environment

The clinic will operate as a single-owner LLC. We will meet local business licensing requirements and will register with the Secretary of State. All acupuncturists are required to be licensed by the state. We will carry malpractice as well as CGL insurance.

Finances - From Supported to Stable to Resilient

The most significant start-up hurdle is financial viability for the first 12 months while building a patient base. The facility is the largest fixed cost. It's critical to have an established, stable location in the beginning, because this establishes trust and encourages patients to take the risk of initiating contact to establish care. It should be large enough to handle the ultimate volume target, to avoid the business interruption of a move. The attached pro-forma shows a typical/conservative growth projection based on the primary acupuncturist working full time and being highly experienced. The clinic needs to be able to pay the rent as well as pay the acupuncturist during the ramp-up period.

The most significant growth hurdle is the addition of a 2nd, 3rd, or even 4th acupuncturist. There are very few well-qualified candidates, which is why the clinic will be a training location with clinical interns.

Costs

The following tables detail regular, fixed monthly operational costs as well as start-up costs. There are

Clinic Fixed Monthly Expenses	
Item	$ per Month
Rent	$1,400
Electricity	$250
Telephone	$50
Internet	$50
Cleaning Supplies	$38
Office Supplies	$20
Appointment System	$35
Practice Insurance	$71
Office Liability Insurance	$42
Marketing	$20
Website & Email	$20
Clinic Maintenance	$20
EHR subscription	$34
Total	$2,050

Clinic "Per Patient" Expenses	
Item	$ per Patient
Needles	$0.25
Laundry	$0.25
Cotton Balls	$0.05
Total	$0.55

One-Time Startup Expenses	
Item	$ One-time
Signage	$1,500
Buildout	$2,500
Reserve	$2,500
Total	$6,500

Pre-Paid Clinic Startup Expenses	
Item	$ One-time
Licensing	$1,000
Treatment Chairs x 7	$700
Desk, Small furniture	$150
Sharps containers	$72
Rugs & Decor	$250
Domain & Hosting	$243
N95 Masks	$85
Computers & Phone	$800
Cleaning Materials	$100
Sheet & Blankets	$200
Needle Backstock	$400
Total	$4,000

Labor Expense	Start	Monthly	Annual	Tax Rate	Benefits
"Jersey" M. Rivers, Acupuncturist	Month 1	$3,500	$42,000	10%	3%
Business Manager .5FTE Mo.7, FT Mo.20	Month 13	$3,500	$42,000	10%	3%
Second Acupuncturist .5FTE Mo.20	Month 20	$3,500	$42,000	10%	3%

also minor per-patient costs which vary with business volume.

Revenue

The revenue table details income assumptions based on the sliding scale of $15-35 and a new patient additional fee of $10. Maximum capacity for any acupuncturist is about 150 treatments/week, with optimal being around 112. One practitioner works at a time and a single facility can be staffed by up to 4 FTE acupuncturists.

INCOME Assumptions	
2	New Patient Slots Per Hour
4	Return Patients Slots Per Hour
$28	Average New Patient Fee
$18	Average Return Patient Fee
25	Inbound Patient Hours / week / acupuncturist
108	Inbound Patient hours / month / acupuncturist
650	100% Capacity (avg / acupuncturist = 75%)
$13,834	Income at 100% Capacity (max) with 33% NP

	Year 1 Monthly P&L, Based on % Capacity												
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	
Patient % Capacity	5%	10%	15%	25%	35%	45%	50%	55%	60%	65%	70%	75%	
Weekly Patient Count	8	15	23	38	53	68	75	83	90	98	105	113	
Monthly Patient Count	32	65	97	162	227	292	325	357	390	422	455	487	
Monthly Net Income	$692	$1,383	$2,075	$3,459	$4,842	$6,225	$6,917	$7,609	$8,301	$8,992	$9,684	$10,376	
RLF Payment @2%	-$542	-$542	-$542	-$542	-$542	-$542	-$542	-$542	-$542	-$542	-$542	-$542	
Monthly Labor Cost	-$3,850	-$3,850	-$3,850	-$3,850	-$3,850	-$3,850	-$5,775	-$5,775	-$5,775	-$5,775	-$5,775	-$5,775	
Monthly Benefits	-$105	-$105	-$105	-$105	-$105	-$105	-$158	-$158	-$158	-$158	-$158	-$158	
Monthly Expenses	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	
Monthly Per-Patient Costs	-$18	-$36	-$54	-$89	-$125	-$161	-$179	-$196	-$214	-$232	-$250	-$268	
Profit/(Loss)	-$5,873	-$5,199	-$4,525	-$3,178	-$1,830	-$482	-$1,786	-$1,112	-$438	$236	$909	$1,583	**-$21,696**
													Yr. 1 Net

	Year 2 Monthly P&L, New Hires Mo. 13 and 20												
	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	
Patient % Capacity	75%	75%	75%	75%	75%	75%	75%	85%	90%	95%	100%	105%	
Weekly Patient Count	113	113	113	113	113	113	113	128	135	143	150	158	
Monthly Patient Count	487	487	487	487	487	487	487	552	585	617	650	682	
Monthly Net Income	$10,376	$10,376	$10,376	$10,376	$10,376	$10,376	$10,376	$11,759	$12,451	$13,143	$13,834	$14,526	
RLF Payment @2%	-$542	-$542	-$542	-$542	-$542	-$542	-$542	-$542	-$542	-$542	-$542	-$542	
Monthly Labor Cost	-$5,775	-$5,775	-$5,775	-$5,775	-$5,775	-$5,775	-$5,775	-$9,625	-$9,625	-$9,625	-$9,625	-$9,625	
Monthly Benefits	-$158	-$158	-$158	-$158	-$158	-$158	-$158	-$263	-$263	-$263	-$263	-$263	
Monthly Expenses	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	-$2,050	
Monthly Per-Patient Costs	-$268	-$268	-$268	-$268	-$268	-$268	-$268	-$304	-$322	-$339	-$357	-$375	
Profit/(Loss)	$1,583	$1,583	$1,583	$1,583	$1,583	$1,583	$1,583	-$1,024	-$350	$324	$998	$1,671	**$12,702**
													Yr. 2 Net

24-Month Pro-Forma

Balance Sheet

Quad Cities Community Acupuncture, Year 1 & 2

24-Month Profit and Loss

Income

Acupuncture Services	$208,899

Expenses

Facility	-$33,600
Electricity	-$6,000
Telephone	-$1,200
Internet	-$1,200
Cleaning Supplies	-$912
Office Supplies	-$480
Appointment System	-$840
Practice Insurance	-$1,704
Office Liability Insurance	-$1,008
Marketing	-$480
Website & Email	-$480
Clinic Maintenance	-$480
EHR subscription	-$816
Payroll & Benefits	-$150,290
Clinic "Per Patient" Expenses	-$5,394
Depreciation of Pre-paids	-$4,000
Subtotal Expenses	**-$208,884**
Net Income	**$15**

Projected Balance Sheet After 24 Months

Assets	
Cash	$23,765
	$23,765
Liabilities	
RLF Loan	$12,750
Equity	
Opening Balance Equity - Cash	$7,000
Owner's Equity - Pre-paid expenses	$4,000
Net Income	$15
	$23,765

Resume of Jersey M. Rivers, L.Ac.

PROFILE

Acupuncturist skilled in high-volume treatment settings. Excellent patient rapport. Over 45,000 treatments given over 12 years. Basic Spanish skills. Hospital clinic experience. Prior career was 10 years of C-Level business operations roles. Specialties in finance, strategic planning, and HR.

WORK HISTORY

POCA TECHNICAL INSTITUTE, Portland OR

A Non-Profit, Accredited Acupuncture School providing low-cost education leading to licensure

2013-Present - Assistant to the Executive Director, Assistant to the Dean, Faculty

THE PINWHEEL COMMUNITY ACUPUNCTURE PROJECT

A 501(c)3 Non-Profit clinic providing high-volume, low-cost sliding scale healthcare services

2019-2020 - Iowa City, IA - Acupuncturist

2011-2017 - Chico, CA - Acupuncturist, President

Startup, Project Management, Compliance, Fiscal and Budget Administration, Facility Management, Staff and Volunteer Recruitment and Supervision, Direct Service Delivery

CHICO COMMUNITY ACUPUNCTURE, Chico, CA

A privately-held clinic providing high-volume, low-cost sliding scale healthcare services

2017-2019 – Acupuncturist

Direct Service Delivery. Avg. 100 treatments/week over 22 patient-hours. Secured $50K grant.

2010-2011 – Acupuncturist, Co-Owner

Startup, Project Management, Compliance, Financial Management, Direct Service Delivery

ENLOE MEDICAL CENTER, Chico, CA, Cancer Infusion Clinic

A non-profit public hospital

2017- 2019 – Acupuncturist

HIGH-LEVERAGE PROJECTS, INC., Santa Fe, NM

HR and recruiting consultant to The Uptime Institute and ComputerSite Engineering

2002- 2008 - President, Owner

THE UPTIME INSTITUTE and COMPUTERSITE ENGINEERING, Santa Fe, NM

Engineering consultants to Fortune 500 companies with critical computer facilities

1998- 2001 - General Manager and Chief Operating Officer / 2003- 2004 - Interim President

LIBRASOFT, INC., Santa Fe, NM

Provider of software for the leasing industry

1997-1998 - Vice President of Operations

EDUCATION

SOUTHWEST ACUPUNCTURE COLLEGE, Boulder, CO – MS, Oriental Medicine, 2009
ST. JOHN'S COLLEGE, Santa Fe, NM – MA, Eastern Classics, 1996; BA, Liberal Arts, 1993

ACUPUNCTURE LICENSES & CREDENTIALS

Illinois #198001582, Iowa #A-116, California #13663, NCCAOM Diplomate of O.M. #115676