

New York State Capital Region Herbal Culture: Social Justice and Access Issues

June 7, 2016

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## **Background**

The New York State Capital Region is home to pockets of immigrants and Native American cultures, most of which are very private about their medicine traditions. In fact, an Iroquois herbalist friend of mine told me I could ask about traditional cultural practices, but would probably be given a very shallow answer, (somewhat jokingly?) noting that it might be mixed with bogus information. (She herself felt the information ought to be shared in alignment with the Great Iroquois Law, but the authority to do so does not lie with her). For many of these people groups, their medicine tradition is one final thing that has \*not\* been outright stolen or appropriated by dominant culture. Therefore, it is very important to me to honor their privacy. As an alternative to this typical way of thinking of a traditional culture - as a non-dominant people group - I proposed that I examine the traditions of the herbal culture as a whole, in this region, in light of social justice or health justice issues. What's the story of herbalism in the NYS Capital Region? What systems are in place for the dissemination of herbal information regionally? How do people access it? Who has access to it and who does not? How can access issues be bridged? These are important questions in any local herbal culture, the questions of health justice as related to herbalism.

## **Narrative Medicine**

In order to better understand the local issues of herbalism and health justice, I sought out the stories of several local herbalists using a qualitative interview format. This paper gives a bit of that story, focusing primarily on the underlying principles and practices of herbalism in this region, as it relates to health justice issues. It gives a bit of framework for the full story, leaving much work and many questions to be asked... further characters to come into play, as the entire

story unfolds. It is a firm belief of mine - based on much reading and several classes in narrative medicine, narrative, ethics, and the power of story in healing - that in order to understand the full story of herbal healthcare in this region, we need to better network. At present, it is almost as though the story is still in rough draft form with characters having not met, challenges only beginning to be identified, allies only beginning to be formed - to bring about a full story with a “happy ending.”

Modern day philosopher Wittgenstein believed that “meaning relies on how people use language with one another and is anchored in human communication and evaluation. He came to understand that there is more than one correct way to understand and communicate, that understanding cannot be premapped in a one-size-fits-all manner from which we can assess the accuracies of our communication and understanding” (Mehl-Madrona, 2005, p. 7). Psychologist, shaman, and medical doctor Lewis Mehl-Madrona explains this concept further: “We can discover the world only by hearing the stories of people who suffer, along with the stories told by their families, their cultures, and their religions. And that world is changed when we “contaminate” those stories with alternative stories suggesting other ways of interpreting and organizing the same experiences to lead to different outcomes - healing, health, and spiritual well being” (Mehl-Madrona, 2005, p. 7). In light of this narrative theory, it is important to understand that the ideas herein presented reflect only those of this author (myself) and a couple of local herbalists. The proposals I offer in the concluding sections of this paper would bring the full story to light.

## Health Justice

Health justice has been defined simply as follows:

*A term used to describe health equity—an attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities (Health Justice CT, 2016).*

To go into further detail, health justice is not so much about individual choices to be healthy as it is about “building public support for more equitable *systems* of health” (Praxis, n.d.). My project specifically addressed this question: what systems are in place to disseminate herbal information in this area and who is on the receiving end? What can be done to create a better system or relational web? If health equity requires valuing everyone equally, as noted above, it means including everyone’s stories of herbal health equally. This is a basic premise of both narrative medicine and narrative ethics: the stories of everyone remotely involved in the field must be considered and considered equally - with no power differentials - in order to 1. accurately see the full story and 2. bring about healing (Charon & Montello, 2002).

Lisa Fazio, of Hawthorne Hill Herbs, brings the health justice conversation into the realm of herbalism in her outstanding article “Herbal medicine and social justice” (Fazio, 2013). First, she explains one of the primary health justice issues: a lack of access to healthcare due to expenses, lack of insurance, or lack of doctors who take one’s insurance. In contrast, “herbal medicine in human history was a form of healthcare that was a given birthright and always accessible to

everyone regardless of social or economic status. It was an essential element of community and the overall prosperity of the collective goals of the people to thrive and grow together creatively” (Fazio, 2013). Historically speaking, herbal healthcare was narrative healthcare, wrapped up in the collective cultural, social, and spiritual stories of healer and healing. But where does herbal healthcare find itself today?

### **Principles and Practices of Herbalism in Local Culture**

What does herbalism in the New York State Capital Region look like in terms of principals and practice in everyday life? Are these principals and practices of benefit to mainstream Western medicine? What’s the story?

#### **Exclusivity**

Both of the herbalists I interviewed, Maria Mastriana from Mia’s Mixes and Rebecca Hein from Underground Alchemy, were concerned about the exclusivity of herbalism in this region (Mastriana, 2016 & Hein, 2016). While both of them make and sell herbal remedies, neither has a clinical herbalism practice. In fact, neither know of an herbalist, within an hour radius of Albany, that practices clinical herbalism. Locally, it seems herbal medicine is primarily the exclusive property of integrative MD’s and those who can afford their seemingly exorbitant, out-of-pocket rates. Some of these folks are lovely people doing amazing healing work and charging high prices, not to line their pockets, but to support the building of extensive integrative medicine practices. They are reaching one population of people quite well. But clearly they are out of the affordable range for many, if not most, local folks. (It is important to me to note here that bridging access will occur only in the context of building what we value, not in tearing down others. Again, everyone’s story is of value!)

Another local herbalist, Dawna Huslander, pointed out that there are also scattered pockets of chiropractors, midwives, acupuncturists, and others who use herbs. But again, most of these practitioners do not take insurance and are not always available or accessible to neighborhoods of lower socioeconomic status. Maria noted that health food stores and their prices are also unaccessible to a great portion of the population; though Rebecca said when she worked the wellness and herbal sections of the local food co-op she had a number of immigrants who would come in looking for just one particular herb to purchase.

And yet in principle every local herbalist I spoke with was very much opposed to exclusivity. There seems to be a collective understanding that if everyone who desires to be a part, is not a part of the story, then the story is incomplete.

Rebecca Hein tries to bridge this access issue by running an urban, herbal farm on two empty lots in Albany's south end. This gives her opportunity to share herbal knowledge in a two-way sharing with locals, some of whom carry knowledge of an herb or two from their homelands. To her, this sharing, along with sharing with those who volunteer on the farm, are means to addressing social justice with a sense of "solidarity not charity."

Food justice writers Gottlieb and Joshi note the importance of local and urban food systems - and by insinuation herbal ones too - both in providing access to locally grown goods as well as in providing education and empowerment in nutrition and healthcare (Gottlieb & Joshi, 2010, 148).

The power to grow one's own food or herbs and to cook one's own food or prepare one's own medicines is yet another way to cultivate a feeling of "solidarity not charity." This is something

that could certainly be expanded upon in the capital region through the development of community herbal gardens and training sessions.

As for Maria, she attempts to bridge access issues by keeping her product prices much lower than the prices some have recommended to her, feeling that if it were not something she herself could afford it is not a fair price to be charging. Both herbalists agreed that the area would benefit by herbalism not being so exclusive.

### **Access to Information**

Maria pointed out that very few people locally know about herbalism and even fewer know where to seek out more herbal knowledge or how to find an herbalist. Remarkably, while the area has two widely distributed and highly-advertised-in “natural living,” penny-saver type magazines, there are no herbalists listed in them. The problem continues, Maria noted, when you go to a health food store and become overwhelmed by the myriad options and prices. We discussed the irony of this situation, given that many of the needed remedies are quite likely growing in the person’s own backyard or a nearby state park.

### **Elitism**

At present there exists no system of community amongst local herbalists, no way to share information or to support each other, no means for collectively promoting herbalism regionally. Maria likened it to the Western, capitalistic model of competing for dollars and business. She noted that we need to not fight for dollars but to work collectively.

### **People's Medicine**

Despite the strong barriers to access noted above, there is also a strong belief amongst local herbalists that herbalism should be people's medicine or people's healthcare, that it should be accessible to everyone. The question then remains how to bridge this disparity between principles and practice.

### **Obstacles to Integration**

The principles in practice, as illustrated above, create an immense barrier to access of herbal information locally. Despite a belief in the principle of herbalism as people's healthcare, the area is riddled with a practice of exclusivity, elitism, and lack of access to information. Individuals are doing what they can to change this, but it seems more is needed.

Clearly, there is no doubt in the minds of local herbalists that both herbalism and mainstream Western medicine could benefit by the integration of herbalism into the warp and weft of local culture. People need access to everyday herbal healthcare and knowledge of how to use it for their families. They need access to local, clinical herbalists when they run into limits with their everyday knowledge. Maria described the model of our not so distant past, where the local farmwife had a book of recipes for each ailment her family might run into, where remedies were made up on the spot from plants growing in the same environment as the person, and where the next town over there was an herbalist to consult in complex cases. Herbalism was a cottage industry not big business. She noted that the area would benefit by a grassroots herbalism effort where herbalism is more of a community skill-sharing effort rather than being about money and business. Again, we come back to the idea that everyone's voices need to be heard in this story, everyone's roles need to be visible. At present, the story has too many invisible characters, those



who would benefit from or desire herbalism if they had access... all the way to those who know a little but are too overwhelmed to know where to begin. These silent voices are also part of the story.

### **Integration and Service**

So what would it look like if local herbalism were about community not business? Obviously we as herbalists all need to make a living too, but what would this fundamental paradigm shift look like? Do we really need a stereotypically masculine, linear, competitive mindset to prosper? I think we need to ask ourselves how well this model of individuality is working for us at present? In short, it is limited and our effectiveness is, in turn, limited as well. Our challenge is to think in terms of community and sharing - which is not mutually exclusive to owning a business or even to charging money. It is in many ways a difference in energy and attitude, which would play out in a collective sharing and promoting, resulting in greater service. Maria, in her wisdom, noted how in her Native culture, a healer is first a servant of the people. Self care and making a living are obviously important, but our first priority in herbalism is, of course, to serve the people. What would this system look like? How would this story read?

### **Proposal**

There are several things we could do to collectively unite, bridge access issues, and create a new container or system or web to promote herbalism in this region. I really like the word “web” more than system. A web is relational. It has individual threads that tie into a united whole, and while each thread is strong on its own, the combined strength of the whole is far greater than that of just one thread. There is room for diverse threads to weave into the whole, and this whole web

(or tapestry which is another kind of web if one prefers not to think of spiders) can hold so much more than one thread ever could. A web also ties into the narrative philosophy. Just as each string in the web is equally important, so each voice in narrative healthcare is equally important.

My proposal is to form a Capital District Herbal Alliance, comprised of members of the healthcare community who use herbs in their practices. We would meet monthly for a potluck and discussion. The mission of this community would be to share knowledge, promote each other's healing practices, and ultimately to bridge herbal access issues in the local region.

**Sharing knowledge:** At each potluck someone will share on an issue of herbal knowledge and social justice. Some topics of sharing might include “What does the phrase ‘solidarity not charity’ mean to you in particular and to our practices collectively?” or “LGBTQIA issues in herbalism” or “Narrative ethics in herbalism and healthcare.” By taking turns sharing and discussing issues we would get a much better sense of the full picture than what my limited interviews and ideas can conceive of.

**Promote Practices:** First, participants of the Capital District Herbal Alliance would benefit from the collective knowledge and encouragement of the group. Second, we could create a website for the group that talks about our mission and who we are collectively, along with a brief biography of each member and links to individual websites. Third, we could advertise collectively in the local Healing Springs Journal and Natural Living penny saver magazines. Finally, if we were to get non-profit status, we could obtain educational grants, grants for community projects (herb gardens and workshops and more), and be allowed to set up a free table at community events. All

of this would in turn feed back into free advertising for each individual that is a part of the alliance.

**Bridge Herbal Access Issues:** As a non profit, we could obtain grants to develop community herbal gardens and training sessions. This would do much to bring herbs and herbal knowledge right into individual communities. We could set up tables or booths at farmer's markets, at fairs, and at community events. We could have advertising pamphlets or flyers printed up that talk about how to access herbal information locally and about herbal events in the region. We could increase awareness around access issues. We could brainstorm further ways to address them.

**Further issues:** There are other issues that will need to be sorted out such as membership applications and requirements. For example, can any healthcare practitioner with an interest in herbs join or do they need to have some herbal training? Will there be dues? Who will handle the money and how? What will group leadership or democracy look like? If we charge dues can we immediately apply for (and benefit from!) not-for-profit status? These are issues that will be sorted out by the initial meetings and founders of the group.

### **Conclusion**

In my own life, I am very passionate about herbal accessibility. That's one reason I offer very low cost, seasonal, online, herbal training sessions designed with busy families in mind. After four of these seasonal sessions, a participant will have paid a total of about \$100 and have an extensive amount of basic, herbal, healthcare knowledge to use for their families - including recipes, herbal information, children's activities, and nature-connection health information and practices. I can personally keep the costs of these sessions low because they draw from a

worldwide audience by being online. I have offered the summer session twice now and am very excited to develop and offer the remaining sessions in the 2016/2017 year.

But I'm also excited about promoting herbalism locally and to see how this alliance develops and plays out. In order to further my own education, I will hopefully be paying a visit to the SevenSong clinic in Ithaca, NY this fall, as well as joining a mentorship program with an American Herbalist's Guild practitioner, someone with more experience than me to challenge and grow my own thinking. By continuing to network, to weave the web, it is my hope that eventually everyone who wants to be part of the story of herbalism in the capital region will be fully seen and heard and effective.

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