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## Establishment of Chinese Medicine Practice in San Antonio, Texas

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*Establishment of Chinese Medicine Practice in San Antonio, Texas*  
*By: Chloe Kristina Sonnier*

*A Department Honors Thesis Submitted to the Department of Sociology at  
Trinity University in Partial Fulfillment of the Requirements  
for Graduation with Departmental Honors.*

April 29, 2020

Dr. Alfred Montoya

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*Thesis Advisor*

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*The Establishment of Chinese Medicine in San Antonio*

This thesis sets out to interrogate the establishment of traditional Chinese medicine practice in San Antonio, Texas. While this is a very local project with a limited geographical reach in terms of the physical ground of my field-site, my research has uncovered far reaching threads extending farther, both spatially and temporally, than I could have ever imagined.

My primary method of gathering data in the field was through scheduled, structured interviews with Chinese medicine practitioners in San Antonio. In two instances I conducted informal, unplanned interviews. I also performed an extensive review of relevant anthropological literature, historical accounts, legal documents, and news databases to explore the full richness of the complex, multi-layered, and intertwining contexts my practitioner-informants are embedded in.

My informants consist of eight Chinese medicine practitioners that currently or previously practiced in San Antonio. They are of various ages and ethnic/national origins, and they have practiced in San Antonio for a span of forty-four years to one year, beginning as early as 1976 and as recently as 2019. I have chosen to focus on two practitioners in particular who can be considered founders of Chinese medicine practice in San Antonio and in Texas as a whole. These practitioners, Dr. Chang and Dr. Ho, are the only remaining of an estimated five total practitioners that practiced in San Antonio in the 1970's and 1980's before acupuncture became a licensed profession in Texas. This thesis will follow the history of these two practitioners, detailing their separate roles in the establishment of Chinese medicine in San Antonio, as well as how their individual histories and the social and legal environment they encountered there has shaped how they approach and articulate their practice.

Using the concept of "living tradition," (Scheid 2006: 66) I analyze the establishment of Chinese medicine in San Antonio as argument, one that is conditioned by the personal history of the founding practitioners and the social and legal conditions at moment at which these

practitioners began their practice (Scheid 2006). These practitioners established the field of Chinese medicine in San Antonio, both actively through direct effort and passively through mere presence in the field, at the same time as the particular conditions of the field also acted upon the practitioners to delimit their practice.

## **WHAT IS TRADITIONAL CHINESE MEDICINE?**

“What is traditional Chinese medicine?” The answer to this question is both foundational and incredibly elusive. It is a question that has been a matter of debate for hundreds, if not thousands of years, and no less among the scholars, scientists, and legislators of today who seek to understand it. At the most basic level, the theoretical basis for Chinese medicine, which has been in practice in China in various forms for about three-thousand years, is the idea of qi. Qi is a type of energy, or vital force, that circulates through integrated energetic channels in the body. Qi can take on different kinds of qualities and can become balanced or imbalanced, producing states of health or dis-ease. Qi and its qualities can be adjusted and balanced through the use of various therapeutic techniques. The most commonly known in the United States is acupuncture, a therapy that generally consists of the placement of needles into various points on the body. Other therapies include herbal medicines, cupping, moxibustion, and tui na, a type of massage. Chinese medicine, however, is constituted by much more than this. To leave the explanation here would be grossly ahistorical.

Rather than investigate the substance and mechanics of Chinese medicine practice, my thesis, which examines Chinese medicine as history, practice, and dialogue, requires an approach to the question of “what is traditional Chinese medicine,” from a different angle, one that understands Chinese medicine as a human practice, both historical and social. As a number of notable scholars such as Volker Scheid (2002, 2006), Brady Chin (2006), Kim Taylor (2004), Elizabeth Hsu (1996, 2009), and Emily Wu (2013) have pointed out, the meanings of the terms

“traditional,” and “Chinese,” have been greatly complicated by the various fascinating twists and turns of history and thought that have shaped Chinese medicine to be what it is today.

The term “traditional” in “traditional Chinese medicine,” has received a significant amount of scrutiny and criticism from scholars. One reason it has drawn criticism is because it is misleading. Volker Scheid points out that “traditional” Chinese medicine is not straightforwardly traditional in the sense that is usually meant in the Western imagination. Western people generally conceptualize “tradition” as practices and their accompanying bodies of knowledge that are long-standing, pre-scientific/pre-modern, and authoritative. The term also implies a body of knowledge and/or practice that is coherent and consistent across time, for which more recent additions or deviations from the “traditional” form are transgressive (Scheid 2006). It would be misleading to think of Chinese medicine as traditional in this sense for a number of reasons.

Chinese medicine as a practice, as theory, and as a body of knowledge, has undergone transformations, revisions, and reconceptualizations for as long as it has been in practice. Charlotte Furth provides evidence that Chinese medicine practice and theory has rarely remained static but has continually undergone transformations throughout the thousands of years it has been in existence. Furth argues that the creation and transmission of medical knowledge in China from 960-1644, the period her book examines, was “shaped by de-centralized authority, by forgetting as well as by learning, and by the eclectic use of past knowledge as bricolage, preserved or adapted or reassembled at will” (1999: 16). In other words, Tang dynasty medical classics such as *The Yellow Emperor’s Inner Canon*, while considered foundational and authoritative by practitioners of the following dynasty, the Song Dynasty, were also subject to revision and addition based on clinical experience and new ideas. Further, transformations of Chinese medicine often occurred in ensemble with changes in social and cultural circumstances, as in the changing of dynastic rule (Furth 1999). Given the historical fluidity and dynamism of Chinese medicine, any attempts to define a “pure,” “traditional” form of Chinese medicine,

untainted by the passage of time or the entanglements of social and historical life, are necessarily confounded.

Second, the Chinese medicine is syncretic in nature, drawing on principles from ancient medical classics, such as *The Yellow Emperor's Inner Canon*, as well as modern innovations in the theory, methodology, nosology, and materials of practice (Furth 1999, Scheid 2002). This can be seen both in the past, as demonstrated by Furth, and now. For instance, Scheid notes that within Chinese medicine practice today, practitioners refer to certain methods of diagnosis or acupuncture points as “traditional” to differentiate them from others that they use in their practice, as well as from other modalities of Chinese or Eastern medicine (2002: 4). Accordingly, none of the practitioners I interviewed referred to what they do as “traditional Chinese medicine,” and the word “traditional” was only used by two practitioners to refer to specific points or herbal prescriptions. In one case, the practitioner differentiated these “traditional points” on the body from the points on the scalp and ears, which are much more recent discoveries. These newer therapies were officially incorporated into the arsenal of state-endorsed Chinese medical therapies by Mao Zedong in the 1950's (Hsu 1996; Huo et al. 2015).

The use of new therapies, such as ear therapy, highlights the pluralistic tendency of Chinese medicine practice and practitioners. Ear therapy, or auricular therapy, which theorizes treatment points based on the observation that the ear resembles an inverted fetus, was not originally a technique of Chinese medicine. It was discovered by a French acupuncturist, Dr. Paul Nogier, in 1956 and is based loosely in European reflexology and European folk-medicine (Hsu 1996; Huo et al. 2015). Auricular therapy cannot be imagined to be “Chinese,” or “traditional Chinese,” and yet it is taught and investigated at Chinese medicine schools in both China and the U.S. (Huo et al. 2015). However, this tendency to incorporate therapies originating outside of the official, state-regulated practice of Chinese medicine is not new. For example, Charlotte Furth notes that moxibustion and massage therapies, therapies that are now quite

common in Chinese medicine practice, were originally practiced by mid-wives and birth attendants before being adopted by elite literati physicians of the Song Dynasty (1999).

The status of “traditional” and “Chinese” are further complicated by more recent developments in the history of Chinese medicine. During the Republican period (1912-1949), concerns about producing a modern and scientific China led Chinese medicine, or, as it was commonly called, “old medicine” (*jiu yi*), to fall out of favor in the official National Party rhetoric (Chin 2006). While it never entirely ceased to be practiced, it came to be regarded as one of the many sources of “Chinese deficiency,” because of its association with superstition and unhygienic practices (Scheid 2002; Rogaski 2004). In the 1950’s, Chairman Mao shifted the official status of Chinese medicine, instating it as a state-sanctioned, state-regulated practice under the policy “unification of Chinese and Western medicine” (Chin 2006: 22). This consisted of institutionalizing Chinese medicine in state colleges and state hospitals, training doctors of Western medicine in Chinese medicine, and eventually establishing research schools designed to elevate Chinese medicine to the realm of legitimate science (Hsu 2008; Chin 2006). This move to legitimate Chinese medicine in the terms of the legitimacy propagated and acknowledged by Western biomedicine has had significant implications for the social and legal life of Chinese medicine in the U.S.

As Furth aptly notes, “To people outside of Asia... Chinese medicine remains romantically traditional—an indigenous folk system... easily mystified as a counter-cultural holistic art of Oriental healing, in opposition to hegemonic cosmopolitan biomedicine” (1999: 5). A review of the literature has shown that this is a grave misconception given the fluidity and dynamism of Chinese medical theory and practice, as well as the syncretic and pluralistic tendencies that graft the old with the new and the non-Chinese with the Chinese. Further, Chinese medicine has not been immune to time or to context but has been shaped in accordance



with the contingencies of history. In short, Chinese medicine is much better understood as a type of bricolage, “preserved or adapted or reassembled at will” (Furth 1999: 16).

Rather than think of Chinese medicine as a tradition in the usual sense, Scheid suggests that Chinese medicine can much more aptly be considered a “living tradition” (Scheid 2006: 67). Living tradition, theorized by Alisdair MacIntyre, is “an historically extended, socially embodied argument... [it] is constituted by a set of practices and is a mode of understanding their importance and worth; it is the medium by which such practices are shaped and transmitted across generations,” (quoted in Scheid 2006: 66). In this figuration, tradition is an *argument*, something that is constantly being negotiated from generation to generation. According to MacIntyre, the conflict that is at the heart of tradition focuses on the question of what the “goods” of a practice are. For example, what is good medicine? What good can it do? What good should it do? These same questions of value can be mapped onto the history of Chinese medicine, to every new idea and to every refiguration.

Chinese medicine as a tradition is dynamic, constituted by the practices of individual practitioners in ever-shifting historical and cultural landscapes, and yet continuous, never entirely obliterating and remaking itself, but evolving from one form to the next. Chinese medicine as a tradition is fluid, diverse, made up of many, often disparate strands. What it is today might be almost unrecognizable to practitioners during the Song dynasty, and yet, both are understood as Chinese medicine. Only with this view, of Chinese medicine as living tradition, constituted by the practice of individuals, can we begin to discuss what Chinese medicine is in San Antonio is. What Chinese medicine is, what good it can do, what good it should do, and what it looks like in practice, is something that is continually being negotiated by the practitioner. As social actors, they do not do so in isolation but in conversation with received knowledge, clinical experience, and the social and legal context of practice.

My thesis examines the social transformation of Chinese medicine in San Antonio through this lens of Chinese medicine as living tradition, as a “socially embodied argument... constituted by a set of practices” (Scheid 2006: 66). Rather than mere cause and effect historical progression, I will analyze the practice of Chinese medicine in San Antonio as argument, as dialogue and negotiation. This mode of analysis will focus on how practitioners articulate and tell the story of their practice and how they have negotiated the “good” of Chinese medicine.

## **CHINESE MEDICINE IN THE UNITED STATES**

Chinese medicine first made its way to the United States with Chinese immigrant workers in the mid-1800’s (Furth 1999; Sarvis 2005; Shelton 2019). At first, Chinese immigrant workers brought herbs with them purely as a means of maintaining their own health. Eventually, as Chinese immigrants began to settle in US cities, many Chinese herbal medicine apothecaries began to crop up. These early practitioners advertised widely in both English and Spanish, using words and imagery that evoked the sense that Chinese herbal remedies were safe, natural, and effective, as well as showcasing testimonials of “miraculous” healings (Shelton 2019: 391). According to Venit Shelton, these practitioners actually enjoyed some popularity as the American public grew wary of elitist medical doctors and their mineral medicines, some of which contained mercury (2019). The introduction of Chinese medicine into American life and imagination, as a “natural” and “miraculous” alternative to biomedicine, set the conditions of the social life of Chinese medicine of the United States, having effects even to this day.

In 1971, traditional Chinese medicine (TCM) entered the American mainstream consciousness with a bang, this time with a focus on acupuncture. In the midst of excitement about the opening of China, an American journalist published an article in 1971 recounting his experience being given acupuncture following a surgery he received in Beijing, although he is often mis-referenced as having received acupuncture analgesia, which added to the buzz.

According to Emily Wu, this occurrence sparked the imagination of the American people, leading to a greater interest in acupuncture and its possibilities (2013). This marked a turning point for traditional Chinese medicine, and in the following years states such as California and Nevada created laws and regulations to instate acupuncture as a legal profession, and schools of Chinese medicine began to be established (Wu 2013). Notably, the pattern set by early Chinese herbalists who had to negotiate the standing of their practice in relation to biomedicine, continues today. Great effort has been exerted by Chinese medicine practitioners, Chinese medicine schools, and their supporters to prove the legitimacy of Chinese medicine in terms that are recognized by hegemonic biomedicine. These terms include extensive education, licensing, centralization, standardization, and scientific evidence of efficacy (Flesch 2013, Taylor 2004, Wu 2013).

Many years later in 1993, acupuncture became a licensed practice in Texas. According to reports from the Texas Department of State Health Services, a total of five acupuncturists received licenses in Bexar County that first year. By 1997, this number grew to 20, and has continued to grow, growing to 31 in 2005, 37 in 2011, 45 in 2015, and finally 59 in 2019. At 59 total acupuncturists, Bexar county has 2.9 acupuncturists per 100,000 people and ranks 26<sup>th</sup> as compared to Travis county (Austin), which has 31.9 acupuncturists per 100,000 people.<sup>1</sup> A review of Google Maps shows that the vast majority of Bexar county's acupuncturists are located in the northern part of San Antonio. Thirteen clinics are located within Loop 410, and only one is located south of downtown. This concentration of Chinese medicine practitioners in the northern area of San Antonio is most likely related to higher average income concentrated in the same area.

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<sup>1</sup> <https://www.dshs.texas.gov/chs/hprc/tables/2019/ACU19.aspx>

Today, acupuncture is more popular than ever, both in San Antonio and in the United States as a whole.

### **DR. CHANG AND MRS. CHANG, THE PIONEERS**

On a cold Wednesday afternoon, as the sun began to approach the horizon, I made my way to Dr. Chang's tiny clinic. I had not called ahead or made any interview arrangements—it was anybody's guess what would happen next. As I stepped out into the cold and growing dark, I could see a sign on the door with the words "Closed," but there was a warm light coming from the windows of the old, faded building. Swallowing my trepidation, I went inside. The reception area was quiet and sleepy, a heater in the corner bathing the space in warmth. A laughing buddha statue welcomed me in by the door. Lined with padded chairs, the walls showcased various certificates, an acupuncture chart, and some beautiful, Chinese-style ink paintings.

As I looked around, I realized with horror that the elderly Chinese woman at the reception desk was fast asleep. Not wanting to scare her, I sat quietly, waiting. After a few minutes, a sturdily built, square-faced Chinese man with thick, steel gray hair appeared in the opening of the hallway that led back to the treatment rooms. Dr. Chang. I can only imagine how confused and terrified I looked as he addressed me and I found myself almost entirely unable to understand his accent at first. The receptionist woke up and started questioning me as well, adding to the confusion. It seemed, after I explained to him why I was there, that he did not understand me either. Not realizing I wanted to know his personal history, he ordered me to sit and read a pamphlet on how acupuncture works while he returned to his patient in the back.

Frustrated at the miscommunication, I contemplated leaving. Had I done so, I would have never discovered the notable role Dr. Chang played in the history of acupuncture in San Antonio, and in Texas as a whole. After his patient left, Dr. Chang came back into the reception area and sat in a chair some feet away from me, his manner relaxed as one whose workday is pretty much over. Indeed, it was an hour before the clinic would close. He addressed me, reiterating with a

laugh what he had said earlier—that after reading the pamphlet, I would not have to do anymore research for my paper, and I would know everything about acupuncture. Hesitantly, I ventured to tell him that actually, I would have to do more research because the pamphlet did not tell me anything about his history as an acupuncturist in San Antonio. After a silence that felt to me like an age, Dr. Chang began his story.

Dr. Chang and his wife, the woman I had assumed was the receptionist, had been practicing acupuncture in San Antonio for 44 years. They immigrated from Taiwan in 1976 to San Antonio where Dr. Chang’s mother and some siblings were already living.<sup>2</sup> Prior to moving to the United States, Dr. Chang received training in Chinese medicine in Taiwan and in China. Notably, both of his parents, as well as his brothers, were Chinese medicine “pharmacists.” According to Dr. Chang, this is the reason he pursued a career in Chinese medicine, but, when I asked if he learned anything about acupuncture from his father, he became very defensive and told me “No! I went to school! I learn nothing from my father or mother. I went to school.”

At the time, there were no acupuncture licensing laws in Texas and Dr. Chang remembers well the potential consequences of practicing acupuncture illegally—a \$2,000 fine. However, this may be inaccurate. According to the current version of Texas Occupations Code 205.402, \$2,000 is the maximum fine for practicing acupuncture without a license. However, at the time Dr. Chang began practicing in 1981, the only legal code regulating acupuncture in the State of Texas was the Medical Practice Act, which essentially states that only a licensed physician can practice medicine. It is difficult to say what the actual penalty might have been during the early days of Dr. Chang’s practice. According to *Andrews v. Ballard*, 498 F. Supp. 1038 (S.D. Tex. 1980), in 1974 the Texas Medical Board made a statement saying that the practice of acupuncture, was defined as a “practice of medicine” to be practiced by licensed

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<sup>2</sup> I was unable to discover why his family had immigrated to the United States

doctors only. As such, the practice of acupuncture by anybody other than a licensed doctor was subject to penalty as described by Article 4510b of the Texas Medical Practice Act. This article states that such an offense is a misdemeanor, which *Andrew v Ballard* says to be “punishable by a fine of not less than fifty and not more than five hundred dollars and imprisonment for not more than thirty days.” However, two significant pieces of legislature were passed in 1981.

The first was prompted by *Andrew v. Ballard* and gave licensed physicians the option to delegate the practice of acupuncture to a qualified acupuncturist that they have legally taken under their supervision. This change was made primarily because the previous statement was deemed unconstitutional as it made acupuncture completely inaccessible. As stated by United States District Judge Gabrielle McDonald, “It (Texas) has prohibited the formally trained from practicing, but has allowed the formally untrained (physicians), who it admits ‘are not schooled enough in acupuncture to effectively supervise acupuncturists’ to proceed without any showing of skill or knowledge,” (quoted in Senate Committee on Health and Human Resources 1984: 10). In the same year, article 4510b of the Act was repealed and recoded as article 4495b. In the recodified version of article 4510b, practice without a license is still considered a misdemeanor under section 3.07 of article 4495b, however it is unclear if the penalty for practicing acupuncture after 1981 would have still constituted practicing medicine without a license as it had before.

This foray into the legal status of acupuncture in the early 1980’s demonstrates the limited and ambiguous nature of existing legislation governing the practice of acupuncture. When Dr. Chang entered the field of acupuncture, he entered a realm of high legal ambiguity. It is highly likely that Dr. Chang did not have reliable access to legal information in order to have a legally precise knowledge about the kind of penalty he might face for practicing acupuncture. Even if he had, legal code is notoriously difficult to interpret, even for native English speakers.

Either way, Dr. Chang was not deterred from beginning his practice right away, without the legal protection of a supervising physician.

He described the climate and attitude around acupuncture as hostile, one in which “they” were actively seeking to catch people that illegally opened an acupuncture business. When “they” came knocking on the door of Chang’s clinic, Dr. Chang was able to slide by without consequence because he had already received a license in California before starting his acupuncture business in San Antonio. While there was no legal precedent to allow an acupuncturist licensed out of state to practice in Texas, there was also a lack of laws clearly saying that it could not be allowed. It is possible that “they” also did not have a clear idea about what was or was not legal in this case. Perhaps “they” decided that if Dr. Chang has a license from California, then he must know what he’s doing. However, without knowing who “they” are or being able to talk to them, it’s difficult to say why this exception was made.

Dr. Chang received his license from the State of California in 1981—an incident Dr. and Mrs. Chang recounted with an air of fondness, pride, and amusement. Dr. Chang told me, with great enthusiasm, that the licensure test was three days long. “Three days! In English!” added Mrs. Chang for emphasis. Dr. Chang laughed that he had taken the whole thing in English and had not found out until afterwards that he could have taken the test in Chinese. It was *very* difficult, they repeatedly emphasized. According to Mrs. Chang, Dr. Chang was the first acupuncturist in the state of Texas to have a license from out of state, which is to say he was the first acupuncturist in Texas to have any kind of license at all, an achievement both were understandably very proud of.

Having secured a license, they returned to San Antonio and opened their acupuncture business a month later in the very same location they are in today. Like the other acupuncturists I talked to, they told me that they did not do any advertising, acquiring most of their business through word-of-mouth. When I asked who their patients were, if they were Chinese, or mainly

white and Hispanic, Mrs. Chang laughed and said, “Chinese people never get sick!” No, most of their patients were “Americans” and some “Mexicans,” they told me. Mrs. Chang even told me that some people will come from Mexico for treatment and stay all week in a hotel while getting treatment. Other than this, they didn’t go into much detail about what this early period before licensing laws were created was like.

In the meantime, legal and political change was in the air for acupuncture and a number of important pieces were in motion. By the early 1990’s, much of the groundwork work for the establishment of acupuncture licensing laws had been put into place—the fruits of over 20 years of lobbying and legal struggle by acupuncturists in Texas, according to Dr. Ho. In the fall of 1993, SB-1062 was passed, establishing a legal licensing process for acupuncturists. It also formally established the Texas State Board of Acupuncture Examiners (TSBAE), which legally must consist of nine members: four acupuncturists, two physicians experienced in acupuncture, and 3 members of the general public.<sup>3</sup> The following year, Dr. Chang was appointed by Texas Governor Ann Richards to be one of the four required acupuncturist members.

How did a small-time acupuncturist from San Antonio end up in such a distinguished position? At the time, Dr. Chang happened to have a very well-connected patient, Bob Krueger, a U.S. Senator and resident of New Braunfels. According to Dr. Chang, Senator Bob Krueger called the licensure board in California to verify Dr. Chang’s license and, upon receiving verification, recommended Dr. Chang to Ann Richards for an appointment to the inchoate licensure board. In 1996 he was reappointed to the board by Texas Governor George W. Bush after the Sunset Advisory Committee deemed TSBAE to be providing necessary services and fit to operate for another eight years. Dr. Chang did not mention how long he was on the Board; however, the official appointment period is six years in length and the meeting minutes of the

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Board demonstrate that Dr. Chang was present in meetings as late as December of 2001. These two appointments were no small thing for Dr. Chang and Mrs. Chang. Dr. Chang repeated this story of being appointed twice to the TSBAE over and over during the course of our interview, often with a heavy emphasis on “me” when he would say “Ann Richards appointed *me*,” suggesting that this appointment was a source of pride, importance, and perhaps legitimacy.

Dr. Chang claims that he was appointed to “set up licensing laws.” However, he was appointed in 1994, a year after the law was created. This inconsistency can probably be attributed to issues of language barrier rather than outright deception. While Dr. Chang was probably not appointed to create any laws, he may very well have been involved in the early process of creating administrative rules to guide the future operation of the board, such as establishing qualifications, minimum training and education levels, and required examination for securing licensure (Health Professions Tex. Occ. Code Sec. 205.101).

Following the creation of licensing laws and Dr. Chang’s appointment to the TSBAE, Dr. Chang and his clinic were featured by three different news channels. For a while after that they were “very, very busy, it was very good for business.” They seemed nostalgic for that time and told me that things are much quieter now that there are so many more acupuncturists in town. Today, Dr. Chang maintains his practice, treating patients ranging from two to ninety-eight years old for many different health problems, particularly arthritis. According to Mrs. Chang, most of their patients are referred to them by doctors, but some do come because “they get treatments from an MD that don’t work.” Notably, his son has carried on the family legacy, establishing himself as the first Doctor of Oriental Medicine for the U.S. Army from 2009-2012, and subsequently going on to become an MD, something Dr. and Mrs. Chang are exceedingly proud of, displaying the plaque he received from the U.S. Army on the wall of their clinic.

There are a number of important points to bring forward from this narrative for analysis. Dr. Chang played a significant role in materially shaping the field of Chinese medicine, not just

in San Antonio but in Texas as a whole. His early involvement in the TSBAE, the organization with the most power over the practice of acupuncture in Texas, meant that he played a role in decisions that would significantly impact the field at many different levels, down to the level of who received a license and who did not. In this way, Dr. Chang very directly negotiated the legal and material conditions of the field of Chinese medicine in San Antonio.

The second point of note is how Dr. Chang articulated his practice, and the influences that shape his narrative. Throughout the interview, Dr. and Mrs. Chang emphasized points that I argue are oriented toward the question of legitimacy and authority. He was the first in the state of Texas to have any kind of license and by the early 1990's his practice had grown to the point that an important person like Bob Kreuger had the faith and confidence in Dr Chang's abilities to go out of his way to personally recommend him to an important position with significant influence. Dr. Chang had his first licenses, both from the State of California and from the State of Texas, along with the plaques given to him by the State of Texas for his two appointments to the TSBAE, in a prominent place in his office, right by the reception desk. Dr. Chang frequently pointed them out to me as he reminded me again and again about being appointed by Ann Richards and then George Bush. He also kept binders full of license application materials that he had accumulated over the years he spent on the TSBAE, as well as two pieces of Bob Kreuger's campaign materials, worn and faded from the years. He showed me these things as a form of material proof that he really had done all that he told me of. Further, Dr. Chang claimed that most of his patients are referred to him by doctors, following this conversation by noting that before the licensing laws were created, doctors didn't like acupuncture and considered it dangerous. These instances show that Dr. Chang feels his authority and legitimacy lie in the official recognition he has received from the state and from medical doctors, both of whom had previously been at odds with acupuncturists.

Two surprising moments in our conversation show even more pointedly the Chang's orientation toward legitimacy. First, was when I asked Dr. Chang if he had learned acupuncture from his father and he responded very forcefully that he had not, that he had gone to school. This was surprising because Chinese medicine was clearly a family business for the Chang's, and in the past, before the standardization of Chinese medicine education in China, it would not have been uncommon for a son to learn through apprenticeship to his father. It is further surprising because such family legacies are typically a source of pride and legitimacy (Scheid 2002).

The second instance was when I asked how he explained Chinese medical diagnosis to his patients and Mrs. Chang sharply interjected "No! We don't diagnose." Dr. Chang agreed with her, saying "we cannot diagnose because we aren't MD." This was surprising because none of the other Chinese medicine practitioners I spoke to spoke of themselves as not having the authority to make a diagnosis. This especially stands in contrast to Dr. Ho, the other Chinese medicine practitioner that began his practice before licensing laws were in place. Dr. Ho, as I will later show in greater detail, takes great pride in his diagnostic abilities and told me a number of incredible stories related to diagnosis. I argue that the reason for these two anomalies lies in the context in which the Chang's established their practice.

When the Chang's arrived in San Antonio, they found themselves in what they described as a hostile environment, an environment in which, on any given day, they could be reported and prosecuted for practicing acupuncture. This was also an environment in which acupuncture was a relatively new and a not well-known practice. Further, for reasons undisclosed, the Chang's never closely involved themselves with the various Chinese associations in San Antonio, groups that I would imagine would be essential for the success of an acupuncturist operating in a space where acupuncture was relatively unknown. In this hostile and legally ambiguous space, Dr. Chang had to constantly establish, prove, and defend the legitimacy of his practice in a way that acupuncturists who came after 1993 never had to. In order to do so, Dr. Chang would have had

to learn to hold tightly to his claims to official, state-honored legitimacy, such as his out-of-state license and his prior education. These were most likely important tools for gaining the trust of potential patients, as well as for negotiating the legality of his practice. In addition to these factors, sitting on the TSBAE would have given him intimate familiarity with the official markers of legitimacy for acupuncturists, education being chief among them. It is quite possible that Dr. Chang was offended when I asked if he had received any knowledge from his father because that kind of education alone would not be enough to qualify for a license. Such a question then would be to question his legitimacy as a practitioner.

And what of their insistence that they *cannot* diagnose? It is quite difficult to say why the Chang's might have developed such a strong belief that diagnosis is not something a Chinese medicine practitioner can do. One possibility is that in the early days of his practice in San Antonio, the legal ambiguity that surrounded acupuncture required Dr. Chang to negotiate a more limited space for acupuncture relative to biomedicine than he might have if the legal and social space for acupuncture had been pre-defined before he entered the field. It is also possible that the Chang's have been conditioned to be protective of their practice because of the years of hostility and ambiguity they faced practicing Chinese medicine in San Antonio. They may have learned to be wary and suspicious of questioners and to not admit to things that their questioner might see as an overreach of authority. One can easily imagine that, if I had asked them the same question in 1981, they would have responded similarly, not wanting to risk that I would think them to be illegally acting as doctors.

Together, these instances show that Dr. Chang, when he arrived into the hostile and legally ambiguous environment in San Antonio, adapted not just how he practiced, but how he conceptualized Chinese medicine. Even as he practiced in defiance of established laws and then went on to participate in defining the terms of Chinese medicine practice in Texas, how he conceptualized the worth and legitimacy of Chinese medicine underwent transformations in

accordance with his environment. Thus, the Chang's, as they negotiated the place of Chinese medicine in San Antonio, began to take on the markers of legitimacy acknowledged by the state and by biomedicine as being *the* markers of legitimacy and authority for their practice.

### **DR. HO AND MOBI WARREN, FOUNDERS**

The story of Dr. Ho and Mobi Warren brings to light a different side of the story of the establishment of Chinese medicine in San Antonio. Dr. Ho's story begins many generations ago, when Dr. Ho's family immigrated to Cambodia from the Canton region of China, perhaps following the wave of immigration that resulted from the Qing government lifting its emigration ban in 1860 (Lockard 2013). Dr. Ho, 70, tells me that he is of the 4<sup>th</sup> generation of his family in Cambodia, meaning that the first generation probably emigrated in the mid 19<sup>th</sup> century. Dr. Ho describes his family as being "small merchants," that moved to Cambodia to "find a better living." The movement of families from the Canton region to find economic opportunity was a relatively common strategy, and many Canton families emigrated to places in Southeast Asia in the footsteps of previous generations of emigrants (McKeown 1999). Interestingly, this wave of immigration from the Canton region would be the same that brought the first Chinese laborers to San Antonio in the 1870's and 80's (Brown 2015).

Dr. Ho was born in 1950, right at the tail end of France's colonial control over Cambodia, which ended in 1953 when Prince Sihanouk regained control (Jelonek 2008). Prior to 1965, Dr. Ho may have had a relatively peaceful early childhood. While Cambodian nation-building following independence refigured the Chinese in Cambodia as outsiders, Chinese schools, temples, and associations were still allowed to exist, and Dr. Ho probably received his early education in one of these schools (Jelonek 2008). Further, he most likely lived in an area that was predominantly made up of Chinese immigrants because, under French colonial rule, different ethnic groups were kept segregated, both spatially and in terms of economic activities.

As time went on, however, Cambodia became a more and more hostile place for the Chinese. As control shifted to Lon Nol in 1970, and then to the Khmer Rouge in 1975, each regime created increasingly hostile policies toward the ethnic Chinese, closing their schools, restricting their ability to participate in economic activities, and destroying their temples. Each regime had a slightly different political motivation for oppressing the Chinese, but both ultimately persecuted them because of ethnic difference. Under rightist Lon Nol, Chinese were persecuted for being communists, being associated with the PRC, and under the communist Khmer Rouge, Chinese were persecuted because “all Chinese are capitalists who have sucked the Cambodian people’s blood,” (Jelonek 2008:45). The Khmer Rouge were especially cruel, punishing Chinese for speaking Mandarin and for failing to assimilate to Khmer culture in the way they dressed and ate, essentially for not “becoming Khmer” (Jelonek 2008:46). These punishments ranged from re-education to food deprivation to death. Meanwhile, from 1965 to 1973, the U.S. dropped around 2.7 million tons of ordnance on Cambodia, targeting both in an attempt to decimate the Vietcong hiding in the Northern area of Cambodia (Owen and Kiernan 2006).

In the midst of all this, young Dr. Ho got a job working first as an interpreter, then as an apprentice, for Chinese doctors. According to Dr. Ho, these Chinese doctors from China were trained in both Chinese medicine and Western medicine, and were similar to Doctors Without Borders, offering health services to poor people in Cambodia. Working for these doctors, he was able to get “hands-on” experience that served as the foundation for his practice here in the United States. I could not find out exactly what PRC policy or initiative brought the Chinese doctors to Cambodia. However, first-person accounts from people living in Cambodia during the Khmer Rouge regime (1975-1979) demonstrate the presence of Chinese doctors in Cambodia. In one case, in 1974, a woman training to become a “*pet pedavit*,” or “revolutionary medic,” received instruction in acupuncture by a Chinese doctor (Ovesen and Trankell 2010: 102). It’s possible

that Dr. Ho was trained as a revolutionary medic, however it is unlikely because revolutionary medics typically only received a few weeks of rudimentary medical training and the training Dr. Ho received was much more extensive.

At some point after 1975 and before 1977, Dr. Ho met a woman named Mobi Warren in Singapore, where he had fled from the terror of the Khmer Rouge. Mobi was a peace-worker from the United States involved in a rescue mission when she met Dr. Ho. There, they fell in love and in 1977 they moved to San Antonio, Mobi's hometown, and married. According to Mobi, who I interviewed over the phone, Dr. Ho was fully trained at the time she met him. When they arrived in San Antonio, Dr. Ho wanted to start his practice right away, but, as he told me, "I have the skill but I cannot practice because number one, I don't speak English, second I don't have a license to practice." In the meantime, Dr. Ho took some part-time job waiting tables, and Mobi spent a few years in Boston training in Chinese medicine at the New England School of Acupuncture. When she returned, she and Dr. Ho, in accordance with the law allowing acupuncturists to practice under the legal supervision of a licensed MD, started a joint practice in 1984 under the legal supervision of Mobi's father, Dr. Bruce Warren, and one other physician. These physicians sponsored him because, as Dr. Ho told me, they knew him and had received treatment from him and so trusted him and his abilities.

Dr. Ho considers himself to be "lucky" to have had sponsors because other people he knew that practiced without sponsors would get in trouble. Notably, it was not legally necessary for Dr. Ho and Mobi to have two sponsors. As noted earlier, in 1981 a new rule was adopted by the Board of Medical Examiners that allowed acupuncturists to practice under the legal supervision of a licensed physician. Some of the conditions of this rule were that acupuncturists had to practice in the same building as their supervising physician, that a physician could only supervise one acupuncturist, and that acupuncturists must wear a name tag with the word

“acupuncturist” on it so “he or she is not mistaken for a licensed physician,” (quoted in Senate Committee on Health and Human Resources 1984: iv). These conditions were ruled unconstitutional in February of 1984 by Jim Mattox, the Attorney General of Texas because he found “no rational relationship between them and the protection of public health,” (quoted in Senate Committee on Health and Human Resources 1984: 12). For this reason, they would not have needed a second supervising physician, nor would they have had to practice in the same building as their supervising physicians, which Dr. Ho mentioned to me during his interview. According to Mobi, their patients did have to be seen by her father before they were allowed to treat them, which is in accordance with the revised version of rules 183.1-183.12.

In the early days of their practice, Mobi found herself “disappointed” by the “uncollegial atmosphere” of the acupuncture community in San Antonio. She reports having encountered some “hostility” from the other practitioners that were already there and speculated that maybe they were not welcoming of newcomers because they were worried about encroachment into their business. Dr. Ho, on the other hand, did not make any remarks about the relationship he had with other practitioners in those early days. Mobi reports that there were only two or three other acupuncturists when they first came, while Dr. Ho reports that there were five or six, including himself and Dr. Chang. The discrepancy here is most likely a function of memory and the thirty-five intervening years between then and now. I attempted to access records of how many acupuncturists were working under the supervision of physicians in Bexar County at the time but was unable to. However, such records may not reveal much since Dr. Ho reports that “a lot of people” were practicing without sponsors. Records from the Texas Department of State Health Services show the number of acupuncturists in Bexar County in 1993, the year legal licensing was first established, to be five. Either way, it is clear that there were very few acupuncturists practicing in San Antonio, ranging from two to four besides Mobi and Dr. Ho. A question



remains as to whether or not Dr. Chang was among the practitioners Mobi considered to be “uncollegial.” Dr. Chang and Dr. Ho seem to have a friendly relationship today. Dr. Ho informed me that sometimes their families meet for dinner, and Dr. Chang recalled that he was on the TSBAE when Dr. Ho received his license. Indeed, Dr. Chang’s signature can be seen on the certificate of Dr. Ho’s first license, which is framed on his office wall.

According to both Dr. Ho and Mobi, most of their patients were white or Hispanic with fewer Chinese and other Asians. Dr. Ho accounts for this by referencing the general demographics of San Antonio. This makes sense as many of their patients would have been referred to them by their physician sponsors, meaning that their patients would have mostly been of the same demographic composition as the general population. The preponderance of white and Hispanic patients might also have been because Dr. Ho was not actively involved in any of the Chinese associations in town. Mobi notes that even though their patients were mostly white, overall, they had a “good mix” because Dr. Ho was able to establish rapport with local Asian populations because he could speak Chinese, Vietnamese, and Cambodian.

Besides doctor referrals, Dr. Ho and Mobi also increasingly gained patients through word-of-mouth referrals. Dr. Ho reports that “it was very difficult [at first] because [acupuncture is] very new for this area, you know... and because we do the good job to helping people, so word-of-mouth get more and more people.” Mobi also mentioned that she found that people were generally open to what they were doing and that overall, she had a positive experience engaging with patients and practicing acupuncture. While Dr. Ho and Mobi encountered difficulty in the early days of practice as they forged a path into largely uncharted territory, they did not seem to have experienced the environment as hostile in the way that Dr. Chang did, perhaps because they had the security of legal protection under Dr. Warren’s supervision from the beginning. Under his supervision, they also had a relatively secure supply of patients via

referral, enabling them to further build their practice as patients they helped began to spread the word about their abilities.

Dr. Ho and Mobi only practiced together for a few years before Mobi decided she wanted to follow a different career path as a full-time teacher and left the joint practice. The eventual dissolution of their marriage followed. While their time practicing together may have been short, they were very active in advocating for the safety and efficacy of acupuncture to the public, as well as for the legal rights of acupuncturists in Texas. Mobi recalled that early on she and Dr. Ho chose community education over advertising for their practice. She reports that they did many public talks, as well as delivering talks at medical schools. Her personal focus during these talks was to emphasize that acupuncture is based on centuries of clinical practice and clinical records, “not just make-believe.” Implicit in this assertion is her concern with distinguishing acupuncture from other healing therapies that had been embraced by the New Age movement, a movement she confesses she has grown increasingly disillusioned with because of its reliance on things that are largely unsubstantiated. It is worth noting that in pitching acupuncture as evidence-based, Mobi and Dr. Ho deliberately sought to demystify acupuncture, reframing it in the conditions of legitimacy familiar to their audience, students of biomedicine and people who believe in biomedicine.

As for legal involvement, Dr. Ho joined together with a number of other acupuncturists in Texas, most of them from Houston, into an association that frequently met in Austin to lobby for full licensing rights. This association was the yet unofficial Texas Acupuncture Association (officially established in 1989 and now called the Texas Association of Acupuncture and Oriental medicine), which was highly influential in the legal process of securing licensing for acupuncturists, as well as continuing to defend their legal rights to this day. Both Dr. Ho and Mobi recall giving testimony in favor of acupuncture during hearings. Neither Dr. Ho or Mobi

mentioned the exact details of when and where they testified, or who they testified before. However, the “Interim Report of the Committee on Human Services Texas House of Representatives to the Sixty-ninth Legislative Session, 1984” has in its appendix a list of witness present at the Joint Hearing on Acupuncture Regulation held by the Senate Committee on Health and Human Resources Subcommittee, House Public Health Committee, and House Human Service Committee on June 25, 1984. Mobi is listed among these witnesses. The purpose of this hearing was, as stated in the Interim Report, “to familiarize the members [of the committees] with acupuncture and the status of its regulation in Texas.”

When I asked Dr. Ho about the process of fighting for licensing, he told me, “Well at first, because TMA (Texas Medical Association) they were concerned about our credential. And second, they were also concerned the public safety—that’s the main thing right. And so, we had to prove to them you know, we treated people and don't have any problem. We had a lot of public support too.” As Dr. Ho said, the health and safety of the public was of considerable concern to the TMA as well as the State Board of Medical Examiners (now called the Texas Medical Board). According to the first statement on acupuncture issued by the Board of Medical Examiners in 1974, they considered acupuncture to be an “experimental procedure,” and stated that “safeguards are necessary to insure that the public is not harmed or victimized by unprofessional practices, such as unskilled or uninformed of application of acupuncture treatment, or unfounded claims of effectiveness” (Senate Committee on Health and Human Resources 1984: 7-8) With the help of testimony from the public, a public Dr. Ho remembers being very supportive, as well as from trained acupuncturists like Mobi and Dr. Ho, the central question behind the legal negotiations of the 1980’s shifted from one of the safety and efficacy of acupuncture to *how* and *who* can effectively regulate it. The report issued by the Senate Committee on Health and Human Resources in 1984 indicates that the emerging official opinion

recognized that the Board of Medical Examiners and supervising physicians could only ever have a limited and imperfect capacity to effectively regulate acupuncture, a practice about which they have very limited knowledge. This set the stage for the re-opening of the case for an independent board and licensing for acupuncturists in the 1993.

In the meantime, Dr. Ho continued to grow his practice and professional abilities, now without Mobi. In 1988, Dr. Ho temporarily closed his office and went to Shanghai to do a two-month course in acupuncture and moxibustion at the Shanghai College of Traditional Medicine. There, he tells me, he had the opportunity to gain more experience working in a hospital setting. The following year, in 1989, the Texas Acupuncture Association officially formed. With the Texas Association of Acupuncture, Dr. Ho invested “big money” to hire lobbyists to fight for licensing rights. In 1993, the time, effort, and money that had been invested over the past 20 years finally culminated in the legislation enabling the legal licensure of acupuncturists and the creation of the Texas State Board of Acupuncture Examiners. In 1994, Dr. Ho received his first acupuncture license, and in 1977 he was awarded the title “Founder of Texas Acupuncture” by the Texas Acupuncture Association for his contributions to the legalization of acupuncture. In the following years, Dr. Ho continued to be involved in acupuncture regulations, even serving on the TSBAE from 2003-2009 under an appointment by Texas Governor Rick Perry.

Presently, Dr. Ho no longer directly involves himself in the legal matters pursued by the acupuncture committee. As he says, “I’m not involved now, I’m semi-retired. I let the next generation do what they do. But I still support-- give money, because you need to hire lawyer, lobbyist to fight for you.” The fight he refers to is a now long-standing legal battle between the Texas Acupuncture Association and the Texas Board of Chiropractic Examiners, who claims acupuncture is within the chiropractic scope of practice. This fight, beginning in 1995, is a source of great bitterness for the acupuncture community of Texas. Dr. Ho personally expressed

bitterness that, after all the concern about “public safety” that had kept acupuncturists for getting licensing, chiropractors are allowed to practice acupuncture without an acupuncture license and with only 100 hours of training. This stands in strong contrast to the thousands of hours of training acupuncturists are required to have in order to get a license. “Well, we aren't against people do acupuncture, but they have to qualify like us. You have to go to school to qualify, you know. So yeah, that's all. You can go back to concern public safety.”

Today, Dr. Ho continues to maintain his practice, now split between two different offices, one in San Antonio and another in a neighboring town. He exclusively uses acupuncture to treat patients, because many of his patients are very elderly and are already on a lot of medications, leading him to be concerned about complications that could arise from the unknown effects of mixing herbal medicine with so many different medications.

Now we arrive at the question of articulation of practice. First, Dr. Ho frequently invoked the 5,000-year history of China and the 3,000-year history of Chinese medicine when discussing explaining Chinese medicine to me. For example, when addressing the question of “does acupuncture work?” he told me,

Okay. You look the history, China have 5,000 years of history, Chinese Medicine at least more than 3,000 years ago, right, way before Western medicine, right, okay. Now today, okay I give you a few things: Number one is long history. Number two, huge population. Today China have 1.4 billion people, what that mean? Now, if Chinese medicine acupuncture didn't work, how's people still live today that many? And so, now Chinese medicine acupuncture and herbal medicine go around the world too, not just only China practice.”

In this quote, Dr. Ho clearly appeals to the long history of China and Chinese medicine as the source of Chinese medicine’s authority and legitimacy. He also referenced the 3,000-year history of Chinese when I expressed amazement that somebody had figured out where to put acupuncture needles in order to turn a breeched baby. He explained that Chinese medicine has

been evolving for all that time. This demonstrates that he sees the evolution of Chinese medicine over 3,000 years as a source of strength and the reason Chinese medicine can treat so many problems. This perspective that looks toward the history of Chinese medicine stands in strong contrast to Dr. Chang, who never once mentioned the history of China or Chinese medicine.

The reason for this can be seen in their individual histories. Throughout his interview, Dr. Ho articulated a strong sense of Chinese identity. When I asked about if he had trouble going to China to train in Shanghai, he defensively responded “No, no, no, I am Chinese, I speak Chinese.” The fact that he so frequently invoked the history of China can also be seen as an indication of his Chinese identification. The one other Chinese practitioner I interviewed also frequently invoked China’s history, something that my white and Hispanic practitioners did not do. Dr. Ho’s strong Chinese identification is most likely linked to his past in Cambodia and the education he received from Chinese doctors. As I mentioned earlier, Cambodia was ethnically segregated due to the legacy of the French colonization. As a result, Dr. Ho would have grown up in an area of town mostly inhabited by Chinese, and probably went to a Chinese school and temple (Jelonek 2008). This association with Chinese people most likely served to strengthen his sense of Chinese identity, especially as ethnic tensions increased and he and the people he grew up around and identified with began to undergo persecution. Further, the Chinese doctors that trained him received their own training in PRC state schools. As noted earlier, the very purpose of the institutionalization of Chinese medicine was to elevate it as a “treasure house” of the Chinese people (Chin 2006). This was also a time when the Chinese people were being inundated with party rhetoric touting the greatness of the Chinese people and their history. For these reasons, Dr. Ho’s teachers would have strongly emphasized the long history of Chinese medicine in their instruction. Dr. Chang, on the other hand, did not make any claims about being Chinese. Mrs. Chang even mentioned at one point in the interview that they did not like China.

Taiwanese identity politics are highly complex, however, given Mrs. Chang's statement, it is possible that the Chang's consider themselves to be Taiwanese rather than Chinese.

Second, Dr. Ho articulated Chinese medicine as "filling in the gaps" left by Western medicine. "Because it can fill in the you know, the gaps, Western medicine cannot help, you know. And also, acupuncture is non-invasive treatment, okay. Not like you take drug and medicine and get different side-effect, with acupuncture you don't get that side-effect, so yeah." This articulation is consistent with the both the Chinese and Western way of thinking of Chinese medicine whereby Chinese medicine is considered complementary to Western medicine, rather than a replacement or alternative to Western medicine (Flesch 2013). Notably, since Dr. Ho was trained in a clinical setting by doctors with knowledge of both Chinese and Western medicine, he may have frequently seen his teachers delineate in practice what they thought should be treated by Western medicine versus Chinese medicine.

Interestingly, Dr. Ho explained two methods of diagnosis in Chinese medicine by comparing them to Western medicine diagnosis. First, he explained pulse diagnosis by saying "If you go to doctor here, they take your blood pressure, right? And, and weigh yourself and take your urine and take your blood, you know, all to the lab test, okay. Now, Chinese Medicine practice 3,000 years ago we don't have that kind of equipment, okay." Second, he explained tongue diagnosis through a similar example "Tongue, because, you know, say the old time we cannot- don't have x- ray to look inside, right? Or scan look inside, right? So, look at tongue. Look at tongue, they understand what going on in the body, okay?" At first glance, it seemed that perhaps he is trying to justify the use of what, to the mind of a Westerner, would seem like very strange diagnosis techniques. One could easily mistake these as instances of likening Chinese medicine to some kind of primitive biomedicine. However, he gave no indication that he felt that Chinese medicine was limited by its diagnostic methods. Many of the examples and

stories he gave me spoke to the contrary and, I would argue, show a confidence in the ability of Chinese medicine to make diagnosis just as, and even more effectively than Western medicine.

For the pulse diagnosis, Dr. Ho explained to me that when you read the pulse in Chinese medicine, you are given much more information than just how fast the pulse is. By applying different levels of pressure and placing the fingers on different parts of the wrist, the Chinese medicine practitioner can discern very specific information about the qi in the different organ systems of the body. Likewise, with the tongue diagnosis, regions of tongue correspond to the organ systems of the body, providing complex information through color, shape, and coating. When I asked Dr. Ho if patients usually tell him about their conditions or if he can tell just by looking, he promptly answered, "Oh, sometimes they tell me sometimes I tell them before they tell me." He followed this with two examples.

Dr Ho: For example, say, actually I have many case. Say a lady come in to me, she had the back pain you know. Of course, I need to treat her back right to reduce the pain, in the meantime I look and "Oh... when the last time have the mammogram?" Okay, look her ear only. And she said "oh, years ago." I say, "you better go back." I tell her exactly left side or right side have the lump too.

Me: Oh, just from looking at the ear?

Dr Ho: Mhm, yeah, yeah. Left side or right side the lump too. And she come back and say, "You right!"

Me: Wow, I haven't heard anything like that.

Dr. Ho: I'm more advanced than anybody in town here, they'll tell you it's true.

Me: Honestly, I believe it.

Dr. Ho: And you know, one time a retired eye doctor, he retired you know, he come in here and have the back pain you know so I treat him and I look in the ear and say "Your eye, one side nearsighted and one side farsighted." He say, "how you know?" I say, "I know." He say, "can you teach me?" I say, "Oh you retired I don't have to teach you." [we both laugh]



One last example is worth mentioning. When Dr. Ho's wife was pregnant with his second son, they found out at a doctor's appointment that the baby was breech. The doctor told them to go to the hospital right away to have the baby turned. Instead, they went home, and Dr. Ho put a needle in each of her feet, successfully causing the baby to turn around for delivery. These examples demonstrate that Dr. Ho has both a great confidence in Chinese medicine, as well as in his own abilities, particularly in the area of diagnosis. His confidence goes even to the point of ignoring a doctor's advice when he felt that his own expertise could better address the situation. This stands in strong contrast to Dr. Chang's insistence that he cannot diagnose because he is not an MD. Part of this confidence certainly comes from Dr. Ho's personal experience and successes. It is also possible that he has a greater sense of confidence because, to his mind, he has 3,000 years of accumulated knowledge and practice to lean on. He may have also learned to trust Chinese medicine diagnosis during the days of his apprenticeship. Given the war-time circumstances, most hospitals and clinics, especially in rural areas, lacked access to medical equipment, meaning that the technologies that Western medicine doctors would usually rely on for diagnosis were not accessible (Ovesen and Trankell 2010). In this situation, it is very likely that Dr. Ho's teacher relied heavily on Chinese medicine diagnosis and treatment in the absence of the equipment and technologies of Western medicine.

In sum, Dr. Ho articulates Chinese medicine in a way that is far removed from the way Dr. Chang articulates it. While Dr. Ho encountered uncertainty and difficulty in establishing his practice, he had much more security than Dr. Chang because of his sponsorship. This allowed him to mostly maintain the conception of Chinese medicine and its authority that he developed in his years in Cambodia. While he continued to articulate a strong sense of Chinese medicine's authority lying outside of biomedical frameworks, he also began to talk of Chinese medicine as "filling in the gaps" of Western medicine. This is consistent with the trend that has been

established in the United States in which the place of Chinese medicine is always, to some extent, negotiated in relation to hegemonic biomedicine (Flesch 2013).

## CONCLUSION

Finally, we can return to the idea of Chinese medicine as living tradition, as argument and bricolage. Before coming to San Antonio, Dr. Chang and Dr. Ho started with the tradition of Chinese medicine that they learned in two different places, under very different circumstances, and in very different ways. Both of the “traditions” they learned having its own claim to Chinese medicine “tradition.” To San Antonio they carried these unique assemblages of Chinese medicine, facing yet a new set of distinct social and legal circumstances. In this new space with new and unfamiliar rules, Dr. Chang and Dr. Ho had to negotiate the place and value of Chinese medicine to people that were not knowledgeable about Chinese medicine but had already begun to form distinct, historically and culturally conditioned impressions about what Chinese medicine is. While they engaged in direct efforts to shape the legal place of acupuncture in Texas, they also had to adapt, forming new ways of thinking about Chinese medicine in response to the conditions they faced. The assemblages that emerged in each case were neither entirely new nor entirely old— they resemble each other, the past, and the future, but are still distinct.

As my analysis shows, Dr. Ho and Dr. Chang have significantly different ways of articulating and approaching the practice of Chinese medicine. Dr. Chang is largely oriented toward questions of legitimacy based on the markers of legitimacy recognized by biomedicine and U.S. legislative bodies such as the TSBAE. That he even went so far as to lose whatever pride he might have originally had for coming from a family of Chinese medicine demonstrates vividly the precarity he faced and the great lengths he had to go to in order to justify and legitimize his practice. Dr. Ho, on the other hand, articulates the legitimacy of Chinese medicine

as resting in the long history of Chinese medicine and the accumulation of knowledge that it represents. In this way, Dr. Chang and Dr. Ho have established and carried forward the “living tradition” of Chinese medicine in San Antonio, negotiating, revising, and reconceptualizing the differing assemblages of Chinese medicine they had inherited.

## REFERENCES

- Brown, Mel. 2015. *Chinese Heart of Texas: The San Antonio Community 1875-1975*. Austin: Lily on the Water Publishing.
- Chin, Brady T. 2006. "A Great Treasure House: How Chinese Medicine Became Traditional Chinese Medicine." *California Journal of Oriental Medicine* 17(2): 20-27.
- Flesch, Hannah. 2013. "A Foot in Both Worlds: Education and the Transformation of Chinese Medicine in the United States." *Medical Anthropology* 32(1): 8-24.
- Furth, Charlotte. 1999. *A Flourishing Yin: Gender in China's Medical History, 960-1665*. Berkley and Los Angeles, CA: University of California Press.
- Hou, Pu-Wei, et al. 2015. "The History, Mechanism, and Clinical Application of Auricular Therapy in Traditional Chinese Medicine." *Evidence Based Complementary and Alternative Medicine* 2015.
- Hsu, Elizabeth. 1996. "Innovations in Acumoxa: Acupuncture Analgesia, Scalp and Ear Acupuncture in the People's Republic of China." *Social Science and Medicine* 42(3): 421- 430.
- Hsu, Elizabeth. 2008. "The History of Chinese Medicine in the People's Republic of China and its Globalization." *East Asia Science, Technology and Society: An International Journal* 2:465-484.
- Jelonek, Adam W. 2008. "The Chinese in Cambodia." *Acta Asiatica Varsoviensia* 21: 35- 49.
- Lockard, Craig A. 2013. "Chinese Migration and Settlement in Southeast Asia Before 1850: Making Fields From the Sea." *History Compass* 11(9): 765-781.
- McKeown, Adam. 1999. "Conceptualizing Chinese Diasporas, 1842 to 1949." *The Journal of Asian Studies* 58(2): 306- 337.
- Ovesen, Jan and Ing-Britt Trankell. 2010. *Cambodians and their Doctors: A Medical Anthropology of Colonial and Postcolonial Cambodia*. Copenhagen: NIAS Press.
- Owen, Taylor and Ben Kiernan. 2006. "Bombs Over Cambodia." *The Walrus* October, 12. Retrieved April 23, 2020 (<https://thewalrus.ca/2006-10-history/>).
- Rogaski, Ruth. 2004. *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China*. Berkley and Los Angeles: University of California Press.
- Sarvis, Will. 2005. "Gifted Healer Ing Hay and the Chinese Medical Tradition in Eastern Oregon, 1888-1948." *Journal of the West* 44(3): 62- 69.
- Scheid, Volker. 2002. *Chinese Medicine in Contemporary China: Plurality and Synthesis*. Durham and London: Duke University Press.

- Scheid, Volker. 2006. "Chinese Medicine and the Problem of Tradition." *Asian Medicine* 2(1): 59- 71.
- Senate Committee on Health and Human Resources. 1984. "The Regulation of Acupuncture in Texas: Report to the 69<sup>th</sup> Legislature." Texas Legislative Reference Library.
- Shelton, Tamara Venit. 2019. "Nature's Own Remedies: Chinese Medicine in Progressive Era America." *Pacific Historical Review* 88(3): 378-409.
- Taylor, Kim. 2004. "Divergent Interests and Cultivated Misunderstandings: The Influence of the West on Modern Chinese Medicine." *Social History of Medicine* 17(1): 93-111.
- Wu, Emily S. 2013. *Traditional Chinese Medicine in the United States: In Search of Spiritual Meaning and Ultimate Health*. Lanham, MD: Lexington Books.