

Introduction to Compassionate Herbalism and Health Justice Teacher Notes
by Mary Blue and Lauren Giambrone

Intro:

1. why is compassionate herbalism and health justice important?

*because we want to make herbalism accessible to everyone - that's part of our tradition, culture as herbalists to be accessible and available to our communities

*the health care system is so full of "isms"; creating safe space within herbalism will lead people to herbs, empowered health and a healthier medical system

*corporatized health care, power of pharmaceutical industry - capitalism is driving who gets access to care and what kind of care is available. this creates an unjust and unhealthy system. herbalism available to all and prioritizes preventive care...

2. Health Justice Principles:

- Group engagement: what is health justice? use white board or large paper to write down answers that the large group popcorns out.
- read aloud farmacy herbs health justice principles (make a handout of these?)

FARMACY HERBS HEALTH JUSTICE PRINCIPLES:

- create access to all types of healthcare regardless of a person's race, class, gender identity, age, ability level, or culture (religious beliefs, too)
- do no harm. these principles create a health care system that does not pollute the planet or our bodies, while acknowledging and preventing environmental racism.
- these principles work towards creating a healthcare system that is not based on profits, biased clinical trials, animal testing, trademarking of traditions and cultural mis-appropriation.
- health justice principles incorporate preventive health care measures (access to non-toxic food), historical/cultural evidence based medicine and a wholeistic view of the body (non-symptom based).
- allows for individual empowerment in health and healing through education, access and community support.

3. Classroom Guidelines:

- when and how to use them and why : they create a shared understanding based on respect and equality. have them present in your classroom, in your class materials, present them to teachers entering into the space for the first time, go over them with students as a group so all are on the same page. allow for compassionate engagement and questions about these - use as a learning tool, no judgments.

FARMACY HERBS CLASSROOM GUIDELINES:

Please try to avoid labeling these guidelines as "Politically Correct". We prefer to think about these guidelines as "Pretty Compassionate". We are working towards creating a classroom culture that is inclusive, safe and anti-oppressive. These guidelines do not give anyone the right to be the PC police, these guidelines are there to encourage communication about each others experiences.

These guidelines are not meant to stifle opinions, thoughts or statements. They are a tool for clear communication. Changing language to be “PC” (pretty compassionate) can make a hard discussion easier for everyone involved.

- a. We are committed to non-violence, anti-oppression, and compassion with all communication that takes place within our classroom.
- b. Use language that is non-offensive! Avoid using language that may be potentially racist, sexist, homophobic or transphobic.
- c. Please speak from experience. Starting sentences with: From my experience.....adds validity and builds trust within the group. We all have answers and valid experiences: Before opening up the discussion, it can be helpful to remind people that they don't have to have the "right" answers in the discussion, and that one of the main objectives is learning together, not already knowing the "answers".
- d. Prefacing potentially triggering comments with a warning. We all need to speak our minds, and understanding that this can be potentially triggering when speaking out our own experiences regarding sexual abuse and trauma. A warning may sound like: I am going to talk about sexual abuse and understand this may be traumatic for some folks to hear. We also acknowledge that we are not responsible for others emotions or experiences, so there is a balance here. Being a compassionate herbalists means being open and flexible with communication and aware of potential triggers.
- e. Move Up, Move Back: People who often talk a lot, challenge yourselves to listen more. People who don't talk that much, we want to hear what you have to say!
- f. Be Aware of Time: We have a limited amount of time together. Lets try to be on time and stay on topic.

4. Pretty Compassion VS Politically Correct

Goal is to bring awareness, not to shame or correct

and to introduce resources; create safe spaces, classrooms, consultations, etc.

Language

Identify triggers/ and findings alternatives

list of examples:

<p>Triggers / Scenarios : break large group up into 3 groups to discuss trigger and come up with alternative.</p>	<p>Alternatives : small groups become one big group again to discuss triggers and the alternatives they created; mary and lauren to add to it with these below.</p>
<p>Misgendering example: teacher states upon beginning an herb class with folks they've never met, with a majority of what appears to be female</p>	<p>This means not assuming everyone with a presumed female body identifies as a woman. Teacher states instead, “good morning class / everyone / students”; using non-gendered language to address and</p>

<p>bodied people present, says “good morning ladies...”</p>	<p>include everyone. also asking, “let’s go around and state our names and preferred gender pronouns before we get started.”</p>
<p>Race assumptions</p> <p>example: a white teacher is teaching a chinese herb class and makes a statement “chinese people all eat the same way”. or: a white herbalist walks in and introduces himself as a “chinese herbalist”. He is not chinese, he is a white guy practicing chinese herbalism.</p>	<p>This means being aware of your language regarding culture and race. This does not mean a person of a different culture cannot practice or teach chinese or ayurvedic medicine, it means that in practicing these types of herbalism, the compassionate herbalist will do what they can to avoid offending people and make sweeping statements about race.</p>
<p>Class Awareness</p> <p>example : herbalists wanting to continue their education but cannot afford full conference price often have to do work trade to help pay for conference, yet then have to work and skip out on certain classes. Accessibility at conferences may be improved by offering certain number of sliding scale spots. This way conference budget needs are met while also making it more accessible to more people.</p> <p>example: a sick person needs an herbal consult. The practitioner in their area prices are \$150 an hour. sick person cannot afford this and cannot access the care they desire.</p>	<p>Herbal conferences are very expensive (conference fee, transportation, housing, food, etc.) and although offer some scholarships and work trade, they often do not offer a sliding scale; this disallows many herbalists from attending who cannot afford to pay the hefty fee, therefore creating barriers to accessing continuing education.</p> <p>Practitioners could consider offering a sliding scale one day a week or one day a month based on income level. offering these lower cost consultations allows folks of varying economic backgrounds to access the support they desire. practitioner balances out full payment consultations with sliding scale so they can meet their own financial needs.</p>
<p>What triggers have you seen in receiving care or giving care or as a student?</p>	<p>group popcorn and engagement of support</p>

Common Herbal themes in Health Justice and addressing “isms”

Gender (definitions/ intakes) : Mary brings sheet from Farmacy to go over

Class (what is class?) : Do line game

move forward if answer is yes ... move backward if answer is no:

- you graduated from college
- own your own car
- don't have debt
- have insurance
- has your family needed public assistance?
- owned the home you grew up in?
- own your own business?
- own a computer?
- had health care growing up?
- have access to social capital?

Cultural sensitivity: be aware of: appropriating from oppressed cultures/ broad sweeping statements about a race or culture: analysis: where is info coming from? giving respect and acknowledgement.

Albeism/ body abilities /type: awareness around disability justice movement/ sensitivity around sickness, chronic illness, mobility/ size/ age. How accessible are your classes? As a student, how can you be an ally to your classmates, What does this look like in consultations, seating, stairs, etc...

Mental Health: mental health does not have to be defined as the same way, and can be embraced and supported. (article)

everyday language used: awareness radical mental health community, icarus sales slogan game: how do we rewrite the following?

- mad savings!
- insane blowout sale!
- watch this crazy video!

Resources

<http://www.freedom-center.org/>

Freedom Center is a support and activism community run by and for people labeled with severe 'mental disorders.' We call for compassion, human rights, self-determination, and holistic options. We create alternatives to the mental health system's widespread despair, abuse, fraudulent science and dangerous treatments.

<http://theicarusproject.net/>

The Icarus Project envisions a new culture and language that resonates with our actual experiences of 'mental illness' rather than trying to fit our lives into a conventional framework.

www.sinsinvalid.org / blog

Sins Invalid recognizes that we will be liberated as whole beings—as disabled, as queer, as brown, as black, as gender non-conforming, as trans, as women, as men, as non-binary gendered— we are far greater whole than partitioned. We recognize that our allies emerge from many communities and that demographic identity alone does not determine one's commitment to liberation.

Sins Invalid is committed to social and economic justice for all people with disabilities – in lockdowns, in shelters, on the streets, visibly disabled, invisibly disabled, sensory minority, environmentally injured, psychiatric survivors – moving beyond individual legal rights to collective human rights.

Our stories, imbedded in analysis, offer paths from identity politics to unity amongst all oppressed people, laying a foundation for a collective claim of liberation and beauty.

harrietsapothecary.com

Harriet's Apothecary is an intergenerational, seasonal, healing village led by the brilliance and wisdom of Black Cis Women, Queer and Trans healers, artists, health professionals, magicians, activists and ancestors. Our village, founded by Harriet Tubman and [Adaku Utah](#) on April 6 2014, manifests at the bloom of every Spring, Summer, Fall, and Winter in Brooklyn. We are committed to co-creating accessible, affordable, liberatory, all-body loving, all-gender honoring, community healing spaces that recognize, inspire, and deepen the healing genius of people who identify as Black, Indigenous and People of color and the allies that love us.

ARTICLE ON MENTAL HEALTH DIVERSITY

The New Field of Neurodiversity: Why 'Disabilities' Are Essential to the Human Ecosystem
Differences among brains are as enriching -- and essential -- as differences among plants and animals. Welcome to the new field of neurodiversity.

June 8, 2010 |

This is an edited excerpt from Neurodiversity: Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences, by Thomas Armstrong, published by Da Capo Lifelong, a member of the Perseus Books Group. © 2010

Imagine for a moment that our society has been transformed into a culture of flowers. Now let's say for the sake of argument that the psychiatrists are the roses. Visualize a gigantic sunflower coming into the rose psychiatrist's office. The psychiatrist pulls out his diagnostic tools and in a matter of a half an hour or so has come up with a diagnosis: "You suffer from hugism. It's a treatable condition if caught early enough, but alas, there's not too much we can do for you at this point in your development. We do, however, have some strategies that can help you learn to cope with your disorder." The sunflower receives the suggestions and leaves the doctor's consulting room with its brilliant yellow and brown head hanging low on its stem.

Next on the doctor's schedule is a tiny bluet. The rose psychiatrist gives the bluet a few diagnostic tests and a full physical examination. Then it renders its judgment: "Sorry, bluet, but you have GD, or growing disability. We think it's genetic. However, you needn't worry. With appropriate treatment, you can learn to live a productive and successful life in a plot of well-drained sandy loam somewhere."

The bluet leaves the doctor's office feeling even smaller than when it came in. Finally, a calla lily enters the consulting room and the psychiatrist needs only five minutes to determine the problem: "You have PDD, or petal deficit disorder. This can be controlled, though not cured, with a specially designed formula. In fact, my local herbicide representative has left me with some free samples if you'd like to give them a try."

These scenarios sound silly, but they serve as a metaphor for how our culture treats neurological differences in human beings these days. Instead of celebrating the natural diversity inherent in human brains, too often we medicalize and pathologize those differences by saying, "Johnny has autism. Susie has a learning disability. Pete suffers from attention deficit hyperactivity disorder."

Imagine if we did this with cultural distinctions ("People from Holland suffer from altitude deprivation syndrome") or racial differences ("Eduardo has a pigmentation disorder because his skin isn't white"). We'd be regarded as racists and nationalists. Yet, with respect to the human brain, this sort of thinking goes on all the time under the aegis of "objective" science.

The lessons we have learned about biodiversity and cultural and racial diversity need to be applied to the human brain. We need a new field of neurodiversity that regards human brains as the biological entities they are, and appreciates the vast natural differences that exist from one brain to another regarding sociability, learning, attention, mood and other important mental functions.

Instead of pretending that hidden away in a vault somewhere is a perfectly "normal" brain, to which all other brains must be compared (e.g., the rose psychiatrist's brain), we need to admit that there is no standard brain, just as there is no standard flower, or standard cultural or racial group, and that, in fact, diversity among brains is just as wonderfully enriching as biodiversity and the diversity among cultures and races.

Over the past 60 years, we've witnessed a phenomenal growth in the number of new psychiatric illnesses, resulting in our disability-plagued culture. In 1952, the first edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association listed 100 categories of psychiatric illness. By 2000, this number had tripled.

We have become accustomed as a culture to the idea that significant segments of the population are afflicted with neurologically based disorders such as "learning disabilities,"

“attention deficit hyperactivity disorder” and “Asperger syndrome”: conditions unheard of 60 years ago. Now, even newer disabilities are being considered for the next edition of the DSM, due out in 2012, including relational disorder, sexual behavior disorders and video game addiction.

The National Institute of Mental Health (NIMH) has reported that more than one-quarter of all adults in the U.S. suffer from a diagnosable mental disorder in any given year. It seems to me that we’re moving toward a day when virtually every single individual alive may be regarded as afflicted with a neurologically based mental disorder to one degree or another.

How did we get to this place? Certainly one factor has to do with the tremendous leap in knowledge we’ve made over the past several decades regarding the human brain. Hundreds, if not thousands, of studies come out every year giving us more and more information about how the human brain works. This is revolutionizing our understanding of human mental functioning and that is a good thing. But it is also responsible for ours becoming a disability culture.

The trouble is that medical researchers generally have a disease-based perspective regarding the brain, not a view that is focused on health and well-being. Funding for brain research goes to the squeaky wheel. Studies abound, for example, about what’s wrong with the left hemisphere of the brains of dyslexics. Little research, however, exists on an area in the right hemisphere that processes loose word associations and may be the source of poetic inspiration. The concept of neurodiversity provides a more balanced perspective. Instead of regarding traditionally pathologized populations as disabled or disordered, the emphasis in neurodiversity is placed on differences. Dyslexics often have minds that visualize clearly in three dimensions. People with ADHD have a different, more diffused, attentional style. Autistic individuals relate better to objects than to people.

This is not, as some people might suspect, merely a new form of political correctness (e.g., “serial killers are differently assertive”). Instead, research from brain science, evolutionary psychology, anthropology, sociology and the humanities demonstrates that these differences are real and deserve serious consideration.

I recognize that they also involve tremendous hardship, suffering and pain. The importance of identifying mental illness, treating it appropriately and developing the means of preventing it in early childhood cannot be overstated.

However, one important ingredient in the alleviation of this suffering is an emphasis on the positive dimensions of people who have traditionally been stigmatized as less than normal. My own definition of neurodiversity concerns itself with an exploration of seven mental disorders of neurological origin, which may represent alternative forms of natural human difference: ADHD, autism, dyslexia, mood disorders, anxiety disorders, intellectual disabilities and schizophrenia.