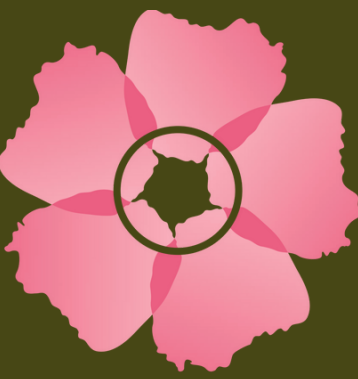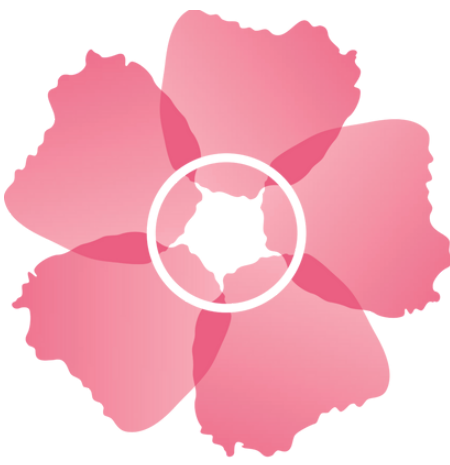Wild Rose College

01: Accessible Herbalism

Denise Cusack

What Is Accessible Herbalism?

Health Justice Principles in Herbalism:

- Access regardless of race, class, gender, age, ability, culture, religion, or spiritual beliefs.
- Includes access to culturally relevant health care, access to healthy foods for whole body wellness, and inclusive practice.
- Empowerment gives people the tools to control own healing.
- Anti-Oppressive practices do not re-harm those we serve.

What Is Accessible Herbalism

What obstacles might people have?

1. Financial - Low or no Income, jobless, undocumented and unable to provide financial proof.
2. Physical - Unable to travel to location due to work or lack of transit/vehicle.
3. Emotional - Clinic Is In a neighborhood that Is historically racist or unwelcoming of other folks. Mental health accessibility and safe spaces.

What Is Accessible Herbalism

How do we make accessibility Equitable?

- Evaluate methods of payment or donation recommendations
- Evaluate methods and sliding scale of herbal products or support

What Is Accessible Herbalism

How do we make accessibility Equitable?

- Evaluate ways to take money out of the equation for those that most need It.
- Evaluate how to create sliding scale or free system for marginalized folks.

What Is Accessible Herbalism

How do we make accessibility Equitable?

- Evaluate systems In place that might create boundaries or exclude people - safety.
- Use non-violent and non-offensive language.
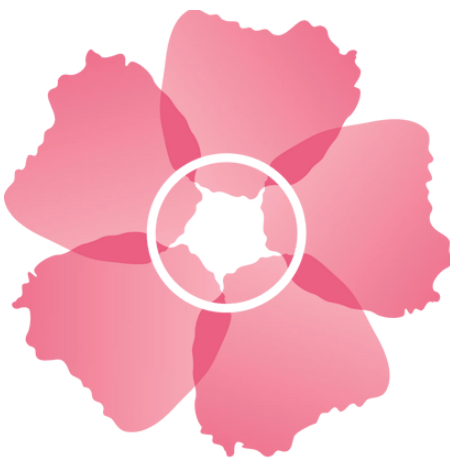
What Is Accessible Herbalism

Why does equity matter?

- Historically excluded
- Historically marginalized
- Underrepresented

Herbalism in many ways Is elitist and expensive. It is not covered by insurance or the health care system In much of the world, and yet Is still the most prevalent health care for most of the globe. Accessing affordable herbal products Is a challenge.

Tools for Accessibility

Key Topics

Sliding Scale
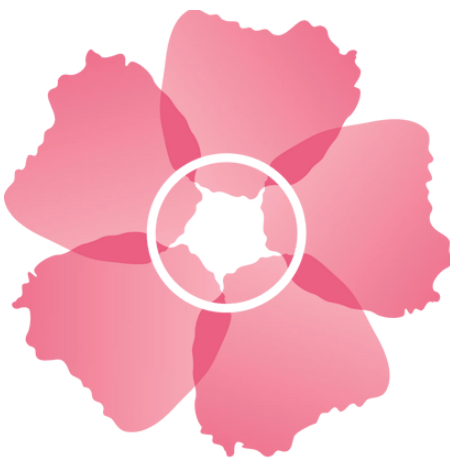1. Use and misuse
2. Making sliding scale equitable

Pay What You Can
1. Suggested donation
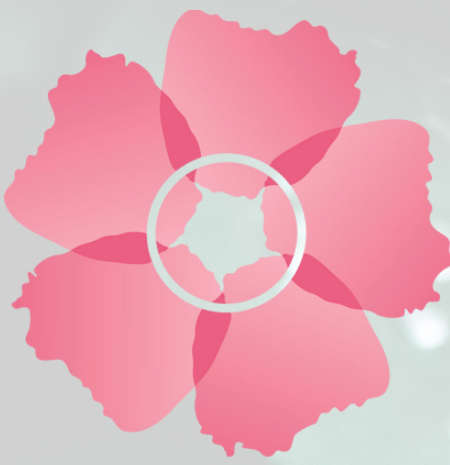2. Use and misuse

Tools for Accessibility

Key Topics

Equity based Suggested Donation
1. Income suggested scale
2. Adding caveats for historically excluded folks (sliding scale for BIPOC only, etc.)
3. Focusing on specific groups based on clinic location and community
4. From communities, by communities

Example: Access Barriers

PHYSICAL
Is the space wheelchair accessible? Is the washroom? Are you In a neighborhood with a history of racism? Are you next to a police station or place that might frighten some folks?

TRANSPORTATION
Are you on a bus or train line? Are you In the neighborhood of those you are serving? Do you offer virtual visits for those unable to get to your space?

TECHNOLOGY
Do you post notices and events only online? Do you do so only In one language? Do you assume everyone will have Internet or smart phone?

LANGUAGE
Do you have signage In only one language? Do you have a person greeting folks that knows other local key languages?

ENVIRONMENT
Is the space scent free? Is the building mold-free? Do you have protocols and training in place to protect immunocompromised or at-risk folks?

SUPPORT
Do you have a delivery method for those without a car for refills? Do you provide handouts or materials that are accessible and simple/easy to use?

Problems & Solutions

Brainstorm common Issues with these models

SOLUTION: FUND USING ALTERNATIVE SOURCES SO NOT RELYING ON THOSE SERVED

Creating a donation based system of supplies and support has those with extra sharing In, and those In need don't need to worry about paying. Just because someone doesn't have money does not meant they deserve expired, cheap, opened, or Inferior products. They deserve the best.

SOLUTION: FOCUE ON INEQUITIES TO SPECIFICALLY SERVE UNDERSERVED

Who Is underserved In your community? Who are you focusing on? Create a system of equity based on who youare serving.

SOLUTION: MORE OUTSIDE RESOURCES TO NOT PUT BURDEN ON COMMUNITY

Grow some herbs, have others grow a row, accept donations from herbal businesses. Education Is also undervalued - empowering people to learn how to make their own can be very powerful.
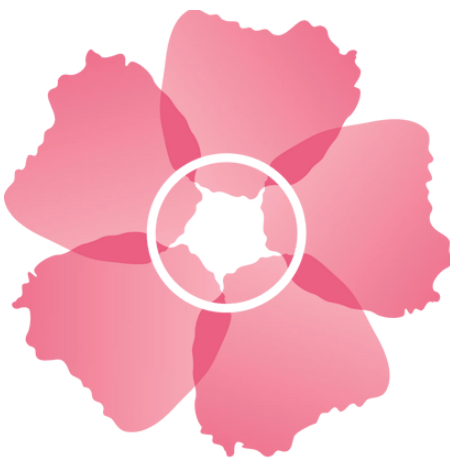
Problems & Solutions

Brainstorm common Issues with these models

REMOVING BARRIERS

- Using alternative accessibility tools such as free gift cards for $xx value without barriers to proof.
- Create coupons or other no questions asked accessibility methods for people to access services.
- Create systems of tools and supplies to reduce disparities
- Business drive where everyone donates 1 product for every 2 sold towards the free clinic.
- Businesses donate XX% of their sales for the month
- Work under a 501c3 or nonprofit NGO to provide tax deductible donation receipts for donor businesses
- Create systems of abundance (coop donating supplies expiring In 3 months, etc.)

Think Outside The Box

Use what you have

Gather community

Resource sharing, not competition

Fundraise In unique ways (find the talents)

Take the burden off of the people you serve

Play to your strengths

But I Need to Make a Living

Herbalists Deserve Living Wage

There are many models to use, many scalable, and you can adapt, adjust, and expand over time.

- Free Clinics
- Free # Appointments/Month
- Free Day/Month
- Pay It Forward
- Outline Who You Serve, and Who Pays
- Full Pay Model for regular clients, specialty clinic serving underserved all free

Making Herbal Products & Supplies Affordable
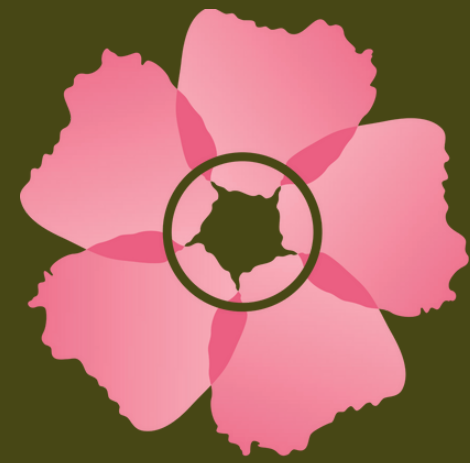
DONATION BASED SUPPLY CHAINS

Creating mutual aid systems of donation support to take financial burden off of those you serve. Not attention based, but community support based.

COMMUNITY SHARING BASED SUPPLY CHAINS

Implementing community sharing models to expand the resource network of like minded practitioners In communities. Not just herbalism, but also Ayurveda, TCM, Mindfulness, Somatic Practice, Energy Work, Massage, etc.

GROW YOUR OWN/EMPOWERMENT SUPPLY CHAINS

Grow a row, land sharing, work cooperatives, tool sharing, all to create non-monetary systems.

EDUCATION BASED, NOT NEEDING AS MANY HERBAL SUPPLIES

Education empowers people to care for themselves and to learn about their own healing journey - not only a take this for that model, and, often needing less resources to reach more people. More scalable.

COMMUNITY RECIPROCITY PARTNERSHIPS, GARDENS, SUPPLIES

Collaborative systems of checking out (library systems), borrowing, and collaborative work.
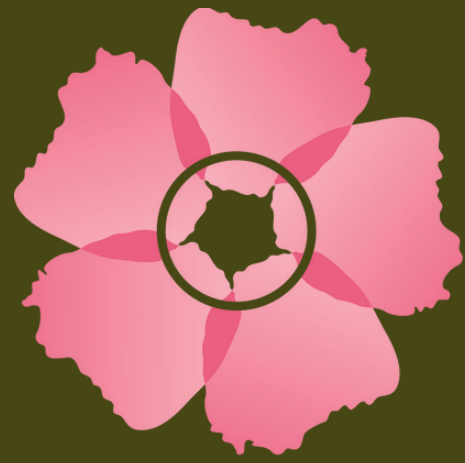
Not just Sustainble, Regenerative.

SUSTAINABLE

About sustaining the status quo

About maintaining current level and health of existing structures
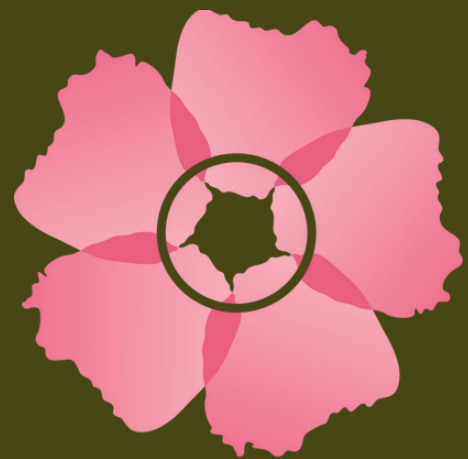
Having the same amount, maintaining

REGENERATIVE

About increasing the yield, Improving the system, and creating abundance

Regenerative builds and expands to support growth over time

Making Herbal Products & Supplies Affordable

CREATING RECIPROCITY MODELS

- Everyone takes something home
- Reciprocity
- People learn & participate
- Models can give back via community (give and receive)
- Instructions & handouts/support minimize redundant work and regenerating
- Suggested donations for supplies can be equitable
- Donated goods and community support for long-term models
- People take home more than an herbal product, they take home knowledge and community
- Support the work!

Examples: Other Barriers

VERBAL

Do you use gendered language that Is not Inclusive? Do you misgender folks or refer to anatomy In he/she terms?

THEM'ING

Are you Inclusive and respectful In communication? Do you create distinctions between you and them - alienating and not being truly Inclusive?

TRUST

Do you work to build trust and create a space for trust building? Do you create models that do not poverty shame nor require performative actions for care?

TRAUMA

Do you have an environment that might trigger folks with PTSD or a history of assault, abuse, or other trauma?

LISTENING
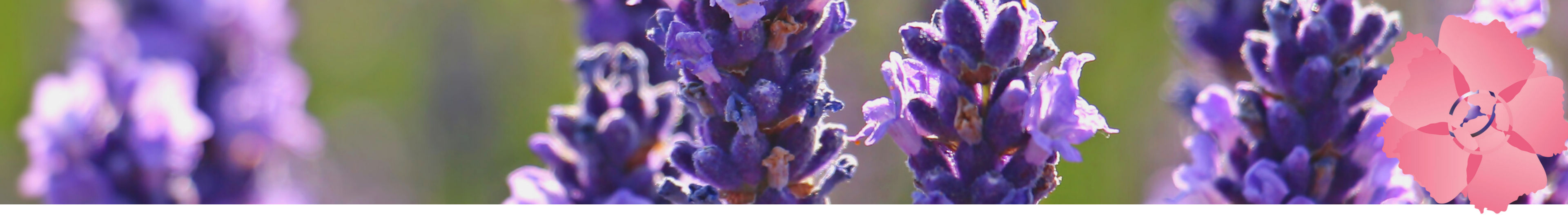
Do you listen first, take time to hear and get to know someone?

TIME is valuable.

SAVIORISM

Do you create an environment that Is about serving and caring for a community, and not helping "those people" or exploiting those we serve for attention?
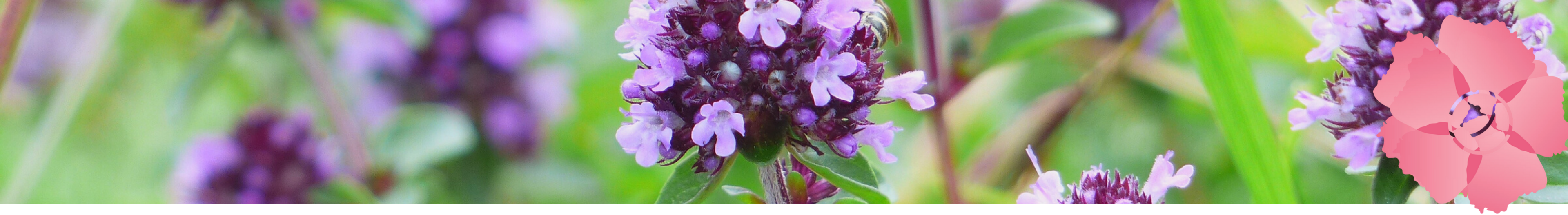
Trauma

PROBLEM: SHAME BASED SYSTEMS

"Trauma is an event, action, or condition that damages, disrupts, distorts, destroys or changes in some fundamental way, how we see ourselves, our relationships, and or our world. It is the effects of trauma that manifest consciously and unconsciously, implicitly and explicitly, and frequently involve changes in thoughts, emotions, five sense perception, inner body sensations, and movement (or impulse to move). The experience of trauma may result in post-traumatic stress and/or post-traumatic growth."
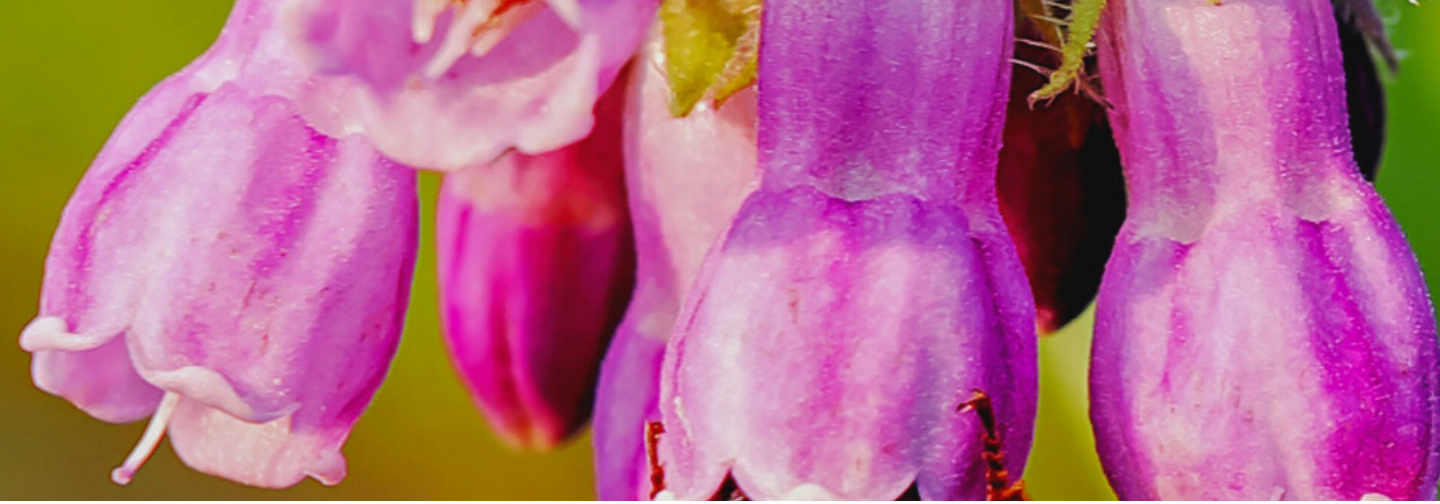
TRUST

TRAUMA -INFORMED

Working with marginalized, excluded, at-risk, or other communities, we are often working with Trauma. Trauma-informed practice can encompass many different things. Many people claim to be trauma-informed without significant understanding of that term. One definition of trauma-informed practice is:

"A person, program, organization, and/or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings."

TRUST

TRAUMA -INFORMED

Triggers: Understand what triggers are and how triggers can impact a person's ability to interact or work with you.6 Stressors can also impact what triggers the stress response.

Authority: Understand that autonomy and authority over the self is important. You as a clinician are in the position of power, in a "power differential", do not exert "expert" over others; listen, do not judge. Do not assume.

Safety: Know what a safe space is, and understand that you don't get to decide if you have a safe space-your client does.8 You don't know what that may be to them; rather ask what you can do to make this a comfortable space. Know there is a difference between safety and comfort, and people may be triggered by trying to be in a "safe space" while feeling discomfort. Understand that if you are a person of privilege, your identity may not feel safe for some people until you earn their trust. Where you practice may not be safe, based on neighborhood, social status, or other reasons you may not realize.

TRUST

TRAUMA -INFORMED

Trust: Reduce and remove marginalization, sexist, classist, ableist, cis-gendered, or culturally superior attitudes and behaviors. Judgement and assumptions on behaviors, lifestyle, financial ability or cultural mores will not gain trust. And remember, trust is not a one-way street.

Accessibility & Accommodation: Trauma is not always visible. Invisible trauma can go hand in hand with invisible illness or able-ness. Accessibility doesn't only mean wheelchair accessible, or ASL.10 Accessibility can mean a scent-free environment, no bright lights or sudden sounds, or even having sliding scale or free options easily selectable without requiring proof of income, or including ways of payment that don't involve a credit card. With trauma, accommodation can also mean understanding where the door is in a room (not at their back), how big the space is or being aware of the discomfort of eye to eye contact or touch.

TRUST

TRAUMA -INFORMED

Ally: You can work to be an ally, but just claiming you are an ally doesn't mean anything. Much like safe spaces the client, not the practitioner, determines if you are an ally. An ally works on all of the above to create a positive supportive non-oppressive non-triggering relationship.

Ego: It is not about you, it is about your client. Make your interactions about what you can do for them, their needs, and their expectations. Be transparent, apologize if you make mistakes, and keep working on it. Nobody is perfect, but in the position of authority you wield the power, which can be very uncomfortable. Stating you are trauma-informed and a safe space is not enough - do the work.

ALLYSHIP
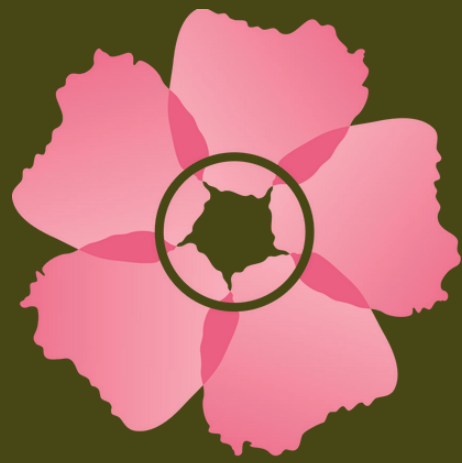
"Anyone has the capability to be an ally. An ally recognizes that though they are not a member of a [sic] marginalized group(s) they support, they make a concerted effort to better understand the struggle. Because an ally might have more privilege (and recognizes said privilege), they are powerful voices alongside marginalized ones."

Guide To Allyship, www.guidetoallyship.com

Being an Ally: Examples

INCLUSIVITY

- Use language that Is Inclusive. Avoid language that might be considered sexist, racist, trans or homophobic.
- Use they/them/theirs until a person tells you their name/pronouns.
- Avoid genderizing anatomy
- Learn what terms mean - nonbinary, gender queer, trans, etc. to better serve your clients.

CULTURALLY AWARE

- Language accessibility
- Not all folks from the Americas speak Spanish, for example. Don't assume.
- People might feel more comfortable with a practitioner from their own cultural backgrounds. It Isn't personal. It doesn't mean you can't be there, but focus on supporting BIPOC and LGBTQIA folks doing this work

SAFE SPACES

- Provide trigger warnings (I am going to talk about...next)
- If someone says this Is not a safe space for them, do not be defensive, but listen and do better.
- A space Is not safe because we say so. Location, neighborhood, practitioners, clothing, language, signage, can all Impact the feeling of safety.

ANTI-OPPRESSIVE

- If you see power Imbalances as a white ally, speak up.
- If you want a diverse leadership, partner with groups and listen from a place of humble learning, don't steamroll.
- If you see someone misgendering someone, speak up.
- White allies provide a safe environment by taking the brunt of the emotional labor

What does being an ally have to do with accessibility?
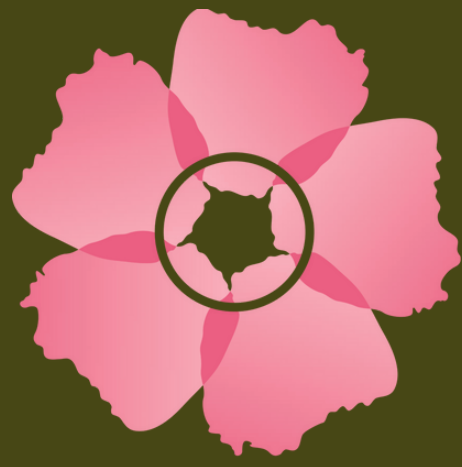
Many historically excluded communities have a history of displacement from their lands and home, discrimination and poverty due to ongoing systemic racism, experience of their language, culture, foods, medicines, and traditions being claimed by a history of colonization, and, their traditions being diminished or negated by white folks. By recognizing this history, by working to empower folks using culturally relevant practices, languages, and plants, and by supporting those doing the work in their own communities (no white saviorism, please), we are supporting the healing of generations of trauma and allowing those most in need in our communities to be a part of that healing process.
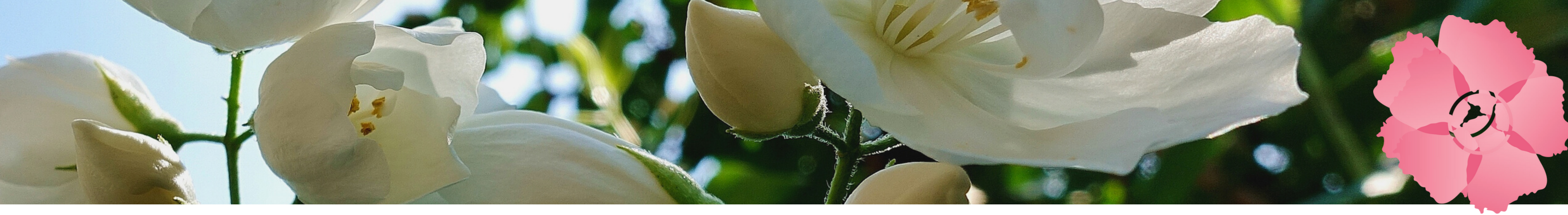
But what If I mess up?

- Apologize
- Correct
- Listen and Learn
- Do Better

Make Herbalism Accessible

- Tips to get started
- Start small
- Focus on equity
- Grow over time
- Do what you know

ACKNOWLEDGE WE ALL ARE A PART OF COLONIAL SYSTEMS THAT OFTEN BENEFIT ONLY THE DOMINANT SOCIAL SYSTEMS, AND MARGINALIZE THOSE OUTSIDE THAT SYSTEM. CREATING A NEW SYSTEM CAN IMPACT GENERATIONS.

Client-Centered

- What this means to white folks
- How we can support communities In a positive way
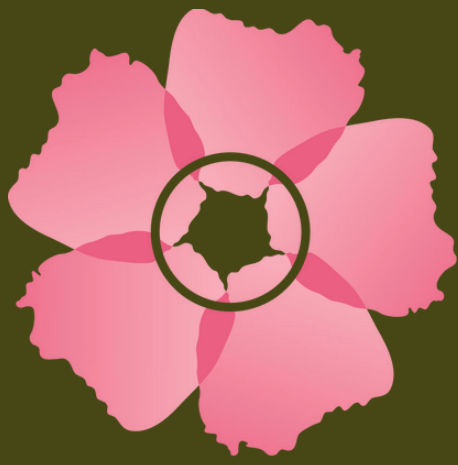- How to do this work while dismantling systemic racism

Sharing this Work

A few tips about promoting this work:
- Poverty porn & Entitlement
- Respect and recognition of those we serve

References

Herbalists Without Borders: HWBGlobal.org

DENISE CUSACK

Denise Cusack is a clinical herbalist, aromatherapist, artist & writer, educator, permaculturist, and herb grower. Denise volunteers for the Veterans Resiliency Holistic Clinic, works as the Executive Director of Herbalists Without Borders, serves as Chair of the American Herbalists Guild Board of Directors, serves on the IM4US Board of Directors, and is owner of Lunar Hollow Farm. As ED of HWB Denise creates global community models that can be Implemented In nations to address health justice, food justice, plant conservation, disaster relief, and more.
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