

Chinese Medicine Education in Crisis: The Acupocalypse and the Path Forward

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Abstract

Chinese medicine education in the United States has entered a period of acute structural crisis. Declining enrolment, unmanageable graduate debt, poor post-graduation earnings and the imminent loss of federal student aid eligibility are converging into a single threat. If current conditions continue, most accredited acupuncture and Chinese medicine schools may close within the next five years. This article examines the financial and institutional forces driving that collapse, drawing on publicly available data from the US Department of Education, accreditation filings and independent financial analysis. It then proposes a radically reconceived educational model as one possible path forward. This model leverages an AI-first administration, eliminates the fixed-campus model and delivers clinical training through flexible, distributed pop-up infrastructure. It is presented as a viable and necessary alternative for preserving and transmitting the Chinese medicine profession into the next generation.

Keywords

Chinese medicine, education, acupuncture, TCM, profession

Part I: A profession in freefall – the education crisis in Chinese medicine

The pipeline is drying up

For at least a decade, practitioners, educators and observers within the Chinese medicine profession have acknowledged a troubling decline in student enrolment. What was once dismissed as cyclical or demographic fluctuation is now revealing itself as structural collapse. Enrolment figures at accredited schools across the US have dropped steadily, with many institutions reporting year-over-year losses that leave margins razor thin. The Midwest College of Acupuncture and Herbal Medicine, for instance, reported a

fall 2022 graduate enrolment of 52 at its Wisconsin campus; by Autumn 2023, that had dropped to 44. At its Illinois campus, the same period saw a drop from 43 to 38 students. This enrolment level yields a net income for each campus barely above zero. These numbers are not anomalies. They are forewarnings.

Institutions that previously anchored the profession, like the Oregon College of Oriental Medicine (OCOM), once a flagship of Chinese medicine education, have already closed. Oregon College of Oriental Medicine's board voted to shutter operations in May 2024, citing pandemic-related costs, low enrolment and financial distress. The school's median graduate earnings four years after graduation

hovered around \$27,000 per year (Shumway, 2024). The irony is difficult to ignore: OCOM produced some of the profession's most respected practitioners, yet its graduates consistently earned less than the national median for workers with only a high school diploma.

The debt-to-earnings catastrophe

The financial logic that underlies Chinese medicine education has been deteriorating for more than 20 years, but data from the US Department of Education is now making that inescapably explicit. A Department of Education analysis of 17 graduate programmes classified under CIP Code 51.33 (Alternative and Complementary Medicine and Medical Systems), including programmes at National University of Natural Medicine (NUNM), OCOM, National University of Health Sciences (NUHS), Five Branches University, and Bastyr University, found that not a single programme produced median graduate earnings above \$60,000 four years after graduation (HEA Group, 2023).

The cost of entry to the profession, meanwhile, has ballooned. Department of Education data show programmes that cost roughly \$9,000 (\$23,000 in 2025 dollars) in 1988 now carry tuition price tags of over \$100,000 before living expenses, fees or interest accrual. When adjusted for inflation, Chinese medicine education has increased since 1988 by 330 per cent. A student enrolling in a Master's in Oriental Medicine programme in California or Florida today will likely graduate with \$100,000 or more in federal debt and enter a profession where the median earnings range from \$40,000 to \$50,000 per year. The debt-to-earnings ratio is not merely unfavourable; by the Department of Education's own metrics, it is failing.

A 2024 Oregon Public Broadcasting article recounted the story of Lisa Pool, a 2007 OCOM graduate, who entered private practice with \$108,000 in student loans. Through compounding interest and the economic realities of building a sole proprietor acupuncture practice, she now owes \$230,000. Her story is unfortunately not exceptional within the profession (OPB, 2024).

Federal aid and the coming reckoning

What has long been an internal professional conversation became an urgent structural emergency in early 2026. Following an advisory committee vote on 9th January 2026, the Department of Education reached consensus on new regulations that will require postsecondary programmes to demonstrate minimum earnings thresholds relative to

graduate debt loads. These are the Earnings Test rules. Under these rules, programmes failing the so-called Do No Harm Earnings Test will be required to notify current and prospective students beginning in 2027. By July 2028, failing programmes will lose access to federal student aid entirely.

This is not an abstract regulatory threat. It is an existential one. Three of the central pillars of the acupuncture profession's national infrastructure, the Accreditation Commission for Acupuncture and Herbal Medicine (ACAAM), the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) and the Council of Colleges of Acupuncture and Herbal Medicine (CCAAM), derive the majority of their revenue directly or indirectly from federal student loans. If aid eligibility is stripped from a significant portion of accredited programmes, the revenue chain that sustains the entire professional infrastructure collapses alongside it.

Economist and founder of the data analytics group Perspective Data Science, Matthew D. Hendricks, reviewing NUNM's financial health on *The College Financial Health Show*, described the situation plainly: 'The core

problem is tuition. The cost of the degree far exceeds the value of the product. This is not a management failure at one school. It is a systemic indictment of the entire current model.' (Rohleder 2025).

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Accreditation failures and institutional fragility

The accreditation record of the past several years further illustrates the scope of the crisis. In February 2026, ACAAM terminated accreditation for the Phoenix Institute of Herbal Medicine and Acupuncture (PIHMA), effective February 25th. Show cause proceedings had begun a full year earlier, in February 2025, with continued concerns documented through August 2025. Students at PIHMA were locked out of their campus by the landlord and left to seek teach-out agreements with no finalised arrangements as of late February 2026.

The failure of PIHMA follows a now-familiar pattern for for-profit acupuncture schools: financial fragility concealed until a tipping point, followed by rapid institutional deterioration that upends the lives of students and faculty alike. The National University of Natural Medicine in Portland quietly sold its historic downtown campus in 2023 and entered a leaseback agreement, a sign not of institutional strength, but of contraction. Bastyr University has faced ongoing sanctions from the Northwest Commission on Colleges and Universities related to its financial positioning. Schools that were once celebrated as

anchors of Chinese medicine education are now operating in varying states of financial distress.

Why the profession has been slow to act

When asked to account for declining enrolment at a recent American Society of Acupuncturists (ASA) conference, representatives from ACAHM and NCBAHM attributed the downward trend to broad economic forces, graduate school scepticism among younger generations and expressed hope that an increase in the availability of well-paid jobs would reverse the trajectory. This explanation fails to engage with the data. The investment required to enter the profession, measured in years of training, accrued debt and opportunity cost, has become deeply misaligned with the career outcomes available to most graduates. People are not avoiding Chinese medicine schools because they do not value the medicine. They are avoiding them because the financial logic of enrolment has become completely untenable.

Hours of training have long been used as a proxy for professional legitimacy within Chinese medicine, a strategic response to decades of regulatory and interprofessional conflict over scope of practice and credentialling. The consequence is that even modest proposals to reduce programme length and cost are framed as threats to educational standards, when in reality the current model is producing graduates who are financially devastated and clinically under-equipped for the business realities of independent practice. The profession has confused credential inflation with the overall quality of clinicians.

A profession at an inflection point

The honest projection is stark. Based on current enrolment trends, debt-to-earnings data and the approaching federal aid eligibility cutoffs, many – perhaps most – currently accredited Chinese medicine schools will close within the next three to five years if they do not drastically alter their models. This is not alarmism. It is the trajectory established by the data. The Department of Education analysis of acupuncture education suggests that the structural fragility of these institutions, and their reliance on an increasingly unsustainable student debt model, will be revealed repeatedly and painfully in the years immediately ahead.

The question facing the profession is not whether to change, but whether it will shape that change intentionally

or have it imposed by external forces: accreditors, regulators, and market reality. These forces have no particular interest in the survival of Chinese medicine as a clinical tradition.

Part II: A new model

You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.

- Buckminster Fuller

Starting from first principles

Any viable replacement for the current Chinese medicine education model will need to address at least three foundational failures: the cost structure is unsustainable, the fixed physical campus is a liability rather than an asset, and administrative overheads consume resources that could go directly to clinical training and faculty. A new model cannot simply tinker at the margins of the existing framework. It must be built from different premises entirely.

The model that the newly formed Chinese Medicine Benevolent Academy (CMBA) is currently pursuing is organised around two core innovations: the elimination of the permanent campus in favour of a flexible, distributed, pop-up classroom infrastructure; and the systematic deployment of AI-first administrative systems to reduce non-clinical overheads to their absolute minimum. These are not cost-cutting gestures. They are architectural choices that make a financially viable, high-quality Chinese medicine education possible.

AI-first administration

The administrative cost burden at small graduate institutions is staggering relative to institutional size. Accreditation compliance, enrolment management, scheduling, financial aid processing, student records, outcome tracking and communications collectively consume a disproportionate share of tuition revenue. This is especially true at institutions enrolling fewer than 200 students (Vanderbilt, 2015). This describes virtually every Chinese medicine school in the country. At current enrolment levels, these fixed overhead costs are completely incompatible with a tuition price that produces reasonable debt-to-earnings ratios for graduates.

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An AI-first school would have all the typical administrative departments: admissions, registrar, financial aid, scheduling, accreditation documentation, and student advising, but these would be staffed by AI-assisted systems rather than administrators. These systems draw on tools already widely used in healthcare scheduling, higher education CRM (customer relationship management) platforms, and automated document processing. They can reliably handle routine, high-volume tasks while maintaining accuracy and consistency. This allocation of AI systems to routine, high-volume tasks allows human oversight to be concentrated where judgment and accountability are essential.

The key principle is simple: administrative intelligence should be embedded in systems, not in administrative headcount. Today, AI-assisted tools can handle scheduling, document management, regulatory reporting, and student communication at a fraction of the cost. Faculty and clinical supervisors, who represent the true educational value of the institution, become the primary focus of resource allocation rather than an afterthought in a budget dominated by facilities and administration.

The pop-up campus model

The fixed campus model with leased or owned buildings, permanent clinic spaces, dedicated classrooms, and library facilities represents the single greatest source of financial fragility for small Chinese medicine schools. National University of Natural Medicine's sale of its campus and subsequent leaseback arrangement is a case study in how asset-heavy institutional models become traps when enrolment declines. Oregon College of Oriental Medicine's downtown Portland location, once a mark of prestige, became a financial millstone as the surrounding neighbourhood deteriorated and student numbers fell.

A pop-up campus model inverts this logic entirely. Rather than owning or leasing permanent space, the institution maintains relationships with a distributed network of clinical partners, short-term venue hosts, conference facilities, and community spaces. Didactic intensive sessions

are scheduled as concentrated blocks, weekend or week-long formats, at locations that can be arranged as needed, in regions accessible to student cohorts. Clinical training is delivered through affiliated practices and community clinics, which also offer supervisory mentorship embedded in real-world practice environments.

The educational logic of this model is not only financially sound; it is also educationally superior to the traditional campus model. Apprenticeship-embedded clinical training, mentorship within functioning practices and cohort-based intensive learning have deep roots in the historical transmission of Chinese medical

knowledge. The pop-up model recovers aspects of that tradition while adding the infrastructure of modern accreditation, outcome measurement, and professional credentialing.

Making the economics work

The goal of this model, and any future models, is to produce graduates who are clinically competent, professionally equipped, and not financially destroyed by their education. That requires a target tuition and debt load that produces a reasonable debt-to-earnings ratio by Department of Education standards and, more importantly, by the lived financial reality of building a Chinese medicine practice.

This new model has a proposed tuition of \$15,000 per year for a three-year programme. This figure is made possible by eliminating the two largest cost drivers in conventional Chinese medicine education:

physical facilities and administrative headcount. With no permanent campus lease, no building maintenance and AI agents handling the functions that typically require five

to eight full-time administrative staff, the per-student cost structure becomes fundamentally different.

A leaner cost structure does not equal a lesser education. It means that every dollar of tuition goes toward instruction, clinical supervision and student support, not toward maintaining buildings that sit empty between class sessions, or administrative positions that exist because no one has yet built the systems to replace them.

As a 501(c)(3) nonprofit institution, this new school

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model offers a second, strategic advantage for the profession: employment that qualifies for Public Service Loan Forgiveness (PSLF). Recent graduates burdened by debt from legacy programmes can work at the school as clinical supervisors, faculty, or staff and pursue federal loan forgiveness while contributing directly to the next generation's training. The model is thus designed to serve not only future students entering without devastating debt, but also the generation of practitioners already harmed by the system they will now be working to replace.

Accreditation and the regulatory path

Any new institution will need to navigate the requirements of the Accreditation Commission for Acupuncture and Herbal Medicine accreditation, state authorisation and federal Title IV eligibility, the same regulatory landscape that has constrained existing schools. The advantage of a new institution is that it can design its programme, its outcomes tracking, and its financial model specifically for the post-2028 regulatory environment, rather than attempting to retrofit legacy structures built under assumptions that no longer exist.

What the profession owes the next generation

The Chinese medicine profession draws from a clinical tradition with two millennia of accumulated diagnostic and therapeutic intelligence. That tradition deserves a future. But it will not have one if the only path into the profession continues to require six-figure debt with no realistic prospect of financial recovery.

The schools closing now are not failures of the medicine. They are failures of a business model that was never designed for the economic realities of our small, specialised clinical field. The profession has both the opportunity and the obligation to build what comes next with clear eyes, honest data and a genuine commitment to the financial wellbeing of the practitioners it trains. A profession that holds *primum non nocere* (first do no harm) as its clinical foundation should also hold itself to that same standard when it comes to the students entering it.


This model is not offered as the only solution, but as a demonstration that other paths, ones grounded in financial reality and educational integrity, are not only possible, but already within reach.

Conclusion

Chinese medicine education in the United States is at an inflection point with no neutral path forward. The combination of declining enrolment, catastrophic debt-to-earnings ratios, impending loss of federal student aid and serial institutional closures represents a profound threat to the profession's educational infrastructure, as well as a great loss to the public in terms of the resulting limitations on access to skilled Chinese medicine practitioners. It is a threat that leadership has yet to fully confront. The window for an intentional, practitioner-led redesign is narrowing.

An AI-first, pop-up campus model offers a credible alternative to the permanent-campus, debt-fuelled institutional model that is failing. The new model described in this article is not speculative. It is actively under development. Our current moment demands intellectual honesty about what our medicine needs, and what it does not. This honesty needs to be coupled with a willingness to stop propping up what is failing and build something worthy in its place.

Because the new model carries no fixed infrastructure, it is inherently replicable. Once proven, it can be implemented in other regions by other teams without requiring the capital investment that

makes conventional school formation prohibitive. The ultimate goal is not one institution; it is a template that could be adapted and extended by the profession wherever the need exists. Our medicine is not in crisis, but its institutions are. This distinction matters. 

A note from the author: The Chinese Medicine Benevolent Academy is currently building the model described in this article and is actively soliciting contributions to the school's endowment and start-up costs. Charitable endowment funding, rather than tuition revenue or institutional debt, is the appropriate vehicle for the accreditation pathway and regulatory groundwork that precede the first enrolled cohort. This ensures that founding costs are not passed on to the students this model is designed to serve. The profession's educational infrastructure is failing in real time, and the time for deliberate, principled action is short. If our work resonates, we welcome your support at <www.cmbenevolentacademy.org>.

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