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## Twelfth Stepping the Military

by Nancy Olson

[When I stood up to] address the other 159 members of my Squadron I was filled with great apprehension. I began by saying, "I am an alcoholic and have found a way to live a useful life without having to drink alcoholic beverages." The whole room broke out in uproarious laughter on the spot. They knew all about how much I drank .... [But] after my speech was over, two people came up to me and quietly asked for my help. In the days that followed, two rapidly became four, and four became six, and six became eight. (Sgt. Bill S[wegan], describing the way he began the first military alcohol treatment program in 1948)<sup>1</sup>

For all the concern about drug addiction in the military, every indication was that the drug that caused the most problems for our military personnel remained alcohol. But the Department of Defense (DOD) had no DOD-wide alcoholism rehabilitation program, nor were there any guidelines specifying procedures to be followed in treating alcoholics. The Government Accounting Office (GAO) report requested by Senator Hughes in 1970 found that the DOD had no complete, reliable data that showed the extent of alcoholism in the Armed Forces. Negative attitudes and punitive statutes and regulations had resulted in hiding the problem. The

military alcoholics had little incentive to come forward and seek help. According to the GAO report:<sup>2</sup>

Military regulations and certain statutes deal punitively with those intemperate in the use of alcohol .... The official stated policy of DOD and the military services on alcoholic consumption by military personnel is “to encourage abstinence, enforce moderation, and punish overindulgence.”

The GAO Report also showed that commanders were allowed a great deal of discretion. They could take any one or more of the following approaches:<sup>3</sup> (1) Leave him alone: The alcoholic may be carried along by sympathetic commanding officers until he retires either because he elects to or because he is encouraged to. (2) Transfer him: The problem drinker may merely be passed from one command to another. (3) Counseling or treatment: The individual is counseled by his commanding officer or the chaplain or is sent to the hospital for counseling, medical or psychiatric treatment, or referral to Alcoholics Anonymous. (4) Punishment: This could be a reprimand, extra duties, reduction in rank, loss of security clearance, bar to reenlistment, or separation from the service.

At two bases where there were alcoholism treatment programs, the GAO discovered that the base commanders did not permit the existence of the programs to be publicized. One base commander believed that “a hard line disciplinary approach of separation from the service should be taken toward the alcoholic.” At another, several officials stated that the general Army policy was not to tolerate alcoholics. There was no place in the Army, in their view, for an alcoholic or a problem drinker, except that special efforts were made to retain men close to retirement.

### **On the Firing Line**

There had been at least one effort to provide treatment for alcoholics in the military prior to Senator Hughes’ election to the Senate. The first organized military alcohol treatment programs which received national notice were set up by an Air Force Sergeant named Bill

S[wegan], a Pearl Harbor survivor, beginning with a one-man operation which he started at Mitchell Air Force Base on Long Island in 1948. He should probably be regarded as the “father of military alcoholism treatment.” In his soon to be released book, *On the Military Firing Line in the Alcohol Treatment Program: The Air Force Sergeant Who Beat Alcoholism and Taught Others to Do the Same*, he tells the simple way he began:

[When I stood up to] address the other 159 members of my Squadron I was filled with great apprehension. I began by saying, “I am an alcoholic and have found a way to live a useful life without having to drink alcoholic beverages.” The whole room broke out in uproarious laughter on the spot. They knew all about how much I drank .... [But] after my speech was over, two people came up to me and quietly asked for my help. In the days that followed, two rapidly became four, and four became six, and six became eight.<sup>4</sup>

Bill’s little program, approved by the base commander but carried out in his spare time, began producing notable results very quickly. Marty Mann became aware of what Bill was accomplishing, and talked Thomas B. Adams, Chaplain of Continental Air Command, into appointing him to work with alcoholics as his full-time official duty assignment at Mitchell Air Force Base. Then Marty obtained a scholarship for him to attend the Yale School of Alcohol Studies the next summer, where he quickly began learning from E. M. Jellinek and the other Yale experts how to combine medical and psychiatric techniques with A.A. methods.

In 1953 Bill was sent to Lackland Air Force Base in San Antonio, Texas, where he was given the title of “psychiatric social worker” and teamed with an excellent psychiatrist, Dr. Louis Jolyon West, a non-alcoholic who had become interested in the problem of alcoholism. He and Dr. West put together a treatment system which was soon achieving a fifty percent success rate — phenomenally high for that sort of program. They published an account of their work in the *American Journal of Psychiatry* in 1956 under the title

“An Approach to Alcoholism in the Military Service.” The article received notice in newspapers all around the country. (Although Bill and his A.A. friends did not know whether to laugh or be horrified at the headline in the *Boston Sunday Globe* which proclaimed, with wild exaggeration, “Air Force Cures Half of Chronic Texas Alcoholics.”)

Marty Mann began reprinting and distributing copies of the article under NCA’s logo. Bill had demonstrated with hard data that a good alcohol treatment program could save the government far more money than the little it cost to pay the salaries of the people running the program.

Unfortunately, by the end of the 1950’s, the military decided to withdraw all support from alcohol treatment programs, and Bill decided to leave the Air Force in 1961, in spite of his love for the service.<sup>5</sup>

The failure of the higher military authorities to support alcohol treatment in the late 1950’s meant that new programs had to be developed almost from scratch in the latter half of the 1960’s. By 1969, the best known military alcohol treatment programs were the pilot programs at the Long Beach Naval Station in California, Fort Benning in Georgia, and Wright-Patterson Air Force Base in Ohio. These were all receiving top-level support. But the most impressive was the Navy’s program at Long Beach.

### **What Do You Do with a Drunken Sailor?**

At a hearing in Los Angeles in September of 1969, we had heard testimony from Captain Joseph Zuska, the senior medical officer at the Naval Station at Long Beach, California.<sup>6</sup> Zuska was running the Navy’s first “pilot program” for the treatment of alcoholism. He had become interested in alcoholism when retired Navy Commander Dick Jewell walked aboard and asked, “What are you doing about alcoholism?” Jewell pointed out that there was plenty of it around and Zuska should be treating it. In 1978, Zuska described his first meeting with Jewell like this:<sup>7</sup>

Early in February 1965, Richard Jewell, a retired Navy Commander, visited the Dispensary, Naval Station, Long Beach, California. He discussed the reason for his presence with Dr. James Gooch, the junior psychiatrist, who was impressed with his sincerity and escorted him to me, the senior Medical Officer, for further discussions.

Commander Jewell described in detail his own illness of alcoholism ... and how, with the help of Alcoholics Anonymous, he had not found it necessary to drink for the previous six months. He described his many visits to the medical department of the USS Haven (a hospital ship berthed a short distance from the Dispensary) where he had never been confronted with his alcoholism in spite of having been hospitalized there and at the Veterans Administration Hospital in Long Beach on seven occasions. His wife finally convinced him that he needed help for his drinking problem, and he began to attend Alcoholics Anonymous meetings .... Now he wanted very much to share his new-found knowledge with the Navy as he recalled from his own active duty career that alcoholism was not too uncommon .... *Dick Jewell, in effect, made a twelfth-step call on the Navy.*<sup>8</sup>

Zuska agreed that an A.A. meeting could be started on the station. When he and the other doctors on the post saw the changes in the men attending A.A., they were impressed. “It was as though somebody was cutting into our racket, doing therapy which we should know more about. So some of us took a few courses, attended a few A.A. meetings, and began to get interested.” With the approval of the Bureau of Medicine and Surgery, as well as the local naval base commander and station commanding officer, the medical department at the dispensary at the Naval Station at Long Beach began treating alcoholism in February 1965. At the onset cases were referred to an A.A. meeting held aboard the station by recovered alcoholics from the community.

In August of 1967, with the approval of his Navy superiors, Zuska started the “Multidisciplinary Alcoholic Rehabilitation Clinic” at Long Beach. In the beginning they had no funds and no

personnel. The Chief of Naval Operations soon approved the program, but as an indication of the stigma still attached to alcoholism, at first classified it officially as a “secret Navy program.” In the spring of 1969, the program was approved and funded by the Bureau of Medicine and Surgery and a grant of \$30,000 a year was awarded to use as a research fund to determine if a program to rehabilitate alcoholics in the military was practical and feasible.

The facility treated enlisted men and, eventually, officers as well. In the beginning they treated all of them on an out-patient basis, but soon found that in a military setting it was much better to relieve the man of all his duties, and bring him in as a patient. About ten percent of the patients entered treatment on a voluntary basis, but their commanding officers or medical officers referred most of them to the program. The patients were housed in Barracks 63, a condemned World War II structure.

Gradually a few officers began to be ordered in for treatment, and Zuska found he had no difficulty in placing them in groups with the enlisted men and asking them to share their feelings and experiences. But sometimes Zuska discovered that after he had successfully treated an officer, his parent command did not desire his return.

Zuska was careful not to exaggerate his results. At the time of his testimony Zuska had treated about 350 individuals, and had follow-up reports on only about 100 of them. Of the 100, the results showed that they had at least a 60 percent “improvement” or recovery rate. He knew of at least 12 patients who had celebrated one year of sobriety in A.A. “Relapses are to be expected,” Zuska told the Subcommittee. “They happen more often than not. If they happen in our area, we encourage readmission to the sick list and a short period of a week for a refresher course in what is wrong with the individual, and we find that the relapses can be used for gaining further insight and further help.”

It was refreshing to hear Dr. Zuska say:

One of the problems of the military, of course, is punishment of alcoholics. We feel rather strongly that it is not only unfair, but ineffective to punish alcoholics and to use punishment or threat of punishment as a way to effect a cure. We have indoctrinated the senior officers in our area to refer their men who appear to be alcoholics to our clinic; perhaps give them a suspended sentence, but not punish them, and then send them over. We would like them to come without the resentments and anxieties of having been punished, unless, of course, their offense is one that cannot be handled by a suspended punishment.

He found that it made little difference whether the alcoholics had voluntarily sought admission or were ordered into treatment by their commands. But the threat of possible punitive action later, if the treatment failed, often kept a patient working at his program after discharge from the clinic, and was therapeutic.

Captain Zuska testified before the Subcommittee again on December 3, 1970.<sup>9</sup> He had updated statistics. He said:

Up to the present time over 500 men and 35 officers have been treated. Results of treatment are under study and preliminary figures indicate that the improvement rate will be about 50 percent. A selected group of 100 of our patients who were discharged to duty in 1968 and 1969 were studied by the Naval Medical Neuropsychiatric Research Unit, San Diego, California, and an improvement rate of 43 percent was reported.

He testified that the criteria for judging improvement were work performance improved, absence of disciplinary problems, no further medical problems related to alcoholism and recommendation for reenlistment by the commanding officer.

Nevertheless, as Zuska wrote in 1978, he found a curious kind of resistance in some quarters to the employment of what was rationally and provably a workable and successful treatment methodology, and finally had an insight into what was producing this hostility:<sup>10</sup>

As I began to share my new knowledge and experience with Commanding Officers and department heads of ships and stations in Southern California, I noticed another curious phenomenon. Invariably, at the end of my presentation, there would occur an angry outburst by one or two individuals who did not like what I was saying and were vehemently opposed to considering alcoholism as an illness. At first I thought that my presentation was poor and tried to improve it with slides and charts, only to incur further flak. I finally realized that I was experiencing the anger of individuals who were alcoholic themselves or who had an alcoholic wife and were uncomfortable with a discussion of the subject. I was getting too close for comfort, and I referred to this as the “flush phenomenon.”

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While Joe Zuska had been a true pioneer among Navy medical officers, the other services were attempting to catch up. The GAO reported that about 200 officers and enlisted men had received alcoholism treatment at Wright-Patterson since 1965. According to the director of that program, almost 90 percent of the patients had made satisfactory military and personal readjustment following return to duty. From March 1970 through January 1971, about 190 individuals had received treatment under the Army’s Fort Benning program.

A few years later the Navy treatment center at Long Beach became famous because of VIPs who sought treatment there. Among those treated were Billy Carter, the brother of President Carter; and Betty Ford, wife of former President Ford. Unfortunately, Joe Zuska had retired by the time the VIPs started being treated at Long Beach. (Well, perhaps Zuska had treated his share of VIPs, but if so he had afforded the appropriate confidentiality and it never hit the newspapers.)

When Zuska retired, Captain Joe Pursch, M.D. replaced him. Pursch apparently believed that it helped his famous patients, and perhaps others, if they held a press conference before they left his



treatment center. I have always had my doubts about the wisdom of that. In the excellent book *Ethics for Addiction Professionals*, written by LeClair Bissell, M.D., C.A.C., and James E. Royce, S.J., Ph.D., this issue is addressed:<sup>11</sup>

Sometimes patients are blackmailed into believing it a personal duty to diminish this stigma by permitting the media to reveal that they are still in or have been freshly discharged from a particular treatment facility, and to imply that others may also recover after treatment there. While one can certainly make a case for coming out of the closet in a variety of situations, this is not a decision that should be made impulsively or without consideration of long-range effects on other family members, colleagues, and career.

There is little problem with people who, two or three years after treatment, decide the time is right and they and their families wish to make this experience public. But when someone at the treatment center goes on camera with a patient still in treatment or urges that person to speak at the local alcoholism council after only three months of sobriety, this can be exploitative and brings little real glory to the institution that encourages it. The ethics of such a request should be carefully weighed, even if the person involved agrees eagerly to do it. How sound is the judgment of the newly recovered person? And what exactly, and for whose benefit, is all the haste? A.A. and other Twelve Step group members may ponder for months over when and how to break anonymity, and are careful to let each member decide this matter according to individual circumstance. Very few regret having waited; many more wish they had been less hasty.

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Captain Zuska remained friendly and supportive of our efforts and on at least one occasion went far beyond the call of duty to help us. I had received a call from a woman in Virginia who said that her sister had disappeared onto the skid row of Long Beach, California. Could we help to find her? It didn't seem like an easy request to

fulfill, but undaunted and believing in miracles, I told her I would make some phone calls and get back to her later. I called Joe Zuska. He said, “Let me think about it and call you back.”

He called back within a few hours and said: “Nancy, we have found your gal. We are only supposed to treat Navy personnel and their dependents, but I have a free bed in the women’s ward, so I have snuck her into the hospital and we are treating her. Here is a phone number her sister can use if she wants to talk to her.”

“How on earth did you do that, Captain?” I asked.

“Well,” he answered, “there is a big tough Navy chief here who is an A.A. member. I told him to get a couple more big tough sailors and go down to skid row and hit every flophouse until they found her. They were back in an hour with the lady in tow.”

## NOTES

<sup>1</sup> Sgt. Bill S[wegan], with Glenn F. Chesnut, *On the Military Firing Line in the Alcohol Treatment Program: The Air Force Sergeant Who Beat Alcoholism and Taught Others to Do the Same* (Lincoln NE: Hindsfoot Foundation/iUniverse.com, forthcoming).

[The current edition of Bill Swegan's *On the Military Firing Line* has the new title *The Psychology of Alcoholism* and is available as: William E. Swegan with Glenn F. Chesnut, Ph.D., *The Psychology of Alcoholism*, Hindsfoot Foundation (Bloomington, Indiana: /iUniverse 2003, 2011).]

<sup>2</sup> General Accounting Office, *Alcoholism Among Military Personnel*, prepared for the Senate Subcommittee on Alcoholism and Narcotics, of the Committee on Labor and Public Welfare, 1971, 8.

<sup>3</sup> GAO report, 9.

<sup>4</sup> As recounted in Sgt. Bill S[wegan], *On the Military Firing Line*.

<sup>5</sup> See Louis Jolyon West and William H. S[wegan] , “An Approach to Alcoholism in the Military Service,” *American Journal of Psychiatry* 112, no. 12 (June 1956): 1004-1009. Headline from the Boston Sunday Globe for July 15, 1956, with a subheading which fortunately explained what they had actually accomplished: not half the alcoholics in Texas, but “Small Experimental Plan Has Saved at Least \$1,000,000 at Lackland.” Sgt. Bill S. eventually returned to running alcoholism treatment programs. When he retired in 1983 at the age of sixty-five, he was running an Employee Assistance Program at Alameda Naval Air Station in California. The Navy, more grateful than the Air Force had been, gave him the Meritorious Service Award, the Navy’s highest award for a civilian at a duty station.

<sup>6</sup> Hearings before the Senate Special Subcommittee on Alcoholism and Narcotics, of the Committee on Labor and Public Welfare, *Inquiry into the Problem of Alcoholism and Narcotics*, 91<sup>st</sup> Cong., 2<sup>nd</sup> sess., 1969, 210-220.

<sup>7</sup> Joseph J. Zuska, M.D., “Beginnings of the Navy Program,” *Alcoholism: Clinical and Experimental Research* 2, no. 4 (October 1978), 352.

<sup>8</sup> Dick Jewell worked as an unpaid volunteer for four years until funds were obtained that enabled Dr. Zuska to hire him as a civil service alcoholism counselor.

<sup>9</sup> Hearings before the Senate Special Subcommittee on Alcoholism and Narcotics, of the Committee on Labor and Public Welfare, *Examination of Drug Abuse and Alcoholism in the Armed Forces*, 91<sup>st</sup> Cong., 2<sup>nd</sup> sess., 1970, 879-882.

<sup>10</sup> Zuska, “Beginnings of the Navy Program,” 353.

<sup>11</sup> LeClair Bissell, M.D., C.A.C., and James E. Royce, Ph. D., *Ethics for Addiction Professionals*, 2nd ed. (Center City MN: Hazelden Foundation, 1994), 42-43.