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Adequate Hospitalization...One Great Need

By Bill

Despite the general effectiveness of the A.A. program we often need the help of friendly agencies outside A.A.

Nowhere is this more strikingly true than in the field of hospitalization. Most of us feel that ready access to hospitals and other places of rest and recuperation borders on the absolute necessity. While many an alcoholic has somehow got over his bender without medical aid, and while a few of us hold the view that the hard "cold turkey" method is the best, the vast majority of A.A.s believe the newcomer whose case is at all serious has a much better chance of making the grade if well hospitalized at the outset. Indeed we see many cases where recoveries without medical help would seem virtually impossible, mentally so beclouded have they become, even when temporary sober.

Aids Receptivity

The primary purpose of hospitalization is not to save our prospect the pain of getting sober; its real purpose is to place him in the state of greatest possible receptivity to our A.A. program. Medical treatment clears his brain, takes away his jitters, and if done at a hospital he is kept there under control so that everybody knows just where and when he can be visited. Moreover, the atmosphere of most hospitals is extremely conducive to a good first presentation of A.A. The vary fact that he has now landed in a hospital impresses the new man with the seriousness of his situation. If he has gone there voluntarily (which should be the case if at all possible) he usually regards hospitalization as the actual beginning of his sobriety. It puts, as it were, a "period" to his drinking. It is an admission that he needs help; that his drinking is out of control; that he cannot do the job alone. Often enough, hospitalization is the event that beautifully clears his path to acceptance of that all important 1st Step:

We admitted we were powerless over alcohol - that our lives had become unmanageable."

With each passing year we increasingly realize the immense importance of adequately presenting the program to every new prospect who is in the least inclined to listen. Many of us feel this to be our greatest obligation to him and our failure to do so our greatest dereliction. The difference between a good approach and a bad one can mean life or death to those who seek our help. We have seen excellent prospects who receive nothing but our brief and casual notice continue their stumbling journey to the undertaker, while seemingly impossible cases who had received careful and considerate attention recovered on the spot or later came back and found their sobriety.

This careful and considerate attention can nowhere be better given than in the confines of a hospital. More and more, A.A. groups are adopting the idea of "sponsorship." Each newcomer is assigned a reasonably stable A.A. member whose ward he becomes during his brief period of introduction to our way of life. The "sponsor" helps make hospital arrangements, takes his man there, visits him frequently and sees that he is visited by other A.A.s whose experience might be specially helpful. Hence a prospect so handled has received a powerful shot of A.A. and a good preview of what our society is like before he ever goes to a meeting. At the hospital he has time to soberly think through his situation, read our literature and exchange impressions with other alcoholics who are going through the same process. Contrast this with the frequent situation in which, for lack of hospitalization, the sponsor has to try to "taper off" his prospect at home or drag him, half dazed, to an A.A. meeting where the new man proceeds to get a lot of confused impressions or unfounded principles. While many of us have made our first contact with A.A. under these unfavourable circumstances, and have stuck nevertheless, there are probably many who do not stick on such a poor contact; people who might have remained with us had they been properly

hospitalized and sponsored.

So, out of what is now a huge experience, our conclusions are these: That hospitalization is imperative in many cases and because the hospital provides such a firm basis for good sponsorship is desirable even in the serious situation if the prospects are drinking or "foggy" when contacted. They definitely have a better chance if hospitalized.

Until recently few hospitals have wanted us alcoholics. We almost never got really well; we had to manage and disturbed other patients; we were regarded as sinners more than as sick people and, as a class, we were financially irresponsible. The average hospital management has always said, and with good reason, "why bother with drunks? We can scarcely handle the people who are 'legitimately' sick, people we can really do something for. Sobering up drunks is a sheer waste of time and money."

Attitude Changing

Happily this attitude is changing because it is now becoming clear to physicians and public alike that a true alcoholic is really sick, however lacking in character he may be. Hope has now taken the place of centuries of despair that anything much could be done for problem drinkers. A.A. and other agencies are now proving that recovery is possible to hundreds of thousands and that adequate hospital care can and must play a vital part in this process.

Though the trend is now in the right direction it has not yet produced any large scale result. Except the fortunate few, most A.A. groups are up against it. Reasonably priced or free hospital accommodations for alcoholics is still woefully scarce. Each group has to do the best it can.

Let's take stock, therefore, of what is generally available today and what kind of relations we can best cultivate with existing agencies. Let us also consider what part we ought to play in securing improved hospitalization.

Many A.A.s have been state asylum inmates. While our treatment at these institutions has been far better than many suppose, it is a fact that the average asylum superintendent still prefers to handle insane persons. The average mental case stays put for a while. Then too, for mental cases an asylum could feel it was really doing something either by way of custody or cure. But the average alcoholic, unless permanently insane, was a headache. Brought in temporarily balmy he would promptly recover his sanity, at least legally speaking, and would clamour to get out only to return in days or weeks. No wonder the average institution disliked alcoholics.

Now that so many of us are coming out of asylums to stay, the authorities are everywhere becoming more cooperative. In many institutions the alcoholics able and willing to recover are placed in a ward of their own. They are no longer mingled with the insane. Visiting A.A.s are admitted and meetings are held within the walls. While no asylum can, of course, be used as a simple sobering-up place only, it is true that asylum doctors are now often willing to take cases on less evidence of psychosis than formerly, provided they and the nearby A.A. group feel that a permanent recovery is possible. The doctors are also more willing to commit promising patients for much briefer periods and liberate earlier those who seem to be making good A.A. progress. So any A.A. group near an asylum which contains alcoholics capable of recovery can usually form these desirable relationships with the authorities but they should *never* try to tell the doctors how to run the place!

We must never blame any doctor who has not yet seen A.A. at work for his skepticism. Let us remember he probably has good reasons to be that way!

Cooperation Growing

Our experience with public hospitals in large cities has been varied. Here we usually find much reluctance to keep our good prospects even a few days, unless, of course, they happen to be delirious, psychotic, or physically injured. These hospitals feel they have no right to use precious beds to sober up run-of-the-mill drunks. But as public hospitals become aware that we are bringing recovery to a substantial number of their regular habitues they become more hopeful and cooperative. Visiting

privileges are extended to us and promising cases are kept several days. The development of these relations takes place slowly. The hospital has to be thoroughly convinced that we are bringing recovery to enough patients to justify any special consideration. Because public hospitals are mostly free or very moderate in their charges, we too often abuse our privileges. We are tempted to ask special treatment for "slipees" who have no present idea of stopping drinking; we often insist on visiting at all hours and in any numbers; we are likely to brag about A.A. as the only remedy for alcoholism and thus incur the displeasure of hard working nurses and doctors who might otherwise be glad to help us. But these natural mistakes are usually corrected and we finally come up with a friendly, clear-cut relationship which is often handled in large A.A. centers through our Intergroup Central Offices or hospital committees.

Private Doctors Helpful

We enjoy fine privileges with many private sanitariums and "drying out" places. Occasionally the reverse has been true. Here and there we have found some tendency to exploit alcoholics - too much sedative, too many "tapering off" drinks, too long and too expensive stays, an inclination to misuse the A.A. name for business purposes, etc. But the tendencies are disappearing. It is realized, even by those who might be tempted to take liberties with us, that cooperation with A.A. is more profitable in the long run than non-cooperation. But it must always be remembered that on the whole our treatment at these places is good - some of them are staffed by the warmest friends we have. I cannot forget that the first physician ever to take a serious and helpful interest in us is still a staff member of a private hospital for alcoholics; that the first psychiatrist to see the possibilities of A.A., and one who had the courage to go to bat for us before his profession, is the staff member of a sanitarium. When such excellent places offer us friendly cooperation we surely ought to return it in kind.

Many sanitariums and private hospitals are necessarily too high priced for the average alcoholic. Public hospitals being too few, asylums and religious institutions too seldom available, the average group has been hard put to find spots where prospective members can be hospitalized a few days at modest expense.

This urgency has tempted A.A. groups to set up drying out places of their own, hiring A.A. managers, nurses, and securing the services of a visiting physician. Where this has been done under the direct auspices of an A.A. group it has always backfired. It has put the group into business, a kind of business about which few AAs know anything at all. Too many clashing personalities, too many cooks spoiling the broth, usually bring about the abandonment of such attempts. We have reluctantly been obliged to see that an A.A. group is primarily a spiritual entity; that as a group the less business it has to transact, the better. While on this theme it ought to be noted that practically all group schemes to finance or guarantee hospital bills for fellow members have failed also. Not only do many such loans go unpaid, there is always the controversial question in the group as to which prospects deserve them in the first place.

In still other instances A.A. groups, driven by their acute need for medical aid, have started public money raising campaigns to set up "A.A. hospitals" in their communities. These efforts almost invariably come to naught. Not only do these groups intend to go into the hospital business, they intend to finance their ventures by soliciting the public in the name of Alcoholics Anonymous. Instantly all sorts of doubts are generated; the projects bog down. Conservative A.A.S realize that business ventures or solicitations carrying the A.A. endorsement are truly dangerous to us all. Were this practice to become general the lid would be off. Promoters, A.A. and otherwise, would have a field day.

Rest Farms One Solution

This search for reasonably priced and understanding medical treatment has

brought into being still another class of facilities. These are rest farms and "drying out" places operated by individual A.A.s under suitable medical supervision. These set-ups have proved far more satisfactory than group directed projects. As might be expected their success is in exact proportion to the managerial ability and good faith of the A.A. in charge. If he is able and conscientious, a very good result is possible; if neither, the place folds up. Not being a group project and not bearing the A.A. name, these ventures can be taken or left alone. The operation of such establishments is always beset with peculiar difficulties. It is difficult for the A.A. manager to charge high enough rates to make the venture include a fair living for himself. If he does, people are apt to say he is professionalizing, or "making money out of A.A.." Nonsense though this may often be, it is severe handicap nevertheless. Yet, in spite of the headaches encountered, a good number of these farms and sobering-up spots are in active operation and can seemingly continue just as long as they are tactfully managed, do not carry the A.A. name, and do not publicly solicit funds as A.A. enterprises. When a place has an A.A. in charge we sometimes so take thoughtless advantage of the fact. We dump alcoholics into it just to get them off our hands; we promise to pay bills and do not. Any A.A. who can successfully manage one of these "drunk emporiums" ought to be congratulated. It is a hard and often thankless job though it may bring him deep spiritual satisfaction. Perhaps this is the reason so many A.A.s wish to try it!

The question often arises about what to do with a severe case when no hospital is available. First of all, we ought, if possible, to call a doctor. We should ascertain for the doctor's benefit how long our man has been drinking and particularly whether he has been taking much sedatives. We must leave this strictly to the doctor.

Treatment Up to Physician

In some places AAs take turns sitting the clock around tapering off a man with a bad hangover. Though this can sometimes be done, the patient will usually insist on tapering himself "up" instead of "off." Now and then we have to adopt the desperate expedient of putting a man in jail, especially if violent. But when absolutely necessary, patience, persuasion, and a doctor's help will generally do the trick - if the patient will really try. If he won't, there is little to do but let him drink on until he has had enough.

Among A.A.s one hears much discussion about the merit of the several treatments. Actually, our only concern about physical treatment is that of being satisfied that the physician in charge understands alcoholics.

Two other promising prospects for good and reasonable priced hospitalization are in view. These are the various general hospitals which continue to open their doors to us. Vary early in A.A. history Catholic hospitals in a few midwestem cities saw our need and took us in, regardless of denomination. Their example has led other religiously oriented institutions to do likewise, for which we are extremely grateful. Quite recently, other private and semi-private general hospitals have begun to show great interest. Sometimes they go so far as setting apart wards for A.A. use, admitting alcoholics on our recommendation only, giving us generous visiting privileges and very reasonable rates. Arrangements of this sort already functioning have been so satisfactory to both hospitals and A.A. that many such set-ups should soon be active. In these situations we do not participate in hospital management. We are afforded special privileges in exchange for our cooperation.

Much Aid From Outside

It surly may be that the future looks bright. Much more hospitalization, based on the certainty that we are a sick people and that plenty can be done about it, is now on the way. We ought gratefully to acknowledge the work of those agencies outside A.A. who are strenuously helping this life-redeeming trend along State, county and municipal governments, large universities are agitating our cause. They are being ably seconded by various hospital and other associations. While traditionally A.A. does not ever exact any political or promotional pressure, we can, as individuals, make our great need for sufficient hospitalization known to all who might be interested; emphasizing, of course, that though we believe hospitalization to be primarily a medical problem for communities and physicians to answer, we A.A.s would like to cooperate with them in every possible way.