Selected Papers of William L. White

www.williamwhitepapers.com

Collected papers, interviews, video presentations, photos, and archival documents on the history of addiction treatment and recovery in America.

Citation: White, W. (2011). Reflections of an addiction treatment pioneer: An Interview with LeClair Bissell, MD (1928-2008), conducted January 22, 1997. Posted at **www.williamwhitepapers.com**

Reflections of an Addiction Treatment Pioneer: An Interview with LeClair Bissell, MD (1928-2008), Conducted January 22, 1997

William L. White
Emeritus Senior Research Consultant
Chestnut Health Systems
bwhite@chestnut.org

One of the things I love about working and living in the worlds of addiction treatment and recovery is the absolutely fascinating characters that one gets to meet. Few have been more fascinating to me than Dr. LeClair Bissell. We met decades ago and regularly renewed our growing friendship through a long series of professional and social meetings. She was by everyone's account a force to be reckoned with: an unabashed atheist, a vocal lesbian, and a visible woman in addiction recovery before such openness was in vogue. And of course, she was a pioneer in the modern history of addiction treatment and addiction medicine.

In 2007, I had begun to think about interviewing such pioneers to help update my book on the history of treatment and recovery and to capture the lives of some of these remarkable people so that they could be celebrated by future historians. I called Dr. Bissell in 2008 and asked her if we could do an interview to review her life and career in addiction medicine. She graciously agreed to be interviewed, and we planned the interview for a few months later to match our schedules. Sadly, on August 20, 2008, LeClair Bissell died before that interview could occur. In the time since, I have often lamented that lost interview.

I had interviewed Dr. Bissell once before in 1997 as I was finishing work on *Slaying the Dragon*. Given her candid talk in that interview and discussion of her own experience in AA, she suggested that the interview be stored and that the interview or any quotes from it not be published until after she died. Below are excerpts from that interview. The topics were those close to LeClair's heart and ones I wanted to include in the book I was preparing at the time. I have edited out the names of some people and institutions. LeClair was brutally honest, but also quite respectful. I think that is the way she would have wanted it.

On the Role of Women in the History of AA

Bill White: Today there are an ever-growing number of women working in addiction treatment and an equally growing number of women "in the rooms" of recovery fellowships. For those just entering these arenas, what do you think are important aspects of the early story of women in AA?

Dr. LeClair Bissell: Of course, there's the obvious thing of women entering this story a few years after the birth of AA. The experience of some of the earlier women was that the men were very threatened by them and made it clear they didn't want them in the group. That happened with Marty Mann, who was not by the way, the first woman in AA. She was the first woman successfully sober in AA. Marty shared with me that when she went to her first AA meeting at Bill and Lois' home in Brooklyn, the men were very afraid that she would somehow manage to spoil what they had going. They were so worried that they might start quarreling over her they practically ran her off. It was Lois Wilson who made her welcome and pretty much insisted the men behave themselves.

I don't think they realized that Marty was a lesbian. She hadn't the slightest interest in those men. But of course you couldn't at that point let anyone know. It was bad enough to be female without upsetting them even further, poor dears. So, initially, what you had was rejection on the part of some of the men. Later on, it was simply a question of being in a distinct minority. If you walked into a group and you're the only woman, it was and remains difficult, particularly if you are a woman who needs to discuss some of the things that have happened to you sexually over the years. I'm not talking about graphic descriptions blow by blow of what they might have done in the bedroom. I'm referring to the fact that many of these women felt pretty dreadful about the fact that they had run around with people below their own standards and had frequently, if not turned tricks, come awfully close to it. Some had been kept by an assortment of men as their alcoholism progressed. I've seen it happen myself where a woman has been a little bit too open about that in an AA group and immediately after the meeting, the men have circled her like a bunch of sharks, assuming that since she was suggesting that, she is available now. I think the phenomena of women's groups—meetings separate from men—has been one of the most important developments in the history of AA.

From my perspective, it was because it gave women a safe space where they could talk about things of concern to them without having to worry about how the men responded. Also, in treatment and in AA, it's always been fairly easy for women to manipulate men. We get into a caretaker mode and get the men to tell us all about themselves. They neither know nor care that they've learned absolutely nothing about us. It's all so very flattering to them. So, women have been able to turn away confrontation in treatment with men hardly aware that they've done it. Put them in with a group of other women, and they can try the single tear routine, and somebody will just hand them a Kleenex and go on with business, which is quite different. Men seem to get very upset when women are upset, and women know how to use that very neatly. That doesn't work in women's meetings.

Bill White: One of the feminist critiques of AA is that the AA program as it was constructed between 1935 and 1939 was based almost exclusively on the experience of men. What are your thoughts about this critique?

Dr. LeClair Bissell: That's not a criticism; it's a statement of fact. The Steps were not—as you know—directives. They were history. These were the steps "we" took, and the "we" at that time was almost all men. But I don't know of much of anything in the 12 Steps themselves that is offensive to women. I've heard a lot of grumbling from women about sexism in the Big Book and the fact that it is always the alcoholic "he," but in

historical context, that's not astonishing. It would be hard to hold AA to a higher standard than the whole rest of the culture in 1935 to '39. Of course it's sexist. But read a 1935 newspaper, and you're going to find exactly the same thing.

On the Struggles to Produce a Biography of Marty Mann

Bill White: Here we are in 1997, and there has yet to be a definitive biography of Marty Mann, one of the most successful public health reformers in American history. How do you account for this?

Dr. LeClair Bissell: Well, there are several reasons, including the fact that would-be biographers were never quite sure what to do with Marty's sexual orientation. A couple of people had started out to do them. One of them rang me up, came over, and wanted to talk specifically about Marty, said that she was definitely going to do a biography of her and that she needed guidance from me as to what to do about Marty's orientation. It's a tough one, Bill. Marty was my sponsor, and we shared the same orientation, so we talked pretty often. Marty died in 1980. Look where the gay and lesbian movement is now, and the fact that Marty herself was a pioneer, a fighter, an outspoken person. I find it very hard to think that if she had lived through the '80s and into the '90s, with this tremendous sea change in what's going on, that she would've stayed silent. It's hard to know. At the time I first discussed this, I looked at the fact that Marty had not wanted to be out, and I felt that we should honor that. But at that time, almost nobody else was out either. Would she now be that reluctant? I doubt it.

Bill White: Did she ever share her sense of not wanting to be out in terms of harming the alcoholism movement that she had spent her life mobilizing?

Dr. LeClair Bissell: Yes, because at the time, she was head of NCA [National Council on Alcoholism], and she was very much the public figure. She was NCA. So, she was insistently Mrs. Marty Mann and went out dressed to the nines most of the time. Her long-time partner, Priscilla Peck, with whom she shared her life for easily 30 years, had been an assistant art editor of Vogue and was very good at the basic black with the long gold cigarette holder and the snazzy jewelry. She did not travel with Marty. They shared an apartment in Greenwich Village and then later also had a home together in Connecticut not too terribly far from Silver Hill—a treatment facility at which she would later work.

Bill White: You mentioned that there were two efforts in terms of doing a biography of Marty.

Dr. LeClair Bissell: Yes, the first never got off the ground, and the second was considered by a woman who worked in the NCA policy office. A lot of things happened that got in her way, most important of which was NCA falling apart. She ending up leaving NCA and went to work for an AIDS organization.

Bill White: It's just remarkable to me that we have no biography of Marty.

Dr. LeClair Bissell: I agree with you. And it's even hard to come by anything in the way of accurate biographical material. There's a little six-page biographical handout that NCA has, but you have to rattle their cages a bit to get that. One of the reasons of course that we don't have a biography is that Marty's friends were very protective of her as far as her private life was concerned and simply refused to talk to people. I don't want anyone picking on Marty. I have no objection at all to people saying that she's a lesbian. They will eventually anyway. But I want that handled with some decency. I'm a little protective of Marty.

(NOTE: A wonderful, meticulously researched biography of Marty Mann—*Mrs. Marty Mann, The First Lady of Alcoholics Anonymous*—authored by Sally and David Brown, was published by Hazelden in 2001.

Dr. Bissell encouraged and assisted with this book.)

Early Concern about Women in Modern Addiction Treatment

Bill White: When did you start noticing the emergence of a special consciousness about the special needs of women entering addiction treatment?

Dr. LeClair Bissell: Well, that was certainly being discussed in New York in the 1960s by people like Dr. Sheila Blume and others. At one point—I think it was in the early '70s—the Feds called together a whole group of us to meet down on Hilton Head Island around the issue of women and alcoholism. They got half a dozen people to review the literature in different areas and report to the rest of us, and then we all sat around and talked about it. There were maybe 35-40 people present. I did not prepare a paper, but Sheila Blume prepared a paper for that meeting, and she was, to the best of my knowledge, the first person ever to set up a women's treatment unit within a state hospital. She was working at Central Islip State Hospital on Long Island and simply wasn't getting anywhere with the women mixed in with the men. So, what she did was get the hospital administration to give her a small building and simply set those beds aside for alcoholic women, and then she developed her own little program there. There was very little publicity about it at the time. The other early women's units were as much about separating the women from the men for fear of their disruptive influence on the men as they were about concerns over the women's special needs.

Lesbians and Gays in AA and Early Addiction Treatment

Bill White: What do we know about the early experience of gays and lesbians either in AA or in treatment?

Dr. LeClair Bissell: The first piece that I think is very important is Bill's [AA co-founder Bill Wilson] acknowledgement of the fact that the guy whose experience led to the Tradition related to the only requirement for AA membership was a gay man. There are discussions about the fact that there was a person who had other problems, and he asked if he could belong, and the group conscience seethed and boiled for two or three days. This was at Bob Smith's home group in Akron. It was a gay man. I have that on tape somewhere in Bill's very own rather indistinct but undeniable words that it was a gay man. That is not speculation. So, you've got that as a sort of unofficial posture on the part of AA. It did come to a head in Akron, and it was discussed at length, and yes, the gay man was invited in. Now, by the time I got sober in New York in 1953, I demanded that the person who would take me to AA meet my requirements, hoping against hope that there was no such person, you understand. What I demanded was a person who was roughly my age, brighter than me, Jewish, and a lesbian. I was absolutely certain that there was no such person. I had read that Jews didn't get alcoholism. I was very nervous about the thought that AA might try to force me back to mother church, and a good Jewish liberal clearly would not do that. I knew there weren't any other young women in AA. I was 25 at the time and thought certainly there was no one brighter than me. So, that settled that, and in fact, it did take them awhile to come up with one. But they did come up with her. Oddly enough, she worked for Marty at NCA. So, right from the very beginning, I had a lapful of pamphlets and information from AA and an individual who could introduce me to people in the different New York groups. There were no gay groups at the time, but certainly there were huge numbers of gays going to meetings down in the Village.

Bill White: Are you aware of any informal subgroups of gays and lesbians within AA during AA's early history?

Dr. LeClair Bissell: There were in the same way that the first young people's groups were not really young people's groups. Young people told each other where they were going to be next Tuesday and you had

kind of a floating young people's group moving up and down the east side of Manhattan. You know how kids pick a bar where everybody goes? It was exactly the same thing. The gang was going to be at such and such. Actually having gay meetings came much later and you got into the male/female disputes there too for awhile.

Bill White: Even in terms of mixing men and women in those meetings?

Dr. LeClair Bissell: Sure. Lesbians did not have that much in common with gay men, and for a long time, the gay and lesbian community was more of a myth than a reality. The thing that really kind of brought us together and put aside the gender-based feuding was the AIDS epidemic, at which point an awful lot of nonsense had to be put aside.

Bill White: When did specialized addiction treatment for gays and lesbians begin?

.

Dr. LeClair Bissell: That would be the PRIDE Institute. They put together a 28-day Minnesota model alcoholism treatment facility in Eden Prairie, Minnesota, which is a stone's throw from Minneapolis, that was exclusively gay/lesbian and tried to draw people from all over the country. This happened quite early on in the AIDS epidemic because it was certainly there at the time when we were wondering what to do about people who were HIV positive and gay and alcoholic or addicted. The question was, "Where can we put them that they wouldn't be abused?" After PRIDE got going and it was obvious to people there was little market for this, many of the treatment centers set up what they called gay and lesbian tracks. The problem with that was that since patients are quite visible to one another within treatment centers, if you were seen wandering off to the gay track, it was like going to the gay special interest group at Smithers. It was a statement of orientation, and to this day, the vast majority of gay and lesbian patients go through treatment incognito.

Bill White: That makes me wonder if Marty Mann went through her treatment at Blythewood Sanataria incognito. Her psychiatrist, Dr. Harry Tiebout, used Marty as a case study in some of his published papers, but made no reference whatsoever to sexual orientation, which seems unusual at the time if he had known, considering the then prevailing view in psychiatry that alcoholism was a manifestation of latent homosexuality.

Dr. LeClair Bissell: Yes, they always had a hard time with all of us who weren't latent. I don't know. He may have chosen not to reveal this or it's equally possible that Marty never told him. Or he may even have denied it or said with his little twinkle, "We'll work it out later." Certainly, psychiatrists of that era, in fact even when I was in treatment, were very clear that being lesbian was second best. In other words, your first goal with treatment was to try to make the person straight. Then failing that, you sighed and accepted the inevitable and the unchangeable, but there was always the reservation that this wasn't quite the way to be. You felt that you were sort of a failure at your own therapy in a sense.

The old psychiatry, back at the time that APA still felt that being gay or lesbian was a mental illness, certainly would have wanted to make you as normal as they could. Where it got mostly in the way was not that they wanted to make you normal if they could, but that they were persistent in seeing the alcoholism as symptomatic of the orientation. We'd get all busy messing around with the orientation and forget to help you deal with your drinking problem. It was the endless treatment of the wrong thing with the assumption that if they just straightened you out in every sense of the word, the misbehavior—the drinking—would just simply go away because it was merely a symptom. It was not a disease in and of itself, which is very different from the approach you'd take today, which would be that the alcoholism is the main thing to be treated, and then you can start finding out the things that are making it difficult for the person to stay sober, be they physical

problems, mental problems, social problems, or whatever they might be.

Marty was very much in the old-fashioned era just as I was, where my first two therapists—both of whom were older psychiatrists who had trained with Jung, quite old men at the time that I was working with them in New York—were certainly not feminists so that any feminist problems I had were my pathology not the system. And they were certainly very clear in their own minds that the way for people to be was heterosexual, married, and making babies. Later, the final two therapists were totally different. They were in a very different place. They wanted me to behave myself and be productive. They certainly didn't want me to be promiscuous or acting out in any way, but they were all for a stable relationship with a decent person, irrespective of who that person might be.

(NOTE: In 2007, a book entitled *The History of Gay People in Alcoholics Anonymous: From the Beginning* authored by Audrey Borden, was published by Haworth Press, Inc.)

On Changes in AA

Bill White: You have been a professional observer of AA for decades. What changes have you noted within AA that are historically noteworthy?

Dr. LeClair Bissell: What I see within AA is the loss of 12-step skills. It's a direct outgrowth of the habit of taking people to treatment centers and not responding to them within the service tradition of AA. People are downright upset if a real drunk actually comes to a meeting. And there's a lot of censorship. There are some god awful statements that some groups use that basically announce that AA is primarily for alcoholics and if you've had other drug problems, don't talk about them here. This is in spite of the fact that of the first five AA members, three of them had significant other drug involvement. But you can get this kind of rigidity in AA today. "We're not going to talk about this and that." We also find in many parts of the country a real rock-hard religiosity where the atheists and the agnostics self-censor a lot and don't speak up. Some of our groups think, "Never mind this HP [Higher Power] stuff; it's Jesus and no backtalk." I see a lot of that. And I hear much less talk about the Traditions now and much less talk about service.

Bill White: There is much talk about AA's influence on addiction treatment, but what about the influence that treatment had on AA coming through the '80s into the '90s?

Dr. LeClair Bissell: Good question. I think a positive was that it made us all more aware of other drugs. They weren't as casual about minor tranquilizers and pills after the chemical dependency notion went through as opposed to the pure alcoholism. I think, however, treatment really did pretty much screw up 12-step work. People were no longer having the kind of experience they had gotten from the old hands. I can remember when I first joined AA, it was not the least bit uncommon to have somebody having a seizure at your meeting. So and so was having a seizure. "No, Harry, don't put his glasses in his mouth." You'd have two or three guys taking care of the fallen and the meeting proceeding. No longer.

Alternatives to AA and other Twelve Step Fellowships

Bill White: What are your thoughts about the future of alternatives to AA—groups like Women for Sobriety, SMART Recovery, SOS, LifeRing Secular Recovery, and others?

Dr. LeClair Bissell: I don't see Women for Sobriety surviving. First off, I think the need for it went away as more of the women's groups developed within AA. Did we need something for women? Yes. Do we need alternatives to AA for the folks who just flatly won't go because somebody told them something about AA and they know they'd hate it? Yeah. I like having other alternatives, but I think the need has declined as AA has

become more inclusive. It's like the separate gay organization, Alcoholics Together [AT]. That sprang up primarily because the California groups wouldn't list gay meetings as gay meetings in the meeting list. So, they set up their own Intergroup office and helped steer people to where they could get help. Later, when the meetings were listed, who needed AT? As specialty groups continue to grow within AA, those other groups are less likely to survive. I do think we'll see the moderation groups around for awhile. I don't think they're ever going to be real competition for AA, and I think we should wish them well.

There is still a lot we don't know about what works for long-term recovery. My grandfather got sober by command decision.

Bill White: Command decision?

Dr. LeClair Bissell: Yes, his own command decision. If you'd ever called him an alcoholic, he would have been very indignant indeed. Then because of his drinking, he damned near killed a patient, and he simply told his family "Obviously in my case, alcohol and medicine don't mix. I don't seem to be able to drink a little bit, so I'm not going to drink at all." Now, many an AA group would have said that he was dry but not sober and that he must have been miserable. And in fact, he was pretty miserable I'm told for a few years after that, but by the time I knew him as a teenager, he was a very merry man who was happy with his life. He had accepted that drinking was not for him. How many of them are out there? I don't know. If they find their way into other recovery things, that's great.

On the Treatment of Impaired Professionals

Bill White: You are one of the pioneers in the treatment of impaired professionals and your book *Alcoholism in the Professions* remains one the classics in the field. When did people begin to see physicians, nurses, and other professionals as a special treatment population?

Dr. LeClair Bissell: When they started making money in alcoholism. As soon as insurance started covering treatment, suddenly you heard that residential treatment was necessary for almost everybody. And since alcoholic docs had tons of money compared to the rest of the public, they not only needed residential treatment, they needed residential treatment in a special treatment facility for many months as opposed to the shorter periods of time that other people needed.

Bill White: So, you see this specialization as more financially driven than clinically driven.

Dr. LeClair Bissell: Absolutely. But there's one other piece to it. When we were first treating alcoholic professionals, it was basically with the philosophy that professionals had been given bad treatment because the treatment was distorted when a professional came in. The treatment staff members were afraid of the doctor and treated the doctor as if he or she was something different from an ordinary alcoholic. They didn't let him get to be a patient. What we felt then and what I feel now is that the special treatment a doctor needs is not to be treated special. I do feel that every patient deserves individualized treatment and that everybody's work and family situation is different and that the alcoholic doc deserves just as much individualized treatment as you do or an attorney does or a politician or a cook who works in a kitchen. There is nothing special about a doctor's alcoholism.

Now, these special facilities will tell you that they come up with really wonderful recovery rates. They do. And the reason they do is that any time you can grab a professional person by the license and compel him or her into treatment and force them to cooperate with that treatment and then monitor them for years, you'll get good outcomes—in the high 80s or low 90s in recovery rates—no matter what else you do.

Bill White: Are there particular institutions that would be the equivalent of the PRIDE Institute as pioneers in physician treatment?

Dr. LeClair Bissell: That's a good question. I would say yes. Lutheran General Hospital's Alcoholism Treatment Center was excellent. They carefully followed over a hundred of their docs with telephone contact, and they did very well by them. We did well by them at Smithers, much better with men, by the way, than the women. I never quite understood why, but anyway, our male MDs did beautifully. The ones I think are really the best ones were not specialized. There were other well-known specialty clinics that claimed all the docs they treated got well, which is sheer rot. They harmed a great many people, keeping them for long, unnecessary treatments and seeing to it that they hit their financial bottom for sure: kids being yanked out of college, being forced to sell homes to pay for treatment, and otherwise being blackmailed on the grounds that your husband has a fatal disease. It's ugly.

On Ethical Issues in Addiction Counseling

Bill White: Your talk that some of the things that were done in the name of help in addiction treatment actually did harm leads me to your work on professional ethics. You co-authored *Ethics for Addiction Professionals* with Father James Royce. How did you decide to write that book?

Dr. LeClair Bissell: I was a regular lecturer at SECAD—a popular speaker because I was fairly good on my feet. Conway [Conway Hunter, MD] at one point said to me, "Look, I want you to come down and talk, but you've talked on the same topics for the past five years. We've got to come up with a new topic. Why don't you talk about ethics?" It was a good eight months away, so the idea of having to do some research about it seemed all right. So, I said yes and started asking people—I couldn't find anything in the literature—what they were concerned about. They gave me kind of an earful. So, I took what I had seen and what they had told me and packaged it all together into an hour's lecture and proceeded to present this in Atlanta. Bill, you're in this business too as a speaker. You know when you're good. You know when you're on. You know when the drama of the whole thing is working. There are also times when you're not so good, but there's something compelling about the subject matter. The day I presented that, I was not particularly good as a performer, but you could've heard a pin drop. I was just as astonished as anybody else with what was happening. There they all were, sort of leaning forward and hanging on every golden word. I didn't get it. I literally went to people after the talk and said, "I don't get it. What is going on? I didn't say anything that you folks haven't told me—that you haven't all seen and haven't discussed around the coffee table." They said, "Yeah, but somebody finally said it out loud."

They didn't quite cheer, but they damn near did. People who'd been there said, "You've got to come out to such and such and give your ethics talk." At the end of every talk, people would come running up and say, "If you think that example was bad, get a load of this." They'd start pouring it into my ears. So, pretty soon, you know what happens. People start sending you clippings and telling you their stories. Somebody finally said, "Why don't you write it up and put it in a journal?" Around that time, I had agreed to do some short books for Johnson Institute, which for a variety of reasons, never quite came off. But one of two manuscripts that I got together was on ethics. It was just the obvious gap where there wasn't anything and I was doing it anyhow. I didn't like the fact that the person lecturing the world on its ethics was a single female lesbian atheist. I thought that was a little tacky. So, I was looking around for credibility. I thought well, who better than James Joyce: Jesuit, Catholic, teacher of ethics at a major university, author of probably the only to this date alcoholism textbook for college youth? Our book sold well and it's been selling ever since. So, that's the story. It was not that I perceived some particular sin that inspired me to go evangelize. It was really Conway.

Treatment Backlash in the 1990s

Bill White: There has been something of a backlash against addiction treatment in the 1990s that has led to the collapse of some of the most prominent treatment programs. How much of that collapse do you perceive as being related to ethical abuses in the 1980s?

Dr. LeClair Bissell: I see it as caused by two things primarily. One was the demise of NCA. You not only didn't have Marty, but you had weak national leadership and the falling away of a lot of local affiliates. Pretty soon, there was no voice for the alcoholic. There had been. Now there wasn't. So, the old stereotypes started coming up again: bad people do drugs, drink too much, self-inflicted illness. There wasn't anybody to answer them. Something else that happened was that after Senator Pete Williams got into a scandal, we no longer had a senator who could advocate on our behalf.

Then, we had the greed of the treatment facilities that started popping up all over the country like mushrooms. Every time you looked around, there'd be a new treatment facility, usually hospital-based and trying to get itself paid at acute care hospital rates for people who were clearly walking around in sports clothes and no more needed to be in the hospital than you and I do. Hospitals were pulling in hundreds of dollars a day for these people and in some of them you could get admitted any time you needed to be in the hospital, provided it was Monday through Friday between the hours of 9 and 6, and provided you didn't need too much nursing care. The only requirement for admission was a viable Medicaid card. They kept their staff down to a minimum, did very little about getting anybody well, but if you blew your welfare check and you were in bad trouble, you could always go in. It was happening with the 28-day facilities too. _____ for instance would put people in for 28 days at _____, and then ship them up to _____ for a second 28 days because that's what the insurance company would allow and pretend that that was not just one admission. Pretty ludicrous. And some also medicalized the entire family. The wife would come up there and be told she had a disease too, co-dependency, but they'd call it something else and she would have a physical exam and a medical chart, get admitted just like any other patient at several times what it would have cost to house her at the local Holiday Inn. Everybody got a psychiatric diagnosis for his/her co-dependency, and the insurance company paid the bill.

Bill White: Is it your view that the really aggressive managed care and all of the severe restrictions that emerged on treatment in the '90s came out of those kinds of abuses in the '80s?

Dr. LeClair Bissell: No, not entirely. I think it made us vulnerable. I think we set ourselves up for it. The fact that the backlash then went too far and the pendulum went in the other direction I think could happen because managed care wanted to save money, and we no longer had a credible voice anywhere. Washington wouldn't protect us. The insurance commissioners of various states wouldn't stand up for us. Politically, we're one of the most inert movements in the world.

Bill White: What are your views on the future of addiction treatment?

Dr. LeClair Bissell: In reality, I wouldn't be at all surprised to see it get worse than it is now before it gets better. I can see us going back to many situations very similar to what we had in the '60s where you had to lie about what the patient had to get him into a hospital—pretend he didn't have alcoholism to get admitted. I get questions now on the internet from people wanting to know have I had any experience with outpatient detox, and it makes me want to laugh my head off. We didn't have anything but outpatient detox. And as far as third party payment is concerned, forget it. It didn't exist. We all did outpatient detox. Dr. Ruth Fox used to just let them sleep it off in her office. You'd go in through the front door, and there would be a body on her couch. She was just simply

letting people stay there until enough hours had gone by that she could pop the first Antabuse into them.

Bill White: So you think we may go full circle and see the rebirth of some earlier approaches to recovery support?

Dr. LeClair Bissell: High Watch was there when I was trying to figure out what I was going to do with a patient if I let them out of the hospital, and I wanted them to be in an environment that wasn't totally toxic. At the time—we're talking '60s, late '60s—for $75, I could put him at High Watch for a week. They didn't pretend they were doing treatment. If they had a medical need, they called the local doc. Basically what you got was good food, clean living, a little prayer meeting every morning, and immersion in AA.

We will likely see the rebirth of places like High Watch and Chit Chat Farm [now Caron Foundation]. When Dick Caron started bringing drunks into his farmhouse, he just brought them in. I remember saying to him once, "Dick, what's your admissions policy?" He said, "I don't have any admissions policy. What's that?" Years later when they did have one, Dick overruled it all the time anyhow. He had people in his house that the admissions office had turned down. But now, those places are all licensed and they're no longer getting decent reimbursement, and their expenses have had to go up to meet the licensure requirements. The problem will be that when the money flow stops, I'm not sure that they will legally be able to go back to those simpler days.

I hope we don't go back to the days when you can't get an alcoholic or addict into a hospital. In those days, hospitals didn't want us. Doctor's could lose their admitting privileges for admitting an alcoholic as an alcoholic. You had to fight tooth and nail to try to get somebody into Bellevue. We used to literally get them to strip in front of Bellevue.

We'd tell them to take their clothes off and then put them on the street and then get in the phone booth and say "Officer, there's a nude man out here." Or we'd go in carrying some poor soul between us and say, "This man tried to kill himself. We want him admitted." And they would say no they wouldn't because he was alcoholic and clearly he wasn't suicidal. We'd say, "Well, we saw him try to jump out the window, and let's see, your name is Dr. what? It's 4 am, January the 21st, and let's be clear about this, Doctor, you are refusing to admit this patient in spite of the fact that two of us have told you he is actively suicidal. We have seen him make an attempt." The doctor would back down. It was a whole game. Insurance wasn't the issue. They just didn't want to admit us. Even rich ones would get turned away at the door. I hope we never go back to that day, but we could if treatment as we know it collapses.

Bill White: Le Clair, thank you for your willingness to do this interview and for all you have done and continue to do for the field.