

Wheatley, R. (2013). Benning House: The grassroots beginning of Army substance abuse treatment. Posted at www.williamwhitepapers.com

American concerns with alcohol and/or other drug problems in the military date to Benjamin Rush's early missives on drunkenness in the Continental Army, but such concerns were dramatically magnified in the late 1960s and 1970s. While the history of the civilian responses to such problems—the modern history of addiction treatment and recovery—has been well-documented, the history of responses to alcohol and other drug problems among the branches of the U.S. military remains shrouded. Roger Wheatley has provided a valuable contribution to this history by documenting the birth and evolution of Benning House—the U.S. Army's first residential addiction treatment program. Through engaging storytelling and meticulous documentation, Roger Wheatley has provided contemporary and future historians an insider's view of this hidden arena of addiction treatment.

William White
September 8, 2013

BENNING HOUSE:

THE GRASS ROOTS BEGINNING OF ARMY SUBSTANCE ABUSE TREATMENT

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September 1, 2013



A group therapy session at Benning House in the early 1970's. Photograph from Brigadier General Willard Latham's monograph commissioned by the U.S. Army Center of Military History, *The Modern Volunteer Army Program: The Benning Experiment, 1970-1972*. Available at: http://www.history.army.mil/html/books/090/90-2/CMH_Pub_90-2.pdf

INTRODUCTION

Benning House was a halfway house for the treatment of alcohol and other drug abuse opened on March 23, 1970 as the first residential program in the U.S. Army.¹ The house operated for over a decade serving as a model facility which influenced a halfway house movement across army posts growing to 50 similar halfway houses by 1974.² It became a duplicated "best practice" codified in Army Regulation as the preferred residential treatment program throughout the 1970's.³ Both the programs architect and the first Clinical Director testified before a Senate Special Subcommittee led by Senator Harold Hughes in December

¹ Senate Special Subcommittee on alcoholism and narcotics, of the Committee on Labor and Public Welfare, 91st Congress, 2nd session. (1970). *Examination of drug abuse and alcoholism in the armed forces*. p.800-827.

² McLaughlin, A. E. (1974). The abusers. *AMEDD SPECTRUM*, 1(1), 54.

³ United States (1972, June). *Alcohol and drug abuse prevention and control program: Department of the army circular 600-85*. Washington DC: Headquarters, Dept. of the Army.

1970. Benning House staff provided the most experienced army voices of the time, influencing discussion among lawmakers. Their testimony contributed to Title V Public Law 92-112 requiring treatment opportunities for service members with alcohol or other drug problems.⁴

Today, very few involved in Army Substance Abuse have ever heard of it. Likewise, medical and military historians were unaware until asked specific questions in support of research for this paper. Most evidence of a decade long halfway house movement in the Army was found in unit histories and document archives which led to the discovery of living witnesses who were involved in Benning House. Interviews with these men and women add a rich oral history of Benning House and its impact on substance abuse treatment in the Army. This article attempts to expose the Benning House story to the light. Perhaps there is something of interest and usefulness to historians or those on the military front lines of addiction treatment today.

FORMING THE TEAM

Four individuals with unique backgrounds converged in 1969 to form the team that established Benning House. Their complimentary experiences blended together at a point in history when government and Defense officials were focused on the problem.⁵ The fruits of their efforts, Benning House, influenced a halfway house movement in the Army and contributed directly to the formation of the Army Drug and Alcohol Prevention and Control Program (ADAPCP). The Army program ultimately absorbed Benning House along with all the other halfway houses modeled after it eventually replacing the model with hospital based residential treatment facilities.

DR. CARL SEGAL

Dr. Carl Segal was the architect of the program and provided the entrepreneurial energy behind its formation.⁶ Dr. Segal was Chief of Psychiatry at Fort Benning's Martin Army Hospital from 1967-70. After Carl entered the Army in 1963, he was sent to Madigan General Hospital at Fort Lewis, Washington for his Internship. Considering several possible specialties,

⁴ Olson, N. (2003). *With a lot of help from our friends: The politics of alcoholism*. New York, NY: Writers Club Press.

⁵ Department of Defense (DOD). *Directive No. 1300.11 Illegal or Improper Use of Drugs by Members of the Armed Forces*. Washington, DC: DOD, 1970. Publication followed several years of study indicating concern.

⁶ Conner, D.R. (2013, April 18). Interview by R. Wheatley. SP5 Daryl Conner was the first Mental Hygiene Specialist assigned to Benning House.

he took an elective two month rotation in psychiatry where he experienced the first of many cases of alcoholism.⁷

Dr. Segal treated a patient reduced from Master Sergeant (E8) to Private (E1), the lowest enlisted rank for alcohol related behavior. Despite losing career and family, he was caught drinking Mennen after shave in the psychiatric ward. Carl was struck that the soldier would seek the very substance destroying his life in the form of aftershave or anything he could get. The experience sparked his curiosity about alcoholism.

Following his Internship, Carl was selected for a Community Psychiatry Fellowship at Harvard. It was during this post-residency program where Dr. Segal was influenced by addiction researcher Dr. Jack H. Mendelson, Professor of Psychiatry at the Harvard Medical School. Lectures by Jack Mendelson and a variety of visiting speakers on the topic further developed Carl's education on alcoholism.

Arriving at Fort Benning, Georgia in July 1967 following the Community Psychiatry program at Harvard, Carl's primary goal was to develop a community-based mental health system. Significant major issues of the time which shaped his focus included alcoholism, drug addiction, and race relations. His early education and experience set the stage to establish the first alcoholism treatment program in the United States Army.

Carl Segal assumed his role as chief of the psychiatric division under the Department of Medicine. Psychiatry had once been a separate department, now downgraded because the incumbent had been arrested in Columbus, Georgia for urinating in public while drinking. Embarrassed by the actions of the man responsible for mental hygiene on post, the hospital commander quietly removed his department head status and forced him into retirement. The officer committed suicide two years after leaving uniformed service. It remains unknown if the man ever had any opportunity for help. There was no Army program yet and alcoholism was treated punitively at that time.

Within a week of his arrival, Dr. Segal admitted a Women's Auxiliary Corp (WAC) Captain with a history of severe alcoholism. She was being processed for discharge with a less than honorable discharge for behavior related to drunkenness without addressing alcoholism as an illness. As the first case of alcoholism under his direct care, Carl demonstrated his strong

⁷ Segal, A.C. (2013, April 26). Interview by R. Wheatley. Dr. Carl Segal had the idea to establish a comprehensive community based alcoholism program at Fort Benning, which became Benning House.

influence for community based care. He saw the patient regularly and assigned her to the Medical Holding Company where she could get help without the pressure from the command to kick her out swiftly.

A short time later, Dr. Segal admitted an enlisted man for alcoholism. He was hospitalized for detoxification followed by outpatient group therapy. Carl learned through this experience that the detox period in the hospital was considered “bad time” resulting in lost pay and allowances for those days. If a soldier is not present for duty due to their own negligence or criminal behavior, the Army considers it bad time which earns no pay.

Carl was frustrated that Army policy considered alcoholism a criminal offense while he was trying to treat the illness. From that point forward, Dr. Segal refused to use the term alcoholism as a discharge diagnosis. Carl invented the term, “polyhypovitaminosis” to avoid punitive consequences for those with alcohol related problems. He fabricated the terms definition as: Poly- (many); hypo (below normal); vitamin (required nutrients); -osis (disease or abnormal condition) assuming anyone with acute alcoholism to an extent requiring hospitalization was not eating properly. The patient would therefore obviously suffer from abnormally low levels of multiple vitamins. In jest, Dr. Segal suggested that someday a medical historian might discover a significant decrease in alcoholism along with an epidemic of polyhypovitaminosis at Fort Benning, Georgia from 1967-1970.

Several other experiences shaped Dr. Segal’s idea that there was an alarming rate of alcoholism at Fort Benning and probably in the Army. He encountered an instructor at the U.S. Army Airborne School who drank two fifths of vodka daily. The Airborne School commander reassured the young psychiatrist that all of his men drank at least a fifth daily because of their hazardous duty and need for steady nerves. He recalled treating a military wife with a ten year history of alcoholism and trips to institutions. The Provost Marshall had a reputation for driving drunk nightly from the Officers’ Club. The post commander ordered Carl to keep a young enlisted man sober for a week –“whatever it took” so he could receive the Congressional Medal of Honor from the President of the United States without embarrassment.

With assistance from the sober WAC Captain, Dr. Segal’s first attempt at a comprehensive alcoholism program failed to gain command support in late 1967. Dr. Segal suggested that the Captains reputation as the post drunkard may have clouded the memory of key leaders they were trying to influence. Lessons learned from this experience influenced later

success with the vision finally manifesting as Benning House. Carl Segal envisioned a comprehensive, community-based, alcoholism program adaptable to individual client needs. He sought to support the needs of commanders by including all community service providers.

CAPTAIN JAMES ADELMAN

James Adelman received his MSW from University of Pittsburg and joined the U.S. Army Medical Services Corps in 1969. He was direct commissioned to Captain and assigned to Fort Benning, Georgia in what was called the Mental Hygiene Clinic.⁸

Captain Jim Adelman arrived with a passion for treating alcoholism and a unique experience with recovery. His grandfather had drunk himself out of a Superintendent job at U.S. Steel in Johnstown, Pennsylvania and was sent away to Akron, Ohio in 1951 with the hope the well established program of Alcoholics Anonymous could help him. He spent six weeks in Akron and returned to Pennsylvania sober. His wife had committed suicide from the social embarrassment of his drunkenness and job loss, so Jim's grandfather came to live with the Adelman family. The young James Adelman was seven years old at the time.

Jim Adelman grew up attending A.A. gatherings and open meetings, watching the example of his grandfather and other sober members of Alcoholics Anonymous live the program of recovery. As an only child, Jim shared stories of his grandfather as a second father figure who taught him to fish and garden, crediting his grandfather as a significant influence in his life. Jim felt a part of his grandfathers' recovery community through the fellowship of the local A.A.'s. He witnessed examples of active recovery and transformed lives growing to love A.A. members through his childhood experience. Jim Adelman brought this experience to Fort Benning, arriving just in time to provide the energy behind the second attempt at an alcoholism program. He knew very well that recovery was possible and his childhood experience uniquely prepared him to lead Benning House as the first Clinical Director.

SERGEANT FIRST CLASS JIM HENRY

Without exception, everyone interviewed credited Sergeant First Class Jim Henry as the backbone of Benning House. Jim was the Noncommissioned officer (NCO) in charge of the Mental Hygiene Clinic when Dr. Carl Segal arrived at Fort Benning. When Benning House was

⁸ Adelman, J. D. (2013, August 9). Interview by R.A. Wheatley. Captain James Adelman was first clinical director of Benning House.

established, he became the resourceful leader responsible for daily operations. His years of experience gave him insight into successfully navigating within the Army system. Sergeant Henry enabled the program as a buffer between Benning House and outside influences of military bureaucracy. He was described as the “Radar O’Rielly” of Benning House for his ability to successfully run the operation without the rank to actually be in charge.⁹

Benning House began in old run down World War II era buildings. There was no budget, beds or equipment to open the house. It was Jim Henry who somehow within two weeks of taking over the buildings, found beds and the equipment needed to open the program. Nobody knew how he did it, and they did not want to know. Everyone just accepted that Jim was very connected and resourceful.

Sergeant First Class Jim Henry retired at Fort Benning initially volunteering at Benning House until a paid position was available. Jim was the only staff member involved with Benning House from start to finish. Every single person interviewed during this research had a memorable story about his positive impact on people at Benning House, both residents and staff. He culminated his civil service career as the Civilian Program coordinator for substance abuse at Fort Benning and remained lifelong friends with Carl Segal and several others until he passed away in 2001.

DARYL CONNER

Daryl Conner enlisted in 1968 for three years with an undergraduate degree in psychology. He signed up as a 91G - Mental Hygiene Specialist to avoid being drafted into a less favorable job. After basic training at Fort Benning he became a training “holdover” for two months because his advanced training class for Mental Hygiene Specialist was not starting immediately. Daryl quickly realized that meant he was going to pick up cigarette butts and other menial tasks until he shipped out to training. The next day he went to the Mental Hygiene clinic asking for a clerical job. He recalled someone with authority talking to him, telling him he could not have a clerical job but he would begin seeing patients the following day.¹⁰

⁹ Multiple interviews contributed to understanding Jim Henry and his service at Benning House. Most noteworthy was his relationships with Dr. Carl Segal, Jim Adelman, Daryl Conner, and Kelly Ferguson. Jim Henry was the only person associated with Benning House from beginning to end, therefore every interviewee contributed.

¹⁰ Conner, D.R. (2013, April 18). Interview by R. Wheatley.

There was a great shortage of mental hygiene staff and a huge demand driven by Vietnam. The psychological impact of war on soldiers and families challenged mental hygiene capacity. Daryl Conner was educated and carried himself well as a young enlisted man, credentials that served him well working with senior officers establishing Benning House.

Daryl described it as “both exciting and petrifying”. Armed with an undergraduate education his immediate patient load was comparable to clinicians with years of education and experience. He became the first enlisted Mental Hygiene Specialist assigned to Benning House where he served out his entire enlistment. Daryl never did attend training at the Medical Training Center at Fort Sam Houston, Texas. He remembered being surrounded by professionals willing to teach and mentor him as “a learning experience more rich in application and learning than graduate school”.

Today, Daryl Conner is an author and organizational change management consultant. Speaking internationally, he still tells stories of lessons learned at Benning House. Some of his early ideas about organizational change management began to form at Benning House. The Benning House staff observed families of sober alcoholics still split up at a high rate. He began to see that often family members preferred familiar dysfunction to the effort of change, even when the change was perceived as positive. This observation helped the Benning House team learn to treat the whole family not just the alcoholic.

OPENING BENNING HOUSE

Spurred by Captain Adelman’s passion and supported by a new commanding general and hospital commander, the stars aligned to establish Benning House. This time the program succeeded anchored by a strong noncommissioned officer and young energetic Mental Hygiene Specialist. Carl Segal formed a working group that consisted of every major command and community agency on post. He had earned trust and respect as a key staff member at Fort Benning. The Commanding General, Major General Orwin C. Talbott, was supportive and actively involved which helped encourage senior level participation.¹¹

The working group produced a report called the, “Alcoholism and Related Problems Study”. General Talbott approved the recommendation for a post wide permanent council on alcoholism and appointed the Martin Army Hospital commander as chairperson. Both Carl Segal and Jim Adelman considered the vision and support of Major General Talbott critical to

¹¹ Segal, A.C. (2013, April 26). Interview by R. Wheatley.

getting the program started. They described him as a great leader who listened and supported well-reasoned solutions from the staff. He understood alcoholism as detrimental to military readiness and saw it as a serious problem.¹²

General Talbott was presented the study and pledged his support approving nearly every recommendation. He approved integrating the alcohol and drug programs into one making Benning House the first Army program to combine treatment of both alcohol and other drug problems.¹³ The decision was based primarily on the efficiency of managing one program, but Talbott may have understood where future resources would flow from and supported a consolidated substance abuse program. Senior administration and defense officials were concerned about the drug problem. Few considered alcohol the problem, hard drinking was just a part of Army culture. The first official publication addressing drug abuse was in draft at the time as Army Regulation 600-32, “Drug Abuse Prevention Program” and did not contain a single reference to alcohol.¹⁴

In March 1970, the hospital commander made available three vacant World War II era barracks buildings near the Army Airborne School. Located near Gunterman and Indianhead Road the structures were built in 1941 to support the World War II manpower buildup with an expected lifecycle of seven years. They were first occupied by the 502nd Parachute Infantry Regiment who later participated in three major World War II battles – Battle of Normandy, Battle of the Bulge, and Operation Market Garden.¹⁵ Thirty years later, well-worn and in need of major repairs the buildings became the first drug and alcohol treatment program in the Army.

The hospital commander provided the manpower to run the new pilot program. Sergeant Henry led efforts to clean, paint, acquired beds and equipment, and everything necessary to open the house for its first “residents”. Benning House opened March 23, 1970 as a 90 day residential halfway house enjoying the support of the post and hospital commander but lacking a budget and Department of Army recognition. It was a true grass roots initiative, a rare example of local efforts that would ultimately impact the larger military institution.

¹² Both Jim Adelman and Carl Segal praised Major General Orwin Talbott during separate interviews. Both men expressed how critical his support was to the success of Benning House.

¹³ Senate Special Subcommittee on alcoholism and narcotics, of the Committee on Labor and Public Welfare, 91st Congress, 2nd session. (1970). *Examination of drug abuse and alcoholism in the armed forces*. p.800-827.

¹⁴ United States (1970, December 9). *Drug abuse prevention and control: Army regulation 600-32*. Washington DC: Headquarters Dept. of the Army.

¹⁵ Howard. E. (April 2013) Interview by R. Wheatley. Edward Howard is Director, Cultural Resources at Fort Benning. He provided historical photographs and information about the Benning House buildings.

Residents lived at Benning House, in a safe environment where they could focus on treatment away from their peers and barracks beer machines. The term patient was deliberately avoided with the staff choosing to call those who lived there, “residents”, treating them like part of a community rather than patients being cared for. Residents took responsibility for cleaning and daily house chores leaving each morning, reporting to their regular unit for duty. Besides the therapeutic value of personal responsibility, commanders were inclined to support the program since those getting help were not completely lost manpower.

Treatment consisted of evening and weekend group or individual therapy sessions, mandatory attendance at Alcoholics Anonymous meetings, daily devotional time and Chaplain led religious programs. Most patients were offered Antabuse during their residential treatment under clinical supervision. Having no higher level guidance, the early program was largely experimental and creativity was encouraged as they struggled to find therapy methods that worked. Staff members brought their own experiences to the program and tried a variety of ideas. Daryl Conner recalled that it did not matter who came up with an idea or what rank they held, they were all vetted and just as likely to be attempted as any other.¹⁶ In an effort to learn successful methods, Captain Adelman was sent to the Rutgers Summer School for Alcohol Studies in 1970 where he met Marty Mann and studied halfway house operations among other subjects.¹⁷

Daryl Conner said that during the experimental beginnings of Benning House, what could be relied on, and what consistently seemed to help was Alcoholics Anonymous. A.A. held meetings at the house days twice a week. Throughout the day, coffee was always on and A.A. members who volunteered or sponsored residents might be there talking with each other or helping residents understanding of the programs principles.¹⁸

SENATE TESTIMONY

Senator Harold Hughes, the champion of alcoholism and addiction legislation in the early 1970’s was invited to look at the problem of alcoholism and drug abuse within the military.¹⁹

¹⁶ Conner, D.R. (2013, April 18). Interview by R. Wheatley.

¹⁷ Senate Special Subcommittee on alcoholism and narcotics, of the Committee on Labor and Public Welfare, 91st Congress, 2nd session. (1970). *Examination of drug abuse and alcoholism in the armed forces*. p.800-827. Jim Adelman confirmed meeting Marty Mann and studying halfway house operations, recalling it as a “remarkable experience”.

¹⁸ Adelman, J. D. (2013, August 9). Interview by R.A. Wheatley.

¹⁹ Olson, N. (2003). *With a lot of help from our friends: The politics of alcoholism*. New York, NY: Writers Club Press.

With the support of the Senate Armed Services Committee chairperson, Harold Hughes was asked to lead hearings of a special sub-committee of the Committee on Labor and Public Welfare formed to address drug and alcohol abuse among the military services.

Testimony included clinical experts involved with the problem from each military service. Dr. Joseph Zuska testified from the Navy's treatment facility in Long Beach, California which had been operating since 1967. The Air Force provided Dr. Richard Scibatti who had been operating a pilot program for the Air Force since 1969 at Wright Patterson AFB, Dayton, Ohio. The Army had Benning House, a fledgling pilot program opened just as the senate staff began to investigate the issue.

The Fort Benning commander was friends with a brigadier general stationed in Washington DC, who was a recovered alcoholic associated with Senator Hughes. Through this connection, Harold Hughes learned of Benning House and invited the staff to testify at the special sub-committee hearings, serving as the Army's subject matter experts.²⁰ Captain Adelman and Dr. Segal were clear that their testimony was about Benning House, and did not reflect Army views. However, by default, Benning House provided the most experienced experts in the field at the time. There was no Department of the Army level program yet, but senior officials were about to learn about and become very interested in what was going on at Fort Benning from the hearings. At the time of the testimony, nine months after Benning House opened, the house had treated 36 residents and had a capacity for 19 men in the renovated buildings.

Captain James Adelman testified about the details of the program. Dr. Carl Segal discussed how the program developed and the problems he encountered with alcoholism in the military. As the founders of the first drug and alcohol treatment program in the Army, their testimony provided the Army's contribution to dialogue which eventually led to legislation requiring service members be afforded treatment when found to have alcohol or drug problems.²¹

VOLUNTEER ARMY EXPERIMENT (VOLAR)

Financing for Benning House was a challenge from the start. When Senator Hughes asked, "How are you financing the program?" Captain Adelman responded, "We have no funds. It is by hook-or-crook methods, begging or borrowing what-have-you." The hook or crook

²⁰ Adelman, J. D. (2013, August 9). Interview by R.A. Wheatley.

²¹ Senate Special Subcommittee on alcoholism and narcotics, of the Committee on Labor and Public Welfare, 91st Congress, 2nd session. (1970). *Examination of drug abuse and alcoholism in the armed forces*. p.800-827.

methods were Jim Henry's connections and a recovered alcoholic supply sergeant at the hospital who helped them acquire needed supplies. The program literally ran on limited hospital resources taken out of hide.²²

At a critical point in the history of Benning House, Fort Benning became one of three installations selected to participate in the Volunteer Army Experiment (VOLAR) aimed at eliminating the draft. On November 2, 1970, General Forsythe visited the post to announce their participation in the pilot. Selected installations were required to recommend quality of life initiatives supporting a sustainable military without the draft. Each recommendation was measured against its perceived value toward soldiers' propensity to reenlist.²³

Some ideas were inexpensive such as allowing certain personal furnishings in barracks rooms. Others were very expensive, like \$1.2 million to replace Kitchen Police (KP) duty with civilian workers. Benning House gained \$35,840 of VOLAR money to "establish a drug treatment program", investing the money into renovating existing Benning House buildings.²⁴ Adjusted for inflation this would be approximately \$250,000 in 2013. This could be considered "budget dust" in the grand scheme of defense spending, but nonetheless significant for a program operated completely on borrowed money, people, and property. The VOLAR funding got the program over a big hurdle at a critical point that sustained and validated the programs importance. Without this key appropriation, Benning House may not have survived to become part of Martin Army Hospital's base budget the following year.²⁵

Colonel William Steele served as chairman of the Fort Benning VOLAR committee. He recalled the initiative as important to leaders, but couldn't recall any one specific advocate. The drug and alcohol program was one initiative among 136 others approved by the Army Chief of Staff on the same day as staff members appeared before the senate special subcommittee, December 2, 1970.²⁶

²² Quations is from Senate hearing transcript. Interview with Jim Adelman added details about supply sergeant in recovery who was very helpful with needed supplies asking only that his anonymity be protected.

²³ Latham, W. (1974). *The modern volunteer army program: The benning experiment, 1970-1972*. Washington DC: U.S. Government Printing Office.

²⁴ Department of the Army, (1971, July 26). *Installation evaluation report modern volunteer army experiment*. Fort Benning, Georgia: Headquarters United States Army Infantry Center.

²⁵ Department of the Army, (1972, January 14). *Semi-annual evaluation report modern volunteer army experiment*. Fort Benning, Georgia: Headquarters United States Army Infantry Center.

²⁶ Steele, W.B. (2013, July 24). Interview by R. Wheatley. Major General (Retired) William B. Steele served as Chairman of the Volunteer Army Experiment at Fort Benning as a colonel leading the committee which proposed funding Benning House among other recommendations.

GROWTH AND DUPLICATION

Martin Army Hospital's Annual Historical Summary, Fiscal Year 1971 highlighted that the "post Alcohol/Drug Abuse Program" had compounded inadequate staff and social work officer shortages at the hospital. The summary also addressed a loss of hospital personnel levied against requirements to fight the drug problem in Vietnam.²⁷ By the following year, the historical report had a very different tone highlighting the evolution, expanded mission, and importance of Benning House.²⁸ Referring to the program by name rather than as the alcohol and drug program the report read, "Benning House has moved from fledgling program to established rehabilitative program." The summary included inspection results by Continental Army Command (CONARC) and the Army Technical Assistant Teams, both commending Benning House as a model program, the earliest indication the program would be duplicated throughout the Army.

Through the senate testimony and inclusion in the VOLAR Experiment, Benning House became a frequent stop for congressional delegations and their staffs. John Kester, Deputy Assistant Secretary of Army for Manpower and Reserve Affairs toured Benning House during a two day trip in March 1971. The focus of his trip was the VOLAR experiment, race relations, and drug abuse.²⁹ This sort of trip by senior officials was a frequent occurrence for Benning House staff who became somewhat accustomed to the distraction.³⁰

The post commander and staff enjoyed the positive attention and highlighted the success of the program to busloads of visiting staff delegations. Increasing national interest in heroin addicted soldiers returning from Vietnam increased interest in Benning House as Martin Army Hospital became a triage for these returning soldiers. The post offered detoxification at a major hospital combined with Benning House for rehabilitation. All of the attention showered the program with additional resources and staff grew exponentially in the period 1971-73.³¹

²⁷ United States Army Medical Department Activity, Fort Benning, Georgia, (1971). *Annual historical summary: Fiscal year 1971*.

²⁸ United States Army Medical Department Activity, Fort Benning, Georgia, (1972). *Annual historical summary: Fiscal year 1972*.

²⁹ Autograph please. (1971, March 19). *The Bayonet*. Retrieved from http://www.benning.army.mil/library/content/Virtual/Bayonet/BAYONET_JAN-DEC 1971.pdf.

³⁰ Levine, S.B. (2013, July 24). Interview by R. Wheatley. Dr. Sidney Levine was Benning House Director 1976-80 and ADACP director until 1994.

³¹ Ferguson, K. (2013, May 6). Interview by R. Wheatley. Kelly Ferguson served as a counselor at Benning House 1971-73.

Army Medical Command hosted several symposiums, training sessions, and conferences where drug abuse was part of the agenda. These sessions provided opportunities for clinicians to share ideas and included Benning House staff invited to share about their program. The halfway house concept and its origin were presented as part of the first Army Worldwide Drug Abuse Conference held in Washington D.C., September 1971.³² This event included a message from the Army Chief of Staff and others pledging their efforts to combat alcohol and drug abuse.³³

Within 18 months of opening Benning House, replication of the idea was clearly underway. Stars and Stripes reported a halfway house in Vietnam to treat heroin addicted soldiers while still in the combat theater.³⁴ The Army Personnel Chief published a memorandum to Major Commands directing the development of "halfway house" facilities to support drug abuse programs with available resources until the Army could fund a program.³⁵ Continental Army Command (CONARC) developed a 109 page detailed plan called the "Headquarters, Continental Army Command Drug Abuse and Alcoholism Control Program" published in September 1971.³⁶

The CONARC Headquarters viewed Benning House as a model worthy of duplication. Their published program laid out in great detail what the headquarters expected halfway houses to look like, and according to those who were there, it describing exactly what Benning House was at the time. The document defined a halfway house as "a self contained renovated structure" intended as "a live-in facility to house 20 drug dependent residents", directed duplicating the model across the Continental United States, and announced an appropriation of \$4.5 million in Program 8 Medical funds to establish 44 "halfway houses and rap centers" at specific locations. Details were specific and directive regarding furniture, equipment, meeting, and office space as well as staff required in each halfway house as well as an Alcohol and Drug Dependency Intervention Council (ADDIC) similar to the permanent council established by MG Talbott at Fort Benning.

³² Adelman, J. D. (2013, August 9). Interview by R.A. Wheatley.

³³ DA holds alcohol, drug meeting.(1971, November 12). *The Bayonet*, Retrieved from http://www.benning.army.mil/library/content/Virtual/Bayonet/BAYONET_JAN-DEC 1971.pdf.

³⁴ Evans, D. (1971, July 15). The heads are down on skag-halfway house-road back from h. *Stars and stripes*. Retrieved from <http://starsandstripes.newspaperarchive.com/>.

³⁵ United States Continental Army Command, Fort Monroe, Virginia, (1971). *Annual historical summary: Fiscal year 1971*.

³⁶ United States (1971, September). *Headquarters United States Continental Army Command Drug Abuse & Alcoholism Control Program*. Fort Monroe, Virginia: Headquarters U.S. Continental Army Command.

Despite publishing specific details including the number of folding chairs and coffee pots, programs varied widely based on the local council, command emphasis, leadership, and community desires.³⁷ By the end of fiscal year 1971, Annual Historical Summaries described "well structured and innovative programs" at Forts Lee and Eustis, Virginia and Fort Lewis, Washington. These programs adapted the Benning House model to their respective military communities and "contributed much to the thinking that went into the later programs."³⁸

Local differences suggest innovation and experimentation indicative of early Benning House. For example, the program at Fort Gordon, Georgia operated with what was described as a "spit shine" approach. Residents' time was structured, uniforms were inspected, physical fitness training began the day, and treatment had a military style throughout. On the other side of the spectrum Fort Eustis, Virginia allowed both staff and residents to wear civilian clothing, address each other by their first name, and sought to create a stress free atmosphere.

GEORGE TRICK AND SYNANON

In fall of 1971 Major George Trick was assigned to replace Captain Adelman as the Clinical Director of Benning House. George Trick was a drug addict who had been nearly separated from the Army before a Synanon program in California helped him overcome his addiction.³⁹

Evidence of the stigma among military officers with alcohol problems was significant at the time. A 1973 article co-written by Benning House founders Carl Segal and Daryl Conner indicated residents of the house in the first year were junior enlisted men and that the only officers who sought help were already in retirement.⁴⁰ During the same senate hearings where Carl Segal and Jim Adelman testified, Navy Captain Jim Baxter appeared in uniform against the desires of senior defense officials, causing great anxiety when the gold braid of his sleeve

³⁷ United States (1971, September). *Headquarters United States Continental Army Command Drug Abuse & Alcoholism Control Program*. Fort Monroe, Virginia: Headquarters U.S. Continental Army Command.

³⁸ United States Continental Army Command, Fort Monroe, Virginia, (1971). *Annual historical summary: Fiscal year 1971*.

³⁹ Multiple interviews contributed to details about Major George Trick. Interviews with Jim Adelman, Daryl Conner, and Kelly Ferguson contributed most, but Dennis Horn, Myrtle Chalklie, Yvonne Weatherman, and several former residents who wish to remain anonymous added to understanding.

⁴⁰ Fiman, B. G., Conner, D. R., & Segal, A. C. (1973). A comprehensive alcoholism program in the army. *American Journal of Psychiatry*, 130(5), 532.

appeared on the evening news.⁴¹ The Icebreakers A.A. group formed in Long Beach, California as an “underground” meeting for senior military officers not listed in the local directory.⁴² An officer with a known drug problem would have been extremely rare, suggesting Major Trick may very well have been the only U.S. Army field grade officer in recovery.

According to Rod Janzen, the Army considered Synanon as they struggled to solve the Vietnam drug problem.⁴³ The timing of George Trick’s assignment provides plausibility to the assertion, but no Army records supporting it were located. Major Trick was 38 years old when the Army assigned him to the most established halfway house in the Army whether by coincidence or deliberately. He would have likely encountered Synanon sometime around 1970, a time referred to by William White as Synanon I in his description of the programs evolution.⁴⁴

Major Trick considered Charles Dederich his mentor and often gave him credit as he introduced therapeutic methods at Benning House. George was tall and intimidating, sometimes using his rank and size to intimidate or evoke anger which he seemed to enjoy. Nearly everyone interviewed reacted similarly to questions about George Trick. He was referred to as crazy, a maniac, unconventional, a fanatic, and like a bull in a china shop. His treatment methods, taken directly from his Synanon experience, focused on “The Game” and “hot seat” therapy sessions. Residents participated in Interaction Groups at least three times per week. Staff meetings also followed “The Game” format and participation was mandatory for everyone working at Benning House.⁴⁵

To test potential residents willingness to change, especially command referrals seeking only to avoid discipline, Major Trick would require they shave their heads. Faced with dishonorable discharges if they failed treatment, most of the men complied. Despite his unusual tactics, George Trick was genuinely committed to helping people recover and believed completely in the methods he was sharing at Benning House. Kelly Ferguson was a counselor who worked for Major Trick and found him to be an effective and passionate clinical director. Kelly, a college educated draftee applied for a counselor position at Benning House in late 1971.

⁴¹ Olson, N. (2003). *With a lot of help from our friends: The politics of alcoholism*. New York, NY: Writers Club Press.

⁴² CJB. (2002, April 15). *A brief history of the icebreakers group*. Retrieved from http://www.silkworth.net/aagrowth/ca_IcebreakersGroup.html.

⁴³ Janzen, R. (2001). *The rise and fall of synanon: a california utopia*. (p. 2). Baltimore, MD: The John Hopkins Press.

⁴⁴ White, W.L. (1999). *Slaying the dragon: the history of addiction treatment and recovery in america*. Bloomington, IL: Chestnut Health Systems.

⁴⁵ Ferguson, K. (2013, May 6). Interview by R. Wheatley.

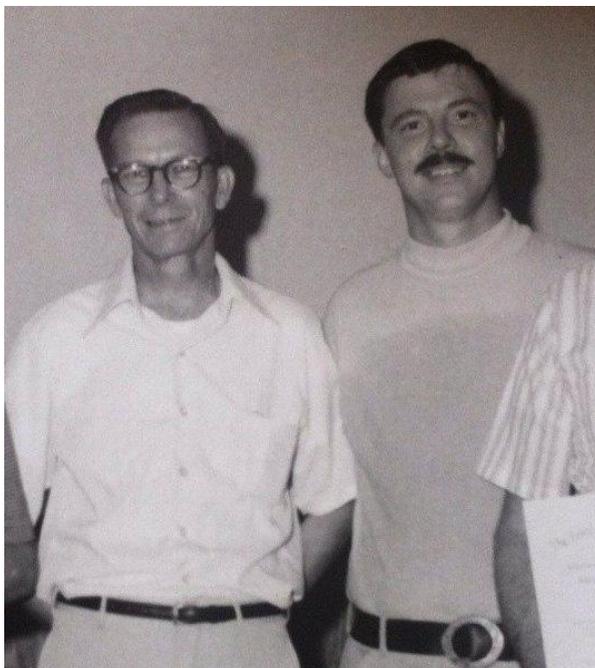
He continues to work in substance abuse treatment today and attributes his career path to Major George Trick and experiences at Benning House.

Kelly shared a story that illustrates the character of Major George Trick. Kelly related that he was chronically late for work until one day when George confronted him about the behavior. Kelly committed to coming to work on time and agreed to shave his mustache as an outward symbol of his inward commitment. George smiled and agreed he too would shave his mustache to demonstrate his commitment to Kelly. This incident made an impact which Kelly Ferguson related over 40 years later, recalling that George Trick was not the usual leader, but completely committed to those he tried to help grow in recovery.⁴⁶

Despite his commitment to the residents of Benning House, his methods clashed profoundly with the established program. Captain Jim Adelman was familiar with Alcoholics Anonymous and developed a program with emphasis on 12 step recovery. Two A.A. meetings a week were held at Benning House while several members volunteered at the house, some even became paid paraprofessionals as the program expanded. George's intense encounter groups contrasted with the culture of sharing experience, strength, and hope. Benning House had developed a relaxed environment marked by wearing civilian clothes and addressing each by first names. Benning House staff had developed a sort of refuge from military life and George sought to shake that up.

George Trick became clinical director at the peak of military and congressional interest in Benning House. Jim Henry became convinced senior officials would shut the program down after witnessing Major Trick's abrasive personality in high level meetings. Rather than close Benning House, his passion and confidence led to increasing interest as similar halfway houses sprang up, becoming the Army's preferred rehabilitation method.

⁴⁶ Ferguson, K. (2013, May 6). Interview by R. Wheatley.



Jim Henry (L) and George Trick (R) at a Benning House graduation ceremony in 1972.

HALFWAY HOUSES CODIFIED IN REGULATION

Benning House is an example of a grass roots initiative impacting the broader Army substance abuse program. The Department of the Army Circular 600-85 published in July 1972 established the Army Drug and Alcohol Prevention and Control Program (ADAPCP) as a “manpower conservation program” specifying the use of medical facilities for detoxification and “halfway houses” for rehabilitation. The publication defined a halfway house as a facility providing a structured environment for individuals who did not require inpatient care but were not yet ready to function on their own. The halfway house model born at Fort Benning became codified in regulation and remained the only rehabilitation facilities addressed in published U.S. Army guidance through five changes and updates until December 1981.⁴⁷

EVOLUTION OF ARMY DRUG AND ALCOHOL PROGRAM

The focus on substance abuse from 1971-74 resulted in manpower authorization increases for Army Alcohol and Drug Prevention and Control Programs (ADAPCP). Benning House benefited from increased management and clinical workers. The increases were primarily

⁴⁷ United States (1972, June). *Alcohol and drug abuse prevention and control program: Department of the army circular 600-85*. Washington DC: Headquarters, Dept. of the Army. Five consolidations, interim changes, and updates occurred before the December 1981 revision.

civil service authorizations designed to provide greater continuity than uniformed personnel who were often transferred or deployed to Vietnam.⁴⁸

As the Army alcohol and drug program evolved, Benning House itself began to lose its community based roots. First, lawmakers heard from Benning House staff about the devastating impact of alcohol and other drug abuse, which contributed to the law requiring Military Services to establish programs to treat alcoholism and drug abuse.⁴⁹ Complying with law, the Army developed ADAPCP, which now assumed operational control of Benning House itself providing increased guidance from the top. The grassroots community based organization became subordinate, falling under operational control of the program it helped establish by 1973.

Since the beginning of ADAPCP, lines between command and clinical responsibility were blurred. Commanders were responsible for the health and welfare of their soldiers while the medical community treated illnesses including alcoholism and drug addiction. Both management and clinical staff enjoyed manpower increases that came with focused attention. The Army program established an Alcohol and Drug Control Officer (ADCO) as the staff principal answering directly to the commander. Medical professionals were responsible for treatment methods and supervising personnel, placing clinical responsibility under Army Medical Command. This arrangement often created conflict between administrative and clinical leadership, which was the case at Fort Benning in 1974.

The Army regulation outlining the program established ADAPCP as a commander responsibility requiring a comprehensive community effort. The publication recommended a senior officer with troop experience serve as ADCO and chairman of the local council. The suggestion intended to place high potential leaders in charge of the program emphasizing its importance. In practice, at Fort Benning, the position was filled by officers nearing retirement or otherwise not selected to more prestigious posts such as Executive or Operations Officer. Conflict between the ADCO and clinical leaders escalated until several Benning House personnel were reassigned or departed the post in 1976.

PRIVATE SECTOR INFLUENCE

Benning House hired Dr. Sidney Levine, a retired aviation officer and Psychology PhD. Sid Levine brought a more contemporary approach and moved the program away from any

⁴⁸ Levine, S.B. (2013, July 24). Interview by R. Wheatley.

⁴⁹ United States (1971). *Public law 92-129, Title V: Identification and treatment of drug and alcohol dependent persons in the armed forces.*

remaining Synanon influences. He also implemented in-service training for staff and advocated for modern counseling and addiction treatment methods.

Early in the decade alcohol eclipsed drug abuse as the major focus with estimates that 60-80% of halfway house patients were alcohol connected by the end of 1972.⁵⁰ Imagined fears about society absorbing a generation of heroin addicts were subsiding and the reality that alcohol continued to be the main military readiness concern set the stage for the message from the alcoholism advocacy movement of the decade to resonate throughout the Army.

Feature articles about alcoholism including how to get help were prominent in the post newspaper through the mid-1970's suggesting a coordinated, proactive media campaign. Stories highlighting alcoholism as a treatable illness were consistently presented. For example, The Bayonet October 15, 1976 edition included a 15 page magazine insert sponsored by the National Institute of Alcohol Abuse and Alcoholism (NIAAA). In this edition, several articles appeared related to alcoholism including an interview with Dick Van Dyke who had participated among 52 prominent individuals in Operation Understanding, publicly acknowledging their recovery from alcoholism.⁵¹

Benning House continued many of its trademark community based approaches with residents taking responsibility for cleaning, maintenance, and conflict resolution while Dr. Levine also sought to bring ideas and innovations to Benning House from prominent private sector alcoholism experts. He invited Dr. Vernon Johnson and Father Joseph Martin to Fort Benning, both of which participated in conferences and toured Benning House in 1976.⁵²

Budget constraints challenged many programs and the alcohol and drug abuse prevention program which rapidly expanded during the early part of the decade now faced significant manpower reductions. The updated Army Regulation 600-85 published in 1976, cut the halfway house (live in, work out) program to 30 days. The halfway house program, “for those who would respond better to the more structured and alcohol/drug free environment”⁵³ originally opened at Fort Benning as a 90 day live-in/work-out program.

⁵⁰ United States Continental Army Command, Fort Monroe, Virginia, (1972). *Annual historical summary: Fiscal year 1972*.

⁵¹ Here's looking at you: the drinking America. (1976, October 15). *The Bayonet*. Retrieved from http://www.benning.army.mil/library/content/Virtual/Bayonet/BAYONET_JAN-DEC 1976.pdf.

⁵² Levine, S.B. (2013, July 24). Interview by R. Wheatley.

⁵³ United States (1976, May 1). *Alcohol and drug abuse prevention and control program: Army regulation 600-85*. Washington DC: Headquarters, Dept. of the Army.

Faced with tough budget and manpower decisions and emphasizing “return on investment”, the Army Staff asked local installations to assess residential halfway houses to determine if they were the most efficient method to address the problem. Most clinicians at Fort Benning believed patients had greater chances for recovery if treatment began in the sanctuary of the halfway house. Dr. Levine also believed failure rates would be greater in an outpatient environment, but with guidance from the Pentagon, he set up a pilot study comparing Benning House to outpatient treatment in 1978.

The pilot sought to compare treatment outcomes defining success by four criteria reviewed one year following treatment. Service members who were (1) effectively functioning (2) free from alcohol, drug abuse and associated problems (3) benefited from treatment and (4) motivated to remain alcohol or drug free were considered successful cases. Comparing 63 Benning House residents and 167 outpatient soldiers, the results were that 79% of halfway house residents were declared successful and 74% of the outpatient soldiers met criteria for success. Dr. Levine concluded that outpatient treatment had an “acceptable” treatment outcome with significantly lower costs.⁵⁴

Following the initial assessment, outpatient services were reorganized by spreading counselors across the nearly 200,000 square mile installation in what was termed the “Outreach Program”. Soldiers were assigned to units in four remote sections of the post; Main Post, Sand Hill, Kelley Hill, and Harmony Church. Commanders and soldiers, who previously complained of the distance between services at Benning House and units, now embraced having their own counselors nearby.

Outpatient services combined with the outreach program declared a success rate of 88.5%. Commanders were happy about the changes, supporting their new relationships with counselors. Treatment outcomes and cost effectiveness supported the decision to permanently terminate Benning House residential program in late 1980 after a decade of service as the first alcohol and drug treatment program in the Army. The closure of Benning House was a local decision just as its opening had been.

Before Benning House actually closed, private sector influence and pressure to contain costs influenced the direction of army substance abuse treatment. The halfway house model as a

⁵⁴ Levine, S.B. (2013, July 24). Interview by R. Wheatley. Statistical results supported by extracts of his report to Department of Army provided at the time of the interview.

“non-medical” residential facility was deliberately de-funded with the intent to place responsibility for treatment of substance abuse with the medical commander. The policy in Army Regulation 600-85 had solely addressed halfway houses as rehabilitation facilities. Now the policy shifted completely reading, “Non-medical treatment facilities, ‘Half-way Houses’ or other nonmedical treatment residential facilities programs outside MEDDAC operational supervision are not authorized and will not be provided ADAPCP resources.”⁵⁵

The halfway houses which provided a community based therapeutic environment for a decade were explicitly not authorized in the United States Army effective December 1981. This policy shift ultimately closed all halfway houses in favor of Residential Treatment Facilities (RTF). The first of these hospital based programs opened in November 1980 at William Beaumont Medical Center, Fort Bliss, Texas.⁵⁶

CONCLUSION

This research began as a growing curiosity about Benning House sparked by reading “With a Lot of Help from Our Friends”⁵⁷ and transcripts of the Senate Hearings described in the book.⁵⁸ Our history can sometimes hold lessons to inform the future or help us avoid past mistakes. Perhaps, now that this research has been consolidated from various basement archives and the memories of living witnesses, the history of Benning House can teach us something.

First, Benning House enjoyed command and community support. The program was based on balancing help for the soldier with unit readiness. Residents continued military service and received therapeutic help during evening hours and on weekends. Second, the program leveraged the recovery community, primarily local members of A.A. and N.A. Several residents became members of the local recovery community, some of which later served as volunteers or staff members. Successful residents became peer mentors for those new to Benning House. Many soldiers who completed the program remained involved if they stayed in the Fort Benning area and it is likely some who found recovery returned to their hometowns or other bases

⁵⁵ United States (1981, December 1). *Alcohol and drug abuse prevention and control program: Army regulation 600-85*. Washington DC: Headquarters, Dept. of the Army.

⁵⁶ Silsby, H. D., Kruzich, D. J., Neptune, C., & Gouin, H. D. (1983). Establishment of the first us army alcoholism residential treatment facility in the continental united states. *Military Medicine*, 148, 23.

⁵⁷ Olson, N. (2003). *With a lot of help from our friends: The politics of alcoholism*. New York, NY: Writers Club Press.

⁵⁸ Senate Special Subcommittee on alcoholism and narcotics, of the Committee on Labor and Public Welfare, 91st Congress, 2nd session. (1970). *Examination of drug abuse and alcoholism in the armed forces*. p.800-827.

carrying the message. Resident council provided self government and accountability helping to teach personal responsibility.

Although nearly forgotten, the halfway house movement defined the first chapter of Army substance abuse history. Benning House was instrumental in shaping early substance abuse policy through staff testimony at U.S. Senate hearings. Halfway houses became a shared best practice and grew from Fort Benning to a peak of 50 similar operational programs by 1974.⁵⁹ Benning House and the halfway houses that followed served as the Army version of community based treatment similar to private sector examples such as those documented by Harold Mulford in Iowa a decade earlier, reminding us of the power of community.⁶⁰ William White suggested of Mulford's work, that something may have been lost as we shifted direction toward professionalism and away from community based approaches. Perhaps, as we struggle to find better "evidence based" treatment today, there are lessons to learn by looking back at the U.S. Army version of "the road not taken".

⁵⁹ McLaughlin, A. E. (1974). The abusers. *AMEDD SPECTRUM*, 1(1), 54.

⁶⁰ White, W. L. (2003). The road not taken: The lost roots of addiction counseling. *Counselor*, 4(2), 22-23.