

# About AA

## A.A. and the Armed Services

Alcoholics Anonymous has had a close relationship with the armed services almost since the Fellowship's inception in 1935. A.A. co-founder Bill W. was a second lieutenant in the field artillery during World War I (where he developed a love of French wine while serving overseas). When World War II broke out, A.A. requested and was granted extra gasoline rations in order to continue with the important work of carrying the A.A. message to alcoholics across the U.S. and Canada, known in A.A. vernacular as "Twelfth Step work." The Grapevine, A.A.'s monthly magazine — often referred to as "A.A.'s meeting in print" — was first published in June 1944, in part to help connect alcoholics on the world's far-flung battlefields; and post-war, A.A. groups sprang up on military bases and in surrounding towns from Okinawa to Munich, growth that has continued ever since.

A 2012 report by the Institute of Medicine, a branch of the National Academy of Science, called alcohol and drug use a major public health crisis within the ranks of the armed forces, with heavy drinking "an accepted custom" in the military. At A.A.'s General Service Office in New York, the Cooperation with the Professional Community (C.P.C.) desk shares a common goal with military professionals who work with alcoholic active duty personnel, as well as veterans: to help the alcoholic stop drinking and lead a healthy, productive life.

Dr. Anthony Dekker is an osteopathic physician and addiction care specialist who is currently a member of the Primary Care Service Line at the Northern Arizona Veteran's Administration Healthcare System in Prescott, Arizona. Familiar with A.A. and its structure, Dr. Dekker was director of the Department of Addiction Medicine at the Fort Belvoir Community Hospital in Virginia, one of the replacement hospitals for the Walter Reed Army Medical Center. He directed the four divisions in that department, which is dedicated to the comprehensive evaluation and treatment of substance abuse and dependence disorders in the military, and he knows firsthand the toll alcohol and drug abuse is taking on the military, in particular those servicemen and women returning from combat zones overseas.

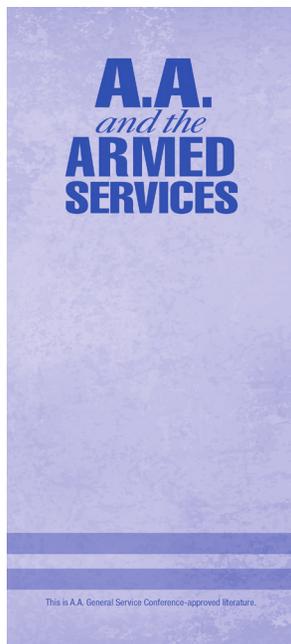
When Dr. Dekker first began running his program at Fort Belvoir, there was some resistance to allowing him to have A.A. meetings on base, since it was felt by security staff that they might pose a security risk. But, convinced that "the A.A. Fellowship and Twelfth Step work are a critical part of the equation" of

getting sober, Dr. Dekker was finally given the go-ahead to offer regular A.A. meetings, five days a week. The results of continued A.A. follow-up were impressive. "We followed the first 261 who graduated from our program for two years," Dr. Dekker says. "There was an 88 percent sobriety rate, verified by urinalysis. The beauty of A.A. is that it is nonjudgmental. The military, by its very nature, *is* judgmental. The important thing with the military is to convince them that continued A.A. attendance works."

Wayne H. agrees. Wayne was a United States Marine from 1971 to 1996 — and an active alcoholic for 13 years of his Marine Corps career. He was sent to treatment six times during this period. "A.A. was always mentioned as an option, but there was no A.A. involvement in my treatment. A.A. attendance was purely an individual compliance issue. The general attitude was that I had been treated and recovered. My drinking always resumed."

Wayne got sober in 1984 in a Marine treatment program at the Naval Air Station in Leemore, California. What made the difference is that this program included "intense involvement of A.A. members, and a follow-up program that ensured that I continue going to A.A. meetings." Especially important was that base command was "much attuned to" A.A. involvement. Inspired, Wayne became a military drug and alcohol counselor in California and ran an on-base military counseling center. But many commanding officers were reluctant to refer Marines for assessment "because this meant they might lose the services of that person for an extended period of time," Wayne says. "They regarded alcoholism purely as a personal issue that needed to be controlled by an individual. It was an employment thing. They needed people on duty."

Roger W. has 28 years on active duty in the Army, as well as 34 years of sobriety, and is currently a human resources officer. He has made a study of the problems facing alcoholics in the Army. "There have been attempts to deal with alcohol issues throughout the history of the armed forces, everything from abolishing the whiskey ration back in the 1800s to docking soldiers' pay if they showed up drunk. The response to drinking too much was often punitive: a soldier could go to detox and be admitted with acute alcoholism, but he would lose all pay and allowances." That began to change in the 1970s, when the congressional testimony of Senator Harold Hughes was instrumental in getting the Department of Defense to begin providing treatment for alcoholics in the service. (The 1970s also saw publication of



the pamphlet “A.A. and the Armed Services,” available from A.A.’s General Service Office. The pamphlet was updated in 2012 and recently translated into French and Spanish. It presents personal stories of men and women staying sober while in the military, providing an essential tool for A.A.’s cooperation with the armed services.)

From Roger’s point of view as a sober alcoholic, as well as a member of the U.S. armed forces, education is critical to helping the military address alcoholism issues. “Education can begin with getting material to unit commanders, who rotate through jobs. There is currently a trend among the professional substance abuse community in the armed forces not to refer problem drinkers to a single solution [i.e., not A.A. alone], so reaching out to military bases can include identifying the right person to reach in the chain of command and making contact via letters or emails; making yourself available to speak on base; distributing meeting schedules, etc. In other words, making sure the chain of command knows that A.A. is there, wanting to help.”

On many bases, there is still a stigma attached to admitting you are an alcoholic and seeking help. Dr. Joyce Johnson is a rear admiral (retired) who served in the U.S. Public Health Service and whose last active duty assignment was with the U.S. Coast Guard as director, health and safety, and “surgeon general.” She is an osteopathic physician who is board certified in Psychiatry and Public Health/Preventive Medicine as well as a Certified Addiction Specialist.

Dr. Johnson says that “for years there was an A.A. meeting at Walter Reed National Military Hospital for hospital inpatients, but even so, most military personnel went off base to attend meetings. Admitted substance abuse can cause career-ending situations, especially for commanders. I personally think that in many commands one is at risk if one goes to an A.A. meeting on base.”

Dr. Johnson believes that the Department of Defense “respects and appreciates” the importance of A.A. and “that military attitudes may be gradually changing.” She was on the committee of professionals that advised on the 2012 Institute of Medicine report on substance abuse in the military and notes, “We were pretty dramatic in saying that punishment is not the solution. We spent a lot of time discussing how alcoholism should be dealt with, the importance of providing treatment, and keeping members in the service.”

It’s important, Dr. Johnson says, to remember that commanders “want service people back on duty.” In contacting base commanders, A.A.s can emphasize that their goal is essentially the same: to help people resume their normal lives and careers, sober.

Understanding how to approach combat veterans, both active duty and those who have left the service, is also important. “War is not meant for people,” Dr. Dekker says. “I fully support the military, but nobody comes out of combat better. People have PTSD and depression — I treat World War II vets who still carry these scars — and they use alcohol to numb the pain, both physical and emotional.” Veterans sometimes have difficulty opening up at civilian meetings, and so any time they can be around other sober alcoholic veterans, it can help immensely

with their sobriety.

Bobbye E., a Texas-based veteran who served in Operation Desert Storm while a sober alcoholic, understands. Bobbye and her father — a Vietnam vet — now take meetings into the drug and alcohol unit of the Sam Rayburn Memorial Veterans Center in Bonham, Texas. “When I came back from Desert Storm I didn’t trust anyone, even A.A. I had lost an innocence from that experience. It was difficult connecting with nonmilitary alcoholics. I couldn’t stand all the huggy-lovey stuff at meetings. I was a little twitchy. It took me a long time to be able to ‘speak civilian.’”

Tom M. is a sober veteran who has been doing service with the VA in Milwaukee for 13 years, acting as local liaison between A.A. and Clement J. Zablocki VA Medical Center (VAMC), a 175-bed treatment facility that is the largest in the state of Wisconsin. Working with administrators at the VAMC to carry the A.A. message, Tom has helped set up what could be viewed as a model of cooperation between A.A. and the professional community treating veterans.

“They want A.A. to help get these guys out into the local A.A. community and start practicing a long-term program of recovery,” Tom says. “What they asked me to do is develop programs that will educate staff, residents and students who participate in VA health services, as well as to help set up conferences, open houses, and forums. They want us to have additional open meetings at their facility. I speak to medical students there every four to six months.”

Both sides have been educated during this process. When it was discovered that the VA could not take money for rent for meetings, Tom made sure the funds were donated to the Chaplain Services as a creative way to practice the A.A. tradition of self-support. And when administrators at the VA need a speaker from the A.A. community — whether to participate in the hospital’s yearly “Grand Rounds” presentation or to do a presentation to specific groups within the community — they know they can contact Tom, who is also the military and veterans’ representative for A.A.’s Milwaukee intergroup/central office.

The important thing, Tom says, is that “the administrators at the VA know that alcoholism is a community problem, and they want the entire community to work on it. When you put two caring organizations together, with individuals whose only interest is helping a still-suffering alcoholic, it is worth the countless hours everyone puts in.”

## How Can A.A. Help You?

Would you be interested in having an A.A. presentation at one of your professional gatherings? Or would you like information about recovery from alcoholism in A.A.? If so, please contact the C.P.C. desk at the General Service Office, P.O. Box 459, Grand Central Station, New York, NY 10163, or [cpc@aa.org](mailto:cpc@aa.org). We welcome your questions, comments and requests.

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