

## Alcoholics Anonymous and Industry

The early members of A.A. showed surprising forethought in recognizing the value of addressing employers on the issue of alcoholism. The Big Book *Alcoholics Anonymous*, written at a time when there were fewer than 100 members in A.A.—most of them unemployed—contains a chapter aimed at a business audience. The main points of the chapter are that alcoholism is a sickness and alcoholics who recover can again be useful and productive members of an organization.

These A.A. members believed in the importance of this subject so firmly that they later went to the expense—when money was short—to publish the chapter as a pamphlet. Issued in the early 1940s and distributed to businesses, “To Employers” noted that the Fellowship had grown to 8,000 and was present in more than 200 American communities. According to the pamphlet, many of these A.A.s were formerly unemployable but now nearly all worked, with large numbers holding executive positions.

In dealing with businesses, though, the early members of A.A. had to be absolutely clear about what the Fellowship could and could not do.

“Neither evangelists nor reformers, we regard alcoholism as a sickness,” says the pamphlet. “We help ourselves by helping each other. There is no charge for our services because our work is an avocation only. We are consulted daily by relatives, friends, doctors and clergymen who must deal with the alcoholic illness. Many of the leading corporations of this country now refer such problems to us.”

### Industry’s Perception of the Alcoholic

Many businesses, though, were not in the market for a solution for the simple reason that they thought the problem drinker was beyond helping. This resistance persisted for many years after A.A.’s founding. In an address to the 20th Anniversary Convention of Alcoholics Anonymous in St. Louis in July 1955, Warren A. Tangen, who helped set up a program to help problem drinkers employed at the Great Northern Railway Company, said:

“Most industries still doubt the validity of the claims made as to problem drinking being its No. 1 problem.

There are still a great many businessmen who believe that a problem drinker is a weakling, an all-around no good, and there are those who say ‘our records show no evidence of alcoholism, and therefore, we have no problem.’

“Nevertheless, industry is faced with this appalling fact: That the skid-row bum and the psychotic or deeply neurotic alcoholic are but tiny segments of the total problem drinking population. The red-eyed sucker in the court line-up is a mere whisper of the vast picture of excessive drinking that has gone into sickness, and 90% of all problem drinkers can be found—where? In the homes, offices, professions, factories, all types of industry—and yes, even in churches.”

Businesses at that time handled their problem drinkers on a case-by-case basis. A Bell Telephone Company manager, Mr. Ferrier, said in a talk at the Ontario Alcoholism Research Center in October 1953 that:

“In the past in our company, as in most industrial organizations, the problem of alcoholism was handled entirely on a supervisory basis. By this I mean that the immediate supervisor accepted the full responsibility for providing leadership and guidance to his people respecting this problem and did whatever was done about it. More often than not the supervisor resorted to threats or disciplinary action.”

Meanwhile, businesses paid a heavy price for alcoholism through lost productivity. Tangen, speaking at the 1955 A.A. International Convention in St. Louis, said:

#### *What About the Alcoholic Employee?*

Can anything be done for the valuable employee whose drinking is out of his control? To employers this is a baffling question.

The purpose of this reprint is to bring you in touch with the experience of ALCOHOLICS ANONYMOUS, that informal society of ex-problem drinkers, whose aim is to help other alcoholics recover if they wish.

Our members are to be found in thousands of American communities. Formerly unemployable, nearly all of us are now at work. Large numbers hold responsible executive positions.

Neither evangelists nor reformers, we regard alcoholism as a sickness. We help ourselves by helping each other. There is no charge for our services because our work is an avocation only.

We are consulted daily by relatives, friends, doctors and clergymen who must deal with the alcoholic illness. Many of the leading corporations of this country now refer such problems to us.

For further information, interested employers are invited to write The Alcoholic Foundation, Box 459 Grand Central Annex, New York 17, our General Headquarters.

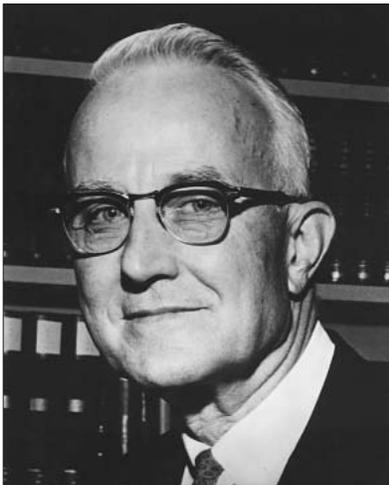
*This reprint of the “To Employers” chapter of the Big Book was produced and distributed to businesses in the early 1940s.*

“Over-indulgence in alcohol has become industry’s most costly and insidious problem. In terms of absenteeism, idle machines, half-manned machines, half-hearted work, lowered production, scrapped production, and the most dreaded of all—accidents.”

## Addressing the Problem

Slowly, though, the idea that there was a solution was taking hold among business leaders. A.A.’s concern with the personal recovery and continued sobriety of alcoholics dovetailed with industry’s interest in the health and continued productivity of its work force.

Two prominent medical directors—Dr. John L. Norris (1903-1989) of Eastman Kodak and Dr. George Gehrman (1890-1959) of DuPont—were pioneers in the effort to use A.A.’s voluntary services in helping their companies’ employees. Though nonalcoholics, they learned about A.A. and became its enthusiastic supporters. Both doctors were introduced to the Fellowship by A.A. members in their own companies, and their success in helping alcoholic employees became a model for other companies, starting in the 1940s.



*Dr. John L. Norris, known to A.A. as Dr. Jack, was medical director at Eastman Kodak, where he established a program to help alcoholic employees.*

Dr. Norris, Eastman Kodak’s medical director, was known to A.A. as Dr. Jack. He eventually served 27 years as a Class A (nonalcoholic) trustee of A.A.’s General Service Board. He also was Bill W.’s close friend and confidante.

In the 1940s, launching an industrial alcoholism program such as Eastman’s was a bold step in view of the attitudes about alcoholics. “The word ‘alcoholic’ was synonymous for most people with ‘drunken bum,’” Dr. Jack would later recall. “The idea that the person in trouble with alcohol was sick except when suffering from the acute effects of ‘over indulgence’ was a relatively new concept.... Few physicians would accept chronic alcoholics as patients for they weren’t good patients: they rarely gave an accurate history, at least about their use of alcohol; they rarely followed instructions or paid their bills....” Companies typically responded to troublesome

alcoholic employees by first warning them, and then firing those who failed to shape up.

At Eastman Kodak, problem drinkers were referred to the medical department only as a last resort. But as Dr. Jack Norris explained, before A.A. he had no answers for the alcoholics sent to him. “I hated to see them coming, because I knew I was no use to them,” he said.

That changed when he was reportedly “educated” by Bert, a Kodak janitor whom he first diagnosed as having an ulcer, and then sent to A.A.—an unusual step for any doctor at that time.

Bert sobered up, and he and Dr. Jack became a team, working together to help other employees with drinking problems. “Our success rate was astonishing,” Dr. Jack recalled. Bert also became the doctor’s A.A. “sponsor,” taking him to open meetings, including two at which Bill W. spoke. These contacts led to Dr. Jack’s joining A.A.’s Board of Trustees.

## Conflicting Views of the Problem

Once introduced to A.A., Dr. Jack set up procedures for assisting Eastman’s alcoholic employees and also was a tireless industry advocate for such programs. He became an acknowledged expert on alcoholism, but liked to discuss it in a conversational way and even with humor. To show the then-prevalent conflicts in beliefs about alcohol, he liked to quote the politician who was asked to explain his stand on whiskey:

“If, when you say whiskey, you mean the Devil’s brew, the poison scourge, the bloody monster that defiles innocence, dethrones reason, creates misery and despair, yes, literally takes the bread out of the mouths of babes...then sir, I am against it with every fiber of my body.

“But if, when you say whiskey, you mean the oil of conversation, the philosophic drink that is consumed when good fellows get together, which puts a song in their hearts, laughter on their lips, and a smile of contentment in their eyes...if you mean that drink which pours into our treasury untold millions with which to provide tender care for our little crippled children, our aged and inform, and to build schools, hospitals and roads—then, sir, I am for it with all my heart.

“There sir, is my stand—from it I will not retreat; I will not compromise. There is my stand.”

As Dr. Jack explained, this story represented the diametrically opposed and emotionally charged attitudes about alcohol. He freely admitted that medicine was unprepared to deal with alcoholism and that he knew virtually nothing about it during his early days at the Rochester, New York, company.

Among Dr. Jack's Eastman success stories, according to one John B., was a young man who started with A.A., "slipped," was fired by Eastman, but subsequently recovered his sobriety and eventually returned to the company.

In a speech he delivered, John B. spelled out the weekly routine of the employee: "It was Monday morning. Mr. Hangover couldn't quite make out what had happened to the weekend. He remembered stopping for a few quick ones on the way home from the plant Friday. After the quick ones, Mr. Hangover settled down to a weekend of serious drinking. When he failed to show up for work Monday morning his immediate boss covered up with a fictitious reason. But the story is not fictitious. It happens every week in every industrial community in the United States. The victim of alcohol loses a day's pay, his plant section loses a worker, and his company loses production."

The Eastman plan included recognition of the problem by supervisors, who had to be trained to spot problem drinkers in their departments. (Poor work performance and/or absenteeism were usually key indicators of problems.) There would then be a frank discussion with the problem drinker, an offer of help, and later follow-up with supervisors and the medical department.

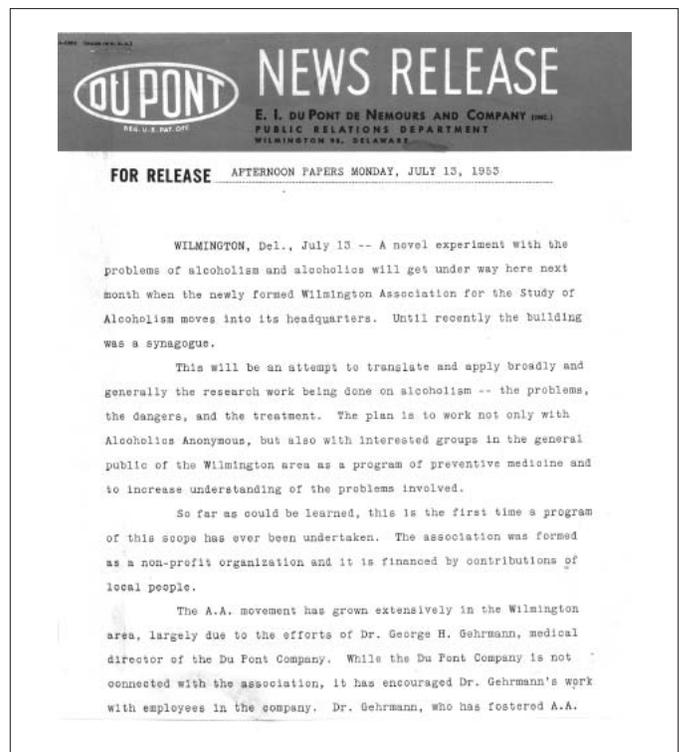
## Industry's Early Efforts

DuPont's early occupational alcohol program, started in 1943, was another success story growing out of A.A. experience. According to John B., it was reportedly an A.A. member named Jimmy who planted the idea for DuPont's program. As Dr. Gehrman recalled, Jimmy stopped in at his office one day to make a novel suggestion. "Jimmy began by telling me that I didn't know anything about treating alcoholics," Dr. Gehrman recalled. He said, "'Why don't you get wise to yourself and attend a few meetings of A.A. and find out what it's all about?' I was right in the throes of a tough case [with an alcoholic employee] and having my usual success—none at all. Instead of resenting what he said, I began attending A.A. meetings."

The recoveries Dr. Gehrman saw in A.A. convinced him that here was something that could help where he had failed. He soon hired Dave M., who happened to be an A.A. member, to work in the medical department. "Since 1943 we have found that the most successful method of handling the alcoholic is with the cooperation and help of Alcoholics Anonymous,"

Dr. Gehrman said some years later. "Prior to 1943, all kinds of medical programs were tried without appreciable success. The program in association with Alcoholics Anonymous is rehabilitating 65% of our problem drinkers."

It was not surprising that Dr. Gehrman, a nationally



*The Wilmington, Del.-based DuPont Company released this press release in July 1953, announcing the formation of the Wilmington Association for the Study of Alcoholism and noting that the nonprofit organization would be cooperating with Alcoholics Anonymous.*

recognized leader in toxicological and occupational health research, was receptive to such a plan. He was innovative and continuously seeking new solutions to health problems. In reporting on the DuPont plan, he emphasized that "proportionally we have no more problem drinkers than exist in any other company or community."

Dave M.'s duties were five-fold: helping with problem drinkers in the company's plant cities, helping to establish A.A. groups in locations where DuPont had interests, visiting A.A. groups in these locations and acquainting them with DuPont's program, educating DuPont's management and work force in the methods of treating the alcoholic, and to identify as early as possible the problem drinkers in the DuPont company.

## Step-by-Step Procedure

Dr. Gehrman also outlined DuPont's technique for handling individual cases of alcoholism: "When it has been determined that an individual is a problem drinker, his immediate superior has a talk with him, telling him that he is a medical problem and is being turned over to Medical for a period of three months." Medical then spends considerable time with him, the doctor added. "He is told that he has

three months to prove to Medical that: 1) He recognizes his own problem. 2) Is anxious to do something about it.”

At the end of three months the DuPont Medical department would tell management whether the employee recognized his problem and was taking it seriously. In cases where the employee showed little or no interest in rehabilitating himself, the Medical department recommended termination.

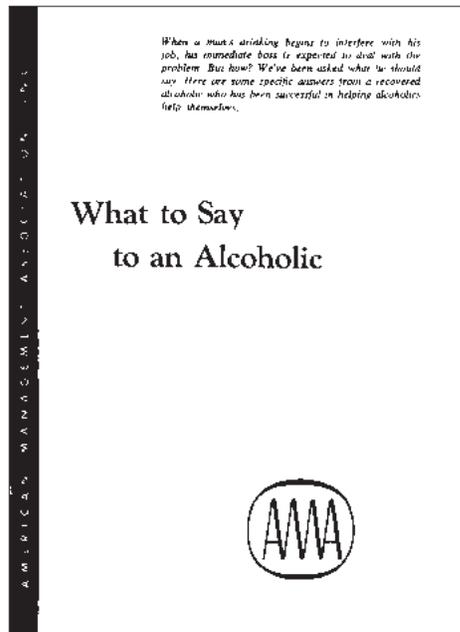
“We instruct the employee that he may pursue any method of cure or relief that he chooses,” said Dr. Gehrman. “We do not insist that he join Alcoholics Anonymous. We do insist that he be interviewed by a member of Alcoholics Anonymous who explains to him how the organization works, what it has done and what it can do for him. We also insist that he attend one Alcoholics Anonymous meeting and inform him that from then on, it is up to him to choose his method of treatment.” Dr. Gehrman concluded his report by stating that the procedure “has been successful to the extent of 65%, which in our experience is 65% better than any other method we tried or pursued.”

Industry came to view the DuPont plan as a model. Bill W. even directed companies inquiring about setting up assistance programs to contact Dave M.

Dr. Jack, at a 1966 lecture series named to memorialize Dr. Gehrman, spoke of the progress set in motion elsewhere by the DuPont example: “Dr. John Witmer at Consolidated Edison in New York City developed a program. Western Electric in New York City was one of the first to publish a formal statement of company policy that alcoholism should be considered an illness and treated as such. Allis-Chalmers announced a program, centered in their personnel department.”

With a humorous dig at himself, Dr. Jack said, “Eastman Kodak found some of its alcoholics recovering through A.A. despite us.” He also cited the Chicago and Northwestern Railway as another major industry with a program.

“Many more industries have developed programs,” he added, “each tailored to the special situation vis-à-vis the community, available personnel, traditional attitudes and relationships within the industry. In all there are four basic elements: An informed and understanding supervisory group which recognizes early symptoms and signs and uses the authority implicit in the employment situation to motivate acceptance of therapy, a company policy, treatment resources in the plant and/or community, sincere in-



*This pamphlet, a reprint of an article in the January 1964 issue of Management Review Magazine, says 'the business world now accepts' that 'alcoholism is an illness,' that 'it can be treated,' and that the A.A. program has by far the best success rate.*

terest on the part of all concerned with recognition of the ambivalence most of us have regarding beverage alcohol and the alcoholic.”

## Response from G.S.O

With a number of companies now seeking the Fellowship's help, A.A. had developed in the 1950s what could be called the A.A. model for employers. Successful programs were being tracked at the General Service Office and inquiries were quickly answered and even sought when there appeared to be interest. The following letter in 1952 is from a G.S.O. staff member, Ann McF., to a counselor at Hughes Aircraft:

“Needless to say, we are very much interested in hearing of your work at Hughes. Apparently you are doing a splendid job. The case histories that you enclosed were enlightening indeed. We are very much interested in adding it to our files on A.A. in Industry. We know, of course, of the programs being carried on at DuPont, Eastman Kodak and Allis-Chalmers, three of the companies that you mentioned... We will hope that eventually some definite policy will be established with the Industrial Relations Department at Hughes, so that the work you are doing may have the fullest effect.”

Ann went on, however, to note that the counselor was also referring alcoholic employees to a certain religious organization. She explained that this organization and A.A. were not synonymous. “As you know, most of us alcoholics, when we first are introduced to A.A., are frightened to death of anything that has a ‘religious’ connotation. However, as an experienced counselor now, I am sure that you are being careful about confusing the two in the mind of the prospective member.” She closed by again expressing thanks and requesting permission to include the name of the company as one of the companies which was cooperating with the A.A. program.

A few days later, Bill W. replied personally to a counselor who had established an alcoholic assistance program at a major aircraft manufacturing company. “The relationship that A.A. will play to industry in the future is coming more to the forefront,” Bill wrote. “Of course, traditionally,

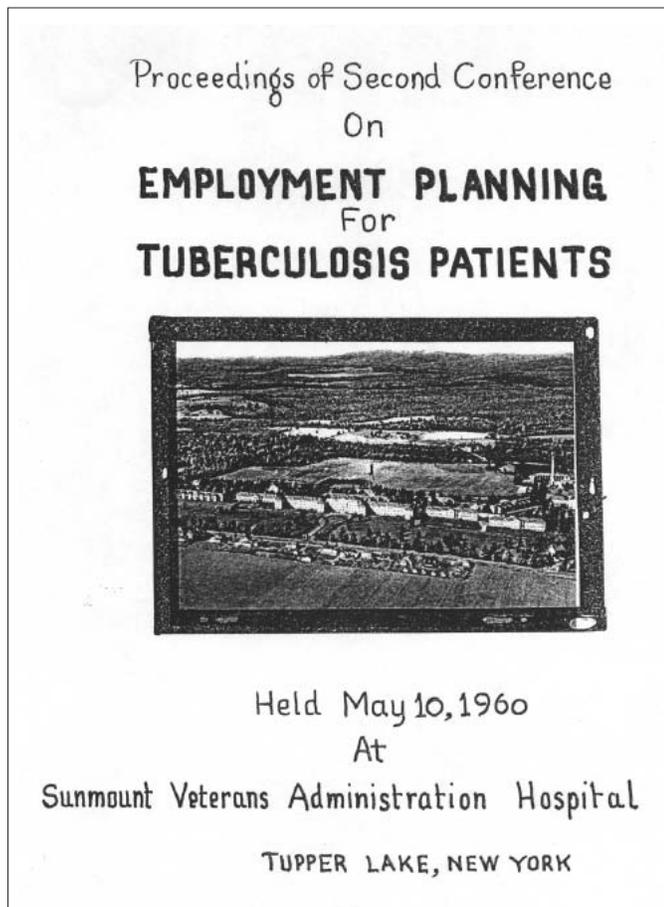
A.A. as a whole can never be linked to any enterprise, no matter how worthy. If you haven't done so already, I think you will want to read the Tradition pamphlet, particularly the section, 'Dangers in Linking A.A. to Other Projects,' and we are enclosing forthwith."

Bill then suggested writing to Dave M., the A.A. member employed as a counselor at DuPont. "Their 'plan' has been tried and proved to be successful. Dave M., while an A.A. member, is not employed on that basis and his A.A. membership is used only as a plus quality, so to speak. In that manner, no cry of 'professionalism' can arise."

## More Progress in the Sixties

By the 1960s, A.A. had more than 300,000 members, with groups in virtually every community in the U.S. and Canada. This meant that A.A.'s help was available to almost any employer willing to request it.

The increasing business involvement in helping alcoholics included leading companies in several fields.



*Alcoholism was being addressed as a health issue and coming up as a topic of discussion at conferences such as this one in May 1960, during which Dr. Jack spoke of his experience helping alcoholic workers.*

Metropolitan Life even produced a free booklet titled "Alcoholism, A Guide for the Family," and offered it in an advertisement titled "Some things you should know about...Excessive Drinking."

In 1947, Consolidated Edison Company of New York issued a policy statement that recognized alcoholism as a legitimate basis for disability retirement for its 30,000 employees.

Proposals were in place by 1950 for assisting alcoholics at the Ford Motor Company, which also gave support to one of the first hospitals in the country for treating alcoholics. And in 1951, Standard Oil Company of California assigned its medical department the responsibility for assisting alcoholics. Standard Oil's procedures listed for rehabilitation included examination, psychiatric studies, referral to a physician experienced in this field, or to an agency such as Alcoholics Anonymous. Standard Oil's memorandum to its department managers even offered definitions of three types of excessive drinkers: heavy drinker, problem drinker, and addict—the last being obviously the alcoholic whose drinking has progressed to the point where his life is dominated by a craving for alcohol: "Such an individual will not recover without assistance," says the memo.

A.A. general services welcomed these developments, which also reflected efforts by A.A. members and the examples set by Eastman Kodak and DuPont. Writing to the head of a supply company, Bill W. said: "Nowadays a considerable number of companies are paying attention to the problem. Some hire A.A. members who operate as personnel men with a special eye to the drinking situation. In other cases an A.A. is attached to the medical department—as in DuPont, for example.

"Other concerns, notably Eastman Kodak, deal directly with A.A., in the shop and in the community. This is all done in the medical department—no paid A.A. being used. All these approaches have worked well."

What businessmen recognized slowly over time, the Big Book had spelled out in its first printing, namely that the alcoholic employee was not a "weakling" or "all-around no good," nor was he a skid-row bum or a lost cause. The Chapter to Employers in the Big Book makes the point that, "As a class, alcoholics are energetic people. They work hard and they play hard."

To be free of the drinking obsession, though, says the Big Book, the active alcoholic employee must radically reorient himself to life. Addressing the employer, it says: "Though you are providing him with the best possible medical attention, he should understand that he must undergo a change of heart. To get over drinking will require a transformation of thought and attitude."

As the Chapter to Employers goes on to say: "You are betting, of course, that your changed attitude and the con-

tents of this book will turn the trick. In some cases it will, and in others it may not. But we think that if you persevere, the percentage of successes will gratify you. When our work spreads and our numbers increase, we hope your employees may be put in personal contact with us. Meanwhile, we are sure a great deal can be accomplished by the use of the book alone.”

The recovering alcoholic employee is not someone who will be a burden on management, says the Big Book: “It is not to be expected that an alcoholic employee will receive a disproportionate amount of time and attention. He should not be made a favorite.” Another point from that same chapter is that, “Alcoholism may be causing your organiza-

tion considerable damage in its waste of time, man and reputation. We hope our suggestions will help you plug up this sometimes serious leak. We think we are sensible when we urge that you stop this waste and give your worthwhile man a chance.”

An employee of Kodak, speaking of his recovery, wrote in 1958 that: “there is no need for the alcoholic to use the excuse ‘there is no help.’ Now through the religious, medical, and industrial fields, and particularly at Kodak, considerable help is available for those who want to help themselves. Currently, the author has found more than he ever dreamed was available and enough to meet his own needs; the rest is up to him.”