UAF
UTAH ALCOHOLISM FOUNDATION

Utah Alcoholism Foundatin

770 EAST SOUTH TEMPLE • SALT LAKE CITY, UTAH 84102 • PHONE 364-9906

NEWS LETTER

SEPTEMBER 1970 Vol. 1, No. 1

U.A.F. TRUSTEES NIX DRUG MERGER

By unanimous decision, the Board of Trustees stands firm against the State's proposal for dismantling the Committee on Alcoholism and transferring its direction to the recently formed Drug Division.

Already downgraded to the lowest possible echelon in the Department of Health, Division of Social Services during the Administration's streamlining reorganization, the proposed merger would appear to serve no practical purpose other than to make funds appropriated for alcoholism control available to the Drug Division.

CHAIRMAN SPEAKS OUT

Commenting on the Foundation's refusal to sanction the so-called alcoholism-drug combination, Board Chairman Edwin Shriver said, *"During the present Administration's tenure, we have watched with growing concern while Utah's long-developed and nationally recognized alcoholism program has been reduced by what seems to be political expediency from effective Division status to the lowest possible level of State Government.*

Mr. Shriver

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INTRODUCTORY EDITORIAL

The problem of alcoholism has now reached a point of great concern to the communities of Utah. It has become our most critical and costly health problem. Because of the emerging seriousness of this disease, there is now the welcome addition of many new people entering the field, and many of the long-established are developing new methods and approaches. Clearly, there is a need to coordinate and organize these efforts in order to more effectively develop and accomplish common goals of preventing alcoholism and helping the alcoholic to recover.

The Utah Alcoholism Foundation recognizes its responsibility in this regard and the necessity for improving communications among those who are concerned. This is primary among the many reasons for launching this publication.

The U.A.F. Newsletter will be issued each month and it is intended that it will be a vehicle for the exchange of knowledge and information supplied by individuals, groups, and agencies concerned with alcoholism. In order to fully realize the potential of a regular communication, we urge you to mail or phone suggestions and information. As with any publication of merit, the quality of content is vital to its effectiveness. We can only be as effective as we are accurately informed. We therefore urgently solicit your contributions.

anxious over the emergent rise in Utah's rate of alcoholism in direct ratio to the decrease of State support."

"*In 1965,*" Mr. Shriver continued, "*alcoholism in the State had been brought under comparitive control, with a baseline rate reduction of 33% over a ten year period. Now, we are faced with a shocking, all-time high reversal of this picture with a 44.2% increase of alcoholism within the last five years.*"

FISCAL UNREALISM

"*This alarming trend, we know, is directly attributable to the failure of the State Administration to realistically view the problem in context with inflation of both dollars and population, resulting in drastic cutbacks in the areas of personnel, prevention and treatment.*"

Mr. Shriver then went on to say, "*No bank or business could possibly declare the enormous dividends we could gain, in both lives and money, on the relatively small investment required to effectively stem the illness of alcoholism.*"

Mr. Shriver further said, "*With the State realizing an annual net profit of some six and a quarter million dollars on liquor sales, we are disturbed by what we consider to be areas of State financial blind spots. We are beginning to question how much real concern is being directed toward the incalculable cost of lives lost, human misery and suffering, broken homes, destruction of youth, highway deaths and injuries, and all the other many dreadful side effects created in the spreading wake of alcoholism.*"

EPIDEMIC PROPORTIONS

"*There are an estimated 15 thousand alcoholics, with another 4 to 5 thousand borderline cases, within the State and their numbers are steadily increasing,*" Mr. Shriver said. "*Surely, if the same almost-epidemic situation existed with any other disease, the public would be up-in-arms and a State emergency declared.*"

Speaking more directly about the proposed drug-alcoholism merger, Mr. Shriver said, "*Almost as if adding insult to injury, the Administration now proposes to enjoin both logic and common sense by pre-*

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ALCOHOLISM BILL GOES TO HOUSE AFTER SENATE UNANIMOUS OKAY

Congressman Harley Stagger (D.-W.Va.), Chairman of the House Interstate and Foreign Commerce Committee, has introduced H.R. 18874, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970. The Bill is a companion bill to S. 3835, approved unanimously by the Senate on August 9.

The Virginia lawmaker's action raises hopes that early House Commerce Committee hearings may be held on the legislation so that it can reach the House floor for approval before the end of this Congressional session.

As finally approved by the Senate, S. 3835 establishes an Institute on Alcoholism within the Public Health Service. The purpose of the Institute, according to the bill's primary sponsor, Senator Harold E. Hughes (D.-Iowa), will be to coordinate all Federal health, rehabilitation and other social programs related to the control of alcoholism, as well as administer programs specifically established by the bill.

The bill authorizes $395 million in funding over a three year period, as follows:

1. Formula grants to states for planning, establishing, maintaining, coordinating and evaluating comprehensive state-wide alcoholism and alcohol abuse programs (formula to be based on population and economic need): First year authorization -$20 million; 2nd year, $25 million; 3rd year, $30 million. The minimum for any state for any one year period would be $200,000.

2. Service funds for construction, staffing and operation of facilities and project grants: First year authorization, $60 million; 2nd year, $100 million; 3rd year $160 million.

Authority to review grants would rest with a National Advisory Committee on Alcoholism.

During Senate discussion of the Bill, Senator Robert Byrd (D.-W.Va.) pledged that "*As a member of the Appropriations Committee and as Chairman of the Subcommittee on Deficiencies and Supplementals, I will do everything within my power as one Senator to aid in securing the funds for this measure.*"

cipitously junking the committee of seven long-experienced, dedicated and prestigiously knowledgeable men in favor or turning the highly-developed and proven alcoholism program over to the authority and continued guidance of five newly appointed board members of the Drug Division, all of them fine, well-intentioned citizens, but who are, by their own admission, without either knowledge or experience relating to alcoholism."

COOPERATION AFFIRMED

In summing up, Mr. Shriver concluded, *"There is certainly no denying the existence of a serious drug-abuse problem. As responsible members of the community, we are concerned about it. As a voluntary Foundation, dealing with an addictive type of disease, we are sufficiently concerned that we have repeatedly offered our wholehearted cooperation in any feasible way. We freely offer whatever expertise we have gained through experience, as well as our resources, for any practical use. However, we realize that we cannot be all things to all people. We would be irresponsibly derelict and foolish to try. Alcoholism has always been our first concern. Alcoholism will continue to be our first concern. It is Utah's priority health problem. We, like the proverbial cobbler, will stick to our last."*

DISEASE OR IMMORALITY?

Alcoholism exacts an annual toll estimated in the billions of dollars. Its actual cost in lives lost, suffering, and social ramifications is beyond any calculation.

Yet, there is no disease today about which there is greater public ignorance, no problem toward which there is more public apathy. Although the American Medical Association, the United States Public Health Service, and the World Health Organization all designate alcoholism as a disease, too many people still feel that *"nice persons just don't become alcoholics."*

Well, the plain, unadorned fact is, they do--and by the millions--in every walk of life. Another plain fact is that the majority of them can recover and be restored to happy, useful and productive lives through proper treatment. Once the American public is brought to look upon the alcoholic as a sick person, not a moral weakling, we shall be well on the road towards prevention of our most critical health problem.

CENTRAL COUNCIL REORGANIZED

Jim Hale Jesse Hawk
Ed Shriver Bill Farley

A new Board of Trustees was elected August 18 at a Central Council Reorganization of the Utah Alcoholism Foundation.

By a unanimous vote, the following members were selected to assume responsibilities of trusteeship: Ed. B. Shriver, Chairman; Jesse Hawk, 1st Vice-Chairman; William Farley, 2nd Vice-Chairman; James Hale, Secretary and Treasurer.

To fill the remaining four elective vacancies are: Douglas Carter, Pete Sumsion, Alton Neilson, and Juddy Thomas.

Selection of seven appointive members to round out the prescribed fifteen member Board of Trustees of the Council was held in abeyance pending review of reorganization objectives. By concensus, the newly installed Trustees felt more time was required to consider qualifications of potential appointive members in order to select those best suited to specific areas of Council service.

Four Standing Committees are structured into the organizational format of the new Council for broader concept, coordinated effort, and greater utilization of community resources.

MOTIVATING THE ALCOHOLIC

Few alcoholics are motivated without some form of external pressure to puncture their denial with a dose of reality. Furthermore, they seem most accessible during the guilt and remorse of hangovers...The possible motivating forces are many; a threat to health or life communicated by a physician, an accident involving drinking, a jail sentence, as well as the possibility of loss of jobs or family.

Motivation involves not only external pressure and the exploitation of crises, but, some communication to the alcoholic of hope for his recovery. The vehicle of this communication is the therapeutic relationship. The alcoholic's intellectual knowledge about alcoholism and his awareness that others have recovered are not enough, since he feels hopeless about himself. The task of motivation is thus to convince him that he can recover, not for the sake of his wife, his children, or the therapist, but for *his own sake*. Beneath resistance and denial, there is always some spark of desire to get well, but in the alcoholic this is blocked. A therapist who believes in his client's capacity to recover can make this faith contagious, although the alcoholic will be the first to recognize any mere lip-service in this belief.

(Excerpt from *"Alcoholism and Family Casework"* by Margaret B. Baily, D.S.W. Published by the Community Council of Greater New York, 1968)

* * *

ALCOHOL BEVERAGE: BIG BUSINESS

The alcoholic beverage industry of Utah put more than $39.5 million into the state's economy last year, according to figures released by Licensed Beverage Industries, Inc., research and public information organization of the distilled spirits industry.

The industry---which employs more than 5,100 men and women in the Beehive State---reported payroll and earnings of $29.5 million for 1969, of which $24,696,000 were spent, largely within the state and its local communities.

Revenues paid by the industry to the State and local communities were expected to exceed the $10 million paid in 1968, the last year for which figures have been reported. During the period 1935-68, the industry has paid $161.8 million to the state and 6.2 million to local units of government. Of these amounts, $133 million were collected from the sales of distilled spirits alone.

(Provo Daily Herald)

(Editor's note: *Here are some other figures equally interesting: Alcohol-involved driving resulted in more than half the $60 million state highway accident cost---that's roughly $30 million. The cost to the community for each alcoholic is estimated at $650.00. The fifteen thousand alcoholics in Utah times $650 equals $9.75 million. While the alcoholic beverage industry put $39.5 million into the state's economy last year, it took away $39.75 million.*

....AND HOW DO YOU FIGURE THE COST OF DEATH AND MISERY?

* * *

FOUNDATION LAUNCHES "OPERATION FACELIFT"

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In presenting this recommendation for Center improvement to the Board, Administrative Officer Clyde Gooderham noted that since A.R.C.'s Board reorganization and management change, the Center has been operating at near top capacity. He also emphasized the need for brighter and more comprehensive facilities as an important measure of environmental therapy.

Also high on the priority list for renovation are both the Provo and Cedar City Centers. The Southern Council's Board of Trustees are currently reviewing plans and discussing the feasibility of building totally new facilities for their area. Action on the Provo Center is being temporarily held in abeyance pending completion of the Central Council's reorganization.

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ALCOHOLISM IS A COMMUNITY CONCERN

Programs for dealing with such a multifaceted problem as alcoholism must involve a broad community approach....In many communities, a variety of activities is being conducted on a fragmented and isolated basis. As a result, alcoholics seeking help often find themselves involved in a discouraging carousel of services, each only partly adequate to deal with their needs. This lack of continui in the alcoholic's care further complicates a difficult and lengthy recovery period.

Care-giving persons such as physicians, social workers, nurses and clergymen often are unable to provide appropriate treatment because they have not received adequate training in this area.

....Too often a single agency or institution fails to make use of all available community resources for the patients who are in their case-load. A comprehensive treatment program requires a wide range of services that involve a broad representation of the helping agencies in the community. Traditional caretakers such as social agencies and hospitals should be involved, as well as the law enforcement court correctional complex, vocational rehabilitation agencies, specialized veterans' services, Alcoholics Anonymous, missions, Salvation Army and others who are able to meet special needs of the alcoholic patients.

(Extracts from *"Guide To the Community Control of Alcoholism"* Published by The American Health Association, New York, N.Y.)

* * *

ALCOHOLISM AND AMA'S NINE POINT PROGRAM

Last year the AMA developed a nine point program as follows:

1. *We are seeking widespread distribution of the AMA Manual on Alcoholism for Physicians. The manual represents the combined efforts of many experts, and contains the most up-to-date information available on diagnosis, treatment and rehabilitation.*
2. *We are pressing vigorously for admission of alcoholics into general hospitals. We have recommended that local and state medical societies work with hospitals and hospital associations to accomplish this objective.*
3. *We have urged that health insurance and prepayment plans remove unrealistic limitations now imposed on the extent of coverage they allow for the treatment of alcoholism.*
4. *We are working to create a greater awareness by the industrial physicians of what they can do in treatment of alcoholism. We have prepared a guide-book which points out that the industrial setting actually offers certain advantages in the management of alcoholism, because of the ready availability of medical and personal records.*
5. *We are working for more extensive and more comprehensive teaching of the subject of alcoholism in medical schools. We also hope to achieve a continuation of such education through internship and residency training as more hospitals admit more alcoholic patients.*
6. *With the legal profession, we are discussing questions about confinement or commitment, which have an important bearing on treatment and rehabilitation.*
7. *We are expanding our efforts to gather information on research being conducted in this field.*
8. *We are working with other organizations to promote traffic safety in all its aspects. One important aspect, of course, is to make clear the dangers of driving while drinking.*
9. *We continue to offer guidance to state or county medical societies that want to take action in this field. The success of national efforts depends to a great extent on how carefully programs are planned and how effectively they are conducted at the local level.*

(Editor's note: *Many physicians are now accepting the "total treatment" approach so clearly set forth in the volume "ALCOHOLISM" edited by Ronald J. Catanzaro and in a similar volume by Eva Maria and Richard H. Blum.*)

* * *

The greatest sin is fear.

The greatest secret of production is saving waste.

The greatest comfort is the knowledge that you have done your work well.

The greatest mistake is giving up *** the most expensive indulgence is hate.

The cheapest, stupidest, easiest thing to do is finding fault.

The greatest trouble maker is the one who talks too much.

The greatest stumbling block is EGOTISM *** The greatest need is common sense.

The greatest puzzle is LIFE *** The greatest mystery is death.

The greatest thought is GOD.

The greatest thing in all the world, bar none, is LOVE.

Accept, believe and actionize these great spiritual truths and truly you will....

WAKE UP AND LIVE!!

SOBRIETY IS NOT A TOTAL ANSWER !!

The stopping of drinking *does not automatically solve alcoholism or all other problems.* It does make it possible to identify the *"other"* problems and to begin working on them. These may require a simple adjustment which can be handled by the ex-drinker, or, it may require extensive help from a number of agencies and/or professions.

* * *

THE CHICKEN OR THE EGG?

There is debate between knowledgeable professionals about whether alcoholism is *"the problem"* or is but a *"symptom"* of some underlying psychological problem or personality disorder.

It doesn't matter.

Either way, alcoholism as a distinct *"problem"* is treatable.

Alcoholism as a *"symptom"* is treatable.

Precisely the same approach in motivation and in treatment is effective either way.

* * *

The old arguments about the rights and wrongs of drinking have nothing to do with alcoholism. Alcohol does not cause alcoholism any more than gasoline causes car wrecks or sugar causes diabetes.

* * *

WHO WHY
WHAT WHEN
WHERE WHERE
WHEN WHEN
WHY WHO

Utah State Alcoholics Anonymous Assembly
October 9, 10, 11
Location and schedule of
conference to be announced
Provo, Utah

***

A.A. Open Golf Tournament
October 18
Mick Riley Golf Course

HOW OLD ARE YOU?

YOUTH is not a time of life. It is a state of mind. It is a temper of the will, a quality of the imagination, a vigor of the emotions, a predominance of courage over timidity and of the appetite for adventure over love of ease.

Nobody grows old merely by living a number of years. People grow old only by deserting their ideals. Years may wrinkle the skin, but, to give up enthusiasm wrinkles the soul.

You are as young as your faith, as old as your doubt....As young as your self-confidence...as old as your fear....As young as your hope...as old as your despair.

NEW U.A.F. PAMPHLET PUBLICATIONS

"SPEAKING TO ME?"

A hard-hitting, A.A. oriented confrontation with the problem drinker who is reluctant to admit that his mounting troubles are alcohol involved, or, that he is an alcoholic. Excellent for the newcomer in need of a clear-cut identification.

20¢ each. Quantity discount prices on request
Introductory offer - 2 for 25¢
Postage prepaid
This offer expires January 1, 1971

"YOUR CHILD...AN ALCOHOLIC?"

A calm, concise approach to the question of teenage drinking. Author Jean Libman Block explores the problem without scare tactics, answering many questions which puzzle parents of modern youth. A practical guide for family reading.
(Revised from: *"ALCOHOL AND THE ADOLESCENT"*)

15¢ each. Quantity discount prices on request

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ALCOHOLISM - DRUG MERGER

Although the agreement for transferring the State's Alcoholism Program from the Division of Health to the Division of Drugs clearly specified a continuing *"hands-off"* policy, news reports publicizing the new alignment would indicate otherwise. Immediately following the official date of merger, press accounts--allegedly stemming from Administrative sources--stated that the Drug Division had *"taken over"* the Alcoholism Program. By implication, such statements, without qualification, impugn the integrity and past record of the Utah State Committee on Alcoholism. Also, by indirection, they subvert the initial and prime body which has constituted the major part of Utah's Alcoholism Program--the Utah Alcoholism Foundation.

Significantly, the same news reports made no mention of the fact that the agreement to combine the two programs was only an interim measure until new and more realistic legislation is enacted. Nor was mention made that so far, only five states have attempted to combine alcoholism programs with those of drug abuse, none of which have achieved any notable success. In fact, two of the states are now considering legislation to separate the programs into independent agencies.

It has been suggested that perhaps the newspapers have somehow misinterpreted the actualities of the alcoholism-drug merger. If this be true, then there has been no apparent effort made to correct what might be termed as misinformation to the public. However the case may be, the news accounts

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NEW EXECUTIVES TO HEAD-UP GOVERNING BOARD

At the September meeting of the Foundation's Governing Board, a new slate of officers was elected to fill the expired terms of the Executive Committee.

Mr. Dean Baxter, previously serving as Vice-Chairman, was named to the office of Chairman for a one-year term. Long active in Foundation affairs, he also serves on the Boards of the U.A.F. Metropolitan and A.R.C. Councils.

Professionally, Mr. Baxter is the State's Assistant Director of Social Service, Division of Family Services, Region 2, and brings to the Chair high qualifications and extensive knowledge of Alcoholism and its problems.

Mr. Matthew Pymm, elected to the position of Vice-Chairman, has also served the Foundation for many years as one of its most dedicated members. Throughout, his executive ability has been apparent in the many offices of trust and leadership he has held. He presently also serves on the A.R.C. Council. Mr. Pymm is manager of the Transmission Department of South State Auto Company.

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(*ALCOHOLISM - DRUG MERGER*, cont'd)

have resulted in statewide consternation among persons and agencies who have worked long and arduously to make Utah's Alcoholism Program one of the finest and most respected in the Nation. Their voices are being raised now in anger and disgust.

To the initial proposal that the Alcoholism Program be brought in as a segment of the Drug Division, the Governing Board of the Utah Alcoholism Foundation answered with an emphatic *"NO!"* Their attitude was not predicated upon arbitrary emotionalism or resistance to change, but was predicated upon definitive and well-documented argument as well as from long experience in becoming attuned to the political overtones so frequently inherent in governmental agencies. They were also understandably dismayed by the precipitous and cavalier approach to the problem by the Administration.

However, again indicating their oft-repeated willingness to cooperate in any cogent effort toward improving the total community welfare, the Governing Board agreed to sustain whatever action the State Committee on Alcoholism might deem germane to its objective charge of preventing and controlling alcoholism. The Foundation will continue to support the State Committee by maintaining its close working relationship so long as the Committee's present program of education, treatment and rehabilitation remains intact and its function concerns only the priority problem of alcoholism.

The Foundation's attitude, relating to the combining of the two programs under the direction of the Drug Division remains one of caution. It will continue to closely scrutinize all further developments. The founding ideals and principles of the Utah Alcoholism Foundation will permit **no** subscription for the allowance of human lives to become subservient to political expediency.

In order to keep the record clear, the Governing Board restates its policy as recorded at the April session of Trustees:

APRIL POLICY STATEMENT

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EDITOR'S NOTE: For further clarification, see *"Departmental Position Statement"*, on Page 9.

* * *

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* * *

ACCEPT THE PEOPLE WE CANNOT CHANGE

Somewhere we've read a professional estimate that *"three out of ten people walking the streets today have an acute emotional instability serious enough to warrant immediate intensive psychiatric care."* Among the seven *"normal"* people, there are varying degrees of emotional imbalance.

These people represent the world which the recovering alcoholic must face in his new program of sober living. He has now learned some truths about himself, including some unpleasant truths.

While he is willing to make the necessary changes in his attitude, he learns to his disappointment that others are not interested in changing with him. He thinks his sobriety would be safer *IF* people wouldn't *"bug"* him, *IF* the wife would get off his back, *IF* the boss wouldn't blame him for someone else's mistake, *IF* his neighbor would keep that dog off his lawn.

These people and events will not change. But, if he can accept things and people as they are--to have the courage to change the things he can--and to rely on help from other sources wiser than himself--he is better able to cope with the problem of living than the *average* man.

* * *

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The alcoholic beverage industry of Utah put more than $39.5 million into the State's economy last year, according to figures released by Licensed Beverage Industries, Inc., research and public information organization of the distilled spirits industry.

The industry--which employs more than 5,100 men and women in the Beehive State--reported payroll and earnings of $29.5 million for 1969, of which $24,696,000 were spent largely within the State and its local communities.

Revenues paid by the industry to the State and local communities were expected to exceed the $10 million paid in 1968, the last year for which figures have been reported. During the period 1935-68, the industry has paid $161.8 million to the State and 6.2 million to local units of government. Of these amounts, $133 million were collected from the sales of distilled spirits alone.

(Provo Daily Herald)

(Editor's note: *Here are some other figures equally interesting: Alcohol-involved driving resulted in more than half the $60 million state highway accident cost--that's roughly $30 million. The cost to the community for each alcoholic is estimated at $650. The fifteen thousand alcoholics in Utah times $650 equals $9.75 million. While the alcoholic beverage industry put $39.5 million into the State's economy last year, it took away $39.75 million.*

....AND HOW DO YOU FIGURE THE COST OF DEATH AND MISERY?

* * *

THE CHICKEN OR THE EGG?

There is debate between knowledgeable professionals about whether alcoholism is *"the problem"* or is but a *"symptom"* of some underlying psychological problem or personality disorder.

It doesn't matter.

Either way, alcoholism as a distinct *"problem"* is treatable.

Alcoholism as a *"symptom"* is treatable.

Precisely the same approach in motivation and in treatment is effective either way.

* * *

CENTRAL COUNCIL REORGANIZED

Jim Hale Jesse Hawk
Ed Shriver Bill Farley

A new Board of Trustees was elected August 18 at a Central Council Reorganization of the Utah Alcoholism Foundation.

By a unanimous vote, the following members were selected to assume responsibilities of trusteeship: Ed. B. Shriver, Chairman; Jesse Hawk, 1st Vice-Chairman; William Farley, 2nd Vice-Chairman; James Hale, Secretary and Treasurer.

To fill the remaining four elective vacancies are: Douglas Carter, Pete Sumsion, Alton Neilson, and Juddy Thomas.

Selection of seven appointive members to round out the prescribed fifteen member Board of Trustees of the Council was held in abeyance pending review of the reorganization objectives. By concensus, the newly installed Trustees felt more time was required to consider qualifications of potential appointive members in order to select those best suited to specific areas of Council service.

Four Standing Committees are structured into the organizational format of the new Council for broader concept, coordinated effort, and greater utilization of community resources.

* * *

The old arguments about the rights and wrongs of drinking have nothing to do with alcoholism. Alcohol does not cause alcoholism any more than gasoline causes car wrecks or sugar causes diabetes.

ALCOHOLISM BILL GOES TO HOUSE AFTER SENATE UNANIMOUS OKAY

Congressman Harley Stagger (D.-W.Va.), Chairman of the House Interstate and Foreign Commerce Committee, has introduced H.R. 18874, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970. The Bill is a companion bill to S. 3835, approved unanimously by the Senate on August 9.

The Virginia lawmaker's action raises hopes that early House Commerce Committee hearings may be held on the legislation so that it can reach the House floor for approval before the end of this Congressional session.

As finally approved by the Senate, S. 3835 establishes an Institute on Alcoholism within the Public Health Service. The purpose of the Institute, according to the bill's primary sponsor, Senator Harold E. Hughes (D.-Iowa), will be to coordinate all Federal health, rehabilitation and other social programs related to the control of alcoholism, as well as administer programs specifically established by the bill.

The bill authorizes $395 million in funding over a three-year period, as follows:

1. Formula grants to states for planning, establishing, maintaining, coordinating and evaluating comprehensive state-wide alcoholism and alcohol-abuse programs (formula to be based on population and economic need): First year authorization, $20 million; second year, $25 million; third year, $30 million. The minimum for any state for any one year period would be $200,000.

2. Service funds for construction, staffing and operation of facilities and project grants: First year authorization, $60 million; second year, $100 million; third year, $160 million.

Authority to review grants would rest with a National Advisory Committee on Alcoholism.

During Senate discussion of the Bill, Senator Robert Byrd (D.-W.Va.) pledged that *"As a member of the Appropriations Committee and as Chairman of the Subcommittee on Deficiencies and Supplementals, I will do everything within my power as one Senator to aid in securing the funds for this measure."*

* * *

ALCOHOLISM IS A COMMUNITY CONCERN

Programs for dealing with such a multi-faceted problem as alcoholism must involve a broad community approach....In many communities, a variety of activities is being conducted on a fragmented and isolated basis. As a result, alcoholics seeking help often find themselves involved in a discouraging carousel of services, each only partly adequate to deal with their needs. This lack of continuity in the alcholic's care further complicates a difficult and lengthy recovery period.

Care-giving persons such as physicians, social workers, nurses and clergymen often are unable to provide appropriate treatment because they have not received adequate training in this area.

....Too often a single agency or institution fails to make use of all available community resources for the patients who are in their case-load. A comprehensive treatment program requires a wide range of services that involve a broad representation of the helping agencies in the community. Traditional caretakers, such as social agencies and hospitals should be involved, as well as the law enforcement court correctional complex, vocational rehabilitation agencies, specialized veterans' services, Alcoholic Anonymous, missions, Salvation Army and others who are able to meet special needs of the alcoholic patients.

(Extracts from: *"Guide To the Community Control of Alcoholism"* Published by the American Health Association, New York, N.Y.)

* * *

SOBRIETY IS NOT A TOTAL ANSWER!!

The stopping of drinking *does not automatically solve alcoholism or all other problems.* It does make it possible to identify the *"other"* problems and to begin working on them. These may require a simple adjustment which can be handled by the ex-drinker, or, it may require extensive help from a number of agencies and/or professions.

* * *

ALCOHOLISM AND AMA'S NINE-POINT PROGRAM

Last year the AMA developed a nine-point program as follows:

1. We are seeking widespread distribution of the AMA Manual on Alcoholism for Physicians. The manual represents the combined efforts of many experts, and contains the most up-to-date information available on diagnosis, treatment and rehabilitation.
2. We are pressing vigorously for admission of alcoholics into general hospitals. We have recommended that local and state medical societies work with hospitals and hospital associations to accomplish this objective.
3. We have urged that health insurance and prepayment plans remove unrealistic limitations now imposed on the extent of coverage they allow for the treatment of alcoholism.
4. We are working to create a greater awareness by the industrial physicians of what they can do in treatment of alcoholism. We have prepared a guide-book which points out that the industrial setting actually offers certain advantages in the management of alcoholism, because of the ready availability of medical and personal records.
5. We are working for more extensive and more comprehensive teaching of the subject of alcoholism in medical schools. We also hope to achieve a continuation of such education through internship and residency training as more hospitals admit more alcoholic patients.
6. With the legal profession, we are discussing questions about confinement or commitment, which have an important bearing on treatment and rehabilitation.
7. We are expanding our efforts to gather information on research being conducted in this field.
8. We are working with other organizations to promote traffic safety in all its aspects. One important aspect, of course, is to make clear the dangers of driving while drinking.
*9. We continue to offer guidance to state or county medical societies that want to take action in this field. The success of national efforts depends to a great extent on how carefully programs are planned and how **effectively** they are conducted at the local level.*

(Editor's note: *Many physicians are now accepting the "total treatment" approach so clearly set forth in the volume "ALCOHOLISM", edited by Ronald J. Catanzaro, M.D., and, in a similar volume by Eva Maria and Richard H. Blum.*)

* * *

NEW DIRECTOR NAMED FOR UINTAH BASIN

Chet Henderson has been appointed as Director of the Uintah Basin Recovery Center to replace Richard Curry, who resigned to accept a position on the staff of the Ute Tribe Alcoholism Facility.

Mr. Henderson was previously Field Representative for the Uintah Center and brings with him extensive knowledge and experience in working with alcoholics.

Although his duties at the Center will include counseling and information service, Mr. Henderson will still be available for outside lecture work and the showing of educational films on alcoholism to interested groups.

While in operation for only the past two years, the Uintah Basin Recovery Center is, nevertheless, establishing an enviable record in its community service areas. The dedication and enthusiasm of its Council Board are to be highly commended.

* * *

NEW GOVERNING BOARD EXECUTIVES, cont'd

Elected to continue for a second term as Secretary-Treasurer was Mr. Robert Moyle. Mr. Moyle was among the early founders of the Foundation and has worked long and arduously in the interests of the Foundation's development of one of the Nation's most recognized alcoholism programs. He also presently serves as Chairman of the House of Hope Council.

Mr. Moyle is Vice-President of Burton-Moyle, Incorporated.

* * *

MOTIVATING THE ALCOHOLIC

Few alcoholics are motivated without some form of external pressure to puncture their denial with a dose of reality. Furthermore, they seem most accessible during the guilt and remorse of hangovers...The possible motivating forces are many; a threat to health or life communicated by a physician, an accident involving drinking, a jail sentence, as well as the possibility of loss of jobs or family.

Motivation involves not only external pressure and the exploitation of crises, but, some communication to the alcoholic of hope for his recovery. The vehicle of this communication is the therapeutic relationship. The alcoholic's intellectual knowledge about alcoholism and his awareness that others have recovered are not enough, since he feels hopeless about himself. The task of motivation is thus to convince him that he can recover, not for the sake of his wife, his children, or the therapist, but for *his own sake*. Beneath resistance and denial, there is always some spark of desire to get well, but in the alcoholic this is blocked. A therapist who believes in his client's capacity to recover can make this faith contagious, although the alcoholic will be the first to recognize any mere lip-service in this belief.

(Excerpt from *"Alcoholism and Family Casework"* by Margaret B. Baily, D.S.W. Published by the Community Council of Greater New York, 1968)

* * *

Drinking drivers and pedestrians cause more than 28,000 traffic deaths and 800,000 crashes in the United States each year:

"One-tenth of the Nation's drivers, men and women, are alcoholics....

Fully 50 percent of high violation delinquent drivers involved in fatal automobile accidents are alcoholic....

Alcoholics have nearly 45 percent greater chance of dying in automobile accidents than non-alcoholics...."

* * *

NEW U.A.F. PAMPHLET PUBLICATIONS

"SPEAKING TO ME?"

A hard-hitting, A.A. oriented confrontation with the problem drinker who is reluctant to admit that his mounting troubles are alcohol involved, or, that he is an alcoholic. Excellent for the newcomer in need of a clear-cut identification.

20¢ each. Quantity discount prices on request
Introductory offer - 2 for 25¢
(limit: 2 per customer)
Postage prepaid
This offer expires January 1, 1971

"YOUR CHILD...AN ALCOHOLIC?"

A calm, concise approach to the question of teen-age drinking. Author Jean Libman Block explores the problem without scare tactics, answering many questions which puzzle parents of modern youth. A practical guide for family reading.

(Revised from: *"ALCOHOL AND THE ADOLESCENT"*)

15¢ each. Quantity discount prices on request

WHO WHY
WHAT WHEN
WHERE WHERE
WHEN WHAT
WHY WHO

Utah State Alcoholics Anonymous Assembly
in Provo, Utah

October 30th - Community Church
Second North & University Ave.
October 31st - Holiday Inn
1460 South University Avenue
November 1st - Holiday Inn

* * *

DEPARTMENTAL POSITION STATEMENT

Position Statement will become effective: September 22, 1970

It is the position of the Department of Social Services, acting in accordance with Section 63-35-7, Utah Code Annotated, 1953, as amended by Chapter 197, Laws of Utah, 1969, that the Section of Alcoholism (Committee on Alcoholism) within the Division of Health, organized under the provisions of Chapter 13, Title 55, Laws of Utah, 1953, as amended by Chapter 197, Laws of Utah, 1969, is hereby transferred from the Division of Health to the Division of Drugs constituted by Chapter 22, Laws of Utah, 1970. Funds appropriated by the legislature, collections, and Federal Grants or other funds which may be available from any source whatsoever, which are dedicated to the program on Alcoholism, shall likewise be transferred and shall be subject to the same use, supervision, and controls within the Division of Drugs as heretofore has been the case in the Division of Health. The Board of Drugs and Committee on Alcoholism shall function as herein after set forth and as may be mutually agreed to or in the absence of a mutual agreement, such regulations and controls as shall be prescribed by the Executive Director of the Department of Social Services.

The Section on Alcoholism will be an integral part of the Division of Drugs. Its authority shall be as provided in Utah Code Annotated, Sections 55-13-1, 55-13-2, 55-13-4, and 55-13-5. The Committee on Alcoholism shall maintain program functions and shall have authority to adopt rules and regulations relating to its organization and procedures. The Alcohol Section's funds shall be used in accordance with the policies and procedures heretofore inherent in the Committee and its director.

The Committee may fix fees for rehabilitation services and accept on behalf of the State, donations, gifts, devises, or bequests of real or personal property or services to further the activities of the Section on Alcoholism. It may negotiate for Federal Funds through the office of the Executive Director of the Department of Social Services.

The Division of Drugs will provide those administrative services necessary to comply with the directives of the Executive Director of the Department of Social Services and any other applicable policies that may have been adopted that relate to the Section on Alcoholism. Other administrative duties within the Alcoholism Section will be handled by the Director of the Alcoholism Section, except in instances where it appears desirable for such items to be handled through the Division of Drugs or jointly. The control and responsibility for direction of the staff of the Section on Alcoholism shall be vested in its director under the Division Director and said staff shall not undertake any activities relating to drugs.

The drug abuse program will be administered in accordance with policy formulated by the Board of Drugs. However, the two shall be brought together under the administration of the Director and such programs as health education, public relations, etc., may be carried on under a joint arrangement.

This procedure grows out of a mutual understanding with the Committee on Alcoholism only as an expedient intended to make possible practical operations of its program in conjunction with the program on drugs during the interium period until new legislation is enacted.

UAF
UTAH ALCOHOLISM FOUNDATION

Utah Alcoholism Foundatin

770 EAST SOUTH TEMPLE • SALT LAKE CITY, UTAH 84102 • PHONE 364-9906

NEWS LETTER

NOVEMBER 1970 Vol. 1, No. 2

DIVISION DIRECTOR STATES POLICY

by

C. LA VAR ROCKWOOD, director
State Division of Drugs

There is probably no single, private program in the United States that has been more effective in the private treatment of alcoholism than the Utah Alcoholism Foundation. Your Program has been tested, tried and proved effective.

It is the policy of the Division of Drugs under the newly, mutually agreed upon administrative arrangement that continued growth and support to the Alcoholism Program in Utah be assured. Administrative structure, political decision must not detract from your continued service to the alcoholic when and where he needs help.

Problems of the treatment of alcoholism are certainly different from the problems of the treatment of drug abuse; yet, there may be similarities in education and prevention. The role we have established with Mr. Clyde Gooderham, executive secretary of the State Committee on Alcoholism, and Dr. Kimball Van Sant, newly appointed executive director of the Foundation, and their respective boards, is excellent. An attitude of cooperation, patience and progress has clearly come to the surface in all our planning discussions.

Cont'd Page 2, Column 1

WHAT IS THE MEASURE OF SUCCESS?

"What is your success ratio?" The question is nearly as persistent for the director of an alcoholism recovery center as *"What is your batting average?"* for a baseball player. It is sometimes asked skeptically, sometimes hopefully, sometimes despairingly. The query comes from prospective patients, doubtful M.D.'s, spouses at their wit's end, and reporters looking for a story.

The most appropriate answer is, *"Tell me what success is in alcoholism treatment and I'll tell you how successful we are."* It sounds like a parry, but it is an appeal for help. Standards of success in combatting alcoholism are largely lacking.

In simplest terms, the goal of treatment could be described as immediate, complete, lasting sobriety.

LASTING SOBRIETY?

How long is lasting? The spouse of a patient in treatment wrote to say that the marriage could be resumed if he could prove that he would never drink again. He said sadly, *"I could only do that by dying...then they could say, 'good fellow, he never drank again'."*

For some illnesses there is a commonly-accepted time period after which it is agreed that the illness is cured or arrested--one, three, or five years. Not so alcoholism. What does lasting mean?

Cont'd Page 4, Column 1

DIVISION DIRECTOR, cont'd

Governor Rampton has assured me personally that nothing must detract from the continued building of the private segment in alcoholism rehabilitation, i.e., the Utah Alcoholism Foundation. The Foundation must continue to grow without interference. Support and coordination must never be replaced by control. It is hoped further developments will be planned in unison and human lives will never become subservient to political expediency.

Times change, programs must adjust; but the experience of the past is often the best guide. Arbitrary emotionalism can be replaced with well-defined objectives and purposes related to a value system built on the growth of the individual.

I pledge my continued support to the Foundation for what you have done for the lives of many.

* * *

ALCOHOLISM HITS UNCLE SAM, TOO !

The General Accounting Office of the Federal Government says the government could save $150 million to $295 million a year with an effective program for combatting alcoholism among its civilian employees. Cost of the alcoholism program for Federal civilian employees would be only $15 million annually, the General Accounting Office estimated.

The GAO's study and report was made at the request of Senator Harold Hughes, D-Iowa, chairman of the Senate Special Subcommittee on Alcoholism and principal author of legislation that would launch a comprehensive national attack on alcoholism.

The GAO study said that as many as 224,000 Federal civilian employees--or as few as 112,000, depending on which statistical yardstick is used--are alcoholics. Variations in these figures, in the estimated costs of an alcoholism program and in the possible savings to the government by such a program resulted from estimates by different experts on the prevalence of alcoholism among Federal employees. The expert opinions on the number of Federal civilian employees who are alcoholics range from 4 to 8 percent.

Hughes termed the report's findings "*A breakthrough revelation of the tremendous savings in human and economic resources that can be achieved by professional, tested methods for controlling alcoholism and problem drinking that cost very little by comparison with the savings they can produce.*"

* * *

RULES FOR PARENTS WHO ARE SOCIAL DRINKERS

If you are a social drinker, you had better examine what attitudes toward alcoholic beverages you, by word and deed (but mostly by deed) are implanting in your children.

1. *Do you keep your liquor supply locked as if it were some kind of treasure?*
2. *Do you usually, or never, drink at meals?*
3. *Do you drink to relax--such as a hot drink before going to bed, or a highball to unwind before dinner--or, do you drink to "fortify" yourself before going out on important business, or, to "catch up" when going out on a party?*
4. *Do you and your wife usually drink together or, do you consider drinking as a "manly art"?*
5. *Is your drinking usually incidental to other activity, or, do you drink just for the sake of drinking and to "get high"?*
6. *Do you drink secretly?*
7. *If you serve liquor to your children, is it at meals, is it diluted, is it done casually, or, do you make it something special?*
8. *Have you taught your children that over drinking is far worse than overeating; and have you, in a matter-of-fact way, rather than making a big thing out of it, informed them of the dangers of drinking and particularly of drunkenness?*
9. *Do you think you have provided your children with as much instruction in the use and misuse of alcohol as you have in the use and misuse of the family automobile?*
10. *Do you force liquor on your guests?*
11. *Do you ridicule the person who is an abstainer?*
12. *Do your children know that you often refuse a drink when it's offered; and have they learned that it is not impolite or bad form to do so?*

If you have answered "Yes" to Questions 1, 6, 10 and 11...if you drink to "fortify" yourself, or to "catch up", (No. 3)...consider drinking a "manly art", (No. 4)...and drink just for the sake of drinking or to get "high", (No. 5)...you are doing your share to keep alcoholism from disappearing for at least another generation.

* * *

IN MEMORIUM

Two very dear and steadfast friends have departed from our midst:

Apostle Thorpe B. Isaacson

Judge John A. Hendricks

Without stint, they gave of their dedication, their time, their substance.

They understood the problem. Their empathy was profound. They were truly, "THEIR BROTHER'S KEEPER".

We shall all be better for having known them. We shall take their lessons to heart.

We shall sorely miss them, but, we shall not grieve nor mourn their passing.

For they have now embarked on a new and joyous venture and we shall wish them "BON VOYAGE".

L.D.S. CONCERN FOR GROWING PROBLEM

by

Charlie L. Stewart,
executive assistant,
Unified Social Services

In the early Spring of 1970, the Social Services Department of the Church of Jesus Christ of Latter-day Saints was asked by the First Presidency to work with the members of the Church who are experiencing difficulty with alcoholism and drug addiction. Elder Marvin J. Ashton, managing director of this department, asked me, as one of his assistants, to lead out in this particular assignment.

We decided the best approach to this important responsibility was for me and other Social Services staff members to become acquainted with the various people, agencies, resources and facilities which are already involved on an official basis in working with alcoholics.

We have appreciated the wonderful spirit of cooperation which has been extended to us by the officials who have represented the various resources in the State. Mr. Clyde Gooderham, executive secretary of the State Committee on Alcoholism, and Dr. Kimball S. Van Sant,

Cont'd Page 4, Column 2

"BEING FRIENDLY WITH OUR FRIENDS"

By Louis S.

The following paper is one of the Special Report Series presented at the 35th Anniversary International Convention of the Alcoholics Anonymous at Miami Beach, Florida, July 3-5, 1970. The opinions expressed herein are those of the speaker and do not necessarily reflect those of NAAAP.

The title of this workshop still frightens me after working in the field of alcoholism some 20 years. I am still looking for answers. I hope that I will be able to pick up some from my fellow panelists and you folks here this morning. This subject is just about as individual as each member's program of sobriety in our Fellowship.

Having served about 20 years gaining practical experience in the field of alcoholism as a practicing alcoholic and 25 years gaining experience as a totally abstaining alcoholic, through the blessed Fellowship of Alcoholics Anonymous, I at least feel somewhat qualified to speak on this question.

I spent 11 years as administrative director of a small alcoholic facility which detoxified, or, "dried out" patients. This

Cont'd Page 5, Column 2

"MEASURE OF SUCCESS", cont'd

IMMEDIATE SOBRIETY?

Must sobriety be immediate to rate as a success for the treatment program? A not uncommon pattern for alcoholics leaving an inpatient facility is a period of sobriety followed by a relapse. The drinking episode may be brief or extended, mild or severe. While for some it is the resumption of the habitual pattern, for others the relapse serves to clinch the lessons learned in treatment. Critics of the program, observing the drinking episodes, see it as evidence of failure. Is it? How essential to success is immediate recovery?

COMPLETE SOBRIETY?

Is complete sobriety the only result which could be called successful? This question is influenced by the prevalent doctrine that the recovering alcoholic can never drink again, which, if not 100 percent true, is lacking documental evidence of exceptions. It is one thing to affirm that the alcoholic can never become a moderate drinker--which we do affirm. It is another thing to say that an occasional drinking episode after treatment means that the treatment failed. Comparing previous performance with the occasional drinking may indicate that it was hugely successful. Consider the individual who has been drinking daily or weekly for years. He has become unable to face the pain in his life--even the small burdens--without large amounts of alcohol. Then, undergoing treatment, he becomes able to handle most crises without drinking. He holds a job, restores his family, yet, on rare occasions something happens which he cannot handle--and he resorts to the bottle. The episode causes him grief, but he resumes sobriety--perhaps with help from the treatment source. This person was once a 90 percent victim of his alcoholism. Now he is a 10 percent victim. Yet his sobriety isn't complete. Did the treatment fail or succeed? Was it worthwhile for him and the treatment facility to invest dollars and days in the program, even though the result was not, in traditional terms, complete recovery?

Society is, in general, less charitable concerning alcoholism treatment than treatment for other illnesses. If a critically-ill heart patient had an operation and, as a result, had one year of useful life before the disease recurred, would anyone call the operation a

Cont'd Page 5, Column 1

"L.D.S. CONCERN", cont'd

executive director of the Utah Alcoholism Foundation, have been especially gracious in arranging tours and personal observations of the different facilities in operation. We have been favorably impressed with the resources we have in the state of Utah and the relationship which the Church has had over the years with the Utah Alcoholism Foundation and the State Committee on Alcoholism. It is our desire to work closely with the official departments which are established within the State and all those affiliated with these departments.

One of the goals of the Social Services Department is to coordinate the resources of the Church with those of the State so that those who need this type of service can best be served without duplication of efforts.

* * *

SURVEY ANALYZES DRINKING DISABILITY

Although occupational clinicians are well aware that absence from work is one of the major economic costs of alcoholism, there has been little documentation of absenteeism among alcoholic employees as compared with that of non-alcoholics.

Now, E. I. Du Pont de Nemours and its medical officials have reported the results of a detailed year-long study of 764 identified alcoholic employees and of 863 non-alcoholic employees, used as controls, both groups with a median age of 50.

FINDINGS PRESENTED

Presenting the study's findings to the annual meeting of the Industrial Medical Association, Du Pont biostatistician, Sidney Pell, disclosed:

**Absenteeism rates among "known", and "suspected", were more than twice those of the controls.*

**Alcoholics were absent an average of 13 days each compared with 5.8 days for controls; known alcoholics lost an average of 19.4 days.*

**In all major diagnostic categories,*

Cont'd Page 9, Column 2

"MEASURE OF SUCCESS", cont'd

asteful failure? Yet, those who are treated for a year and drink again, are cited as evidence of inadequate treatment.

It is apparent that, although the goal of treatment is immediate, complete, and lasting sobriety, we cannot measure our work by such a scale. How, then, shall we judge the effectiveness of treatment?

There are some inadequate responses to that question. One is the refusal to measure effectiveness. It is our impression that this is fairly prevalent among treatment agencies.

In visiting a prestigious nationally-known center, we inquired as to their rate of success --and more particularly their method of gathering information about their former patients. We were told that they have no system of follow-up and could offer no statistics. Something, at least, could be said for this position--it saves prevarication! This is a little like gasoline mileage with your car--the only two ways to be happy about it are not to keep track, or to lie about it.

Treatment people who say, *"We don't (or more frequently, we can't) publish reports on r results,"* can be frank, honest, and even unctious as they state that the anonymity of their clients precludes following them once they leave.

Another response to the inquiry about effectiveness is to estimate. This is also a safe procedure--if one is careful with his language. Never say, *"We achieve blank percent success,"* but, *"We estimate blank percent success."* After all, everyone has the right to estimate. The fact is, there may be precious little relation between the estimate and the real situation.

We are in a good position to estimate. On some days, when word has filtered through that one or several of our *"Center Graduates"* are failing spectacularly, we would estimate that we ought to quit the business as promptly and gracefully as possible. There are other days when good word comes and we talk enthusiastically of our achievements. At such times even 75% doesn't sound too high.

THE EDUCATED GUESS

Another approach to the question of success is to gather what information is at hand about former patients and extrapolate to cover the

Cont'd Page 6, Column 1

"BEING FRIENDLY WITH FRIENDS", cont'd

place was Alcan Center, Inc., in Charleston, West Virginia, and is now in its 25th year of operation at the same location and under the same basic guidelines. It is operated by a Board of Directors all of whom are members of our Fellowship; however, there is no connection between the hospital and Alcoholics Anonymous. It is completely non-profit, and the buildings have been given by a wealthy family for this use for these twenty-five years. Patients must be sponsored by an AA member, and all visiting is restricted to AA members. I tell of this because it leads to the question which we are discussing today. As there were no other alcoholism information facilities in the city of Charleston, inquiries concerning alcoholics were referred to the hospital by doctors, law enforcement, clergy, etc. I found myself in this capacity counseling many, many families wherein the short term care that we offered was not the answer. I had to tell them that our State would put their loved ones in a state hospital with all other diagnoses - no treatment - and at the end of thirty days return them untreated, and probably more bitter, to their loved ones. I became very determined to see what I could do about our State having an alcoholism program.

In due time, I was appointed consultant to the Legislative Committee that was charged with the responsibility of studying the alcoholic problem. The first thing that was necessary for me to do was to start on an educational program for the members of the Interim Committee and other legislators. This was done by holding meetings in our Senate Chambers, showing films on alcoholism, bringing program members from other states to speak to these meetings, and also, by taking members of the Committee to other states that had on-going alcoholism programs so they might see what could be done.

In about two years I was asked to write the legislation which was passed and created a Division of Alcoholism within our Department of Mental Health. This has been six years ago and great strides have been made since that time. May I say right here that it is no "big deal" to start an alcoholism program in your state, province, county or city. If a person is truly dedicated to this cause and sees the real need for education, treatment and rehabilitation of alcoholics and their families,

Cont'd Page 6, Column 2

"MEASURE OF SUCCESS", cont'd

rest. In our observation of various treatment centers, we inquired of one director of an institution which treats several hundred patients a year--and issues rather detailed reports giving the number sober, those drinking, those drinking with some sobriety, etc.--just how they gather such information. He replied that it was done principally by the grapevine. Apparently someone totaled up the number reported drinking, the number sober, figured the ratio, multiplied it by the total treated and presto, instant statistics!

With all due credit to the grapevine as a source of facilitating tidbits, our experience tells us that it is highly unreliable. There is good reason for this failing. Hardly anyone around the recovering alcoholic is able to be clinical. Some are pulling for him with all their might--and are loathe to entertain the thought that he is drinking again. Others are watching with jaundiced eye, sure that he will fail and very quick to celebrate even the faintest suggestion that he has slipped by picking up the phone to tell someone.

The situation is pregnant with inaccuracy. Reports via hearsay or secondhand information are often contradicted by the next word to come down the vine. We tend to remember the favorable and forget the unfavorable. The all-too-prejudiced gatherer of this information (in many cases the Center Director who is so eager for the success of his patients) is in no frame of mind to sift the news dispassionately. To put it bluntly, such statistical reporting is pure hokum and bunk!

This is the situation. For lack of standards of measurement, and without responsible means of gathering information, alcoholism treatment is devoid of an indispensable ingredient of therapeutic program--CONTINUING CRITICAL EVALUATION. If there are institutions of which this is not true, they are rare and worthy of imitation. With regard to means of comparison among the various treatment facilities and techniques, we are in the Dark Ages. It is in part understandable that we have a fair amount of suspicion and competition between the several treatment systems. There are few hard facts to dispell our common ignorance of what has happened to the people we treat.

STANDARD MUST BE DEVELOPED

This, then, is a plea that we begin to develop responsible standards, effective data

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"BEING FRIENDLY WITH FRIENDS", cont'd

I would advise them to first learn exactly who the power structure is in their community and state and proceed with an educational program for these individuals. Much time and effort is wasted on talking with people who are not in a position to do anything toward helping get a program started.

Now, we come back to the West Virginia Division of Alcoholism. At this time, we have over fifty people in our employ with over twenty offices and treatment units throughout the state. We have three members of Alcoholics Anonymous on our central office staff and around six members in the field. This has been of great help.

It has been suggested that I speak on the question of *"How to Wear Two Hats"*. I can do this in one sentence - "It's a real hard job!" Wearing two hats well - that is, being a member of AA and working professionally in an alcoholism program - depends greatly upon the individual. I think that first, this person should have a very stable, knowledgeable and well-founded sobriety, because if we are waiting for our fellow AA members to understand what we are trying to do, we will have a long, long wait. Secondly, this person should have a skin similar in thickness to the elephant because regardless of which direction he takes, severe unwarranted criticism often will come from many quarters; usually, from those you would least expect. Thirdly, the person should be prepared for this phenomenon - within a period of 30 to 60 days after one starts working professionally in the field of alcoholism at least 99.44% of the AA members in your state or local program become real sure they could do your job much better than you, and besides that, <u>they</u> know the Governor.

To survive this program, I have found it completely necessary to divorce my vocation, which is alcoholism, from my AA. Of course, I have always continued to be active in AA, attending at least two meetings a week throughout all the years, but I have never mentioned my vocation when I am making a lead. I have found it helpful to merely politely answer questions and inquiries about the state program when they come up at AA meetings.

Here are a few tips that we, in the West Virginia Division of Alcoholism have found helpful in working with Alcoholics Anonymous:

1. *The agency should always make AA feel they genuinely need their help and advice.*

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"MEASURE OF SUCCESS", cont'd

gathering systems, and accurate reporting practices. This must be done cooperatively--probably under the aegis perhaps of the N.A.A.A.P. and concerned State Agencies. Consensus among treatment agencies is essential if we are to produce comparable statistics and worthwhile evaluation.

This task will be slow and difficult. For example, measures of success will be complex--not simple. Various systems will stress their own particular emphasis. A meeting of minds will come slowly. We must acknowledge that accurate reporting by former patients and their families will be difficult to come by, since alcoholism is still largely a hush-hush subject for so many people. Just reaching former patients is a problem. Many alcoholics are unusually mobile, so they are readily lost. *"Address unknown"* appears on a high percentage of envelopes returned to any treatment center which serves alcoholics near the bottom of the socio-economic scale.

Should we, perhaps, forget the whole idea, continue to *'fly by the seat of our pants'*, rescue as many alcoholics as we can, and let our failures slip off into oblivion? This would have the immediate advantage of keeping our energies focused on the suffering patients at hand, of which we are promised an inexhaustible supply--but it would allow us to perpetuate ineffectual or even harmful procedures which a study of our results might reveal. It would also dwarf the degree to which we can learn from each other.

Also involved is our desire to give status to alcoholism as an illness of major proportions and to treatment as a viable approach to the disease. People working in the health field can only be amused, dismayed, or contemptuous at our lack of common measurement and the informality of our statistical work.

In establishing measurements of success, the following should be considered: 1) There must be some recognition of the phase of the illness prior to treatment. 2) The record of drinking after treatment must be more detailed than a simple *"drunk"* or *"sober"*. Frequency and length of remissions is extremely germane to accurate evaluation of the treatment. 3) However, it may be stated, the primary measurement of effectiveness must be improvement in the patient's ability to handle his life. Significant improvement is a more viable goal than mere sobriety measured in months or years.

Consequences of this entire development would not be immediate and simple clarification of the

Cont'd Page 8, Column 2

"BEING FRIENDLY WITH FRIENDS", cont'd

2. *The agency should never order an individual AA member or group to do anything (start a group in an institution, etc.)*
3. *We feel it is better to let the non-alcoholic head of an agency (the higher the better) rather than an AA member on the staff, communicate with individual AA's and groups.*
4. *Establish good relations and communications with AA's within your territory.*
5. *The agency personnel who are AA members should be active in their respective groups, keeping quiet about their agency and program.*
6. *Don't expect a non-AA to understand AA.*
7. *Don't expect individual AA's to understand your agency program (don't argue merits).*

I was privileged to hear Bill W. several years ago when he first said, *"Let us be friends with our friends."* This changed my thinking completely as he explained how many thousands of alcoholics would be touched by outside agencies and he explained how eventually the large majority of them would come or be referred to AA for any real help. I realized how terrifically important it was that we in AA maintain the very best relationships with any of these who are working or coming in contact with the alcoholic or his family. We have been fortunate in our State alcoholism program in West Virginia in maintaining an excellent relationship with the AA groups throughout the State. This has been done by the simple rule of mutual respect for any discipline or any way that the alcoholic can be helped. We know in reality that we in AA do not have a monopoly on the way to sobriety. Certainly, we have the best, the largest and the most proven method and the one that led the way for other people to work with alcoholics.

I heard a famous doctor pause in a paper he was giving in Vancouver last year at the meeting of the North American Association of Alcoholism Programs, and say to some 500 professionals, *"I guess all of you know that if it wasn't for AA, none of us would be sitting in this room today."* We should never lose sight of the fact that the AA way of life is simply a pathway by which the suffering and befuddled alcoholic can find help to live a sober, happy life through God as he understands Him.

Cont'd Page 8, Column 1

"BEING FRIENDLY WITH FRIENDS", cont'd

Why should we in AA be interested in the professionals or any agency who is trying to help the alcoholic? I would like to quote from the CONGRESSIONAL RECORD of Thursday, May 14, 1970, as Senator Harold Hughes was introducing the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970. I quote Senator Hughes: *"In testimony before the Senate Sub-committee on Alcoholism and Narcotics, Dr. Roger Egeberg, our Government's ranking doctor, termed alcoholism the Nation's Number 1 health problem.*

"The latest estimates indicate that 9 million Americans suffer from the compulsive overuse of alcohol. I personally believe the number is much greater than that.

"It is also estimated that alcoholism costs our society from $4-7 billion in economic waste annually.

"I am talking now about loss of time and mistakes in industrial production, all the way from management to the production line. I also believe that figure is very low.

"Alcoholism is now rated the fourth major killing illness in America.

"No responsible authority, to my knowledge, doubts that it is the Nation's most neglected and costly illness.

"Its impact on our society in terms of wasted lives, broken homes, destruction of youth, and general misery and heartache is beyond any calculation.

"This deadly illness which gives people of all ages and social strata the compulsion to poison their bodies and minds, has a direct and devastating impact on families of alcoholics, affecting a total of perhaps 30 to 40 million persons in the United States.

"So we are now talking about roughly 50 million Americans who are affected by alcoholism in this country...."

When we take Dr. Roger Egeberg's new figure of 9 million alcoholics in the United States and divide it by 450,000 (the total estimated number of AA's, not only in the United States but over a hundred other countries), we find that only 5 percent of the 9 million have been given a new chance to live through the Fellowship of Alcoholics Anonymous. Those of us who have found sobriety in AA are a minute part of those who still suffer--we are the fortunate ones. There are 95 percent of the alcoholics still suffering.

Would any of us deny a suffering alcoholic a chance to live again simply because he didn't come to AA first? Many of us didn't know what

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"MEASURE OF SUCCESS", cont'd

present muddled situation. The well-evaluated and accurately reported results of treatment will produce much detail, yielding their value primarily to those who will give serious attention. This should not deter us. We are called to a serious task. The results will be monumental in terms of effective treatment and improved lives.

* * *

LEST WE FORGET

"Habit is a cable, we weave a thread of it every day, and at last we can not break it."

The onus and stigma attached to alcoholism are at long last being reduced due to the enlightened attitudes of the press, medicine, clergy, schools and other disciplines.

However, one important facet of rehabilitation continues to baffle well-meaning persons attempting to help the alcoholic, as well as the victim himself. These people believe th logic and judgment, that is, the intelligence of the habitual "*slipper*", should be enough to make him realize the ultimate punishment that will ensue following the "reward" of a lapse.

A notable quote by the late Dr. Raymond McCarthy should be incorporated into the thinking of everyone interested in this major health problem. He said: *"You can't cure alcoholism with logic. The alcoholic uses his feelings when he decides to drink, not his mind. In order for him to recover, a readjustment of these feelings is necessary so that he can face the world comfortably and confidently without alcohol."*

The whole concept of recovery can be summed up in those words--*"a readjustment of those feelings."*

This paradox is not as irresolvable as it would appear. It is implicit in Tiebout's *"Surrender Concept"*. The great therapeutic value of continued attendance at group therapy sessions such as Alcoholics Anonymous lies in a "gut level" acceptance of one's problem combined with what becomes an almost instinctual reflex to stressful circumstances instead of reaching for a chemical tension reducer as formerly.

We recall the noted sculptor and big game

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"BEING FRIENDLY WITH FRIENDS", cont'd

to do or where to go. Education on alcoholism is of paramount importance. As Marty Mann stated so simply and beautifully several years ago, "*Alcoholism is a treatable illness - the alcoholic can be helped - the alcoholic is worth helping.*" We in AA should always be ready to receive and help any suffering alcoholic who comes to our attention.

I certainly do not believe that a person has to be an alcoholic to help another alcoholic any more than a doctor should have to experience childbirth to deliver a baby. Following the same line of reasoning, we would have few experts on suicide if one had to experience it before he could help another. So, therefore, let us always be willing and ready to assist and work with any helping person who is trying to work with the alcoholic and his family.

LET US BE FRIENDS WITH OUR FRIENDS.

* * *

THE ALCOHOLIC LEADS A DOUBLE LIFE

"More than most people, the alcoholic leads a double life. He is very much the actor. To the outer world he presents his stage character. This is the one he likes his fellows to see. He wants to enjoy a certain reputation, but he knows in his heart he doesn't deserve it. "The inconsistency is made worse by the things he does on his sprees. Coming to his senses, he is revolted at certain episodes he vaguely remembers. These memories are a nightmare, he trembles to think someone might have observed him. As far as he can, he pushes these memories far inside himself. He hopes they will never see the light of day. He is under constant fear and tension--that makes for more drinking."

Does this remind you of anything? Sound familiar? It surely did to me when I read it. Where did I find this fascinating material? In a book titled "ALCOHOLICS ANONYMOUS" in the chapter headed "INTO ACTION".

* * *

Despair is a form of laziness.

"LEST WE FORGET", cont'd

photographer, Carl Akeley, relating how he had seen a bearer on safari gored by a bull elephant. Afterwards, Akeley practiced suspending himself between parallel bars in a gymnasium, and, when similar danger confronted him, he instinctively did the right thing. This is what the alcoholic must do--project himself ahead as to what and how he will react to life situations which formerly led to drinking despite his intelligence and so-called *logical mind.*

David Stewart, author of "*Thirst for Freedom*" in the chapter appropriately titled, "*From Insight To Action*", lists the adjustment of feelings in this order:

1) Initial Sobriety, 2) Learning Sobriety, 3) Accepting Sobriety, 4) Creative Sobriety. This means, First: alibi system replaced, guilt lessened, anxiety abated. Second: remorse disappears and one learns to cope. Third: loss of desire to drink and improved thinking and feeling, and Finally: fears and anxieties overcome in inter-personal relations and realization that the rewards of sobriety far outweigh the dubious "rewards" of mis-use of alcohol.

To practice these precepts means to set aside the well-meant, but ill-advised, admonition to forget the past. Such advice only fosters the defense mechanism of suppression. We would prefer thinking in terms of Santayana's dictum: "*He who forgets is doomed to repeat.*"

* * *

"SURVEY ANALYZES DRINKING DISABILITY", cont'd

except urinary disorders, absenteeism of alcoholics was greater than that of non-alcoholics.

**Absenteeism for alcoholics was most frequently due to accidents, musculoskeletal disorders, and digestive disorders.*

"The very high incidence of absenteeism among alcoholics for musculoskeletal disorders --almost three times that of the controls--was unexpected," Dr. Pell said. "*Absenteeism for cardiovasular disease was almost twice that of the controls.*

The study was conducted by Du Pont's medical department, whose twenty-six year old alcoholic rehabilitation program is believed to be the

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"SURVEY ANALYZES DRINKING DISABILITY", cont'd

the oldest in the country. *"It has served as the prototype for practically all other industrial programs,"* says Corporate Medical Director, C. Anthony D'Alonzo.

* * *

WHO'S KIDDING WHOM?

"EUPHEMISM"--the substitution of an agreeable or inoffensive expression for one that may offend or suggest something unpleasant."

Are the terms, *"cocktail"* and *"highball"* euphemisms for a damaging drug to which millions of Americans suffer the addiction we call alcoholism?!

No doubt there are thousands of parents in Utah, as well as across the Nation, who are truly concerned--even frightened--about the growing use of drugs by the younger generation. But most of these parents give little thought to use of alcoholic beverages. In fact, many of them probably consume large amounts of alcohol themselves *"to be sociable."*

Anyone who suggests using marijuana to be sociable is quickly classified as a kook, a hippy, or something worse.

True, alcoholic beverages have the sanction of the law for adults--but does this make alcohol any less dangerous in reality than marijuana? If one looks at the various statistics compiled by numerous agencies across the Nation the answer would be apparent:

There are an estimated 9 million alcoholics in the United States, about 15,000 in Utah, with another 5,000 to 6,000 borderline cases. Of these, consider the employed thousands who cause the State's industrial capacity to suffer millions of dollars through absenteeism or unsatisfactory work.

According to competent authority, one out of every ten persons who uses alcohol will eventually become afflicted with alcoholism.

When one considers the costs from traffic accidents and law enforcement problems caused by people on alcoholic *"trips"*--not to mention the immeasurable toll of human suffering--it is clear the cocktail and highball are doing more damage than the marijuana cigarette.

In view of these facts, we're persuaded to give real weight to the comments of a Welch researcher who called alcohol worse than

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WHAT OTHER STATES SAY ABOUT ALCOHOLISM

Problem drinking and alcohol abuse were tagged as the Number One drug problem in Missouri at the NCA's Board meeting at the Hotel President, held jointly with members of the Governor's Alcoholism Advisory Groups of both Missouri and Kansas. The speaker was Raymond Knowles, M.D., Director of the Missouri Alcohol and Drug Abuse Program.

Dr. Knowles said, *"It is surprising that a society so desperately concerned about crime in the streets is apparently oblivious to the murderous record of its drunk drivers. Drunken driving is one crime that kills and injures more persons and destroys more property than all the street crimes combined. Last year, twice as many Americans died in auto accidents in which drinking figured as were murdered. More adults were convicted of drunken driving than of murder, rape, robbery, assault and burglary combined."*

"While the public is outraged at the growing rate of crimes against property, the value of property destroyed in accidents attributable to drinking-driving was six times that of the property taken in all the robberies, larcenies, and burglaries in the country."

"I began this presentation," Dr. Knowles continued, *"by alluding to the illicit use of alcohol by our youth. May I conclude by restating some propositions:*

(1) Alcohol is the commonest drug of dependency in the community; alcohol is the commonest drug of dependency in the state; alcohol is the commonest drug of dependency in the country; alcohol is the commonest drug of dependency in the world.

(2) Beverage alcohol is used socially with safety by the overwhelming majority of its users.

(3) The young alcohol abuser usually shows only an abnormal drinking pattern, not its long-term consequences.

(4) Many young alcohol abusers never live long enough to manifest chronic alcoholism.

(5) The funding of programs of prevention, research and treatment of alcoholism is inadequate at Federal, State and local levels.

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WHO'S KIDDING WHOM?", cont'd

marijuana or even heroin.

Only the kids use euphemisms for things like marijuana or LSD. Therefore, adults tend to see these substances in their true identity as dangerous, destructive, addicting drugs.

Are we fooling ourselves when we take a different attitude to the friendly highball?

Dr. D. S. Bell, chief of the psychiatric research unit in Rozelle, New South Wales, maintains that the choice of alcohol in Western countries as the "*socially acceptable drug*" has had the effect "that alcoholism is regarded as something apart from addiction to other drugs."

We are not trying to downgrade the seriousness of the narcotic problem or take up for the kids who smoke pot. What we are saying is--that a lot of adults better stop kidding themselves about habitual "socializing" with the drug, alcohol.

* * *

"WHAT OTHER STATES SAY ABOUT ALCOHOLISM", cont'd

(6) Public apathy will be most effectively countered by inspired leadership.

(7) The economic cost of alcoholism is unknown, but is clearly astronomical; the cost in terms of unrealized human potential for achievement and human happiness is even greater."

Editor's note:

There is little difference between Missouri, Kansas and Utah, except in population. Per capita, alcoholism is about equal. In fact, if Utah's alcoholism increase continues in its present spiral, the Beehive State may soon lead the race!

* * *

Man does not break the laws of God. He breaks himself on them!

DESIDERATA

Max Ehrmann

Go placidly amid the noise and haste, and remember what peace there may be in silence. As far as possible, without surrender, be on good terms with all persons. Speak your truth quietly and clearly; and listen to others, even the dull and ignorant; they, too, have their story.

Avoid loud and aggressive persons; they are vexations to the spirit. If you compare yourself with others, you may become vain and bitter; for always there will be greater and lesser persons than yourself.

Enjoy your achievements as well as your plans. Keep interested in your own career, however humble; it is a real possession in the changing fortunes of time. Exercise caution in your business affairs; for the world is full of trickery. But, let this not blind you to what virtue there is; many persons strive for high ideals; and everywhere life is full of heroism.

Be yourself. Especially, do not feign affection. Neither be cynical about love; for in the face of all aridity and disenchantment it is perennial as the grass.

Take kindly the counsel of the years, gracefully surrendering the things of youth. Nurture strength of spirit to shield you in sudden misfortune. But do not distress yourself with imaginings. Many fears are born of fatigue and loneliness. Beyond the wholesome discipline, be gentle with yourself. You are a child of the universe, no less than the trees and the stars; you have a right to be here. And, whether or not it is clear to you, no doubt the universe is unfolding as it should.

Therefore, be at peace with God, whatever you conceive Him to be, and whatever your labors and aspirations; in the noisy confusion of life keep peace with your soul.

With all its sham, drudgery and broken dreams, it is still a beautiful world. Be careful. Strive to be happy.

* * *

Each year deaths and injuries on our highways exceed the casualty rates of the entire Vietnam and Korean wars combined! And still public apathy goes on, and on, and ON !

"I'M GLAD I'M AN ALCOHOLIC"

The above is a remark frequently made by AA speakers or in personal conversations. On its face, it sounds absurd. Why should anyone be glad he is an alcoholic? Considering the trials and tribulations that a person has to undergo to earn that unenviable "distinction", it would seem to be the last thing in the world he should be glad about.

Certainly no such claim is ever made by the drinking alcoholics. They are still laboring under the hallucination which denies their alcoholism. And even if they have secretly conceded the point, they are certainly not happy about their situation.

What this remark really means is that---"I'm glad I'm an alcoholic because I thus became eligible for AA membership and discovered a better way of life. AA has not only furnished me with the strength to stay sober, but it has helped me to build a spiritual cushion to cope with the problem of living."

Time and again the fellowship of AA has come to the rescue of a member on the verge of a "slip". Quite often, in the coffee klatch period following a meeting, some one approaches another and says--*"I needed a meeting tonight."* Then he relates some depressing problem such as a quarrel with the wife, worry about his job, concern about a delinquent son.

Such matters are too intimate to discuss with friends at work or in his social circle. But he feels at ease discussing them with his AA group or some individual member of the group. Even if he received no solution to his problem, the mere act of airing his trouble brings about a relaxation of his tension.

Or, he might, in the course of the evening, hear a real tragedy which makes his problem seem small in comparison. He leaves the meeting that night less disturbed because he has no shoes. *He has heard about the man who has no feet.*

* * *

"AT LOGGERHEADS"

The most famous drink in colonial America was the Rum Flip made by combining rum, beer and sugar. The mixture was stirred with a heated iron poker called a loggerhead. It was a potent beverage, and, an evening that began congenially over a bowl of Rum Flip frequently ended in brawls in which the loggerheads were used as weapons. Thus the expression--"at loggerheads" to describe those who quarrel.

-Cleveland Alcoholism News-

FILE AND FORGET DEPARTMENT

In the United States of the 1840's, it was the Dutch who were the hearty tipplers. According to the Social History of Bourbon, by Gerald Carson, the Dutch in Albany, N.Y., put away "10 *gallons of schnapps a year for every inhabitant.*"

Per-capita consumption of whiskey in the country in that era was about 3.75 gallons a year. By contrast, per-capita consumption of hard liquor in the United States in 1969 was 1.8 gallons, according to Licensed Beverages Industries, Inc., a trade group.

The hard liquor of 130 years ago, customarily dispensed from a barrel, cost the consumer about 30 cents a gallon. Unlikely to be aged, much less blended, it was at least 100 proof and drank without water or other noxious additives.

* * *

Did the Indians call it "*firewater*" because it was hot to the taste? *"No, sir,"* says L. M. Boyd, a popular syndicated columnist. *"Hard liquor of old, firewater, was named thus only because it burst into flame when the Indians spit it onto hot coals to test its quality."*

* * *

HOLDING ACTION

In the middle East there is a legend about a spindly little sparrow lying on its back in the middle of the road. A horseman comes by and dismounts, and asks the sparrow what on earth he is doing lying there upside down like that.

"I heard the heavens are going to fall today," said the sparrow.

"Oh!" said the horseman. *"And I suppose your puny little legs can hold up the heavens?"*

"One does what one can," said the sparrow. *"One does what one can!"*

* * *

A PESSIMIST IS....a person who feels bad when he feels good for fear that he will feel worse when he feels better.

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UTAH ALCOHOLISM FOUNDATION

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NEWS LETTER

DECEMBER 1970 Vol. 1, No. 3

SEASON'S GREETINGS

THE GIFT OF OURSELVES

This is the season of giving, symbolic of the starshine
which showered the world two thousand years ago.
This is the time for remembering what we are, who we are, and why.
This is the time of nativity, of the Son of man.
This is His time for remembering that though we are many,
through Him, we are One.
Let us then give to each other the Gift of Ourselves.

The greatest and perhaps the only perfect gift that we can give to the world
is the gift of ourselves at our best,
and that means not just the skill of our hands and the cunning of our brains,
but our dreams,
our finest resolutions and most solemn promises to ourselves.

The greatest gift to our enemy is forgiveness;
to our opponent, tolerance; to our friends, our hearts;
to our children, a good example; to our fathers, deference;
to our mothers, conduct that will make them proud of us;
to ourselves, respect; to all men, charity.

The weakest among us has a gift, however seemingly trivial,
which is peculiar to him, and which, worthily used,
will be a gift to his race forever.

It is the will, and not the gift that makes the giver.

What we are is God's gift to us. What we become is our gift to God.

And so, in this season of giving, in this time for men of good will, we pledge the Gift of Ourselves to you. And we wish you all the truly good thoughts and things for the Yuletide and the year to come.

MERRY CHRISTMAS AND GOD BLESS YOU, ONE AND ALL.

The Officers and Trustees
of the Governing Board

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