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Journeys in addiction medicine: An interview with Dr. Thurman Booker.

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Introduction

One of the iconic institutions within the modern history of addiction treatment is Eagleville Hospital in Eagleville, Pennsylvania. Within the history of Eagleville Hospital, Dr. Thurman Booker is a revered figure among both staff and former patients. From his early roots in Baltimore and Philadelphia, Dr. Booker went on to graduate from Temple University in 1959 and complete his training at the Philadelphia College of Osteopathy in 1964 and complete his internship at Riverview Hospital in Norristown, Pennsylvania. Through assistance with Dennis Deal, former Director of Clinical Services at Eagleville, I was recently (December 2017) able to arrange an interview with Dr. Booker to discuss his work within Eagleville and his perceptions of the evolution of addiction treatment. Please join us in this engaging conversation.

Early Career

Bill White: Dr. Booker, what were the attitudes toward people with alcohol or other drug problems when you were in medical school and the attitudes towards the treatment of such problems?

Dr. Thurman Booker: There were no attitudes during this period of the early 1960s. We knew nothing about drug addiction and alcoholism was referred to only in its medical consequences: peptic ulcers, pancreatitis, Wernicke's syndrome, cirrhosis, esophageal varices. That's all we learned during my training at the College of Osteopathy. Alcoholism was just being declared a medical problem at that time, but our curricula contained no information on the treatment of the disorder—only its related consequences. We had a great deal of psychiatry in my third year but virtually nothing about addiction or its treatment.

Bill White: How would you characterize the attitudes of physicians and psychiatrists towards the treatment of addiction at that time?

Dr. Thurman Booker: During my fourth year of training, Al Rosen, who later became the number two guy at Eagleville Hospital, took some of us down to Gimbels to examine a group of Skid Row alcoholics, but there was no real discussion about alcoholism. I think what he was trying to do was to get us to see them and touch them, but there was not a single lecture on alcoholism. I was aware of alcoholism, having grown up in West Philadelphia. I then saw it as a sociological rather than medical problem. I can remember standing in my bedroom trying to do a survey of all the bars because I thought that somehow, alcoholism was tied in to the poverty of the black community. I didn't know anything from my a study of the subject; it was just my own thoughts about it.

Bill White: How did you later become involved in addiction medicine?

Dr. Thurman Booker: It's really crazy. I worked as a general practitioner when I finished my internship and then got a job working in the school district in Philadelphia. I had moved to Norristown and so I was going back to Philadelphia every morning because to examine school kids. I was also on staff at Riverview Hospital where I met another general practitioner, Dr. Arnold Sokol, who was working at Eagleville Hospital, which at that time I knew nothing about. One day, Arnold said to me, "Booker, why don't you come to work at Eagleville? So I ended up interviewing at Eagleville and they hired me for a salary of \$10 per hour.

Bill White: Describe your earliest days at Eagleville.

Dr. Thurman Booker: On my first day, I'm up on the second floor in the Loucheim building and I'm just sitting there. The phone doesn't ring. Nobody comes. Nobody's in the hall. The place is quiet. I'm there for my scheduled four hours and then I leave. And I ccme back the next morning and it was the same thing. Getting tired of that, I went downstairs to Laura Chapla who was head

of nursing, and I said, "Miss Chapla, where is everybody?" She said, "Ed Megargee's got a group upstairs, you wanna go?" And she directed me to a second floor room filled with men who are standing around talking and smoking. Over at a counter is a little short, fat guy with big glasses and a goatee and he's got a cigar in his mouth and there's a patient on the other side of him wired to a box. He's giving him what I knew from my psychiatry training was aversive conditioning. He would read a series of cards, like the mathematics cards, saying things like, "AA meetings," "recovery," "permanent job," "getting married," "blonde." Now if it said 'blonde,' you got shocked. If it said 'whiskey,' you got shocked. Anything that had to do with being drunk, you got shocked. And, you know, it worked! But it was not permanent. They were doing research comparing insight therapy to aversive conditioning.

But Ed was talking to every man in that room and what he was doing didn't have anything to do with that box. Watching how he engaged everyone, I was hooked, and Ed Megargee became one of my most important mentors. Ed Megargee talked to me every day, Bill, for eight years. After two or three years, I realized he was giving me all the tools of recovery and how I could best help people achieve recovery.

Bill White: What year did you come to Eagleville?

Dr. Thurman Booker: I started December 5, 1966. Eagleville began its mission as an alcoholism treatment center in July and I started in December.

Bill White: What do you remember about how other physicians viewed your decision to work in addiction treatment?

Dr. Thurman Booker: Well, some guy called me a social worker. [Laughs] A guy I thought a lot of, too. He wouldn't talk to me about it. Over the years, I had one or two

physicians that I knew who came to me because they had children in trouble, but most physicians just didn't talk to me about my experience at Eagleville.

Bill White: When did Eagleville begin to integrate the treatment of alcoholism and other drug addictions? They were known for such integration, which was very controversial at that time.

Dr. Thurman Booker: That started in 1968 and we started going to Daytop to learn more about drug addiction. [Laughs] It was a lot of fun because the alcoholics thought that drug addicts were crazy and the drug addicts thought that all alcoholics were stupid and weak. It took us about three years before the patients stopped fighting the battle of being in a group with an alcoholic if you're an addict. But it was addicts, alcoholics, young, old, Black, White. We pioneered the understanding of addiction as a single disorder, regardless of your drug choice, and it was controversial at that time.

Bill White: How would describe the state of the treatment field in the '60s?

Dr. Thurman Booker: These were strange times. I recall visiting Bill Unangst, the psychiatrist who ran alcoholism program (The CAST) at Norristown State Hospital. Bill was a recovering alcoholic who couldn't stay sober. The last time I visited there I was confronted by a psychiatrist, Dr. Caplan. I'll never forget him. He launched into a tirade about the sociopathy of alcoholics and you would have thought he was talking about vampires or something. I mean, it was, it was the most hostile description of a medical problem that I've ever encountered in my life. I never went back. I think he was probably upset because Bill Unangst continued to drink on and off. I listened to his tirade and I don't remember if I stayed or not but I know I didn't go back. Bill Unangst was coming back to the hospital drunk one night and crashed into one of the pillars, killing himself. His wife took over the program and it

became one of the best programs in Pennsylvania before the state closed it.

Treatment at Eagleville Hospital

Bill White: How would you describe how treatment at Eagleville changed over the time you were there?

Dr. Thurman Booker: I spent time with a psychiatrist, Dr. Gene Driscoll and his co-therapist, Jack Donovan, in the insight therapy, and I spent three years as a co-therapist in Phil Turner's insight therapy group. After we visited Daytop, treatment became more intense. I remember Phil and I used to run groups from nine to twelve and we just kept going until everybody had spoken. And that was every day. Later, we got into marathon group sessions, which also had a great impact on the therapists running the marathons. Treatment at Eagleville was intense. And it was real.

Our treatment was confrontational and supportive. I remember a group where we just rocked this man for an hour. He couldn't talk, he was nonverbal, and nobody knew how to reach him. So we just picked him up and we rocked him like you would rock a baby in your arms. I'm not sure that it had any effect on him, but I've never forgotten that day. As a physician, I was in an unusual position. I saw people at sick call, I worked with OVR [Pennsylvania Office of Vocational Rehabilitation] to get extensions, and then I was sitting in group. I always felt like a bystander in the groups, a witness to things that had a deep impact on me.

Bill White: Yeah, it sounds like you were both physician and therapist. That would have been an interesting combination.

Dr. Thurman Booker: Yes, it was. At Eagleville, if something needed to be done, they only wanted to know if you wanted to do it. It was perfect for me because I was known as "No Rules Booker." I'm a jazz aficionado and believe in improvisation and playing it for real and getting to the feelings. None of what we did was abusive or punitive. It was a wonderful environment.

Bill White: How did your role change over time?

Dr. Thurman Booker: When we built the new building, the medical department became more isolated from the total community. There was a time when I actually knew every patient in the program and how he was proceeding in therapy. When they built the new building, I became more alienated from what was going on with the patients. It was a necessary development, but it had a great impact on the role of the physician. As we expanding the challenge became finding doctors who really cared about the work. I didn't think it was going to be hard, but it turned out to be very difficult to find doctors who wanted to work with addicts and alcoholics. I did work with a man named William Morris who was a D.O., G.P. like me, who felt the same way as I did about the lives of these people, and another young guy Rob Wilson, who later became head of our detox unit. I was really fortunate to have two such men to work with.

Bill White: How did your own views about addiction and recovery change over time at Eagleville?

Dr. Thurman Booker: I came in knowing absolutely nothing about the suffering of alcoholics. And because I was the youngest guy, the men talked to me. We had people in the program 60 to 90 days so I learned a lot about their lives and their aspirations. When we began to use the Daytop model, I realized that this was an approach that the entire country could use to close the holes in the safety net. The Skid Row men we saw were the detritus from the Depression and from the war. And there were the young addicts who dropped out of school and didn't have a high school diploma, but weren't stupid. I had a three-year period where I did nothing but discharge summaries. I read every chart for three years. The psychological evaluations, the psychiatric evaluations, therapeutic notes, the medical

notes, and what I discovered is that our patients were quite intelligent. It was an enlightenment. I had to change my perception of who these people were and what they needed to get on with their lives.

Bill White: Were there any other critical turning points in your work at Eagleville?

Dr. Thurman Booker: I had a crisis working as a therapist when I lost my therapeutic detachment. I had a woman patient who described all the ways that she had been abused, and I felt every physical and emotional injury she described. I felt all of her suffering and felt it so intensely I had to leave the room and then withdrew from therapy. As a result of that crisis, I didn't work as closely with therapy as I had before. But it didn't diminish my interest in what was going on with patients. And that gave me the quiet time to structure my thinking about addiction and the vital role that we were playing in the recovery process. We've got hundreds of people from this period still sober, but nothing is more invisible than a sober addict or alcoholic. They evaporate from public and professional visibility.

Bill White: Was there a particular time that you recall grasping this image of long-term recovery and how people's lives were changing?

Dr. Thurman Booker: Well, yes, we had the Candidate program and people were there a year and sometimes longer. You were interviewed by the patients and the staff and you had to prove your worth. And people fought to get in that program. You know that's something that happens. Once a person begins to feel that they have been rescued, they begin looking back at the people still on the corner. Many of the people in the Candidate program had great passion in reaching out to get every alcoholic and addict they could find into treatment. It was amazing to see how their lives were changing and how they were changing others through that process.

Bill White: What do you think Eagleville's most important contributions were to the overall field of addiction treatment?

Dr. Thurman Booker: Long-term treatment. Intense personal psychotherapy and complete rehabilitation. We got people GEDs. We got them jobs. We taught them how to go for an interview. We taught them how to dress for an interview. We taught them about accountability and being responsible. We taught them how to reconstruct their lives. And that took time. Don Ottenberg continually fought that with the people in Harrisburg [state officials] who wanted to shorten treatment at Eagleville. That emphasis on long-term treatment has been lost, but there was an era at Eagleville where its power and value was very evident.

Role of Primary Care Physician in Addiction Treatment

Bill White: There's an effort now to enhance the role of the primary care physician in screening patients for alcohol and other drug problems and linkage them to treatment. What are your thoughts about the role of the primary care physician in treating addiction?

Dr. Thurman Booker: I'm not sure about it. Dr. William Allerton, an Eagleville psychiatrist, made a significant outreach to primary care physicians, most of whom were unaware they had patients who were addicted to alcohol or other drugs. What he tried to do was make them aware of such problems and the role they could play in addressing the, including, when needed, referring patients to specialized treatment like Eagleville. We never got one response from a physician and we ran it for a couple of years. I mean, not one response, not one phone call. I don't know what to make of it. We have since tried other things, such as training medical students from Temple University and the College of Osteopathy and giving them a more in-depth exposure to addiction and its treatment. We have also tried harder in the long-term programs to

make sure that everyone was linked to a primary care physician. I think we had greater success with physician's assistants (PAs), who were insatiable for knowledge about addiction and who did not have the same problem relating to drug addicts and alcoholics. The med students kind of had the notion that this is not anything they're going to have to deal with. My best experiences with students are with the PAs. I was a preceptor for the PA program for about 30 years.

Future of Addiction Treatment

Bill White: Do you have any predictions about the future of addiction treatment?

Dr. Thurman Booker: This is a strange country, Bill. You've got some people who actually care if a homeless guy dies and you've got some people who hope he will die and support policies that increase that likelihood. I don't know how we're going to solve this. For the longest time, I've been hopeful that the humanistic elements in America would win out. I am in a deep, deep hole right now. We are the richest country in the history of the world and these people are dying because we as a country won't treat them. Because we see their lives as invaluable—as nothing. It's going to take a revolution and I don't see that happening any time soon. I'm very pessimistic right now. At one point, we had 27 programs between the Susquehanna River and the Delaware River. How many we got now?

Bill White: Treatment is shifting to brief interventions, particularly to outpatient and medication-focused interventions. How do you see the latter?

Dr. Thurman Booker: Understanding the kidnapping of the brain has been an important milestone in the field as has been our understanding of the role medications can play in the recovery process. I was a person who advocated Antabuse and naltrexone early on and even that was

controversial at the time. In those early days, I did some research on Dr. Ruth Fox and who was an advocate of using Antabuse and I figured if the mother of addiction treatment was recommending Antabuse to her patients, it must be okay. I used to be adamant against methadone until I had a patient who we could do nothing with. I put him on methadone and it saved this guy's life. It saved his life, Bill. And that changed my feelings about methadone and the role such medications can play in the recovery process.

Bill White: It's interesting to see programs like Hazelden Betty Ford integrating buprenorphine and naltrexone into the traditional 12-Step-oriented treatment

Dr. Thurman Booker: Excellent work they're doing, excellent work.

Career Reflections

Bill White: Dr. Booker, you chose to specialize in one of the frontier arenas of medicine. I wonder, looking back, if you have any regrets over that choice.

Dr. Thurman Booker: It changed my life, Bill. I feel like I was raised in a therapeutic community, Bill. My daughter who was recently ordained as a minister is sober today because her father was working in a therapeutic community. I have been so blessed by my work in this field. My patients were gracious to me, Bill. Told me things they had not shared with others. They told me things they wanted me to know so I would be able to help the next guy. It's amazing. When I think about all the people who've shared their lives with me, it is amazing. It's been such a fortune, it was not intentional. I stumbled in a door and there was a bunch of people in there and I sat down and they said, "You wanna cup of coffee?" and boom, and I was swept along with the wave. And it coincided with my internal view of life. I'm a very schizoid, aloof person and I end up at a place that they

came back for the marathons and everybody was hugging and it was my last chance to run out the door and I didn't run. And it came to me why I didn't leave. It turned out to be a good thing. My experience was a blessing. It shaped everything and I was in general practice until 1982 and what I learned at Eagleville I applied in my practice. It sharpened my tools as a physician.

Remembrance of Dr. Don Ottenberg

Bill White: You briefly mentioned one of my early mentors, Don Ottenberg. Before we close, I wanted to ask you what it was like working with Don over those years.

Dr. Thurman Booker: If it wasn't for Don Ottenberg, it would have been just like any other facility and would have died long ago. Don Ottenberg was a genius; he was human; he wasn't afraid of people who were dirty; he wasn't afraid of the pariahs. He welcomed them; he made it possible for us to realize our own humanity and resemblance to our patients. And he didn't do a lot of lecturing about this stuff. It was just there for us. It was a marvelous experience.

Bill White: I remember Don and Jerry Carroll spreading Eagleville's work at all of the national conferences. They were quite infectious.

Dr. Thurman Booker: Yes. Jerry Carroll was another bad dude.

Bill White: I also remember with the early Eagleville conferences and the incredible graciousness with which Don and Jerry and others welcomed us when we first came to Eagleville in the early 1970s.

Dr. Thurman Booker: Yes, those conferences were invaluable for us and for the field.

Bill White: You were one of the earliest African American physicians working in addiction treatment in the '60s and early

'70s. Were there any special challenges that came with that?

Dr. Thurman Booker: And I'm an osteopath! [laughs] Nobody at Eagleville had concerns about either. That's one of the reasons I stayed. All they wanted to know is, here's a job, do you wanna do it, do it. And I know that's not the way it might have been in other settings. I needed a place where I could work and still be me. I had the audacity in my fourth year to grow a goatee. Now what, nobody understood about me is that I wanted to look like Gene Kelly in the *Three Musketeers* or Errol Flynn in *Robin Hood* because I thought these guys were getting the women. I had problems on occasion because I also had a bush (Afro) at that time. I can remember doing an admission on a guy from the mushroom country who I knew was having problems being interviewed by me. He kept looking at my face and the top of my head and looking at other Black staff walking by and it was obvious this guy was having problems was having a problem with all his blackness. He did soon leave but situations like that in the early days soon disappeared.

About half of the Eagleville patient population was Black. If you went to other alcoholism programs, it was nowhere near that. In fact, Eagleville was penalized by our competitors because of that. They used it in their marketing against us. But the point is we fought for everyone.

I tried to make sure that every alcoholic who got to Eagleville stayed for treatment and that meant that I also had to fight with insurance companies. If any addict or alcoholic had the fortitude to get to Eagleville, I felt we had an obligation to give them the best treatment we could.

Bill White: Addiction treatment in those early days was also a man's world. When did you see the percentage of women entering Eagleville dramatically increase?

Dennis Deal: I was involved in that, too, Bill. I worked with Dr. Gene Driscoll in the 1970s to set up the first women's program at Eagleville. Our first women were Skid Row women and they were tough. We got a reformulated the women's unit and increase the numbers of women admitted. Services for women have been a strong component ever since. And some of our best staff members at Eagleville were women. Eagleville was an amazing place, Bill.

Bill White: Dr. Booker, it's been an absolute honor to interview with you today.

Dr. Thurman Booker: It's an honor meeting you, Bill. And thank you so much for this.