From Iowa to the Nation: Harold Hughes and the Politics of Alcoholism Treatment

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"IN 1952, HAROLD E. HUGHES WAS A DRUNK. Today, he is governor of Iowa. This is the story of one man's triumph." So read the headline of a profile on Hughes that ran in the October 1964 edition of the popular *Look* magazine. The piece offered intimate insights into the governor's experiences as an alcoholic, describing how excessive drinking inflicted pain on his loved ones and resulted in him spending time in jail.[1] With its publication, Hughes became one of the most visible faces of alcoholism in the United States. He was not the only politician to suffer from the disease, but he was one of the first and most prominent to declare publicly that he was an alcoholic. Decades later in one of his final interviews, Hughes remarked that the dissemination of this magazine article started "a new era in [his public and private] life on alcoholism."[2] With the national attention on his own history with a substance use disorder, Hughes made a commitment to use

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1. Fletcher Knebel, "One Man's Triumph," *Look Magazine* 28 (October 1964), 97.
2. "Conversation with Senator Harold Hughes," *Addiction* 92 (1997), 138, 141.

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Iowa governor Harold E. Hughes. November 1966. State Historical Society of Iowa, Des Moines.

politics as an avenue to help alcoholics like himself who had long been stigmatized, ignored, or punished by public officials.

By doing so, Harold Hughes joined a larger group of lawyers, social scientists, medical professionals, and lay citizens who were working to bring about reforms in alcoholism treatment in the postwar era. This effort, known collectively as "the modern alcoholism movement," was in part a public education campaign that aimed to destigmatize alcoholism on a broad societal scale. It was also a political organizing drive that focused on passing policies to fund institutions like detoxification and rehabilitation centers which could "restore the health of alcoholics."[3] Between the 1960s and 1970s, this movement underwent two distinct phases. First, participants in this political drive sought to fully medicalize and decriminalize the issue of alcoholism. For most alcoholics at this time, their primary interaction with the state was through the carceral system. Homeless and indigent alcoholics, in

3. American Indian Policy Review Commission, *Report on Alcohol and Drug Abuse* (Washington, D.C., 1976), vii.

particular, were consistently being arrested and imprisoned for exhibiting a symptom of their disease (intoxication) in public. The criminalization of public drunkenness and by extension alcoholism was a vestige of the moralistic view that alcoholics were either moral failures or criminals who deserved punishment.[4] Criminal justice advocates worked to halt the continual incarcerations of homeless alcoholics, arguing that it was unconstitutional to jail someone for being sick. The second phase of the modern alcoholism movement transitioned away from emphasizing what the government should not do. Instead, individuals interested in change started dialogues around what the state's responsibilities were to citizens suffering from alcoholism. Inspired by the rhetoric utilized by civil rights activists, reformers claimed that alcoholics had a *right* to adequate healthcare for their disease and that it was the role of the federal government to ensure that medical treatment was adequately available across the country.

While the number of people involved in this movement was large and varied, no politician did more to bring about these changes than Harold Hughes. Many political leaders of this historical moment were intent on harnessing governmental power and resources to assist the poor and disenfranchised. But it was primarily Hughes who ensured alcoholics were added to the expanding group of individuals who were newly designated as

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4. Common English law first made public drunkenness a criminal offense in 1606 with a statute entitled "An Act for Repressing the Odious and Loathsome Sin of Drunkenness." As outlined in the title of the law, these statutes were designed to police certain behaviors that were considered immoral in nature. Colonial leaders instituted similar codes in early America. By the 1960s, statutes criminalizing drunkenness remained on the books although they varied by state and by locality. In the second half of the twentieth century, reformers began to view these laws as anachronistic relics of the Prohibition era that were not reflective of a modern society.

This penal approach could be seen in other aspects of society too. Alcoholic employees were summarily fired rather than offered disability or treatment. Mothers struggling with alcoholism could lose custody of their children. Individuals serving in the military were often dishonorably discharged for having a drinking problem. The modern alcoholism movement tackled all of these issues but started with the most egregious and obvious form of penalization (incarceration). Peter Barton Hutt, "Perspectives on the Report of the President's Crime Commission—The Problem of Drunkenness," *Notre Dame Law Review* 43, no. 6 (January 1968), 859.

entitled to governmental assistance. As a person in recovery, Hughes was the perfect messenger to show the rehabilitative capacity of alcoholics like himself. All that individuals struggling with a drinking problem needed was support in combatting their disease. During his tenure as a United States Senator, Hughes consistently maintained that "the state" had the biggest share of responsibility in ensuring "alcoholics be given the hope to bring them back to wholeness."[5] His vision became a reality in December 1970 with the passing of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act, more commonly known as the "Hughes Act." The passing of this law was a watershed moment in the field of alcoholism research and treatment, as it directed a substantial amount of federal funds to combat problem drinking from a public health perspective. It also significantly altered the political handling of alcoholic citizens, marking the first time that the federal government recognized alcoholics as ill people who were worthy of public aid.

This major milestone never would have been achieved if it were not for Hughes' initial foray into the politics of alcoholism during his time as governor of Iowa. Between 1966 and 1968, Hughes worked to use Iowa as a localized test case for how government investment in rehabilitating alcoholics could be effective. With funding from the federal Office of Economic Opportunity (OEO), the governor's office began a program in June of 1966 that brought together all existing agencies in the state that could assist Iowa alcoholics on their path to sobriety. The goal of the Iowa Comprehensive Alcoholism Project (ICAP) was to see where the gaps in therapeutic services were and to discover what methods of treatment were most fruitful. With ICAP, Iowa became a leading state in modern alcoholism research and treatment. As pioneers, the innovators behind ICAP had to answer several key questions raised when working in a still-evolving arena. Where was the medicalization of alcoholism falling short? What kinds of facilities were needed to rehabilitate alcoholics fully? What was the boundary between rehabilitation and punishment? When

5. Gordon Young, "Hughes Urges Government to Face up to Alcoholism," *The Daily Iowan*, 9/9/1968.

dealing with a disease with no certain cure, what should be measured as "success" in treatment?

This article will examine the answers generated to these questions during the ICAP experience and will explore how Harold Hughes carried many of these lessons into his work as a United States Senator. In particular, the demonstration project in Iowa illustrated the need to deal with discrimination against alcoholics by hospitals and doctors. It also highlighted the importance of having a holistic system that reached individuals at all phases of their recovery process and that included specialized facilities like detoxification centers and halfway houses. By examining these sociopolitical aspects of medicalization, this work adds to the growing historiography of alcohol and drugs.[6] While much of our historical knowledge concerning the relationship between politics and addiction in modern America concerns illicit drugs and the rise of the carceral state, this article contends that adding alcoholism to the picture makes the political history of substance abuse far more complex than is presently understood.[7] An analysis of the politics of alcoholism illustrates that

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6. Most of the historical scholarship on alcoholism in the United States has focused on temperance, Prohibition, and the "early alcoholism movement" led by nineteenth-century reformers. Examples include Sarah W. Tracy, *Alcoholism in America: From Reconstruction to Prohibition* (Baltimore, 2005); Elaine Frantz Parsons, *Manhood Lost: Fallen Drunkards and Redeeming Women in the Nineteenth-Century United States* (Baltimore, 2003); David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge, MA, 2001); Lisa McGirr, *The War on Alcohol: Prohibition and the Rise of the American State* (New York, 2016); and Ian Tyrell, *Sobering Up: From Temperance to Prohibition in Ante-bellum America, 1800–1860* (Westport, CT, 1979).

Historians of medicine and science have offered some of the only studies that look at alcoholism in the postwar era. These histories include Caroline Acker, "Addiction and the Laboratory: The Work of the National Research Council's Committee on Drug Addiction, 1928–1939," *Isis* 86 (1995), 167–93; Caroline Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotics Control* (Baltimore, 2002); Caroline Jean Acker and Sarah W. Tracy, eds., *Altering American Consciousness: The History of Alcohol and Drug Use in the United States, 1800–2000* (Amherst, MA, 2004); Nancy D. Campbell, *Discovering Addiction: The Science and Politics of Substance Abuse Research* (Ann Arbor, MI, 2007); and William L. White, *Slaying the Dragon: A History of Addiction Treatment in America* (Bloomington, IL, 1998).

7. See, for example, Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (New York, 2010); David C. Courtwright, *Dark Paradise: A*

there has always been a consistent debate between the law enforcement and the public health methods for handling addicted and alcoholic citizens. Between the 1960s and 1970s, individuals involved in the modern alcoholism movement ensured that the focus was on the health side of this equation. They skillfully utilized the view that "alcoholism is a disease" to transition the state into a more therapeutic role towards the alcoholic populous.

I argue that during the second half of the twentieth century the people and ideas behind ICAP were essential to bringing about this change and fundamentally altering the political relationship between alcoholic citizens and the government not only in Iowa but across the country. Sources like project reports, newspaper articles, correspondence, and congressional hearings show how the innovations chartered in Iowa became the stepping stools for the national standards created for alcoholism knowledge and treatment by the 1970 Hughes Act. With its passing, Americans struggling with alcoholism were to no longer be ignored or punished by the carceral arms of the government. Instead, they could expect help through the state's public health and social welfare services. The quality and accessibility of these rehabilitative programs were (and continue to be) hard to enforce. But perhaps the most important legacy of the Hughes Act and the modern alcoholism movement in general has been an increasing acceptance of the basic notion that alcoholics are sick individuals who deserve genuine help and understanding. This article tells the story of how these alcoholism reforms came about and Iowa's significant role in the process.

"An Area of Certainty and Optimism": Renewed Political Focus on the Alcoholic

Iowa was not an unusual testing ground for the medicalization of alcoholism. Throughout the later part of the nineteenth century,

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History of Opiate Addiction in America (Cambridge, MA, 2001); Michael Javen Fortner, *Black Silent Majority: The Rockefeller Drug Laws and the Politics of Punishment* (Cambridge, MA, 2015); Kathleen J. Frydl, *The Drug Wars in America, 1940–1973* (Cambridge, UK, 2013); David Musto, *The American Disease: Origins of Narcotic Control* (New York, 1999); and Eric C. Schneider, *Smack: Heroin and the American City* (Philadelphia, 2008).

the strength of the temperance movement significantly influenced party politics in Iowa and resulted in the passing of a statewide prohibition amendment in the 1880s. But by the early 1900s, support for prohibition waned and was replaced with increasing calls for a health-based approach to problem drinkers.[8] As the work of historian Sarah Tracy has documented, prominent Iowans in the Progressive Era sought to find alternatives to jail cells for "chronic inebriates."[9] Between 1902 and 1919, progressives created "inebriate hospitals" that provided medical treatment to persons struggling with excessive drinking. In attempting to "recast habitual drunkenness as a disease," progressive leaders worked to place Iowa on par with larger states that were modernizing and professionalizing programs for "the inebriate" in the early twentieth century.[10] These initial medicalization efforts were never absent of moralistic tendencies. Most of the hospital programs for inebriates sought not just to provide patients with medical treatment but also to reform their seemingly defective moral character, which had resulted in problematic drinking tendencies.

However, the groundwork laid for medicalization during this period was effectively halted after the start of national Prohibition in 1920. With the manufacture and sale of alcohol banned, providing medical treatment to individuals struggling to control their drinking seemed unnecessary to both legislators and physicians.[11] Even after Prohibition ended in 1933, it would take decades for debates about how best to treat those abusing alcohol to become a matter of political interest once again. The stain of Prohibition alongside more pressing matters ranging from the Great

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8. Reflecting the dynamics that would play out nationally after the passing of the 18th Amendment in 1919, the weakening support for prohibition in Iowa was largely a reaction to laws that demanded "stricter enforcement" and "harsher punishment" for alcohol sellers and users. Richard Jensen has written about how more Iowans "began to question the wisdom of absolute prohibition in a state with such different religious and cultural values" by the end of the nineteenth century. Richard Jensen, "Iowa, Wet or Dry? Prohibition and the Fall of the GOP," in *Iowa History Reader*, ed. Marvin Bergman (Ames, 1996), 274.

9. Tracy, *Alcoholism in America*, 199.

10. Sarah W. Tracy, "Contesting Habitual Drunkenness: State Medical Reform for Iowa's Inebriates, 1902–1920," *Annals of Iowa* 61 (Summer 2002), 247.

11. Lisa McGirr, *The War on Alcohol*.

Depression to the Cold War allowed for alcoholism to fade from public concern. Beginning in the early 1960s, Harold Hughes and other leaders in the alcoholism field in Iowa picked up the pieces that an earlier generation of reformers had placed. Once again, they worked to make Iowa a national leader in treating alcoholism as an illness that could be controlled and treated with modern medicine.

Several factors coalesced to bring about this renewed energy around the politics of alcoholism in the second half of the twentieth century. First and foremost, the disease-concept of alcoholism had to gain acceptance amongst the medical community as well as the general public. After the repeal of Prohibition in 1933, the belief that drunkenness was a moral or criminal issue increasingly fell out of favor. Various groups instead organized around the idea that "alcoholism is a disease." Bill W. started Alcoholics Anonymous in the 1930s under the premise that alcoholism was a physical allergy that could be brought under control through fellowship and the Twelve Steps.[12] The Yale Center for Alcohol Studies was founded on a similar idea in the 1940s. Led by the prominent researcher E. M. Jellinek, Yale Center scholars advocated for comparing alcoholism to other illnesses that deserved the attention of health care professionals like tuberculosis or heart disease. In 1956, the American Medical Association declared alcoholism to be a sickness that "must be regarded as within the purview of medical practice."[13] There was little consensus amongst these different players of what kind of disease alcoholism was. But most agreed that it could be defined by a lack of control over alcohol consumption. Alcoholics were individuals "for whom drinking had become a mode of living," so much so that alcohol interfered with a person's familial, social, or economic

12. William Wilson, the founder of AA, went by Bill W. in public. The omission of his last name honored the doctrine of anonymity that guided the organization. He also believed this move to be necessary to avoid any "ego" or "money and fame" coming at "AA's expense," wanting to demonstrate to "fellow alcoholics" that "he himself was just another guy named Bill who [couldn't] handle booze." John Stevens, "Bill W. of Alcoholics Anonymous Dies," *New York Times*, 1/26/1971; Ernest Kurtz, *Not God—The History of Alcoholics Anonymous* (Center City, MN, 1979), 15, 22.

13. "Report of Officers," *Journal of American Medical Association* 162 (Oct 1956), 750.

"functioning."[14] But with proper treatment and understanding, alcoholics could learn the nature of their disease and find the tools needed to regain power over alcohol.

Viewing alcoholism in this way was never absent of political implications. John Seeley, an authority in the alcoholism field, noted in 1962 that calling alcoholism a disease was politically critical to "changing social policy [to open] the door to more humane, physician-like treatment" of alcoholics.[15] Indeed, finding addiction to alcohol to be an illness which manifested itself as a loss of control over drinking raised significant questions around how alcoholics should be handled legally and politically. If alcoholics were sick, was it unconstitutional to handle them through the criminal justice system (i.e. arresting and jailing them for public intoxication)? How much responsibility did the state have for providing alcoholics with medical help, especially for those without financial resources? Could treatment be mandated or did that violate an alcoholic's civil liberties?

At the same time these questions were being raised, the function of the federal government in dealing with large social issues was shifting in ways that would have a major impact on programs that aimed to help alcoholics. In response to multiple social movements fighting for expanding the rights of racial minorities and the poor, the state began to take on an expanded role in the lives of the indigent and disenfranchised. President Johnson's War on Poverty (WOP) effort typified this change.[16] In an era of postwar economic prosperity, the continuation of dire poverty

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14. E. M. Jellinek, "Phases of Alcohol Addiction," *Quarterly Journal of Studies on Alcohol* 13 (1952), 673–84; E. M. Jellinek, *The Disease Concept of Alcoholism* (New Haven, CT, 1960).

15. John R. Seeley, "Alcoholism is a Disease: Implications for Social Policy," in *Society, Culture and Drinking Patterns*, eds. David Pittman and Charles Snyder (New York, 1962), 590, 592.

16. The War on Poverty was part of Lyndon Johnson's larger Great Society initiative, a set of domestic policies that sought to improve the education, health, culture, and overall well-being for the poor and historically disenfranchised. For more on this broader program, see Julian E. Zelizer, *The Fierce Urgency of Now: Lyndon Johnson, Congress and the Battle for the Great Society* (New York, 2015), and Joshua Zeitz, *Building the Great Society: Inside Lyndon Johnson's White House* (New York, 2019).

amongst millions of citizens in both rural and urban America seemed particularly jarring. As President Johnson declared in his speech announcing the War on Poverty in 1964, "We are citizens of the richest and most fortunate nation in the world. . . . Yet there are millions of Americans—one fifth of our people—who have not shared in the abundance which has been granted to most of us." Reflecting his faith in the federal government's ability to tackle society's most complex problems, Johnson promised "total victory" over national poverty and an assurance of "an America in which every citizen shares all opportunities of his society."[17] Johnson and his advisors envisioned bringing this about through a comprehensive system of social welfare legislation that could take on both the causes and consequences of poverty with a focus on families, jobs, education, and health.

Architects behind the War on Poverty sought to fix the fault lines of the New Deal, bringing into the fold those who had been left out on account of racial discrimination. Historians have documented how these programs often failed to meet their lofty goals of eliminating poverty and expanding socioeconomic opportunities. Scholar Jill Quadagno has pointed out that, in part due to the continuation of biases amongst WOP legislators, the focus always remained on changing "the character of the individual rather than the character of the economy."[18] Exemplified in the emphasis on job training as opposed to job creation, WOP programs dealt more with individualistic causes of poverty rather than structural ones. While imperfect in its approach, this federal project to expand America's social safety net had drastic implications for citizens across the country. As the state became both a funder and provider of a variety of social welfare programs in the 1960s, it changed civilian expectations for the kinds

17. Lyndon B. Johnson, "Special Message to the Congress Proposing a Nationwide War on the Sources of Poverty," in *Public Papers of the Presidents of the United States: Lyndon Johnson, 1963–1964* (Washington, D.C., 1966), 375.

18. Jill Quadagno, *The Color of Welfare: How Racism Undermined the War on Poverty* (Oxford, UK, 1996), 30.

of services and protections a person deserved no matter their socioeconomic background.[19]

With this growing social safety net, alcoholism reformers had new opportunities to fund the kinds of facilities that were needed to treat substance abusers from a public health perspective. Many medicalization supporters called for alcoholism treatment to be included in anti-poverty programming. They claimed that while it might not have been clear whether excessive drinking was a cause or an effect of dire economic circumstances, there was a definite relationship between the two that deserved to be better understood.[20] Multiple social scientists throughout the 1960s confirmed this connection between homelessness, poverty, and substance abuse in their studies on "Skid Row alcoholics." These individuals were unable to hold onto jobs and lived on the streets of the city's poorest areas primarily because of their inability to control their drinking behavior. Additionally, many of these homeless alcoholics were being unfairly forced to endure a "revolving door" system of arrest and incarceration for being drunk in public.[21] With WOP monies, reformers hoped that homeless and other alcoholics could be offered publicly subsidized detoxification and therapy instead of being sent to jail. After receiving treatment, advocates believed that indigent alcoholics would be able not only to receive help for their drinking problem but also

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19. Annelise Orleck and Lisa Gayle Hazirjian, *The War on Poverty: A New Grassroots History, 1964–1980* (Athens, GA, 2011).

20. Harry Nelson, "Alcoholism Sabotages L.A. War on Poverty: Adverse Effect on Job Training Programs," *Los Angeles Times*, 1/23/1966.

21. David Pittman and Wayne Gordon, *Revolving Door: A Study of the Chronic Police Case Inebriate* (Glencoe, IL, 1958); Michael Harrington, *The Other America: Poverty in the United States* (New York, 1962), 82, 95, 94; W. Jack Peterson and Milton A. Maxwell, "The Skid Row 'Wino,'" *Social Problems* 5, no. 4 (Spring 1958), 308–16; Joan K. Jackson and Ralph Connor, "The Skid Road Alcoholic," *Quarterly Journal of Studies on Alcohol* 14 (1953), 468–86; Earl Rubington, "The Chronic Drunkenness Offender," *Annals of the American Academy of Political and Social Science* 315 (Jan 1958), 65–72; Samuel E. Wallace, "The Road to Skid Row," *Social Problems* 16 (1968), 92–105; Robert Straus, "Alcohol and the Homeless Man," *Quarterly Journal of Studies on Alcohol* 7 (1946), 363; Howard M. Behr, *Skid Row: An Introduction to Disaffiliation* (Oxford, UK, 1973), 17; President's Commission on Law Enforcement and Administration of Justice, *Task Force Report: Drunkenness—Annotations, Consultants' Papers, and Related Materials* (Washington, D.C., 1967).

to have the tools to lift themselves out of houselessness and unemployment. "Skid Row alcoholism" thus fit nicely into the WOP's framework that made changing individual character defects rather than broader structures central to alleviating poverty.

Harold Hughes was one of the most effective advocates at making the case that the issue of alcoholism needed to be factored into the federal War on Poverty effort. Alcoholism, like poverty, Hughes argued had no place in a country of plenty. Alcoholics were "wasted human resources," whose uncontrolled drinking was contributing to "poverty, personal deterioration, family disintegration, and human misery."[22] Despite the extent of the cost of alcoholism to an individual, family, and community, the state had done little to tackle the problem. A lack of governmental involvement stemmed from a faulty and pervasive sense that alcoholics either did not want help or that they were not worthy of aid because of their alcohol consumption. While Hughes admitted that alcoholism treatment could be difficult, he argued that putting even one person on the road to recovery made such work worth it. As he poignantly stated in one of his speeches, "Granted [helping alcoholics] requires a kind of unique care and understanding and follow-through that very few seem to understand. Despite all this, the fact remains that a large percentage of confirmed alcoholics can be rehabilitated given the proper treatment and there is abundant evidence to prove the point."[23] This message was particularly powerful coming from a man like Hughes, who could point to his own personal experiences as proof that alcoholics were capable of recovery when given the resources to do so. During his governorship, Hughes sought to prove the advances that could be made for alcoholics like himself in Iowa if substantial public investment was made in the areas of rehabilitation and treatment.

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22. Letter from Harold Hughes to Sargent Shriver, 4/15/1966, Box 1, Folder 21, Harold E. Hughes Gubernatorial Papers, University of Iowa Special Collections, University of Iowa Libraries, Iowa City, IA (hereafter cited as UISC).

23. Young, "Hughes Urges Government."

"Hand to Hand Support": The Iowa Comprehensive Alcoholism Project

Harold Hughes' focus on aiding alcoholics was part of a larger agenda defined by using political resources to serve those in need. Having grown up in poverty during a time without a significant social safety net, Hughes naturally identified with "the poor, disenfranchised and marginalized."[24] In this way, the sixties was the perfect political moment for a man like Hughes to rise to power. As historian Dorothy Schwieder has written, Hughes' election to the governorship in 1962 and the broader "Democratic sweep in Iowa corresponded with—and was undoubtedly influenced by—the Democratic landslide at the national level."[25] These wins heralded a new moment both in Iowa and across the country with more support being given to the liberal principle of using the government to "tackle structural problems that existed in good times and bad."[26] In Iowa, this victory most likely would not have happened without Hughes himself. Hughes had the right personality, which was characterized by being "handsome, charismatic, and a spellbinder in front of an audience." But he also "gave definition to Democratic ideals" and successfully campaigned for an agenda of broad social and economic reforms.[27] Throughout his three terms as governor, Hughes won improvements in state prisons and mental health institutions, abolished the death penalty, and created a community college system in Iowa.

However, helping alcoholics was the issue to which Governor Hughes was most intimately connected, and this work was something that defined his time both in and out of office. After publicly identifying himself as an alcoholic, Hughes never shied away from the darker side of his experiences with the disease. In his autobiography, he wrote about how his drinking nearly

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24. Russell Wilson and William Hedlund, *In His Own Words: The Harold Hughes Story* (Bloomington, IN, 2020), 20.

25. Dorothy Schwieder, *Iowa: The Middle Land* (Iowa City, 1996), 301.

26. Zelizer, *The Fierce Urgency of Now,* 12.

27. Schwieder, *The Middle Land,* 302; James Larew, *A Party Reborn: The Democrats of Iowa, 1950–1974* (Iowa City, 1980), 73–126.

resulted in him committing suicide in a hotel room miles away from his home.[28] This close call with death was the defining moment that compelled Hughes onto the road to sobriety. Towards the end of his life, Hughes also described this instance as the time when he decided to use politics as an avenue to help others struggling with the same illness. He explained: "I committed myself, as a recovered alcoholic, when I crawled out of a bathtub after almost blowing my brains out, to try to find the truth of whatever the hell put me in that bathtub."[29] Like others involved in the AA tradition, Hughes also personally worked to help other fellow alcoholics in their dark moments after he got sober. These individuals would eventually include "a few colleagues in government and their wives."[30] It was this ongoing contact with those having difficulties with alcohol and his personal experiences that allowed for Hughes to be so effective at using his political offices to expand treatment opportunities for alcoholics—a journey which first began during his third term as governor.

In April of 1966, Hughes' office filed a request for federal anti-poverty funds to be directed towards the treatment of Iowa alcoholics.[31] At this time, an approximate 50,000 alcoholics resided in Iowa. Each individual's drinking affected an estimated five or six

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28. Harold E. Hughes and Dick Schneider, *The Man From Ida Grove: A Senator's Personal Story* (Lincoln, VA, 1978), 103.

29. "Conversation with Senator Harold Hughes," *Addiction* 92 (1997), 145.

30. After the death of a friend, Hughes committed that he would never "refuse another person's call for help," and he advised individuals who called him at their greatest moments of need including at all hours of the night. Wilson and Hedlund, *In His Own Words*, 53–55.

31. This appeal was made after Hughes met directly with the head of the War on Poverty effort, Sargent Shriver. Hughes successfully convinced Shriver that alcoholism was "the cause of much poverty" and therefore needed to be a part of federal anti-poverty measures. Shriver suggested that Iowa be used as a demonstration site to further explore the relationship between poverty and alcoholism as well as to find the most effective approaches to help impoverished alcoholics. "U.S. Ponders Alcoholism Drive in Iowa," *Des Moines Register*, 2/14/1966.

After his meeting with Shriver, Hughes directed Russell Wilson, who was a member of the Iowa Board of Control of State Institutions, to draft a proposal that could be submitted "to Shriver and the War on Poverty." Hughes gave Wilson one week to do so. Wilson and Hedlund, *In His Own Words*, 124–25.

Governor Harold Hughes signing documents at his desk as other officials look on. Des Moines, Iowa. circa 1965. State Historical Society of Iowa, Des Moines.

others, increasing the impact of alcoholism to a quarter of a million Iowans. Many of these people were traditionally funneled through Iowa's criminal justice system or mental health institutions. Hughes' office instead argued for harnessing public monies to develop a program of health and social welfare resources for alcoholics. Most people struggling with excessive drinking and their families did not know how to get help. The proposed Iowa Comprehensive Alcoholism Project would solve this problem by creating a "comprehensive statewide approach to combat alcoholism in both its preventative and rehabilitative aspects." ICAP leaders considered the primary deficiency in current alcoholism treatment to be a lack of consistency. "The illness concept of alcoholism," according to their proposal, "has not reached the point where society channels the alcoholic to medical services for diagnosis, evaluation, and initial treatment. Although there are exceptions, the most that can be expected by the alcoholic who reached a medical facility is physical repair and then referral."

Alcoholic patients rarely followed through on these referrals. Or if they did, they often did not receive anything that could pass as actual "treatment." The focus of ICAP was thus to establish a "continuum of care" between the detoxification, diagnostic, and treatment phases of recovery.[32] In doing so, the project aimed to discover where the deficiencies in services were especially in relation to impoverished alcoholics.

When the federal OEO awarded ICAP over 1.2 million dollars in June of 1966, individuals in the Iowa government and the press expressed a great deal of optimism about what this meant for those dealing with alcoholism. After the announcement, Governor Hughes remarked that this new state-wide program gave Iowans an "unprecedented opportunity to pioneer in this grossly neglected field."[33] Iowa news articles reflected a similar sense of enthusiasm about ICAP. *The Des Moines Register* reported that this large level of public investment highlighted how the "recognition of alcoholism as a disease—rather than merely a matter of weakness of will or immorality—[had] gained substantial professional and public acceptance." All of these stories carried feelings of faith that alcoholism could be significantly curbed now that Iowa officials had the financial incentives to aid rather than punish alcoholic citizens.[34] Furthermore, many reporters expressed pride that Iowa was the first state to truly try to combat the issue on a comprehensive and medicalized basis. The extent of the media

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32. The ICAP proposal was based on "thoughts, observations, experiences, and recommendations" that Wilson collected from "professionals in the field of alcoholism rehabilitation and some individuals who were recovering alcoholics." Wilson and Hedlund, *In His Own Words*, 125. A Comprehensive Statewide Proposal to Combat Alcoholism in Iowa, April 1966, Box 1, Folder 21, p. 3, 16, Harold E. Hughes Gubernatorial Papers, UISC.

Hughes employed a variety of people who had been involved in localized alcoholism reform work to advise on the development of ICAP, such as Judge Ray Harrison and Dr. Harold Mulford.

33. Letter from Hughes to Public Health Commissioner Arthur Long, August 1966, Box 1, Folder 21, Harold E. Hughes Gubernatorial Papers, UISC.

34. "Combatting Alcoholism," *Des Moines Register*, 7/21/1966; "Declares Statewide War on Alcoholism Just Beginning," *Des Moines Tribune*, 7/13/1966; "Alcohol Aid Grant to Iowa," *Des Moines Sunday Register*, 7/10/1966; and Harrison Weber, "Iowa Will Test Anti-Alcoholism Programs," *Sioux City Journal*, 7/15/1966.

coverage on ICAP illustrated the uniqueness of a political program that dealt with the issue of alcoholism from a therapeutic perspective.

Perhaps most importantly, the letters that Hughes received from multitudes of residents in response to the ICAP announcement confirmed how many people were desperate for support. One constituent named Norman wrote to Hughes that his "public stand for the alcoholic" had been changing attitudes towards alcoholics like himself and was a real inspiration as he completed his first 18 months of sobriety. He went on to thank Governor Hughes for "making ICAP a reality instead of a dream so many people have had for a long time," remarking how many fellow alcoholics would now be able to get help because of the project.[35] Norman's and numerous other correspondences demonstrated how Iowans were eager for there to be greater understanding and attention paid towards alcoholics and their family members. Many saw ICAP as a vital sea change in the relationship between Iowa alcoholics and their state government. Under the governorship of a person also on a sobriety journey, Iowa alcoholics felt that they would no longer be ignored by the state nor would they be punished by it. Instead, they would be provided with a continuum of various services operating on the basis that alcoholics were sick people in need of care.

The chosen directors of ICAP, John Mackey and Ken Eaton, believed the key to creating this comprehensive, state-wide system was providing "hand to hand support" in which individual alcoholics were paired with an ICAP staff member. After months of training, ICAP workers (many of whom were recovered alcoholics) engaged in a three-step process to ensure that alcoholics in Iowa were being reached.[36] First, staff participated in "aggressive

35. Letter from Norman B. to Governor Hughes, January 1968, Box 1, Folder 27, Harold E. Hughes Gubernatorial Papers, UISC.

36. The leaders behind ICAP were intent on using individuals also in the recovery process to be the main points of contact with people currently in the throes of their addiction. Their "practical experience" with the disease was seen as the main way to convince others of the need to get help. At the three-month training course, staff members were taught "the physical, social, emotional and psychological aspects of alcoholism" and were shown various layers of support (AA, private counseling, vocational rehab, etc.) that they could offer to alcoholics

outreach" to find clients by visiting places indigent alcoholics likely would be, such as Skid Row, police stations, hospitals, courts, and welfare offices. Outreach coordinators then offered these individuals help through ICAP-run community centers that had been set up in 16 districts across Iowa. Second, persons wishing to receive treatment for their drinking problem were linked to available "rehabilitation resources" such as mental health facilities, AA groups, social welfare departments, the general hospital, employment services, and halfway houses. Finally, once an initial plan was set in place, the designated ICAP staff member needed to follow the alcoholic patient throughout the entirety of their recovery journey in an effort to ensure that no one fell through the cracks when visiting multiple of these "rehabilitation resources." The primary goal of this direct relationship between the ICAP worker and the alcoholic was most obviously sobriety. However, ICAP officials also assumed that restraining a person's alcoholism would solve the other socioeconomic issues in their lives. They believed that even the most impoverished alcoholic could "return to family and to job" after receiving treatment for his drinking.[37]

This emphasis on employment and breadwinning was never absent of gendered implications. Like most alcoholism treatment services in this time period, ICAP's programming primarily targeted men struggling to control their drinking. The overlooking of women in these spaces occurred because during the 1960s alcoholism was still largely understood to be a disease that primarily affected men. In research and stories that dealt with alcoholism, women tended to be discussed only as victims of fathers and husbands who were excessive drinkers rather than being looked at as individuals capable of suffering from their own forms of substance abuse.[38] An assumption that drinking was largely a masculine

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throughout Iowa. Community Alcoholism Consultant Training Program, October 1966, Box 1, Folder 21, p. 1, 8, Harold E. Hughes Gubernatorial Papers, UISC.

37. Comprehensive Statewide Proposal, 48.

38. Michelle McClellan, "Lady Tipplers: Gendering the Modern Alcoholism Paradigm, 1933–1960," in *Altering American Consciousness*; "Alcoholic Study Will Query Wives," *New York Times*, 11/15/1959; Marian Sandmaier, *The Invisible Alcoholics: Women and Alcohol Abuse in America* (New York, 1979).

activity that could only become a problem of abuse for men undergirded many of these studies. As feminist scholars would point out in the 1970s, women also tended not to self-identify as problem drinkers because they not only dealt with the stigma of being an alcoholic but were also threatened with being seen as failures as wives and mothers on account of their drinking. These views resulted in discrimination where women were often "overlooked" in alcoholism research and "denied" help in newly developed treatment spaces.[39] ICAP demonstrated this gendered bias, targeting male alcoholics as those most in need of rehabilitation.

Within the first three years of the project's operation, ICAP employees learned how many barriers existed that prevented alcoholics from receiving effective medical treatment for their substance use disorder. Take the case of a man simply identified as Carl as an example. In March of 1967, Carl visited his local ICAP referral office in Forest Hills, Iowa. According to the staff report, Carl came to the center "very sick and very drunk. Had difficulty breathing [and] said he had been drinking every day for about 10 days." It was clear to the ICAP worker that Carl needed to go to the hospital. After receiving immediate medical attention, the hospital's doctors discharged Carl (even though he had concerning lung congestion) because he did not have health insurance. Three weeks later, Carl once again called ICAP asking for help. He was vomiting blood, acting incoherent, and having convulsions. Due to the previous complications with insurance, Carl was taken to a different hospital that was operated by Veterans Affairs. This time, the VA hospital wouldn't admit him as a patient because he was intoxicated. Despite the ICAP worker "pleading for help" for Carl's obvious physical symptoms, his entreaties "were met with apathy and disinterest" from the VA nurses and doctors.[40] They instead advised that he sleep it off and come back in the morning if his symptoms grew worse. Carl died later that night.

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39. Vera L. Lindbeck, "The Woman Alcoholic: A Review of the Literature," *International Journal of the Addictions* 7 (1972), 569.

40. Documentation Form, April 1967, Box 1, Folder 22, Harold E. Hughes Gubernatorial Papers, UISC.

Carl's heartbreaking case illustrates the complexities of attempting to establish a program like ICAP that continued to rely on existing services without first working to solve their insufficiencies. Many hospitals throughout Iowa (and the country) had discriminatory practices and policies towards alcoholics, ranging from inadequate treatment to a refusal to admit or even see these patients.[41] These barriers were incredibly frustrating to the ICAP staff working on the ground. The employee assigned to Carl's case reported that he could not succeed in his job of helping alcoholics like Carl when they continued to be barred from receiving essential medical treatment.[42] Tragically, it took people like Carl to highlight the consequences of vital institutions and personnel failing to adequately accept the idea that alcoholics were sick people in need of proper healthcare services.

ICAP had much greater success in building distinct facilities designed specifically to serve alcoholics. Throughout the late 1960s, individuals involved in the movement to modernize and medicalize alcoholism treatment became focused on two main areas: detoxification centers and halfway houses. For alcoholics in the acute phase of their disease, withdrawal could be an extremely dangerous and deadly process. The most perilous symptom was Delirium Tremens (known commonly as the DTs), a condition that resulted in shaking, tremors, irregular breathing, and severe hallucinations. This issue was particularly acute for homeless alcoholics who often went through withdrawal in a jail cell or "drunk tank" without medical supervision.[43] Activists

41. *Hearings Before the Subcommittee on Public Health and Welfare of the Committee on Interstate and Foreign Commerce—House*, 90th Cong., 2nd sess., 1968.

42. Documentation Form.

43. As this problem gained more attention throughout the 1960s, multiple news stories reported how many of these individuals ended up dying while in jail without having received any medical treatment for the DTs. Between 1964 and 1967, 16 people died while in police custody. "US Accused of Neglecting Its Alcoholics," *Atlanta Constitution*, 10/1/1967; President's Commission, *Task Force: Drunkenness*, 69; "Meeting the DC Problem," *Congressional Record—Senate*, 5/10/1967, 12225; James Yenckel, "Long Record of Chronic Alcoholic Ends Quietly In a District Cellblock," *Washington Post*, 4/10/1966; James Yenckel, "Need of Drunk Facility Cited After Jail Death," *Washington Post*, 9/8/1967; and William Reivogel, "Police Neglect Found in Alcoholic's Death," *St. Louis Post Dispatch*, 5/3/1969.

within the modern alcoholism movement viewed detoxification facilities as the most viable alternative to carceral "drunk tanks." After their construction, law enforcement officers would have a place other than a jail where they could take indigent alcoholics to safely undergo withdrawal.[44]

With partial funding from ICAP in 1967, Iowa became the second state to put these ideas into practice with the construction of the Harrison Treatment and Rehabilitation Center in Des Moines. It operated in part as a "sobering up station" where patients could detox under medical supervision, a process that normally took about 48 hours. Individuals at the center also received seven to ten days of in-patient care during which they underwent a psychological evaluation, attended group therapy, and took classes about the nature of alcoholism. If they chose to, patients continued receiving treatment on an out-patient basis. After just a year of operation, the facility reported high rates of effectiveness with 56% of its patient clientele maintaining sobriety and holding onto steady jobs. With the center's existence, Iowa became one of the only states in the country to offer such publicly subsidized detoxification services to residents struggling with alcoholism.

For the patients themselves, the detox facility was one of the most valuable resources to come out of ICAP. George Jay, for example, had spent 20 years in and out of jails for public intoxication. In October of 1967, he chose a different option. He told the *Des Moines Tribune*: "I had nothing to lose by trying the Detoxification Center. I was really surprised. This place has something I've never found before." Unlike the jail cells and psychiatric wards George had previously been in, the detoxification center gave him some frank perspectives on his relationship with drinking and solutions to controlling it. George explained, "I'm sober today, but I still

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44. Stuart Auerbach, "Sobering Up, Instead of Arrests, Proposed in Handling Alcoholics," *Washington Post*, 12/24/1966. St. Louis, Missouri, was the first city to open such a facility with funds from the federal government. It was run by St. Louis' police department. Rather than arresting Skid Row alcoholics for public drunkenness and taking them to the local precinct, police would pick these individuals off the street and take them to the detoxification center where they could stay for a few days and hopefully begin their sobriety journey. Stuart Auerbach, "Hospital Replaces the Drunk Tank in St. Louis Alcoholism Program," *Washington Post*, 10/23/1966.

have the same problems I had 50 days ago. However, I look at them in a different light now. My thinking's straightened out and my head's screwed on right."[45] The experiences of patients like George showed the power of the new therapeutic initiatives started by ICAP.[46] When alcoholics were offered help and understanding rather than punishment and stigma, they had the potential to change their relationship with alcohol.

One other innovation in alcoholism treatment that ICAP helped to charter was the halfway house. This concept was relatively new in the 1960s. But in this time period, a number of researchers published studies documenting the need for a space that provided a bridge between hospitalization or incarceration and "the outside." Advocates for such places argued that homeless alcoholics could "best be rehabilitated if their return to society [was] gradual rather than abrupt." Halfway houses were residential spaces where small groups of (primarily) men lived together under the expectation that they would stay sober and take on tasks to keep the home functioning. In such a place, theorists claimed alcoholics could rebuild their sense of "self-pride, respect, and responsibility."[47] By 1969, ICAP had funded and

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45. David Canfield, "A New Life After Years of Drinking," *Des Moines Tribune,* 11/27/1967. Many other patients shared similar successful experiences with the center. Upon getting treatment through ICAP, sixty-year-old Allen M. had his first sober Christmas in 1967 after nearly 24 years of heavy drinking. Harry, a twenty-two-year-old alcoholic, stopped drinking and started learning a trade after attending the center. Another patient was a thirty-six-year-old veteran who started drinking after his time in the service. He was now sober and working after undergoing rehabilitation. David Canfield, "A Former Alcoholics' Way of Life," *Des Moines Sunday Register,* 10/29/1967; Norman Brewer, "Hughes' Advice to Alcoholic," *Des Moines Tribune,* 10/3/1967; and Norman Brewer, "A Sober Christmas after Years," *Des Moines Tribune,* 12/27/1967.

46. Patients like George even occasionally received guidance from Governor Hughes himself when he visited ICAP-funded facilities. "Believe in yourself," he told them. "Alcoholism is one of the toughest things to beat." "Governor Hughes Tells Patients Alcoholism is Tough To Beat," *Sioux City Journal,* 10/4/1967.

47. Edward Blacker and David Kantor, "Halfway Houses for Problem Drinkers," *Federal Probation* 24 (1960), 18, 19. One of the first attempts to establish such a place occurred in Boston under the direction of Jack Donahue, a recovered alcoholic. He founded the "Hope House" in 1961, a sobriety home that took in men who had just been released from jail or from a mental institution on account of their alcoholism. Donahue argued that halfway houses were essential

created four halfway houses across Iowa in Des Moines, Sioux City, Waterloo, and Cedar Rapids. In the ICAP system, halfway houses filled out a missing link by providing a place where indigent alcoholic patients leaving the treatment center could go to continue their recovery journey. Halfway houses gave residents an environment where they were surrounded by people who had the same goal: to not drink. Additionally, staff members helped individuals find jobs or other supports to make the eventual reintegration into their families and communities as smooth as possible.

Similar to the treatment center, recovering persons reported the value in having shelters like these. After being in the Waterloo home, one resident, Tom, explained: "I think everyone pretty well gave up on me, except for this time."[48] As these personal testimonies show, ICAP proved to be most successful in constructing separate facilities that filled out the holes in alcoholism treatment programming. The ICAP experience illuminated the necessity of having continuity in rehabilitation services. Especially for the impoverished population, which ICAP was primarily set up to serve; linking the detoxification stage all the way to the re-housing and re-integration phase of recovery was essential. It was this level of follow through that had many ICAP clients reporting feeling a sense of care and support that they had never received in a mental health hospital or a prison cell.

While news stories covering the positive experiences of individuals like Tom were significant, in 1968 ICAP personnel and Governor Hughes' office had to provide more concrete forms of data to the OEO when applying for a continuation of funds for the project. As with other pioneers in the alcoholism field, the directors of the program had to decide what should count as "success" in treatment. ICAP officials walked a fine line between setting realistic expectations for combatting a disease that had no

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in turning these men back into fully functioning citizens by providing them with a path for "sober and wise reintegration into the community, the home, the family, and industry." "The Incentive to Stay Sober is Main Idea of Hope House," *Boston Globe*, 2/4/1969; "Home Aiding Parolees with Alcohol Problem," *Boston Globe*, 11/1/1964.

48. Harry Argue, "Alcoholism: Iowa's Foe—Halfway House in Sioux City has Big Role," *Sioux City Sunday Journal*, 9/29/1968.

sure "cure" while still advocating for the recovery capacity of individuals traditionally considered to be "hopeless" cases. One practical way to do this was to normalize relapse as part of the recovery process and therefore identify it as an event that should not be considered a marker of failure.[49] Another was to set lower standards for a "hardcore poverty individual." According to Hughes, this impoverished population was harder to reach and treat than the middle-class alcoholic.[50] Because of this, the best ICAP might be able to hope for the indigent and homeless alcoholic was for them to stay out of jail and have longer periods of sobriety.

However, the majority of ICAP proposals and reports employed rather lofty measures when defining the effectiveness of rehabilitation methods. In doing so, they followed a course that the broader alcoholism movement was taking. Alcoholism reformers of this era often utilized a language of usefulness, productivity, and responsibility when calling for an expansion of therapeutic approaches to alcoholics. Homeless alcoholics were written about as "wasting years of their lives," as their alcoholism and poverty were preventing them from fully engaging in American life. Social scientists, journalists, and politicians often tied this lack of participation in social and economic institutions to national citizenship. They marketed treatment programs as the solution to "turn Skid Row alcoholics into useful citizens again" or to restore them to "a normal functioning, productive role in society."[51] Implicit in this terminology of useful or productive citizenship was the idea that homeless alcoholics were not currently

49. Colman McCarthy, "Getting off the Bottle and Staying Off," *Washington Post,* 12/8/1969.

50. Memorandum of Understanding Relating to the Demonstration Project ICAP Submitted by the Office of the Governor of the State of Iowa to the U.S. Office of Economic Opportunity, Box 1, Folder 20, Harold E. Hughes Gubernatorial Papers, UISC.

51. Examples include: Stuart Auerbach, "Hospital Replaces The Drunk Tank in St. Louis Alcoholism Program," *Washington Post,* 10/23/1966; *Congressional Record—Senate,* 4/27/1966; *Congressional Record—House,* 5/1/1967, 11335; "Reclaiming Alcoholics," *Atlanta Constitution,* 10/5/1969; Charles Sutton, "Skid Row's Alcoholics Get Rebuilding Chance," *Los Angeles Times,* 4/24/1960; and Austin MacCormick, "Correctional Views on Alcohol, Alcoholism, and Crime," *Crime and Delinquency* 9, no. 1 (Jan 1963), 26.

behaving like full citizens. To be an American citizen was to have a permanent home, to be employed, to be self-sufficient, to provide for one's family, and to engage in the broader community. For a Skid Row alcoholic to be restored to "productive citizenship," he needed to be sober, employed, and tied to mainstream society. ICAP leaders were no different as they claimed the project's facilities had proven effective at "returning" Iowa alcoholics "to society as useful citizens."[52] They measured this "return" to citizenship by how long clients remained sober, housed, and working.

The individuals targeted for this endeavor were primarily white men, a demographic who reformers saw as future "useful citizens" and working breadwinners who just needed the help of public investment. Towards the end of the project, ICAP leaders noticed the white-washed nature of their services. As ICAP reports noted, staff members often struggled to reach minority groups effectively.[53] They attempted to start initiatives that would target alcoholics of color in Iowa, particularly Indigenous alcoholics in the state.[54] But these aspects of ICAP received far less support. And in the years that ICAP existed, their programs mainly benefited individuals who were white and male.

For the clients that ICAP was able to reach, officials claimed high levels of success in reaching the goal of having Iowa

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52. David Ramaciti, "Alcoholics' Halfway House Sought for City," *Times Democrat*, 12/12/1967; "A Comprehensive Statewide Proposal," 1; "Progress Report," December 1967, Box 1, Folder 21, Harold E. Hughes Gubernatorial Papers, UISC.

53. One report covering the progress of the Harrison Treatment Center remarked: "There was, in the patient group reported on, a marked preponderance of caucasians. This may reflect several problems: that initial contact with usual referral sources is not available to the negro or indian, that the centers functions are not known or understood by those referral sources commonly available to the negro or indian." Harrison Treatment and Rehabilitation Center—A Follow-Up Report, January 1968, Box 1, Folder 20, Harold E. Hughes Gubernatorial Papers, UISC. Capitalization and terminology original.

54. These projects sought to target "alcoholism and excessive drinking among Indian tribes located around Tama and Sioux City, Iowa." Application for Research or Demonstration Grant, June 1968, Box 1, Folder 21, Harold E. Hughes Gubernatorial Papers, UISC; "Want to Aim New Alcoholism Program in Iowa at Indians," *Sioux City Journal*, 11/23/1967; "Await Approval of Project to Combat Alcoholism Among Indians of Iowa," *New Herald*, November 1967.

alcoholics be sober and working after receiving treatment through the program. When applying for additional federal funding, Hughes pointed to ICAP's effectiveness and outlined reasons for its continuation. He stated that one of the main lessons he had learned through ICAP was that "too many believe that those trapped by poverty and/or alcoholism can remove themselves at will and further contend that these persons do not deserve assistance." However, since the start of ICAP, over 2,000 Iowans had been handled through the program and follow-up data had over 40% of these citizens remaining sober for a long period of time. For the smaller number of patients received by the detoxification center, 56% had a handle on their drinking and were steadily employed. These numbers, according to Hughes, demonstrated that ICAP had made major "inroads at reaching hard core, impoverished and alcoholic persons."[55] Offering them help had not only kept these individuals out of the carceral system, but it also put many on the road "back to wholeness and reality."[56] This fact was proof that alcoholics of all stripes were capable of being rehabilitated once they were given a chance. In sum, they were very much worth the public investment. Despite all of this, in the middle of 1968, Sargent Shriver wrote a letter to Hughes informing him that OEO funding for ICAP was going to be extremely cut back. He apologized, writing that "it is very difficult for all of us to reduce funding for a project of so much nation-wide importance. But we're having to cut back everywhere."[57]

As the budget cuts to ICAP portended, the political room for reform was shifting in the late 1960s. With calls for "law and order" intensifying, Richard Nixon won the presidency and liberal progressive agendas began to be viewed with increasing scrutiny.

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55. Memorandum of Understanding. According to "an exhaustive review of police records in Des Moines," 289 individuals were arrested three or more times for public intoxication during 1966. Of this group, 53 had become clients of ICAP in 1967. 30% of that group remained sober after their time with ICAP and 17% had demonstrated "substantial improvement." Letter from Harold Hughes to Sargent Shriver, February 1968, Box 1, Folder 20, Harold E. Hughes Gubernatorial Papers, UISC.

56. Young, "Hughes Urges Government."

57. Letter from Sargent Shriver to Harold Hughes, February 1968, Box 1, Folder 20, Harold E. Hughes Gubernatorial Papers, UISC.

It was amidst this context that Hughes won a seat to the Senate in 1968. Armed with the knowledge he had gained as governor with ICAP, Hughes carried an increasing sense of determination to use his political position to aid alcoholic citizens but on a national scale this time. Iowa had proven that "an effective partnership of all levels of government" was invaluable in the "war on the crippling and very tragic disease of alcoholism."[58] Despite public expenditures on social welfare programs being slashed across the board, Hughes refused to let alcoholics continue to slip through the cracks. With there being an estimated 5 million alcoholics throughout the country, the problem was too big and affected too many American citizens to keep being ignored by the federal government.[59]

"Into the Mainline of Public Services": Bringing ICAP Lessons to Washington

When Hughes arrived in Washington, the newly elected Nixon administration was highly concerned about the problem of illicit drug use, especially amongst Vietnam veterans. Senator Hughes and key staff members like Nancy Olson thought it might be possible to "piggyback on the drug issue to pass legislation to help alcoholics." With the backing of Senator Ted Kennedy, in 1969 Hughes won approval for a "Special Subcommittee on Alcoholism and Narcotics" within the Committee on Labor and Public Welfare.[60] As one of its first actions, this bipartisan subcommittee held hearings that documented the extent of drug and alcohol addiction across the country. In his opening statement, Hughes explained what he saw as the purpose of the subcommittee's work: "[This is] the first congressional subcommittee exclusively devoted to the cause of helping individual citizens and society gain relief from the human blights of drug and alcohol abuse. Other committees had moved into these areas indirectly and

58. Dorothy Williams, "Lauds Iowa Alcoholism Program," *Cedar Rapids Gazette,* 9/17/1968.

59. "Huge U.S. Aid is Proposed for Alcoholics," *Atlanta Constitution,* 5/15/1970.

60. Nancy Olson, *With a Lot of Help from Our Friends: The Politics of Alcoholism* (Lincoln, NE, 2003), 16–17.

principally from the standpoint of law enforcement, rather than health."[61] Hughes outlined how changing the approach of the federal government from penalization to therapeutics had significant consequences for alcoholic citizens nationally. As had been revealed in Iowa, providing alcoholics with rehabilitation rather than moral condemnation or criminal punishment allowed them to make genuine progress towards sobriety.

At these hearings, Hughes utilized both his personal and professional experiences with alcoholism to argue movingly for why alcoholic citizens deserved support and attention from the federal government. Hughes castigated federal politicians for only engaging in "tokenism" when it came to alcohol abuse despite how many civilians across the country were directly affected by the problem. With the eyes of Washington press reporters and politicians upon him, Hughes declared:

> I have been deeply involved with the problems of alcoholism—from both a personal and social standpoint—for more than 25 years. If at times I sound like an angry and frustrated man, it is because I am. I see this great abundant land of ours with resources beyond compare. I see the wonderful achievements of our science and technology, the miracles of modern medicine, the explosive growth of knowledge in numberless areas. . . . But in this vital, accessible area we have fallen flat on our faces. It is a national disgrace. The next time you see some drunk making a spectacle of himself in public, mark it down that we are the ones who should be ashamed for out gutless failure to meet this problem, not the miserable victim of the affliction. . . . We have failed to make a small dent in the treatment, control, and prevention of a killing illness that is as widespread and as familiar as the common cold. But while we have forthrightly met other public health menaces, we are still merely shadowboxing with one.[62]

Hughes' emotional appeal expressed his sense of righteous indignation over how genuinely sick people had been ignored or condemned in ways that other persons with other more "socially

61. Hughes, *Hearings before the Special Subcommittee,* 1.

62. Hughes, *Hearings before the Special Subcommittee,* 3–4.

acceptable" illnesses had not been. Invoking his own personal struggle, he sought to show that being an alcoholic did not need to be a point of shame.[63] Furthermore, alcoholics could overcome their illness when they were given the healthcare to do so.

These sentiments were buttressed by the testimonies of several prominent individuals who had long been involved in the modern alcoholism movement including Marty Mann (the "First Lady" of AA), Bill W., and Selden Bacon of the Yale Center. They all testified to the recovery potential of alcoholics and expressed their belief in how much relief could be provided to alcoholics through public investment. One of the most moving statements came from the Academy Award-winning actress Mercedes McCambridge: "Nobody need die of this disease. We are eminently salvageable. We are well worth the trouble. We are eminently equipped to enrich this world. We write poetry, we paint pictures, we compose music, we build bridges, we head corporations, and often too many of us die from our disease, not our sin, not our weakness."[64] The public statements of individuals like McCambridge were widely reported and helped to raise visibility for the issue of alcoholism.[65] They also substantially increased the political and public backing for the work of Hughes' subcommittee.

The press coverage of these hearings on alcoholism led to numerous supportive responses from citizens from all over the United States. People from many different racial and socioeconomic backgrounds wrote to Hughes detailing their experience

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63. On top of his obvious emotional connection to the issue of alcoholism, many press reports also remarked on Hughes' skills as a powerful speaker. He reportedly "gripped" audiences with his style. This messaging aided him significantly in his fight to help alcoholics. *The New York Times* called him "big, with a barrel chest, a leonine head, and a resonant bass voice. And he is an old-fashioned orator, one of those who hushes a hall rather than rousing it to frenzy." R. W. Apple, "The Mood Changes When Senator Hughes Speaks," *New York Times*, 3/3/1971; Alan Otten, "Politics and People: Iowa's Outspoken Governor," *Wall Street Journal*, 7/19/1968; McCarthy, "Getting off the Bottle and Staying Off."

64. Mercedes McCambridge, *Hearings before the Subcommittee*, 83.

65. Noel Greenwood, "A Kind of Hell: Actress Tells Senate Panel of Alcoholism," *Los Angeles Times*, 9/28/1969; "Actress Withstands Alcoholism," *Hartford Courant*, 2/17/1979; Will Lissner, "U.S. Held Lagging in Alcohol Fight," *New York Times*, 10/4/1969; "Alcohol Still Remains the Biggest Addiction," *Boston Globe*, 11/1/1969.

with the disease and their desire for there to be a change in how alcoholics were treated and understood. One woman lamented that she had lost her husband to alcoholism and asked the subcommittee that the "family aspect" of the illness be considered in their work.[66] Another man identified himself as a "reformed alcoholic" who had "lost a home, a car, and at one time came close to losing [his] family" while under the influence of alcohol. In his experience, he found that "we (Negroes, Indians, and Mexican-Americans) although accepted tokenly by A. A. were not wanted."[67] He asked that Hughes utilize any federal funds to target the groups that were doubly discriminated against for both their race and their disease, ensuring that any new developments in alcoholism treatment would benefit all alcoholics equally. In addition to these requests, many people in and out of recovery wrote that they wanted to assist Hughes in making progress in the treatment field. For example, John wrote: "As an alcoholic I know and now accept what tragedy and heartache alcohol has caused me and my loved ones. I'd like to help you in your work."[68] While only a few of these letters can be mentioned here, the large number of correspondences Hughes received illustrated how many Americans in and outside of Iowa had been directly touched by alcoholism. Their positive response to Hughes' desire to expand alcoholism treatment also illuminated how many individuals believed in the disease-concept of alcoholism and how many were eager to have the state be a part of expanding access to rehabilitation resources to alcoholics across the country.

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66. Letter from Ruth to Harold Hughes, July 1969, MSC0385.1, S135, Harold E. Hughes Senatorial Papers, UISC.

67. Letter from Gerald to Harold Hughes, May 1969, MSC0385.1, S135, Harold E. Hughes Senatorial Papers, UISC. Another constituent brought up this concern about equal access this way: "Is the delivery of services a right or privilege? I strongly endorse it is a right for every American to have the best medical care in the country. If it is a privilege, it will be denied to Black and Indian Americans." Letter from R. to Hughes, July 1969, MSC0385.1, Box 136, Harold E. Hughes Senatorial Papers, UISC.

68. Letter from John to Harold Hughes, MSC0385.1, Box 136, Harold E. Hughes Senatorial Papers, UISC.

Hughes relied on this high level of public backing for reform when seeking millions of federal dollars in a comprehensive, nationwide attack on alcoholism. He acknowledged that it was an inconvenient time to be seeking such a sizeable amount of public funds. "I recognize," he said, "that this is the time when budget-cutting in the civilian programs of our Government, particularly in the Health and Welfare areas, is the order of the day. Nonetheless, I believe the time is ripe to launch an unprecedented, all out campaign against alcoholism on the massive realistic scale that is needed."[69] Indeed, the political ground Hughes was now walking had shifted rapidly away from widespread support for programs like Johnson's War on Poverty and the Great Society. The Nixon administration sought to cut back on these social safety programs and direct federal monies to crime control and foreign affairs. This dynamic led to a relationship between Hughes and Nixon that was "lukewarm" at best, with the executive office consistently pushing back against the kind of funding in alcoholism research and treatment for which Hughes was asking.[70] However, years of work from individuals involved in the modern alcoholism movement as well as successful test cases from states like Iowa had made investments in alcoholism treatment widely popular.[71] With this support from powerful allies and the general public, Hughes was willing to fight tooth and nail against the objections of the Nixon administration to pass federal alcoholism reform legislation.

After significant behind-the-scenes lobbying, the Hughes Act was signed into law on December 31, 1970.[72] This landmark bill

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69. *Hearings before the Subcommittee,* 3.

70. Grischa Metlay, "Federalizing Medical Campaigns against Alcoholism and Drug abuse," *Milbank Quarterly* 91, no. 1 (2013), 137. The Nixon administration's dismantling of what Hughes saw as many vital and "good social programs" in addition to his staunch anti-war stance added to the contentious relationship between the two. Even after Nixon signed the comprehensive alcoholism legislation, Hughes would consistently castigate Nixon and his staff for failing to follow through on funding promises for treatment measures. Nick Thimmesch, "Harold Hughes: A Man of Compassion," *Chicago Tribune,* 12/29/1974.

71. "The Alcoholic Recovery Programs," *Washington Post,* 11/24/1972.

72. For more on the work leading up to the passing of the Hughes Act, see Nancy Olson, *With a Lot of Help from Our Friends.*

carried within it a number of lessons learned through ICAP. With the program in Iowa, Hughes had experienced what happened to services during budget cuts when they were set up as temporary demonstration projects. With federal legislation, Hughes instead worked to make governmental investment in alcoholism research and treatment a permanent fixture of the state. One way that the Hughes Act did this was through project grants and contracts. Individual states, localities, and agencies could apply for federal monies for "the prevention and treatment of alcohol abuse and alcoholism." These grants favored projects that were structured similarly to ICAP in that they provided "a comprehensive range of services," which aided alcoholics through all phases of recovery by including facilities like detoxification centers and halfway houses.[73] Though the amount authorized for these grants changed every year, almost 400 million dollars were distributed across the country between the years 1971 and 1973. Leaders in the alcoholism movement from various states celebrated this milestone in alcoholism treatment. Charles Methvin, the head of Georgia's community alcoholism units, remarked, "The Hughes Act appropriations represents the first time the federal government has provided massive aid to the states for aiding in the treatment of alcoholics."[74] States across the country set out to use this new source of money to create comprehensive programs that included detoxification facilities, expanded alcoholism wards in general hospitals, halfway houses, and rehabilitation centers comparable to the ones that had been modeled in Iowa.[75]

Another significant feature of the Hughes Act was the establishment of a national alcohol institute. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) operated under the

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73. *Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970,* Public Law 91-616, *U.S. Statutes at Large* 84 (1970), 1851–52.

74. Dewitt Rogers, "Alcoholics Care Clinics Get Aid," *Atlanta Constitution,* 8/10/1972; Jack Spalding, "A break At Last for Our Drunks," *Atlanta Constitution,* 2/27/1970; Ronald Kotulak, "Alcoholism: No. 1 Drug Problem in the U.S.," *Chicago Tribune,* 10/1/1972; William Stephens, "Must an Alcoholics Stay Dry Forever?" *Los Angeles Times,* 12/30/1973; Louis Cassels, "U.S. Attacks Another Disease: Alcoholism," *New Journal and Guide,* 1/23/1971.

75. These funds also helped to sustain the therapeutic programs in Iowa that were at risk of folding once ICAP monies had been slashed.

banner of the National Institute of Mental Health but had its own director, staff, and budget.[76] Hughes and his allies fought hard for a distinct governmental office like the NIAAA, believing that "nothing less" would "provide the visibility and the priority" needed to adequately tackle alcoholism on a national scale.[77] The NIAAA functioned as a kind of hub for alcoholism knowledge, producing materials that covered the latest and most effective methods of treatment and rehabilitation. Congress and the President received annual reports from the NIAAA as well, ensuring that the major branches of the federal government remained both aware and responsible for updating their alcoholism treatment programming.[78] Between the project grants and the NIAAA, Harold Hughes achieved his primary goal of using federal legislation to "get the treatment of alcoholism out of the ad hoc, experimental category and into the main line of essential public services."[79] Alcoholism research and treatment were now "essential" functions and obligations of the federal government.

The ICAP experience had illustrated that the discriminatory practices of hospitals towards alcoholic patients were preventing the full medicalization of alcoholism. Even though the AMA had officially declared alcoholism to be in the purview of medical care in 1956, individual doctors and health facilities continued to view these patients "as unmanageable in a hospital setting" or to believe that alcoholics were beyond the point of help.[80] As the case of Carl in Iowa demonstrated, the refusal to deal with alcoholic patients within general hospitals had resulted in tragic and unnecessary deaths. The Hughes Act tackled this problem directly. It stated: "Alcohol abusers and alcoholics shall be admitted and treated in private and public general hospitals, which receive federal funds for alcoholic treatment programs, on the basis of

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76. The NIAAA would go on to become an independent institute of the National Institutes of Health in 1992.

77. Letter from Marty Mann to Senators Jacob Javits and Harold Hughes, August 1969, MSC0385.1, Box 136, Harold E. Hughes Senatorial Papers, UISC.

78. Public Law 91-616, 1848.

79. "Hughes Cites Weakness in Alcoholism Treatment," *Press-Citizen*, 9/9/1967.

80. Conference Notes on the Hospital Care of the Alcoholic, April 1970, MSC0385.1, Box 138, Harold E. Hughes Senatorial Papers, UISC.

medical need and shall not be discriminated against solely because of their alcoholism."[81] Under the law, hospitals faced losing governmental funding if they continued to refuse to treat alcoholic patients. With this provision, the writers of the bill constructed the category of the "alcoholic" in similar ways to how civil rights legislation framed minority groups. One governmental official testified before Congress: "We must remove the barriers of discrimination that have so long barred the alcoholic and the narcotic addict from receiving truly comprehensive care—a discrimination based on diagnosis, which is just as intolerable as discrimination based on race."[82] This comparison between "race" and "diagnosis" was politically significant, as it acknowledged alcoholics were a historically oppressed group that needed special protections from the government.

By framing the alcoholic citizen as part of a protected legal class, policy makers not only sought to remove discriminatory barriers to treatment but they also officially laid out what they considered to be the essential rights of the alcoholic. The Hughes Act followed the model of state legislation that had been passed in Maryland. This "Bill of Rights for the Alcoholic" included the decriminalization of public drunkenness, penalties to hospitals that discriminated against alcoholic patients, and the creation of state-supported detoxification and treatment centers.[83] In essence, the law mandated that alcoholism be considered a health problem and not a crime. Similar language carried over into the final iterations of the Hughes Act. For the first time in the nation's history, the federal government formally recognized that "alcoholism is an illness or disease that requires treatment through rehabilitation services." Not only did alcoholic citizens have a right to adequate medical treatment, they were also entitled to receive this help through programs created and sponsored by the federal government. As the bill stated, "major federal action . . . shall be undertaken to provide equal access to humane care, effective

81. Public Law 91-616, 1852.

82. *Hearings Before the Subcommittee on Public Health and Welfare*, 9.

83. The Year of the Alcoholism Law, December 1968, MSC0385.1, S135, Harold E. Hughes Senatorial Papers, UISC.

treatment, and rehabilitation for all alcoholics regardless of the circumstances."[84] Thus, the state now had an official therapeutic role towards the entire alcoholic populous. This level of responsibility increased for those who did not have the financial means to afford private rehabilitation resources.

Conclusion

With the rise of the modern alcoholism movement in the post-Prohibition era, reformers sought to dismantle the penalization and stigmatization of alcoholism. One of the major goals of this political drive was to rethink the state's approach towards alcoholic citizens. By reframing alcoholism as a medical illness rather than a crime or moral failure, advocates pushed the government at every level to fund and build therapeutic infrastructure that would reach alcoholics at all phases of recovery. As this article has demonstrated, one of the most significant players in this effort was Harold Hughes. Throughout his political career, Hughes constantly invoked his own personal experiences with alcoholism at a time when not many were willing to do so. Becoming the public face of alcoholism allowed Hughes to fight for change from a genuine and compelling place. While he was governor, he utilized Iowa as a test case to prove what public investment could do in the field of alcoholism treatment. The seeming success of ICAP helped to quiet concerns that alcoholics were hopeless people who could not be helped. Additionally, the lessons learned throughout the ICAP process informed the development of federal legislation that would have national impacts.

Medicalization had substantial effects on what alcoholic citizens felt they had a right to receive from the state. Alcoholics now had the expectation that there would be no punishment for displaying symptoms of the disease whether that was on city streets or in a hospital. They also could now stake claims to adequate and efficient treatment for their illness from the withdrawal process through to sober living. The 1970 Hughes Act officially

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84. Comprehensive Alcohol Abuse and Alcoholism Legislation, September 1970, *Hearings Before the Subcommittee on Committee on Labor and Public Welfare—House*, 91st Cong., 2nd Sess., 2–3.

codified these entitlements of alcoholic citizens into law. Additionally, it marked the first time in the nation's history that the federal government recognized alcoholism as a leading public health problem that deserved the attention and the resources of the state. Federal involvement in the field of alcoholism set the stage for specialized aid being directed towards alcoholic citizens from a variety of backgrounds in the decade after the passing of comprehensive alcoholism legislation. Especially in the early 1970s, the political fight against alcoholism expanded to different populations including women, Black, and Indigenous alcoholics that had often been "invisible" and underserved in mainstream treatment spaces.[85]

Most of the historical studies concerning the politics of substance abuse in the second half of the twentieth century have focused on illicit drug use and the development of the "War on Drugs." But this concentration has overshadowed the actors in the postwar era who worked doggedly to reframe traditional understandings of addicted and alcoholic citizens. The political history of alcoholism in particular shows how there has always been a consistent debate between seeing forms of addiction as problems of law enforcement or public health. Especially during the 1960s and 1970s, alcoholics and their political allies ensured that the pendulum swung heavily in the direction of medicalization and therapeutics. While they were not always successful in their aims of ensuring equal access to treatment, they chipped away at the stigma that had long been associated with individuals suffering from substance abuse disorders. And most importantly, they codified into law the notion that adequate medical treatment was something every alcoholic and addicted citizen deserved.

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85. "Alcohol Abuse among Women: Special Problems and Unmet Needs," *Hearings Before the Subcommittee on Alcoholism and Narcotics of the Committee on Labor and Public Welfare*, 94th Cong., 2nd sess., September 1976; "To Amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act," *Hearings Before the Subcommittee on Alcoholism and Narcotics of the Committee on Labor and Public Welfare*, 93rd Cong., 1st Sess., 1973.