

## Interview #9 - Bev Haberle Reflections on the Historic 2001 Recovery Summit in St. Paul, Minnesota, and the Start of the New Recovery Advocacy Movement

**Forward:** I have known Bev Haberle and her work for a long time. We are both from Eastern Pennsylvania and our paths crossed regularly over the years. I brought her staff into the residential facility I ran in the early 2000s to meet and engage our alumni. Bev served for many years as the Executive Director at [The Council of Southeast Pennsylvania, Inc.](#) a program providing information, education, prevention, treatment, and recovery services throughout the five counties of Southeastern PA. [Pennsylvania Recovery Organization Achieving Community Together \(PRO-ACT\)](#) was one of the projects that rose out of The Council to mobilize the recovery community. The PRO-ACT project and the 501c3 statewide recovery community organization I now run, [The Pennsylvania Recovery Organizations – Alliance \(PRO-A\)](#) were started around the same time and have always been confused with each other. We were both in the first cohort of the [Recovery Community Service Program \(RCSP\)](#) grants and the organizations became aware of each other in the late 90s as these initial competitive grants were awarded. Two wonderful recovery community organizations, seemingly forever confused.



One of the stories that I heard Bev tell over the years about her own journey into recovery 50 years ago in 1971. Bev graciously gave her permission to share it as part of this interview. As a young woman, she nearly had a [prefrontal lobotomy](#) performed on her as this was a procedure that was used on persons with alcoholism in that era. It was harm disguised as help. This type of brain surgery can radically change a person's personality and cognition. A person in recovery learned about her plight through her church and reached out to her, offered her hope and helped her get into recovery. She took another path as a result and is forever grateful that tragedy was averted, tremendous things resulted. When she shared her story with Bill White she said that experience became the motivating factor for her work to assure dissemination of accurate information and advocacy for research based quality treatment.

Over the years before her retirement, Bev and PRO-ACT would join other early recovery community organizations like [The RASE Project](#) and [The Message Carriers of Western PA](#) with PRO-A to advocate for issues of common concern for the recovery community of Pennsylvania. As I conducted this interview, we also had a few side conversations about how people have come together to help others experiencing addiction over the long arc of American history. A number of these conversations went back to [Marty Mann](#), who was the first woman in Alcoholics Anonymous and who also started the [National Council on Alcoholism and Drug Dependence \(NCADD\)](#). Marty probably did more to raise awareness and support for persons with alcoholism than her more celebrated male counterparts [Dr Bob](#) and [Bill Wilson](#). It is a reoccurring theme through these interviews that knowledge of our own history and adhering to recovery values underpinned the effort.

Bev Haberle served for over 40 years as the Executive Director of The Council of Southeast Pennsylvania, Inc., a non-profit recovery community organization that provides prevention, intervention, education, advocacy, and addiction recovery solutions. For the last 22 years, Bev served as the Project Director for Pennsylvania Recovery Organization-Achieving Community Together (PRO-ACT), a grassroots advocacy initiative that promotes the rights of, and ensures opportunities, for those suffering from substance use disorders, members of the recovery community, and their family members.

Bev holds a Master's degree in Human Services, is a Licensed Professional Counselor, a Certified Advanced Alcohol and Drugs Counselor, and a Certified Intervention Professional. She was the co-founder of the National Intervention Network. Bev has served on a number of local, state and national Boards, Coalitions and Committees. In the past, she had been a member of the Board of Directors for the National Council on Alcoholism and Drug Dependence, Inc., Vice Chairwoman for the National Board of Directors for Faces & Voices of Recovery and also Co-Chair of Philadelphia's Office of Addiction Services Advisory Board, to name a few. She is a person in long-term recovery (50 years) and a person of faith. She is an ordained Elder of her Church. She has been an active advocate on behalf of those with substance use disorders, their families and the community at large for over 40 years. In 2018, Faces & Voices of Recovery honored her service to the recovery community with the Distinguished Lifetime Achievement Award at their annual America Honors Recovery awards dinner.

### **1. Who are you and what brought you to Saint Paul at that time?**

*The story of how I ended up in Saint Paul at the 2001 Recovery Summit started with the formation of PRO-ACT a few years prior to that, in the mid-1990s. The project was developed because of the growing recognition at that time that substance use treatment was changing. Treatment was not providing the kinds of community support people needed. The kinds of things that many of us had received through it a generation before. Treatment was becoming detached from the recovery community. We started to mobilize people in the region. Around that time, the RCSP grants came out and we got one. It was not until we got to DC for the initial grant meetings that I became aware that there was a second grant recipient in PA, PRO-A.*

*That SAMHSA RCSP grant and the coming together of the recipients was foundational to what occurred. We met and worked together for several years to strengthen recovery efforts prior to the summit in 2001. There were 18 of us, and the way that the grant administrators worked with us was also an important facet of how it came together. Cathy Nugent was our grant officer, and June Gertig and Rick Sampson from SAMHSA were also involved. They helped facilitate our connections and validated the principle that people in recovery were the experts in recovery. They listened to us. It was incredibly validating in ways that I don't think even occurred to us at the time.*

*We stated to bring people together to advocate for long term recovery using whatever pathway got them there, including MAT. It was an interesting time. I initially thought that when we started to bring people together that it would be people in long term recovery who would stand up, but it was not. When we would talk with people in long term recovery, they did not have a sense there was anything wrong. They did not see the stigma or the disparate treatment. It was like they got their lives back and were content golfing and having a good life. It was not what we were seeing on the ground when we began working with people in early recovery. It was the family members of people still suffering, people in early recovery, people in reentry from the criminal justice system and people living in recovery housing. They were the people who showed up. The kind of connection and the development of recovery community were exactly what they wanted. People really began to mobilize around the idea that we needed to be more open about recovery and start sharing our stories about recovery.*

*We formed strong connections within the RCSP grantee cohort and we were having similar conversations with community members across the nation. There are so many complex dynamics that make recovery a highly individualized experience. Things like gender, race, economic status, sexual identity become even more complex in the context of individual values, and anonymity. We began to really recognize the power our stories to share hope and the benefits of recovery. Everything we did was grounded in recovery values. Humility, honesty, and integrity were things we worked very hard to center our work on. Bill White was very involved with us. He had just published his book; [Slaying the Dragon](#) and we became aware of the rich history that had preceded us. We shared different ways of looking at recovery and people like Don Coyhis introduced us to Native American rituals*

*of recovery. Tom Hill highlighted his experiences through the gay rights movement and the need to stand up and not being silent as our people continued to die. Many of us started to feel free in a way that had not occurred in our lives prior to us all coming together. We knew it was powerful.*

*While we thought of ourselves as the first as we were doing this work, we also become keenly aware of how many generations of recovery community who came before us. That fact – that so many had come before us was deeply humbling. We were conscious that what we were building was fragile. Our own history shows us this truth. Unchecked ego, the quest for power and self-serving agendas would derail our efforts if we did not pay attention and keep our agenda focused on our common purpose.*

*I am not sure what we all expected when we got to Saint Paul. I know we had reached consensus that inclusion of many pathways of recovery was important to us. This was a radical notion back then, as was the idea that we should step out of anonymity and share who and what we were as people in recovery. I think we were hoping that we would find validation and acceptance of what we had all been working on, rather than the deficit focus on addiction that blocked out all of the benefit of a recovery focus that we wanted to start talking about.*

## **2. Is there a particular moment or memory that stands out to you from that summit?**

*I don't think we realized what Saint Paul was about until we got there. We went because our grant officers encouraged us to do so. I am glad they did. As an aside, when I first got into recovery, I did not feel like I experienced discrimination because I hid behind my Anonymity. I recall feeling shame and guilt for the first time several years later when I was sitting in a classroom learning about alcoholism. The professor started talking about "those people." I realized she was talking about people like me. That was a real awakening. It is also true that I served as Executive Director of a substance use prevention and treatment organization for 13 years prior to the summit, and I don't think I ever once publicly acknowledged my recovery status. Most of us who served within the substance use care system hid our recovery up until that time. Talking openly about recovery just wasn't done.*

*When I was sitting in that room with all of us from across the nation, I saw elected officials, leaders of treatment organizations and others stand up for the first time and openly talk about recovery. I was with my people. I was overcome with pride and hope, not for myself but for all the people who needed hope and needed help. The potential of what we could do was clear to all of us. I had been a little concerned up until that moment that this was going to be like all the addiction focused conferences I had ever attended. Deficit focused. Instead, they started to talk about recovery, and I realized that they get it – they knew that the pathway forward was to focus on hope and bringing our communities together for common purpose. It was a powerful moment for all of us.*

## **3. What did you see as the motivating factors that brought you all together for that historic summit twenty years ago?**

*I don't think I can overstate the foundational work that we did through those SAMHSA RCSP grants. The work we did together was crucial. There was a collective momentum that started before the summit that became even more powerful after Saint Paul. As I mentioned before, I also think what Bill White was doing to document the rich history of recovery movements through his book *Slaying the Dragon* was very much in our thoughts. We knew what we were doing was important. We also knew that we had to be very careful. It was critical that we build our work on recovery values if what we wanted was to be sustained over time. We knew that how we did it mattered as much or even more than what we did. I hope this fact does not get lost in history. We realized that if we did not ground everything in our shared values that it would all eventually fail. It is an often-repeated dynamic in our own history we must stay vigilant about. What was true then and remains true today, is that unless we build everything on a foundation of shared recovery values, consensus building and mutual positive regard, it all will fall apart.*

#### **4. How have we done in accomplishing those early goals?**

*We have accomplished a whole lot. I think that changing how we talk about recovery was one of the most important things we did. I remember one of our early trainings at PRO-ACT. We were educating people about how to talk about recovery. We emphasized recovery, not addiction. We would say “my name is Bev Haberle and I am a person in long term recovery and what that has meant in my life is....” We don’t label ourselves as alcoholics or addicts in public settings anymore, it sends the wrong message. I recall teaching that to a young woman and she started crying and she said how much better that felt. We were teaching people how to talk about the dignity and worth of recovery. It really resonated with the community.*

*I think we have also made some progress with philanthropic efforts. For so many decades we have had no benefactors. Even some of the wealthiest families in America who have seen the power of recovery to heal their own families and experienced the devastation of addiction would never consider supporting recovery as benefactors. Instead of supporting efforts that saved their own families, they added yet another hospital wing or a university library. Of course, this is because of stigma, but it is starting to change.*

*We are also seeing more awareness in political circles than we had in past times. When we first stated [the Recovery Walks](#) event in Philadelphia, we would send out invitations to elected officials and other than a few like Gene DiGirolamo, they just didn’t show up. That has sure changed as politicians have begun to realize we do vote and that we are a constituency of consequence. A few years back when we had 30,000 people show up for the walk, we had so many elected officials who wanted to be involved that we did not have time on the schedule to have them all talk on the stage. We acknowledged them by having them walk behind a banner that indicated they were elected officials who supported recovery. A real change in attitude about the need to support Recovery. I also see it with our recovery voters’ guide that Noni West had put together over the years. Our community wants to know where people running for public office stands on recovery. This is all progress we have made!*

#### **5. What do you see our greatest successes to date are?**

*I think our efforts to elevate recovery into the conciseness of the general public has saved a lot of lives. We are seeing less stigma in some communities. Families are more likely to seek help earlier. There is a lot more awareness that there are many pathways to recovery. We have even made with strengthening efforts to treat addiction alongside of co-occurring mental health needs when both our present. This is all progress, all of it rising out of our collective effort to educate the public and raise awareness about recovery.*

#### **6. What did we miss if anything looking back at those goals?**

*We really should have focused on a comprehensive research agenda to better understand long term recovery. The hard science that supports the work to get more people into recovery and to sustain recovery over the long term. We did not invest in research to the degree we should have. There were some early efforts, like the [Life In Recovery](#) study, but we did not focus enough of our energy on recovery research as we should have. We need hard science on recovery, had we focused there, we would be in better shape today. We need to understand how people access recovery and sustain it. We need to understand gender differences, racial and cultural differences and how we support diverse communities to obtain and sustain recovery.*

*We need to develop deeper insights into recovery capital and the myriad of pathways and supports people use. Such hard science would only benefit us, but we simply don’t have it. Nearly everything we have is on public treatment, almost nothing on recovery community or how varied our individual experiences are. I can tell you that as one of the few women who attended recovery fellowships in my community in the early 70s it was hard*

*and we have different needs than men. We spoke earlier about Marty Mann, she blazed the trail for us, but we still don't have a complete picture of the recovery needs of women in recovery. I don't think we have a good scientific understanding of how varied recovery experiences are. We need that hard science to help us understand how to save more lives.*

## **7. What are you most concerned about in respect to the future?**

*History shows us very clearly that there is a pendulum that swings. We make forward progress and then we risk falling backwards. I am concerned that we might fall back too far and lose a lot of ground we worked very hard to gain. I think we need to have more community discussions about our foundational recovery values. I think for some reason elements of those values have been lost along the way. If we do not ground our work in values such as humility, honesty and integrity what we built will fail. It seems like people in recovery in our current era move too quickly into the role of expert. Not everyone has to be a professional. It probably would make sense to spend a lot more of our time focusing on strengthening common values of recovery and orienting people on why these values are critically important. We risk becoming over professionalized. This was never our intention. We always envisioned a broad volunteer effort as the base of the recovery movement.*

*I recall one of the Recovery Community Centers I was involved with and how much effort we put into building an authentic advisory group. People who served on this advisory group/Vision Team were charged with keeping us focused on the needs of the community and making sure everything we did was done with high ethical standards. They were charged with being Stewards of quality recovery support services that meet the needs of the local Community being served. There was a lot of open discussion about what we were doing and we worked hard to make sure we stayed true to our community mission. They often spotted things the rest of us missed. People coming into our centers with what on the face of it looked like beneficial things but who had hidden agendas or self-dealing schemes. As a leader, I knew we needed them as our anchor to our mission.*

*I watched over time what was put together decay and gradually move away from the needs of the community. Some Centers lost focus on process and ended up going through the motions without paying attention to the needs of the community. This is not an uncommon dynamic. The newer people did not understand why we put those things into place and the vital function they served. So they gradually stopped doing them. Things did not work as well as a result. It is a lesson to heed. We need broad and open community engagement. We must have servant leadership who listen more than they talk and who are willing to look at the hard things and listen to the difficult feedback in order to stay true to the authentic recovery community. Anything less will fail us. We need to focus on this.*

## **8. What would you say to future generations of recovery advocates about what we did and what to be cautious of / your wishes for them moving forward?**

*I would tell people to put their own recovery first. Without a focus on their own growth and self-care they cannot be of any service to anyone else. I would tell them to stay grounded in recovery values. I would tell them to take the time to grow and nurture themselves. There is a growth process of crawling before one can walk. Running is built on those earlier efforts. I am seeing far too many people getting caught up in recovery advocacy and not paying attention to the fundamentals of recovery, no matter what pathway they take. Self-care comes before advocacy work. What we do is only effective when it is grounded in a stewardship orientation. Our efforts are only effective when they are led by people with a stewardship and servant leadership focus that originate from a deep connection to the community. This is one of the keys to keeping our forward momentum. If they do those things, they will move our work further than we ever could.*

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