BORN TO RUN

BOBBIE STERNE was the first woman to be mayor of Cincinnati, and a harbinger of the burgeoning female-fueled political revolution.

By KAILEIGH PEYTON

Illustration by ZACH MEYER

MAY 2018
T WAS IN THE EARLY MORNING HOURS OF MONDAY, DECEMBER 1, 1975, in a hazy room at Charlie Taft’s Highland Towers penthouse, when Bobbie Sterne was selected as the first female mayor of Cincinnati by a portion of her fellow councilmembers, making her one of the first female mayors of any major American city. It was a boon for women’s rights and equality, no doubt—a movement that has finally pushed its way to the forefront of our current political discourse—but even then, Sterne’s historic victory wasn’t exactly marked by the triumphant series of events you might expect for such an occasion. Not that Sterne would have wanted it that way.

Back then, Cincinnati mayors weren’t elected directly, and that wouldn’t change until the 2001 election. Traditionally, the top vote-getter for city council became mayor, except for the period from 1971 to 1987, when the majority party nominated one of its members.

In addition to the local Republican and Democratic parties, the Charter Committee was and remains a legitimate third party in Cincinnati politics. Founded in 1924, it developed into a progressive and largely volunteer-run faction that generally aligned with Democrats on local issues, but avoided special interest groups or sway from national parties on matters that had no impact on the city. But after more than a decade of Republicans controlling city council, the Charterites and the Democrats formed the Charter-Democratic Coalition in 1969 in hopes of overturning a Republican stronghold that, to their minds, no longer represented the changing electorate. Just a couple of years later, they got their wish, ending a 14-year Republican rule over city government. Starting with the 1971 election, the coalition devised a pact to split the mayoral term evenly among two of its councilmembers, one from each party; the same was true in 1975.

On that December morning in Highland Towers, the Democrats selected Jim Luken for their portion of the mayoral term. The Charterites, however, were short on options. The 78-year-old Taft had served as mayor from 1955 to 1957, but wasn’t particularly keen on reprising the role, according to David Mann, a newly elected councilmember at the time. So it was Sterne who ultimately stepped forward and earned the nomination, marking a significant and trailblazing moment in our city’s and country’s history. Though for her, she was merely continuing the same work she’d been doing for the past 28 years.

“WOMEN! WE REPRESENT OVER HALF OF THE city’s population, yet there is no woman on council. Vote for Bobbie Sterne, Charter-Democratic Coalition.” Her campaign ads in 1971, the first year she won, said it all. “It’s been 10 years since we’ve had a woman’s viewpoint on City Council. Vote for Bobbie Sterne, Charter-Democrat Coalition. She’s experienced—She’s qualified—She cares.”

Sterne ran in 1969 and lost, but she had a feeling her second attempt would be different. “I came home one day and said to my dad, ‘Mom’s going to win,’” remembers Lynn Sterne Bush, the older of Sterne’s two daughters, who worked on her mother’s campaign that year. “She and I could just feel it.”

Elected office wasn’t necessarily where Sterne pictured her life taking her, but running for council was hardly her entry into civic duty. “She was politically active from a very young age through the Charter Committee,” says former mayor and city councilwoman Roxanne Qualls, who volunteered on Sterne’s campaigns in the 1970s. “She was also very involved in public health and many issues that were important to the quality of life in the city.”

And it started much earlier than that. Born Lavergne Mary Lynn on November 27, 1919, in Moran, a rural village in Northeast Ohio, she was “meant to be a boy,” or so she lightheartedly told anyone who asked why people called her “Bobbie,” which they had done for as long as she could remember.
“[Her parents] always taught her she could do anything a boy or man could do,” says Lynn.

What Sterne didn’t often share with people, her daughters included, were the trying times her family experienced during her childhood, which coincided with the Great Depression. “My mom was a glass-half-full person,” says Lynn. “I didn’t hear about her having been chosen as the poorest family in their town one year and getting the Thanksgiving or Christmas food [donations] until I was in my 40s. I’m sure it was humiliating to her.”

Sterne’s family lived with no running water in a house attached to a general store they operated. Even in the midst of personal financial struggles, her father was always willing to help those in town through a tough time. If a family couldn’t afford something, her father would let them purchase goods on credit. “Her parents were major role models for her in how you live in a way that is respectful and caring of other people,” Lynn says.

Sterne studied to become a registered nurse before setting her sights on the Navy, then opted for the Army instead when she learned they’d be the first to reach the front lines of battle. Assigned to Cincinnati’s 25th General Hospital division as a lieutenant of the Army Nurse Corps, her first stop was Ft. Knox, Kentucky, where she met her future husband, Eugene, an Army doctor.

She was stationed across Europe during World War II, nursing ailing and injured soldiers in England and France. She worked in field hospitals in Liège, Belgium, during the Battle of the Bulge, tending to gravely injured servicemen amid near-constant buzz bombings. “I realized later all of that inner strength [she had], all of that was her WWII experience,” says Maureen Babbit, a former political aide. “She had looked in soldiers’ eyes and told them they were going to live, and she knew they weren’t going to.”

She and Eugene married after the war and settled in Cincinnati in 1945. Sterne transitioned to life as the homemaker spouse of an affluent, distinguished VA Hospital physician. The couple had two daughters, Lynn and Cindy, and Sterne led their Girl Scout troops and presided over North Avondale’s PTA (so effectively they asked her back years after her daughters were grown; she humbly declined). She was highly dedicated to motherhood, but could never turn off her civic activism switch. She was a member of the Community Chest, active in the League of Women Voters and the Women’s City Club, and volunteered for several other community organizations. Before running for council, she went door to door for the Department of Health and Human Services in some of the city’s poorest neighborhoods to make sure children received vaccines. Her husband always quipped—according to Lynn—that Sterne would be “bored silly” without a greater cause to commit herself to, so he encouraged her to apply her passion for volunteerism and community service by getting involved in the Charter Committee, which his family had a hand in founding.

As a young Charterite in her 20s and 30s—and serving as a nice bit of foreshadowing—Sterne worked on the council campaigns of Dorothy Dolbey, who as vice mayor in 1954 served for six months as interim mayor upon Mayor Edward N. Waldvogel’s untimely death. Dolbey, who retired from city government in 1961, endorsed Sterne’s campaign a decade later.

Yet even as politically active and experienced as she was, Sterne never intended to run for office herself. “Charter asked her to run because they wanted to run a woman. She was very surprised—and in some ways flattered,” says Marilyn Ormsbee, a former campaign manager for Sterne. “It kind of got down to talking with [continued on page 78]
is met with a round of How awful! head shakes. As we shudder, she spots a neighbor sipping wine at the bar and invites her over to tell us how it used to be.

The neighbor, age 66, slides into a seat next to me, explaining how, as a child of the 1960s, she never drank much until she discovered wine around age 40. Sure, she’d smoked pot and tried hallucinogens, but no booze. Now she’s a discerning wine drinker, inviting her neighbors over to try verticals (different vintages of the same wine).

Our group did come to consensus on a few things: Wine has become the professional ladies’ drink of choice and is free-flowing in both casual and professional settings. Also, many of us have few memories of our mothers drinking when we were kids, instead serving as the perpetual designated driver—though many of us now see those same moms happily throw a few back.

Another point of agreement: Being a stay-at-home mother of small children is intense, and sometimes a drink at the end of the day helps us unwind. One woman described when her kids were small, “between 5 and 6 p.m. I always crashed. I was drinking something—wine or beer,” though now that her kids are older and in school, she doesn’t imbibe as much during the week.

It was certainly no surprise to any of us that “Moms in Need of Wine” has become, as Kathryn Jezber-Morton wrote for Jezebel, “an essential genre of social media humor, born out of a desire to defend Walk into any boutique or home goods store and find a heavy pour of wine kitsch: paintings of bottles, art made from corks, art you can fill with your own corks. At Anthropologie, there’s a chic T-shirt on sale boasting the maxim Rise & Wine. Women currently make up 57 percent of high-frequency wine consumers (more than one drink a week) and a minority of beer and spirits purchases. According to the Wine Market Council, 26 percent of women have purchased wines created for and marketed specifically to women—including a brand dubbed Mommy’s Time-Out. The wine glass emoji, which appeared in 2012 in the U.S., peaked in usage in July 2017 and continues to runneth over.

It’s silly fun, these moms and their wine. But it’s also indicative of a major shift in American alcohol consumption: Women are, in fact, drinking more. A 2017 study in the American Medical Association’s JAMA Psychiatry journal found that high-risk drinking and alcohol abuse disorder became a public health crisis between 2001 and 2013 and that alcohol abuse disorder has increased 84 percent among women in that span. By 2016, 29 percent of men were binge drinking in a given month (down from 31 percent), while the number of women binging climbed to 20 percent (up from 15 percent). The Substance Abuse and Mental Health Services Administration (SAMHSA) defines binge drinking for women as four or more alcoholic drinks on the same occasion (at the same time or within hours of one another) on at least one day in the past month; heavy alcohol use is defined by SAMHSA as binge drinking on more than five days in the past month. And while, liter-to-liter, women consume half as much alcohol as American men, this correlates with female serving size recommendations, which are half that of men’s, based on average body size.

Around 2012, there was a spate of media attention on women, mothers specifically, who’d developed a habit of self-medicating with prescription drugs (a nascent opioid epidemic housed in our mothers’ medicine cabinets). Attempting to juggle work,
family, and their own high expectations for themselves, it was cast as upper-crust ennui treated by pill-popping mamas.

Some of today’s wine-mom memes read like a more socially acceptable alternative. (See the movie Bad Moms—and Bad Moms drinking games on Pinterest—for how alcohol as a coping mechanism can be a blast and, truly, a means of survival.) And yet, in most cases, it isn’t abuse. It’s a social activity. An occasional stress relief. A circle of friends laughing at a neighborhood restaurant. A book club that’s equal parts wine, book, and getting out of the house for the night. It’s always been the male backdrop for having fun as a responsible adult. Why shouldn’t women have that too? Perhaps the disappearing gender gap in our alcohol consumption is a long-overdue result of the long-overdue shrinking gender gap in the rest of our society.

And we should all drink to that.

"PROHIBITION IN ESSENCE BROUGHT WOMEN to the bars," says Aaron White, Ph.D., senior scientific advisor to the director for the National Institute on Alcohol Abuse and Alcoholism. "Before Prohibition, it was mostly where men—white men—went to drink."

The 19th Amendment, granting women the right to vote, was signed into law in 1920, just months after prohibition became the law of the land. Although women led the temperance movement, it was hitched to the idea that preventing alcoholism was the best way to prevent spousal abuse and economic distress in families. Or as the hatchet-wielding, saloon-smashing Carrie Nation famously put it, "Men are nicotine-soaked, beer-besmirched, whiskey-greased, red-eyed devils." Temperance was broadly about sobering (and shaping) men up.

Of course, women didn’t think and act as a block, and there were plenty of ladies moonshining in their bathtubs and sneaking out to speakeasies. In a subculture of rule-breaking drinkers, it became less of a concern to be a lady who drank. "You can look at advertisements, not as something that’s driving the drinking, but as something that reflects our cultural attitudes about women’s drinking," says White. "After Prohibition, you look at alcohol ads and initially it’s women serving men, and then it’s women and men drinking together, but the woman is in a subordinate position"—perhaps a man enjoying a beer at the kitchen table while his wife cooked dinner. By the 1960s, women and men could be seen in ads drinking together on an equal level, "then see ads in the ’70s of women drinking alone," White adds.

There were few studies on women’s alcohol consumption at the start of the 20th century, so it’s tough to scientifically cite how hard our great grandmothers were hitting the sauce. But that began to change with a landmark 1953 study of 15,000 college students across 27 campuses. The study found that 49 percent of females, compared to 80 percent of males, reported being drunk at any point. Since then, alcohol use by men has declined or remained stable, while women’s has increased; today, 66 percent of women drink in a given year, compared to 73 percent of men.

Interestingly, teen alcohol consumption has been cut in half over a 20-year period. As White notes, today’s youth socialize less in person, so this number also betrays how many are sitting at home on their smart-phones when their parents’ generation would have been out partying. However, the decline in teen consumption has been less among girls. Citing the 2018 Monitoring the Future Study, White points out that for the first time the gender gap has reversed, with women drinking more than men among one group: 10th graders. Girls age 15–16 were almost 25 percent more likely to drink than boys their age. "It may be a statistical blip," says White. It could also be the crest of a changing tide.

There was a stretch when drinking wine was justified for its health benefits, which are real, albeit largely cardiovascular and limited to small amounts. The negatives, according to White, are a bit more germane: The risk of breast cancer in a woman’s lifetime is about 12.4 percent, and current research indicates that one glass of wine a day increases odds by about 10 percent, with another 10 percent for each additional daily glass. While women are less likely to die from alcohol-related liver disease, liver disease moves faster in women than men once it occurs, and women are more susceptible to

*CONTINUED ON PAGE 80*
Beyond the Bloody Mary

Yes, the Northside Yacht Club (4237 Spring Grove Avenue) is well known for its impressive Bloody Mary as evident from the awe-inducing photo on page 53, but Co-Owner Jon Weiner wants to expand your Sunday-afternoon drink choices with one of these cocktails.

1. Banana Daiquiri
Rescued from the island of bad drinks, this version features an entire banana, house made coconut crème, fresh lime juice and rum. A seriously good reinvention of a not-so-serious drink. Served in a tiki mug.

2. Roy Orbison
Who needs a Mimosa when this Northside Yacht Club favorite combines muddled cucumber, Hendrick’s gin, Apricot (an Italian aperitif), and St. Germain liqueur topped with a splash of champagne or sparkling wine.

Northside Yacht Club
Jon Weiner shares other brunch drink faves at:
cincinnati magazine.com/beyondthebloodymary

Best Brunch Spotlight sponsored by:
LAURAS’ LEAN

Born to Run
Continued from Page 51

her husband about it, and she thought, ‘Well, why not? I have some things I think I could change around here.’


After the win, she told the The Cincinnati Enquirer, “Yes, you (even little you) can be effective and can change what happens in your city. Women can visit council, read—be involved. Bring issues to council, support school tax levies, take an active part. If you actually ring doorbells—no matter how small a part you take—you’ve invested something, and you pay more attention to government.”

→ ALWAYS A PUBLIC SERVANT, NEVER A politician. That’s how colleagues and friends remember her 25 years on city council and two terms as mayor. “[Sterne] never cared about having a ‘political career,’” says Mann. “It was an extension of her commitment to the community.”

Her daughters describe their well-dressed and buttoned-up mother as shy, though she tended to hide that from those around her by powering through the often uncomfortable acts of campaigning and public speaking. “Her having to sit on the back of a convertible and wave to people in a parade was just—she cringed at things like that,” says Lynn. “But she pushed herself, and she got used to it.”

While in office, she worked to even the playing field between men and women, encouraging the hiring of more female police officers and firefighters and influencing the demise of the Enquirer’s gender-segregated help-wanted listings. Among Cincinnati’s multiple downtown revitalizations, her contributions are still visible today in the form of landscaping and universal handicap-accessible curb cuts on sidewalks. She prioritized health and human services, education, economic development, and social advancements throughout her career. “Some people might think those are ‘women’s issues,’ or ‘the soft issues,’” says Qualls. “But for her they really came from the heart.”

No issue was too small. “People would call her [and say], ‘Mrs. Sterne, I’ve got a problem with my license. Can you help me?’” remembers Babbitt. Sterne would keep a notepad next to her bed to track the requests. “She’d come into the office the next day and hand me a piece of paper and say ‘This person called me last night at 11 o’clock; they’re having garbage problems. Could you take care of it?’” says Babbitt. “They knew she would answer the phone and do something about it.”

Despite being nominated to a second mayoral term in 1978, her time in charge wasn’t without adversity. A strong and unflinching advocate for women’s reproductive rights and prenatal care, Sterne declared June 30, 1979, to be Lesbian-Gay Pride Day in Cincinnati, which evoked strong criticism and fruitless calls for her to rescind the declaration. “She couldn’t understand why that would be so controversial. That surprised her,” says Babbitt. “[To her], it didn’t seem like she was ahead of her time. She was just doing what they asked her for. She took a lot of heat for it.”

One day in particular was, by all accounts, the most challenging of her career. In the spring of 1979, following a surge in police officer deaths, the Cincinnati POP planned a strike called “Stress Day.” Cruisers, lights flashing, lined Plum Street bumper to bumper. Hundreds of officers and community members showed up at City Hall, and officers laid the hats of eight slain officers atop Sterne’s mayoral podium. “I think she felt the weight of that [event] more than almost anything else during her council days,” says Babbitt, who was in attendance. Emotions were running high—a scuffle even broke out in the hallway—but both Babbitt and Mann cite Sterne’s calm and sympathetic resolve as the glue that kept the lid on
BORN TO RUN

City Hall that day. "I don’t think anyone else on council could have handled that," says Mann.

In 1985, when the Charter-Democratic Coalition dissolved, Sterne lost her reelection bid for council. Still, she never strayed far from City Hall. Ormsbee collected weekly packets for her to read; Sterne even attended a few council meetings. "I think she felt that was not the way she wanted to go out," says Ormsbee.

Sure enough, Sterne returned to council after a successful 1987 election, and quickly got back to her old ways. "Someplace down the hall there, there was a big open space, and it wasn’t assigned to her, but she just went in and occupied it, and that became her office," recalls Mann. "No one was going to tell her she had to leave."

She served until July 2, 1998, when—in classic Sterne fashion—she made a quick escape. The strategic timing left the Charter Committee enough runway to establish her replacement, Jim Tarbell, who was sworn in that same day, before the next election. Coordinating the exit with then-mayor Qualls, Sterne essentially snuck out of the building, fellow councilmembers none the wiser, avoiding the inevitable goodbye speeches and attention.

Her colleagues sat stunned as a council clerk read her resignation letter aloud, which included one last request: “Give special care to the children, the elderly, the sick, the homeless, the poor, and the disabled.”

→ ON NOVEMBER 22, 2017, FIVE DAYS BEFORE her 98th birthday, Bobbie Sterne died in Santa Cruz, California, where she had moved to be closer to her daughters.

"Bobbie helped pave the way for other women to serve in elected office," Hamilton County Commissioner Denise Driehaus told the Enquirer. "We are standing on her shoulders."

Qualls, who served as the city’s mayor from 1993 to 1999, cites Sterne as one of her political role models. "She really was a trailblazer in this town," says Qualls. "In my 20s and early 30s, looking for someone on the local level who was engaged, active, and smart, she checked all the boxes."

Since the 2016 presidential election, there’s been a turning of the tide in American politics, with a record number of women signing up to run for local, state, and national office.

Groups such as She Should Run—a national nonprofit, nonpartisan organization—are attempting to continue narrowing that gender recruitment gap. "It’s unlike anything we’ve ever seen before," says Clare Bresnahan English, the group’s former executive director. "We see women really owning their potential to make an impact, owning the fact that we have to be the leaders we’ve been waiting for."

According to English, knowing where to start is often the most challenging aspect for women looking to get involved in public service, which is why the group’s focus is on providing access to necessary resources for women from all political parties and backgrounds. Research has shown that women still run for office less than men, but that when women do, they tend to win at the same rates.

Sterne felt strongly that women should be involved in government and worked tirelessly throughout her career to lift up and encourage those around her. Along with her mostly female volunteers, she worked with the Women’s Political Conference to create literature for women interested in running, directing them to their local boards of election and assisting them with the petition process. Marian Spencer, the city’s first African-American woman voted to council, served for many years with Sterne and remembers how her deep knowledge of the issues and active role forced others to take her seriously. "She wasn’t just filling the time," says Spencer. "She was there, and she knew what was going on and participated in the discussion."

Even in her later years, Sterne’s daughters say she remained an avid supporter of women’s equality and representation in government, and was proud to see women standing up for themselves in the #MeToo era.

"Her parents really instilled in her the sense of, if you want life to be a certain way, or you appreciate democracy, then you have to work to make it exist," says Lynn. "You can’t just expect other people to make it happen for you."

SOUR GRAPES

CONTINUED FROM PAGE 85

alcohol-induced cardiovascular disease and certain cancers. Atrophy of the brain happens quicker in women; same with alcohol use disorder.

There’s also evidence to suggest it’s unlikely that women are merely more inclined to “fess up” to drinking. Especially middle-aged white women. Rates of alcohol-related death between 1999 and 2016 have increased 22 percent for black women, 71 percent for Hispanic women, and 115 percent for white women; the overall rate for all women has nearly doubled over the 17-year span. And drawn from a National Emergency Department Sample, the biggest increase in the rate of chronic alcohol-related emergency room visits is highest not among teens or college coeds, but women ages 25–34. Overall, DUIs and alcohol related fatalities are declining for both men and women, yet the rate of decline is sharper for men. Meaning the gender gap here is closing as well.

Logically, it’s not all that shocking that an increase in female alcohol consumption would also result in increased health and safety risks. And even if it starts out as harmless fun, there are factors that can increase a woman’s likelihood of developing an addiction, such as family history, stress levels, or a job or social life where high levels of alcohol use are the norm. The problem is, for as much as the trend can be framed as a cultural shift toward gender equality, those who do need help or treatment face the same stigma women have been fighting for generations.

→ AS I ENTER THE MAIN BUILDING OF First Step Home, I’m greeted by a woman in sporty casual wear with hair and makeup done—and noise. Lots of noise. There’s a shuffle of women calling names, rushing into various rooms, carting kids
on hips and in strollers. Wellness bro-
chures line a shelf by the door. It’s time
for group.

Eventually, I’m taken through a back
door and into another building on the fa-
cility’s sprawling campus to meet Jeane
Cole, the facility’s Maternal Addiction
Coordinator. That’s where I also meet
Jordan, 28, and her infant son. First Step
Home is a rarity in the world of drug
treatment centers—here, women can
keep their kids with them up to age 12.
For a lot of mothers, the thought of being
away from their children is an immedi-
ate and overwhelming barrier to treat-
ment. Many know their families would
struggle to survive without them (the
average stay at First Step Home is about
10 months), which is why, regardless of
abuse or disease, many who need it never
enter rehabilitation.

Getting pregnant is actually what got
Jordan sober. She moved into the Terry
Schoenling Home, First Step Home’s
building for pregnant mothers, and was
able to set up a space for her baby and put
his clothes in a dresser. “He’s my first,"
she shrugs, smiles. “Even though you’re
in rehab, it kind of felt like I was bringing
my baby home.”

Jordan started binge drinking in high
school. She’d planned to attend nursing
school but got a DUI, which barred her
from medical work. “So I just partied and
said to hell with school,” she admits.

This reminds me of a trend Aaron
White from NIH mentioned: “If you look
at all of the drinking among all the people
in the U.S., the biggest increase has been
among [college-age] women—that age
group, but not in college.” Of course,
the majority of college-age women in the
U.S. are not students.

From there, things spiraled out of
control for Jordan. She got into a car
accident on 1-275 while drunk and was
charged with leaving the scene of an ac-
cident. She was expecting an ankle moni-
tor but instead landed four months in Cl-
ermont County Jail. When she got out,
she started using heroin. She went to the
Center for Addiction Treatment (known
as the CAT House) twice, but it didn’t
stick. “I wasn’t ready,” she says.

She stopped drinking when she

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SOUR GRAPES

found out she was pregnant, but continued using fentanyl and Xanax. After three months, she got off heroin by using methadone, then got locked up again for two thefts and receiving stolen property, suffering horrible withdrawal, but was released after being processed because Montgomery County doesn’t house pregnant women on methadone. She called First Step Home as soon as she got out and was living there in less than a week. Her baby was born healthy, suffering no methadone withdrawal.

Cole explains that many of the nonprofit’s clients, totaling 392 in 2017, started with alcohol, then moved to cocaine or heroin. Jordan, for example, attends Alcoholics Anonymous classes “because the root of my problem, the root of my evil, is alcohol,” she says. “Without fentanyl or Xanax, take that all away, I’m a drunk at bottom.”

She’s allowed to take her baby with her to group until he’s three months old (childcare is available as he ages) and is welcome to change him and feed him during her meetings. Her baby is in her arms throughout our entire interview. She laughs and calls him a “mama’s boy” with obvious pride.

“Not only am I here working on me, I’m working on my son,” says Jordan, who came to First Step Home with nothing for the baby. “It’s so helpful being here. If you need diapers, they’ve got it. If you need clothes, they’ve got it. If you need to go to WIC, they take you. It’s kind of like you’re here but the father’s here with you, and the father is First Step.”

Most women at First Step Home have limited financial resources and have worn out their welcome with family. Jordan has had a tempestuous relationship with her upper-middle-class family through all of this, but that has changed now that she’s in recovery. “I have the unlock code to my grandmother’s security system,” she says. “That security system is on her house because of me.” After treatment, Jordan hopes to go to school. She wants to work in addiction counseling services.

It will be an in-demand job. When the 47-year-old CAT House was founded, the most prevalent addiction was alcohol and the clients were mostly men. “In the olden days,” says Sandra Kuehn, CAT’s president and CEO, “you didn’t see as many women in treatment. A lot of times, it wasn’t because it wasn’t needed. Families tended to shelter women, hide it as much as possible.” It was harder to get women to leave their families. “They had a tendency to believe they were needed at home even though they weren’t functioning when they were there.” Now, alcohol is only 20 percent of the primary diagnosis center-wide; clients are coming to CAT for opiates rather than alcohol. Though regardless of the primary drug they are in treatment for, “almost 100 percent of them are drinking,” says Kuehn.

My next stop is to Beckett Springs in West Chester, a sprawling complex that opened in 2013 and added another wing in January, bringing the facility’s inpatient operation to 96 beds. It’s quiet, tranquil. The waiting room feels like a hybrid doctor’s office and spa. Decorative stones cover one wall. HGTV is on the television.

The majority of Beckett Springs clients pay via private insurance, including younger clients still on their parents’ plan; the older population typically pays through Medicare. Here, treatment includes partial hospitalization or intensive outpatient care, with stays that tend to range from three to five weeks. There are classrooms for treating younger kids with mental health and behavior issues, and space for older youth with behavior and substance abuse issues. Patient rooms feature doors cut at a slope, armoires cut at an angle, and brushed metal snap-down coat hooks — aspects that at first blush simply look like modern design elements, but are in fact attempts to limit suicide by hanging. The vast majority of patients have voluntarily checked themselves in, but those careful design features suggest how difficult getting sober can be.

There’s a range of ages and addiction treated here, with roughly equal numbers of alcohol use disorder and opiate use disorder. Neicle Knott, director of clinical services, acknowledges the
perceived hierarchy when it comes to addiction, because “alcohol is a legal substance,” she says. “They’re going to Kroger to get alcohol. They’re not going to a back alley to get an illegal substance,” Knott adds, before pointing out the flaw in that formula: “The addictive behavior is the same.”

For stay-at-home moms admitted to Beckett Springs and struggling with alcohol use, there’s an unfortunate common experience. “Often we have a mom who has a full-time job taking care of her kids, right? They own those skills in their household,” says Knott. Once they come for in-patient treatment, “their spouse is like, I don’t know what to put in their lunches. I don’t know when their practice schedule is. I need you to come home.” Many go home early, for the same reason so many who need help can’t or won’t seek it to begin with.

And it’s not just limited to young mothers. Countless women are tasked with family caretaking as they age. Knott notes that many older women now find themselves supporting their adult children or looking after their grandchildren. Particularly with the local opioid crisis, many have custody of their young grandkids and are usually living on fixed incomes while their own health deteriorates with age. In 2016, roughly 5.4 million women were defined as having alcohol use disorder; only 6.9 percent of women who needed treatment received it for their alcohol use and dependency. The strain too often falls to them.

“There are all of these stressors around taking care of everybody else, and that leaves limited time for taking care of yourself,” says Knott. “There’s more stress out there that’s making [alcohol] a more acceptable way to de-stress.”

→ AS I PULL OUT OF BECKETT, I’m struck by the point at which all these stories overlap: the overwhelmed mother and grandmother, the young woman whose future wasn’t panning out, the women in those dumb internet memes sucking wine out of a box with a straw. It’s not that a narrowing gender gap means women’s lives became more like men’s. It means women simply combine the stress of traditional gender roles—looking after the kids, the house, keeping the family together—with working a full-time job, increasingly as the breadwinner. Who wouldn’t need a drink? It makes the measure of someone like Jordan, getting and staying sober with babe in arms, even more impressive.

In the expanding Venn diagram of women who drink, the vast majority do so socially, for fun, in a low-risk way. Think of all the barbecues and book clubs and work parties and even kids’ birthday parties where alcohol is now present. Female drinking has been normalized and, for the most part, celebrated. (Better than slaving over the stove while your husband relaxes with a beer, or slugging from a wine bottle in the laundry room when the kids are running you ragged.)

But what do you do when drinking to unwind morphs into drinking to function? For the millions that struggles with addiction, the sheer ubiquity and mundanity of alcohol in our lives seems an indicator of just how hard it must be to avoid.

That night with my ladies “study group,” I ask if anyone knows a female friend who struggles with alcohol. The answer: Not many who openly admit it. One or two have friends who just don’t like alcohol and therefore don’t drink. I wonder if that makes it hard to socialize and make friends, when so many social events seem to revolve around it. One woman suggests the non-drinkers must have separate, sober circles of friends. I hope so. I hope it’s not isolating.

Our circle did agree that going to an AA meeting in town would probably feel stigmatizing. “Everyone knows everyone else’s cars,” one says. If you needed help, you’d keep it a secret and do your AA a few towns over.

And that’s the rub. It’s OK, even encouraged, for women to relax and have fun with a drink in hand for whatever reason they choose. And that’s usually a good thing. But when it’s not a good thing, it becomes incredibly hard for a woman—so often tasked with holding the world together for those she loves—to ask for help. ☝