

Addicted to His Job

By Matt Robinson

Tucked away in the basement of the Brookline Public Health building on Pierce Street is a library unlike any other in the world.

Surrounded by glass-fronted metal cases filled with all manner of medical journals, handbooks, and other publications, artwork from his native India and his adopted home (including a photograph of himself with Celtics Captain Paul Pierce), and clippings touting his pioneering work in the field of addictionology, Dr. Punyamurtula S. Kishore sits behind a glass-topped wrought iron desk, checking his animated pager, and going through the scores of requests for advice and assistance he receives every day.

For over 10 years, Kishore has manned this one-of-a-kind library as the foremost expert on the history and treatment of addiction. It is lonely work at times, but that is its nature. "Addiction is mired in shame and guilt," Kishore says. "That is why so few people deal with it honestly."

That is also why Kishore opened the National Library of Addictions in 1993.

A Living Institution

"People needed a source for clean, unvarnished information," he explains. "That is what we strive to provide." Through personal consultations, lecture series, community service, and other outreach programs, Kishore is working to help those who are unable or unwilling to help themselves. "Our mission is similar to that of the Kennedy Library," he suggests. "It is not a collection of artifacts. It is a living institution - part museum, part resource center, and part meeting place. It is a place where people can participate."

Originally, Kishore had hoped to donate his extensive collection of books and resource materials to his alma mater, Harvard University. "I found out that they don't just take books," he says. "They wanted an endowment as well." In this way, he jokes, his library has something else in common with the Kennedy collection, which had also been offered to the President's undergraduate institution. "That is why I started my own library," Kishore says.

But why in Brookline, Doctor Kishore? "I have lived in Brookline since I came to America to study," he explains. "I have always liked it here and the town has always been good to me. It has given me space and support." When he began to look for a primary home for his collection (parts of which are housed near his other practices in Chestnut Hill and Sandwich), Kishore approached Jerry Trombly, who directs Brookline's substance abuse, domestic abuse, and employee assistance services. "I had originally met him years earlier while working at the Washingtonian Center for Addictions in Jamaica Plain. "He offered me this space," Kishore recalls, "and I have been here ever since."

Portrait of a Pioneer

Having received his undergraduate education and his medical diploma in India, Kishore came to Boston in 1977 to work towards a Masters in Public Health at Harvard University and Lesley University. "While there," Kishore recalls, "I came under the influence of great minds. They were pioneers in the development of public health." Mentioning the



Dr. P.S. Kishore, addictionologist and founder of the National Library of Addictions in Brookline.

legendary likes of epidemiologist Dr. Sidney Kark (who is known as the "grandfather" of the community health center network in the United States), Kishore explains how these early mentors and colleagues traveled the world in search of proper policy, information, and inspiration. "From villages in India and Israel to the inner cities of America," Kishore explains, "they examined the micro in order to apply their learning to the macro."

While at Harvard, Kishore began working at the Washingtonian Center, which was the last remaining bastion of what had been the nation's longest-established addiction center. "I became medical director there at the ripe old age of 27," Kishore laughs. Though he had begun his work at the Center with Dr. David Lewis, when Lewis was called to teach at Brown University (where he became the nation's first professor of alcoholism studies), Kishore was left to his own devices. "I didn't know what I was doing," Kishore admits. "It was a baptism of fire, and it forced me to learn hospital and program management." Though Kishore learned quickly and was able to help a great number of people in his first leadership role, the Center closed three years later, ending the most enduring era in the

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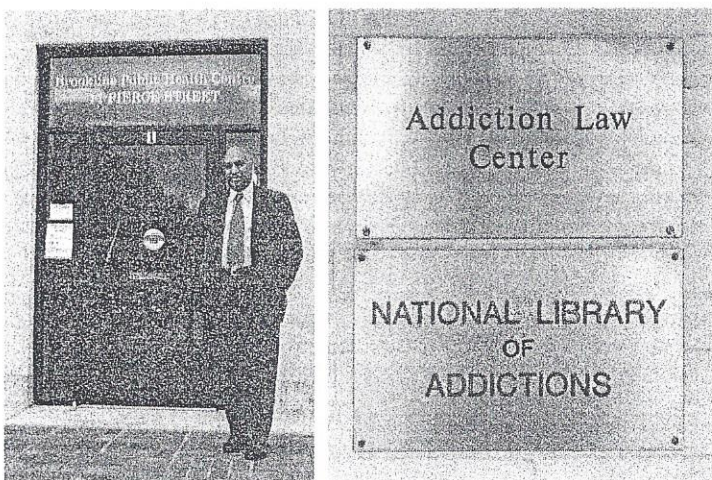
This is the first in a four-part series about addiction and its treatment. The series highlights the work of Dr. P.S. Kishore, addictionologist and founder of the National Library of Addictions in Brookline. Subsequent installments will appear quarterly in *Our Town Brookline*.

The National Library of Addictions
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ever-shifting world of addiction treatment. "There was no more place for small hospitals," Kishore explains.

Having obtained certification in forensic psychology at Lesley, Kishore went to work on the Governor's Special Advisory Panel on Forensic Mental Health. "It was a very interesting experience and a great learning experience," Dr. Kishore recalls. "We looked at the laws not only of all 50 states, but of countries all over the world to find the best language and the best way to work together."

Since that time, Kishore has worked in a variety of other branches of the medical and psychological fields. An associate physician at Beth Israel Deaconess Medical Center, Kishore also works as a primary care and addictions medicine specialist with Primary Care Associates, Brighton Family Practice and Addiction Medicine Associates, and at family practices in Springfield, Woburn, and Worcester. He has also served as medical director at Marathon Acute Treatment Services on Long Island. Kishore also acted as medical director at Spectrum, Inc. in Westboro and at High Point Centers in Plymouth and Tewksbury, as clinical director at the Addiction Center in Bridgewater, and as acting medical director at the Washingtonian Center.



Photos by John Sidlo

Educational Outreach

When not working directly with patients and clients, Kishore has also educated his colleagues and the world as a teacher at Harvard's Department of Medicine and at UMass-Boston's Substance Abuse Internship Program. Kishore has also lectured at the Massachusetts Department of Corrections, and at such noted venues as the schools of public health at Harvard and Boston University, and at the Massachusetts Department of Youth Services. "All of my work has been community based," he observes, "and most of it has involved underserved populations, like prisoners, the mentally ill, and addicts. Until 1992," he recalls, "I was associate medical director for the Massachusetts prison system. It was there that I discovered that almost 60 percent of all prisoners were also addicts. It is a vast majority. That is how I got interested in this topic."

A Multi-faceted Discipline

Though most of his study and lecturing has dealt with addictions, Kishore emphasizes the variety of training and expertise he has had to bring to this broad topic. "Unlike other disciplines," Kishore says, "addiction medicine is scattered. It involves aspects of primary medical care, psychology, psychopharmacology, social work, criminal justice, forensics, and law, to name but a few. So a good addictionologist needs lots of skills

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under his belt." Though the necessary skills must come from a variety of fields, Kishore says that the key to successful treatment is to mix these diverse ingredients in the proper way. "We need to combine the best practices from all fields and distill them into one thing," he says.

A Public Health Issue

Another key point Kishore is keen to emphasize is that, though he brings a great deal of his medical knowledge to bear when dealing with his chosen topic, addiction is by no means a strictly medical issue. "Addiction is a public health issue," he says. "That is why it also involves managerial skills and resource management skills." Though this perspective may not be widely held at this point, Kishore suggests that taking addiction as a public health issue is actually much less costly than dealing with it as a purely medical issue. "If it is considered as part of mental health care," he says, "it falls under an insurance cap. Therefore, people run out of money and are further discouraged to seek the help they need." Kishore's goal, therefore, is to develop a more systematic approach that involves a variety of disciplines. "Where does addiction fit?" he asks. "Is it in the medical field? Social work? What? That is why we need such diverse expertise." As a public health problem, addiction needs to be dealt with in a holistic, society-wide manner. "If we try to treat the individual," Kishore says, "it is just too expensive. Therefore, we must treat the whole community. We need to broaden our approach into a more humanistic and community-minded one." Citing such examples as flu vaccine and the end of the tuberculosis scourge that ran rampant through tenement housing in the early 20th century, Kishore touts the benefits of the public health approach. "Public health sees society as the 'patient,'" he says, "and that is what we must do here."

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problem will lead not to normality and peace, but to permanent resentment. Palestinians are willing to live alongside a Jewish State (many told us so, and polls confirm it), but only as equals whose grievances are dealt with fairly.

One Palestinian academic told us Abbas has two years at most to bring results before people lose patience and turn back to Hamas and other hard-line groups. Another worried that Palestinians were overoptimistic, expecting to drive soon to shop in Jerusalem. If Israel prevents that, disillusionment could turn into rage.

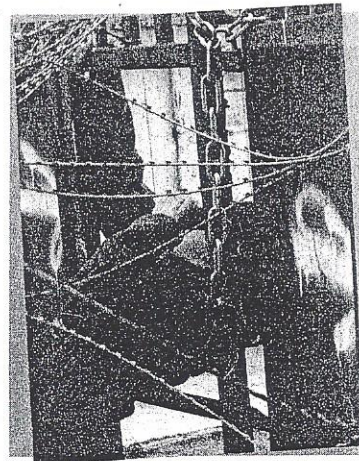
Hopes for Resolution

Inside Israel I also discovered optimism. Some think Abbas will succeed where Yasser Arafat failed, achieving enough of a Palestinian state to quiet things down. Others think security requires nothing more than clamping down on terrorists or finishing the Separation Wall. I didn't hang out with Israelis who want to expel more Palestinians, establish Greater Israel all the way to the Jordan River and beyond, and demolish Jerusalem's Dome of the Rock to make way for the Third Temple. My friends and other contacts had more ordinary desires. They want to stop worrying when their children get on a bus, and to go to work or a movie without a security guard going through their bags. Even anti-occupation leftists who think Israel has done Palestinians wrong don't relish incoming rockets and suicide bombings.

The pre-election optimism, reinforced by post-election efforts to avoid high-publicity escalation, at least clarifies that there are both Israelis and Palestinians who can envision resolution. I wish I could share that optimism, but instead I agree with those who don't believe Israel will go far enough. Israelis who think Sharon's plan to pull out of Gaza demonstrates a willingness to also leave the West Bank overlook his deputy, Dov Weissglass' acknowledgment that the pullout's real purpose is to reduce pressure to do more. Both Israeli intransigence (seen in recent decisions to continue building the Separation Wall with thousands of Palestinians living on the Israeli side and to add thousands of new homes for Jewish settlers east of Jerusalem) and the expected violent response make future stability unlikely.

Even if Israel leaves the entire West Bank and agrees to a Palestinian state with an East Jerusalem capital - unlikely, but conceivable if pragmatists rather than super-nationalists take charge - the most difficult issue remains: Palestinian refugees. At a Ramallah refugee research center, a sociologist and a former Palestinian Cabinet minister agreed that past Israeli negotiators understood most refugees won't move to Israel if they're offered compensation to rebuild lives in Palestine or settle in countries ready to absorb them. But Israeli refusal to grant a formal *Right of Return* could be a deal breaker. For Palestinians, *Return* is an ideal, a crucial recognition of Israel's responsibility for the Nakba, their 1948 Catastrophe.

For Israelis, *Return* is a threat. The assumption that a higher Palestinian birthrate will someday lead to a Palestinian majority makes Israeli refusal inevitable, even among many who acknowledge the injustice their



A boy squeezes through the fence separating Palestinians from Jewish settlers in the West Bank city of Hebron. Photo by Dennis Fox.

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