X.

TREATMENT & ACCESSIBILITIES

AGENDA

Conference Committee on Treatment and Accessibilities
Monday, April 23, 2018 – 9 a.m. - Noon
Room: 404
Chairperson: Peggy M
Secretary: Patrick C

Conference Committee Members

Panel 67	Panel 68
Benoit B	Alicia H
Peggy M	Rick P
Pat	Jan R
Phil W	Alizon W

- Discussion and acceptance of trustees' committee report.

A. Review the trustees' committee report on Cooperation with Armed Services Exploration Strategies.

B. Review proposed revisions to the pamphlet "Accessibility for All Alcoholics."

C. Discuss ways that remote communities concerns might be addressed by the Conference.

D. Review summary of the Fellowship sharing on the need for additional material to support carrying the A.A. message to Deaf and Hard-of-Hearing A.A. members.

E. Review contents of Treatment Kit and Workbook.

F. Review contents of Accessibilities Kit and Workbook.

Note: 1989 Conference Advisory Action

Each Conference Committee carefully consider their agenda items and strive to make their recommendations for Advisory Actions to the Conference at the policy level. To be more financially responsible, when a Conference Committee recommendation involves a substantial expenditure of money, an estimate of cost and its impact on the budget be part of that recommendation.

2018 Conference Committee on Treatment and Accessibilities

Agenda Item A: Review the trustees' committee report on Cooperation with Armed Services Exploration Strategies.

Background Notes:

From the 2017 Conference Committee on Treatment and Accessibilities:

> *The committee requested that the General Service Office continue to explore strategies to provide more effective services to alcoholics who are veterans and active members of the Armed Services and provide a progress report to the 2018 Conference Committee on Treatment and Accessibilities.*

From the July 30, 2017 Trustees' C.P.C./Treatment and Accessibilities Committee:

> *The committee discussed and agreed with the Conference Treatment and Accessibilities Additional Committee Consideration to add "A.A. and the Armed Services" pamphlet to the Accessibilities Kit in the fall when all service kits are updated.*
>
> *The committee requested that the staff secretary compile shared experience currently on file, literature and service materials along with current experience received from the fellowship and provide a progress report at the October 2017 meeting. The committee also asked the staff secretary to review the service kits for opportunities to include additional information on this topic and include this information in the progress report.*

From the October 29, 2017 Trustees' C.P.C./Treatment and Accessibilities Committee:

> *The chair appointed a subcommittee consisting of Richard B., chair and Homer M. The subcommittee will research updating committee workbooks as well as developing service material and additional resources for the professional community, veterans, and active duty A.A. members. The subcommittee will provide a progress report at the January 2018 meeting.*

From the January 28, 2018 Trustees' C.P.C./Treatment and Accessibilities Committee:

> *The trustees' Committee agreed to forward to the 2018 Conference Committee on Treatment and Accessibilities the report from the Subcommittee on Cooperation with Armed Services Exploration Strategies.*

Background:

1. 1.28.18 Trustees' Committee on C.P.C./T-A "Subcommittee report on Cooperation with Armed Services Exploration Strategies."

Treatment/Accessibilities
Item A
Doc. 1

1.28.18 “Trustees' Committee Report on Cooperation with Armed Services Exploration Strategies”

(15 Pages)

Trustees Cooperation with the Professional Community/
Treatment and Accessibilities
Subcommittee on Cooperation with Armed Services Exploration Strategies

January 28, 2018

Progress Report

Subcommittee: Richard B., chair; Homer M., Patrick C. and Jeff W., co-secretaries

Scope: The subcommittee will research updating committee workbooks as well as developing service material and additional resources for the professional community, veterans, and active duty A.A. members.

Background to date:

1. Trustees' Committee Progress Report 10/29/17
2. Matrix - G.S.O. newsletter historical shared experience
3. Matrix - Responses from Armed Services shared
4. *Markings* Spring 2015 article – A.A. in the Military
5. *About A.A.* Fall 2017

The subcommittee met one time via conference call since being appointed in October 2017. The subcommittee reviewed and agreed that the scope was broad enough to incorporate different ideas and possible changes.

The quality of the new sharing was excellent however, the number of individual responses (18) was lower than desired. Questions were raised such as: Is it just not a controversial enough topic? Did we not target the right people? Doesn't such an important topic deserve more of a response?

The group felt that there is time for a second round request for sharing and discussed broadening the targeted distribution to include Area Chairs, and perhaps even DCMs and GSRs to reach veterans at the group level. In the second round request we could highlight some of the topics that were explored to stimulate interest and then see what additional sharing we obtain.

Based on some of the rich sharing received from the first round and from staff's inventory of our current literature, service material and historical G.S.O. newsletters, the current subcommittee discussed the following ideas for future subcommittee members to consider:

1. Create additions to the C.P.C. workbook and other workbooks. Currently only two committees, C.P.C. and Treatment, include mentions of the military in their workbooks. Others could, such as Accessibilities and P.I.
2. Develop sections to existing service pieces like Guidelines or even creating a 'military focused' Guideline.
3. Share the idea with local members to develop a newsletter for veterans and members currently serving in the military.

4. Create a P.S.A. focused on veterans and active duty members with the hope to draw attention and create discussion for how to carry the A.A. message to this population.
5. Revise the existing 'A.A. and the Armed Forces' pamphlet.
6. Consider a national veteran's workshop similar to the National Archives Workshop or the National Corrections Conference. While these were established based on widespread expressed need, the subcommittee suggested contacting local committees to determine if there exists an interest; keeping in mind such a conference would ultimately be spearheaded by local committees.

Trustees' C.P.C./Treatment and Accessibilities Committee
October 29, 2017

Progress report

The following is a report of the actions taken based upon the committee request that the staff secretary compile shared experience currently on file found in literature and service materials along with requesting current experience from the fellowship. In addition, information is detailed about the service kit reviewed and action taken.

Experience currently on file related to veteran and active members of the Armed Services: Research results determined we have historical experience to share regarding the topic of strategies to effectively carry the A.A. message to alcoholics who are veterans and active members of the Armed Services. Below is an overview of the information located by searching for the term "military" or "armed services" on the A.A. website.

Pamphlets:

1. A.A. and the Armed Services (Updated 2012) (P-50)
2. A.A. for the Older Alcoholic—Never Too Late (P-22)
3. The Co-Founders of Alcoholics Anonymous (P-53)

Committee Workbooks:

1. Cooperation With the Professional Community Workbook (M-41 I)
    a. Contact professionals such as armed forces officers.
2. Treatment Workbook (M-40 I)
    a. Contact Veterans Administration Hospitals and offer A.A. presentations or meetings.

Service Materials:

1. Country-to-Country Sponsorship: Carrying the A.A. Message Worldwide (SM F-168)
2. Loners-Internationalists Members (LIM) correspondence service (SM F-123)
3. Seventh Tradition Fact Sheet (F-203)
4. A.A. Fact File (M-24)
5. Services Provided by G.S.O./A.A.W.S. (SM F-176)

Archives Website Page:

1. A.A. Timeline – details several historical notes about members in the Armed Services.
    a. 1947 Servicemen launch groups in the Pacific in the wake of World War II.
    b. 1973 Bangkok's first known meetings in Bangkok were in 1971.
    c. 1991 G.S.O. hears from scores of A.A.s serving in Saudi Arabia.
    d. 2000 members posted to McMurdo Air Force Base in Antarctica organize meetings.

Grapevine Magazine: Many articles of sharing were located.

G.S.O. Newsletters: Twenty-six different articles were located within the G.S.O. Newsletter Archive. This information demonstrates a wide-range of shared experience about C.P.C. / P.I. committee service, International Service, L.I.M. Service, A.A. Grapevine stories and many Twelve Step stories. A background exhibit was developed to capture the newsletter information in a matrix format. The purpose of the matrix is to provide detail about the newsletter issue and the type of experience shared within the article (e.g., committee service, twelve step story, etc.)

1. A.A. Exchange Bulletin
2. About A.A.
3. *Box 4-5-9*
4. Markings

Request for Shared Experience: On July 27, 2017 a request for shared experience was sent out in the assignment activity updates. The following questions were asked.

1. How is your committee and/or local members carrying A.A.'s message, within the context of military life, to alcoholics who are veterans and active duty members of the Armed Services?

2. If you are an A.A. member who is also a veteran or active duty member of the Armed Services, please share how the A.A. message was effectively carried to you. Within the context of military life, what barriers, if any, did you face in receiving the A.A. message? Share any additional information you believe would be helpful.

A background exhibit was developed to capture the shared experience received to date in a matrix format. The deadline for the receipt of shared experience is December 15, 2017. The purpose of the matrix is to provide detail about the type of experience shared by the A.A. members (e.g., committee service, staying sober within active duty, etc.)

Finally, during the annual fall review of service kits the "A.A. and the Armed Services" pamphlet was added to the Accessibilities Kit.

G.S.O. Newsletter Historical Shared Experience

	G.S.O. Newsletters	Article Excerpts	Issue	Experience Type
1	**A.A. Exchange Bulletin**	Army Doctors Back Program - Munich, Germany, A.A. group, composed almost entirely of military personnel Founded in 1953 by "an old master sergeant and a young private,". "Army medical authorities (at Munich) cooperate fully with the A.A. program," the U. S. Army publication notes.	November 1956	C.P.C. Committee Service
2	**A.A. Exchange Bulletin**	News & Notes - Thanks to Peter G. of the group in Iwakuni, Japan, for the Japanese translation of the Twelve Suggested Steps and the "Definition" of A.A. for use in working with Japanese alcoholics. Several have indicated an interest in the recovery program. The Iwakuni Group, consisting of nine servicemen, meets twice weekly and is being publicized over the Far East Military Radio Network and in the local base paper.	December 1958	International and P.I. Committee Service
3	**A.A. Exchange Bulletin**	Wally T., an Internationalist, has gone ashore and is listed at GSO as the A.A. Contact at Kwajalein. Wally reports, "we stopped overnight in Hawaii. I called AA in Honolulu and talked with Jim C. , a T / Sgt stationed at Hickam Air Force Base.	July 1961	Twelve Step Story
4	**A.A. Exchange Bulletin**	Invitation to European A.A. Roundup - The first Roundup in 1952 was sponsored by the Wiesbaden Group and was attended mostly by American A.A.'s stationed on European military installations. It was an immediate success and led to a decision to make it an annual event.	July 1962	Fellowship Event
5	**Box 4-5-9**	Special Deliveries - "There might be dozens of A.A. 's in the military going to and from Asia, most of them via Travis Air Force Base	Holiday Issue 1966	Twelve Step Story
6	**Box 4-5-9**	Professional Relations - In July, Col. Scott, staff chaplain, 7th Army, asked us to suggest an individual to conduct seminars on alcoholism for the armed forces personnel in West Germany. Dr. Jack accepted and made the trip. As of February, we have received 40 requests for material from armed forces officers in the U.S., Vietnam and Europe. We sent literature, Guidelines for "Armed Forces Groups" and lists of armed forces A.A. groups.	June-July 1972	C.P.C. Committee Service
7	**Box 4-5-9**	Alcoholism in the Armed Services - Accepting an invitation to conduct a series of seminars on alcoholism for armed forces personnel (predominately chaplains) in West Germany and England, Dr. Jack shared details of his trip made earlier this year. In the morning, I talked in general about alcoholism the disease. In the afternoon, I talked about A.A. and made suggestions about how to work with A.A., how they could start a group, what literature was available, urged them to attend meetings, etc." Dr. Norris was told that alcohol, rather than opiates, was the major problem with service people at these bases, the same being true of men serving in Vietnam. He visited other bases in Kaiserslautern, Stuttgart, Nurnberg, Berlin and London.	June-July 1972	C.P.C. Committee Service
8	**Box 4-5-9**	Grapevine report - We have published stories on A.A. and the military	June-July 1975	A.A. Grapevine stories
9	**Box 4-5-9**	Help Comes in Many Forms - help came from a U.S. Army drill sergeant - introduced me to A.A.	October - November 1990	C.P.C./P.I. Committee Service
10	**Box 4-5-9**	From the North Pole to India, Everything Old Is New Again - a member of the Canadian Armed Forces: "Here in Our Top of the World Group we are three members strong. Military personnel rotate on a regular basis	Holiday Issue 1991	Twelve Step Story

G.S.O. Newsletter Historical Shared Experience

	G.S.O. Newsletters	Article Excerpts	Issue	Experience Type
11	**Markings**	In A.A. Today, published on Grapevine's 25th Anniversary in 1970 - Much of A.A.s spread around the world accomplished by U.S. servicemen and seamen. During the meetings all military members remove their blouses and caps - so the anonymity of A.A. erases all rank.	Vol. XX No. 2, 2000	Twelve Step Story
12	**Box 4-5-9**	CPC Committees Find Ways To Connect with Our Professional Friends - "and various contacts have been made with professionals at the Salvation Army, military bases, boot camps.	October - November 2002	C.P.C. Committee Service
13	**Box 4-5-9**	A.A. Is There for Homeless Veterans at Philadelphia 'Stand Down' - PI intergroup event worked to take the A.A. message to the veterans.	April-May 2004	P.I. Committee Service
14	**Box 4-5-9**	A Twelfth Stepper Remembered - Buck Sergeant stated "if they would release me to his custody, he'd see to it that I got to some A.A. meetings"	October-November 2004	Twelve Step Story
15	**Box 4-5-9**	American G.I. Helps German Doctor to Help Alcoholics - Staff Sgt. Bob H. "not only left me some pamphlets," Dr. Lechler says, "but also did something very, very important: He invited me to attend A.A., Al-Anon and Alateen meetings at our Army base.	Holiday Issue 2004	C.P.C. Committee Service
16	**Box 4-5-9**	Sober Soldiers - Soldiers in remote parts of the world, though, are not cut off from the Fellowship. Currently five A.A. meetings for soldiers in Iraq, Baghdad, Balad, Tikrit, and Mosul.	April-May 2005	Twelve Step Story
17	**Box 4-5-9**	A.A. Grapevine - Special sections focused on carrying the A.A. message to A.A.s in the military	June-July 2005	A.A. Grapevine stories
18	**Box 4-5-9**	A.A. Meeting on a Frozen Continent - Ross Island Group, meeting may have been started by a Kiwi fellow back in the days when it was a military base	October-November 2005	Twelve Step Contact
19	**Box 4-5-9**	Going Out on a LIM Keeps Sobriety High an ex-Marine used LIM service	October-November 2007	L.I.M. Service
20	**Box 4-5-9**	Reports From G.S.O., Archivist Report several new rotating exhibits were mounted in the Archives in 2007; we highlighted A.A.'s associations with the military	June-July 2008	Archives Service
21	**Box 4-5-9**	Online A.A. Meetings for Spanish-speaking Members - a member of the group was serving at the American military base	August-September 2008	Twelve Step Story
22	**Box 4-5-9**	Bringing the A.A. Message for 'Stand Down' Veterans	Winter 2013	C.P.C./P.I. Committee Service
23	**About A.A.**	A.A. on the Scene At Professional Conferences - 60 years of A.A. participation in major conferences of professional groups, including military.	Winter 2014-2015	C.P.C. Committee Service
24	**Markings**	A.A. In The Military - Throughout A.A. history, members have served honorably in the military while staying sober and helping to spread the message of sobriety around the world	Spring 2015	Twelve Step Story
25	**Box 4-5-9**	Opening for Two Class A (nonalcoholic) Trustees - Class A trustees are chosen from a variety of professional backgrounds such as military professionals.	Summer 2015	C.P.C. Committee Service
26	**About A.A.**	Nonalcoholic Professionals Attend A.A.s 80th Birthday Celebration - panel "A.A. as Resource for the Military."	Fall 2015	C.P.C. Committee Service

Responses from Armed Services Shared Experiences

Date	Name	Experience Received	Received Sharing	Canada	United States	Active Duty	Veteran	Experience Type
4/24/2017	K.	Connecticut is home to a Navy base, submarines gone for six months. 1. Could be writing to someone, other loners/C.E.C.S. to be able to communicate on military bases. 2. Meetings that could take place on and be supported by military bases,/Chaplin's. 3. Veterans only meetings, flyers through out LA and San Diego. Area Veterans do not want to be treated differently, but they do have "special issues". They can share in these special meetings issues such as how PTSD impacts their alcoholism. 4. Adding "Veterans" chaplains in the Remote Communities is critical with getting meeting space and meetings in place. These are the in-road with CPC committee liaisons.	CPC		X		X	C.P.C. Committee Service
7/17/2017	R.	This A.A. member saw the request for sharing in the C.P.C. Activity Update of June 26, 2017. From his email: I am aware of the efforts to help carry the message to military and veterans more effectively. I have served and continue to in the Army for the past 28 plus years - all sober in AA. 1. Volunteer at events like NOVA (Nurses Organization of Veterans Affairs). 2. Improve outreach through C.P.C. committee service at V.A. Centers and military installations. 3. Problem drinkers are sometimes punished in the military, but also given the opportunity to get well. A.A. is not talked about as much as it used to be – they are looking for new solutions, a new path. 4. It's a workforce of about 1.3 million (including reserves and National Guard.) They are downsizing so the fear is that one bad incident could mean you are gone. While acknowledging a problem with alcohol could be detrimental to one's military career, perhaps no more so than in the private sector. Once a person is sober a year or two they can be more open about their alcoholism. 5. Chaplains are a very important contact point and so are doctors because every unit has them. Some also have unit prevention leaders. 6. We need more up-to-date information on meeting locations for members on tour in foreign countries. Meetings don't stay put. Printed schedules get out of date quickly. We need more online resources. Word of mouth is the most accurate at this point. 7. Share with members they can attend a meeting for A.A's in the military through online intergroup. Need a password for access. 8. Video conferencing could be a great tool for helping those in the military stay connected. There's a rich history of A.A. and the military. The military started the first meetings in Germany, in Japan, Afghanistan, and many other places around the world.	CPC		X	X		C.P.C. Committee Service
7/29/2017	J.	A GSR in St. Louis, MO for District #53. 1. District supports the VA Hospital, Jefferson Barracks, by providing almost nightly meetings for the vets. 2. Each group in the district is asked to chair one night a month, or two if they have the membership to support this. 3. District #53 has sponsored this meetings since I came to AA in 1988. 4. Member has a special love for vets due to father was a Korean vet and grandfather, WWII. 5. District hosts a "Sunny and Sober" event in May and September yearly specifically for the veterans at Jefferson Barracks Hospital. Food and two AA speakers. The turnout for this event is always good and the vets are brought over to it by bus provided by the VA. We give away Big Books to the most and least amount of sobriety. 7. District has been dedicated for many years to Jefferson Barracks and the vets there. 8. Vets have become home group members in nearby meetings thanks to the work of some of our AA's who take them to their home groups. 7. A problem we are starting to see is that the head person of the substance use program at Jefferson Barracks is very Smart Recovery oriented and has been scheduling meetings for Smart Recovery the same times as AA meetings. Smart Recovery is strongly suggested at this VA now and attendance is low at AA meetings. Our attendance had been high for many years. Additionally, the VA cut their in-patient treatment from 4 weeks to 2 weeks.	T/A					District Committee Service

Responses from Armed Services Shared Experiences

Date	Name	Experience Received	Received Sharing	Canada	United States	Active Duty	Veteran	Experience Type
8/2/2017	D.	During my time in AA I have been in many different places because of my service in the Canadian Army. A memorable tour was in Damascus, Syria in 1978 where I was the only sober member of AA in a city of 4 million. 1. Could not attend meetings. 2. Things that got me through that tour were the letters I received from my Sponsor and the Grapevines he sent me. 3. Service he completed was correspondence with AA members in corrections institutions. 4. We only discuss AA program related topics and try to provide hope in their attempts to stay sober on the inside.	Corr	X		X	X	Staying Sober During Active Duty
8/8/2017	C.	In the past the member used LIM as part of his recovery. Is always ready to try new things. Read about the Corrections Correspondence Service in the latest AA Grapevine and is seeking to begin that service. Seeks to keep a full spiritual toolkit. Because he cannot attend regular meetings he had downloaded a lot of literature. The Grapevine. Speakers to listen to. Rarely, that there is a new member or friend of Bill W. that comes onboard the ship. He does not see it as any barrier to staying sober, he considers it as a personal challenge. He can tell, after a few months of no meetings that his attitude can get a little poor. Sometime thoughts about drinking do come, but he knows that sometimes all he has between himself and a drink is his relationship with his higher power. It is so great when he comes home to be able to get back to meetings. Sometimes when he hits a port and everyone is going to the bars. He has checked the bulletin board as a Seaman's Bar and located a number for an A.A. meeting. He went to one meeting where they did not speak English. One women was able to translate each share to him. He always downloads a few speaker meetings posted on the internet to have on hand. He will go to the front of the ship on a starry night and listen to someone like Clancy. He shared that there is plenty of stuff that I do to stay sober. What I do find as a challenge to myself is to reflect during the day about his daily inventory. If he experiences a confrontation. He will stop and ask himself what did I do this time. Was I thinking about them or myself. Has a sponsor in California, but, does not stay in regular contact, only when needed.	Corr			X		Staying Sober During Active Duty
8/8/2017	J.1	I am on active duty and I recently celebrated 39 years of sobriety. I will retire from the Armed Forces in January of 2018. While on active duty I have had the honor of starting English speaking A.A. meetings in Germany, putting on an A.A. Roundup for sober GIs and civilians in Augsburg, Germany, working as a liaison to German speaking A.A., starting an A.A. meeting in Basra, Iraq and attending A.A. meetings in Talill and Balad, Iraq. I also had the honor of speaking at our last Int'l Convention during the "Sober and Serving Our Country" meeting. Here are some of the ways that I have carried the message to our veteran and active duty community. 1. I bring a meeting into the St. Cloud VA six times a year. The St. Cloud VA cooperates with the local A.A. groups and has A.A. meetings brought inside to their treatment facility on a weekly basis. 2. I speak at The Retreat (a treatment center in Wayzata, MN.). The Retreat is cooperating with the MN National Guard and providing low cost treatment to Soldiers who don't qualify for VA treatment. I bring an A.A. meeting into their facility once a month. 3. I attend monthly meetings of the Recovery Community Network. This is a meeting of addiction professionals in the Central MN area. The meeting focuses solely on upcoming recovery events for those suffering from alcoholism and addiction. The St. Cloud, MN VA is a frequent attender of this meeting. I share with the attendees fliers, meeting schedules and posters on upcoming A.A. activities in Central MN. 4. Every year Hazelden conducts a free retreat for veterans and active duty members who are recovering from alcoholism. Hazelden reached out to me and asked if I would be willing to do an A.A. talk during this retreat. I have done so now for two years and I'm in the process of teaching my replacement due to my upcoming retirement. 5. I often do A.A. talks to Soldiers in the Minnesota National Guard on my alcoholism and recovery therefrom. 6. I conducted an A.A. workshop for Chaplains of the Minnesota National Guard in January of this year. We used the CPC PowerPoint and showed the video Hope as well as conducted a lively Q&A session. 7. I have contacted the St. Cloud VA about our upcoming A.A. convention in Sept. We have made arrangements to pay for the registration fee for any veteran who wants to attend the convention as well as providing transportation from the VA to the convention and back. 9. I wrote a story for the Grapevine on A.A. and the Armed Services. It will be published in this October's edition.	T/A			X		C.P.C. / Treatment Committee Service Staying Sober During Active Duty

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Responses from Armed Services Shared Experiences

Date	Name	Experience Received	Received Sharing	Canada	United States	Active Duty	Veteran	Experience Type
8/8/2017	J.2	What barriers, if any did you face in receiving the A.A. message? Share any additional information you believe would be helpful. 1. I was seven years sober when I joined the Armed Services. However, one barrier I encountered was my background check for my security clearance. I was getting ready for deployment and I had to have a secret security clearance. A background check was conducted and during the interview the investigator asked, "Are you a member of A.A.? Do you attend A.A. meetings? I froze momentarily picturing my military career going down the toilet, but I responded, "Yes, I am a sober member of A.A." The investigator replied, "Meet another friend of Bill W." Astonished I asked him, "How is this going to affect my security clearance application?" He replied, "Very well - we'd rather have you doing something about a drinking problem and being honest about it. It's the person who is trying to hide the problem who will get his/her application denied." Lastly, I have been sober and attending A.A. my entire military career. If you'd like to learn more about being sober and being in the military, I'd be happy to share my experiences face to face if a time and place would present itself. 2. Hard to access treatment. Complicated - not that straightforward. 3. Grog Bowl. Formal military dining situation. Spouses get dressed up in gowns. Halfway thru the grog bowl comes out. Different booze goes into the bowl. Youngest soldier to come up to the bowl and come back the grog is ready to serve. Alcohol poisoning due to the grog bowl ceremony. Importance of tradition with career ramifications. Long traditions and commanders sensitive to the issue. 4. Some experience about A.A. meetings attendance. Everybody goes in but, you take off your rank. Removal of the rank. No majors or sergeant, etc. All just drunks first. 5. Lack of roots and stability. Always moving. Family guys get three years. Single soldiers usually move more quickly. 6. On deployment - now much easier to find meetings but, now all of the normal meeting locating is out of the window. Chaplain was a resource for talking with someone with a drinking meeting. His trailer became our meeting space.	T/A			X		Staying Sober During Active Duty
8/11/2017	T.	1. District 5.3 sponsors (4) AA meetings per week at The VA in Jefferson Barracks St. Louis, Missouri. We do this with the help of eighteen different AA groups and individual AA members. We have also designed a meeting schedule and format that provides the patient with a broad look at various types of AA meetings. From book studies, speaker and discussion meetings to a group Question and Answer meeting in a short period of time VA patients experience a wide variety of AA, giving them the best opportunity to find successful sobriety after treatment. 2. District 5.3 has also coordinated with the VA to bring Veteran patients to some of our outside district functions. In the past few months on two occasions we were able to bring bus loads of VA patients to district picnics with speakers, food and great fellowship. This is designed to show newly sober veterans that life can be truly amazing without drugs or alcohol. 3. In addition to bringing AA meetings to them, a few of us have volunteered to bring Vets staying longer term at the VA to our outside local meetings. This is key in making them feel welcome in meetings and truly become a part of AA. 4. Our districts involvement with the VA at Jefferson Barracks has been an amazing success for both patients and AA members alike. I personally sponsor (4) Veterans that I have had the opportunity to meet only through the service of our district. Two of these men have completed working the steps and the other two are in the process. Three of these men are Home group members. They all know how to Chair meetings, three have spoke and they all take commitments. 5. Our primary purpose in District 5.3 is to Carry the message to those who still suffer. We in District 5.3 are also very passionate about giving back to those who have served our country in the Armed Forces.	T/A					District Committee Service
8/14/2017	S.	There has been no specific concentration on vets or active members here at District 6, Rutland County, however all alcoholics of every type are welcome and we have many veteran members, both male and female that attend our meetings. 1. The only suggestion I could make is that the General Service office, and in particular , your committee, ensure all groups intergroup and area committees get a generous supply of the pamphlet "A.A. and the Armed Services". 2. Also, a good suggestion for your PI and CPC would be to send letters to nearby ports and bases addressed to the commanders and squadron leader NCO's in charge to address the issue of alcoholics still on active duty.	T/A					C.P.C. / Treatment Committee Service

Responses from Armed Services Shared Experiences

Date	Name	Experience Received	Received Sharing	Canada	United States	Active Duty	Veteran	Experience Type
8/18/2017	T.	Our delegate, has asked that we share some if our experience with AA in the military. During my thirty three years of service, I never once heard of an AA event through official channels. Most afloat commands had a Drug and Alcohol Program Advisor, but they rarely if ever announced any program to mitigate alcohol usage. I was aware, however, that AA existed because I had a civilian friend who worked for the Navy who followed the AA twelve step program, had many years of sobriety, and remained in contact. When I found myself needing support, I turned to AA, knowing it had worked for him. It saved my life. Over the past nineteen years, since my retirement from active duty, much has changed. There are now programs to identify and rehabilitate servicemen and women who struggle with alcohol and/or drug abuse. It is still difficult to seek treatment without endangering your career path. Those difficulties are multiplied several fold for officers. Leaving a brochure out, or having a copy of the Big Book on your desk could lead to an awkward conversation. Absolute discretion is required. Our tradition of anonymity is vital and must be rigorously followed. The military focuses on the mission. If an individual has a medical problem, such as the disease of alcoholism, they are expected to seek treatment, but to do so in such a way that their ability to support the mission is not compromised. They may not be able to attend meetings regularly. Indeed, discretion may require that they each be treated as a Lone Sailor, receiving support from GSO or from an international chapter. I recognize I have just touched the tip of the iceberg. Each service culture is unique. Indeed, each unit has its own rituals. Promoting sobriety in such an environment has always been, and will continue to be, a challenge.	T/A		X	X	X	C.P.C. / Treatment Committee Service
9/11/2017	J.	As southern area 42 Grapevine chair we do not do anything different regarding military or any other special Interests group as a committee. We carry the GV to as many who will accept it! I do believe, we as AA , should reach out to the armed services with a special committee whose sole purpose is passing the message to the current, past, or family of our amazing troops.	T/A					C.P.C. / Treatment Committee Service
9/15/2017	J.	I appreciate your concern for military and veteran issues. However, with that being said, Military and veteran status is an outside issue. We neither endorse or oppose any causes. Military life is not understood by the civilian population and when you try to mix this with military families, it comes across as condescending. Military personal do have issues that most families do not face. If an AA member has issues they do have support channels within the military community to assist with that.	T/A					Sharing thoughts on the questions
9/22/2017	D.	San Diego/Imperial Area 08 Institutions Committee experience with Treatment and the military. 1. The institutions committee takes AA panels (this is a meeting, but has in some cases been modified from the AA format to accommodate rules set by the institution) into several military locations in the greater San Diego area. 2. SARP (Substance Abuse Rehabilitation Program), Point Loma is the military (all branches) west coast inpatient treatment program. It is a 34 day inpatient program. The patients are confined for the first part of the program, then can be taken to outside AA meetings. The SDIAIC takes 16 meetings a week into this program. Every day there is a step study meeting and a discussion meeting. On Fridays there is a speaker meeting, and on Thursdays there is a women's meeting. The military program is 12 step based, and does introduce the patients to outside AA meetings in the San Diego area. The panel participants from our committee talk about Contact on Release (Bridging the Gap) at each of these meetings, stressing the need for ongoing participation in AA. Also, the SARP program has an active contact program with alumni. 3. VA Hospital, La Jolla - we take 6 meetings a week into the hospital. Three of them are on the psychiatric ward – locked unit. 4. Naval Medical Center, San Diego – we take one meeting a week into this hospital setting. 5. Casa Base – this is a treatment program with meetings held on the Marine Base at Camp Pendleton. We take 3 meetings a week into this location.	T/A					C.P.C. / Treatment Committee Service
9/26/2017	A.1	Sober 17 years (12/2/99). I was 21, on active duty (US Navy), when I was sent to rehab and exposed to AA. I did two deployments in sobriety and have been involved / worked for the VA since leaving the military in 2004. I have served as an GSR & DCM within my Area service structure so I am well acquainted with how the Service Structure operates / doesn't with the Military / Veteran population. • When I was on Active Duty (living in Area 14 NWF) most of the military AA members supported each other at off base meetings and through sponsorship. The difficulties occurred when we were deployed and had limited contact with each other. It was also difficult to locate meetings overseas, and due to the transient nature of the active duty life, meetings on bases come and go. However, the contact numbers in the back of the small red AA book (not red book) for members in other countries did help me locate meetings on my second deployment. • It would have been more convenient if there was a centralized location / person at GSO that active duty members could coordinate with to help locate meetings overseas / onboard ships, or gather information from regarding a meeting at a specific base or a contact person on the base / ship. Intergroups and local districts are lacking in this information at times.	T/A			X	X	C.P.C. / Treatment Committee Service Staying Sober During Active Duty

Responses from Armed Services Shared Experiences

Date	Name	Experience Received	Received Sharing	Canada	United States	Active Duty	Veteran	Experience Type
9/26/2017	A.2	• The message was most effectively carried to me (on deployment) through Grapevines that my local group members sent to me, speaker tapes/CD's of AA members (especially other sober military members), and through the stories of military members that were located in the 3rd Edition of the AA book (most which were removed in the 4th Edition printing). • Since becoming a Veteran, I find there is little HI / PI work within Areas/Districts service structures focused on informing VA professionals on what the AA program is and how Veterans may access AA for their alcohol problem (most likely because this is not a official service area delineated within the Service Manual). • Also, I believe it would be beneficial for AA to develop a Service Piece (pamphlet) specifically addressing AA & Combat Related PTSD. Service members / Veterans with PTSD are more likely than their civilian counterparts to have alcoholism (research can be provided on this at you request). PTSD is a neurological disorder that complicates sober service members ongoing efforts towards "emotional sobriety" and more information about how these two relate, and are different, would be beneficial for Professionals working with sober service members, as well as the service member themselves. If not for a sober Vietnam Veteran member sharing his experience, strength, and hope regarding his PTSD, I know my PTSD may have ended my life at 12 years sober.	T/A			X	X	C.P.C. / Treatment Committee Service Staying Sober During Active Duty
10/16/2017	T.	How is your committee and/or local members carrying A.A.'s message, within the context of military life, to alcoholics who are veterans and active duty members of the Armed Services? We carry the message into a homeless shelter for Veterans only. St. Louis, M.O. is home to two VA hospitals. They have the drunk floor and alcohol - drug program. Rehab - 28 days. VA can't just turn them out to the street. If they have no address. The VA musts send veterans coming out of the drug and alcoholic rehab to a local homeless shelter for Vets called Eagles Nest or Joseph center. The meeting uses one of the following formats; a Big Book study, speaker meeting, a sharing session and a birthday speaker on the 4th Monday. The chairperson tries to locate A.A. speakers who are vets themselves. The participants seem to be more responsive to people who are vets. There is a lot of these gentlemen with PTSD - traumatic experiences. Have not fully come up with a really effective way to reach these folks. The members carrying in the message have to be able to exhibit a lot of patience and gain awareness that they are dealing with more issues than just alcohol. Maybe just a matter of be more informed about what the disorder is and learned about what PTSD is and how it might impact carrying the message is key. The A.A. member has a great contact and has made a good relationship with the homeless shelter. The shelter asked for A.A.s presence.	T/A					C.P.C. / Treatment Committee Service

services" were needed to provide the loosely knit A.A. structure with guidance on a national and global basis.

But, he explained, the General Service Office in New York simply could not "forever provide complete General Services to all the A.A. countries…of the world," as it had in essence been doing. The task was too overwhelming. Bill also understood that he did not want New York to become what he termed "the world capital of A.A," which might lead to a series of unfortunate trends—depriving alcoholics overseas of the opportunity and "healthy responsibility" of running their own over-all services, as well as forestalling "the creation of effective world leadership overseas." On a practical level, as the A.A. population in other countries continued to grow, and possibly outstrip the North American population in terms of numbers, would overseas A.A.s want to finance the activities of G.S.O. in New York? And how, in any event, could a New York office manage (let alone fully comprehend) the public relations and other issues in New Zealand or Africa?

The answers to these questions, as Bill suggested in the 1968 paper, lay in the decentralization of the A.A. service structure worldwide, passing on leadership and the responsibility of financing activities in other countries beyond North America to the countries themselves. (There was precedent for this, he pointed out, in the *Third Legacy Manual of Service* and the General Service Conference Charter, which made it clear that North America comprised "only a part of the eventual world service setup.")

In his typically forthright fashion, Bill asked and answered two potential objections to this decentralization. Did this mean that New York would "withdraw entirely from overseas service?" And did it also mean that "every country should maintain an expensive General Service Office?"

No, and no. G.S.O. in New York would continue to make the benefit of its experience available to overseas offices, while shifting some of the heavy administrative load to the countries themselves (who in any event would be best equipped to handle local matters). And Bill certainly did not expect countries with "relatively small A.A. populations" to have the entire panoply of general services provided by New York. Several countries, he suggested, might pool their resources into one G.S.O.

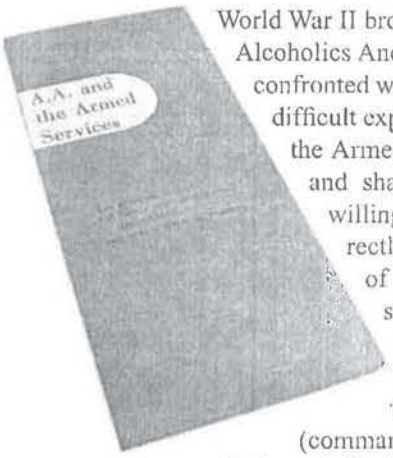
In fact, Bill wrote, many countries might not need anything more than a "General Service Committee, rotating in character, to be named by representatives of groups on the occasion of national annual Conventions." The happy outcome of such a method would be to establish in countries a "rotating national leadership" that would "set the foundation for an orderly service evolution."

At the end of the paper, in what he termed "The 1969 Project," Bill proposed that the first World Service Meeting take place in New York in the fall of 1969 to consider "in every aspect" the future development of world service. (In fact, with the approval of the board, Bill had already written A.A. representatives in 13 countries or zones, including Great Britain, New Zealand, France, Belgium, Central America, and South Africa, suggesting that each country send two delegates to such a conference.) Assent was enthusiastically received, and the first World Service Meeting took place at New York City. The delegates recommended the formation of four committees to conduct WSM business—Policy; Finance; Agenda/Admissions; and Literature/Publishing. (Now, Agenda/Admissions/Finance comprises one committee, while a committee on Working with Others has been added.) Naturally, Bill W. was present. In a Statement of Purpose, he explained that the primary purpose of the World Service Meeting was "to assure that the A.A. message of recovery is carried to the alcoholic who still suffers, wherever in the world he may be and whatever the language he speaks."

The second World Service Meeting was held three years later, in 1972, once again at the Roosevelt Hotel in New York. By this time, Bill had died, but his vision for the WSM would live on. Delegates at the second meeting agreed that the WSM should be held every two years; that delegates serve a four-year term; and that future meetings be rotated between sites. And, in fact, the meetings, like A.A., have "encircled the globe." World Service Meetings have taken place in London, England; Helsinki, Finland; San Juan del Rio, Mexico; Guatemala City, Guatemala; Munich, Germany; Cartagena, Columbia; Auckland, New Zealand; Oviedo, Spain; Malahide, Ireland and Mexico City, Mexico.

A.A. is now present in 170 countries, with an overseas membership of more than 700,000. And there are currently 62 autonomous A.A. service offices worldwide. The 2014 World Service Meeting held in Warsaw closed with delegates reciting the Serenity Prayer in 28 of the languages spoken by the participating countries. It was a moving and powerful demonstration of Bill W.'s vision—the creation of "one world of A.A." to ensure that help will be available to alcoholics no matter what country they inhabit or what language they speak.

A.A. In The Military



World War II broke out early in the history of Alcoholics Anonymous, and members were confronted with staying sober through that difficult experience. Since then, A.A.s in the Armed Services have experienced and shared powerful stories. Their willingness to go to any length directly contributed to the growth of A.A. worldwide as they sought to help other alcoholics and maintain their own sobriety. Their efforts with the professional community (commanders, chaplains, doctors) and the public (newspapers, fellow service members) serve as a powerful example of the spirit of A.A.s under extremely trying circumstances.

On December 7, 1941, the Japanese attacked Pearl Harbor and the United States entered the most widespread war in history. Bill W. and other early members (an estimated 300 in all) sought to return to uniformed service during the course of the conflict. A.A. requested and was granted special permission for additional gas rations in order to perform Twelfth Step work.

One of the goals of A.A. Grapevine as it first began was the idea of sharing news from home with the boys overseas. The

first issue, in June 1944, contained a feature entitled "Mail Call for All A.A.s in the Armed Forces," which ran through the end of the war, after which the title was changed to "Mail Call for A.A.s at Home and Abroad."

The first A.A. group on a military base was begun in March of 1945 with the Jefferson Barracks Group at the U.S. Disciplinary Barracks in Missouri. Soon similar groups started on Governor's Island, N.Y., and at U.S. Army Letterman General Hospital in San Francisco. A.A. developed in West Germany after the war as a direct result of the efforts of serviceman abroad. By 1948, there were groups in Bremen, Frankfurt, and Munich; the first European Roundup was held in Wiesbaden in 1952.

A.A. growth in the Pacific was also fostered by a U.S. military presence. By 1953 there were servicemen's groups registered in Japan, Korea, Okinawa and Hawaii. To serve transient members, the Tokyo Group began a newsletter; by 1967, the Tokyo Group had nine meetings a week and held the first known Roundup in the Far East, featuring speakers in both English and Japanese.

The war in Korea saw A.A. members again seeking other alcoholics. As early as 1950, servicemen stationed in South Korea wrote to Grapevine, grateful for any contact by mail. By 1952, Ann M., Foreign Group Secretary at the General Service Office, had connected 15 A.A.s on the Korean Peninsula. As A.A.s rotated home or were deployed to Korea, they found each other because Ann M. knew something about the country that the generals didn't—the location of other A.A.s.

The first Grapevine article from Vietnam appeared in 1966, featuring the story of "perpetual private" T.C.F., who had been reduced in rank several times because of his drinking, but who was four years sober at the time of his writing. Grapevine continued to capture military Loner stories, like that of the sailor who celebrated his 5th A.A. birthday in Newport, R.I., after spending his first four anniversaries at sea. In 1966, a Loner shared about using a military "hot line" to reach members around the world.

With so many members in the Armed Forces, publication of the 1974 pamphlet "A.A. and the Armed Services," containing ten personal stories, was inevitable. The form it took was shaped by the 1971 General Service Conference Literature Committee, which recommended that the pamphlet be written so as to ensure that it reached every rank of soldier who might have a drinking problem. The pamphlet was revised in 1981 and again in 2003 and 2012.

Many A.A.s were among those deployed to the Persian Gulf during Desert Storm in 1990-91; these were sustained by cards and letters sent by members around the country. Following the terrorist attacks of September 11, 2001, A.A. members answered the call to military service and stayed sober in Iraq and Afghanistan. Soldiers abroad could now take advantage of new technology that included Skype, online meetings, and stable voice communication, all powerful tools for helping themselves and their fellow alcoholics.

Alcoholics Anonymous continues to honor its members in the military. At the 2010 International Convention in San Antonio, a panel meeting called "A.A. in the Military" included three members who had stayed sober while in uniform. Even more (including family members and USO volunteers) were in the audience and shared their experience, strength and hope. And in 2014 the International Conference of Young People in Alcoholics Anonymous (ICYPAA) hosted a program focusing on "being of service while serving your country."

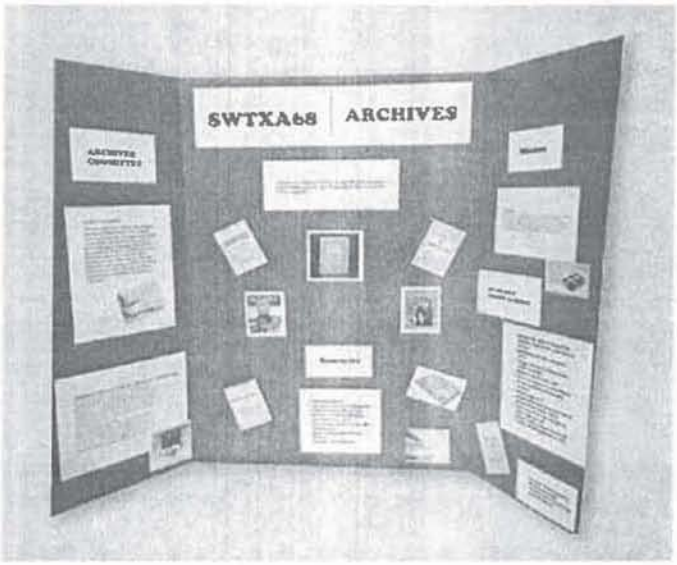
Throughout A.A. history, members have served honorably in the military while staying sober and helping to spread the message of sobriety around the world.

Roger W.

Please note...

Your Archives eNewsletter, Markings, is only available electronically. To sign up for digital delivery, please register on the G.S.O.'s A.A. website, www.aa.org. *Markings* is also available in French and Spanish.

Archives Workshop at SW Regional Service Assembly



A lot is happening on all levels within the Archives arm of service to A.A. At our 2014 Southwest Alcoholics Anonymous Regional Service Assembly (SWAARSA) we had an Archives workshop, led by Cheri J. of Area 39, Western Missouri, at which she and several others shared information about the best ways to preserve, store, record accurately and display Archives. We discussed how to do group, district and area histories and create guidelines for them. We also began to network with other archivists in our area to share resources and pass on to others archival material that historically originated from another district. Kind of like an Archives-swap meet!

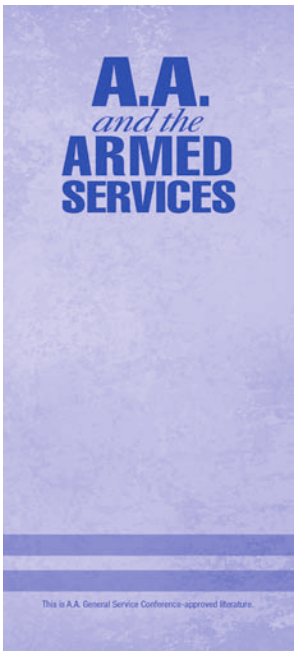
At the SWAARSA registration table, a quilt was displayed that one of the committee members had assembled from the bags we had made to share about this Regional event; many who were present, including trustees, delegates, various committee chairs and other A.A.s, signed the quilt for posterity. It is now housed in our Southwest Texas Area Archives, a gift from our SWAARSA chairs.

A Newsletter for Professionals Fall 2017

About AA

A.A. and the Armed Services

Alcoholics Anonymous has had a close relationship with the armed services almost since the Fellowship's inception in 1935. A.A. co-founder Bill W. was a second lieutenant in the field artillery during World War I (where he developed a love of French wine while serving overseas). When World War II broke out, A.A. requested and was granted extra gasoline rations in order to continue with the important work of carrying the A.A. message to alcoholics across the U.S. and Canada, known in A.A. vernacular as "Twelfth Step work." The Grapevine, A.A.'s monthly magazine — often referred to as "A.A.'s meeting in print" — was first published in June 1944, in part to help connect alcoholics on the world's far-flung battlefields; and post-war, A.A. groups sprang up on military bases and in surrounding towns from Okinawa to Munich, growth that has continued ever since.



A 2012 report by the Institute of Medicine, a branch of the National Academy of Science, called alcohol and drug use a major public health crisis within the ranks of the armed forces, with heavy drinking "an accepted custom" in the military. At A.A.'s General Service Office in New York, the Co-operation with the Professional Community (C.P.C.) desk shares a common goal with military professionals who work with alcoholic active duty personnel, as well as veterans: to help the alcoholic stop drinking and lead a healthy, productive life.

Dr. Anthony Dekker is an osteopathic physician and addiction care specialist who is currently a member of the Primary Care Service Line at the Northern Arizona Veteran's Administration Healthcare System in Prescott, Arizona. Familiar with A.A. and its structure, Dr. Dekker was director of the Department of Addiction Medicine at the Fort Belvoir Community Hospital in Virginia, one of the replacement hospitals for the Walter Reed Army Medical Center. He directed the four divisions in that department, which is dedicated to the comprehensive evaluation and treatment of substance abuse and dependence disorders in the military, and he knows firsthand the toll alcohol and drug abuse is taking on the military, in particular those servicemen and women returning from combat zones overseas.

When Dr. Dekker first began running his program at Fort Belvoir, there was some resistance to allowing him to have A.A. meetings on base, since it was felt by security staff that they might pose a security risk. But, convinced that "the A.A. Fellowship and Twelfth Step work are a critical part of the equation" of getting sober, Dr. Dekker was finally given the go-ahead to offer regular A.A. meetings, five days a week. The results of continued A.A. follow-up were impressive. "We followed the first 261 who graduated from our program for two years," Dr. Dekker says. "There was an 88 percent sobriety rate, verified by urinalysis. The beauty of A.A. is that it is nonjudgmental. The military, by its very nature, *is* judgmental. The important thing with the military is to convince them that continued A.A. attendance works."

Wayne H. agrees. Wayne was a United States Marine from 1971 to 1996 — and an active alcoholic for 13 years of his Marine Corps career. He was sent to treatment six times during this period. "A.A. was always mentioned as an option, but there was no A.A. involvement in my treatment. A.A. attendance was purely an individual compliance issue. The general attitude was that I had been treated and recovered. My drinking always resumed."

Wayne got sober in 1984 in a Marine treatment program at the Naval Air Station in Leemore, California. What made the difference is that this program included "intense involvement of A.A. members, and a follow-up program that ensured that I continue going to A.A. meetings." Especially important was that base command was "much attuned to" A.A. involvement. Inspired, Wayne became a military drug and alcohol counselor in California and ran an on-base military counseling center. But many commanding officers were reluctant to refer Marines for assessment "because this meant they might lose the services of that person for an extended period of time," Wayne says. "They regarded alcoholism purely as a personal issue that needed to be controlled by an individual. It was an employment thing. They needed people on duty."

Roger W. has 28 years on active duty in the Army, as well as 34 years of sobriety, and is currently a human resources officer. He has made a study of the problems facing alcoholics in the Army. "There have been attempts to deal with alcohol issues throughout the history of the armed forces, everything from abolishing the whiskey ration back in the 1800s to docking soldiers' pay if they showed up drunk. The response to drinking too much was often punitive: a soldier could go to detox and be admitted with acute alcoholism, but he would lose all pay and allowances." That began to change in the 1970s, when the congressional testimony of Senator Harold Hughes was instrumental in getting the Department of Defense to begin providing treatment for alcoholics in the service. (The 1970s also saw publication of

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the pamphlet "A.A. and the Armed Services," available from A.A.'s General Service Office. The pamphlet was updated in 2012 and recently translated into French and Spanish. It presents personal stories of men and women staying sober while in the military, providing an essential tool for A.A.'s cooperation with the armed services.)

From Roger's point of view as a sober alcoholic, as well as a member of the U.S. armed forces, education is critical to helping the military address alcoholism issues. "Education can begin with getting material to unit commanders, who rotate through jobs. There is currently a trend among the professional substance abuse community in the armed forces not to refer problem drinkers to a single solution [i.e., not A.A. alone], so reaching out to military bases can include identifying the right person to reach in the chain of command and making contact via letters or emails; making yourself available to speak on base; distributing meeting schedules, etc. In other words, making sure the chain of command knows that A.A. is there, wanting to help."

On many bases, there is still a stigma attached to admitting you are an alcoholic and seeking help. Dr. Joyce Johnson is a rear admiral (retired) who served in the U.S. Public Health Service and whose last active duty assignment was with the U.S. Coast Guard as director, health and safety, and "surgeon general." She is an osteopathic physician who is board certified in Psychiatry and Public Health/Preventive Medicine as well as a Certified Addiction Specialist.

Dr. Johnson says that "for years there was an A.A. meeting at Walter Reed National Military Hospital for hospital inpatients, but even so, most military personnel went off base to attend meetings. Admitted substance abuse can cause career-ending situations, especially for commanders. I personally think that in many commands one is at risk if one goes to an A.A. meeting on base."

Dr. Johnson believes that the Department of Defense "respects and appreciates" the importance of A.A. and "that military attitudes may be gradually changing." She was on the committee of professionals that advised on the 2012 Institute of Medicine report on substance abuse in the military and notes, "We were pretty dramatic in saying that punishment is not the solution. We spent a lot of time discussing how alcoholism should be dealt with, the importance of providing treatment, and keeping members in the service."

It's important, Dr. Johnson says, to remember that commanders "want service people back on duty." In contacting base commanders, A.A.s can emphasize that their goal is essentially the same: to help people resume their normal lives and careers, sober.

Understanding how to approach combat veterans, both active duty and those who have left the service, is also important. "War is not meant for people," Dr. Dekker says. "I fully support the military, but nobody comes out of combat better. People have PTSD and depression — I treat World War II vets who still carry these scars — and they use alcohol to numb the pain, both physical and emotional." Veterans sometimes have difficulty opening up at civilian meetings, and so any time they can be around other sober alcoholic veterans, it can help immensely with their sobriety.

Bobbye E., a Texas-based veteran who served in Operation Desert Storm while a sober alcoholic, understands. Bobbye and her father — a Vietnam vet — now take meetings into the drug and alcohol unit of the Sam Rayburn Memorial Veterans Center in Bonham, Texas. "When I came back from Desert Storm I didn't trust anyone, even A.A. I had lost an innocence from that experience. It was difficult connecting with nonmilitary alcoholics. I couldn't stand all the huggy-lovey stuff at meetings. I was a little twitchy. It took me a long time to be able to 'speak civilian.'"

Tom M. is a sober veteran who has been doing service with the VA in Milwaukee for 13 years, acting as local liaison between A.A. and Clement J. Zablocki VA Medical Center (VAMC), a 175-bed treatment facility that is the largest in the state of Wisconsin. Working with administrators at the VAMC to carry the A.A. message, Tom has helped set up what could be viewed as a model of cooperation between A.A. and the professional community treating veterans.

"They want A.A. to help get these guys out into the local A.A. community and start practicing a long-term program of recovery," Tom says. "What they asked me to do is develop programs that will educate staff, residents and students who participate in VA health services, as well as to help set up conferences, open houses, and forums. They want us to have additional open meetings at their facility. I speak to medical students there every four to six months."

Both sides have been educated during this process. When it was discovered that the VA could not take money for rent for meetings, Tom made sure the funds were donated to the Chaplain Services as a creative way to practice the A.A. tradition of self-support. And when administrators at the VA need a speaker from the A.A. community — whether to participate in the hospital's yearly "Grand Rounds" presentation or to do a presentation to specific groups within the community — they know they can contact Tom, who is also the military and veterans' representative for A.A.'s Milwaukee intergroup/central office.

The important thing, Tom says, is that "the administrators at the VA know that alcoholism is a community problem, and they want the entire community to work on it. When you put two caring organizations together, with individuals whose only interest is helping a still-suffering alcoholic, it is worth the countless hours everyone puts in."

How Can A.A. Help You?

Would you be interested in having an A.A. presentation at one of your professional gatherings? Or would you like information about recovery from alcoholism in A.A.? If so, please contact the C.P.C. desk at the General Service Office, P.O. Box 459, Grand Central Station, New York, NY 10163, or cpc@aa.org. We welcome your questions, comments and requests.

2018 Conference Committee on Treatment and Accessibilities

Agenda Item B: Review proposed revisions to the pamphlet "Accessibility for All Alcoholics."

Background Notes:

From the July 30, 2017 Trustees' C.P.C./Treatment and Accessibilities Committee:

> *The committee discussed and requested the staff secretary work with the Appointed Committee Member to review the current inventory of A.A.W.S. literature with the term "special needs" and incorporate new accessibility language. The staff secretary will provide a progress report at the October 2017 meeting.*

From the October 29, 2017 Trustees' C.P.C./Treatment and Accessibilities Committee:

> *The committee was presented the progress report on the review of Accessibilities materials. The chair appointed a subcommittee consisting of Deborah A., chair; Brianna G. (A.C.M.), Tommi H. and Nancy Mc. The subcommittee will review proposed changes and continue to review Accessibilities materials. In addition, the subcommittee will suggest where shared experience might best be presented and in what accessible formats. A progress report will be presented at the January 2018 meeting.*

From the January 28, 2018 Trustees' C.P.C./Treatment and Accessibilities Committee:

> *The committee reviewed the report of the Subcommittee on Accessibilities Materials and accepted the proposed revisions to the service piece "Accessibilities Checklist." The committee requested that Staff forward the changes to Publishing for implementation.*
>
> *The committee agreed to forward to the 2018 Conference Committee on Treatment and Accessibilities proposed revisions to the Conference-approved pamphlet, "Accessibility for All Alcoholics."*

Background attached:

1. Proposed revisions to the pamphlet, "Accessibility for All Alcoholics."
2. Current pamphlet "Accessibility for All Alcoholics" available on G.S.O.'s A.A. website at: https://www.aa.org/assets/en_US/p-83_SpecialNeeds.pdf
3. 1.28.18 Trustees' Committee on C.P.C./T-A "Subcommittee report on Accessibilities Materials."

Proposed Revisions to pamphlet, "Accessibility for All Alcoholics." (P-83)

A. Proposed title change:

1. Comment: I think that members will not know the difference between the title of pamphlet P-83 "Accessibilities for All Alcoholics" and F-107 "Serving All Alcoholics", and that we should consider suggesting a title change that reflects that P-83 has are stories of experience, strength, and hope.

   Subcommittee agreed to the following proposed pamphlet (P-83) title change: "Accessibility to AA: Member Sharing on overcoming Access Barriers"

B. Do You Have a Drinking Problem Page 5?

1. Actual text: Yet once over that high hurdle and willing to listen, there are many who face personal barriers to accessing the A.A. message." This pamphlet will acquaint you with some of our members, men and women from a variety of backgrounds, who have addressed a wide range of physical, mental, and emotional challenges in accessing the A.A. message and participating fully in our program of recovery.

   Subcommittee agreed proposed changes: Rewrite - This pamphlet will acquaint you with the stories of members from a variety of backgrounds, who have experienced access issues when trying to receive the A.A. message and fully participate in A.A.'s three legacies of service.

2. Actual text: All of us in Alcoholics Anonymous have one common bond, a desire to stop drinking. Since Alcoholics Anonymous began in 1935, the Fellowship's goal has been to reach every alcoholic who needs and wants help.

   Subcommittee agreed with proposed changes: Rewrite - In Alcoholics Anonymous our desire to stop drinking is our common bond. Since its beginning in 1935, A.A.'s goal has been to reach every alcoholic who needs and wants help.

3. Actual text: Local meeting lists are coded for wheelchair accessible and ASL interpreted meetings, and there is an Accessibilities Checklist available from A.A.'s General Service Office to help groups assess their own level of accessibility.

   Subcommittee agreed with proposed change: Add "Some" local meeting lists…

4. Actual text: In this pamphlet you will read the experiences of A.A. members who have visual and auditory challenges, those who are housebound or chronically ill, and those who are living with the effects of brain damage or stroke.

   Subcommittee agreed with proposed changes: Rewrite - In this pamphlet you will read the experiences of A.A. members who are blind and/or deaf, those who have hearing or vision loss, those who are housebound or chronically ill, and those who are living with the effects of brain injuries or stroke.

C. Where to Find A.A.? Page 31

1. Actual text: "The person at the Intergroup will then be able to direct you to a meeting in your community and, if need be, point out A.A. groups that are wheelchair accessible, and those ~~**that**~~ provide services to alcoholics with accessibility ~~**issues**~~."

   Subcommittee agreed with proposed changes: and those who provide services to alcoholics with accessibility needs.

D. Gloria – 4th paragraph, page 10

1. Actual text: "We call it the Adversity Group. It's a great meeting and ~~**it's**~~…"

   Subcommittee agreed with proposed changes: The second "it's" should read "it has"

2. Actual text: "~~**Most important**~~, I listen to the others share and identify."

   Subcommittee agreed with proposed changes: Should be replaced with "Most importantly"

E. Lynn – 12th paragraph, page 12

1. Actual text: "There are ~~**still**~~ a few books that I may be unable to read as they are still unavailable in braille."

   Subcommittee agreed with proposed changes: take out the first "still".

2. Actual text: Last sentence – "I will continue to walk with Him and ~~**continue to**~~ grow in wisdom and in sobriety."

   Subcommittee agreed with proposed changes: Take out second "continue to".

F. Michael – paragraph 7, page 26

1. Actual text: "I noticed barriers that hinder full participation for alcoholics with disabilities."

   Subcommittee agreed: NO CHANGE to this part of Michael's story and not change member sharing

G. Robert – paragraph 9 page 8

1. Actual text: "Around that time the Eastern Area Conference of Young People in A.A. (EACYPAA 7) was around the corner. My friends in the Young People's groups were hosting the convention. "

   Subcommittee agreed with proposed changes: Around that time my friends in the Young People's groups were hosting Eastern Area Conference of Young People in A.A. (EACYPAA 7).

2. Actual text: **Robert Paragraph 10 page 28** “The people are great ~~**people**~~ and I’m happy to have them part of my life.”

   Subcommittee agreed with proposed changes: Remove second “people”

3. Actual text: **Robert Paragraph 11 page 28** “I hope to form an Accessibilities meeting and help alcoholics who have any form of disability and mental illness."

   Subcommittee agreed: NO CHANGE to this part of Robert’s story and not change member sharing.

Trustees Cooperation with the Professional Community/ Treatment and Accessibilities Subcommittee on Accessibilities Materials

January 28, 2018

Progress Report

Subcommittee: Deborah A., chair; Brianna B., Tommi H., Nancy Mc., Patrick C. secretary

Scope: The subcommittee will review proposed changes and continue to review Accessibilities materials. In addition, the subcommittee will suggest where shared experience might best be presented and in what accessible formats.

The subcommittee met four times via conference call since being appointed in October 2017. The subcommittee reviewed their scope and discussed how to approach their tasks. The staff member provided an overview of the work that has been completed to provide insight to the subcommittee about two facts:

1. A local accessibilities committee had provided a review of several accessibilities materials that helped to support changes that were made by Staff and Publishing in 2016/2017.

2. The existence of three historical documents meant to help each subcommittee member with their assignments; the Archives Inventory, the support for correct language and the notes to Publishing regarding revisions to the Accessibilities workbook.

At the first meeting, our A.C.M. shared that people are not the ones with the barriers. The barriers are what we want to overcome as a fellowship to provide access to our life-saving message of recovery. The work completed to date is great and there are still some potential beneficial changes that are needed to some of the language.

The committee decided to focus on three main tasks:

1. Reviewing the materials that were recently revised with the support of the new ACM expertise.

2. Reviewing the literature and service materials identified on the Archives inventory of A.A.W.S. literature with the term “special needs” to determine if we have changes to recommend.

3. Reviewing the suggestions from the A.C.M. regarding the repetitive nature of some of the materials, consolidation of materials and how we might better capture shared experience in each version of our literature or service material (e.g., specific sharing on accessibility barriers identified and the shared experience of how they are being overcome). We also discussed new ideas for shared experience such as: a). Potential addition of Accessibility language in the "Safety and A.A.: Our Common Welfare" service piece; b.) Potential addition of some sharing on service animals.

The chair assigned reviewers for each piece of literature and service material. As each material was reviewed all proposed changes were discussed. Final recommendations based upon agreement by the entire subcommittee are represented under the "Conclusions/Recommendations" section of each literature review sheet.

The following is the status of the items under review:

Literature or Service Piece	Status	Comments
A.A. Guidelines Accessibility for All Alcoholics (MG-16)	90% completed	Proposed changes & need to finish one section
Accessibility Checklist (SMF-208)	100% Completed	Proposed changes
A.A. Guideline Sharing the A.A. Message with the Alcoholic Who Is Deaf (MG-13)	In process	Planned proposed changes
Serving All Alcoholics (F-107)	In process	Planned proposed changes
Accessibility for All Alcoholics (P-83)	100% Completed	Proposed changes

The subcommittee plans to continue meeting until the work to meet the scope is complete. One service piece detailed above has one final section to review however, it and the proposed changes for the two completed items detailed in the table above are represented in background documents that will be provided along with this report to the trustees' Committee on C.P.C./T-A to review at the January 2018 meeting.

2018 Conference Committee on Treatment and Accessibilities

Agenda Item C: Discuss ways that remote communities concerns might be addressed by the Conference.

Background Notes:

From the July 30, 2017 Conference Committee on Treatment and Accessibilities:

> *Sharing from the past delegate's correspondence regarding remote communities: "Consider video conferencing to reach geographically remote communities."*
>
> *The committee reviewed the delegate's shared experience and took no action. The committee noted that sufficient action is being taken related to the use of Class A's sharing A.A. information and the use of video conferencing in communicating with remote communities.*

From the October 29, 2017 Trustees' C.P.C./Treatment and Accessibilities Committee:

> *The committee discussed remote communities and the scope of the services being provided by local A.A. areas, districts, groups and members. It was the consensus of the committee that there is a need for a better understanding of the historical evolution and current definition of this service. The committee requested that the staff secretary gather shared experience, literature and service materials that are related to remote communities and provide a progress report at the January 2018 meeting.*

From the January 28, 2018 Trustees' C.P.C./Treatment and Accessibilities Committee:

> *The committee reviewed a summary report provided by Staff on the history of remote communities. The committee agreed on the importance of this topic and looks forward to continuing discussion at the July 2018 meeting.*
>
> *The committee agreed to forward to the 2018 Conference Committee on Treatment and Accessibilities the following discussion topic:*
>
> - *Review the report on the history of the remote communities' pre-conference meeting and consider ways that remote communities' concerns might be addressed by the Conference.*

Background:

1. 1.28.18 "Trustees' Committee Summary Report on the History of Remote Communities Pre-conference Meeting and definition of Remote Communities."

Treatment/Accessibilities
Item C
Doc. 1

1.28.18 “Trustees’ Committee Summary Report on the History of Remote Communities Pre-conference Meeting and definition of Remote Communities”

(18 Pages)

Trustees' C.P.C./Treatment and Accessibilities Committee
January 28, 2018

Summary Report

As referred to in the background the vision of the pre-conference Remote Communities Meeting is to keep a focus on the efforts to reach Remote Communities and solutions to overcome the barriers of culture, language and geography during the only time each year all areas meet.

The definition of Accessibilities service includes a focus on how to overcome geographic, cultural and ethnic barriers. This could create confusion regarding the difference between Remote Communities and Accessibilities Committee service. Based on experience of the Accessibilities assignment, consideration might be given to combining these two types of services under the auspices of Accessibilities. This would allow remote communities to be captured under existing trustees' and conference committees.

G.S.O. has the following pamphlets, workbooks, service materials and webpages that include suggestions for working with underserved or remote communities:

- **Serving All Alcoholics: Making the Message Accessible**
- **Accessibilities Workbook***
- **Loners-Internationalists Members (LIM) correspondence service**
- **What are Local Forums?**

*Excerpts from two articles, in the A.A. Grapevine, are captured in the Accessibilities Workbook that focus on shared experience from an A.A. Member on working with remote communities.

The assignment currently communicates with 295 Accessibilities chairs and 42 Remote Community chairs.

The 2018 Pre-conference Remote Communities Meeting theme will be, "The Military as a Remote Community." The committee chairs shared that while the military might not seem to fit into a pre-conceived idea of remote communities, military personnel often face separation from mainstream A.A. including potential barriers imposed by the need to maintain security clearances and operational safety.

Background attached:

1. History of Remote Communities Meetings
2. Eastern Canada Regional Forum Report 1997

3. Final Conference Report 1997
4. General Sharing Session Report 1998
5. Western Canada Regional Forum Report 1998
6. Trustees' Committee on C.P.C./Treatment Facilities 2000
7. Trustees' Committee on Conference 2009
8. CBS News article October 31, 2017

Document from: Remote Communities G.S.O. Files

History of the Remote Communities Meeting

The history of the Remote Communities Meeting is interesting. The seeds were planted at the 50th Anniversary of A.A. in Toronto in 1985. A handful of Canadian Delegates met to discuss the problem of carrying the message to remote Canadian communities. Not long after, the Canadian Delegates began to meet informally at the Conference. The Alaskan Delegate was invited to join them in 1996. Plans were made and a Northern Remote Communities Meeting was held July 19th through 21st 1996 in Toronto. The 3-day meeting was a success and has continued.

By 1998, there was a Remote Communities Meeting taking place prior to the opening of the Conference. The meeting is open to all delegates and by 1999 the Remote Communicator was being produced and distributed. It is a forum for sharing ideas on overcoming barriers of culture, language and geography.

Recently some discussion has taken place as to the definition of a remote community. Do you need all three - culture, language and geography - to be remote? We like the idea expressed in the overview to the 19th World Services Meeting: “In order for the message of AA to exist, without borders, languages, race or religion, it must not be perceived as a threat to an individual’s cultural identity and should focus on the alcoholic’s powerlessness over alcohol.” To that, some areas add the very real challenge of geographical remoteness. An Alaskan Native who grew up in a remote village puts it this way: “My problem isn’t that I am an Alaskan Native. It’s that I am an alcoholic.” Doesn’t it boil down to figuring out how to extend the hand of A.A. across those barriers and then finding ways to support those reaching out for help?

The vision is that this meeting will serve to keep a focus on efforts to reach Remote Communities and solutions to overcome the barriers of culture, language and geography during the only time each year all the areas meet. Whether your area is challenged by one of these barriers or by all three, we hope you will share your solutions to these challenges.

The separate yearly Remote Communities Pre-Conference meeting will continue as a forum for those areas challenged by all three barriers to carrying the message.

We further hope that following the Conference the real work of reaching out to remote communities continues and expands, whether your area forms a Remote Communities Committee or divides the effort between your existing committees. This meeting has been open to all delegates since 1998. Real progress has been made in some areas, but can we do better? We look forward each year to reading reports of substantial progress.

1997, Eastern Canada Regional Forum

available to serve when and where needed. The four remaining trustees are the General Service trustees, chosen for their expertise in certain fields needed to help us in specific areas of carrying our message. All of us are privileged to work together for A.A. as a whole.

Adrienne B, G.S.O. Staff: "General Service Office's Role in Carrying the A.A. Message to Remote Communities"

In 1985, the General Service Conference recommended that G.S.O. coordinate and pull together all available information about carrying the A.A. message to the Native North American population, including but not limited to (1) translations of their languages and dialects, (2) experiences of various A.A. groups in their contact with these populations, and to explore with a view toward consolidating and expanding A.A 's experience to these areas. In response, two surveys were taken -- one of area delegates, and another of 600 professionals in the alcoholism field. Of 91 areas, 55% responded, and 45% of those reported little or no contact with Native Americans. The findings also made clear that there are hundreds of Native languages and dialects, and that those Native Americans that are literate can read in both their native language and in English.

In 1989, the pamphlet "A.A. for the Native North American" was developed by the Conference. Some members had negative responses, citing that the pamphlet differentiated the Native American population from the A.A. general population; however, some Native Americans expressed a great appreciation for it.

Subsequently, Canadian area delegates formed a Remote Communities Committee, which held its first meeting from July 19-24, 1996 in Toronto, Canada. A second meeting was held on April 13, 1997 in New York City, immediately preceding the 47th General Service Conference. Sixteen Conference areas were represented, and 24 additional areas have asked to be included in the ongoing effort to reach Remote Communities.

The consensus and actions which continue to guide the committee are undemoted:

- The definition of a remote community is any community to which it is difficult to carry the A.A. message because of language, culture, or geography. Each area must determine how to apply the definition to their specific situation. The purpose of the committee is to facilitate and encourage local efforts toward carrying the message to remote communities, to encourage unified action, to share problems and experience, and to ensure continuity in carrying the message to remote communities so that the hand of A.A. is available to all.

- Following upon each area in Canada choosing its Aboriginal language, tapes of A.A. members speaking in these Aboriginal languages are being produced and sent to G.S.O. where they will be catalogued (appropriate information regarding language, geographical regions, and contact person's name and address to be sent with tape) and distributed upon request. If possible, the Twelve Steps, Twelve Traditions and How It Works in the Aboriginal language should accompany the speaker tapes.

- A directory of contacts in remote communities will continue to be developed.

- Areas will be encouraged to include all service committees such as public information, cooperation with the professional community, correctional facilities and treatment facilities in these efforts.

G.S.O. has available materials that have been translated into various North American Aboriginal languages. The influx of shared experience in carrying the message to the Native American/Remote Communities touches every aspect of A.A. service, whether it's through corrections, treatment facilities or cooperation with the professional community, and we look forward to a wealth of shared experience, as we continue to carry the A.A. message to remote communities.

Lois F, G.S.O. Staff: **"Services Provided by G.5.0."**

G.S.O.'s goal is to carry the message to the alcoholic who still suffers. We try to do that by providing service to groups, General Service Committees at the area and district level, service committees such as P.I. and C.P.C., central offices/intergroups, and anyone who asks for information about A.A. Of approximately 80 employees, ten of us (all recovering alcoholics) serve as G.S.O. staff members. In addition to our specific assignments, we each serve as secretary for a trustee and conference committee and have one or two regions for which we handle correspondence and

phone calls. We practice the A.A. principle of rotation and every two years we change assignments.

In addition to publishing Conference-approved literature and producing audiovisual materials, we prepare a wide variety of service material which is available to the Fellowship upon request. Service material is different *from* Conference-approved literature in that it has not gone through the Conference process. It is prepared because of an expressed need for information on a particular subject. Our A.A. Guidelines are considered service material. They reflect experience that has been shared with us on a wide range of subjects such as Answering Services, Central Offices/intergroups, Conferences and Conventions, Members Employed in the Alcoholism Field and other subjects.

For example, A.A s are becoming more aware of alcoholics with special needs. As a result, "Special Needs" or "Accessibility" committees are forming in a growing number of areas and districts. These committees reach out to deaf or hard or hearing, blind, physically disabled, or homebound members. We began gathering sharing on that topic and were eventually able to publish Guidelines on Serving Alcoholics with Special Needs.

A five-volume video of the Big Book in American Sign Language was produced several years ago and has been well-received by the deaf community. We recently completed an A.S.L. version of the Twelve and Twelve on video. The Big Book and Twelve and Twelve have been available in Braille for many years. In addition, *Daily Reflections* and three recovery pamphlets are also available in Braille.

G.S.O. also develops and distributes Group Handbooks, G.S.R. Kits, service material such as workbooks and kits for Public Information, Corrections, Treatment and Cooperation with the Professional Community Committees.

It is impossible to carry the message or maintain unity without communication. Our primary communication tool is 'Box 4-5-9," our bimonthly newsletter which is available in English, French and Spanish. "Box 4-5-9" shares group and committee experience and helps us be informed.

and the importance we must place on our anonymity. Why should I give any thought to any of this when, after all, the Third Tradition tells me that "the *only* requirement for membership is a desire to stop drinking."

That is where our responsibility begins. It will be very difficult to maintain a spirit of *unity*, if we just say we are members and yet do not know what we are members of. Is A.A. a place where I can come occasionally, say a few words about how the world isn't doing what I expect it to do for my happiness, drop a dollar in the basket and leave, knowing that in a few days, if nothing changes, I can come back and do the same thing again? Or is A.A. a place where, after I work the First Step, I realize I have made a commitment to work the other twelve? How am I going to know this if there is no one around to share their experience, strength and hope as it is explained in the Big Book of Alcoholics Anonymous? Where am I going to find a loving sponsor that will take the time to walk me through the Steps so that I may better understand the reason for doing the work required for my recovery? It is then and only then that I will come to realize that the Twelve Traditions are not something someone reads at the beginning of a meeting, but that they are part of my recovery and must become my way of life.

If I am to be a responsible member of Alcoholics Anonymous then I must *know what I belong to!* How am I going to do that if all I am willing to do is go to an occasional meeting and say I am a member because the Third Tradition says so? The important point I am trying to make is that we should all know more about the Fellowship that has given us back our lives. A Fellowship that has given us back our self-respect and, yes, our families and our jobs but, more important, it has given most of us back our God!

How do we go about learning more about this Fellowship? I suggest we start by rereading the Big Book of Alcoholics Anonymous and trying to identify with the sameness of everyone on every page. From there I suggest moving to *A.A. Comes of Age.* What better way to get a feel of the person Bill W. really was? Meet his family in *"Pass It On,"* and find out how he did other things besides talk to drunks. And there *Is Dr. Bob and the Good Oldtimers*—there you will meet the other founder and his family, learn his way of life and be introduced to some of his helpers, like Sister Ignatia. Now don't stop there! Reach out for *The Language of the Heart.* Bill had a way with words and they come through on each page of the book, which is comprised of Grapevine articles he wrote through the years. *The A.A. Service Manual is* a wonderful work of spiritual directions and I encourage everyone to read it through and through.

Armed with all that history one cannot help but be in love with the Fellowship, and it becomes very clear that we are all charged with the responsibility of working together in the spirit of unity that is set forth in these books.

To quote from *The Language of the Heart* (p. 333): "Some of our more obvious perils will always attach to money, to controversies within A.A., and to the ever-present temptation to scramble within A.A. and outside it for distinction, prestige, and even power."

If we are not armed with the dedication of those that have gone before us, how can we possibly expect to protect the Fellowship with the unity that was passed on to us? The responsibility is truly ours. We cannot step back and let only those involved in the general service structure be responsible for carrying the message. Each of us as a member of this Fellowship must be willing to do some of the footwork required to be sure our message is delivered with the same dedicated spirit with which it was passed on to us. I say to you all—work the Steps, live by the Traditions, carry this message as it was passed to us. That is our responsibility. Let us all accept the torch and carry it as if our life depended on it— because it does.

Betty P New Mexico

REPORT: REMOTE COMMUNITIES COMMITTEE

The sharing and question session following the report of the Remote Communities Service Committee was chaired by Bob Watt, Alberta/NWT. The second official meeting of the committee was held Sunday of Conference week. "One of the most significant things that we came up with at our inaugural meeting" Bob said before introducing the speaker, "was a definition of remote communities that would fit the varied needs of each area involved. For our purposes a remote community is defined as 'any community to which it is difficult to carry the message because of language, culture or geography.' After hearing the following presentation we should have a few minutes for discussion and sharing from the floor. I would now like to introduce you to my fellow committee chair, Robert P delegate—Area 90, NW Quebec."

Where We Were—Where We Are Now—Where We Are Going

I would ask a moment of silence to listen to the Serenity Prayer recited in Inuktitut. The intent is to place you in the proper mood for the presentation I have been asked to make pertaining to the project entitled Remote Communities Working Service Committee.

Where we were—In the fall of 1993, Noah, an Inuit from Salluit, Quebec, contacted Michel G., Panel 42 delegate, Area 90, Northwest Quebec and, after a long phone discussion, asked Michel

to send him confirmation of their conversation so he could read it at his business meeting. In the spring of 1994, Noah sent a thank you letter to Michel for his phone call and memo, which was brought to the General Service Conference by Fernand L.

At the beginning of April 1994, there were reports from Tom H. and Don S., past delegates, Eastern Ontario, regarding their contacts in the far North, such as an A.A. group in Pond Inlett, or contacts in Cape Dorset, Igaluit, etc. As a result of all this information coming together in one place it was decided at the 1994 General Service Conference to form a committee of five delegates. Information started circulating concerning this project, and during the Eastern Canada Regional Forum, in Thunder Bay, Ontario, September 1994, a special meeting was held attended by G.S.O. staff members, trustees and delegates. Area 90 assigned Marc-Andre G. as the delegates' representative in the North Western part of Quebec, and Marc-Andre made contacts with several people, A.A. and non-A.A., in the communities.

The Native people we were dealing with were identified as Inuit, Cree, Montagnais. On July 8, 1994 a meeting was held with the Amos Detention Centre Personnel, Marc-Andre G., Fernand L. and myself, to discuss where we were and where we were going.

A subsequent meeting was held on October 31, 1994 at the same centre, but this time a judge was present, along with a law enforcement representative, social workers, and the chairman of the Kativik Regional Administration and A.A. representatives from our area. This Northern Territory covers approximately 600,000 sq. km.

I can not begin to explain the interesting sharing that transpired between A.A. members and non-A.A. personnel—all speaking with the same spirituality. What could we do to help the still-suffering alcoholic living up here in the land of the Perma-Frost? When the judge stood to leave he looked at us and stated "I hope A.A. doesn't let us down this time."

It was obvious that we "southern" A.A. members were not about to go up there and transmit the A.A. message. We had to find some way to help some of these natives get sober, so that they in turn could open up A.A. groups in their communities. In July 1996, the committee met in Toronto to discuss once again where we were. The original committee of five members had increased to include the 14 Canadian delegates, as well as the delegate from Alaska, our Eastern and Western Canada trustees, the trustee-at-large/Canada, and Linda B. from the Bellwood Treatment Centre in Toronto, who had spent several years with the Inuit people. Two Inuit A.A. members were present and shared with us their A.A. experiences. Objectives were set. It was also decided that the interpretation of "Remote" would be extended to Natives living in communities other than the North, such as Algonquin and Mohawk. It was felt that this was necessary due to their culture, language and, in some cases, difficulties in mixing with the "white" members.

Where are we now—Since September 1996, Quebec Native inmates now serve their sentence in the St-Jerome Correctional Institution. Two other A.A.s, Robert M. and Peter M., and myself have been attending an English-speaking A.A. meeting in this institution since October 10, 1996. At this first meeting there were only three natives. The contact was not easy; the confidence was not there. Area 90 had some A.A. literature in the Inuktitut language which we gave them, and that sort of broke the ice. Since then, the Inuit members of the group have translated the Serenity Prayer, our Public Information poster, the Twelve Steps and Twelve Traditions.

There are two Inuits who translate A.A. literature, which is then reviewed by other Natives. The assignment of copyright forms have been signed by the translators to protect A.A.'s rights.

An Algonquin member from Lac Simon has translated the Slogans, Serenity Prayer, Twelve Steps and Twelve Traditions and "Is A.A. for You?" into Algonquin. These translations are available through G.S.O.'s Literature desk.

A.A. literature on how to open a group is made available to the Natives prior to them leaving the centre. To date, Area 91, Saskatchewan, has obtained a Native story in Dene, Area 90 obtained a story in Inuktitut, and Area 89 in Montagnais. These audio cassettes are available through G.S.O.

Where are we going—In our part of the world, we have groups either functioning, or in the process of functioning, in Kuujjuaq, Aupaluk, Kangirsuk, Quaqtaq, Salluit, Ivujivik, Umiujaq, Kuujjuarapik (Inuit), Chisasibi, Waskaganish, Nemisca (Cree) and other native communities further south. One of the suggested ways to share the A.A. message was to hold a Special Forum up North. A request was made and approved by G.S.O., and the date scheduled is August 22-23, 1997, in Val d'Or, Quebec, at the Confortel Hotel. Although all A.A. members are welcome, we are hoping to be able to share the A.A. services with Native A.A. members so they in turn can return to their communities and transmit the message.

The information received from G.S.O. is that we can now find A.A. in 146 different countries and 34 languages. In *A.A. Comes of Age*, (p. 85) Bill W. said "I shall forever remember that early bilingual provincial meeting where I first heard the Lord's Prayer in French." Well, we have come a long way in the last 50 years or so.

I think now we can add a few new languages to our count. The seed was planted some 20 years ago to share our A.A. message with our Native alcoholics, but I guess our Higher Power decided that we must be where we are at this time. I thank you for being there.

Robert P. NW Quebec

REPORT: THE A.A. GRAPEVINE

Wednesday afternoon a report on the state of the Grapevine was presented by a general service trustee who is also a director on the Grapevine Corporate Board. A question and sharing session followed.

This presentation is about the Grapevine's situation with regard to its circulation—or lack thereof. I'm going to do it in broad strokes, just to give you an idea of the bind we on the board and staff feel that we are in when it comes to this issue.

I'm not going to beat you over the head with the historical significance the Grapevine has to our Fellowship. You know that it was in the Grapevine that the Preamble was first published. And that Bill used the Grapevine, after he had been invited off the board, to continue to communicate with the Fellowship, and that he published the Traditions first in our pages. You know, too, that we've been making a little history in our own time with the publication of La Viña, the Spanish edition of Grapevine.

A year ago we put a 20% increase in the subscription price into effect. Just prior to the increase we offered a number of discounts to existing subscribers to mitigate any immediate drop-off in circulation. We also instituted a new three-year subscription option which we hoped would give us additional stability through the later stages once the price increase began to kick in. We did this because of our experience with the last two price increases: i.e., there were substantial circulation drops in their wake. Magazine industry standards for this are as high as 15% drop-offs, but we were pretty sure we wouldn't have to face anything *nearly* that high.

GENERAL SHARING
SESSION
Crowne Plaza Manhattan Hotel
Saturday, August 1, 1998
Acting Chairperson: MaryJane

A brief history of the General Sharing Session was presented noting that it began in 1955 and was then known as the Policy Committee and considered the most important committee of the board. In 1977, the Policy Committee evolved into the General Service Sharing Session with guest speakers often invited. The General Sharing Session as we now know it began in 1981.

This Sharing Session was unstructured and those present were encouraged to share whatever was on their minds. Concerns covered a variety of topics including how remote communities are defined, the lack of group participation in supporting general services, the role of international conventions, carrying the message to African American communities in particular and to Africa in general, diversity in the Fellowship and tranquility on the General Service Board.

Remote communities committees were originally committed to carrying the message to Native populations in both the U.S. and Canada. Concern was expressed that these efforts may be diluted as Remote Communities Committees are becoming involved with activities such as carrying the message to homeless people and single parents of small children and meeting other special needs. Remote communities were once defined as being beyond area and district structures - separated by distance and language barriers. Many now think of remote communities as those populations difficult to reach for a variety of reasons. It was pointed out that many means of carrying the message are needed. It is a matter of organizing our efforts and maintaining our focus to be effective in carrying the message to populations difficult to reach.

Concern about carrying the message to African Americans was expressed in conjunction with the discussion of remote communities and a question was raised regarding the need for carrying the message to

the Black American community where alcoholism has been described as epidemic. Regarding A.A. worldwide, there has been no significant effort to carry the message to the Black community in Africa. Why? Who should be doing it? Is it an individual responsibility to carry the message to those who want it or should the board, Conference and general service structure be more proactive? Special Forums in inner cities and a recovery pamphlet for African Americans were suggested as examples special efforts that could be made.

The importance and value of diversity in A.A. were mentioned and the efforts of the trustees' Nominating Committee to encourage the Fellowship to be mindful of attracting women and people of color to serve when vacancies occur were noted.

Regarding the lack of groups participating in supporting general services, it was pointed out that in 1997 only 23 areas could report that more than 50% of their groups are supporting G.S.O. It is up to each of us to encourage greater participation emphasizing that participation is more important than the dollar amount contributed.

Tom K Panel 48, Saskatchewan, **"Our Twelfth Step Work in the Service Structure":**

Encouraging participation by individuals and groups in the general service structure is an ongoing process. Communication is the key, and we have an excellent opportunity to focus on and search for new ways of enhancing and encouraging service participation. All we are asked to provide is the effort -- the results we leave up to our Higher Power. The principle of attraction has to underlie our invitation. Guilt and obligation will not work! We need to respond to the questions why participation would be good for you and the health of your group; and why A.A needs you and your participation. As we attempt to answer these questions for others, we will come to a deeper understanding of our own purpose here as well, all in the spirit of our Twelfth-Step work. We will be spiritually richer for our efforts

Jim T Panel 48, Alberta/N.W.T., **"Group Information and Group Records":**

Where do group information and group records fit into our Twelfth-Step work from our first meeting onwards? When Jim walked into A.A. someone was there to greet him, give him telephone numbers and answer his questions. Still fairly new in the Program, Jim began to relate to the stories he heard, and to feel more at home -- in his home group -- there were people who were willing to share, whenever he was ready to let his guard down a little bit. Soon he found out that A.A. was in other towns that he had to travel to, and that A.A.s in these places were willing to be contacts, whenever he needed to call. We, too, can be a very important part of carrying this wonderful A.A. message by giving out our names and addresses in our home groups, and even as secondary contacts to be printed in our A.A. Directory. The information needs to be current and accurate for our groups, districts, areas and G.S.O. Our general file information ought to include a primary address, a secondary address, group information, contributions, meeting information, telephone contacts, and any other comments.

Richard Panel 47, B.C./Yukon **"Focus on Remote Communities":**

The Remote Communities Committee had its roots in various A.A. committees in Canada and Alaska. Then, at the 1996 Conference, it was decided to coordinate the efforts of the 14 areas of Canada and Alaska to better carry the message to remote communities. That same year, a weekend meeting was held in Toronto to discuss relevant issues; from this meeting the current committee was formed. Prior to the 1997 Conference, a meeting was held focusing on progress in translations, reaching groups and the inherent difficulties of remote communities work. A presentation was then made to the Conference, and was enthusiastically received. The committee invited any area having similar remote community problems to join. A strong response culminated in a total, in 1998, of 56 people representing 40 areas in attendance at this year's pre-Conference meeting. Many ideas were presented, and this exciting committee, which is not a Conference Committee, but strongly supported by G.S.O. and the Conference, continues to evolve.

PART I

TRUSTEES' COMMITTEE ON COOPERATION WITH THE PROFESSIONAL COMMUNITY/Treatment Facilities

Sunday, July 30, 2000

AGENDA ITEM 5.

C.P.C. and Remote Communities - Carrying the message to professionals working in Remote Communities.

- February/March 2000 Box 4-5-9 article "Trudging the 'Road of Happy Destiny' In the Alaska Bush"

Discuss developing guidelines for possible inclusion in the C.P.C. Workbook to help A.A. members inform their doctors and other professionals about A.A.

A subcommittee was appointed (Calvin J , Robert M , Elaine J , and Betty S) to discuss ways to inform professionals regarding the benefits of using A.A. members as resources when attempting to help the still-suffering alcoholic. Elaine J was named chair of the subcommittee. In addition, the subcommittee was asked to review a section from an earlier edition of the C.P.C. Workbook entitled, "Working with Medical Students" in order to better inform their discussion.

C.P.C. and Remote Communities - Carrying the message to professionals working in Remote Communities

The committee decided that there was not enough information or shared experience to have a meaningful discussion at this time. It was requested that the staff member on the C.P.C. assignment continue to keep the committee updated regarding Remote Communities activities.

Part II - Treatment Facilities

Staff Report

The committee accepted the staff report as presented and affirmed support for having the treatment facilities staff person participate in the Bridging The Gap Workshop.

Review and Discuss the Report of the 2000 Conference Committee on Treatment Facilities

The committee reviewed the Report of the 2000 Conference Committee on Treatment Facilities.

Review the Annual Mailing to Treatment Facilities Professionals

The committee approved the annual letter to Treatment Facilities Professionals.

The committee requested that the Treatment Facilities staff person investigate ways to ease the process for Canadian recipients to respond via postcard, and follow through, expense permitting.

There being no further business, the meeting adjourned at 11:30 a.m.

FEB/MAR 2000

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Trudging the 'Road of Happy Destiny' In the Alaska Bush

"I am in need of solutions to a situation, and I'm wondering if you can help. The situation is the lack of A.A. meetings for current and potential recovering alcoholics in the Alaskan interior."

Writing to the General Service Office from McGrath, Alaska, where he is "a recovering alcoholic working as a substance abuse counselor," John explained, "Our agency delivers outpatient alcohol, drug and mental health services to the residents of an area about the size of Kentucky that currently has only one regular weekly A.A. meeting in each of two villages and a somewhat irregular bimonthly meeting in another village. The alcohol problem here is deep-rooted and severe. The rates of alcohol-related suicide, sexual abuse, child and spouse abuse and other violence are all amazingly high for an area with a population of slightly more than 1,400 people."

Here John voiced a personal concern. "Since I am both a member of A.A. and a professional counselor," he wrote, "the line between the two blurs at times. It's not the same in the Alaska bush as in Upstate New York, where I got sober and where the boundaries are easier to see. I'm suggesting to people with whom I live and work closely that they attend A.A. meetings—which for the most part don't exist. And where they do, people sometimes don't go because they know that I, their counselor, will be there, and they don't feel comfortable. Am I their friend, their counselor, a fellow A.A. or all three?"

Upon receiving John's letter, G.S.O. immediately contacted two Alaskan A.A.s, one of them Bill B., who chairs the Alaska Area Committee on Cooperation With the Professional Community. "My first consideration," says Bill, "was to find someone in the same boat as John, someone with whom he could identify, and I immediately thought of Jo B., our Alaska Area C.P.C. secretary who also happens to be a 'two-hatter' like John." As Jo recalls it with a smile, "Bill asked me to make contact, but when he gave me the phone number, he forgot to attach it to a name—a bit too much anonymity perhaps? But, seriously, we quickly got it straight and I connected with John via e-mail. We sent him the most recent area newsletters and meeting lists, a copy of *LIM (Loners-Internationalists Meeting)* and much more. I took him to meetings in Anchorage, to the State Assembly at Homer and connected him with some other A.A.s. I think it helped John—for sure it helped me."

In his letter, John had voiced another concern: "We have received some donations of books, coins and literature from groups and individual A.A.s in Rochester, New York, and I'm wondering: Does that constitute a violation of the Seventh Tradition?" Reports Bill: "In my conversations with John, I have assured him that since A.A.s are doing the donating, and their contributions are well within the prescribed limits, nothing seems amiss."

Comments former Alaska delegate Ken K., the other A.A. contacted by G.S.O. regarding John's request for help: "It's always a celebration when a village or remote contact is made, since this is our greatest difficulty in reaching alcoholics. In our experience, these are often closed communities where 'outside' help is unwelcome. We have had contacts in Kotzebue, Nome, Barrow, Dutch Harbor and Unalaska that all flashed for awhile, then faded. However, we keep trying. There are many groups that meet but remain outside the service structure, and we hear little about them. With 650,000 square miles to cover, it's tough to keep up! Only through contacts, like this one with G.S.O., do we have a chance."

In asking for help, John painted a vivid picture of the plight of the Native Alaskans and the difficulties of carrying the A.A. message. "The region's unknown and untold suffering due to alcoholism can only be imagined," he wrote. "Couple with this the denial inherent in the Native Alaskan cultural and family system, as well as the suspicion and mistrust of outsiders, and one begins to understand the need to carry A.A.'s message to those who suffer. It takes a great deal of time to develop trusting relationships, and simply handing someone a Big Book, with all good intentions in the spirit of attraction rather than promotion, does not seem to be the way to proceed here. I believe we need to carry the message in person, by sharing our experience, strength and hope in A.A. meetings. That's what worked for me."

In conclusion John said, "I feel the same hope, and uncertainty, that I believe our co-founders Bill W. and Dr. Bob felt when they were first starting out. God brought me to Alaska for a reason, and I feel a need to see it through. I appreciate any suggestions, support, donations of books and literature—anything to help others find the 'Road of Happy Destiny' that was shown to me."

Trustees' Committee on the General Service Conference
January, 2009

- "The subcommittee is aware that an ad hoc committee of the General Service Board is discussing a suggestion to the Conference to implement a Conference "inventory." Should such an inventory be undertaken, the subcommittee suggests that the matters discussed in this report be a subject included in such inventory, and suggests that this report and appropriate background be provided to those given responsibility for conducting the inventory."

Note: While the committee agreed not to forward the specific individual proposals related to the selection of Conference agenda items and the recommitted item, the committee agreed to forward these submissions as background to be included with the *Subcommittee on Coordination of Agenda Items Final Report* and other background going forward to the Conference Agenda Committee.

Processing of Floor Actions: The committee reviewed the trustees' Committee on the Conference's November 1, 2008 recommendation referred back to the committee by the General Service Board for further consideration regarding the processing of Floor Actions at the General Service Conference and agreed to table this item for the 2009 Summer Quarterly Meeting to reconsider this item following the 59th General Service Conference.

Changes to Conference-Approved Literature: The committee reviewed and took no action on the proposal that any changes to Conference-approved literature "be met by Conference Action" including the addition or deletion of footnotes, indentations, punctuation, forwards, prologues, epilogues, appendixes, glossaries, book flaps, charts, and anything else that may affect the meaning of the Conference –approved literature for the following reasons:

- The committee agreed that the wording of the agenda item removed oversight of editorial responsibilities from A.A. World Services, Inc.
- It was suggested that the submitting area might reconsider its proposal keeping in mind several suggestions from committee members that possibly forwarding an annual report of editorial updates of Conference-Approved literature to appropriate committees for review might be an alternative idea to consider.

Request for Conference Committee Review of Past Advisory Actions: The committee discussed the request that each 2009 Conference Committee review past Advisory Actions for compliance, outdated actions, and/or items not in practice and agreed to table this item until their 2009 Summer Quarterly Meeting for further discussion for the following reason:

- The committee agreed that the proposal might be too difficult an undertaking for individual Conference Committees to assume; the committee wishes to discuss this matter in-depth to examine the logistics and costs related to such an undertaking.

Request: Establish a Conference Remote Communities Committee: The committee discussed and took no action on a request that a Remote Communities Committee be established as a standing Committee at the General Service Conference for the following reasons:

- The committee noted that at the annual pre-Conference Remote Communities Meeting, areas have the opportunity to share experience related to carrying the message to still

suffering alcoholics in remote communities and to return to their respective areas to continue local efforts utilizing the experience shared at the meeting.
- There are G.S.O. staff members currently assigned to provide services regarding both Remote Communities, Loners and Special Needs.
- The term "remote communities" as applied in A.A. is broad and undefined; what would a Conference Committee on Remote Communities do that is not being addressed by G.S.O. e.g. Loners, Internationalists or by committees such as Treatment, Corrections, C.P.C., and P.I?

Request to Create a Conference Committee on A.A. World Services: The committee discussed the request that the Conference create a Conference Committee on A.A.W.S. and took no action for the following reason:

- The committee agreed that the trustees and Conference committees, except for the Conference Grapevine Committee, all function in an oversight capacity of A.A. World Service, Inc. and that there was no need to establish a separate Conference Committee on A.A.W.S.

Request to establish guidelines for who serves as secretary on Conference Committees: The committee discussed and took no action on the request that the General Service Conference establish guidelines to determine who serves as recording secretary for the Conference Committees for the following reasons:

- The committee agreed that the appointment of secretaries to Conference Committees falls under the delegated scope of a management decision.
- The secretaries function in professional capacities during Conference Committee meetings and are present to do their best as professionals to assist and not to lead.
- Experience indicates that delegates on Conference Committees are their own persons and are unlikely to be swayed by any opinion that might be expressed by their committee secretary.

Request to develop a formal relationship between the Conference Committee on Policy and Admissions and the Trustee's Conference Committee: The committee discussed and **agreed to forward** to the General Service Board for their consideration a proposal that a formal relationship be developed between the Conference Committee on Policy and Admissions and the Trustee's Conference Committee to address matters of policy relating to the Conference

Request for Trustee's Conference Committee meet annually with the Conference Committee on Agenda and the Conference Committee on Policy and Admissions: The committee considered a request that the Trustee's Conference Committee meet annually with the Conference Committee on Agenda and the Conference Committee on Policy and Admissions to address matters concerning the Conference Agenda and Conference Policy and that these meetings take place prior to the January General Service Board meeting. The committee directed that the proposal be forwarded as accompanying background to the Conference Committee on Agenda as part of the "Subcommittee on Coordination of Agenda Items" background.

Yukon offers Alcoholics Anonymous meetings to remote communities by video conference 'It's really important for those people in the communities not to feel like they're alone'

By Jamie M, CBC News Posted: Oct 30, 2017 6:41 PM CT Last Updated: Oct 31, 2017 12:01 PM CT

Yukon communities have another service to help people with addictions.

Through the **Yukon Telehealth Network**, every community can now be connected by video conference to Alcoholics Anonymous (AA) meetings.

Corliss B has been involved with AA for 35 years. She's considered a "friend of AA" — a non-alcoholic past trustee for the organization.

Once people leave Whitehorse after addictions treatments and return to their communities, they might have very few services to help them, she said.

"The Unity Group which is supported by Telehealth is an open meeting and it links all Yukon communities to the meeting that is held here in Whitehorse," said Corliss.

'Demonstration of co-operation'

Every Friday afternoon, anyone in a Yukon community can go to their local health center and connect to the AA meeting.

"We really have something in the Yukon that's unique and wonderful and such a great demonstration of co-operation," she said.

She admits that some people have misconceptions about AA, and can be hesitant to get involved. She says AA is not a religious program, but a spiritual one.

Meetings are not mandatory after treatment, said Corliss. But she hopes that when people are in Whitehorse getting treatment, they will see how these meetings work and feel more comfortable participating when they return to their own communities.

"It's really important for those people in the communities not to feel like they're alone," said Corliss.

"It's resulted in individuals who have very little or no support in their quest for sobriety in these small communities being able to connect with one another and with the fellowship of AA."

Corrections

- An earlier version of this story incorrectly stated that the program was the first of its kind in Canada. Changes have also been made to clarify how the initiative came about.

2018 Conference Committee on Treatment and Accessibilities

Agenda Item D: Review summary of the Fellowship sharing on the need for additional material to support carrying the A.A. message to Deaf and Hard-of-Hearing A.A. members.

Background Notes:

From the July 30, 2017 Conference Committee on Treatment and Accessibilities:

> *The committee discussed a request to develop a pamphlet for Deaf A.A. members and asked the staff secretary to gather shared experience from the fellowship regarding the need for a new pamphlet. The committee looks forward to a progress report at the October 2017 meeting.*

From the October 29, 2017 Trustees' C.P.C./Treatment and Accessibilities Committee:

> *The committee reviewed the progress report on sharing from Deaf and Hard-of-Hearing A.A. members regarding the effectiveness of our literature, service material and other media. The deadline for shared experience is December 1, 2017. The staff secretary will provide a progress report at the January 2018 meeting.*

From the January 28, 2018 Trustees' C.P.C./Treatment and Accessibilities Committee:

> *The committee reviewed the report on developing materials for Deaf or Hard-of-Hearing A.A. members. The committee agreed that improvement is needed to our literature, service material and other media to ensure it is inclusive and effective in carrying the message to Deaf and Hard-of-Hearing A.A. members.*
>
> *The committee agreed to forward to the 2018 Conference Committee on Treatment and Accessibilities the following discussion topic:*
>
> - *Review and discuss the report on the expressed need for additional effective literature, service material or other media to support carrying the A.A. message to Deaf and Hard-of-Hearing A.A. members.*

Background:

1. 1.28.18 Summary of Fellowship sharing on developing materials for Deaf or Hard-of-Hearing A.A. members.

Treatment/Accessibilities
Item D
Doc. 1

1.28.18 Summary of Fellowship sharing on developing materials for Deaf or Hard-of-Hearing A.A. members.

(16 Pages)

Trustees' C.P.C./Treatment and Accessibilities Committee
January 28, 2018

Agenda Item 14: Review report on request to develop pamphlet for Deaf or Hard-of-Hearing A.A. members.

Summary progress report:
On September 8, 2017, and again on October 12, 2017, a request for shared experience was distributed. A four question survey was developed in written English, French and Spanish and a video in American Sign Language (ASL). All were sent via email to a communication list.

The communication list included accessibilities chairs at the local area, district and intergroup levels as well as to the delegates and several Appointed Committee Members. The deadline set for the receipt of shared experience was December 1, 2017.

The following questions were asked:

Question 1. Do you feel our current literature, service material and pamphlets are ***inclusive*** in reflecting recovery experiences of the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us why or why not.

Question 2. Do you feel our current literature, service material and pamphlets are ***effective*** in carrying the A.A. message to the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us why or why not.

Question 3. In your experience, is there an ***expressed need*** for the development of new literature in the form of service material, pamphlet or some other media for the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us more.

Question 4. What ***formats*** do you believe would be most effective for the Deaf and Hard-of- Hearing A.A. member population and those who are still suffering? (e.g., written material, streaming video, American Sign Language, etc.) Please tell us.

Background exhibits have been developed to capture the nineteen survey responses received as well as the top ideas, issues and concerns.

Background attached:

1. Summary of Top Nine Issues/Ideas/Concerns
2. Full responses from A.A. members who are Deaf and HOH:
   - 2.1 Matrix Q1
   - 2.2 Matrix Q2
   - 2.3 Matrix Q3
   - 2.4 Matrix Q4

DEAF/HOH SURVEY	Total Responses = 19
	Top 9 Ideas/Issues/Concerns
1	A.A. as a whole needs to better understand differences between the needs of A.A. members who are Deaf versus Hard-of-Hearing.
2	A.A. could do better at ensuring A.A. members, who are Deaf or Hard-of-Hearing, have full access to and participation in all three legacies of our program.
3	There is one story from an A.A. member who is Deaf in the pamphlet entitled "Accessibilities for All Alcoholics" however, our book, Alcoholics Anonymous, does not currently include any.
4	Current literature, service material and pamphlets are inclusive but outdated regarding the Deaf and Hard-of-Hearing Culture.
5	Determine how A.A. members who are Deaf and Hard-of-Hearing can gain access to the meeting experience, sponsorship, and the fellowship. It is not just a matter of accessing A.A. literature; but fulfilling the vital access to sharing between A.A. members.
6	Any new literature should be in needed accessible formats. Culturally Deaf A.A. group(s) need help producing and distributing Twelve step materials that are readily understood by an A.A. prospect who is Culturally Deaf.
7	The Deaf/Hard-of-Hearing community is very small, and by providing new updated materials would help so much, it would change the opinion of A.A. within the Deaf/Hard-of-Hearing community.
8	Some Deaf alcoholics do not have home groups, opportunity to do service, access to meetings that study the steps, traditions and Concepts. Why? Because ASL interpreted meetings are few and mostly Speaker meetings, or open meetings on a once a month basis.
9	English is not a first language for many Deaf people. It is important for A.A. to understand what formats (i.e., simplified English) are needed for access by the diverse Deaf and Hard-of-Hearing population.

CONFIDENTIAL: 2018 General Service Conference Background
Experience Request - Deaf and HOH Q1

Question 1. Do you feel our current literature, service material and pamphlets are inclusive in reflecting recovery experiences of the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us why or why not.

DATE	NAME	RESPONSE
9/11/2017	Kurt L.	Deaf and Hard-of-Hearing (HOH) are completely separate concepts and often completely different afflictions in terms of the impact on the individual's life. There is a vast spectrum of difficulties between one and the other. Hearing-able persons tend to put these in the same category. As does the guidelines and literature. Yet the demographics of deaf to HOH people are vastly different in numbers. More than 10% of the population is HOH and yet ony 10% of those use hearing aids, or other assistive devices. Example: when deaf, it is hearing or not. With hearing loss, it is not what you don't hear as much as what you think you hear. Providing alternative sources of literature in American Sign Language (ASL) or via online reader for deaf people is straightforward. Providing an experience of a meeting where Deaf or HOH people can feel part-of is quite different. This inability to connect with others commonly leads to depression or further isolation - neither are particularly helpful to the alcoholic. Because hearing loss is invisible in most cases, real participation in meetings require Deaf or HOH people to self-identify and self-advocate even over relative mundane matters over such as where to sit at a meeting, making sure to be able to see a speaker's face for visual cues/clues, fans and a/c equipment, use of personal or group FM systems, etc. These can be daunting challenges in the context of someone coming into AA. Also, I find grouping diabilities as a class unhelpful. Cognitive issues, mobility issues, HOH etc., are substantially different in the challenges they present to both one's sobriety as well as one's ability to engage the program and group.
9/14/2017	Edward McG.	Yes. I feel that we are doing the best we can. Yet I think a survey from those afflicted give you feedback as I think that would give one a better sense of what is being done for the Deaf and Hard-of-Hearing.
9/16/2017	Gene W.	Yes. I believe the literature, sevice material and pamphlet resources are available for the Deaf and Hard-of-Hearing Alcoholic. Our message of recovery is provided in numerous formats.
9/21/2017	John R.	My name is John R. I am alcoholic addict. I am deaf-blind with low vision. My sobriety birthday 24 year sobriety on January 26, 1993. I'm serves General Representative Service and Accessibility Chair for district 38 in East Side of Milwaukee, WI. Also I am committee with Deaf Access Committee for interpreter funds for interpreter attend at the local AA meeting with deaf recovery. Our goal that we are working on new deaf 12 steps pamphlet illustrate. I had been attend Wednesday Text Chat AA group and deaf AA meetings. Also (I wrote) Special Needs pamphlet John R. article on page 25 (deaf-blind). The group conscience of the Wednesday Text Chat AA Group's (reg.000712290) would like to develop a local Deaf step pamphlet. We would also like the support of the district to forward an agenda item for a *culturally deaf* pamphlet. The deaf pamphlet could be developed for Grapevine or Conference approved pamphlet in cooperation with Deaf AA groups.
9/29/2017		

Question 1. Do you feel our current literature, service material and pamphlets are inclusive in reflecting recovery experiences of the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us why or why not.

DATE	NAME	RESPONSE
10/12/2017	Marissa L.	I do not feel that our current literature, service material and pamphlets are inclusive reflecting recovery experiences of the Deaf and Hard of-Hearing A.A. member population and to those who are still suffering. The current literature, materials and pamphlets that are provided are outdated, old and not current to the Deaf and Hard-of-Hearing Culture. It has been about 30 years since it was first printed and the way the language is said, is quite offensive and degrading. So much has happened in the past 30 years, and there are more Deaf and Hard-of-Hearing individuals out there who need interpreting services. Access for Deaf and Hard-of-Hearing individuals has become so much better as well as education which means they have better understanding of the English language than they did 30 years ago. Literature, service material and pamphlets all should be updated. They all should have a better circulation around A.A. meetings and better education towards hearing individuals so that they know what to do when a Deaf or Hard-of-Hearing person shows up needing help. Oftentimes in A.A. (my experience) hearing individuals don't know what to do, or how to get an ASL interpreter or how to communicate with a Deaf/Hard-of-Hearing individual. Sometimes they are rude but often they're friendly. There should be a pamphlet dedicated solely on how to get an ASL interpreter, explaining their role and how money should not be a major factor when including the Deaf/Hard-of-Hearing member. Sometimes, in my experience, meetings don't have the funds, or they won't support the services needed or they just make money a big deal when they're forgetting the steps and traditions of A.A. We want to make sure that we welcome the newcomer and not rejecting them. That is very important, and often we see that at meetings where they don't welcome them. There needs to be a better way of educating hearing people on how to interact with Deaf and Hard-of-Hearing people and how to communicate, provide the services they need and to not reject them. Maybe by updating the service material, pamphlets, and literature, that will help improve the services A.A. provides. When creating new material, please make sure to include Deaf/Hard-of-Hearing individuals so that you can have their input before sending it out.
10/13/2017	Claudette H.	I never know how to answer these kinds of questions. I am audiometrically have very high English skills because of being encouraged to read at a very early age by my grandmother who believed in education. It simply seemed that I was a shy kid. Because I was able to succeed with good marks, my hearing loss went undiscovered until early grades due to testing in the schools. I happened to see a TSA on TV, and it was not "captioned". This would be a major way of reaching alcoholics who have hearing loss of any kind. No doubt you are aware of how it works, and captions on my TV are always on. If they are not built into the originating program, they will not be seen. This is a pretty important issue to me. Thank you for your attention.

Question 1. Do you feel our current literature, service material and pamphlets are inclusive in reflecting recovery experiences of the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us why or why not.

DATE	NAME	RESPONSE
10/16/2017	Janet C.	I am a sign language interpreter and am answering from that point of view. I would have liked to see your videos in ASL but did not know where to find them. From about the year 2000-2005 I was on the Accessibility Committee in Toronto. At that time there was funding through The Ministry of Health to provide funds to hire professional interpreters to provide accessibility to deaf and Hard-of-Hearing people who required interpreters to understand and participate in the AA meetings in Ontario. The barrier at that time was AA members who felt that only members of AA could participate in closed meetings. I don't ever remember a request that went through for an interpreter. People know that if needed I would offer my services. I have lived in the Ottowa area for 10 years and have never been asked. I applaud that you have information in ASL and I would love to know where to get my hands on it. From what i read it seems that you are farther ahead for the deaf community than we are. Your written materials are good but they could use more plain language. English is not always accessible for some deaf people. The above is typed in by a sponsee of mine. I am sorry to have missed Friday's deadline; I thought it was Oct. 15th. The following questions were also completed by the same member as she has much more insight into the needs of the deaf community.
10/18/2017	Georgie F.	I would rather to have ASL video for big book. It would be more easier for me to understand clear in ASL. I personally don't like read the book.
10/29/2017	Yael S.	No I don't feel it is inclusive because the literature does not discuss how to get communication access for Deaf and Hard-of-Hearing alcoholics. Deaf people who know sign language can benefit from an interpreter. But they need to know how to get an interpreter. This needs to be discussed in the literature for sure and also in AA in general for us to recognize that it is OUR responsibility to make AA accessible to everyone. That means we have a responsibility to try to provide interpreters. Hard-of-Hearing people, who most often don't know how to sign, need to be given suggestions on what they can do to make meetings accessible for them; e.g., use of mobile phone apps for text-to-speech.
11/7/2017	Michael D.	Yes, I feel the issue is adequately addressed in current literature - F-107, MG-13, MG-16, F-107, P-83 and other literature
11/12/2017	Patricia D.	No.
11/14/2017	Heidi B.	No.

Question 1. Do you feel our current literature, service material and pamphlets are inclusive in reflecting recovery experiences of the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us why or why not.

DATE	NAME	RESPONSE
11/27/2017	Norma A.	No. There are no stories in the Big Book of a Deaf AA member, and only one story in a pamphlet/entitled Special Needs, which a Deaf person may not identify themselves as. Some stories exist over the years in the Grapevine, but whether a member or group has that issue on hand for a Deaf AA member to access is uncertain.
11/28/2017	Laurel W.	There are two different populations: those Deaf who use ASL as their primary language, and Hard-of-Hearing who use Captioning (and don't use ASL or any sign language). In addition, Culturally Deaf (and ASL first language) are challenged reading written English (not their language). Hard-of-Hearing who don't use ASL typically have English as first language. Many Grapevine stories about Deaf/Hard-of-Hearing involves the latter group, the person who can lipread or follow English captioning. I haven't seen any stories from Deaf Alcoholics and if English is not their first language, they would not be writing any. Unless, of course, an interpreter translated their signs into written English. Unless, they send you a video of their story. But Grapevine editors would need to hire an interpreter to understand the story, and it wouldn't really be useful for a written magazine. Some of the current literature, pamphlets, are useful for hearing people in understanding what to do if a Deaf person comes to their meeting. This topic needs to be expanded, as many new Deaf alcoholics are told at their first meeting encounter: "we can't allow a non-alcoholic (interpreter) in this closed meeting" citing the 8th tradition. Or, "we can't accept contributions from other AA entities to help us pay for interpreter", or, "it's too much money for just one person, why don't you bring other Deaf folks to the meeting so that it's worthwhile the cost." In addition, a Deaf newcomer is often not felt welcome and isolated, and reasons given for this is, "we don't know ASL, we don't know how to communicate".
11/28/2017	Erik C.	No. I have not come across any Deaf/HH recovery experiences in literature. I'm sure some exists but it does not seem to be readily available. A comment. There is a language barrier that often brings up fears with non-Deaf/HH members. There is a need for education for non-Deaf/HH on how to communicate, approach, and include Deaf/HH in every aspect of recovery, service, and fellowship. A lack of knowledge about the unique issues that Deaf/HH seem to be the biggest struggle.

Question 1. Do you feel our current literature, service material and pamphlets are inclusive in reflecting recovery experiences of the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us why or why not.

DATE	NAME	RESPONSE
12/2/2017	Glen M.	To address this issue, I am one of the Hard-of-Hearing members of AA. I have asked others and biggest issues are; 1. At speaker meetings, rooms too large, speakers too soft voices, low or zero mics. IF YOU CAN'T HEAR SPEAKERS WHY GO? 2. Large meetings are also a challenge and smaller ones might not be available. Some people speak low, soft with not much projection
12/2/2017	Melinni T.	Not quite. The literature (12/12, Big Book, etc. are not easy to read-has lots of idioms, old phrases, slang, etc.), it takes a lot of time for me to decipher what they mean. The ASL video on 12/12 and Big Book needs updating-the person chosen to sign these videos does not translate the concepts accurately into ASL. A Deaf person or someone who has experience in interpreting A.A. should be doing these videos. The pamphlets-there are nothing that caters to our community. The A.A. Guidelines for Deaf and Hard-of-Hearing Alcoholics needs to be updated as well.
12/4/2017	Diane D.	Realizing I have passed your deadline of Dec. 1, I send this with apologies. I sent your Request for an Experience to our groups and all responses returned to me had no experience what-so-ever with AAs having any type of hearing difficulty. We are indeed fortunate. Our gratitude is extended to you for reaching out to those in AA who would have the day-to-day experience with hearing impaired AAs. This is commendable. Again, I apologize for my lateness. Actual experiences would have definately been sent sooner. Blessings on your holiday activities and travels.

Question 2. Do you feel our current literature, service material and pamphlets are effective in carrying the A.A. message to the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us why or why not.

DATE	NAME	RESPONSE
9/11/2017	Kurt L.	Getting at the literature is easy. Getting at the meeting experience, sponsorship, and fellowship is much less so. Personally, I don't find the goal to be just a matter of accessing the literature. Any online access will give me that. How do I access the sharing? One element of HOH important to understand is that EVERYBODY that ages will experience it or the effects of it in some way - some more than others. So, to some extent, this is not SHOULD we specifically address HOH as an obstacle when and IF it exist - but we should assume that it exists or will exist.
9/14/2017	Edward McG.	See question 1
9/16/2017	Gene W.	No. I'm saying no even though I think we have the materials for the hearing challenged alcoholic but I think we could do more to reach them. This could be more information on how to effectively carry the message to the hearing impaired. Topics could include outreach to the professionals (CPC) that encounter the hearing impaired; suggestions for forming a subcommittee for reaching the hearing impaired; information on ASL interpretation including certified vs. volunteer, notificaton of events offering ASL, accepting government funds for paying for ASL services to name a few.
9/21/2017	John R.	What I hope to communicate on behalf of our groups conscience: which includes the Wed. Text Chat AA group 000712290, the Wednesday American Sign Language (ASL) group of AA, the Men's Monday Night ASL group of AA and the sometimes Friday Women's ASL group. The Wednesday group is the official group, and the others are under our wings. This planning effort is open to anyone who wants to work on 12 steps improve to read with basic language that I am sending to you. If you want to make an edit to draw artist picture example 12 steps. Example look at on link of The 12 step Illustrate. There is no deaf culture language in AA. 1. We as culturally Deaf AA group (s) need help producing and distributing 12 step materials that are readily understood by the AA prospect that are culturally Deaf. (Deaf culture is the set of social beliefs, behaviors, art, literary traditions, history, values, and shared institutions of communities that are influenced by deafness and which use sign languages as the main means of communication)

Question 2. Do you feel our current literature, service material and pamphlets are effective in carrying the A.A. message to the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us why or why not.

DATE	NAME	RESPONSE
9/29/2017	Colleen M.	
10/12/2017	Marissa L.	No, I do not feel our current literature, service material and pamphlets are effective in carrying the A.A. message to the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering. The reason why I said no is because there is not enough literature, service material and pamphlets available whenever I go to any meeting. And whenever I see one, the material is outdated and it's frustrating because it gives the wrong message to hearing people on how to communicate with the Deaf/Hard-of-Hearing individual. The material is not effective because it is not updated, not enough is provided at meetings, and it doesn't provide ways to help accommodate the Deaf/Hard-of-Hearing individual. When I came in to A.A., I had no idea about these materials. I wish these materials were provided at Treatment Centers, Hospitals, Therapy Offices, etc. If I had known about these and had known that A.A. was accessible, maybe I would have been more open to the idea of going to A.A. earlier. All I remember is that I was scared, not knowing what would happen and how would I stay sober and survive. I wish I had known that there was a Deaf/Hard-of-Hearing population when I was in treatment; that would have helped me so much. I think the material needs to share more Deaf/Hard-of-Hearing experiences so that the message gets out to others who are suffering knowing that they are not the only Deaf/Hard-of-Hearing who needs help. The Deaf/Hard-of-Hearing community is very small, and by providing these new updated materials would help so much, it would change the opinion of A.A. within the Deaf/Hard-of-Hearing community.
10/13/2017	Claudette H.	I have never found there to be very much addressed to those whose first language is spoken English. Please see question 3.
10/16/2017	Janet C.	No. The literature should be written in plain language. English is not accessible to many deaf people. For some, ASL (American Sign Language) or LSQ (Language of Sign of Quebec) is in order. In the Ottowa valley and also Northern Ontario, LSQ is frequently spoken.
10/18/2017	Georgie F.	Kinda of, not complete have access for me to feel satisfied and understand. (Materials need to be signed in order for members of the ASL community to completely understand, as written English is not exact ASL and is not easy for members of the ASL community to readily understand.)
10/29/2017	Yael S.	No. I don't feel that most of the literature is effective in reaching (specifically) Deaf members of AA. Although I'm aware of a few AA pamphlets that are addressed to Deaf alcoholics, they are written in English that may be at a higher level of education that some Deaf may not understand well. English is not a first language for many Deaf. I think it would be helpful if the literature were written in Simplified English (which could also be helpful to hearing alcoholics with cognitive difficulties). There are also some comic-book style pamphlets that are easy-to-read and therefore get the message across. When we use the term hard-of-hearing, we need to define who we are referring to. There are people who have been hard-of-hearing from childhood and those who became Hard-of-Hearing after they learned English (or other oral language) or later in life. For people with English as a first language, I think that the literature is effective.

Question 2. Do you feel our current literature, service material and pamphlets are effective in carrying the A.A. message to the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us why or why not.

DATE	NAME	RESPONSE
11/7/2017	Michael D.	I can't really answer this, as we only have a few Hard-of-Hearing members in our Area, the groups try to accommodate them by the seating arrangement.
11/12/2017	Patricia D.	No.
11/14/2017	Heidi B.	No.
11/27/2017	Norma A.	No. Updated language, in a understandable format, culturally correct, and interpreted by a skilled American Sign Language interpreter would increase effectiveness. For instance, most Deaf are insulted at the idea of being disabled or handicapped. Within their culture, they are not, nor are they “Special Needs”. The need of the Deaf AA member is related to linguistic differences and accessibility to the AA message. Another example of cultural respect is demonstrated by using a capital “D” for someone who is part of a Deaf culture (shared language, traditions and customs, life stories) and a small ‘d’ for physical deafness, due to old age or injury, but not part of a Deaf Heritage. Showing respect for our diverse cultures in these ways and in our literature makes people feel welcome breaks the double isolation of the Deaf AA member.
11/28/2017	Laurel W.	No. For same reasons mentioned in Answer # 1, Carrying the message to Deaf alcoholics is not effective. Videos made by Deaf alcoholics sharing information on Sponsorship, young people, all of the wonderful literature GSO has, would be the best way to convey messages. Especially because most Deaf Alcoholics do not have home groups, opportunity to do service, access to meetings that study the steps, traditions and Concepts. Why? Because ASL interpreted meetings are few and mostly Speaker meetings, or open meetings on a once a month basis. Recovery is about being able to go to the same meeting regularly, discussion groups that focus on AA literature, Steps, Traditions, Business meetings, and do service.
11/28/2017	Erik C.	No. Deaf/HH often have issues with lack of proficiency in the English language. Many resources often have affected language that makes it difficult for Deaf/HH to understand. Also, a readily available resources collecting Deaf/HH experiences would be greatly appreciated, and inspirational to Deaf/HH members. Deaf/HH often rely on third-party resources such as ASL-centered treatment centers, interpreters, and others to understand the 12-Steps as well as literature.
12/2/2017	Glen M.	Same answer captured in Question 1.
12/2/2017	Melinni T.	Not exactly. Nearly all of the materials are in English, including this questionnaire. It would be best if there are video streamingon AA website, which would be much more effective in carrying the message to the Deaf alcoholic. Concern is that there may be some Deaf AA members who have limited writing/reading skills and that message is not getting across.
12/4/2017	Diane D.	Same answer captured in Question 1.

Question 3. In your experience, is there an expressed need for the development of new literature in the form of service material, pamphlet or some other media for the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us more.

DATE	NAME	RESPONSE
9/11/2017	Kurt L.	Yes. and it starts with not clumping the two together. HOH is a completely different animal vs. deaf. The focus on HOH is COPING. The focus on DEAF is alternative communications.
9/14/2017	Edward McG.	Yes, with an exception the answer needs to come from those afflicted.
9/16/2017	Gene W.	Yes, in terms of service to us carrying the message to the hearing impaired.
9/21/2017	John R.	2. The original authors are unknown 3. We have been using this to introduce Deaf members to AA's basic principals with success. We feel with some help updating the graphics and help with formatting from district AA members and the willingness of the district to support Deaf groups in this way we would be working together to carry the much needed AA solution to Deaf AA prospects and members. 5. A pamphlet alone will not be a magic bullet but a member making a 12 step call with a pamphlet that is easily to understand by the Deaf AA prospect would make progress in the reduction of barriers to the AA message among Deaf alcoholics.
9/29/2017	Colleen M.	No response.
10/12/2017	Marissa L.	Yes, there is an expressed need for the development of new literature in the form of services material, pamphlet or some other media for the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering. I do know that GSO is working on getting the 12 steps and 12 traditions video interpreted for the Deaf/Hard-of-Hearing so that they can watch it instead of reading it in the BB to have a better understanding and I think that is WONDERFUL! Our first language is ASL, so this will help the Deaf/Hard-of-Hearing population so much. Keep this up, and perhaps one day, the whole BB will be translated into ASL. This would be amazing if it was since there are so many other languages out there that has been translated. I have previously stated in questions 1 and 2 that there is a need for the development of new literature. I strongly believe that the material should be more inclusive and accessible which will hopefully bring more Deaf/Hard-of-Hearing individuals to A.A. instead of being turned away or not feeling like a part of A.A. And, educating hearing individuals is equally important to ensure that no Deaf/Hard of-Hearing individual is turned away. We want to welcome the newcomer, make it a great experience for him/her and provide the opportunity to get sober. I'm currently the Accessibilities Chair for District 1 in Rochester, Minnesota and I know for a fact that the material that is provided is scarce or just not available. I'm often quite frustrated that when I request for services or the need for services, hearing people don't know what to do and are often scrambling to figure things out. So, often I'm left to do the work by myself because no one else is willing to help. I'm Deaf, and of course the responsibility lies upon me, but it would be nice to have the hearing members be educated as well. Often I feel like my voice is not heard, or I am not included and I would like to see that change. I'm often not included to speak at speaker meetings here in Rochester, or they don't think to provide ASL interpreters for A.A. events and that hurts, because I really want to be more involved and meet people. I would love to see this change as well.

CONFIDENTIAL: 2018 General Service Conference Background
Experience Request - Deaf and HOH Q3

Question 3. In your experience, is there an expressed need for the development of new literature in the form of service material, pamphlet or some other media for the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us more.

DATE	NAME	RESPONSE
10/13/2017	Claudette H.	A resounding YES from this corner. I see major efforts made toward those Deaf persons who communicate via ASL more so than the what I like to consider the "invisible" deaf including Hard-of-Hearing member who are often overlooked by society in general. This trend carries itself to A.A. meetings, not because A.A. s don't care; it because they don't understand. The need to educate those around us is a tenet that some of us learned early on despite being alcoholic. Helping others to be more sensitive to the difficulty we have in being taken seriously because of the way we speak. Actually listening to us when we ask to have things such as better lighting or possibly getting a seat closer to the speaker.
10/16/2017	Janet C.	As I said in # 1 there needs to be some work in plain language, not only for the deaf and Hard-of-Hearing, but also for those with learning disabilities. The emphasis on "plain language" not only for the Deaf and hearing disabled; but for all. I have met people new in AA who do not understand what "John Barley Corn" means.
10/18/2017	Georgie F.	yes they need to have information to tell deaf and Hard-of-Hearing where asl interpreter is at on the information book so they can easy to find. (There is still a great deal of difficulty in local areas/districts in finding funding to pay for interpreters for meetings, therefore there is not access to in person meetings and they are not listed in local resources in Virginia.)
10/29/2017	Yael S.	Yes, there is a definite expressed need for the development of literature, especially the Big Book and the Twelve and Twelve. In one of our online video ASL meetings, we use the Big Book, which is difficult for many people to read due to old-fashioned language. To help us, we use a Big Book concordance and go through the Big Book, paragraph by paragraph and look up any words we're not clear about or need amplification.
11/7/2017	Michael D.	No. Same reasons as first questions. Plus I believe we are producing too many pamphlets already, with much duplication. I feel this for all our literature, not specifically this question.
11/12/2017	Patricia D.	Yes.
11/14/2017	Heidi B.	Yes.
11/27/2017	Norma A.	A need cannot be expressed by a culture not even aware of the possibility. Deaf AA women I have sponsored struggle with just working the steps. The language barrier is huge. Many do not even know what resources are available because they have not even had access to meetings and had the opportunities to interact with other AA members, many of whom find it awkward to speak through an interpreter. Once some of these barriers are removed, more information becomes available. Those I have approached with the idea of having a pamphlet/ streaming video are very excited about it. It is a way of validating their double identification as a Deaf person and an AA member and would greatly contribute to a sense of belonging and welcome them into our fellowship.

Question 3. In your experience, is there an expressed need for the development of new literature in the form of service material, pamphlet or some other media for the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? Yes or No? Please tell us more.

DATE	NAME	RESPONSE
11/28/2017	Laurel W.	YES! We need a new video of the Big Book, and add stories. We need Step Study guides, Tradition Study and Concept Study guides in ASL. When I sponsor, I like to "read" the Big Book and the 12 by 12. We can watch the videos together, if it's easy to get online and watch it on our laptops together. If all of the pamphlets and literature and service manuals were in ASL, our understanding of AA and future of AA would greatly increase. The pamphlet for working with Professionals: it needs to have a section, "How to refer a Deaf patient/client to AA?" Often the general phone number given is answered by a volunteer who does not have a clue if there are any ASL interpreted meetings. A specific number or email address needs to be inserted. Many hospitals, doctors, judges, lawyers have Deaf clients and those professionals need to know where to suggest to their Deaf patients for access to ASL in AA and videos.
11/28/2017	Erik C.	Yes. Isolation is a key issue among Deaf/HH members. We often rely on chance to meet other Deaf/HH members. More dedicated literature would reduce that isolation. It would also be a valuable resource for non-Deaf/HH members, as they can gain a tool in which they sympathize Deaf/HH members rather than pitying them.
12/2/2017	Glen M.	Same answer captured in Question 1.
12/2/2017	Melinni T.	Yes. Deaf AA community have expressed the need for better ASL videos of the 12/12, Big Book, and a brochure that caters to the D eaf alcoholic- preferably using illustrations and in simpler English
12/4/2017	Diane D.	Same answer captured in Question 1.

Question 4. What formats do you believe would be most effective for the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? (e.g., written material, streaming video, American Sign Language, etc.) Please tell us.

DATE	NAME	RESPONSE
9/11/2017	Kurt L.	The question is a good example of where the effectiveness stops. HOH is not ameliorated by streaming video, relaying, ASL, etc. Written material is accessible for both deaf and HOH but we all know that written material is only part of the AA experience and program.
9/14/2017	Edward McG.	Need to ask that community
9/16/2017	Gene W.	Video that is being interpreted would probably be most effective for the hearing impaired member. In terms of educating the fellowship I think we should have a vehicle where various committees could create training videos that could be shared with interested members. For hearing impaired this could be a video on incorporating ASL into an event or meeting. Starting a hearing impaired outreach subcommittee. I suggest this not just for the hearing impaired but the other commitees CPC, PI etc. Something like this would have to be monitored but I think there is some value in showing people how to provide 12 step services rather than have them reading it from a pamphlet.
9/21/2017	John R.	At this time we feel it is best we get the help of the district to produce and update (the content is working with this remote community). If we can modernize the pictorial AA message we can save lives and effectively reach out the hand of AA to Deaf new members and AA prospects. If this is well received we may want to send it on to the area delegate and conference literature committee and to grapevine, asking for a Deaf pamphlet be developed with Deaf community. Enclosed file attach two 12 steps for male and female picture both are separate, also example AA have 12 steps pamphlet Illustrate. We are looking for designer to make simple size with three language and 12 steps picture on each steps. Above we explain about deaf cutlure, it would be include with english grammar and two deaf ASL language. Example deaf recovery may not understand to read english grammar 12 steps alone then look the ASL languages with comic art picture with three language, also enlarge print for low vision. It would be benefit for deaf, Hard-of-Hearing and deaf with low vision members. We hope deaf alcoholic will be wonderful sobriety, it will be helpful to use deaf 12 steps. Example of picture and english grammar that AA have one language. Link: https://www.aa.org/assets/en_US/search/p-55-twelve-steps-illustrated Hoping to hearing from you. If you have any question and contact me, my email address: johnreske9@gmail.com and my phone number through VRS (video relay service) 414-395-8016. Have a good weekend. Thank you very much. John R. Wed. Text chat AA group 000712290 GSR and Accessibility chair 38 East side of Milwaukee, WI
9/29/2017	Colleen M.	I am an American Sign Language Interpreter. I was interpreting for a small group of deaf folks years ago. I then knew I was an alcoholic but suppressed any notions of doing anything about it. All the info I learned became that little seed I kept in the back of my head. Fast forward to current times. I have interpreted again for another man that needed help. Being female, I became his temporary sponsor until he could get set up with a male. This happened and things were going well until he went "out" again. The deaf are a small community, and it was hard for him to find deaf people to join in with. He always had to depend on me, the female Interpreter, to help guide. It was hard. We never got to the point of answering the above questions as he went to a rehab in CA. I hope one day he'll return. In the meantime, I have and will always be willing to interpret meetings and conferences. Please let me know if the need arises. Colleen M.

Question 4. What formats do you believe would be most effective for the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? (e.g., written material, streaming video, American Sign Language, etc.) Please tell us.

DATE	NAME	RESPONSE
10/12/2017	Marissa L.	Providing an American Sign Language interpreter is the most effective way along with streaming videos (with closed caption). For example, at speaker meetings they record the meeting on a cd, dvd, or cassette tape. I'm old, I don't know what they use anymore, but the point is it isn't really fair that hearing people can just pick a tape to use to listen to whereas Deaf/Hard-of-Hearing people cannot. Often, if I'm traveling somewhere, I would love to be able to watch a speaker meeting. If I'm traveling out of the country, it's pretty guaranteed that there will be no ASL interpreter. If there was a dvd that was translated into ASL or closed caption, that would be wonderful. I do know that there are many wonderful speakers across the nation that I would love to listen to, but have no way of doing so. It's not like I can just go to another state and there be a guarantee there will be an ASL interpreter there to interpret the meeting. I would love to buy some tapes and be comfortable knowing I have a way of getting the message heard. I hope this makes sense. I think this is a genuine and effective way of making the material more accessible to the Deaf and Hard-of-Hearing individual.
10/13/2017	Claudette H.	No response.
10/16/2017	Janet C.	Sign Language Interpretation, videos where possible. Closed captioning at meetings availability of videos interpreted in sign language for Big Book and Twelve and Twelve.
10/18/2017	Georgie F.	They need to have full of accessiblity for the deaf and Hard-of-Hearing to understand clearly to read and ASL too. (This member requests that literature be translated into ASL so that it is easily understood by all members, regardless of their ability to read exact English.)
10/29/2017	Yael S.	For Deaf: ASL & captioned video Hard-of-Hearing: Captioned video and written literature
11/7/2017	Michael D.	All of these. ASL especially.
11/12/2017	Patricia D.	There needs to be more exposure. More accessible means to those whom are in need.

CONFIDENTIAL: 2018 General Service Conference Background
Experience Request - Deaf and HOH Q4

Question 4. What formats do you believe would be most effective for the Deaf and Hard-of-Hearing A.A. member population and those who are still suffering? (e.g., written material, streaming video, American Sign Language, etc.) Please tell us.		
DATE	**NAME**	**RESPONSE**
11/14/2017	Heidi B.	Visual language literature, and redo the current ASL literature. It's out of date and isn't an accurate representation of our literature. These answers are from an AA member that works as an ASL interpreter. Thank you!
11/27/2017	Norma A.	Deaf AA members vary greatly in linguistic experiences. Some have learned to lipread, some are familiar with English, others know no English at all and cannot read or understand it. Nor can they communicate to others in a written form. I think a combination of a pamphlet in English- both for the Deaf AA member who is well versed in English, and for the hearing person who may or may not know sign language but is willing to sponsor or contribute meaningfully to another's recovery, plus a Streaming video in American Sign Language with a qualified and skilled interpreter for the individual who has no grasp of any other language than their primary language: ASL. Streaming would be a good format as DVDs are starting to become outdated and almost every person - especially younger people- have smart phones, tablets, laptops, etc.
11/28/2017	Laurel W.	Greater Seattle Intergroup Accessibility committee is a standing committee that serves meetings only in the Great Seattle area, but is becoming a model committee. The committee approaches Districts to request having a "blue can" similar to "pink can" for monthly contributions. The money is earmarked for assisting meetings that cannot afford interpreters on a regular basis, business meetings, and for an alcoholic to "visit" a meeting with an interpreter, in search of a "Deaf Friendly" meeting that would welcome him/her to become a home group member. My home group has consistently had interpreters three times a week for several years. Occasionally we videostream our meeting to a Deaf alcoholic in another state or city. The video is only focused on the on site interpreter at the meeting, and the face of the Deaf alcoholic on the screen is not seen by the audience, unless a member chooses to come up to the video and say "hello". I've had the honor of being a General Service Representative (and advocated for ASL at District meetings, and later at Area meetings) and now I have the honor of being a District Committee member. It's still a struggle to have access to standing committee or visit groups in my District that are not represented at the District (accessibility).
11/28/2017	Erik C.	Written material would benefit from clearer language removed of idioms and affected language. A straight forward English translation of the Big Book would drastically change the struggles the Deaf/HH community faces. "I can't read this," is the number one complaint I hear from Deaf/HH alcoholics who still suffer. A book free of possible pretenses would answer this dilemma. It would allow for less errors when translated to sign language. It would allow those with basic English skills to read the book rather than relying on other's translations/understanding. Streaming videos with approved translation of the 12 Steps, Big Book, and 12 by 12 would also be a lifesaver to those members who CANNOT READ AT ALL.
12/2/2017	Glen M.	Same answer captured in Question 1.
12/2/2017	Melinni T.	Streaming videos, ASL, simpler written basic English
12/4/2017	Diane D.	Same answer captured in Question 1.

2018 Conference Committee on Treatment and Accessibilities

Agenda Item E: Review contents of Treatment Kit and Workbook.

Background notes:

Kits and Workbooks for C.P.C., Corrections, Public Information, Treatment and Accessibilities are reviewed by the appropriate Conference Committees during each General Service Conference.

Between Conferences, ideas for changes to a Workbook or to the contents of a Kit may be received. These may be reviewed by the appropriate trustees' Committee and implemented. Alternatively, the trustees' Committee may choose to forward an idea to the Conference Committee for review. Members of the Conference Committee then have an opportunity to review proposed changes to a Workbook or Kit during the next General Service Conference.

The Treatment Committee Workbook (M-40I) is contained in the Kit. The content list of the Treatment Committee Kit is available on G.S.O.'s website, aa.org, with hyperlinks to most items listed.

Changes to the Kit

From the July 29, 2017 trustees' C.P.C./Treatment and Accessibilities Committee:

> *The committee discussed the Conference Treatment and Accessibilities additional committee consideration to remove "A Message to Teenagers" pamphlet from the Treatment Kit. The pamphlet will be removed in the fall when all service kits are updated.*

In November 2017, as part of the annual service kit update process, the Content List (F-167) was revised for the Treatment Committee Kit in all three languages. The web kit lists were updated separately.

Note: Workbooks and Kits are service pieces, and suggested changes to their content do not become recommendations; rather, they are put forth as Additional Committee Considerations.

Background:

1. Treatment Committee Kit Contents List (F-167, 10/17)

2. Treatment Committee Kit (mailed to Conference Treatment and Accessibilities Committee members. Kit contents may also be viewed on Treatment Committee page at: "aa.org")

CONTENTS OF TREATMENT COMMITTEE KIT

The contents of this kit list is also available for viewing at www.aa.org/TreatmentKit

Front Pocket:

Hope: Alcoholics Anonymous	**(DV09)**
Suggestions for Use of DVDs and Magazine (Rev. 03/17)	**(F-185)**

Three Ring Section:

List of Kit Contents (this page) (Rev. 10/17)	**(F-167)**
WORKBOOK: Treatment Committee Workbook	**(M-40I)**

A.A. GUIDELINES:

Sharing the A.A. Message with the Alcoholic Who Is Deaf (Rev. 12/16)	**(MG-13)**
Treatment Committees (Rev. 02/12)	**(MG-14)**
Accessibilities for All Alcoholics (Rev. 12/16)	**(MG-16)**

CATALOG/ORDER FORMS:

Literature Catalog (includes A.A.W.S. and A.A. Grapevine material)	**(F-10)**
Treatment Committee Literature Discount Package Order Form (Rev.10/14)	**(F-39)**

LOCAL EXPERIENCE

Some suggestions for possible use of this section (Rev. 04/09)	**(F-186)**

OTHER RESOURCES:

Information on Alcoholics Anonymous	**(F-2)**
About AA: Singleness of Purpose (Fall/Winter 2002)	**(F-13A)**
About AA: The A.A. Program-Spiritual But Never 'Religious' (Fall 2003)	**(F-13B)**
Fellowships Similar to A.A. (Rev. 06/17)	**(SMF-38)**

Back Pocket:

Young People's Video	**(DV-10)**
Where Do I Go From Here?	**(F-4)**
Primary Purpose Card	**(F-17)**
Central Offices/Intergroups/Answering Services U.S. & Canada	**(F-25)**
G.S.O.s/Central Offices/Intergroups/Answering Services Overseas	**(F-59)**
Serving All Alcoholics	**(F-107)**
A.A. Temporary Contact/Bridging the Gap Request	**(F-183)**
A.A. Temporary Contact/Bridging the Gap Volunteer	**(F-184)**
This is A.A.	**(P-1)**
Is A.A. for You	**(P-3)**
The A.A. Member - Medications and Other Drugs	**(P-11)**
Questions and Answers on Sponsorship	**(P-15)**
The A.A. Group	**(P-16)**
A Newcomer Asks	**(P-24)**
A.A. in Treatment Settings	**(P-27)**
Problems Other than Alcohol	**(P-35)**
Speaking at Non-A.A Meetings	**(P-40)**
A Brief Guide to A.A.	**(P-42)**
If You Are a Professional	**(P-46)**
Bridging the Gap	**(P-49)**

CONTENTS OF TREATMENT COMMITTEE KIT

AA GRAPEVINE RESOURCES

** This document may be requested in electronic or paper format from the staff member on the assignment. Available in English, French and Spanish.*

*** This document may be requested in electronic or paper format from the staff member on the assignment. Available in English only.*

****Available through the AA Grapevine website on their resources page at www.aagrapevine.org/resources*

2018 Conference Committee on Treatment and Accessibilities

Agenda Item F: Review contents of Accessibilities Kit and Workbook.

Background notes:

Kits and Workbooks for C.P.C., Corrections, Public Information, Treatment and Accessibilities are reviewed by the appropriate Conference Committees during each General Service Conference.

Between Conferences, ideas for changes to a Workbook or to the contents of a Kit may be received. These may be reviewed by the appropriate trustees' Committee and implemented.

Alternatively, the trustees' Committee may choose to forward an idea to the Conference Committee for review. Members of the Conference Committee then have an opportunity to review proposed changes to a Workbook or Kit during the next General Service Conference.

Changes to the Kit

From the July 29, 2017 trustees' C.P.C./Treatment and Accessibilities Committee:

> *The committee discussed and agreed with the Conference Treatment and Accessibilities Additional Committee Consideration to add "A.A. and the Armed Services" pamphlet to the Accessibilities Kit in the fall when all service kits are updated.*
>
> *The committee discussed and requested the staff secretary work with the Appointed Committee Member to review the current inventory of A.A.W.S. literature, including service kits, with the term "special needs" and incorporate new accessibility language.*

In November 2017, as part of the annual service kit update process, the Content List (F-182) was revised for the Accessibilities Kit in all three languages. The web kit lists were updated separately. The pamphlet "A.A. and the Armed Services" was added to the Accessibilities kit. Eleven service material pieces that fell under the Translations for ASL Signing Purposes were removed from the Accessibilities Kit.

Note: Workbooks and Kits are service pieces, and suggested changes to their content do not become recommendations; rather, they are put forth as Additional Committee Considerations.

Background:

1. Accessibilities Kit Contents List (F-182, 10/17)

2. Accessibilities Kit (mailed to Conference Treatment and Accessibilities Committee members. Kit contents may also be viewed on Treatment Committee page at: "aa.org")

CONTENTS OF ACCESSIBILITIES KIT

The contents of this kit list is also available for viewing at www.aa.org/AccessibilitiesKit

Front Pocket:

A.A. For the Older Alcoholic (Large print)	**(P-22)**
This is A.A. (Large print)	**(P-56)**
Frequently Asked Questions About A.A. (Large print)	**(P-57)**
Accessibilities for All Alcoholics	**(P-83)**
A.A. and the Armed Services	**(P-50)**
Serving All Alcoholics	**(F-107)**

Three Ring Section:

List of Kit Contents (this page) (Rev. 10/17)	**(F-182)**
WORKBOOK: Accessibilities Workbook	**(M-48I)**

A.A. GUIDELINES:

Sharing the A.A. Message with the Alcoholic who is Deaf (Rev. 12/16)	**(MG-13)**
Accessibility for All Alcoholics (Rev. 12/16)	**(MG-16)**

SERVICE MATERIAL:

Loners-Internationalists Meeting Information Sheet (*LIM*) (Rev. 10/16)	**(SMF-123)**
Online Meetings/Online Groups (Rev. 06/17)	**(SMF-124)**
Accessibilities Check List (12/16)	**(SMF-208)**

PUBLICATIONS:

About AA: A.A. for the Alcoholic with Special Needs (Spring 2014)	**(F-13C)**
Box 4-5-9: Sign of the Times (Spring 2014)	**(F-36A)**

CATALOG/ORDER FORMS:

Literature Catalog (includes A.A.W.S. and AA Grapevine material)	**(F-10)**

Back Pocket:

Is A.A. For Me?	**(P-36)***
Too Young?	**(P-37)***
What Happened to Joe?	**(P-38)***
It Happened to Alice!	**(P-39)***
Speaking at Non-A.A Meetings	**(P-40)**
The Twelve Steps	**(P-55)***
A.A. for the Alcoholic with Special Needs [**ASL**]	**(DV-17)**
History and Highlights of Actions: General Service Conference Committee on Treatment and Accessibilities	**(F-74)****
History and Actions: Trustees' Committee on Treatment and Accessibilities	**(F-78)*****

AA GRAPEVINE RESOURCES

AA Grapevine Magazine Accessibilities Issue	**(F-41B)**
AA Grapevine Today/La Viña Hoy (one page flyer)	**(F-188)********

* *Illustrated, Easy-to-Read Pamphlets*

** *This document may be requested in electronic or paper format from the staff member on the assignment. Available in English, French and Spanish.*

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