2019 ANNUAL CONFERENCE OF ALCOHOLICS ANONYMOUS

Area 72 Pre-Conference Consolidated Notes

Area 72 held four pre-conference meetings during March of 2019. The following is a consolidation of the summaries from each meeting.

Purpose: The purpose of this document is primarily for GSRs to get a glimpse of the comments voiced at other pre-conferences (that they did not attend), so that they may hopefully have a fuller understanding of these items when talking with their homegroups. The below represents only commentary from the pre-conferences, it does not represent a group conscience.

The background information used for these discussions can be found here: https://area72aa.org/wp-content/uploads/2019/02/Area-72-Selected-Pre-Conference-Materials-English.pdf

Author note: While I have rearranged comments into themes and removed duplication, I have edited very little so that the words remain true to the speakers.

Item 1:
Discuss progress on implementation of A.A.W.S. Linkedin page.

Question: After reviewing the recommendations, which do you feel are appropriate? Or do you have other suggestions? What are your reasons?

Overview
This is an Advisory Action from the 2018 General Service Conference on Cooperation with the Professional Community (CPC): AA World Services, Inc. develop a company page on LinkedIn with the following goals in mind:

- *To offer another digital resource, in addition to www.aa.org, where professionals can find accurate information about A.A.*
- *To broaden the reach of the About A.A. newsletter for professionals*
- *To offer a platform where our professional friends may recommend us*
- *To raise awareness of exhibits staffed by local C.P.C. committees at national and local professional conferences*
- *To expand the network of our professional friends and perhaps deepen the pool of Class A Trustee candidates*
- *By our presence on LinkedIn, to reinforce the continuing relevance and efficacy of A.A. to professionals*

Comments from Pre-conferences
What should be on LinkedIn page? Who should write it: professionals or AA?

- Whose words? Professionals have their own language, ways of speaking to each other, e.g. "alcohol use disorder."
- Do we need an outside organization to tell who we are?
- We do not want to micromanage. We need to hear fully what professionals [the consulting firm that drafted the recommended language] have to say. We want them [professionals reading the page] to know where and when to refer. Yet we need to be okay with what is on Linkedin, that it is consistent with "the language of the heart."
- GSO's public newsletter is written internally. Could they write the introduction?
- Eleventh Tradition: "attraction rather than promotion." We are not trying to sell AA. Linkedin should give basic information only.
- Experience with discussing AA with a non-alcoholic doctor who did not "get" the message in AA terms. Messages that resonate with the alcoholic don't necessarily resonate with professionals. Science appeals to doctors. Good to be mindful of this on LinkedIn (LI) page.

- What is the role of professional consultants in a service-driven, not-for-profit entity like AA? Do we lose some of what makes us who we are if we let others polish us for more palatable consumption?
- Note: draft literature comes to GSC for approval before printing. To ensure alignment between what is delivered and what we want
- We already have pamphlet tailored to "Cooperation with Professionals", we have CPC guidelines, CPC handbook about how to reach to professionals is there a way to take some collection of material to explain to a professional who we are, etc.
- Reminder that LinkedIn is professional facing, not member facing. Terminology that might be "offensive" to alcoholics in recovery, could be more impactful in a healthcare, professional setting.

Specific thoughts on words

- It was mentioned that it seemed to be a vanilla representation of AA and the statement " one on one guidance" seemed to leave us with some liability maybe "one on one support" that guidance may be too much.
- We need to remember to attract, not promote
- Should "spiritually based" be mentioned? And not religious
- Also, phone number for information for professionals who access Linkledin.
- It was said that the introduction from the Big Book is good enough.
- Important point: disclaimer. A lot of people connect through LI and it is a good way to allow people to support us.
- How it works – Description "incurable illness". If verbiage is "Disease", how might agencies use that info?
- It says this is for professionals…but the rest of the suggested language in the background material seems to speak to non professionals?
- Perhaps it is not "professional" enough for a professional audience?
- Some objections to the use of the word "collaborate"
- Should be as simple as possible

Other Comments

- Some AA groups already have Linkedin.
- Numerous companies already listed in LI related to alcoholism. Good to send readers to website.
- "Following" on LinkedIn is potentially opening oneself to breaking anonymity.
- LI is a for-profit site. Info is sold. There are ads. Info is disseminated and used. Concern over data breach.
- Original cooperation with the professional community was the The Doctors Opinion. Now we have CPC and we need to keep evolving and use social media.

Item 2:
Consider request to remove the "Alcoholism at Large" section from AA Grapevine.

Question: After reviewing the background information, what do you support, and why?

Overview

The "Alcoholism at Large" section in the AA Grapevine, sometimes referred to as the "Gray Pages," is a one-page section near the back of the magazine that includes articles on medical, legal, and social aspects of alcoholism. Articles about alcoholism research and treatment have appeared in the magazine since 1946, with the "Gray Pages" first debuting (and called "About Alcoholism") as a permanent section in 1966. This section has, at times, been the focus of discussion, but the Conference reaffirmed the decision to publish the section in 1974 and again in 1984. In 1991, the section was discontinued, a decision that was revisited (and reversed) in 2007, when the now-titled "Alcoholism at Large" section was introduced. In 2008, 2009, and 2014, new requests to discontinue the section were not approved by the Conference.

Comments from Pre-conferences

- This section comprises articles about alcoholism written by "outsiders." These supplement The Doctor's Opinion, e..g. in a blackout, what happens to the brain. This can be a merky area. Also, More About Alcoholism. We need to know what outside researchers are talking about.
- Bill Wilson's letter of March 12, 1946, made these points: the Grapevine Editor should be the ultimate judge of what is to be printed. The trustees of the Alcoholic Foundation are the final judges of national AA policy. The Grapevine should have freedom to print news articles relative to the whole field of alcoholism, excepting, however, these which might provoke needless dissension.
- It is a meeting in print and for AA as a whole those pages are important.
- Grapevine is not just internal stories but about AA at large. It is sensitive because it is our relationship with the world and other organizations.
- The Grapevine charter states that the duties of the AA Grapevine are "to prepare, edit, print and publish… written material concerning generally the subject of alcoholism and related matters and dealing with the various means, methods, techniques and procedures available or proposed for the treatment, relief, rehabilitation and recovery of persons suffering from or potentially subject to alcoholism. "It was mentioned that Bill W. was very open-minded referring to his letter written to Royal Shepard in 1946 about the Grapevine.

Question: Who wants it out?

- The originators of the request felt that the page does not address A.A. or our primary purpose and instead brings outside issues into our print.

- These pages further readers' understanding. Publication does not imply endorsement or affiliation. Purpose is clear. GV should be free to express wide range of opinion, but not controversial info unrelated to AA. Providing this info meets the goals of charter.
- CDC stats around 2015 – increased mortality 1st time in 10 years directly related to alcohol, drugs, suicide. This information is directly related to sobriety.
- The Grapevine is conference approved.
- Understanding has grown over time. Not frozen in time. Need outside input for us to continue to grow. Perhaps changing the name could make it more clear that this info isn't AA, but still allows for new info to come in.
- This info is good and there is a disclaimer. Font should be bigger so we can see the disclaimer.
- Bill's letter says Grapevine editors are judge of what should be printed, and the Grapevine board are in charge in regards to policy.
- When Gray pages were removed, big catalyst was that members were upset with gray pages crossing a line into non-alcoholic topics, such as chemical decency articles, etc.
- We know when we've crossed a line. We get to advise the people that publish what we want. Maybe rather than explicitly state rules and laws, we should define where our "out of range" is, rather than "never again." I do want to hear what they are doing in other fields that pertains to my disease. What doe professional people say that we might need to know.
- Grapevine is "our meeting in print", anything besides alcoholism is an outside issue and should be removed (similarly as it wouldn't be acceptable in a meeting).
- Used to dislike the gray pages because they felt "so treatment based" and non-AA, but in the charter No. 12 states that "the Grapevine will be the Voice of the Alcoholics Anonymous movement", No. 8 state "The Grapevine should have the freedom to print news articles relative to the whole field of alcoholism." As a rule follower, knowing this is all in the charter, I need to accept and embrace it. ALAN: No. 12-"voice of our movement"….movement implies that we need to be flexible and able to transition
- Purpose of this page is to offer information that may help readers better understand the medical and social aspect of our disease. These topics might help us better reach out to professional communities

Item 3:
Consider requests to develop a Fifth Edition of the book Alcoholics Anonymous.

Question: Do you think we should develop a 5th edition of the Big Book?

Comments from Pre-conferences

- The Big Book is 25 years old. It needs to incorporate stories of handicapped, young, old, women, military, newcomers, etc.
- How to keep stories evolving to the present. Some, e.g. page 417, are timeless. High School and Middle School stories are also needed.
- Could we make a Glossary or index?
- In everything, AA's singleness of purpose : Traditions 4 and 3. Bring message up-to-date. New technology, etc.
- New edition could update new membership such as LGBTQ and Young People and their stories and we need those.
- Reluctant because of the financial aspect.
- Other ways to get those new stories through the Grapevine and through speaker tapes.
- We are on pace for a new edition. It's not as attractive to the young people and that perhaps we need new updated language.
- Times change, people change, stories should change.
- If approved this year it will still take 5 years to publish.
- For: As culture changes, we should try to accommodate those (through stories). Helps as any alcoholics as possible identify with stories. We need a wide range of pertinent stories. Clear and accurate reflection of our past 85 years, instead of 65 years. Against: We like current stories. It could be a waste of time and money if current edition is good enough. Risk disconnect if we don't do a good job. 4th ed: 1200 stories – 24 chosen.
- Randy gave a report to PRASAA. First 164 pages has been edited 400+ times. 4 requests (5% of areas) want young people section. AA hasn't grown in numbers since 1990 but our average age is increasing. 2M members. Perhaps we are not connecting with large swaths of still suffering alcoholics.
- What about stories that will be taken out?
- Some of the stories, I just don't want to get rid of, why couldn't we add an extra 20-40 pages of short stories that have gone through it in modern times. ALAN: is there a hard stop on number of pages?
- Do we have a fair cross-sections of our fellowship describing how people got sober in this digital age. It'd be nice to have new people coming into the program be able to identify with today's times.

Item 4:
Consider request to revise the pamphlet "The A.A. Group."

Question: Do you agree with this revision? Why or why not?

Overview
This is a proposal to add the following question to the list of questions for group inventory: "Do you feel safe coming to the group? Are the group's members treated with respect?"

[Please note, the list of inventory questions in the referenced pamphlet contains a question which includes the word safety. Some of the comments below reference this question.]

Comments from Pre-conferences

- Within the purpose of the 7th Tradition. Not "do you" but "do all members" feel safe.
- This question is perfect to ask at a group inventory.
- In the other question about safety in the pamphlet, it is referring *to a meeting place* the new wording sounds different.
- We have been discussing "safety" for years. It has only taken 3 rotations to get the Safety Card produced.
- The safety issue is a concern and we need to insert it with more emphasis. It is vital.
- Why not make it one question with an edit. [Instead of adding an additional question, this comment suggests to edit the existing question which has the word safety in it]
- Do we need to spend more money for redundancy? [This comment posits that the existing question with the word safety in it is broad enough that an additional question is redundant]
- Group inventories are a pleasure when questions are provided. It gives room for lots of discussion.
- We need to never stop talking about safety. We need to look out for each other inside and outside of AA.
- Tradition 1 – common welfare. Welfare = safety. Tradition 2: Group conscience = inventory. Tradition 4 – autonomy: do we need someone telling us what to do? Tradition 5 – Message – its message = group conscience. Safety is a recurring issue. Couldn't find definition of safety within AA literature. "Safety" is difficult to define but when you see it you know it. But it is an important issue - for the home groups. Not the responsibility of GSO. Can't be open, honest and willing in an unsafe environment. Appropriate to address in inventory.
- Leonard – Alt DCM – mixed feeling about group inventory. 10 [the existing question] is already attempting to cover this topic. Would the new question prompt NEW discussion? Doesn't see much difference in question or intent.
- Makena: Adding safety issue is good. It is a real issue for individuals who have felt AA sometimes isn't a safe place. When we don't feel safe, we go silent.

- David – has done group inventories. Question 10 tends to prompt conversation on this issue.
- Second part of question. People are not always treated with respect for many reasons. A home group may be doing "all they can" and individual may still feel unsafe. Need the additional question.
- During inventory, safety issues will come up under #10.
- Mark – What happens to old literature if it is revised? Generally, use up current literature and put in place when new printing occurs.
- Important to address member's safety, but when people bring up respect, some people equate respect with fear. Would like to see something more like: "Are group member treated within the principles of eth steps and traditions?"
- This style of question changes the inventory in a significant way. It asks a personal question and runs the risk of being specific to an individual. The format through other questions are about the group, not the individual. Invites debate or question, what have you done about it personally before? Is this the first time the group is hearing about it, have you been sitting about it, and not talking about it with the group?
- Takes away group autonomy to process the inventory as they would. The word "safe" can mean a lot of different things to different people, let them take this and go with it where each group will go. Feels prescriptive and invading on the providence of their autonomy. Feels like it's leading the discussion towards a specific topic. The 13 questions are general guidelines, and this feels like a deviating from the spirit of our movement in that it's being more suggestive and leading.
- Seems like micromanagement. Each group directs their inventory based on known issues. Helps us as a group to bring up anything we need to talk about. Our group will make it be what we want it to be.
- Don't think we can put everything into a pamphlet that we need to discuss at a group inventory. Whatever issues the group and individuals are going through will come out in an inventory

Item 5:
Consider request to update language in the flyer "A.A. At a Glance."

Question: After reviewing the rationale for the proposed change, do you agree? Disagree? Why?

Overview
It now says:" Sobriety is maintained through sharing experience, strength and hope at group meeting and through ***the suggested Twelve Steps for recovery from Alcoholism****"*

To

"Sobriety is maintained through sharing experience, strength and hope at group meetings and through ***the Twelve Steps of Alcoholics Anonymous, which are suggested as a program of recovery.***

Comments from Pre-conferences

- This wording: The Twelve Steps of Alcoholics Anonymous suggest that Sobriety is maintained through sharing experience, strength and hope at group meetings.
- This is a heavy rotation pamphlet. This is made available to jails and hospitals as their 1st introduction to Alcoholics Anonymous.
- Concern written in the background information: "My third concern" [This is a reference to the background information] I found in the forward to the fourth edition of the Big Book, "While our literature has preserved the integrity of the A.A. message, BB pg. xxiv". I believe we cannot preserve "the integrity of the A.A. message" if our own literature changes the wording from one book or pamphlet to another.
- We need to always avoid rigidity, we need to stay open-minded
- It's not clear cut as to right or wrong
- It does emphasis "the steps"
- It seems we would be dropping alcoholism [This refers to the change in the proposed language]
- In the wording where does it put the priority in the readers mind?
- Do we include the word "alcoholism or recovery?
- Does it make it ridged or flexible?
- Is the context clear in the pamphlet?
- The 12 Steps in the Big Book are a treasure map not the treasure. Continuous sobriety is the treasure and the living life by spiritual principles.
- The 12 steps suggest a way to recover so if you want recovery then you just do it, right?

- The reasons to change the wording are erroneous. Yes it may flow better but it shouldn't change for those reasons. [This is a reference to the background material] Page 28(in the background information) are not adequate enough reason to change it.
- Purpose of PI and CPC committee. Service Manual: S61 and S62. GSO recent communication audit is relevant: AA shares what they want to tell versus what is relevant and meaningful. GB Shaw – "The greatest problem with communication is the assumption that it has taken place."
- Not written for alcoholics. New language doesn't necessarily add anything new.
- Background was important. Offended by it. Hard time supporting it because of the background.
- Are we losing people because of wording? Background is inconsistent.
- Remember who is the audience for this. Public Information, Professionals, newcomers,
- If we're going to split hairs about recovery, it should be same across all lines and to be clear about the steps we are referring to

Item 6:

Consider adding a story from an A.A. Member who is deaf to the pamphlet "Access to A.A.: Members Share on Overcoming Barriers."

Question: Should we add a story from a member who is deaf? Why or why not?

Comments from Pre-conferences

- There is currently no story from a deaf person; it is difficult for the deaf to find a meeting.
- There is no interpretation and if there is it is very expensive.
- We need to ensure they have full access in the Three Legacies.
- They have barriers to service.
- Just because the pamphlet has just been revised in 2018 doesn't mean it is everything it could be.
- Today's society has accepted the philosophy that everyone should have access to all information and meetings and be comfortable in that access.
- There are other pamphlets that need revision before this one gets another. Revising it again is a waste of funds.
- It was heard from a deaf person in their sharing their story that ASL is a simple language that they would like to see a "plain English" version of the Big Book that is easier to translate through ASL. Perhaps that would be a better way of helping.
- Were the deaf consulted in the revision of the pamphlet in 2018 or were they just asked to submit stories?
- Does the deaf community want this or do they want us to use the 7th Tradition funds in some other way to help them?
- Do we need to spend money translating the Big Book to "simple English" for easier translation?
- There are already 3 stories in the pamphlet. The existing stories in the pamphlet went deaf. To those who went deaf English is their 1st language. To someone born deaf English is there 2nd language.
- There is a deaf person's story now – a late deafened. Lack of definition of deaf and hard of hearing. Need to address population that is deaf since birth.
- GSR Wake Up Group: Speaker at PRASAA was very powerful. Accessing meetings and accessing recovery are not the same.
- Background confusing. Just adding one story to a pamphlet. Story is not just for the deaf community; it is for all of us.
- Personal experience: left the military deaf, almost left AA because he couldn't understand at meetings. Was able to find Abigail's Ghost in Seattle - that is interpreted. Can no longer go to candlelight meetings, and has a hard time learning life skills and participating in AA with hearing concerns. Now about to have 43 years. Would love to hear a story about how people got through it. How to find the skills to get through it when you can't find an interpreter.

Item 7:
Discuss ways to encourage interest in Regional Forums and attract first-time attendees.

Question: After reviewing the suggestions, would any of them increase your group's interest? If not , what would?

[Please see background material for a list of other possible suggestions]

- Broader understanding of outside events. How do newcomers with lots of energy get involved? How does your group stay informed? Service within home group is one thing, but need for District service too. Sponsors need to encourage this. Learn how to carry the message. Those that came before us, those that come after. "Pass it on."
- The suggestions were liked but was suggested we remind new attendees about ride sharing and room sharing.
- We need to provide more information on what happens there. Personal experience expressed got one member interested.
- A lot of negativity is heard about service and it's made to sound boring.
- Reinforce the need to keep Alcoholics Anonymous here for the next generations and that service and these events are the some of the ways to accomplish that.
- Face to face communication is way better than a passing on a pamphlet.
- Topic itself prompted research to inform her of forums and locations. Go to AA.org – now wants to go to a forum. A way for us to get to know people in AA across geographic lines.
- 2 years ago, had Spanish speaking forum. Point was to go beyond language. It worked. English and Spanish speakers were in it together. We found out we also belong to this group. We share this knowledge. What we did not do well: pass along this message to others. Miscommunication around inclusiveness. Learned from experience. Will broaden invitation and make sure people know they are included.
- Enthusiasm is contagious. Comes down to money. Forums are free. But it costs to get there. Districts should step up and send the DCMs.
- Every other year Trustee-At-Large for the US is at the regional forum. Moving experience of stories from around the world. Compelling stories you cannot share elsewhere.
- Transportation issues seems to be abundant. Connecting people with transportation and people with energy to coordinate.
- My homegroup members only experience service within the home group. Some older time members don't promote service outside the homegroup. When members aren't pushed into district service, they aren't aware and maybe don't care about anything outside the homegroup
- I don't know what I don't know. How can I express the knowledge I don't have?! We go to these things to learn new knowledge.