

# About AA

## How Do We Communicate the Experience of A.A. to Nonalcoholic Professionals?

Since the General Service Office of Alcoholics Anonymous (G.S.O.) opened its doors (in a small room in Newark, New Jersey, in 1938) we have shared experience, strength, hope--and information--about recovery from alcoholism through the program and Twelve Steps of Alcoholics Anonymous. This sharing is done one-on-one (over a thousand people, from all over the world, visit the office each year); by telephone; and by mail--over 800 letters arrive each day.

Among the letters that arrive daily at New York's G.S.O. many are from professionals in practice and in training. Doctors, lawyers, court personnel, social workers, members of the clergy frequently are the first to see and treat the alcoholic. They share their own experience, and they ask for information, as follows:

"I am a county prosecutor. I often prosecute persons whose alcoholism has resulted in trouble with the law. While serving in the Air Force, I was charged with counseling and treating personnel.... In the course of my work, I quickly realized that Alcoholics Anonymous was by far the best treatment available for alcoholics. I would like to do my part, to get as many alcoholics into the A.A. program as I can. Please provide me with information and literature and, if possible, a list of meetings in my area...."

*Ted D. Banchard, Garland, Utah*

"I have a very close friend who has been saved by A.A. and I want to thank you.... My wife and I are medical students. We both work with people who have a definite or potential alcohol problem. Many I've treated are dying or will die of liver disease.... We would like pamphlets and other information to hand out freely to our patients and friends...."

*David B. Carmack, New York City*

"We are interested in developing separate A.A. meetings for students and for staff in our schools during nonschool hours. We would be very interested in guidelines for the meetings as well as learning of other school districts that have established meeting places on their school sites."

*Cheryl Wilson, CSW-ACP, Drug-Free Lamar Coalition, A Community Partnership for Alcohol/Drug Abuse Prevention, Rosenberg, Texas*

"It is our goal to have available to our clients the latest and most complete information on alcoholism and drug abuse. We understand that your organization has material that addresses the chemical health needs of the deaf and hard-of-hearing...."

*Donald M. Rodak, BS/CADC/CSAC, Hearing Impaired Services Coordinator, Substance Abuse Services, Inc., Shawnee, Kansas*

"I need a book on how to get your A.A. started in my church for the good of some good people...."

*Boston Brown, Memphis, Tennessee*

These letters and others from professionals are handled with care by the Cooperation With the Professional Community (C.P.C.) desk. Says G.S.O. staff member Valerie O'N.: "We recognize that professionals often deal with alcoholics who are unaware of our program of recovery. We feel a responsibility to share literature and other information with as many professionals as possible in an attempt to reach every alcoholic we can."

In communicating with professionals, the General Service Office can respond only to questions regarding alcoholism. Questions about problems other than alcohol are referred to other fellowships. Our communication is based on the historical precedent, set by A.A.'s co-founders, Bill W. and Dr. Bob S., of carrying the A.A. message by "one drunk speaking to another drunk." Historically, professionals have contributed to this communication by supporting our Fellowship with their expertise or guiding the still-suffering alcoholic to a "drunk" in recovery in the program of Alcoholics Anonymous.

## How Can A.A. Communicate With You?

- (1) *Individual A.A. members.* A.A. encourages professionals to use individual A.A. members in their community to act as an A.A. resource for their clients or patients.
- (2) *The A.A. group.* Some groups sponsor "bring-a-friend" open A.A. meetings, or public meetings, where professionals may be given the phone numbers for the local A.A. intergroup and/or individual members. Many groups also distribute A.A. literature to schools, churches, hospitals, libraries, courts, and other appropriate locations.
- (3) *The A.A. intergroup or central office.* Intergroup



"The Man on the Bed"

offices (listed in your local phone book), are supported by local groups, and are often the first contact an alcoholic makes. These offices handle enquiries and arrange for alcoholics seeking help to have one-to-one contact with A.A. members from local groups. Your local intergroup also may be able to give you information about other fellowships in your community.

(4) *Committees on Public Information, Correctional Facilities, Treatment Facilities, and Cooperation With the Professional Community.* Members of these committees—which are set up by either a local intergroup or an area general service committee, or both—are available to carry the message of A.A. into schools, correctional facilities, treatment centers, courts, probation offices, churches, and hospitals.

(5) The General Service Board of A.A. and the General Service Office work at the national level with professional publications and news networks, and with national and international organizations interested in alcoholism. This newsletter, *About A.A.*, is sent free of charge to professionals in the alcoholism field, as requested.

All service structures in A.A. are based on one goal—to communicate the A.A. message of recovery from alcoholism either through professionals or directly.

## Professionals' Past Contribution to the Structure of A.A.

In cooperating closely, but not affiliating, A.A. and the professional community maintain a unique relationship that goes back in time. A.A. co-founder, Dr. Bob, was himself a physician; he and co-founder Bill W. were helped in recovery and service by many professionals. In fact, Bill was always quick to point out that "No one in particular invented A.A. All our ideas have been drawn from religion and medicine; and our friends, by their enthusiastic recommendation, have brought us where we stand today."

Bill's understanding of alcoholism as an illness grew out of his friendship with his personal physician, Dr. William D. Silkworth, and with Connecticut psychiatrist Dr. Harry Tiebout. His grasp of the spiritual aspects of recovery was furthered by contact with many members of the clergy: in Akron there was the beloved Sister Ignatia, who worked closely with Dr. Bob sobering up several thousand drunks; in New York, "Father Ed" Dowling and the Rev. Sam Shoemaker were friends and advisers to Bill and the fledgling Fellowship.

Business men, notably John D. Rockefeller, Jr., helped to shape our Seventh Tradition of self-support, and attorneys such as Bernard B. Smith helped to construct A.A.'s democratic service structure. Indeed, professionals have been available all along the way these past 57 years, not to give money but to give of their time and expertise—which have proved to be infinitely more valuable.

## Professionals' Ongoing Role in the Structure of A.A.

A.A.'s close ties with the professional community extend to its own General Service Board, which includes seven Class A (nonalcoholic) trustees—all of them highly respected professionals. From matters of philosophy and organization to public information and international sharing, their work touches on every aspect of A.A. service.

Experience has shown that for A.A.s. being in the public eye is hazardous to our sobriety—and to our collective sur-

vival if we break our anonymity at the public level, then get drunk. Yet "A.A. had to be publicized somehow," as Bill said, "so we resorted to the idea that it would be far better to let our friends do this for us"—mainly our nonalcoholic trustees. They can face the camera head on or use their last names without threat to themselves or the Fellowship. In the process, they reach many a suffering alcoholic with the A.A. message along with the professionals who treat them.

## One Trustee's Experience

We know why we need our nonalcoholic trustees, but what do they see in us? What motivates them to give A.A. their expertise, concern and chunks of their time for a nine year term? For some answers, we turned to trustee Joan K. Jackson, Ph.D., who has an extensive background in the fields of alcoholism, sociology, and anthropology.

Looking back, Dr. Jackson, who will rotate off the board this spring, recalls: "In the 1960s, I had worked with A.A. in a professional capacity. Like many professionals, I was impressed with how A.A. worked. I knew there was an office in New York, but when it came to the Steps, Traditions and service, I really knew almost nothing. And that's how it was when I joined the board in 1983. One of the motives for nonalcoholics who are appointed to the board is, of course, the honor connected with being asked to serve. But, once involved, involvement is its own reward; we see the contributions others are making and soon we begin to be part of these contributions. For me, the first impressions were of meaningful words, interesting people, and much warmth and caring.

"In retrospect, I think that a Class A trustee experiences many of the sensations felt by a newcomer at an A.A. meeting. Once I started doing the work of the board, I had the opportunity to be with people who exemplify A.A. values, who live the program every moment of their lives. This was learning, not from a text, not from a meeting or a speaker, but from close interaction with the members themselves. As with a newcomer to A.A., there came a period of uncritical acceptance and a wish to merge. This was followed by a time of working at being myself and bringing my own thoughts and experience to bear for the good of the Fellowship. Essentially, being a Class A trustee means the difference between looking at A.A. from the outside and experiencing it from the inside."

The other nonalcoholic trustees presently serving A.A. are: Michael Alexander, board chairman and a New York attorney; Arkansan John E. King, with experience in local, state, and national social work programs; New York investment counselor Robert P. Morse; Amos E. Reed, of Salem, Oregon, who has spearheaded innovative correctional facilities programs across the U.S.; and, representing the field of medicine, Nevada's John N. Chappel, M.D., and British Columbia's John Hartley Smith, M.D., whose areas of expertise respectively are psychiatry and industrial medicine.

By communicating with professionals, Alcoholics Anonymous can reach and bring hope to more people suffering from alcoholism. We welcome your letters and queries. Also, several pamphlets are available to help in cooperating with the professional community: "If You Are a Professional, A.A. Wants to Work with You"; "A.A. as a Resource for the Medical Profession"; "The Clergy Ask About Alcoholics Anonymous"; "A.A. in Correctional Facilities"; and "Alcoholics Anonymous and Employee Assistance Programs."