

June 1965

Around AA

Items of AA information and experience

The Conference Focuses on 'Our Group Conscience'

In session April 21 through 26 at the Roosevelt Hotel in New York, N.Y., the 19th Annual Meeting of the General Service Conference had as its theme "Our Group Conscience: Voice of AA." "Since the first meeting, held in 1951," GSO explained, "it has been reaffirmed each year through the Conference that the AA groups can and do take the final responsibility for world services. Thus we insure that the voice of AA will never be stilled."

Among questions scheduled for discussion at various workshops open to the 90 Delegates from the U.S. and Canada were: "Where does cooperation stop and affiliation begin? How do Central Offices (Intergroups) function? How can we better communicate with the alcoholic under 30? What is being done and what more can be done to utilize TV and radio as a means of carrying the message?"

Further details about this year's Conference will appear in a future issue of the Grapevine, and, of course, the *Conference Digest* will constitute a full report, forwarded to all AA groups by GSO.

AA and Doctors Seek Mutual Understanding

The newborn Grapevine had its equivalents of "Around AA" and "About Alcoholism." It ran a page on group doings

(just New York area then), and the first issue started with a news report by two doctor friends of AA. As word from the grass roots indicates, good relationships between AA groups and local physicians are still very much a matter of concern.

In 1944 ...

The problem of the alcoholic is too great to be solved by any one person or even by any one organization. The co-operation of all individuals and all organizations, based on mutual respect and understanding of each other's aims, is needed to bring success to the efforts of all those who are interested in bringing back the alcoholic into the life of the community.

—Drs. Howard W. Haggard
and E. M. Jellinek

And today . . .

Our Shalom Group, which holds open meetings, recently started a new project. We were interested in educating the "outsiders" into our AA way of life. Unfortunately, many of them have a seedy opinion of alcoholics—drunk or sober.

We decided to invite as guests people in various professions, who, after attending a meeting, could carry our message the way it really is, and could see through their own observations that it really works.

Our first guest was Dr. Neil Solomon, M.D., Ph.D., chairman of the Maryland Advisory Council on Comprehensive Health Planning. Included in his talk was the alcoholic's problem with nutritional

deficiencies.

After his first remarks, various members posed questions to him with regard to his feelings on alcoholism as a disease, lack of interest in alcoholism from the medical profession, etc. The doctor was quite impressed with the meeting, as were our members. Through it, we feel, as does Dr. Solomon, a little better understanding arose as to the medical profession's problems as it deals with us, and vice versa.

—R. D. U., Baltimore, Md.

Elsewhere, local Public Information Committees have tried to establish communication at an earlier stage. Open meetings have been held for medical students at the University of Cincinnati; student nurses have heard AA speakers in Western New York and Central Connecticut.

"Why is it," asked the PIC in Port Huron, Mich., "that, although we stress time and again that our members should tell their doctors that they are members of AA, so many don't do so?" The personal approach does work, according to a PIC report from Vancouver, B.C., noting a member's "experience with his family doctor, who had been treating him before his entry into AA. The doctor saw the change in Charlie and asked questions, which gave Charlie the opportunity to explain about AA. As a result, the doctor has called Charlie six times, for help for other patients."

Personal contact with doctors was not left to chance in Oklahoma. There, the PIC initiated "a referral program with the Oklahoma State Medical Association, whereby each doctor member of this association will be furnished with the name of an AA member in his own community, who has agreed to make his identity known to the doctor, for working with suspected alcoholic patients."

Oregon's PIC tackled the project by mail, sending doctors a kit made up of appropriate AA pamphlets: "AA and the Medical Profession," "Alcoholism the Illness," "Sedatives, Stimulants and the Alcoholic," "AA in Hospitals."

In the Chicago area, the PIC sent doctors a letter offering AA's help and enclosing a copy of the current Grape-

vine: "We would like you, in your professional capacity, to know more about our organization. If you would like to receive the Grapevine regularly, perhaps for placement in your reception room, we'd be happy to send it, at our expense. Just drop the enclosed card in the mail."

—PI Bulletin

AA in Australia, 1944-1969

Over a year ago, a doctor in Australia wrote a letter to the Central Office [forerunner of GSO] asking for information, saying that his dearest wish for years had been to help alcoholics, but that he had not been able to do very much. Even with the ensuing correspondence and our literature, progress was slow. Apparently, the personal touch of an alcoholic who had recovered through AA was necessary.

So when Jack J., one of our members who is in the Navy, found that his ship put in fairly frequently at the port city where the interested doctor lives, the Central Office asked him to look the doctor up. It proved to be the needed spark. Several of the doctor's patients were contacted by Jack; interest spurted up; and a regular AA meeting was arranged to take place on his next call. We are eagerly watching the mail to hear more about *our first Australian group*, and we'll pass it on to you as it comes along.

—Grapevine, September 1944

As the 1969 World Directory, Part II, neared completion, the figures for Australia read like this: local groups — 472; hospital — 54; prison — 46.

Another Kind of Grapevine

Nearly 24 years ago, the ever-increasing load of telephone calls received by two or three of the early members of the Blue Plate Group became too much to handle. It became necessary to seek assistance to lighten the load, and it was felt advisable to broaden the space of hours during which the sick alcoholic could make contact with Alcoholics Anonymous.

In June 1945, a couple of our mem-

bers learned of a telephone-answering service operated by Lucy Ellis for a few doctors and local organizations. These AAs talked to Lucy about our plight, and she agreed to help us at a very nominal cost. Her service to AA has not been confined to any formalized 8:00 AM to 6:00 PM set of hours. For almost 16 hours a day, with love and compassion, she has sought out an available AA member from the lists of names supplied to her by the various groups, to make sure a contact is made with a sick alcoholic. Over the years, she has answered hundreds—yes, thousands—of inquiries and letters from all kinds of people: doctors, ministers, students, and wives or other members of the sick alcoholic's

family.

Since those early days, many new AA groups have been formed around here, and Lucy is now the coordinating secretary and answering service for the 30 to 35 groups belonging to the North Central Connecticut Intergroup. For all these many years of service to AA, our lovely lady has been bedridden. She is surrounded by a battery of phones, the busiest being AA's.

We believe the foregoing establishes some kind of record, if not an all-time high, for a nonalcoholic. She serves our AA community with such understanding and compassion that she is really one of us.

—A. J., West Hartford, Conn.