

# About AA

## The Fellowship's Debt to Nonalcoholic Doctors

*This is the second of a two-part article on the role doctors have played in the history of Alcoholics Anonymous. The first part, which appeared in the spring issue, detailed key contributions by doctors to the principles of A.A., such as Carl Jung's recognition of the need for a spiritual experience, and William Silkworth's suggestion that a newly sober Bill W. share his experience with still-suffering alcoholics. Other early help from the medical profession includes a psychiatrist's editing tip for the original Big Book that helped turn A.A. into a program of suggestion. This second part takes a worldwide view of A.A. and our friends in the medical profession.*

The enormous contribution of the medical profession to Alcoholics Anonymous is not limited to the program's early days in North America. Doctors dedicated to the treatment of alcoholics have encouraged the Fellowship's development all over the world. They have helped sober members who were trying to plant the A.A. seed, and have even started meetings themselves.

Dr. S.J. Minogue, an Australian psychiatrist, may have been the first doctor abroad to carry the message of A.A. In 1942, he contacted the General Service Office in New York City, which sent him program literature, including a copy of *Alcoholics Anonymous*. Dr. Minogue and a priest worked hard for two years before achieving results. As Bill writes in *Alcoholics Anonymous Comes of Age*: "These nonalcoholics had great difficulty in getting the proper identification with their patients, but late in 1944 they finally had success with two of them. . . ." A.A. was on its way in Australia.

A determined doctor in New Zealand who was worried about his brother-in-law, Alf, obtained a copy of the Big Book. He then took Alf to a cabin 20 miles out in the country and left him alone for several days with the book. Alf never had another drink. The history of A.A. in Ireland began when Conor F., an Irish-born member from Philadelphia, returned to Ireland hoping to start A.A. there. Various institutions rejected his offers of help, before he finally found a Dr. Moore, who took a copy of the Big Book to give his patients. It was 1946, and one of those patients became the first alcoholic in Ireland to get sober in A.A. In Japan, a nonalcoholic physician and hospital director on a visit to the U.S. learned about the A.A. program, and upon his return started the first Japanese A.A. meetings, for alcoholic patients at his hospital.

A.A.'s growth in countries of Eastern Europe has been a phenomenon of recent years, and in many of these countries the political situation is such that the recognition and help of nonalcoholics has been especially valuable. A.A. was first introduced to Poland in 1957 by a nonalcoholic doctor who went to the U.S. to learn about alcoholism treatment. The group he started ultimately failed, but A.A. got started again in the 1970s, and

has remained closely connected to professionals, in the spirit of cooperation. Two doctors in Hungary were instrumental in starting A.A. there, and one of them did the first translation of the Big Book into Hungarian. A.A. did not take root in Russia until the 1980s, though before that Finnish alcoholics had secretly carried the message across the border.

In the 1980s, a series of exchange visits between American and Russian health care professionals as well as visits from individual sober A.A.s from the United States combined to spur the development of the Fellowship. In China, doctors are among the pioneers working to make A.A. available to alcoholics in that country. In 2000, four Chinese doctors attended the A.A. International Convention in Minneapolis. Two of those doctors have since started A.A. meetings, one in a hospital, the other in a treatment facility.

Cooperation with the medical profession can take different forms in different places, and certainly in North America both A.A. and the medical approach to alcoholism have changed since the 1930s and 1940s, but the two still work in tandem to help the suffering alcoholic. Many doctors have served as non-alcoholic A.A. trustees — among the most notable was Dr. John L. Norris, affectionately known as "Dr. Jack," who served as a trustee and then as chairman of the General Service Board. After Bill W.'s death in 1971, Dr. Jack's leadership was instrumental in helping Alcoholics Anonymous make the final, difficult transition from the time of the founding members to full maturity. Dr. Jack is well known for his emphasis on members "sponsoring their doctors."

He said sober alcoholics should do more than simply let their doctors know of their recovery in A.A. Those in recovery, he said, should invite their doctors to meetings and find other ways to ensure that they are fully informed about what the Fellowship can do to help their alcoholic patients.

A.A. committees on Cooperation With the Professional Community have been established in A.A. service structures, and are always there as a resource for doctors and other professionals, who are often the first to encounter sick alcoholics. In several areas, committee members along with medical school professors or administrators have established programs that introduce medical students to Alcoholics Anonymous. Under the program, local members take interested students to open meetings and answer their questions about the program. Many committees have developed information packets to introduce A.A. to doctors. A.A.'s General Service Office for the U.S. and Canada has exhibits that are sent to national and international professional conferences. In this and many other ways, A.A. works to ensure that the ties between the Fellowship and the medical community remain strong and grow even stronger.

## Explaining A.A. to the Outsider

Alcoholics Anonymous does not fit neatly into any category familiar to the average professional. It is likely that professionals have heard of A.A., and no doubt many have formed an idea of the program. It's also likely that many would be surprised by how simple the program works and its lack of affiliation with any other group or enterprise.

Professionals, many of whom readily credit A.A. with helping legions of seemingly hopeless alcoholics recover, may mistake A.A. for a social service enterprise or proselytizing entity. Explaining A.A. to the outsider can be difficult.

As Leonard Blumenthal L.L.D., a Class A (nonalcoholic) trustee, said in a recent interview, "many times the professional who doesn't understand the program will look on it as competition."

Helping professionals understand A.A. "is an ongoing challenge, because there are always new people coming into the field," he said, adding that "getting to know about A.A. probably wasn't part of their training."

In his presentation to the World Forum in Montreal last September, Leonard said there is "a great deal of misunderstanding among many professionals as to what A.A. is, can do, and does not to."

Leonard, who in 1998 retired as chief executive officer of the Alberta Alcohol and Drug Abuse Commission in Edmonton, listed functions that many wrongly assume A.A. performs.

The program may work miracles, but as he noted, it "does not do the following: Furnish initial motivation for alcoholics to recover; solicit members; engage in or sponsor research; keep attendance records or case histories; join 'councils' of social agencies; follow up or try to control its members; make medical or psychological diagnoses or prognoses; provide drying-out or nursing services, hospitalization, drugs, or any medical or psychiatric treatment; offer religious services; engage in education about alcohol; provide housing, food, clothing, jobs, money or any other welfare or social services; provide domestic or vocational counseling; accept any money for its services or any contributions from non-A.A. sources; provide letters of reference to parole boards, lawyers, court officials, social agencies, employers, etc."

What's left? As Leonard remarked, "having said this, why would any self-respecting professional refer anyone to A.A.? Here are some reasons. Each of us reaches a point in dealing with an alcoholic when we have done as much as we can and must reach closure in our involvement. There comes a time when the individual must get on with his life. Because we have invested a considerable amount of time and effort in an individual, it only makes sense that we would protect that investment in any way possible. A referral to A.A. as a continuing therapy provides that investment protection.

"I have been working in this field for 35-plus years and have found this program provides the best recipe for living of any that I have seen. Alcohol is only mentioned in the first of the Twelve Steps, with everything else emphasizing growth and recovery.

"I would encourage every professional who deals with alcoholics to call the A.A. number in the phone book and arrange to attend an open A.A. meeting. You might get the same surprise I did – seeing many of your former clients doing very well without you!"

## Reaching into the Professional Community

The Internet is extending the reach of Alcoholics Anonymous into the professional community as never before. Anyone interested can acquaint themselves with A.A. by logging onto General Service Office's Web site at [www.aa.org](http://www.aa.org).

The professional in an employee assistance program or a family doctor is often the first person an active alcoholic turns to for help. The A.A. Web site is a convenient and efficient means of letting professionals know how A.A. can assist them.

Those in health care or social work, among other professionals, are favoring the Internet for contacting A.A. Last year, of the more than 2,000 inquiries to the Cooperation With the Professional Community desk, 1,334 came via the Alcoholics Anonymous Web site.

Professionals can click on the "A.A. Fact File," or "A.A. at a Glance" and learn if the program is something they can use in their organizations or practices. The professional may also direct alcoholics interested in recovery to the Web site.

There is never a threat to anyone's privacy. Anonymity on the Web site is safeguarded, as spelled out on the site. "We observe all A.A.'s principles and Traditions on our Web sites. As anonymity is the 'spiritual foundation of all our Traditions,' we practice anonymity on A.A. Web sites at all times."

The Web site also provides contact information for local A.A. intergroup/central offices in the U.S. and Canada.

The reach of the Internet is worldwide, of course, and everything on A.A.'s Web site is available in English, Spanish, and French.

This newsletter you're reading – *About A.A.* — is on the Web site, as is a page on "Information for Professionals." There is also a link for those from the media, with access to press releases from the past few years.

Those interested in literature about Alcoholics Anonymous, or who want to be put in touch with a local A.A. member can fill in their address on an electronic form. The form is forwarded to General Service Office.

The Web site debuted in 1995, and has since gone through several updates and redesigns. G.S.O. last year completely overhauled the site to make it more comprehensive and easier to navigate.

Another tool for spreading the message of the program is the A.A. Grapevine ([www.aagrapevine.org](http://www.aagrapevine.org)), which will provide the professional with knowledge of the basics of the program. The magazine is also something that can be included among other magazines in a practitioner's waiting room or handed to alcoholics looking to acquaint themselves with A.A. *La Viña*, the Spanish-language magazine, broadens the reach of the A.A. message to the Spanish-speaking alcoholic working toward recovery.

Finally, G.S.O. has recently printed a new 36-page catalogue that spells out in comprehensive fashion all the books, pamphlets, audio tapes and videotapes available for order. The catalogue can be obtained by calling 212-870-3312.

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