



FINAL REPORT

WEST CENTRAL REGIONAL FORUM

AUGUST 21-23, 2015

CASPER, WYOMING

Dear A.A. Friends,

Please mark your calendar for the next West Central Regional Forum, which will take place in ***Sioux Falls, South Dakota, September 8-10, 2017 at the Holiday Inn Hotel.***

HOW TO CONTACT US:

A.A. World Services, Inc.
c/o General Service Office
P.O. Box 459
Grand Central Station
New York, NY 10163
(212) 870-3120
Fax: (212) 870-3003
E-mail: regionalforums@aa.org
G.S.O.'s A.A. Web site: www.aa.org

ONLY LAST NAMES OF CLASS A (NON-ALCOHOLIC) TRUSTEES
AND NON-ALCOHOLIC EMPLOYEES APPEAR IN THIS REPORT

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INTRODUCTION

The 2015 West Central Regional Forum was held in Casper, Wyoming. Registration for the Forum was 284. This included 169 members attending their very first Forum—many were welcomed at the Forum Orientation on Friday evening.

ASK-IT BASKET QUESTIONS

(Not answered onsite)

Q: Are A.A. pamphlets copyrighted? When changes are made does that affect our copyright?

R: Yes, A.A. pamphlets are copyrighted. G.S.O. has an ongoing process to insure that we maintain our copyrights.

Q: Is there a way for a group, district or area to petition the Conference?

A: Any A.A. member, group, district or area can request that the Conference consider an agenda item. Often, these agenda items are considered by the conference structure and sent for consideration by the area. However, anyone can propose an agenda item and send it to the Conference Coordinator at G.S.O.

Q: If some areas clearly advertise on press, radio and films, why can't we all? Our tradition of helping the alcoholic that still suffers maybe it is another way to make A.A. a lot bigger and reach out through T.V.

A: The General Service Conference has approved Public Service Announcements (P.S.A.s) that we offer to TV and radio stations for over forty years. We currently have four video P.S.A.s approved for distribution. Some area Public Information Committees also produce P.I announcements for billboards, newspapers and other local media. However, we do not have a P.S.A. presence on film at this time.

Q: If someone has a drink every weekend are they an alcoholic?

A: A.A. does not have an opinion on whether or not someone is an alcoholic. G.S.O.'s A.A. website www.aa.org does offer information that may help someone decide if they have a problem with alcohol. On our homepage they can use the "Learn more" button to find helpful information.

Q: What will it take to move the Conference from New York and involve the Fellowship more?

A: The General Service Conference can choose to move its meeting from New York City to another location. However, the Conference is considered a business meeting and participation is limited as described in the Conference Charter.

WORKSHOP REPORTS

“Remote Communities” (Moderator: Anne F. / Reporter: Rich G.) The workshop attendees discussed remote communities — where it is difficult to carry the A.A. message because of language, culture, or geography, or life condition. Attendees listed the resources available: At the general service level, there is a Remote Communities Meeting – and the Remote Communities Communicator – Loners-International Meeting (LIM), AA.org, online groups, Skype, accessibilities, CPC, Public Information Committees, Corrections, and other service work that provide resources for remote communities — especially those around life conditions. The attendees posed the question about how to find locations for meetings or assemblies in geographically remote areas? Members suggested locating larger buildings, such as churches, chamber of commerce buildings, and community halls.

Good strategies for those in remote communities are important: Be consistent and persistent. Bring food. Always have someone to open the door for the meeting. Don't give up — even if attendance is small. Conduct outreach through police, professionals in hospitals, social service agencies. Attract through events, movie nights, service appreciation events, travel to other groups, have one group mentor a smaller group, give rides, go to homeless shelters, nursing homes, and shut-ins. Encourage people of other cultures to participate by offering opportunities to serve as speakers, planners, and facilitators. Always be inclusive and welcoming to all.

“Our Common Welfare — Who's Responsible?” (Moderator: Bill O'M. / Reporter: Sarah S.) The workshop attendees discussed the topic “Our Common Welfare – Who is Responsible?” Attendees identified the importance of singleness of purpose to our common welfare. The health of the group has much to do with the attention to common welfare. Members also stated that no compromise is too great for the individual -- as long as it is within the Traditions. Learning the Steps, Traditions, and Concepts is essential to sobriety. Our responsibility is to encourage and help in the practice of all three of our legacies and the rest will take care of itself. In addition, when a group is off-track or if there are questionable practices, it is our responsibility to provide information in order to help create an informed group conscience. Finally, attendees noted that it is not sufficient to talk only with sponsees about these topics — we must share in our groups about our responsibility and our common welfare.

“Carrying the A.A. Message in Correctional Facilities” (Moderator/Reporter: Carole B.) The workshop attendees were encouraged to discover what is working well with our 12th Step corrections work. Some items were:

- Our conduct: We remember that we are visitors in the facilities and we follow their rules. We stay sober ourselves and we show success — former offenders show current offenders that there is a way out. We have a presence in alternative sentencing programs (drug or alcohol programs).

- Reaching the still suffering alcoholic: We participate in correspondence with the offenders. We have a strong Bridging the Gap/Correspondence programs. We participate in Transitions Fairs to introduce offenders back into society.
- Integrity: We build relationships with the facilities officials, staff, and offenders. We are consistent in showing up for our commitments. We show offenders that we are their peers, we are not above them.
- We have built professional relationships with correctional facilities. We use a single point of contact in working with the facilities staff. We have an honest relationship with professionals and make amends when necessary.

The workshop attendees were presented with a vision about what our 12th Step correction work could be. This included strong, stable relationships with the facilities that continued even when their staff changes. In all correctional facilities, professional staff would know what A.A. is and what it is not. Correctional facilities reach out to A.A. because our work is so successful. In addition, part of this vision would be to have more meetings available to the inmates with an abundance of A.A. members carrying the message inside the walls. A.A. literature would be plentiful and readily available in all correctional facilities. In addition, more members would be attracted to corrections work by the example of energized and experienced A.A. members and informational workshops with both A.A.s and non A.A. professionals speaking.

The group was asked to share ideas about actions that could be taken in order to bring A.A. closer to the ideal “dream” corrections work. Group was posed with the question: “How can we carry these out in our communities?” In response, workshop attendees responded that they could improve relations with corrections professionals and staff by persistently working with these professions. A.A.s could reach out to parole and probation professionals, hold workshops with corrections professionals and help to orient their new staff about A.A. Through CPC work, A.A. members could search out facilities where A.A. does not have a presence and work to bring meetings into the facilities. In addition, attracting A.A. members to corrections work is essential. To do this, some ideas were to find opportunities to enthusiastically talk about the correctional work opportunities, provide more orientations, make all A.A.s aware of contact programs, encourage sponsees to perform this type of Twelfth Step work, and encourage A.A. members who are former offenders to speak at A.A. workshops, and have corrections professionals speak at district meetings. Finally and foremost, we reach the still-suffering alcoholic and we show up.

“Informed Group Conscience vs. Group Conscience” (Moderator: Tom C. / Reporter: Sarah H.) The workshop attendees discussed many questions regarding an informed group conscience and shared their experience regarding this topic. It was noted that G.S.O. has published a set of guidelines to help A.A. groups find their group conscience. Attendees shared that an informed group conscience is arrived at if everyone in the group has an opportunity to share and feels safe enough to share an opinion without fear of being shouted down. In addition, there is a responsibility to make sure that everyone understands what is being discussed. Also, if necessary, GSRs are required to attend certain events and bring back information to the group.

In an informed group conscience, more than one person's opinion is shared — a minority opinion is heard. Upcoming group conscience meetings are posted beforehand so that those who cannot attend may write questions and/or opinions to be shared with the group. In an informed group conscience, members must have an understanding of A.A. principles — of the Concepts, Traditions, and Steps. Groups arrive at an informed group conscience if all are heard – not only opinions, but facts, too. An informed group conscience also considers the question: “Is it best for the group?”

Some found written group consciences helpful because it helps newcomers, such as a written format for meetings. Minutes allow for historical information about what was said. In addition, it is understood that what is written in not set in stone.

Why and when do we need a group conscience? In answer, the group responded: Whenever we need to find out how we are serving the newcomer; to discuss serious concerns and come to a decision about a problem; and before sending a representative to a service event (so they can bring the conscience of the group).

How is a group conscience facilitated? Attendees answered: with Roberts Rules of Order; if at the group level, the GSR can conduct a group conscience. A written format, a loose parliamentary procedure, or a group inventory can be helpful in arriving at an informed group conscience.

Finally, workshop attendees discussed what to do if the group conscience is wrong. Some members did not believe that a group conscience could be wrong—at the time, it is always right, though a group inventory might have to be taken to get a better informed group conscience. Attendees also shared that their group accepts decisions of a group conscience — even if all don't agree with it.

“Melding Experience and Enthusiasm in Service (What Do You Mean I Have to Make Coffee?)” (Moderator: Sharon S./ Reporter: Julie R.) How do we keep long-timers active in service and generate enthusiasm through their example and experience? The sense of the workshop meeting was that long-timers can be asked or appointed to chair committees. Long-timers can write down the personal benefits of service and incorporate those benefits in their stories. Districts can hold parties to thank outgoing service people and invite them to share about their position and experience. Sponsors can generate enthusiasm by inviting sponsees to participate, long-timers can be enthusiastic and compassionate at the group level about service and not ask others to do what they are not willing to do themselves.

How to get new faces involved in service, especially young people, newcomers, and transient populations (e.g. college students)? The sense of the workshop meeting was that it's important to have a job description or concrete direction for the service position. We can convey an enthusiastic attitude by watching what we say, e.g. we “get to do this” instead of “have to do

this.” We can help the people who are willing to serve and invite others to participate on committees. We remind newcomers that we “have to give it away to keep it.” If they are willing, God will find the time. Newcomers can serve by pouring coffee or cleaning up “just for today.” We can be as specific as possible and define what needs to be done, but we don’t get stuck in “this is the way we have always done it.” We are open-minded to new ideas in service, especially from young people. Remember—this is a “we” program, give freely and don’t stop “ringing the service bell.”

“Grapevine: The Grapevine Rep and More—Bringing our Message of Hope to Alcoholics” (Moderator: Ami B., A.A. Grapevine, Inc., Executive Editor/Publisher/ Reporter: Marty S.) The workshop attendees discussed the role of the A.A. Grapevine Magazine in A.A. Three topics/questions were discussed: Submitting an article to Grapevine, “Carry the Message” plan, and GVRs/Promoting the Grapevine/ What is the job of a GVR?

The workshop commenced with sharing about how to get started in writing a story to share with the Grapevine. Stories about service are always welcome in the magazine. Three alcoholics on staff choose stories for publication. These members are looking for stories from the heart. A good question to ask, when considering topics to write about, is “Would I share this at a meeting?” No poems, songs, or tributes are typically chosen for publication. However, letters, audio, art, and photography are welcome. Workshop attendees shared stories and ideas about possible topics as well as how to get group members to write about their experience. For example, have a workshop and bring pens, paper, and cardboard to write on. Also, invite a published Grapevine author to speak at a workshop or a meeting.

In addition, workshop attendees discussed “What is a GV rep?” The discussion was furthered by sharing about how to encourage A.A. members to become a GV rep. Reps can sign up on the Grapevine website, get a kit, a workbook, and share the information at meetings and events. Finally, attendees discussed the “Carry the Message” effort. One way to participate in the effort is to purchase a Grapevine subscription online and send it to the area delegate — the delegate will find someone to give the subscription to.

“The Concepts — Hey, Get Back Here: This is Important Stuff” (Moderator: Lori G. /Reporter: Estelle G.) Workshop attendees were asked to discuss, “How can I generate interest in the Concepts at my home group? What are different ways of presenting the Concepts?” Members presented many ideas, including ordering all three pull-down shades (Steps, Traditions, Concepts) for the group meetings, reading the short form of the Concepts once a month, and explaining to other A.A.s why we need the Concepts (i.e. it helps perpetuate carrying the message and the legacy of service). Attendees also discussed: “Are the Concepts just for conducting business or are they part of our principles? How do I apply the Concepts in my daily life?” In response, members stated that the A.A. triangle ties together all principles. Not only are the Concepts an important part of service, but it is also for individuals. The right of

decision and the right of participation are elements of the Concepts, but are also ideals for our daily lives. Finally, attendees were asked: “How are the Concepts and the Traditions tied together?” Among the responses were: “The Traditions protect A.A. from us, but the Concepts provide us protection from outside influences” and a brief statement about how several Traditions and Concepts contain elements of the other, such as Tradition Three and the right of participation.

“Open vs. Closed Meetings and Our Primary Purpose” (Moderator: Alan K. / Reporter: Chuck P.) Group members discussed three questions regarding closed and open meetings in A.A. and our primary purpose. First, how do we approach newcomers with sponsorship and Steps in an open meeting? Attendees shared that it is important to be welcoming, attentive, and treat each person with warmth and sincerity. Inclusion is more important than the initial message. Second, should people who don’t want to identify as alcoholics be able to speak and participate in meetings? Attendees shared that while attention to the newcomer is paramount, the importance of the meeting is to share the A.A. message. Those who don’t identify as alcoholic can best participate by listening. Third, what is the difference or value of a closed meeting versus an open one? In response, members stated that open meetings are useful for everyone, including professionals, family members, and those yet undecided about identifying as an alcoholic to come and hear the message of Alcoholics Anonymous. Closed meetings, however, are only for alcoholics to share their experience, strength, and hope.

“Service—Personal Impact” (Moderator: Michelle P. / Reporter: Sarah H.) Workshop participants shared their experience, strength and hope in response to several questions. First, in response to the question “How has service work affected or expanded your life?” members responded that they were sponsored into service, already enthused, but heard someone say that they didn’t want to *exist* in A.A. — they wanted to *live* in A.A. Furthermore, service work taught them how to get out of self, how to give back without expectation, and that the most important job was a greeter, because they learned how to be connected. This connectedness made participants feel “part of” and changed the trajectory of at least one participant’s sobriety. In a second question about service, members were asked, “How do you make time when you don’t have it? How do you find balance?” Among the many answers were: “If I don’t have time for a problem, then I don’t have that problem”; “If I turn it over to God, I always have time”; “Balance comes from working the Steps and Traditions in my life.” Workshop attendees also asked, “How do we get old-timers back into service?” Some simply said, “ask” or “volun-told.” Let long-timers know that the newcomer needs them.

In addition, attendees were asked, “How do we reign it in when jumping in too fast?” Several members answered that listening made all the difference in learning to work Steps. Another question was “How important is it for sponsor to get sponsees into service? Out of several answers, attendees responded that it was “essential — sponsors provide direct information, the how and the why, so I can pass it on. They provide information on how A.A. works and how to stick to Twelve Steps, Traditions, and Concepts.

The final question of that workshop was: “Being a new service member, how can I be most beneficial in service?” In response, workshop members said: “do the job you’re elected to do, ask questions, do the best you can, and ask others.”

“Strategies for Remote Communities” (Moderator: Tom H. / Reporter: Jim S.) The workshop addressed the issue of creating strategies for remote communities. It was noted that sometimes “dark” groups (those that send no representatives to area assemblies) are well-established but want nothing to do with A.A. as a whole. It was mentioned, however, that controversy works as a great motivator to get people involved. To help create robust groups, “core” members must, at first, run the meeting(s). In addition, be willing to put yourself out there. Suit up, show up, and try to hear the spirit of rotation. Make use of video and phone conferences. The final workshop question addressed ideas for central meeting places and how to keep them going. Members shared that perhaps, in remote areas, meetings could rotate towns each night. Finally, attendees reiterated that we must always show up, even if it is only two people — with perseverance and repetition, the two will become a pack.

PRESENTATIONS

Self-Support—Beyond the Dollar: Libbie L., Delegate Panel 65, Area 40 Montana

For this discussion, I am borrowing from a finance chair/treasurer report that I developed. It is entitled “The Self-Support Birthday Party: Celebrating Traditions Six, Seven, and Eight.” It is a power point presentation that I offered to my area during the last rotation. I bribed them with cake, and I still didn’t get too many invitations! It seems that how we use our money in A.A. can be a contentious topic, but not necessarily one that draws a crowd.

Our responsibility statement says that I am responsible to be there when anyone, anywhere reaches out to A.A. for help. This responsibility includes wisely choosing and financing those services that make that help possible and more effective. By shifting our focus from shouting at people to give more money to emphasizing the reasons why we support our Fellowship and those services, we can become better stewards of our finances. It costs A.A. money to have A.A. members. We use our contributions to honor Tradition Five—to carry the message to the still-suffering alcoholic. We don’t let problems of money, property, and prestige divert us from our primary purpose.

Tradition Six: Where We DON’T Spend Our Money

“An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise.” We can bind ourselves to no one. We alcoholics are bankrupt idealists married to all kinds of enterprises; we can’t endorse any related enterprise, no matter how good. In other words, A.A. doesn’t financially support, own, or endorse treatment centers, clubs, or other organizations. We do not pay missionaries to carry the message to distant cities and far-off lands.

Tradition Seven: Where We GET Our Money

A.A. groups ought to be fully self-supported by the voluntary contributions of their own members. We decline outside contributions. Passing the basket at meetings is our way of acknowledging our responsibility for the work of A.A. No more handouts. We become responsible human beings. The services requested must be paid for by our contributions.

Here are some 2014 statistics: Cost per member, \$7.08. Contribution per member, \$5.02. Cost per group, \$149.11. Contribution per group, \$105.76. Cost per contributing group, \$358.44 (because only 41.6 percent of groups contributed, the lowest percentage ever).

What does this say about our Fellowship? Is it a problem of keeping our group listings current? Is it a problem of the economy? Is it a problem of complacency or ignorance? Is it our groups exerting their power of the purse?

Some more statistics: One dollar in 2015 equals thirteen dollars in 1945. One dollar in 1945 equals eight cents in 2015. In other words, a dollar in the basket today buys one-thirteenth of what it did in 1945.

Page 221 of *Language of the Heart* includes the following:

“Our spiritual way of life is safe for future generations if, as a Society, we resist the temptation to receive money from the outside world. But this leaves us with a responsibility—one that every member ought to understand. We cannot skim when the treasurer of our group passes the hat. Our groups, our Areas, and AA as a whole will not function unless our services are sufficient and their bills are paid.

“When we meet and defeat the temptation to take large gifts, we are only being prudent. But when we are generous with the hat, we give a token that we are grateful for our blessings and give evidence that we are eager to share what we have found with all those who still suffer.”

Tradition Eight: Where We DO Spend Our Money

At the group level we pay our bills. Rent, coffee, literature copies, G.S.R. expenses; these are the things for which we must be responsible. The extra funds are then sent on down the service triangle, as we support our districts, areas, and the General Service Office.

At each of these levels, decisions are made regarding how to make use of those contributions. The long form of Tradition Eight says that we may employ alcoholics where they are going to perform those services for which we might otherwise have to engage nonalcoholics. G.S.O. currently employs eighty-one people. They work to provide publishing and professional services on behalf of the General Service Board. They make our program possible. As individuals, we are often recompensed, reimbursed, for expenses incurred for service work, but Twelfth Step work is always freely given. Our usual Twelfth Step work is never to be paid for. This is where money and spirituality mix.

Page 350 of *Language of the Heart* includes the following:

“Now where do AA’s services—worldwide, area, local—fit into our scheme of things? Why should we provide these functions with money? The answer is simple enough. Every single AA service is designed to make more and better Twelfth Step work possible, whether it be a group meeting place, a central or intergroup office to arrange hospitalizations and sponsorship, or the world service Headquarters to maintain unity and effectiveness all over the globe.

“Though not costly, these service agencies are absolutely essential to our continued expansion—to our survival as a Fellowship. Their costs are a collective obligation that rests squarely upon all of us. Our support of services actually amounts to recognition on our part that AA must everywhere function in full strength—and that, under our Tradition of self-support, we are all going to foot the bill.”

Bill lets us know that we pay our bills and contribute money to our groups, districts, areas, and G.S.O., not to hospitals, causes, or campaigns. We do this to make more and better Twelfth

Step work possible, and that these costs are a collective obligation for all of us. We all are going to, and need to, foot the bill.

Like the Gaunt Prospector on page 129 of our Big Book, we have all “struck gold” in our sobriety. But Bill reminds us that this lode will pay dividends only if we mine it for the rest of our lives and insist on giving away the entire product.

The product that I have—that saved my life—is now mine to give away. By doing so, I get to live a life I never imagined. Thank you.

Cooperation with Health Care Professionals: Lisa Dawn G., Delegate Panel 65, Area 36 Southern Minnesota

The mission of Alcoholics Anonymous is “To stay sober and to help other alcoholics to achieve sobriety.” To support this, A.A. has established two committees whose work is carried out at the area and district levels—the Public Information (P.I.) committee and the Cooperation with the Professional Community (C.P.C.) committee. While these committees exist at the area and district levels, the responsibility of every A.A. group and member is to advance their missions.

In Southern Minnesota, Area 36, we have a long history of taking the A.A. message to professionals; for example, jails/prisons, detox centers, treatment centers, DWI court programs, etc. These have been successful but somewhat limited efforts. “Limited” in the sense that the A.A. message is usually delivered to already-identified alcoholics, and that there is seldom a follow-up action that immediately connects the potential alcoholic to local A.A. support.

Area 36 C.P.C. committee members have taken the A.A. message to many venues, and they’ve concluded that creating awareness is important . . . but not enough. Once aware, how can A.A. help the alcoholic make an actionable connection to a local group/meeting?

The Area 36 C.P.C. committee has been looking upstream to professionals who are in a position to identify problem drinkers earlier and to influence them to seek help. One such group is the body of medical professionals.

Within the medical community are many subgroups; e.g., primary care physicians, physician assistants, nurse practitioners, ER physicians, chemical dependency counselors, psychologists and psychiatrists, nursing home/rehab leaders, etc. The list is long. Their interactions with patients differ from one another, but they share a common goal of improving the health of their patients.

This past year, Area 36’s C.P.C. committee has held discussions with several health systems in the Minneapolis/St. Paul area. We have found that: 1) physicians and allied health professionals may or may not be accurately informed about A.A.; 2) early identification and intervention would

improve patients' health; and 3) there is no established pathway for immediately connecting patients to local A.A. resources.

The committee has offered to be a resource to: 1) educate frontline health care providers on what A.A. is and what it is not, and 2) work with providers to develop a pathway that can be offered to patients. Such a resource would cooperate, but not affiliate, with interested organizations.

How might this work? Preliminary thinking is to initially focus on primary care clinics and emergency rooms. We would start by taking A.A.s to clinical education meetings routinely held in these establishments. After educating physicians, PAs, NPs, and nurses on what A.A. is and is not, we would work with each group to understand their patient-flow process and procedures. Once a potential alcohol problem is suspected, the physician would decide if, and how, to raise the issue.

If the patient is willing to admit he/she has a problem and would like help, while the patient still in the clinic, the physician (or clinic staff) would pass basic information (i.e., first name, sex, age group, telephone number, zip code, etc.) to a central office/Intergroup/area contact. A special identifier would be used to designate that this is an immediate referral from a clinic or ER. Within twenty-four hours, a local A.A. member would make a Twelfth Step telephone call to the patient. Please keep in mind, this protocol is initial thinking. It needs to be piloted with different types of health care providers, and discussed with the districts within Area 36.

There is great variability in the relationship different kinds of health care providers have with their patients and clients. But the providers share a common reality: they are in a position to reach a broad range of the general public and to use their position to intervene and influence early. According to A.A.'s 2011 survey, only 40 percent of current A.A. members said their health care provider referred them to A.A. This is but a subset of all potential and current alcoholics in the general population.

Some might feel this resource relationship is in violation of A.A.'s policy on not being allied or affiliated with any organization. We think not. *Allied* implies being joined by compact or treaty. *Affiliated* implies being in close connection with, as a member or branch. In contrast, *resource* implies a source of information or expertise. And *cooperation* implies working with another for mutual benefit. Clearly both health care providers and A.A. share a common purpose to help the struggling alcoholic recover.

On page five of the A.A. pamphlet "If You are a Professional," there is a section titled "How to Make Referrals to A.A." It says, "some professionals call A.A. while the person is in the office, thus giving the individual an immediate opportunity to reach out for help."

We agree! We are still in the early stages of designing a support process to make this possible in the offices of health care providers in Area 36 and its districts.

Who would be responsible for implementing this support process in Area 36? This has not yet been discussed, and it needs to be. But it seems that A.A. groups within each district have the best access to health care providers located in their district. Once leaders of a health care system/organization have agreed to try this, districts can make the contacts to both inform providers about A.A. (using the A.A. presentation) and implement the steps for connecting their patients to A.A. The common connection points for providers' referrals could also be the local Intergroups. In Area 36, we are still in the discussion process on how this might work.

In conclusion, we are proposing and testing a more proactive support role for local A.A. districts and groups to reach more broadly into the general public by cooperating with health care providers who are in a perfect position to intervene and influence earlier on.

Why is this important? Data from the General Service Office shows that growth of A.A. membership is flat. The referral sources we have relied on in the past are not sufficient. We need to look more broadly at potential referral sources that reach and can influence the general population.

If other A.A. areas and districts have already worked with the health care community and are willing to share their results, we would very much appreciate talking with you.

A.A. Now and in the Future: Michael (Jake) J., Delegate Panel 64, Area 35, Northern Minnesota

Greetings from Area 35. What a pleasure and a privilege it is to share some thoughts and experiences at this Regional Forum. I had a few great ideas (or so I thought!) when I chose this topic. Where they went, however, I am not sure. As we celebrate our eighty years of existence and all the hoopla that surrounds it, we must be ever watchful of our Traditions and Concepts, lest we end up like others that have gone before us and disappeared. The Library of Congress recognizes that our Fellowship has one of the most influential books ever written. Yet can we slap ourselves on the back?

One of the things I've noticed recently is that our growth seems to have stagnated over the last few years. Current U.S. and Canada membership estimates are about 1,373,497 people, with 65,222 groups. These regions' average has remained around here for a number of years. Worldwide membership has been around 2 million fellows, and between 100,000 and 115,000 groups. Both totals come out to approximately twenty members per home group. In Area 35 now I would guess that there are maybe six to ten persons per group. I am sure part of this lower

volume is a result of the outgrown baby boomer generation, just like in the rest of the U.S. Many of the people born in the forties and fifties are starting to die off, or they are reducing their attendance at meetings. Unfortunately, in my area I have noticed that at most of the reports I've given, only members in their fifties (or older) are showing up. In our area it seems that a lot of the people with between five and fifteen years of sobriety have disappeared. Either A.A. no longer interests them, or carrying this message to newcomers has lost its importance. If this is not our primary purpose it will change the face of A.A. in the future.

The history of A.A. is based on the imperative thought that one alcoholic talking to another provides the foundation for our movement. Groups were formed and Traditions written so that this gift from God would carry on for future generations. As generations acquired some sobriety, I heard many people state they go to meetings for themselves; if anyone else gets anything it is a bonus. What a shame. I was told after a short time that once I was blessed with the gift of sobriety it was not about me anymore; now it was about the newcomer. Many of us have enjoyed great lives far beyond our wildest imagination, while others have had to struggle with life—just like in the real world. But we don't have to take a drink, no matter what. That gift is certainly not a result of our doing. As the Big Book tells us:

- A) That we were alcoholic and could not manage our own lives.
- B) That probably no human power could have relieved our alcoholism.
- C) That God could and would if he were sought.

While we have certainly managed to offer a form of sobriety to many people, what has happened to our encouragement of the Twelfth Step? Our Traditions were founded to help keep our groups unified and on the A.A. beam. Yet we have allowed them to change, in order to allow individuals the freedom to alter our spirit of unity. Removing God from the equation has changed our singleness of purpose. We forget that Tradition Three is about membership in the A.A. group, not just a matter of attendance at A.A. meetings.

The future of A.A. will be determined by how far we stray from our singleness of purpose. Our book says that we will be around as long as God needs us. Yet many groups are removing all reference to God from their recovery. Who will guide the group conscience as a result? Early on in my sobriety I had a lot of ideas on how to change A.A. The oldtimers suggested that I go start my own fellowship, and to not call it A.A. Does our future look bleak? I am not sure. Are we retaining members? Not in my area. The reason I chose this topic is because I believe that we have grown stagnant as a result of leaning toward our popular identity as a Twelve Step program, rather than emphasizing the fellowship that unites us. Attendance at meetings has become more important than spending time building the relationships that constitute a fellowship. If we do not care about each other at the group level, we will not care about what is happening to us as a whole.

The inventories we take—whether at the group, district, area, or G.S.C.—all bring about the same conclusions. Where is our participation? We are forced to become a top-down organization due to our lack of unity. This is brought about by lack of participation at the group level. The groups make decisions with only a few members to keep the group alive. Districts plan events to give the groups an agenda. Rather than doing requests from group majorities, areas end up making busy work. The General Service Office makes decisions on services and spending because groups won't help out.

The future of A.A. is in our hands and we are asked to be the guardians of our Traditions. Will A.A. be a list of meetings that people can attend to stay sober, or will it be a Fellowship that cares enough to tell its fellow drunks the truth so they can experience a spiritual change? Part of society is under the impression that A.A. is no longer the answer. I have read many articles that talk of our failures rather than our successes. Is this because they no longer realize that the only thing we are successful at is helping drunks achieve sobriety? Our Steps may help many, but our Fellowship can only remain united if it continues its mission to carry the A.A. message to every alcoholic so they can recover from this fatal malady. In another eighty years, will they still be praising us, or will they be saying what a great thing A.A. was way back when? Many of these thoughts are meant to remind us that A.A. is vulnerable unless the groups and members guard our Traditions and utilize our Concepts to keep us whole.

Thank you.

Michael (Jake) J.

Panel 64 Delegate, Area 35

Special Needs, Treatment and Accessibilities: Sally W., Delegate Panel 64, Area 76, Wyoming

Greetings. I have chosen to address the treatment portion of my presentation first. Our committee has been working on a Bridging the Gap program. This service provides local contacts for people returning from a treatment setting. Who in this room doesn't remember the feelings you had when walking into your first meeting? Nervousness, fear, facing the unknown. *What are they going to say to me? What am I supposed to say?* Bridging the Gap ideally provides people returning from treatment with a way to make a smooth transition into the world of A.A. I would encourage all of you to form Bridging the Gap committees.

And now, Special Needs. I sat on the Treatment/Special Needs/Accessibilities General Service Conference committee for the past two years. I'll make my amends now before I start, in case I sound like I'm standing on a soapbox and preaching to you. That is not my intent. Special Needs/Accessibilities is a topic near and dear to me. I have been a special education teacher for more than thirty years and I am still employed by the state of Wyoming, providing services to young adults with various disabilities.

Those that came before us did a great job making sure that our literature is accessible to hearing and visually impaired individuals. Most of our literature has been translated into braille or is available in American Sign Language. That is wonderful, but it only goes so far. Last February I attended the West Central Regional Service Conference in Nebraska, and I participated in a breakout session on Special Needs/Accessibilities. There I realized how narrow my vision had been. There are many accessibility issues out there. The session was packed and there were members with many different problems in attendance, none of which they were comfortable labeling "special needs." I agree wholeheartedly. Labels can be hurtful, demeaning, and limiting. One member shared that he had to travel forty miles to attend a meeting with wheelchair accessibility. Another, who has an acquired brain injury, expressed his frustration at not being able to understand the literature and the intolerance of other members because of that. For those of you who attended the flag ceremony in Atlanta last month, one of the speakers stated loudly and clearly that he is deaf. He is not afflicted with "special needs." He has accessibility issues. I live in a community that borders a large Native American reservation. I see problems all the time—language issues, cultural issues. I certainly do not consider our tribal members to have special needs.

Alcoholics Anonymous prides itself on being inclusive, not exclusive. We all have a responsibility to do what we can to make sure that every member has an opportunity to experience our entire program. Be aware; be of service to those who need our help with mobility, vision, hearing and/or language and cultural barriers. That is, people who are looking for the same thing we were: recovery, sobriety, and a miraculous new way of life.

PAST TRUSTEES' SHARING

Ken B.: West Central Regional Trustee (past, 2008-2012)

I'd like to use my time to flesh out an Ask-It Basket question that was posed yesterday. The question had to do with the role of delegates and the role of the General Service Conference. At about the time of the 59th General Service Conference, several areas were involved in a talk about the role of the delegate. It has resurfaced and the additional consideration, as it reads, says, "Explore the potential role of the conference agenda committee that might play in the selection process of the agenda items."

That's all—how do we pick agenda items? There is another one that actually talks about the participation of delegates (who are committee chairs) when they attend the January board weekend. What's the role of the delegate?

As you are well aware, the agenda process is simple. Those of us in the Fellowship get an idea, and we send it to the Conference. (Actually, we send it to the General Service Office and there is a staff member there who is in charge of sending it to the appropriate trustees' committee.) The trustees' committees receive these agenda items. They consider them, discuss them, research them, and sometimes form subcommittees. (Regarding the particular item I speak of, a subcommittee has already been established to address it.) They build background material and do all the things necessary to study and address the agenda item. They may then fill out a report and say: "This is going to the Conference."

The other thing they might say is: "Take no action." That is well documented and well established. The ability to take no action occurred with the Conference charter. One sentence has led to a lot of conversation over several years. It simply says, "It is nevertheless understood that the Board, shall, at all times, reserve the right to decide which of its actions or decisions may require the approval of the Conference." The word "its" is important. It's a possessive pronoun. What that says, in effect, is:

Once an agenda item has left the Fellowship, is pulled down to the Conference (by way of the General Service Office) and the committee, that agenda proposal has become the property of the General Service Conference and whatever committee it has been sent to. It is no longer the property of the Fellowship. It has been segmented out to a part of the Conference, the General Service Board.

Now, the question that is being raised by the agenda committee is: "Could they participate in selecting these items?" Currently, the interpretation is no. This has been the nature of the discussion, or conversation, for some time. While this seems very under the radar, I believe it is impacted in the nature of Concept Two and the responsibility of the Conference to act on the will of the Fellowship. I believe that it is a complex and subtle argument and analysis.

We will see a report, sent by the committee on the General Service Conference, back to the agenda committee of the Conference. And that committee will discuss that report, as it has come back to them. They will respond in some way, perhaps with additional considerations or perhaps not. We, as spectators, will see the next report as the conversation advances. Those who are trustees and delegates will have a front row view of how it advances. They may even be a part of the conversation — if they serve on that committee or if they are a board member. I wish them well as they continue to hammer out exactly what Bill meant in terms of the “active voice of the Fellowship,” and how to implement some of the ideals that are still in contention within the superstructure and how we communicate.

Carl B.: West Central Regional Trustee (past, 1996-2000)

I’ll try to be nice today, but I am still going to tell you about the Traditions, whether you like it or not, because they are the foundation you need to do almost everything you are going to do in Alcoholics Anonymous — if you are going to do it right. They are the foundation that the Concepts sit on, and if you don’t understand the Traditions, you will not understand the Concepts.

The problem is that if you do it backwards — if you first understand you have the right of decision given to you by the Concepts. But, without using and understanding the Traditions, your right of decision is just based on your opinion, and then you’ve got a hell of a mess to look forward to. If your right of decision is based on the Traditions (which say our ultimate authority is a loving God as he expresses himself in an informed group conscience), then you have the right basis for the right of decision.

Many times, over the last several years, I noticed that the Traditions were minimized in our decision-making process. We go to the Concepts, which give us the right of decision, the right of appeal, and the right of participation, but if those decisions are not based on the Principles in those Twelve Traditions, then we are in a lot of trouble. So, I challenge all of you to study the Traditions. If you learn how to think about the Traditions you will never quit learning about them, what they stand for, what they mean, and how to use them better. After Bill W. developed the Traditions, he wrote a lot about what to think about them. For the rest of his life, he continued to learn how to use them to protect the integrity of the principles of the Concepts. If we don’t do the same thing, we are not going to get the kind of results we need to get to where we are supposed to be going. We protect the principles of the Fellowship by understanding what we are doing and why we are doing it.

I appreciated this handout we got this morning and the history of the regional forums. I liked the talk about the first regional forum held in 1975 in Atlanta, Georgia. That will have been forty years ago this year. The 2nd regional forum was the next spring in 1976 in Sioux Falls, South Dakota, and I happened to be there. I drove 900 miles, clear across Wyoming, in a blizzard, to get there. I was a GSR at a new group with very little experience in anything except my opinions. I was dangerous, for sure! I was certain to tell anyone that I understood the Traditions, but I

didn't. There, at that regional forum, I met the people who would influence me in service, and I am forever grateful. I used to tell my sponsor that the guys I was sponsoring were just not getting it. I said, "There is something wrong, because they are just not catching on." He said, "You know, Carl, the reason that Johnny can't read is because his teacher can't read!" That put the ball back in my court. But at that regional forum in 1976, those teachers could read! There was Dr. Jack Norris, Bob P. (office manager), Milton M., and Dennis M.

I recall the forum started out contentious — there was a perception about the division between "us" and "them". An office staff person present, Louise, knew A.A. forwards and backwards — she worked with Bill W.

At the beginning of the event, several people came to the microphone and challenged why A.A. was doing this — this regional forum. They accused staff of trying to take away the authority and responsibility of the groups by coming out. People were suspicious and thought the office staff was going to try and tell us how to run A.A. There was lots of suspicion. But, after all those people shared their thoughts and ideas, Louise walked up to the microphone, took out her Service Manual and said, on page so-and-so, it says, so-and-so, and it would diffuse that question. In about 30 minutes, she disarmed everyone in that room. She knew what she was doing, she knew how to do it, and she did it with the confidence that she was doing it right. That was one of the most enjoyable experiences I've ever had in my early A.A. experience and set the tone for my future in A.A. Those people had something I wanted.

Larry N.: Trustee-at-Large/U.S. (past, 1993-1997)

I had my first experience of Alcoholics Anonymous in Fargo, North Dakota. I had gone to A.A. because I already had a dozen car accidents. I had written a lot of bad checks, I was in a lot of trouble, I didn't smell good, and my clothes were dirty and covered with cigarette burns. I thought, 'Maybe I should go to A.A., an organization like that may be associated with a loan agency.' I said to the first man I met, "Lou, I am so broke, I don't know what to do. Is there somewhere in A.A. I can get a loan?" And Lou said, "Well, in A.A. we don't do that. What we will share with you is our experience strength and hope." I had never been so saddened in my whole entire life. He was one of those alcoholics with a kind and peaceful demeanor. I can still recall his description of the blackout he was in when he woke up in Madison, Wisconsin, thinking he was in Minneapolis, Minnesota. I said, "I am like him."

Over a period of a couple of years, I finally made it all the way into A.A. and the last place I got sober was shortly before Dec 31, 1971 in South Dakota. Soon after that I went back to graduate school. After a while, I met a really nice looking girl at an A.A. meeting and I asked her to have dinner and go to the movies with me. She said she didn't want to have a relationship with me, but could we be friends, and I said, in a high sulky voice, yes. Six weeks later, we got married.

As trustee-at-large/U.S. I was invited, along with the trustee-at-large/Canada, to Rio de Janeiro to a meeting and we were asked to participate in the flag ceremony. I was to carry to the U.S.

flag. The way I was received, not me, but because I was an ambassador of the state where A.A. was born, was incredible. There was applause, shouting, and a standing ovation. Our GSC, our Traditions, and our Concepts hold the future of Alcoholics Anonymous — if we learn and practice them.

We will not survive if we lose interest, if we think these things don't matter or if we let our selfishness interfere. Of course, more important, we must have recovery in A.A. I love A.A. as much as I ever did.

Don M.: General Service Trustee (past, 2009-2013)

I live in Denver, so it was a three-hour drive here. Whenever I come to these A.A. events, I like to remember that in September 1987, I was following a parked truck. I showed up to Alcoholics Anonymous looking for a good story to give the judge. I came here with a bad motive, looking for a convenient way out, so that I could get on with my life. I had no intention of staying sober. And, when I showed up, I was mostly unconscious. I was a sophomore engineer and I had a job where they brought me coffee and raw meat every three hours. I didn't like people and I hated institutions.

And what I learned in A.A. is a lot like Mike Tyson's quote: "Everyone has a plan until you get hit in the face." This is not a program or a service opportunity of planning and perfection. We live and learn by trial and error — that's one of the great gifts I've gotten here. God picked the service positions for me because I am basically a fearful, nervous person. Now, the only difference is that I have a different relationship with my insecurity. You have allowed me to become less ashamed of it and more open and honest and open about it. I learned that I had a lot of internal conflict and I wanted to find harmony without going through conflict. I wanted to wake up a guru — I wanted to apply a one-year solution to a ten-year problem. I just don't like feeling uncomfortable! That's why I drank. Once I had a few drinks my mind went from 150 mph to about 50mph. I felt peaceful and I had a spiritual experience for about ten minutes. I liked that.

We can talk about a lot of things in A.A. We talk about money, insecurity and fear. For me, a service position was not just about service and conflict and how to deal with it, but also a good way for me to face all my fears. I have a fear of rejection — so I stand for an office. I have a fear of commitment — so I do what I am asked. For two years! I have a fear of abandonment — and then I rotate off. I do it over and over, and you guys let me do it, and I slowly become more peaceful with the processes of life.

Where are my friends of A.A.? Am I helping to find and create friends of A.A.? We don't need to promote ourselves, but I think having the right relationships is important. Nothing works better to create a friend of A.A. than to show up as an honest and active A.A. member willing to help and willing to be of service. That speaks better than any PSA or pamphlet A.A. has. Showing up is visual, visceral proof that we're here to help and at the core of our A.A. program is one alcoholic helping another alcoholic. We produce results with that because we are examples. It's the most powerful thing we can do.

Finally, I want to close with this: "it is probably *not my fault*, but it is most definitely *my turn*."

“CLOSING REMARKS”

Terry Bedient, Class A (nonalcoholic) General Service Board chairperson

A.A. is a gift of life. We don't need to convince a drunk to get help. Booze takes care of that. We don't need to convince the world that A.A. works. That is taken care of by a couple of million members across the world — and their spouses, children, partners, and employers in 180 countries around the world. All we have to do is show up for a meeting, get a good sponsor, and let our Higher Power take care of the rest.

Today, every successful mutual help group in the world is modeled after your Twelve Steps. No other fellowship, anywhere, comes close to providing your kind of support to others suffering from a common problem. We cannot be complacent about technology if we believe that God wants us to be relevant in the 21st century. But as we buddy up with our tablets and smartphones, we should also not be complacent about isolation and the risk of isolation. How much sober time does this forum represent? 500 years? 1000 years? But all of it — one day at a time. A characteristic of alcoholism is a tendency to relapse and a tendency to isolate, no matter how much sober time one has. To stay sober, there is no room for complacency. Each of us has an obligation for those who are not here yet for keeping the door of A.A. open. To those who desperately need to hear our message — no matter what their background is. As we warmly welcome the newcomer, we have an obligation to make sure the message stays clear and strong. Those most capable of gratitude are those who have emerged from the darkness of alcoholism into the light of sobriety.

It is with great gratitude that we all celebrate 80 years of carrying the message to the still suffering alcoholic and carrying the message of A.A. hope throughout the world. We are grateful for a power greater than ourselves and the indefinable magic of one alcoholic talking to another alcoholic. Thank you for the opportunity to serve.
