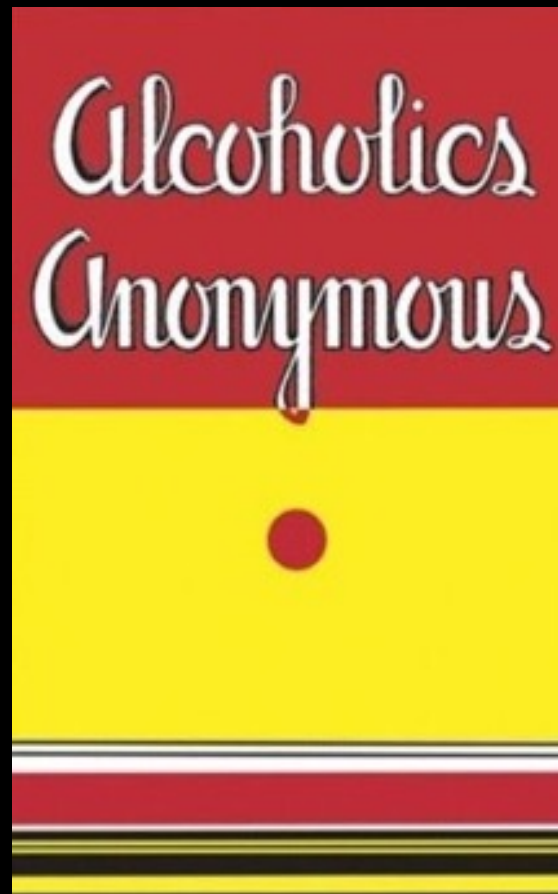
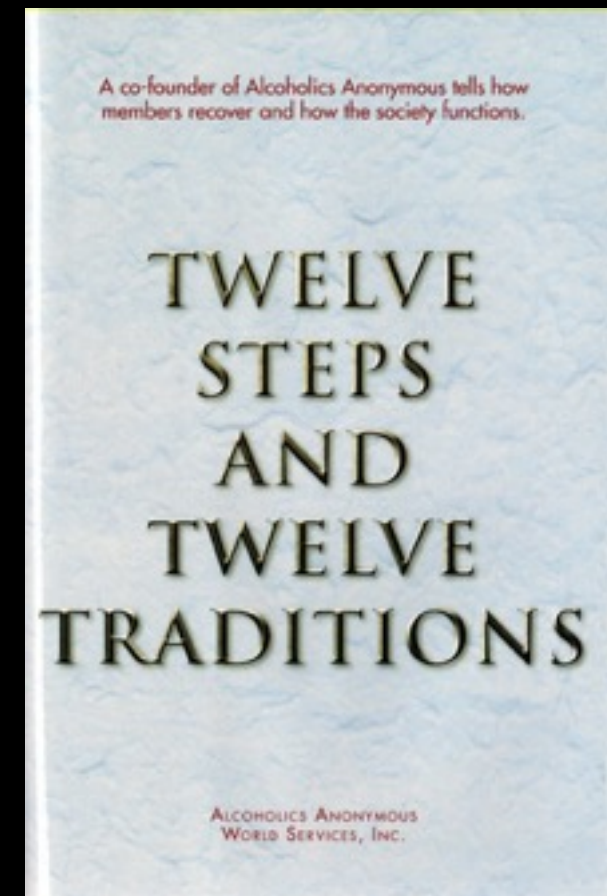


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WELCOME!

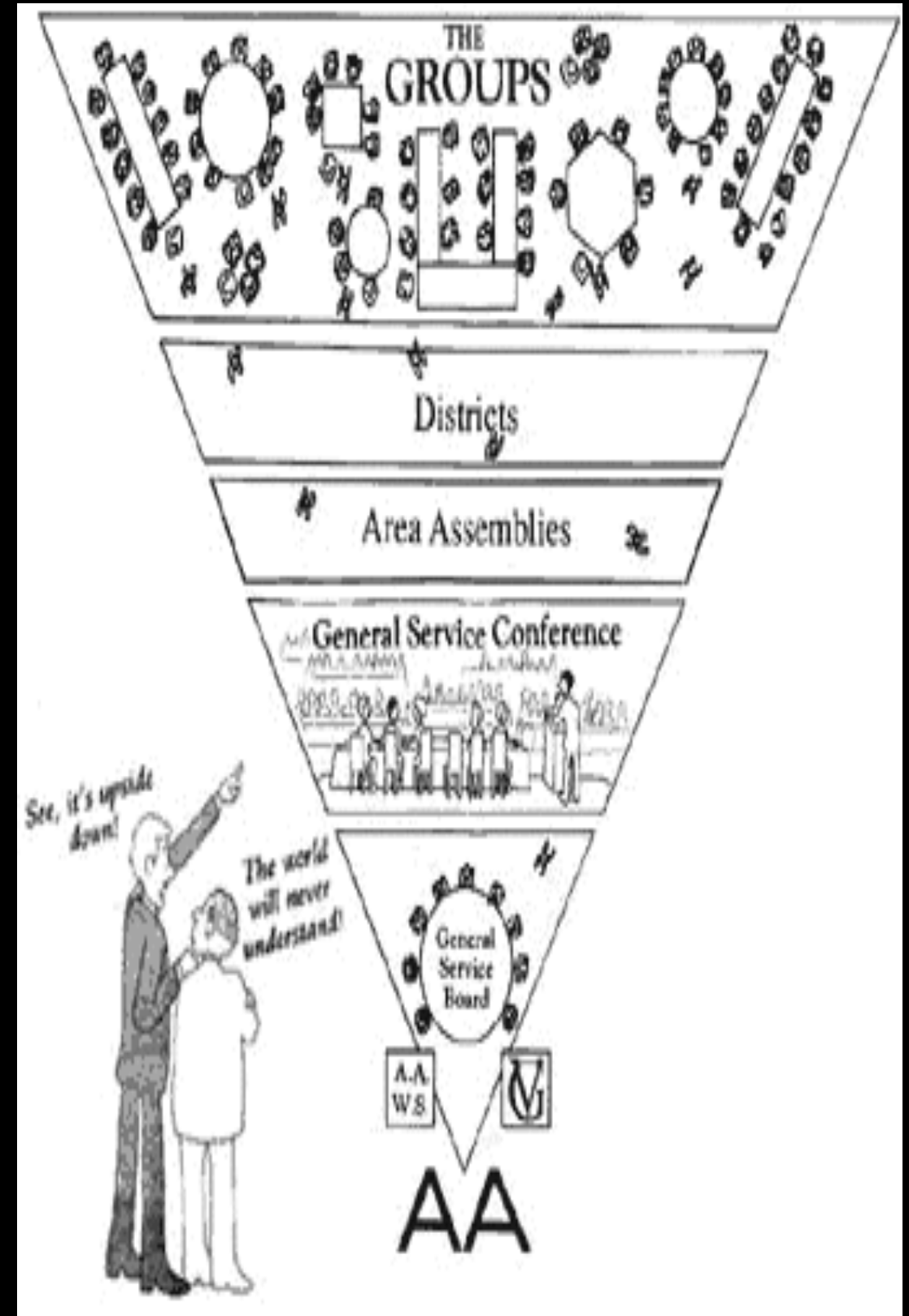


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Concept I

The final responsibility and the ultimate authority for A.A. world services should always reside in the collective conscience of our whole Fellowship.

Twelve Concepts for World Service, by Bill W., Page 4



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Concept II

.....delegated to the Conference complete authority for the active maintenance of our world services and thereby made the Conference — excepting for any change in the Twelve Traditions or in Article 12 of the Conference Charter — the actual voice and the effective conscience for our whole Society.

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As a suggestion for starting your group's informed group conscience conversations on any specific piece of A.A. literature, please consider using a few standard questions. There are more specific questions listed on the slide respective to the agenda item.

1. Has anyone read this pamphlet? If none, GSRs you may consider asking for help with this by asking a couple members of your group to read the pamphlet and report to the group on their findings.
2. In general, do you find the pamphlets useful?
3. Did you make use of them when you were a newcomer?
4. Are there any specific pamphlets you recommend to newcomers?

VI. A. CONSIDER DEVELOPING A PLAIN LANGUAGE VERSION OF THE BIG BOOK, “ALCOHOLICS ANONYMOUS.”

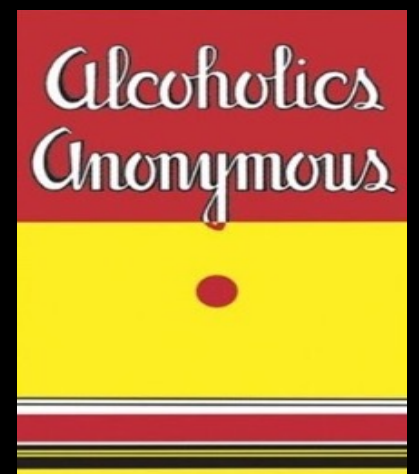
Summary of support in background:

- A Plain Language Big Book is equal to one written in a foreign language
- Valuable to those in Remote Communities
- Many people in prisons have poor literacy skills -- regardless of ethnicity
- Erosion of English and literacy due to spending more time on devices and less time reading
- Morphing of the English language through TV, movies, slang, texting
- Many in our upcoming generations have poor literacy rates
- English is the second language for immigrants to western countries who come from all over the world

The background includes a list of 23 Advisory Actions concerning changes to the big book. Generally, they state the first 164 pages, the Preface, the Forewards, “The Doctor’s Opinion,” “Dr. Bob’s Nightmare,” and the Appendices remain as is.

Suggested questions for your group members:

1. Would a Plain Language version help carry the message to the still suffering alcoholic?
2. Would it hurt or help in carrying the A.A. message? If so, how?
3. Does its creation erode the value or symbolic meaning of the actual big book?



**IX. A.6. ON PAGE 58 OF CONCEPT XI
IN “THE TWELVE CONCEPTS FOR WORLD SERVICE”
(BM-31), CONSIDER REMOVING THE PARAGRAPHS
WITH THE “MALE/FEMALE” DISTINCTIONS.**

It is important to note each Concept is an essay
written by Bill W.



Suggested questions for your group members:

1. Is the credibility of Bill's writings increased or decreased if this change is accepted?
2. Does the retaining the information serve any purpose?
3. Are there any other excerpts or references in A.A. literature that would merit a similar consideration?

**IX. A.6. IN CONCEPT XI IN “THE TWELVE CONCEPTS FOR WORLD SERVICE”(BM-31),
CONSIDER REMOVING THE PARAGRAPHS (Page 58) WITH THE “MALE/FEMALE”
DISTINCTIONS .**

Women workers present still another problem. Our Headquarters is pretty much a man's world. Some men are apt to feel, unconsciously, that they are women's superiors, thus producing a reflex reaction in the gals. Then, too, some of us—of both sexes—have been emotionally damaged in the area of man-woman relations. Our drinking has made us wrongly dependent on our marriage partners. We have turned them into “moms” and “pops,” and then we have deeply resented that situation. Perhaps maladjustment has taken still other turns which leave us with a hangover of hostility that we are apt to project into any man-woman relatedness that we undertake.

It is possible for these forces to defeat the good working partnerships we would like to have. But if we are fully aware of these tendencies they can be the more overcome and forgiven. We can be aware also that any sound working relation between adult men and women must be in the character of a partnership, a non-competitive one in which each partner complements the other. It is not a question of superiority or inferiority at all. Men, for example, because they *are* men, are apt to be better at business. But suppose we replaced our six women staff members with six men? In these positions could the men possible relate themselves so uniquely and so effectively to our Fellowship as the women? Of course not. The women can handle this assignment far better, just because they *are* women.¹⁰

¹⁰ These restrictions and gender distinctions ceased to apply in the late 70s when the first male staff member was employed, and later in the mid 80s, when the first female senior-level manager was employed. Today, six out of the eleven A.A. staff members are men, and half of the management team are women, reflecting a G.S.O. hiring policy based on ability, an unrelated to gender and in compliance with all applicable Equal Employment Opportunity and Fair Employment Practice laws.

II. A. CONSIDER DISCONTINUING THE PAMPHLET “THREE TALKS TO MEDICAL SOCIETIES BY BILL W.” (P-6)

Per the background.....

BECAUSE:

- The language and information are outdated making it irrelevant to medical professionals.
- The 47 pages is too lengthy.

HOWEVER:

- The pamphlet is a very important piece of AA history.

Suggested questions for your group:

1. Is this pamphlet outdated?
2. Is any of the relevant information available in other pieces of A.A. literature?
3. Does this pamphlet have in A.A. literature- Unity, Service, or Recovery?



**VI. H. CONSIDER REQUEST TO INCLUDE
INFORMATION ON YPAA CONFERENCES IN
THE PAMPHLET, “YOUNG PEOPLE AND A.A.” (P-4).**

LAST REVISION: 2007



Suggested questions for your group members:

1. Does the pamphlet provide an attractive and fully informative overview of Young People's A.A.?
2. Do the stories in this pamphlet serve to attract young people to A.A. today?
3. Are we better served with a revision to this pamphlet that includes information on YPAA conferences?
4. Does it need any other revisions?

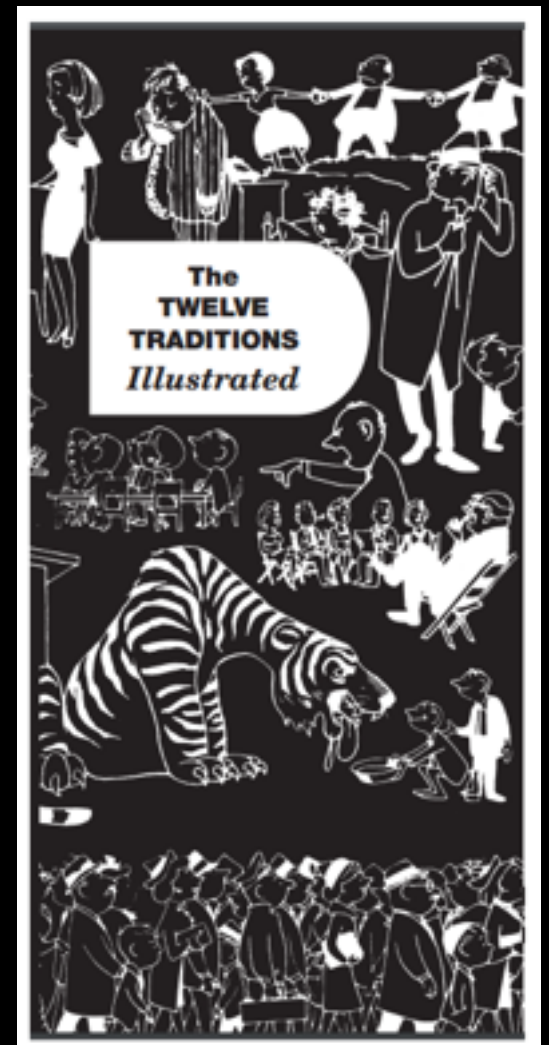
VI. I. CONSIDER REQUEST TO UPDATE THE PAMPHLET “THE TWELVE TRADITIONS ILLUSTRATED.” (P-43)

Last revision was in 1971.

CHECK OUT THE PICTURES

Suggested questions for your group members:

1. Do the illustrations make our Twelve Traditions easy to understand and actionable by most A.A. members?
2. Is it useful to list the long form as well as the short form of the Twelve Traditions?
3. What can be added or removed to increase the information about A.A. Tradition?




IV. D. DISCUSS MATERIAL FROM A.A.W.S. SELF-SUPPORT COMMITTEE (F-203); AND E. REVIEW SELF-SUPPORT PACKET (F-19)

Suggested questions for your group members:

1. Do these materials inform us of what makes our 7th Tradition spiritual?
2. Does your group fully understand all 12-Step services that are supported by their contributions? i.e., the district, the area, GSO, as well as our other local service boards and committees?
3. How and who delivers information to our group on the financial standing of all our service boards and committees?


YOUR SEVENTH TRADITION CONTRIBUTIONS
Carrying Our Message Beyond Your Home Group

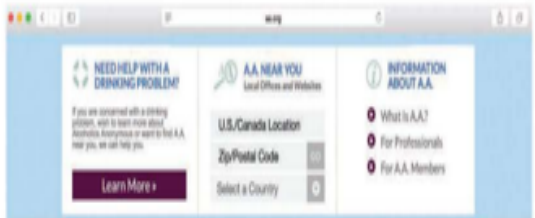
When you or your home group contributes to the General Service Office (G.S.O.)
your contribution helps an alcoholic around the corner or around the world.
Here are some of the ways that happens:

 **1** The G.S.O. Publishing Department has coordinated translations of the Big Book in 68 languages and translations of other A.A. literature in more than 80 languages. Further translations are constantly in process.

2 Each year G.S.O. staff responds to over 90,000 emails, letters, and phone calls from A.A. members, suffering alcoholics, professionals, students, the press and others interested in A.A. Thus accurate and consistent information about A.A. is provided.

3 Staff communications often help someone find local A.A. meetings, link members in service, and support the start of A.A. in countries where there are no A.A. meetings.





4 G.S.O. maintains and updates the aa.org website that averages over 30,000 visits per day. The website provides information about A.A., including how to find A.A. in their community, and provides help to members and those seeking help with their drinking problem, as well as to families and friends of problem drinkers, and professionals.

VIII. E. DISCUSS A REQUEST TO RECONSIDER THE 2011 ADVISORY ACTION REGARDING THE “POLICY ON ACTORS PORTRAYING A.A. MEMBERS OR POTENTIAL A.A. MEMBERS IN VIDEOS PRODUCED BY THE GENERAL SERVICE BOARD OR ITS AFFILIATES.”

The stated reason for the request for reconsideration is that deaf members require observing facial expression as they provide a large portion of transmitting meaning and understanding.

By blocking a member’s face instead of using actors in PSAs and videos limit, do we limit or prohibit the understanding of deaf members?

Policy on Actor Portraying A.A. Members or Potential A.A. Members in Videos Produced by the General Service Board or its Affiliates

Videos produced and distributed by the General Service Board or its affiliated corporations, A.A. World Services, Inc. and A.A. Grapevine, Inc., that include actors portraying A.A. members or potential A.A. members shall not show the actor’s full face, unless:

- a. The General Service Board, by substantial unanimity, agrees that the proposed video is consistent with the A.A. tradition of attraction rather than promotion, and that such use of an actor or actors does not in fact or in appearance place personalities before principles, and
- b. the General Service Conference authorizes by substantial unanimity, the production and distribution of such video.

VIII. E. DISCUSS A REQUEST TO RECONSIDER THE 2011 ADVISORY ACTION REGARDING THE “POLICY ON ACTORS PORTRAYING A.A. MEMBERS OR POTENTIAL A.A. MEMBERS IN VIDEOS PRODUCED BY THE GENERAL SERVICE BOARD OR ITS AFFILIATES.”

1. Suggested questions for your group members:

2. Does the 2011 Advisory Action take into consideration how to carry the message to the deaf community?
3. Is the quality of ASL interpretation dependent upon the interpreter's facial expression?
4. What is the best solution in order to remain inclusive and in respect of A.A.'s Twelve Traditions?

II. B) CONSIDER ADDING TEXT REGARDING A.A. MEMBERS AND MEDICATIONS TO THE PAMPHLET, “IF YOU ARE A PROFESSIONAL.” (P-46)

...TO SUGGEST THAT WHEN PATIENTS SAY THEY CANNOT TAKE PRESCRIBED DRUGS BECAUSE THEY ARE A MEMBER OF AA, THE DOCTOR CAN REFER THEM TO THE PAMPHLET, “THE AA MEMBER - MEDICATIONS AND OTHER DRUGS.” (P-11)

Suggested text for new section in the “If You are a Professional” pamphlet (P-46):

“No AA member should ‘play doctor’; all medical advice and treatment should come from a qualified physician. The suggestions provided in our pamphlet, ‘The AA Member--Medications and Other Drugs’ may help AA members find the right balance and minimize the risk of relapse.”



II. B) CONSIDER ADDING TEXT REGARDING A.A. MEMBERS AND MEDICATIONS TO THE PAMPHLET, “IF YOU ARE A PROFESSIONAL.” (P-46)

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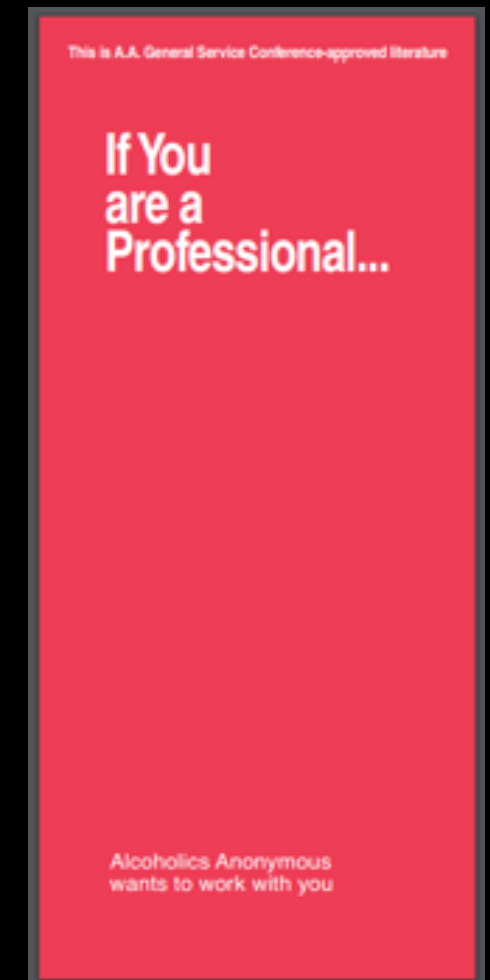


Suggested questions for your group members regarding “The AA Member - Medications and Other Drugs.” (P-11)

1. Is your group informed of this pamphlet as a resource?
2. Are the stories in this pamphlet currently relevant to the needs of A.A. members?
3. When and to whom would you, as a group member, recommend this pamphlet?

II. B. Consider adding text regarding A.A. Members and medications to the pamphlet, “If You are a Professional.” (P-46)

“No AA member should ‘play doctor’; all medical advice and treatment should come from a qualified physician. The suggestions provided in our pamphlet, ‘The AA Member--Medications and Other Drugs’ may help AA members find the right balance and minimize the risk of relapse.”



Suggested questions to ask your group:

1. What overall impression of the Fellowship do you feel the pamphlet gives to the professional community?
2. What do you think about the suggestion for doctors to recommend A.A. literature to their patients who disclose their A.A. membership?
3. Is the message “All medical advice and treatment should come from a qualified physician,” understood and practiced by your group’s members?
4. Are there any other considerations to make for change to this pamphlet?

II. D. REVIEW DRAFT REVISION OF THE PAMPHLET “HOW A.A. MEMBERS COOPERATE WITH PROFESSIONALS.” (P-29)

SUGGESTIONS TO UPDATE WORDING:

Question 14 – Remove the words “Rest Homes”

Question 15 – Remove the words “Rest farms”

Question 17 – Replace the word “patients” with clients

Question 19 – Remove the words “an A.A. farm”

1. Suggested questions for your group members:

3. Are the word changes necessary?

4. For Open meetings: Are the members of your group aware of how their activities and practices send the message of cooperation to newcomers and visitors?

5. Does your group understand cooperation with professionals in terms of A.A. Tradition? (See page 12.)



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Questions?

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