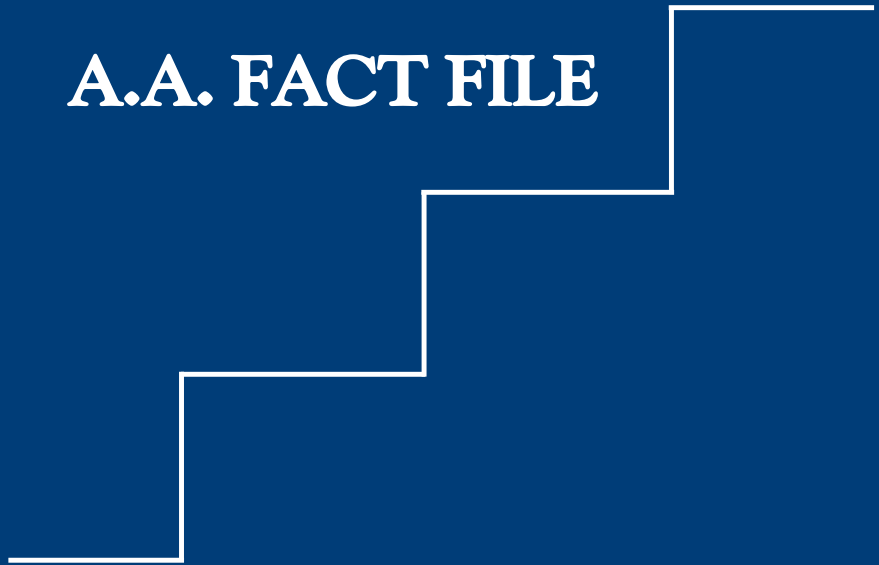


# A.A. FACT FILE



A.A. FACT FILE  
PREPARED BY  
GENERAL SERVICE OFFICE  
OF ALCOHOLICS ANONYMOUS

This document also is available  
on G.S.O.'s A.A. Web site:  
[www.aa.org](http://www.aa.org)

P.O. BOX 459, GRAND CENTRAL STATION, NEW YORK, NY 10163

212 870-3400

## **Some Information About A.A.**

This file has been prepared to help provide basic informational material on the A.A. Fellowship, and in response to requests for data in a format suitable for filing and ready reference.

Millions of men and women have heard or read about the unique Fellowship called Alcoholics Anonymous since its founding in 1935. Of these, more than 2,000,000 now call themselves members. People who once drank to excess, they finally acknowledged that they could not handle alcohol, and now live a new way of life without it.

**This is A.A. General Service  
Conference-approved literature.**

**475 Riverside Drive  
New York, NY 10115  
212-870-3400**

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A.A. Publishing, Inc.  
(Now A.A. World Services, Inc.)  
Printed in U.S.A.**

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## Defining “Alcoholics Anonymous”

Following is the definition of A.A. appearing in the Fellowship’s basic literature and cited frequently at meetings of A.A. groups:

*Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.*

*The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions. A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.*

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Alcoholics Anonymous can also be defined as an informal society of more than 2,000,000 recovered alcoholics in the United States, Canada, and other countries. These men and women meet in local groups, which range in size from a handful in some localities to many hundreds in larger communities.

Currently, women make up 35 percent of the total membership.

## Membership

Because A.A. has never attempted to keep formal membership lists, it is extremely difficult to obtain completely accurate figures on total membership at any given time. Some local groups are not listed with the General Service Office. Others do not provide membership data, thus are not recorded on the G.S.O. computer records. The membership figures listed below are based on reports to the General Service Office as of January 1, 2005, plus an average allowance for groups that have not reported their membership.

There is no practical way of counting members who are not affiliated with a local group.

### Estimated A.A. Membership and Group Information

Groups in U.S. . . . . .	52,651
Members in U.S. . . . . .	1,190,637
Groups in Canada . . . . .	4,872
Members in Canada . . . . .	95,984
Groups Outside of U.S./Canada . . . . .	45,209
Members Outside of U.S./Canada . . . . .	729,097
Internationalists . . . . .	76
Groups in Correctional Facilities U.S./Canada . . . . .	2,562
Members in Correctional Facilities U.S./Canada . . . . .	66,963
Lone Members . . . . .	223

### Total Reported

**2,082,980 Members**  
**105,294 Groups**

## The Structure of A.A.

Alcoholics Anonymous is not organized in the formal or political sense. There are no governing officers, no rules or regulations, no fees or dues.

The need for certain services to alcoholics and their families throughout the world has, however, been apparent from the beginning of the Fellowship. Inquiries have to be answered. Literature has to be written, printed, and distributed. Requests for help are followed up.

There are two operating bodies:

1. A.A. worldwide services, directed by A.A. World Services, Inc., are centered in the General Service Office in New York City, where 79 workers keep in touch with local groups, with A.A. groups in treatment and correctional facilities, with members and groups overseas, and with the thousands of “outsiders” who turn to A.A. each year for information on the recovery program. A.A. Conference-approved literature is prepared, published, and distributed through this office.

2. The A.A. Grapevine, Inc., publishes the A.A. Grapevine, the Fellowship’s monthly international journal. The magazine currently has a circulation of about 106,000 in the U.S., Canada, and other countries. The Grapevine also produces a selection of special items, principally cassette tapes and anthologies of magazine articles, which are spin-offs from the magazine.

The two operating corporations are responsible to a board of trustees (General Service Board of A.A.), of whom seven are nonalcoholic friends of the Fellowship, and 14 are A.A. members.

A General Service Conference, consisting of 93 delegates from A.A. areas in the United States and Canada, and trustees, A.A.W.S. and Grapevine directors, and staff from the General Service

Office and the Grapevine in New York, meets once a year and provides a link between the groups throughout the U.S. and Canada and the trustees who serve as custodians of A.A. tradition and interpreters of policies affecting the Fellowship as a whole.

At the local group level, formal organization is kept to a minimum. The group may have a small steering committee and a limited number of rotating officers — “trusted servants” whose responsibilities include arranging meeting programs, providing refreshments, participating in regional A.A. activities, and maintaining contact with the General Service Office.

The principle of consistent rotation of responsibility is followed in virtually all A.A. service positions. Positions in the local group are usually rotated semiannually or annually. Delegates to the General Service Conference traditionally serve no longer than two years and alcoholic trustees of the General Service Board are limited to a four-year term.

## A.A. Traditions

During its first decade, A.A. as a fellowship accumulated substantial experience which indicated that certain group attitudes and principles were particularly valuable in assuring survival of the informal structure of the Fellowship. In 1946, in the Fellowship's international journal, the

A.A. Grapevine, these principles were reduced to writing by the founders and early members as the Twelve Traditions of Alcoholics Anonymous. They were accepted and endorsed by the membership as a whole at the International Convention of A.A., at Cleveland, Ohio, in 1950.

1. *Our common welfare should come first; personal recovery depends upon A.A. unity.*
2. *For our group purpose there is but one ultimate authority — a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.*
3. *The only requirement for A.A. membership is a desire to stop drinking.*
4. *Each group should be autonomous except in matters affecting other groups or A.A. as a whole.*
5. *Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.*
6. *An A.A. group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.*
7. *Every A.A. group ought to be fully self-supporting, declining outside contributions.*
8. *Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.*
9. *A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.*
10. *Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.*
11. *Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.*
12. *Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.*

While the Twelve Traditions are not specifically binding on any group or groups, an overwhelming majority of members have adopted them as the basis for A.A.'s expanding "internal" and public relationships.

## **A.A. and Alcoholism**

A.A. is concerned solely with the personal recovery and continued sobriety of individual alcoholics who turn to the Fellowship for help. Alcoholics Anonymous does not engage in the fields of alcoholism research, medical or psychiatric treatment, education, or propaganda in any form, although members may participate in such activities as individuals.

The Fellowship has adopted a policy of “cooperation but not affiliation” with other organizations concerned with the problem of alcoholism.

Traditionally, Alcoholics Anonymous does not accept or seek financial support from outside sources, and members preserve personal anonymity in print and broadcast media and otherwise at the public level.

A.A. experience has always been made available freely to all who sought it — business people, spiritual leaders, civic groups, law enforcement officers, health and welfare personnel, educators, representatives of military establishments, institutional authorities, representatives of organized labor, and many others. But A.A. never endorses, supports, becomes affiliated with, or expresses an opinion on the programs of others in the field of alcoholism, since such actions would be beyond the scope of the Fellowship’s primary purpose.

A.A.’s relations with professional groups, agencies, facilities, and individuals involved with the problems of alcoholism are handled by the trustees’ Committee on Cooperation with the Professional Community/Treatment Facilities. Mutual understanding and cooperation between A.A. members and others who work with alcoholics are the concerns of this standing committee of the General Service Board.

## The Importance of Anonymity

Traditionally, A.A. members have always taken care to preserve their anonymity at the “public” level: press, radio, television, and films, and new media technologies, such as the Internet.

In the early days of A.A., when more stigma was attached to the term “alcoholic” than is the case today, this reluctance to be identified — and publicized — was easy to understand.

As the Fellowship of A.A. grew, the positive values of anonymity soon became apparent.

First, we know from experience that many problem drinkers might hesitate to turn to A.A. for help if they thought their problem might be discussed publicly, even inadvertently, by others. Newcomers should be able to seek help with assurance that their identities will not be disclosed to anyone outside the Fellowship.

Then, too, we believe that the concept of personal anonymity has a spiritual significance for us — that it discourages the drives for personal recognition, power, prestige, or profit that have caused difficulties in some societies. Much of our relative effectiveness in working with alcoholics might be impaired if we sought or accepted public recognition.

While each member of A.A. is free to make his or her own interpretations of A.A. tradition, no individual member is ever recognized as a spokesperson for the Fellowship locally, nationally, or internationally. Each member speaks only for himself or herself.

A.A. is indebted to all media for their assistance in strengthening the Tradition of anonymity over the years. From time to time, the General Service Office contacts all major media in the United States and Canada, describing the Tradition and ask-

ing for cooperation in its observance.

An A.A. member may, for various reasons, “break anonymity” deliberately at the public level. Since this is a matter of individual choice and conscience, the Fellowship as a whole obviously has no control over such deviations from tradition. It is clear, however, that such individuals do not have the approval of the overwhelming majority of members.

## Public Relations

The 1956 General Service Conference of A.A. adopted unanimously the following statement of “A.A.’s Public Information Policy”:

In all public relationships, A.A.’s sole objective is to help the still-suffering alcoholic. Always mindful of the importance of personal anonymity, we believe this can be done by making known to him, and to those who may be interested in his problem, our own experience as individuals and as a fellowship in learning to live without alcohol.

We believe that our experience should be made available freely to all who express sincere interest. We believe further that all our efforts in this field should always reflect our gratitude for the gift of sobriety and our awareness that many outside A.A. are equally concerned with the serious problem of alcoholism.

This statement reflects a long-standing A.A. tradition of not seeking publicity for promotional purposes, but of always being willing to cooperate with representatives of all media who seek information about the recovery program or about the structure of the Fellowship. Thousands of inquiries of this type are handled each year at the General Service Office (475 Riverside Drive, New York, NY 10115; mail address: Box 459, Grand Central Station, New York, NY 10163; telephone: 212-870-3400; [www.aa.org](http://www.aa.org)).

Information and public relations matters affecting the Fellowship of A.A. as a whole are the concern of the Public Information Committee and the Committee on Cooperation with the Professional Community/Treatment Facilities of the General Service Board of Alcoholics Anonymous.

Reporters are welcome at A.A. *open* meetings, dinners, regional get-togethers, or similar gatherings of recovered alcoholics. The only restriction is a request not to disclose the name of any A.A. member. (For obvious reasons, photographs cannot be taken at A.A. meetings.)

**Note:** In many areas, A.A. members have established committees on public information and cooperation with the professional community, to assist local media in obtaining accurate information about the Fellowship. Background material on A.A. may also be obtained upon request from these groups.

## The Recovery Program

The relative success of the A.A. program seems to be due to the fact that an alcoholic who no longer drinks has an exceptional faculty for “reaching” and helping an uncontrolled drinker.

In simplest form, the A.A. program operates when a recovered alcoholic passes along the story of his or her own problem

drinking, describes the sobriety he or she has found in A.A., and invites the newcomer to join the informal Fellowship.

The heart of the suggested program of personal recovery is contained in Twelve Steps describing the experience of the earliest members of the Society:

1. *We admitted we were powerless over alcohol — that our lives had become unmanageable.*
2. *Came to believe that a Power greater than ourselves could restore us to sanity.*
3. *Made a decision to turn our will and our lives over to the care of God as we understood Him.*
4. *Made a searching and fearless moral inventory of ourselves.*
5. *Admitted to God, to ourselves and to another human being the exact nature of our wrongs.*
6. *Were entirely ready to have God remove all these defects of character.*
7. *Humbly asked Him to remove our shortcomings.*
8. *Made a list of all persons we had harmed, and became willing to make amends to them all.*
9. *Made direct amends to such people wherever possible, except when to do so would injure them or others.*
10. *Continued to take personal inventory and when we were wrong promptly admitted it.*
11. *Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.*
12. *Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.*

Newcomers are not required to accept or follow these Twelve Steps in their entirety if they feel unwilling or unable to do so.

They will usually be asked to keep an open mind, to attend meetings at which recovered alcoholics describe their personal experiences in achieving sobriety, and to read A.A. literature describing and interpreting the A.A. program.

A.A. members will usually emphasize to

newcomers that only problem drinkers themselves, individually, can determine whether or not they are in fact alcoholics.

At the same time, it will be pointed out that all available medical testimony indicates that alcoholism is a progressive illness, that it cannot be cured in the ordinary sense of the term, but that it can be arrested through total abstinence from alcohol in any form.

## **A.A. Meetings**

The two most common kinds of A.A. meetings are:

**OPEN MEETINGS:** As the term suggests, meetings of this type are open to alcoholics and their families and to anyone interested in solving a personal drinking problem or helping someone else to solve such a problem.

During the meeting there is usually a period for local A.A. announcements, and a treasurer passes the hat to defray costs of the meeting hall, literature, and incidental expenses. The meeting adjourns, often followed by informal visiting over coffee or other light refreshments.

Guests at A.A. open meetings are reminded that any opinions or interpretations they may hear are solely those of the speaker involved. All members are free to interpret the recovery program in their own terms, but none can speak for the local group or for A.A. as a whole.

**CLOSED MEETINGS:** These meetings are limited to alcoholics. They provide an opportunity for members to share with one another on problems related to drinking patterns and attempts to achieve stable sobriety. They also permit detailed discussion of various elements in the recovery program.

## **INTERNATIONALISTS (SEAGOING A.A.s)**

Approximately 76 persons in naval service or the merchant marine on sea duty describe themselves as "A.A. Internationalists." General Service Office staff members correspond with these members and make it possible for them to correspond with each other. Internationalists have been responsible for starting and encouraging local A.A. groups in many ports.

## **LONERS**

Some 223 men and women living in isolated areas throughout the world (or in areas where it has not been possible to form a local group) are listed at the General Service Office as Lone Members. Many achieved sobriety solely through study of A.A. literature. They correspond with G.S.O. and with their counterparts in other sections of the world. In a number of cases, notably U.S. military installations overseas, Loners have been responsible for establishing local groups.

## A.A. Literature

A substantial body of literature describing and interpreting the A.A. program has developed. This material may be classified under three headings:

### A.A. Literature Reflecting Worldwide Experience

Material in this classification, prepared at the General Service Office under the supervision of representative committees, carry the words “*This is A.A./General Service Conference-approved literature.*”

### A.A. Literature Prepared by Local Groups or Regional Committees

A number of local groups have produced pamphlets, books, and other material which, although excellent in many respects, are not considered representative of A.A. as a whole.

### Non-A.A. Literature About A.A.

Material in this category includes articles in mass circulation media and technical journals and books in which the recovery program is described by non-A.A.s.

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### A.A. literature available from the General Service Office includes the following:

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#### BOOKS

*Alcoholics Anonymous* (575 pages)

Originally published in 1939, this is the “book of experience” from which the Fellowship derived its name. It contains an analysis of the principles which led to the sobriety of the earliest members, together with a representative cross section of members’ personal stories. The Second Edition (1955) added new personal-experience material, but retained the opening, explanatory chapters, unchanged. The same course was followed for the Third Edition (1976) and the Fourth Edition (2001).

*Twelve Steps and Twelve Traditions* (192 pages)

Published in 1953, this book contains a

detailed interpretation of principles of personal recovery and group survival by Bill W., co-founder of the Fellowship.

*Alcoholics Anonymous Comes of Age* (333 pages)

Written by Bill W. and published in 1957, this is the first book-length account of the birth, development, and expansion of A.A. during its first two decades.

*As Bill Sees It* (333 pages)

A reader comprising selections from the writings of Bill W.

*Dr. Bob and the Good Oldtimers* (373 pages)

Published in 1980, this biography of A.A.’s co-founder also includes pioneer members’ recollections of early A.A. in the Midwest.

*“Pass It On” The Story of Bill Wilson and How The A.A. Message Reached the World* (429 pages)

Biography of A.A. co-founder, published in 1984.

*Daily Reflections: A Book of Reflections By A.A. Members For A.A. Members* (382 pages)

*Experience, Strength and Hope* (435 pages)  
Stories from the first three editions of *Alcoholics Anonymous*.

#### PERIODICALS

*The A.A. Grapevine* (monthly)  
*La Viña* (bimonthly, Spanish edition)

A pocket-size international journal of information, interpretation, and inspiration, written almost entirely by A.A. members.

## BOOKLETS

*Came To Believe* (120 pages)

*Living Sober* (87 pages)

*A.A. In Prison: Inmate  
To Inmate* (127 pages)

## PAMPHLETS

44 Questions

A.A. Traditions — How It Developed  
Members of the Clergy Ask About A.A.

The A.A. Group

A.A. Membership Survey

Three Talks To Medical Societies By Bill W.

A.A. As a Resource for the Medical Profession

Is A.A. For You?

Is A.A. For Me?

This is A.A.

Questions and Answers on Sponsorship

A.A. for the Woman

The Jack Alexander Article

Letter to a Woman Alcoholic

A.A. for the Native North American

A.A. and the Gay/Lesbian Alcoholic

Young People and A.A.

A.A. and the Armed Services

The A.A. Member—Medications and Other Drugs

Do You Think You're Different?

Can A.A. Help Me Too?

Black/African Americans Share Their Stories

Is There an Alcoholic in Your Life?

Inside A.A.

G.S.R.

The Twelve Steps Illustrated

The Twelve Traditions Illustrated

The Twelve Concepts Illustrated

Let's Be Friendly With Our Friends

A.A. for the Older Alcoholic — Never Too Late

A Newcomer Asks

How A.A. Members Cooperate

A.A. in Correctional Facilities

A Message to Correctional Facilities Administrators

A.A. in Treatment Facilities

Bridging The Gap

If You Are a Professional...

A Member's-Eye View of Alcoholics Anonymous

Problems Other Than Alcohol

Understanding Anonymity

The Co-Founders of Alcoholics Anonymous

Speaking At Non-A.A. Meetings

A Brief Guide to A.A.

What Happened to Joe

It Happened to Alice

*(Two above are full-color, comic-book style pamphlets)*

Too Young?

*(Above is a cartoon pamphlet for teenagers)*

It Sure Beats Sitting in a Cell

Memo to an Inmate

A.A. in Your Community

Is There an Alcoholic in the Workplace?

## FLYERS AND FACT SHEETS

A.A. At a Glance

Where Do I Go From Here?

Carrying the Message Into Correctional Facilities

A Message to Teenagers

Information on Alcoholics Anonymous

Single copies of Conference-approved pamphlets and flyers are available without charge to anyone with a professional interest in the A.A. program.

## FILMS

Alcoholics Anonymous — An Inside View

It Sure Beats Sitting in a Cell

Young People and A.A.

Hope: Alcoholics Anonymous

A.A.—Rap With Us

Carrying the Message Behind These Walls

Your A.A. General Service Office, The Grapevine,  
and the General Service Structure

## TAPE CASSETTES

Alcoholics Anonymous (first 11 chapters)

Twelve Steps and Twelve Traditions

A.A. Comes of Age

## A.A. LITERATURE FOR SPECIAL NEEDS

A.A.W.S. produces a wide range of literature and material for alcoholics with special needs. For the blind and visually impaired there is recovery literature in Braille, as well as audio cassettes. *Alcoholics Anonymous* and *Twelve Steps and Twelve Traditions* are available in American Sign Language on VHS videos for the deaf and hard of hearing, as well as closed-caption films and videos. For a complete list please request our catalog *A.A. Literature and Audiovisual Material for Special Needs (F-10SN)*

## Financial Policy

Over the years, Alcoholics Anonymous has affirmed and strengthened a tradition of being fully self-supporting and of not seeking, or accepting, contributions from non-members. When outside contributions are received at the General Service Office, they are returned with a note explaining A.A.'s position on the question of self-support.

Within the Fellowship, the amount that may be contributed to the support of movement-wide services by any individual member is limited to \$2,000 a year.

Expenses at the group level for rental of meeting places, coffee and refreshments, literature, etc., are met by "passing the hat." In a majority of groups, an amount is set aside regularly for the support of A.A. world services.

All contributions are voluntary. Membership in A.A. involves no dues or fees. All groups benefit from G.S.O. activities, although not all groups contribute to G.S.O.'s support.

Income from the sale of Conference-approved books and other literature has always been an important factor in the support of G.S.O. services, frequently insuring continuation of those services when contributions from local groups were inadequate.

## HISTORICAL DATA

A.A. had its beginnings in 1935 at Akron, Ohio, as the outcome of a meeting between Bill W., a New York stockbroker, and Dr. Bob S., an Akron surgeon. Both had been hopeless alcoholics.

Prior to that time, Bill and Dr. Bob had each been in contact with the Oxford Group, a mostly nonalcoholic fellowship that emphasized universal spiritual values in daily living. In that period, the Oxford Groups in America were headed by the noted Episcopal clergyman, Dr. Samuel Shoemaker. Under this spiritual influence, and with the help of an old-time friend, Ebby T., Bill had gotten sober and had then maintained his recovery by working with other alcoholics, though none of these had actually recovered. Meanwhile, Dr. Bob's Oxford Group membership at Akron had not helped him enough to achieve sobriety.

When Dr. Bob and Bill finally met, the effect on the doctor was immediate. This time, he found himself face to face with a fellow sufferer who had made good. Bill emphasized that alcoholism was a malady of mind, emotions and body. This all-important fact he had learned from Dr. William D. Silkworth of Towns Hospital in New York, where Bill had often been a patient. Though a physician, Dr. Bob had not known alcoholism to be a disease. Responding to Bill's convincing ideas, he soon got sober, never to drink again. The founding spark of A.A. had been struck.

Both men immediately set to work with alcoholics at Akron's City Hospital, where one patient quickly achieved complete sobriety. Though the name Alcoholics Anonymous had not yet been coined, these three men actually

made up the nucleus of the first A.A. group. In the fall of 1935, a second group of alcoholics slowly took shape in New York. A third appeared at Cleveland in 1939. It had taken over four years to produce 100 sober alcoholics in the three founding groups.

Early in 1939, the Fellowship published its basic textbook, *Alcoholics Anonymous*. The text, written by Bill, explained A.A.'s philosophy and methods, the core of which was the now well-known Twelve Steps of recovery. The book was also reinforced by case histories of some thirty recovered members. From this point, A.A.'s development was rapid.

Also in 1939, the *Cleveland Plain Dealer* carried a series of articles about A.A., supported by warm editorials. The Cleveland group of only twenty members was deluged by countless pleas for help. Alcoholics sober only a few weeks were set to work on brand-new cases. This was a new departure, and the results were fantastic. A few months later, Cleveland's membership had expanded to 500. For the first time, it was shown that sobriety could be mass-produced.

Meanwhile, in New York, Dr. Bob and Bill had in 1938 organized an over-all trusteeship for the budding Fellowship. Friends of John D. Rockefeller Jr. became board members alongside a contingent of A.A.s. This board was named The Alcoholic Foundation. However, all efforts to raise large amounts of money failed, because Mr. Rockefeller had wisely concluded that great sums might spoil the infant society. Nevertheless, the foundation managed to open a tiny office in New York to handle inquiries and to distribute the A.A. book — an

enterprise which, by the way, had been mostly financed by the A.A.s themselves.

The book and the new office were quickly put to use. An article about A.A. was carried by *Liberty* magazine in the fall of 1939, resulting in some 800 urgent calls for help. In 1940, Mr. Rockefeller gave a dinner for many of his prominent New York friends to publicize A.A. This brought yet another flood of pleas. Each inquiry received a personal letter and a small pamphlet. Attention was also drawn to the book *Alcoholics Anonymous*, which soon moved into brisk circulation. Aided by mail from New York, and by A.A. travelers from already-established centers, many new groups came alive. At the year's end, the membership stood at 2,000.

Then, in March 1941, the *Saturday Evening Post* featured an excellent article about A.A., and the response was enormous. By the close of that year, the membership had jumped to 6,000, and the number of groups multiplied in proportion. Spreading across the U.S. and Canada, the Fellowship mushroomed.

By 1950, 100,000 recovered alcoholics could be found worldwide. Spectacular though this was, the period 1940-1950 was nonetheless one of great uncertainty. The crucial question was whether all those mercurial alcoholics could live and work together in groups. Could they hold together and function effectively? This was the unsolved problem. Corresponding with thousands of groups about their problems became a chief occupation of the New York headquarters.

By 1946, however, it had already become possible to draw sound conclusions about the kinds of attitude, practice and function that would best suit A.A.'s purpose. Those principles, which had emerged from strenuous group experience, were codified by Bill in what are today the Twelve Traditions of Alcoholics Anonymous. By 1950, the earlier chaos had largely disappeared. A successful formula for A.A. unity and functioning had been achieved and put into practice. (See Page 9.)

During this hectic ten-year period, Dr. Bob devoted himself to the question of hospital care for alcoholics, and to their indoctrination with A.A. principles. Large

numbers of alcoholics flocked to Akron to receive hospital care at St. Thomas, a Catholic hospital. Dr. Bob became a member of its staff. Subsequently, he and the remarkable Sister M. Ignatia, also of the staff, cared for and brought A.A. to some 5,000 sufferers. After Dr. Bob's death in 1950, Sister Ignatia continued to work at Cleveland's Charity Hospital, where she was assisted by the local groups and where 10,000 more sufferers first found A.A. This set a fine example of hospitalization wherein A.A. could cooperate with both medicine and religion.

In this same year of 1950, A.A. held its first International Convention at Cleveland. There, Dr. Bob made his last appearance and keyed his final talk to the need of keeping A.A. simple. Together with all present, he saw the Twelve Traditions of Alcoholics Anonymous enthusiastically adopted for the permanent use of the A.A. Fellowship throughout the world. (He died on November 16, 1950.)

The following year witnessed still another significant event. The New York office had greatly expanded its activities, and these now consisted of public relations, advice to new groups, services to hospitals, prisons, Loners, and Internationalists, and cooperation with other agencies in the alcoholism field. The headquarters was also publishing "standard" A.A. books and pamphlets, and it supervised their translation into other tongues. Our international magazine, the A.A. Grapevine, had achieved a large circulation. These and many other activities had become indispensable for A.A. as a whole.

Nevertheless, these vital services were still in the hands of an isolated board of trustees, whose only link to the Fellowship had been Bill and Dr. Bob. As the co-founders had foreseen years earlier, it became absolutely necessary to link A.A.'s world trusteeship (now the General Service Board of Alcoholics Anonymous) with the Fellowship that it served. Delegates from all states and provinces of the U.S. and Canada were forthwith called in. Thus composed, this body for world service first met in 1951. Despite earlier misgivings, the gathering was a great success. For the first time, the remote trusteeship became directly accountable to A.A. as a whole. The A.A. General Service Conference had been created, and A.A.'s

over-all functioning was thereby assured for the future.

A second International Convention was held in St. Louis in 1955 to celebrate the Fellowship's 20th anniversary. The General Service Conference had by then completely proved its worth. Here, on behalf of A.A.'s old-timers, Bill turned the future care and custody of A.A. over to the Conference and its trustees. At this moment, the Fellowship went on its own; A.A. had come of age.

Had it not been for A.A.'s early friends, Alcoholics Anonymous might never have come into being. And without its host of well-wishers who have since given of their time and effort — particularly those friends of medicine, religion, and world communications — A.A. could never have grown and prospered. The Fellowship here records its constant gratitude.

It was on January 24, 1971, that Bill, a victim of pneumonia, died in Miami Beach, Florida, where — seven months earlier — he had delivered at the 35th Anniversary International Convention what proved to be his last words to fellow A.A.s: "God bless you and Alcoholics Anonymous forever."

Since then, A.A. has become truly global, and this has revealed that A.A.'s way of life can today transcend most barriers of race, creed and language. A World Service Meeting, started in 1969, has been held biennially since 1972. Its locations alternate between New York and overseas. It has met in London, England; Helsinki, Finland; San Juan del Rio, Mexico; Guatemala City, Guatemala; Munich, Germany; Cartagena, Colombia; Auckland, New Zealand; and Oviedo, Spain.

# Location of A.A. Groups or “Loners” Outside the U.S. and Canada

## **AFRICA**

ANGOLA  
BENIN  
BOTSWANA  
BURKINA FASO  
CAPE VERDE  
CAMEROON  
CHAD  
EGYPT  
ETHIOPIA  
GHANA  
KENYA  
LIBYA  
MADAGASCAR  
MALAWI  
MALI  
MAURITIUS  
MOROCCO  
MOZAMBIQUE  
NAMIBIA  
NIGER  
NIGERIA  
SENEGAL  
SIERRA LEONE  
SOUTH AFRICA  
SWAZILAND  
TANZANIA  
TOGO  
UGANDA  
ZAIRE  
ZAMBIA  
ZIMBABWE

## **ASIA & INDIAN OCEAN ISLANDS**

AFGHANISTAN  
BANGLADESH  
BURMA  
CAMBODIA  
DIEGO GARCIA  
HONG KONG  
INDIA  
INDONESIA  
JAPAN  
KOREA  
KYRGYZSTAN  
LAOS  
MALAYSIA  
MALDIVES  
MONGOLIA  
NEPAL  
PAKISTAN  
People’s Republic of CHINA  
PHILIPPINES  
Republic of SINGAPORE  
REUNION  
SRI LANKA  
TAIWAN  
THAILAND  
VIETNAM

## **AUSTRALIA, NEW ZEALAND, PACIFIC ISLANDS & ANTARCTICA**

AMERICAN SAMOA  
AUSTRALIA  
BRUNEI  
COOK ISLAND

FIJI  
GUAM  
JOHNSTON ISLAND  
MARSHALL ISLANDS  
MICRONESIA  
NEW CALEDONIA  
NEW ZEALAND  
PAPUA NEW GUINEA  
SAIPAN  
SOLOMON ISLANDS  
TAHITI  
TONGA  
VANUATU  
WESTERN SAMOA

## **BERMUDA & CARIBBEAN ISLANDS**

ANGUILLA  
ANTIGUA  
ARUBA  
BAHAMAS  
BARBADOS  
BERMUDA  
BONAIRE  
CAYMAN ISLANDS  
CUBA  
CURACAO  
DOMINICA  
DOMINICAN REPUBLIC  
GRENADA  
GUADELOUPE  
HAITI  
JAMAICA  
MONTSERRAT  
NEVIS  
SABA ISLAND  
ST. BARTHELEMY  
ST. KITTS  
ST. LUCIA  
ST. MAARTEN  
ST. VINCENT  
TORTOLA  
TRINIDAD & TOBAGO  
TURKS & CAICOS ISL.  
VIRGIN GORDA  
(U.S.) VIRGIN ISLANDS

## **EUROPE**

AUSTRIA  
BELARUS  
BELGIUM  
BOSNIA HERCEGOVINA  
BULGARIA  
CHANNEL ISLANDS  
CROATIA  
CZECH REPUBLIC  
DENMARK  
ENGLAND  
ESTONIA  
FAROE ISLANDS  
FINLAND  
FRANCE  
GEORGIA  
GERMANY  
GIBRALTAR  
GREECE  
HUNGARY  
ICELAND  
IRELAND  
ITALY

KAZAKHSTAN  
LATVIA  
LITHUANIA  
LUXEMBOURG  
MACEDONIA  
MALTA  
MOLDOVA  
MONACO  
NETHERLANDS  
NORWAY  
POLAND  
PORTUGAL  
ROMANIA  
RUSSIA  
SCOTLAND  
SLOVAKIA  
SLOVENIA  
SPAIN  
SWEDEN  
SWITZERLAND  
UKRAINE  
WALES  
YUGOSLAVIA

## **MEXICO & CENTRAL AMERICA**

BELIZE  
COSTA RICA  
EL SALVADOR  
GUATEMALA  
HONDURAS  
MEXICO  
NICARAGUA  
PANAMA

## **NEAR & MIDDLE EAST**

ARMENIA  
BAHRAIN  
BRUNEL  
CYPRUS  
IRAN  
ISRAEL  
JORDAN  
KUWAIT  
LEBANON  
OMAN  
QATAR  
SAUDI ARABIA  
TURKEY  
UNITED ARAB EMIRATES  
YEMEN ARAB REPUBLIC

## **NORTH AMERICA**

GREENLAND

## **SOUTH AMERICA & FALKLAND ISLANDS**

ARGENTINA  
BOLIVIA  
BRAZIL  
CHILE  
COLOMBIA  
ECUADOR  
GUYANA  
PARAGUAY  
PERU  
URUGUAY  
VENEZUELA

