

ACCESSIBILITIES

Foreword

Can you think of any legitimate reasons for not joining A.A. even if you have a desire to stop drinking? How About:

- You need surgery and will be in the hospital for a month
- You are wheelchair bound
- You are blind and do not know where the meetings are located
- You become ill and will be bedridden at home for a week
- You fear someone may ask you to read and you either do not know how or the words get mixed up
- You fear that people will look at you funny because you are deaf and cannot answer them
- You are homebound because you cannot find anyone to watch the kids.

Do you know anyone in these situations? Would these circumstances keep you from joining A.A. or going to meetings?

For most of us the situation was different when we came in. We talked to someone for help and they gave us a schedule. We were able to drive to a meeting and walk through the door. We saw many people smiling and received hope. We heard people sharing and received comfort. We went back. We began to read the *Big Book* and cried with joyous relief for there was finally a way out! We keep coming back because we are able and A.A. is accessible to us.

Accessibility by definition means: easily approached, entered or obtained; a way of reaching. Sounds like Tradition Three, a gift that ensures that those who want A.A. can have it.

Should those other situations keep anyone out who has the desire to stop drinking?

Accessibility in these situations can be thought of as simply bringing people and A.A. together. It can be accomplished in dozens of ways – taking meetings to A.A.'s who are ill, identifying where and when there are meetings that can accommodate the wheelchair bound, or asking the local library to get a copy of the *Big Book* in Braille. Inaccessibility is not a legitimate reason for not joining A.A. or going to meetings!

Several Area Conferences of Alcoholics Anonymous have already formed Accessibility Committees which are working toward removing some of the barriers described above.

Definition and Purpose of Accessibilities

Accessibilities Committees help alcoholics who are blind, deaf, bedridden, wheelchair bound, those with learning disorders (i.e., dyslexia or illiteracy) and any other impaired alcoholic. The committees get them to meetings or have meetings brought to them. They help enhance the fellowship of A.A. and make it accessible for everyone who desires it.

The term *accessibilities* refers to helping the alcoholic get to a meeting, or to bringing a meeting to them. This involves the bedridden, the blind, the deaf and the physically impaired. However it doesn't stop there. It included those alcoholics who are in need of a ride to meetings and the parent with small children.

Responsibilities of Accessibilities Committee

- To make sure that all meetings are accessible by ramps for the wheelchairs.
- To assist the deaf with signers at meetings and adopt any necessary procedures in coordination with translators for 12-step calls through local Intergroups.
- To help every District have a meeting list in Braille for all blind alcoholics asking for the hand of A.A.
- To establish in-home meetings for the infirm (where appropriate), as well as at all nursing homes and hospitals, so that those alcoholics reaching out for the hand of A.A. can be properly assisted.
- To be helpful to local Intergroups by supplying audiotapes for the alcoholic who has other impairments with reading and comprehending the principles of Alcoholics Anonymous.

The following suggested guidelines are compiled from practical first hand experiences of A.A. members in various service areas in trying to carry the message to those in need of accessibility to A.A. meetings. They also reflect guidelines taken from the Twelve Traditions of Alcoholics Anonymous.

The terminology being used might even be more inclusive. Instead of using the words deaf, blind, bedridden, wheelchair bound, or learning disorder, perhaps the correct terms would be hearing, sight, movement and learning impaired. These terms would include the partially deaf, the partially blind, all the movement impaired and even those impaired with foreign language barriers.

The Alcoholic and Other Afflictions

At one Regional Forum workshop, the problem of AIDS was discussed and how it should be handled within the Fellowship. It was agreed that we should avoid suggestions regarding any of the diseases (i.e. cancer, AIDS, diabetes) and remind each other that regardless of any other afflictions, sobriety is our number one priority. In this regard, Accessibilities is merely addressing how to get a meeting to the alcoholic or how to get the alcoholic to a meeting. Remember, in most cities, there are separate support groups for patients with cancer, AIDS and diabetes. These support groups are much more effective in helping those with such afflictions. Let us keep our priorities aimed at what we do best – helping another alcoholic to stay away from that first drink.

Carrying the Message to the Bedridden Alcoholic

An alcoholic in recovery might be temporarily or permanently staying in a hospital, nursing home or infirm environment. A meeting can be put together simply

by requesting permission from the authorized staff. Asking the individual in charge of the Human Services office, or Social Services will get immediate results. Don't be surprised when it seems like you get almost the red carpet treatment (at least 95% of the time). These institutions seem to welcome the 12-step meetings with open arms. Most of them know how much easier a patient is to work with after attending a meeting. And the resulting emotional sobriety and serenity is even perceptible to others, both patient and staff alike.

Many times, meetings are started without thought of helping any particular person, and other times there is a specific member in mind. Before breaking the anonymity of a bedridden A.A., be sure to get permission from that member before going to the hospital staff. Be sure that he or she even wants a meeting; we never force our meetings upon anyone.

Unlike other meetings, it may be better if only a predetermined number of known recovering members are invited. The reason is that you certainly wouldn't want any actively drinking newcomer to upset the nursing home and have the entire meeting canceled or removed. So until the meeting gets settled, proven and respected among the institution's staff, the more serious newcomers (preferably with their sponsors in attendance) should be sought out first.

Any discussion about prescribed medication that in-house patients are taking, including narcotics, needs to be avoided. Any controversy needs to be bypassed in this area. Assure any patient that their doctor knows best and that, in a controlled environment, medications should be taken as prescribed. Stay away from giving any advice that interferes with this matter, regardless of what your personal opinion is.

Be sure to remind everyone of the Seventh Tradition, and stay fully self-supporting. There could be problems in setting up your own coffee pot at some hospitals or nursing homes, or paying rent to them as we do at other meetings. This being an institutional meeting, they may prefer that you drink their coffee which they want to supply for the meetings and may not want you to pay any rent. Just circumvent this problem with an anonymous donation from the meeting basket to the institution itself. But be sure it stays anonymous. A group decision on this, as with any other dilemma will generate the proper directive. Eventually, smiling faces and polite ways may entice a curious staff member or another patient to attend.

The Homebound Alcoholic

Now what about the A.A. friend who is bedridden at their home. It is a good idea to first check with other members of the household for permission to have an in-house meeting. It probably should be mentioned that only a certain selected number of people will be asked to attend. This will immediately relieve fears of any crowds of recovering alcoholics taking over their home. Reminding those who attend the meeting that they're invited guests in another's home would be in order. A newly sobered, still shaking alcoholic spilling coffee on the rug would not be appropriate at a home where stressed and grieving family members are adjusting to one's terminal disease.

Careful consideration of who will attend the meeting should obviously be made. This shows responsiveness to common sense on how to keep the meeting actively going, and will help avoid any unnecessary disruptions. Conducting the meeting in the usual manner from beginning to end will help the bedridden alcoholic feel the same sort of fellowship that they are accustomed to having in a regular meeting.

The Physically Impaired

Which meetings are accessible for the handicapped? Are they listed in your local meetings lists yet? Let's not get so wrapped up in helping the large bulk of sick alcoholics that we forget about our friends needing help with Accessibilities. There is nothing wrong with an anonymous letter, written politely and with love, to a meeting place in need of a ramp, or where a water fountain or a public telephone should be lowered for use by someone in a wheelchair. The American Disabled Act of 1992 is even more specific.

Shared Experience

The following is a story from the August 1992 Grapevine entitled "A Real Meeting" and shows how the Alcoholics Anonymous fellowship works through accessibilities in action:

One evening, I was visiting my close A.A. friend, Keith T. in a hospital. He had gotten so that he could barely speak from his disabling and crippling disease. I realized that he was trying to say something and as I put my ear next to his mouth, he whispered, "I'm scared."

I didn't know what to say because he was a long-standing member of A.A. and over the years had helped me and many others in dealing with various fears. He began to cry. He had suffered so much over the years. I had even felt his embarrassments more than once when he would have uncontrollable saliva trickle from his mouth, unable to stop it.

Later I realized that much of his fear was caused from having to be away from his A.A. meetings.

I immediately began to call different A.A. members who previously had visited him over the many weeks, yet because of the non-private room in the hospital, it had been just that: a visit (not a meeting as once comes to depend upon and love in sobriety). The responses I received to my requests of bringing a meeting to our friend were replied with too many "yeah but..." answers. Then it hit me loud and clear. They didn't know how to get a meeting to him anymore than I did! At last none of us had previously had such an opportunity. We'd started meetings in jails, mental institutions and detox centers with much success, but not in an infirm environment.

Two days later, my friend showed slight improvement, and I asked him if he would want to have an A.A. meeting if the staff would allow us A.A.ers to conduct one with him in the building. He grinned and asked "A real meeting?" Before getting his expectations up too high, I answered, "Yes, a real meeting...if they'll allow us to. Can I break your anonymity if they ask who it is for?" The reply was a smiling nod of

approval. Upon asking permission from his nurse, who didn't seem to understand our needs for emotional sobriety, as well as physical sobriety, the reply was, "Oh, we don't need A.A. here. They can't get any booze at all while they are in here." As I'd long ago learned to avoid any disputes, or to avoid selling A.A. to people, I calmly and lovingly explained how the meetings help us emotionally. The supervisor heard me and stepped forward with approval, allowing us to use a private room down the hall. I later learned that I should have started asking at the hospital's Human Service office.

The first night of the meeting, our A.A. friend, strapped upright in to the wheelchair, was wheeled into the room. The meeting was started in the usual manner, and we even brought our own coffee pot along. One hospital employee, who hadn't been to a meeting in a very long time, was just as grateful as our friend in the wheelchair. Almost the same people at that first meeting followed along weeks later when our friend was moved to a nursing home nearby. The "coincidence" (defined by many in recovery as God's way of remaining anonymous) was that staying in the same nursing home and attending that first meeting was a 92 year old who had been, oddly enough, 12-stepped the week before. He'd requested help from A.A. in staying away from the booze while living at the same nursing home. Our A.A. fellowship works "very well, thank you."

One further note: the 92 year old person had brought a 76 year old friend along, and at the close of the meeting was heard telling the younger one, "We'll just stay away from the first drink!")

Facts:

One anonymous member of A.A. who is a registered nurse, had once been in charge of overseeing all of the charts of the nursing homes countywide. This person was appalled at how much alcohol abuse and alcoholism history so many of them had experienced over their senior years. Someone involved with one of the nursing homes said: "The extra time spent by the nurse when away from the nursing practice, helping to organize A.A. meetings in nursing homes, is commendable. The person is a great role model for many others in recovery." However, it obviously doesn't take a nurse to do this. We all have a responsibility to help the suffering alcoholic.

On February 5, 1992, the Gannett News Service had a story called "Report Cites Booze Threat to Seniors." The story said that alcohol problems might be the fastest growing and most severe health threat to senior citizens. Up to 70% of the older Americans hospitalized in 1991 suffered from alcohol-related problems, at a cost in 1990 of more than \$60 billion dollars. It was also stated that as many as 50% of the country's nursing home residents have drinking problems.

The Blind

Alcoholics Anonymous (the *Big Book*) is available in Braille, which is a system of lettering devised for use by the blind in which raised dots are read by touch. Is it in your local library yet? Call and find out. They may not even know that it is available from GSO.

Are there A.A. meeting lists available in your area? Calling the office of a local blind organization and asking for directions on how to achieve this would be some great 12 Step work. It could help many, many blind alcoholics.

Are you familiar with the Big Book available in the large print addition? It sure makes reading easier for those with partial sight problems. Tapes are a good resource to make available, too.

The Deaf, Hearing and Speech Impaired Alcoholic

Many deaf members read lips. Remember to remind one another to look directly at their deaf friends during the meetings. Looking away toward the chairperson needs to be avoided. Suggestions in regard to interpreters, sign language and sharing by mail are included in the A.A. Guidelines, "Carrying the Message to the Hearing Impaired Alcoholic." Allowing our friends who are hard of hearing to sit up front at meetings is another form of practicing Accessibilities. Don't forget that the *Big Book* is now available on video in American Sign Language. Check the latest catalog from GSO for information about this.

Sharing by Mail

The International Deaf Group by Mail is listed in the front of all A.A. Directories. Deaf alcoholics and the bedridden can be added to the list so they can receive the Loners-International Meeting, an A.A. meeting by mail, which is published six times a year. Deaf members or groups can correspond with each other by writing GSO to receive a list of hearing-impaired alcoholics and groups that serve this need.

Also, don't forget the value of our meeting in print, the *Grapevine* (the International Monthly Journal of Alcoholics Anonymous). There is also suggested A.A. literature available to the Hearing-Impaired alcoholic.

Learning Disorders and The Alcoholic

Other alcoholics who can be helped are the Learning Disabled, or the Learning Impaired. This might be the illiterate individual coming in A.A., a dyslexic or anyone with any reading or learning impairment.

Dyslexia

Dyslexia is defined as an impairment of the ability to read due to a brain defect. Most youngsters diagnosed with dyslexia in kindergarten soon outgrow severe reading problems, according to one medical school study. The research suggests that rather than being a specific, all-or-nothing condition, dyslexia ranges from mild to severe or changes over time.

During one Alcoholics Anonymous Accessibilities workshop, two dyslexic A.A. members suggested the importance of helping a dyslexic alcoholic to remember "easy does it" when reading – emphasizing the importance of reading slower. Perhaps the slower the better.

Illiteracy

At a presentation by one Literacy Council director, who had been invited to an Accessibilities Workshop, the following, somewhat startling statistics were explained to those present:

- One of every nine adult Americans cannot read at all.
- Sixty-five percent of U.S. prison inmates cannot read.
- Eighty-five percent of juvenile offenders are illiterate.
- Thirty percent of naval recruits are functionally illiterate and one-fourth of all army recruits are put into remedial classes so they can understand training manuals written at the seventh grade level.
- One out of ten drivers on the highway cannot read road signs. (Their driver's exams were read to them.)
- Forty percent of Americans say they have never read a book.
- Only four percent of those classified as illiterate are reached by adult literacy programs.

What has this got to do with A.A.? Many of us found and grew in our recovery by reading everything from the pamphlets to the *Grapevine* to the books, *Living Sober* and *Came to Believe* and, of course the *Big Book* and *the Twelve Steps and Twelve Traditions*. All the wonderful books have continued to enhance our on-going recovery. Ask yourself these questions. What if you had been denied access to all of them? What if you hadn't been able to read any of them? Picture what a struggle it would have been and how different your recovery might be today.

During an A.A. meeting at a detoxification center, one semi-professional football player suddenly, and somewhat loudly, declared that he couldn't read then added, "...So there. Now you all know..." He'd never told anyone. Even his wife didn't know it.

It may sound farfetched, but unfortunately it is very common. Illiterate individuals are so ashamed of their inability to read that they will go to great extremes to cover up and hide it from everyone. Excuses run from, "I don't have my glasses with me..." to, "You read it. I like to hear you read." Their ability to memorize anything is astounding. Yes, even to memorizing "How It Works" or the Preamble.

One further note regarding the football player: 'Coincidentally' a newfound alcoholic friend who was in the bed next to the football player was an English teacher. They helped one another through the turmoil of detoxification, but "helping others" took on a new meaning. The English teacher not only tutored his friend to read but was able to witness the football player reading a bedtime story to his youngest son for the first time.

Perhaps you have some further ideas. Please submit any thoughts to your A.A. World Services Office or local Intergroup. Any new ideas are always welcome and they will be channeled to the proper areas.

Members Helping Members

Some individuals come to A.A. without the ability to drive and some others may have small children. These circumstances may make it difficult for them to attend meetings.

Experience has shown us that obtaining phone numbers of members who drive or finding other parents in recovery who can share the responsibility of babysitting seems to help alleviate these situations.

Who Shoulders the Responsibility

Even if one is confined to a wheelchair in recovery, that person also needs to reach out to help another in order to pass on sobriety or they take a chance of losing it. The deaf alcoholic in recovery needs to also help another deaf person find their way. Through their T.D.D. (a telephone/teletype system) they can pass the message of sobriety on to others. It is an important responsibility. Yet it certainly isn't limited for the deaf to help only the deaf, or the blind to help only the blind. Those who are in recovery for, know that everyone in A.A. is responsible for helping the suffering alcoholic. The benefits are gallons of gratitude which no money can buy.

Dr. Bob, the co-founder of A.A., said that there are two ways to stay sober, one is the hard way and the other the easy way. The hard way is going to meetings. The easy way is working with others.

Ideas on Giving Help

Approach newcomers with disabilities the same way as with all newcomers. Welcome them and assist them in getting acquainted with others and help them to find the information they need to be comfortable, such as where the coffee pot is, where the best place to sit might be, where the bathroom is located. Be sure and write down your phone number (right on the meeting list is a good place to write it) and offering a ride is good 12th step work.

Always try to remember the importance of wheelchair access, sign translators, meeting lists and flyers in Braille, and anything else which will assist our handicapped friends in recovery when you set up new A.A. meetings, workshops or conferences of any sort.

Does your local Intergroup have a T.D.D. for the deaf? They are free for non-profit organizations. Check with your local agency for the deaf.

In working with newcomers, be sure that the family members and those close to these suffering alcoholics are introduced to a chance at recovery with our AI-Anon friends.

Our Fellowship has Loners, Homers and Internationalists groups, be sure and write for further information. Remember your ideas and suggestions are very important. We encourage you to keep us informed of your experiences in trying to carry the message to those alcoholics in need of Accessibilities so that we can continue to improve our services in these fields. GSO or your local Intergroup will contact you when we receive requests for help from impaired alcoholics in your

community. We look forward to hearing from you, and wish you good luck in carrying the message to the alcoholic who still suffers.

One Last Thought

Many of the alcoholics previously referred to are still adjusting to their disability, and like others in recovery, are making major changes in their lives. Those suffering from self-pity and other shortcomings, might play on the pity of others, as can the involved family members. Occasionally, the families even encourage more drinking through incorrect thoughts of "poor baby..." Erroneous feelings can be relayed to the handicapped alcoholic that nothing constructive can be done with their time, or their lives.

These are some of the disabilities that we all, as alcoholics, have faced. But, unlike the physical handicaps, these may be relieved through working the Twelve Steps of Alcoholics Anonymous.

If you are interested in further information and help in making the A.A. message accessible, there are many useful tools available through the General Service Office of Alcoholics Anonymous:

Books

ALCOHOLICS ANONYMOUS
Large Print Edition
Braille Edition
TWELVE STEPS AND TWELVE TRADITIONS
Large Print Edition

Videos

ALCOHOLICS ANONYMOUS
In American Sign Language
HOPE
Close-captioned
A.A. – RAP WITH US
Close-captioned

Audiotapes

ALCOHOLICS ANONYMOUS
TWELVE STEPS AND TWELVE TRADITIONS
A.A. COMES OF AGE

The Grapevine also produces many taped versions of past articles. To get a complete catalog see your local Intergroup or write:

The Grapevine
PO Box 1980
Grand Central Station
New York, NY 10163-1980

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ALSO AVAILABLE
LONERS-INTERNATIONALIST MEETING
An A.A. meeting by mail
THE INTERNATIONAL DEAF GROUP BY MAIL
A.A. GUIDELINES – CARRYING THE A.A. MESSAGE TO THE DEAF
ALCOHILIC

Complete order forms are available from your local Intergroup or may be obtained directly from:

General Service Office of Alcoholics Anonymous
Box 459, Grand Central Station
New York, NY 10163

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