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Anniversaries:

Sherrie G 6 yrs

The 74 Anniversary of the First Women's Meeting

People don't realize that the first AA Meetings started at members homes (this is where the term Home Group originated) and were family meetings. Often with the "Men" in the living room and the non alcoholic family in the kitchen. As groups grew they moved out of the home and into larger meeting places.

Many alcoholics even today have difficulty sharing during a meeting, especially with loved ones a few feet away in the next room. This was especially true of many of the early women members.

In May of 1941 several women members started the first woman's meeting to help address this.

WOMEN IN AA

This is the first of a regular series of articles which will appear in the Bulletin, written by the newest addition to the Bulletin staff, Mrs. Sybill F. Her next month's article will be entitled "How to Approach a Woman AA."

May 1945 marks the fourth anniversary of the pioneer group of women's **AAs** in the United States. Planned and conceived by a few women who felt that they were "lost" in a world of men alcoholics-the little band met in each other's homes.

When, by July, the membership had increased to the **incredible total of six**, they approached Irene Hirsch and interested her in **opening** her home as a hospital. This then became the **first Women's AA hospital in the country**. A cheerful, homey place it is run with close adherence to AA principles and governed by a hospital committee consisting of three members. Here, too, the women found a meeting place, not only for their regular Wednesday night group, but somewhere to go when they were a bit "shaky" or a little blue. One was always sure of a friendly piece of advice and a cup of coffee at Irene's.

The membership increased slowly but steadily. More and more women who hesitated about going to mixed groups identified themselves with the West Side Women's **Group**.

The men helped tremendously both by bringing in patients, who in turn became members, and by lending their willing support when outside speakers were needed. The wives of the men have been very gracious and cooperative at all times. The women AA's no longer feel they are in a world apart. They help others and in turn are being helped to make a place for themselves, which after all is the very essence of AA.-S. F.

As printed in the Cleveland Central Bulletin May 1945

A.A. Comes to East Central Illinois

There was no early correspondence from early AA members to GSO concerning the founding of the Paris Group. It started in February 1948 with a membership of 6 with Karl B.M. listed as the contact name. The group membership fluctuates from 6

to a listing and a Loner group in 1954 back to 7 by 1957. There is no information from a group in Paris from 1958 to 1971. Paris Group #1 was relisted with GSO in 1972 with a membership of 5.

The Bondville S.O.S Group first registered with

GSO Dec 7, 1978 with 21 members.

The Savoy Tuesday Nite Group was first registered with GSO on Nov 1, 1979.

Continued on page 2

Big Book Trivia

April Answers:

Dr Silkworth’s signed letter was printed on Towns Hospital Letter head and was originally used as a letter of introduction to assist Bill in soliciting funding for publishing the Big Book.

Extra Credit:

William Paley D.D. in his

book *A View of Evidences of Christianity* 1797. pg 307,319 & 320

May Question:

Who did Bill borrow the phrase “God as we understand him” from.

Extra Credit: On what page was Alcoholics Anonymous first referenced as a group of people?

Did you know? That barbiturate use as described by Dr. Bob in the Doctors Nightmare was a serious enough problem in early AA that two pamphlets were printed by AA to address this problem? *Sedatives Are They an AA Problem* (1948) and *Sedatives and the Alcoholic* (1952)

A.A. Comes to East Central Illinois Conclusion

As printed in the Cleveland Central Bulletin March 1944.

BODY SNATCHING

One of our new members was telling his sponsor of his hospital experiences.

“What’s wrong with such and such group?” he asked. Nearly everyone that was up here said that it was “all right” but that if I really wanted to stay dry i’d better join his group.”

It is very natural for each of us to think well of ourselves and our own. Our Chevy is better than your Ford, our street is better than your street, our church is better than your church.

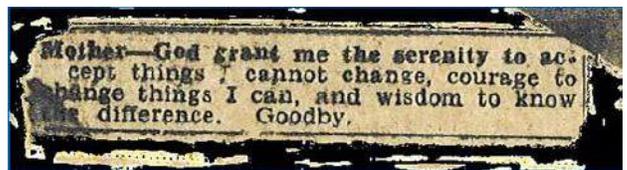
This is natural—but dangerous. It is plain ego-building—selfish, intolerant and often dishonest.

The new man gets a bad impression. He also gets a new alibi for slipping—“Perhaps I’m in the wrong group—I’d better have a drink—”.

Do invite new men to your meetings, be cordial and hospitable.

Don’t knock another group. It may not suit you but it doe: suit other people.

The original Serenity Prayer from The New York Tribune that was sent to AA’s Central Office in the Spring of 1941



The Serenity Prayer was mailed out to all registered AA groups in the third AA Bulletin (forerunner to the Box 459 newsletter) dated June 1941

The Tolono Pleasant Plains Group was first registered with GSO Aug 29, 1989 with a membership of 5.

The Villa Grove group Villa Grove AA Group (now named Thursday Closed AA Group) first contacted GSO Aug 24, 1989 with a membership of 11.

Farmer City A Better Way Group first contacted GSO on Aug 2, 2002.

This concludes the series of how AA came to the area communities. To learn more about your group email

archives@aa.org

Speech by Dr. William Duncan Silkworth

AA Meeting Patterson, New Jersey, March 29, 1949

As you all probably know, I have practically given up public speaking because of poor health. Therefore, I will have to be very brief.

I have always contended that no one can address a group of A.A.s with the same human interest as one who has suffered the distress of alcoholism and recovered. Many ask me if I ever was an alcoholic—perhaps I was—who knows? Most of my friends are Alcoholics, and most of my interests are associated with Alcoholism. I am an A.A. by courtesy of the groups and very proud of the distinction.

As I look back over the years, to me the wonder is that from one man's mind could have come to pass this great movement. God must have blessed him and chosen him as His Ambassador of good will. An Alcoholic himself, by a peculiar chain of circumstances, he conceived the idea of putting morality on a scientific basis. He knew that pure science was a failure as was also pure morality so he combined the two and it proved a success in the alcoholic problem.

I had intended tonight to speak of the progress of Alcoholics Anonymous and the alcoholic problem in general but there are so many alcoholics coming to me and telling me that although they have been in A.A. for three months or more and have tried sincerely but have failed to find the solution I decided to take this opportunity, as far as I am able, to be of some assistance. I have chosen three of the twelve steps and will try, very briefly, to give you my interpretation of them.

First, let us understand clearly that Alcoholics Anonymous, as now functioning, seems to be divided into two parts—moral psychology and group psychology.

It seems to me that many, following the path of least resistance, apply themselves to group psychology. They attend meetings, engage in twelfth step work, often speaking before groups, and succeed in staying dry for periods of three months to a year. They claim they are very happy during this dry period but for some reason, often unknown to themselves, they start to drink again or others will say, "I know I didn't have the program." Most of us are familiar with this picture. Why did they fail? Fundamentally, I believe because they refused to consider moral psychology which is the vital principle of A.A. and which we will discuss later.

Alcoholism, a disease, as many of us accept in A.A., has two phases physiological and psychological and I am becoming more and more convinced that with most of us the physiological precedes the psychological. Case histories show repeatedly many men are normally prosperous and reasonably happy prior to the onset of this disease. The psychological phenomenon and the psychiatrist follow more often than precede the onset of this disease.

Time will not permit further discussion of this highly controversial subject. But suffice to say, Alcoholics Anonymous can do nothing about the physiological phase. Once an Alcoholic, always an Alcoholic. But the plan of A.A. can arrest the psychological compulsion to drink.

Dr. Silkworth was Bill's Doctor during his 4 treatments at Towns Hospital. Over the course of his career Dr. Silkworth treated over 40,000 alcoholics. His work in the addiction field began in the early 1900's and he presented his first paper on treating opium abuse in 1908. For several years prior to World War I and his enlisting in the Army he ran his own private hospital for opium abuse. He was not the first to talk of alcoholism as a allergy or disease and during the 1930's many in the medicine and religion argued against his work. He was a very religious man and he worked very closely with Bill and AA. The May 1951 Grapevine has immortalize Dr. Silkworth as "The Little Doctor That Loved Drunks"

RELAPSE EXPLAINED: SLIPS AND HUMAN NATURE

By William D. "Silky" Silkworth, M.D. Copyright AA Grapevine January 1947 Reprinted with permission

The mystery of slips is not as deep as it may appear. While it does seem odd that an alcoholic who has restored himself to a dignified place among his fellow men, and continued dry for years, should suddenly throw all his happiness overboard and find himself in mortal peril of drowning in liquor - often the reason is very simple. People are inclined to say, "There is something peculiar about alcoholics. They may seem to be well, yet at any moment they may turn back to their old ways. You can never be sure." This is largely twaddle. The alcoholic is a sick person. Under the technique of Alcoholics Anonymous he gets well, that is to say his disease is arrested. There is nothing unpredictable about him any more than there is anything weird about a person who has arrested diabetes.

Let's get it clear, once and for all, that alcoholics are human beings just like other human beings - then we can safeguard ourselves intelligently against most of the slips. Both in professional and lay circles there is a tendency to label everything that an alcoholic may do as "alcoholic behavior." The truth is it is simply human nature. It is very wrong to consider many of the personality traits observed in liquor addicts as peculiar to the alcoholic. Emotional and mental quirks are classified as symptoms of alcoholism merely because alcoholics have them, yet these same quirks can be found among non-alcoholics also. Actually they are symptoms of mankind; ORDINARY PEOPLE. Of course, the alcoholic himself tends to think of himself as different, someone special, with unique tendencies and reactions. Many psychiatrists, doctors, and therapists carry the same idea to extremes in their analyses and treatment of alcoholics. Sometimes they make a complicated mystery of a condition which is found in all human beings, whether they drink whiskey or buttermilk.

To be sure, alcoholism, like every other disease, does manifest itself in some unique ways. It does have a number of baffling peculiarities which differ from all other diseases. At the same time, many of the symptoms and much of the behavior of alcoholism are closely paralleled and even duplicated in other diseases.

The alcoholic "slip," as it is known in Alcoholics Anonymous, furnishes a perfect example of how human nature can be mistaken for alcoholic behavior.

"SLIPS" IDENTIFIED

The "slip is a relapse! It is a relapse that occurs after the alcoholic has stopped drinking and started on the AA program of recovery. "Slips" usually occur in the early stages of the alcoholic's AA indoctrination, before he has had time to learn enough of the AA technique and AA philosophy to give him solid footing. But "slips" may also occur after the alcoholic has been a member of AA for many months, or even after several years, and it is in this kind, above all, that one finds a marked similarity between the alcoholic's behavior and "normal" victims of other diseases.

IN CARDIAC CASES

The same tragedy can be found in cardiac cases. After the heart attack, the patient is put on a strict rest schedule. Frightened, he naturally follows directions obediently for a long time. He, too, goes to bed early, avoids exercise such as walking up stairs, quits smoking, and leads a Spartan life. Eventually, though, there comes a day after he had been feeling good for months, or several years, and has recovered from his fright. If the elevator is out of repair one day, he walks up three flights of stairs. Or he decides to go to a party - or do just a little smoking, or take a cocktail or two. If no serious after-effects follow the first departure from the rigorous schedule prescribed, he may try it again until he suffers a relapse.

NOT ALCOHOLIC BEHAVIOR

There is no more reason to charge the "slip" to alcoholic behavior than there is to lay a tubercular relapse to tubercular behavior or a second heart attack to cardiac behavior.

The alcoholic "slip" is not a symptom of a psychotic condition. There is nothing "screwy" about it at all. The patient didn't follow directions. And that's human nature! It's life! It's happening all the time, not merely among alcoholics, but among all kinds of people. The preventive is plain. The patient must have full knowledge of his condition, keep in mind the facts of his case and the nature of his disease, and follow orders.

For the alcoholic, AA offers some directions. A vital factor, or ingredient, of the preventive, especially for the alcoholic, is sustained emotion. The alcoholic who learns some of the technique or the mechanics of AA but misses the philosophy or the spirit, may get tired of following directions - not because he is alcoholic but because he is human. Rules and regulations irk almost anyone, because they are restraining, prohibitive, negative. The philosophy of AA however, is positive and provides ample sustained emotion - a sustained desire to follow directions voluntarily.

PSYCHOLOGY NO DIFFERENT

In any event, the psychology of the alcoholic is not as different as some people try to make it. The alcoholic has problems peculiar to him perhaps, in that he has been put on the defensive and consequently has developed nervous frustrations. But in many instances there is no more reason to be talking about the "alcoholic mind" than there is to try to describe something called the "cardiac mind," or the "TB mind." I think we will help the alcoholic more if we can first recognize that he is primarily a human being - afflicted with human nature.

Answering Service Needs Volunteers



FOR IMMEDIATE ASSISTANCE 24 Hours 7 Days a Week call (217) 373-4200

These are important words to anyone seeking help. The responsibility is to insure that there are names on file with the answering service to respond when the call for help comes.

“I am Responsible. When anyone, anywhere reaches out for help I want the hand of A.A. always to be there and for that I am responsible.”

This is an opportunity to be involved in the very heart of A.A. Twelfth Step Work.

Chair for the Treatment Center Committee:

The Chair would be seeing that there are people available to assist at A.A. orientations to spread the message of how and to assist in bridging from treatment to the outside world.

To learn about service opportunities with contact any District Chair or use the web sites; contact page <http://aa-eci.org/contact/>

May Speakers

- Tuesday, May 5, 7:30 p.m. Tuesday Women's Mtg. & Potluck; Speaker: Kathy R.
- Friday May 8 7:30 pm Friday Night Fellowship Ty G.
- Sunday May 10 6 pm Shipwrecked Nick H
- Monday May 11 8 pm Cellar Dwellers Christine M
- Saturday May 16 6:30 Bottoms Up Lisa R

Announcements

Newsletter Mailing List:

If you would like a copy of the newsletter delivered to your email please send a request to newsletter@aa-eci.org

New Champaign Meeting

Noon at 120 S. Neil

New Mattoon Meeting:

Saturday Night Live (open); Sat. 10 p.m. First United Methodist

The Illinois State AA

Conference is coming to Bloomington the Weekend of August 28, 29 & 30. This will be a great opportunity to share fellowship with others from around the state.

The General Service

Conference is considering a new book. The 12 & 12 & 12, which is the 12 & 12 plus the 12 Concepts in one book.

Notes from the Editor: GSR's NEEDED to attend the District 12 monthly meeting. The GSR is the voice of the group and should (or have an alternate) attend the monthly District 12 meeting to share their groups conscience with the A.A. community. Anniversaries and events are an important part of sharing our experience strength and hope. So take a couple minutes a month and drop newsletter@aa-eci.org a note so that they can be shared with the entire East Central Illinois A.A. Community.

Martin B Editor

At the District Business Meeting April 19th ...

Alternate DCM Michael G. reported that he had telephoned DCM Mona Lee H. and that she said she would be at the May District Business Meeting. He reported that Area Delegate Paula E. would be attending our May Business Meeting and reporting on GSO and in particular the CPC Committee of which she is a member. The next Area assemblies are June 7 in Peoria (District 6) and September 13 in Marion (District 17); the State Convention this year will be in Bloomington-Normal August 28-30. In New Business, he proposed that the District bid on hosting an Area Assembly in late 2016; the District hasn't done so since June 2012. It would require about 15 volunteers the day of the assembly; the District would be reimbursed for the cost of a meeting space for the day.

Treasurer's Report

Chad S. reported that the District received \$30 in Group donations; \$50 in Corrections Literature donations and had expenses in the amount of \$379.43, for a closing balance of working cash of \$363.89. He also announced that due to family and work commitments, he will resign as District Treasurer. GSRs should announce at meetings that the District needs a new Treasurer. Any interested candidates should contact Alternate DCM Michael G. and attend the next District meeting.

Committee Reports

Antonia D., Answering Service Co-Chair reported that in updating the list, the Committee particularly needs men to volunteer to be on the call list for rides and/or 12 step calls. Also needed are people from outside the C-U for rides and 12 step calls. To be added to the list, email her at answering-service@aa-eci.org.

Liza W. Meeting List Co-Chair reported that a new printing of the meeting list was upcoming; any changes in meeting info should be emailed to meeting-list@aa-eci.org or given to Mona M. or her. It was brought up that because Fellowship Corner cannot accommodate persons in motorized wheelchairs, the WC designation should be removed from the list for meetings there.

Martin B., Newsletter Chair, reported that at the Area Assembly, he learned that GSO was working on a new book, *The 12 and 12 and 12*, which would incorporate the 12 Concepts from the Service Manual to the *12 and 12*. A new pamphlet on A.A. and mental illness is in the works and the Area would like to have this District host a GSR workshop. He reminded GSRs that if their group has requested newsletters for their meetings they are put in folders on the table behind the podium in the large room at Fellowship Corner to be picked up.

Russ S., PICPC Committee Chair reported that persons from Danville, Rantoul, Paxton and Monticello have volunteered to work with him distributing AA information in those areas. In addition to distributing materials to service agencies in the C-U area; he has appointments to meet with professional organizations and high school counseling depts. The committee is seeking someone in Coles County to work on the committee; if interested email picpc@aa-eci.org

GSR Reports

Tim H. is the new GSR for Cellar Dwellers; Doris A. is the new GSR for Many Paths.

District 12 Officers and Committee Chairs

DCM Mona Lee H. (dcm@aa-eci.org)
Alt. DCM Michael G. (alt-dcm@aa-eci.org)
Secretary Katrina R. (secretary@aa-eci.org)
Treasurer Chad S. (treasurer@aa-eci.org)
Corrections Mike K. (corrections@aa-eci.org)

Treatment Facilities Don D. & Joe M.
(treatment-centers@aa-eci.org)

Meeting List Liza W. & Mona M.
(meeting-list@aa-eci.org)

Answering Service Antonia D. and Reuben L
(answering-service@aa-eci.org)

Newsletter Martin B (newsletter@aa-eci.org)

Grapevine

PI-CPC

Website

Archives

Terry M (grapevine@aa-eci.org)

Russ S. (picpc@aa-eci.org)

Rosemary T. (webmaster@aa-eci.org)

Mike W. (archives@aa-eci.org)

District 12 holds its meetings on the 3rd Sunday of every month at 2pm in the New Fellowship Corner at 1714 Springfield Ave, Champaign.

If you would like to submit something for publication, or just send comments or questions to the Committee, please email newsletter@aa-eci.org. Deadline for submissions is the 20th of each month.

Volunteer opportunities available for ANSWERING SERVICE , Treatment Center Chair and gathering anniversaries, speakers NEWSLETTER Activities.