

CALL FOR DIVERSE VOICES

OA is updating the existing publication *A Common Solution: Diversity and Recovery* and expanding the representation of OA's diverse membership. We are seeking stories that express your experience, strength, and hope, particularly if you identify as a member of one or more of these under-represented groups within OA:

Race (Black, Asian/Pacific Islander, Indigenous, Latinx) • Male or non-binary • LGBTQ+ • Atheist, agnostic, Jewish, Muslim, Buddhist, or other religion • Young (under 30) • Nationality outside of North America • English not first language • Compulsive food behaviors or surgical methods of weight control (e.g., anorexia, bulimia, or bariatric surgery) • Disability or other health condition

You can help under-represented members identify with other OA members by sharing what brought you to OA, what you found here, and what keeps you coming back. Please include which diverse group(s) you identify with and how our common solution (i.e., the Twelve Steps of OA, the nine Tools of Recovery, and reliance on a Higher Power) has led to your abstinence and recovery.

Share your unique OA experience with us...

1. *How do you celebrate your diversity as a recovering member of OA? How have you used your diversity to support your physical, emotional, and spiritual recovery?*
2. *Did you ever feel misunderstood or unwelcomed by other OA members because of your diversity? What kept you coming back?*
3. *What would you like other OA members to better understand about your diversity as it relates to your disease and recovery?*
4. *How has racism, prejudice, bigotry, or marginalization affected your disease of compulsive eating?*
5. *As a bulimic, anorexic, or bariatric surgery patient, have you felt welcomed?*
6. *As an atheist or agnostic, how were you able to come to believe that a power greater than yourself could restore you to sanity without becoming religious?*
7. *As a trans person, how has your recovery and membership in OA challenged or supported your transition?*
8. *Do you have a physical or mental disability that requires accommodations in order to participate in OA? Do you have a health condition that you would like other OA members to understand?*
9. *Has living in a country outside of North America challenged or supported your recovery from compulsive eating?*
10. *How have you welcomed, reached out to, or sponsored newcomers who belong to a race, ethnicity, gender, sexual orientation, age group, or nationality different from your own? What have you learned from them?*

Important Rules

1. Submissions are assumed intended for publication, are subject to editing, and become the property of OA, Inc.
2. Submissions are not returned.
3. All submissions must contain the author's full name and address. You may request anonymity with publication. Your state, province, or country may remain anonymous if you so indicate.
4. Submissions must be submitted with a signed release form.
5. Submissions of approximately 500-800 words are preferred.

Due by October 31, 2021



**Email your story to
info@oa.org with subject
line "Common Solution."**



A Common Solution Story RELEASE FORM

(must be included with all submissions)
Stories must be received by the World Service Office by October 31, 2021

AUTHORIZATION AND RELEASE FOR SUBMITTED STORY

I warrant that I am the sole owner and original author of the accompanying submitted story ("Story"), and that I have the full right and authorization to submit the Story to Overeaters Anonymous ("OA"). I understand and authorize OA to edit, copy, distribute, publish, reproduce, or copyright the Story for any lawful purpose. By submitting my Story to OA, I agree that it becomes the property of OA, will not be returned, and may be used in any type of distribution media.

I agree that I will make no monetary or other claim against OA for the use of the Story. I waive any right to inspect or approve the finished product wherein my Story appears. I hereby hold harmless and release OA from all claims, demands, and causes of action that I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf (or on behalf of my estate) have or may have by reason of this authorization.

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: _____

Signature: _____

Date: _____

Author's Contact Information (required):

Include your full name, address, email, and phone.

Author's Attribution:

For authors desiring anonymity in publication, please indicate specifically whether this applies to your name, city, state, and/or country.

