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Where do we go from Here?

It is an honor to be asked to bring the work of these three days to a close. When it became known that I would be speaking at this point in the program, one person asked me if I was going to give an “I Have a Dream” speech. I’m not going to give such a speech this morning, but I did write such a talk for you to adapt and give when you return home to your communities. The “A Day is Coming” talk that we have just passed out (posted at www.facesandvoicesofrecovery.org) is one that you will need to personalize. It strikes many of the major themes that have emerged in this new recovery advocacy movement and is designed to help motivate members of the recovery community to become part of this movement. Take it and adapt it to yourself and your community.

I must tell you that I am somewhat in awe of what our presence here represents. Before I had met and had the pleasure of working with William Cope Moyers, I was interviewed by his father, Bill Moyers, in the spring of 1997 for the “Close to Home: Addiction in America” PBS series. When Bill Moyers asked me to comment on the cycles of despair and hope that seemed to permeate the history of responses to addiction in the US, I told him that I drew great optimism from my study of this history. I told him that when things looked bleakest, recovering people and their families and visionary professionals always rose from the ashes of that despair to forge new treatment and recovery resources. I ended the interview by acknowledging that we were in such a period of bleakness—a period of restigmatization, demedicalization and recriminalization--and that we would likely see a “new recovery movement” emerge in the early 21st century. At that moment, it would have been impossible for me to predict, and more than I could have hoped, that just four and one half years later there would be new and renewed recovery advocacy organizations active all over the country and that I would be

standing before 200 recovery activists from 36 states committed to change the way a nation perceives and responds to the problem of addiction. I want to begin this morning by acknowledging the potential historical import of what we have done together these three days and to tell you that it has been an immense privilege to be part of it.

I once wrote that we needed to act as if we were a movement until we became one. (The image I had in mind was the “Little Engine Who Could” story from my childhood.) It is important to acknowledge that today there is a new recovery advocacy movement that is alive and growing in America. We don’t have to act “as if” today, we ARE. It is important to acknowledge that a core set of ideas and strategies are emerging within this movement. Perhaps most important is how deeply this movement has committed itself to inclusiveness. The new recovery advocacy movement has truly become a coat of many colors representing people of diverse backgrounds and recovery experiences. I am particularly delighted to see the methadone advocates here today. You represent people who have been stigmatized in the society at large and all too often in the recovery community. We welcome you into the heart of this movement and ask you to educate us all about the legitimacy and durability of medication-assisted recovery.

The response to the work of those in this room from our own recovery communities has moved from hostility, skepticism and apathy to growing interest, support and involvement. We are becoming visible in our local communities and our voices are beginning to be heard in the policy arenas. Our work to date merited the attention of the many foundations and private philanthropists who supported our work these past three days. We have much to be proud of today.

All movements are about struggle, and we will have some difficult days ahead. In bringing our work here to a close, I want to link the campaign we have proposed to the larger recovery advocacy movement of which that campaign is a part. I want to touch on some larger issues that we will be continuing to struggle with in the coming days and that will impact this campaign that we have planned.

There is the issue of the boundaries of this movement. As we gain more visibility, many groups will want to hitch a ride on our star. We must carefully define the boundaries of who we are and who we are not. We must define what are and are not our issues and we must find a way to draw from all of our experiences to set this boundary. These discussions must go on at all levels of this movement and will be among the most important decisions made in the history of this movement.

The question of the structure of this movement has been, and will continue to be, a point of discussion, competition and controversy. As of this moment, I am

advocating a minimalist approach to this structure. I don't believe we need a new structure to lead this movement, but I think we may need new frameworks to integrate our activities, to communicate with one another, and to support one another. My vision for this is a communication and service structure not unlike those that have worked well for many mutual aid societies in American history. It is important that the resources and leadership for this movement remain to the greatest extent possible at the grassroots level.

It is also time we talked explicitly about the role of family members in this new recovery advocacy movement. They have been with us since our organizations were founded, and they have often served important leadership functions. But in some places they have not been formally welcomed in that role. I think it is time we welcomed family members as equal partners in this movement and asked them to stand beside us in leadership roles at all levels within this movement.

There is the role of professionals and treatment institutions. Visionary professionals have always been part of recovery advocacy movements. I think we need to invite them into this movement as well, but I think we need to continue to make sure that this movement stays recovery focused and does not become the marketing arm that supports the financial interests of the treatment industry. Treatment and recovery are not the same, and we will support the treatment industry only to the extent that it demonstrates greater concern for the progress of its clients than its institutional profits.

There is the role of money in this movement—a subject close to many of your hearts as some of you anxiously awaited the announcement of CSAT's RCSP funding decisions this past week. I've written that too much money, too little money, ill-timed money and tainted money could kill this movement, and I must confess that I am already concerned about the growing dependence of this movement on federal funding. Recovery advocacy in the 1940's, 1950s and 1960s evolved into the treatment industry of the 1970s and beyond and, by doing so, lost its education and advocacy focus. We must make sure that we remain a movement and, if we are successful, resist the temptations of professionalization and commercialization. Strong organizations like the Recovery Association Project in Portland, which did not receive continued CSAT funding, have a special destiny to show us how grassroots recovery advocacy organizations can be sustained without primary and continued reliance on such funds.

The campaign we have outlined here is an important part of the larger recovery advocacy movement, and I would be remiss if I didn't acknowledge the important role that Willam Cope Moyers, Jeff Blodgett and their respective

organizations have played in making this possible. To Jeff I want to give a particular thanks for all his contributions and publicly say to him that we will let him take on another important job this next year but we will not let him leave this movement. I also want to add my words of thanks for the support of the many individuals and foundations, particularly the Robert Wood Johnson Foundation, that made this meeting possible. We have selected the seeds for this campaign; it is time that we went home and planted them. When you get home and ask others to join us in this campaign, some will say they can't help with this movement because they are too old. Remind them that Handsome Lake was 65 years of age in 1799 when he launched a sobriety-based revitalization movement among the Six Nations Iroquois Confederacy. Tell them how this man who was near death used his own sustained recovery as a springboard to bring sobriety to thousands of Native Americans.

Some will say they are too young. Remind them of the Reverend Alvin Foltz who entered recovery as a teenager and became known as the "saved drunkard boy" and one of the 19th centuries most articulate and effective temperance organizers. Remind them that at the ignition point of the civil rights movement, it was the youngest, not the oldest, minister asked to lead this movement. Remind them that the young King called to lead this movement changed a nation.

Some women will say that the multiple role demands of their lives leave little room to support such a movement. Remind them of the crucial roles women have played in the history of social movements. Remind them that the name of Martin Luther King, Jr., might have remained unknown if it were not for the courage of Rosa Parks.

Some members of the lesbian, gay, bisexual and transgender community will say that they are too busy fighting their own stigma issues to participate in the recovery advocacy movement. Remind them of a most remarkable human being (and lesbian woman) who dreamed in 1944 that she could change the way a nation viewed alcoholism and the alcoholic. Tell them how Marty Mann built an organization that opened the doors of treatment and saved hundreds of thousands of lives. Tell them that her legacy is today being threatened.

Some will say their background disqualifies them. Remind them of Jerry McAuley and Malcom X whose religious transformations, recoveries from addiction, and activist visions were born in their jail cells. Tell them how each of these men, separated by a century, went on to lead thousands into lives of sober self-respect and dignity.

Some will say they are ill suited to put a face and voice on recovery.

Remind them that the greatest social movements have been sparked and supported by the most imperfect of people. Remind them that their face and their voice will be part of a choir of thousands who like themselves owe a debt of enormous gratitude.

Some will say that they and their families would be injured if they stepped forward. Acknowledge that stigma is real and that we don't need everyone in recovery to play this public role. Remind them that there are hundreds of ways they can support this movement outside the view of the camera.

I have had the pleasure of being with many of you in your local communities these past few years, and I have had an opportunity to observe your work. We don't need all individuals and families in recovery for this movement to succeed, but we do need a deeply committed vanguard. You have been that vanguard and I want to close by honoring your passion and your perseverance. It is time for us to leave here and to go back to our communities. It is time for us to leave here and create the future of recovery in America.

There are many stories passed down as part of the oral history of the civil rights movement, and I would like to close with one I first heard in 1967. It was of a day in a Southern city in which hundreds of people were marching in defiance of a court order. When they reached a crest of a hill what faced them ahead was a sea of baton-slapping police officers and barely restrained police dogs. It is said that a terrified silence fell over the marchers as each marcher visualized what was about to unfold. The spell was broken by the weathered but calm voice of one of the oldest marchers who said clearly and simply, "Let's go make some history." Our meeting here has been important only to the extent that we leave here and sustain this movement in communities all across America. So I leave you with these words, "Let's go make some history."

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A Day Is Coming: Visions of a New Recovery Advocacy Movement

It is an honor to be able to share some thoughts with you about the recovery advocacy movement in America. I have had the privilege of working with many of the grassroots organizations that are the backbone and heart of this movement. Recovering people and their families, friends and professional allies are once again organizing to change the way this country views addiction and the potential for recovery. It is indeed an exciting time within communities of recovery in America.

There Was a Day

I want to begin my remarks by talking about our past. There is much we can learn by sitting at history's feet. Comedian Lilly Tomlin once observed that, if we listened, maybe history wouldn't have to keep repeating itself. I have come to recognize the profound wisdom in her words.

There was a day in the late 19th century when an elaborate network of recovery support groups and addiction treatment institutions dotted the American landscape. There were Native American recovery circles, the Washingtonians, the fraternal temperance societies and the reform clubs. There were recovery-oriented inebriate homes, medically-oriented inebriate asylums, for-profit addiction cure institutes, and religiously-oriented inebriate colonies. In that time, physicians in the American Association for the Cure of Inebriety proclaimed to all the world that addiction was a disease that could be either inherited or acquired and that this disease was one from which people could fully recover. On that day, recovery activists, alone and in organized groups, offered themselves as living proof that recovery from addiction was possible.

That day vanished in the opening years of the twentieth century, drowned in a wave of cultural pessimism that closed addiction treatment institutions and sent

recovery groups into hiding. The demise of America's first era of institutional treatment and recovery support groups is a stark reminder that we can take nothing that exists today for granted.

As America's 19th century institutions and support groups collapsed, a new sunless day emerged. That day, less than a hundred years ago, witnessed addicted people locked away for years in rural penal colonies. Americans, believing that alcoholics and addicts were a "bad seed" that threatened the future of the society and the human race, passed laws providing for their mandatory sterilization. That was a time when people who had yet to achieve recovery filled the "cells" of "foul wards" in large city hospitals, and they were the lucky ones, as most hospitals refused their admission. That was a day when alcoholics and addicts spent their most despairing hours in city drunk tanks. That was a day when those not yet in recovery died in the streets and were swept up like discarded refuse. That was a day when alcoholics and addicts languished in the snake pits of aging state psychiatric hospitals. That was a day when alcoholics and addicts were subjected to brain surgery and shock therapies and every manner of drug insult--all thrust upon them in the name of help. That was a day when family members died a thousand emotional deaths in their desperate, unrelenting search for help for an addicted spouse, parent, sibling or child. Those days of professional condescension and public contempt were not so long ago.

The remnants of those dark days were present in the earliest years of my own entrance into the worlds of addiction treatment and recovery. In the 1960s, I witnessed alcoholics and addicts languishing in the most cold and callous of institutions. I have no words to convey the feel or smell of such places, places that conveyed in a thousand ways that you were not human, places that sucked the hope out of all condemned to live in them. I have vivid recollections of local community hospitals refusing to admit alcoholics and addicts for treatment of acute trauma: such people were perceived as not morally worthy to fill beds reserved for those who were "really sick." Working as an outreach and crisis worker, I have nightmarish recollections of the bodies of the addicted hanging from torn sheets in jail cells, and my own desperate attempts to find the words to communicate with families who had long feared a visit such as mine.

The invasive treatments--the shock therapies, the drug insults, the prolonged sequestration--are not ancient tales. I recently interviewed a woman who was hospitalized for acute alcohol poisoning in 1971. She and her family were given two treatment choices: a one- year commitment in a state psychiatric hospital or brain surgery--a lobotomy--that they were told would remove her craving for alcohol. The woman herself thought the surgery a better alternative than being

locked up for a year. But a chance encounter between her father and a man in recovery brought a woman from Alcoholics Anonymous to her bedside and the beginning of what has now been more than three decades of sanity, sobriety and service. Her story tells us that we are little more than a generation away from these infamous days. Her story also hints at what happened to open the doors of recovery.

Those Days Ended

Those dark days passed not by accident but because small handfuls of people in communities across the country said, “No More!” and spent their lifetimes destroying drunk tanks and drunk jokes. Those days ended because a desperate stock analyst reached out to a desperate physician and started a fellowship of recovering alcoholics whose influence embraced the world. Those days disappeared because of the vision of Marty Mann, who dared to dream in 1944 that she could change the way a nation viewed alcoholism and the alcoholic. Those days vanished because a senator, in gratitude for his own recovery, challenged a country to create local alcoholism education and treatment centers accessible to all of its citizens. The odds against success were enormous, but these remarkable human beings spent their lives building the world of addiction treatment and recovery that has touched the lives of many of us in this room. The bleakest days for the addicted in America passed because men and women looked beyond their own recoveries to advocate for the needs of others. The foul wards and drunk tanks and brain surgeries gave way to new treatment and recovery resources because real men and women made these changes happen. Consider for a moment what their lives rendered.

Imagine the degree of fulfillment that Dr. Robert Smith and Bill Wilson experienced at the sunset of their own lives as they reflected on the fruits of their work. Imagine what it must have been like for Sister Ignatia, who after working with Dr. Bob detoxifying early AA members, was later asked to address the 25th anniversary convention of AA in 1960. Imagine what this frail, humble woman must have felt as she stood and looked out at 17,000 sober and grateful alcoholics standing before her. Imagine what Marty Mann, after decades of barely acknowledged effort, must have experienced seeing the rise of local alcoholism treatment programs across the country. Imagine the import of such fulfillment in a woman who before her own recovery had repeatedly tried to kill herself. Imagine the fullness of lives that profoundly touched so many people.

The days of shame turned into days of hope because hundreds of unnamed

men and women devoted their lives to changing the way a country looked at a disorder and those who suffered from it. The fruits of their work were indeed remarkable. Hundreds of thousands of people rose from the dead to live full lives because of the resources these people created. The national network of prevention and treatment programs are all part of their legacy as are the diversion programs in the criminal justice system and the early intervention programs in the workplaces and schools. By the early 1980s, it looked as if the dreams of these pioneers would be fully realized, but other forces were lurking in the background.

A Shameful Regression

Today, the world they created is being dismantled, and their advances are being threatened. Three ominous changes threaten this progress.

First, America is again restigmatizing those addicted to alcohol and other drugs. The positive images of long-term recovery (e.g., First Lady Betty Ford) are being replaced by what the public perceives as spoiled celebrities using “rehab” to escape the consequences of their latest indiscretion. Treatment and recovery are degraded through such images. The portrayal of addiction as a medical disorder suffered by sons and daughters, mothers and fathers, and brothers and sisters was replaced in the 1980s and 1990s by the worst racial and class stereotypes—stereotypes that linked addiction with crime, violence, and insanity. Alcoholics and addicts became not people deserving of compassion and help, but people to be feared and who were deserving of punishment. Thousands of celebrities will celebrate recovery anniversaries today and one will be arrested for possession of heroin. Which story do you think will fill the television screens this evening?

Second, after working for decades to place alcohol and other drug problems in the medical and public health arenas, we are now removing them from these very categories. Health care coverage to pay for addiction treatment continues to erode. Many, if not most, of the hospital treatment units have closed. The management of addiction is moving to non-medical settings and toward a focus on control of the addict and addiction-related costs rather than personal recovery.

Third, alcoholics and addicts are filling our courts, jails and prisons in unprecedented numbers. There are now more than one and one half million drug-related arrests per year in the U.S., up more than 1 million since 1980.¹ The

¹Department of Justice, Office of Applied Studies: 1.6 million drug-related arrests in 1998, up more than 1 million arrests per year since 1980.

number of drug offenders in state correctional facilities has risen from 38,900 in 1985 to more than 227,000² in 1997 and drug offenders in Federal prisons have risen from 9,482 in 1985 to more than 55,000 in 1996.³ I would be remiss if I did not talk about the racial disparity buried within these numbers. African Americans constitute only 15% of illicit drug consumers, but they make up 37% of those arrested for drug violations, 42% of drug offenders in federal prison and 60% of felony drug offenders in state prisons.⁴ A recently released Human Rights Watch report⁵ revealed that in states like Illinois, a young African American male is more than 50 times more likely to go to jail for a drug offense than is his Caucasian counterpart arrested for the same offense. The rise in addiction-related stigma and the transfer of alcoholics and addicts from treatment centers to correctional centers are deeply entwined with issues of gender, social class and race. We can't expose the former without confronting the latter.

A Day is Coming

So where does that leave us? What should recovering people, impacted families and the friends of recovery do about this bleak situation? What should all people of good will concerned about this problem do? They should do that which is so uniquely American: Organize and change it! And that is precisely what is

²In 1997, Department of Justice, Office of Applied Studies.

³In 1996, Department of Justice, Office of Applied Studies.

⁴NIDA Household Survey on Drug Abuse, 1998; US Department of Justice, Bureau of Justice Statistics, Sourcebook of Criminal Justice Statistics, 1998. Also <http://www.csdp.org/factbook/racepris.htm>

⁵Key Recommendations from Punishment and Prejudice: Racial Disparities in the War on Drugs. Washington, D.C. Human Rights Watch, 2000.

happening.

We are reaching a critical milestone in the history of recovery in America. We are approaching a crossroads that will dictate the fate of hundreds of thousands of individuals and families and thousands of communities. Recovering people know the deep truth in the adage that it is darkest just before the dawn. That darkened horizon is clearly evident across America today, but there IS a dawn arising. Emerging from that dawn are not government agencies or treatment professionals but a new generation of wounded healers. Recovering people and their families and friends are once again on the move--once again coming together not just for mutual support, but to widen the doors of entry into recovery through education and advocacy. A New Recovery Advocacy Movement is being born in this country. From Wall Street to Bourbon Street, from South Carolina to South Central, from Indian Country to the barrio to the wealthiest suburb, people are coming together to challenge the restigmatization, demedicalization and recriminalization of addiction in America. They are coming together to publicly reaffirm the hope for recovery from addiction.

In 1976, 52 prominent Americans publicly proclaimed their recovery from alcoholism in a landmark event sponsored by the National Council on Alcoholism called Operation Understanding. A day is coming when that number will swell to 5,000 and 50,000 and then to 500,000--all offering testimony about the transformative power of recovery. A day is coming when we will gather at state capitals and in our nation's capital and you will see recovering people in every direction as far as the eyes can see--all offering themselves as LIVING PROOF that recovery is not just a possibility but a living reality. On that day, young people with a month of hard-earned sobriety will march beside men and women with 50 years of sobriety. On that day, families will walk to honor their survival as a family and to celebrate their own personal recoveries. On that day, those who have lost a loved one to this disease will walk to save others. On that day, AA and NA members will walk beside SOS and WFS members. Those in supported recovery will walk beside those in solo recovery. Those from therapeutic communities will walk beside those in methadone-assisted recovery. On that day, we will set aside our differences and march arm-in-arm as a multi-hued network of local communities of recovery.

In 1893 an addiction mutual aid society organized itself under a banner that read: "The Law Must Recognize a Leading Fact: Medical Not Penal Treatment Reforms the Drunkard." A day is coming more than a century later when we will protest outside jails and prisons to proclaim that same message. A day is coming when addicted people who fill those prisons will organize their own recovery

advocacy organizations. In embracing recovery, they will go on strike-- withdrawing the bodies and souls that feed the economies of these institutions.

A day is coming when recovery from addiction will be viewed not as a curse to be masked and hidden, but as a cause for celebration and a gift to be shared with the world. A day is coming when for one moment in the history of this country, recovering people will stand together and offer themselves as living proof of the fulfilled promises of recovery. To those around us, we will offer our gratitude for your forbearance and forgiveness. To those still suffering, we will proclaim:

You represent our past just as we represent a future that could be yours.
You have been part of the problem; add your voice to ours and become part of the solution.

Before That Day

We have work to do before that day can arrive. Movements that have created the most dramatic and enduring social change often began with an alteration of personal consciousness. The message from these movements is that we must change ourselves before we can change the world. We cannot confront stigma in the outside world until we discover how stigma works within us, and our relationships with the world. The internal consequences of such stigma must be excised before one experiences the worthiness and the power to confront its external source. We must excise that stigma so that we can move beyond our own healing to find our indignation, our outrage, and our sorrow that people who could be recovering are instead dying. We have to move beyond our own serenity and retrieve the fading memories of our own days of pain and desperation. Before that day, we need leaders who will jar us from our complacency and challenge us to hear the cry of the still suffering. Stigma is real, but we need to confront the fact that our own silence has contributed to that stigma. Listen to the words of Senator Harold Hughes who before he died proclaimed:

By hiding our recovery we have sustained the most harmful myth about addiction disease--that it is hopeless. And without the example of recovering people it is easy for the public to continue to think that victims of addiction disease are moral degenerates--that those who recover are the morally enlightened exceptions....We are the lucky ones, the ones who got well. And it is our responsibility to change the terms of the debate for the sake of those who still suffer.

How can addicted people experience hope when the legions of recovering people in this culture are not seen or heard? Where is the proof that permanent recovery from addiction is possible? We need a vanguard of recovering people to send an unequivocal message to those still drug-enslaved that they can be free. We need a vanguard willing to stand as the LIVING PROOF of that proposition.

Before that day, we will need to find ways to link those from all kinds of recovery backgrounds into a community of recovery. This is not an AA or Al-Anon movement or a NA movement or a WFS movement or an addiction ministry movement. It is a RECOVERY movement. The failure of various recovery groups and individuals in solo recovery to see themselves in terms of “we” is the most significant obstacle to fully realizing the potential of the New Recovery Advocacy Movement. We must get to know each other not as AA or Al-Anon members or NA members or SOS members, but as members of a recovery nation, each of whom contributes to its diversity and vitality. It is only by constructing our own identity as people in recovery and transcending the categories that separate us that we can transform our personal experiences into a new recovery advocacy movement. It is time we celebrated this coat of many colors that the recovery community has become. Our goal must not be to speak with one voice, but to share a recovery identity out of which we will speak with thousands of voices that achieve harmony on one issue: the potential for transforming and enduring recovery from addiction.

Before that day comes, we will need to find the systemic roots of stigma. We will need to confront the fact that addicted people have become the raw materials that run whole professional and community economies. Some of these institutions operate, not to help the addict, but to protect and extend their own institutional influence. Stigma provides the ideological justification for the perpetuation of these institutional economies. We need to either transform these institutions (shift them to a focus on care and recovery rather than control and profit) or advocate their closure. Confronting these systemic forces will be more about power and influence than about changing attitudes.

We must also find the personal roots of stigma. There are whole professions whose members share an extremely pessimistic view of recovery because they repeatedly see only those who fail to recovery. The success stories are not visible in their daily professional lives. We need to re-introduce ourselves to the police who arrested us, the attorney’s who prosecuted and defended us, the judges who sentenced us, the probation officers who monitored us, the physicians and nurses who cared for us, the teachers and social workers who cared for the problems of

our children, the job supervisors who threatened to fire us. We need to find a way to express our gratitude at their efforts to help us, no matter how ill-timed, ill-informed and inept such interventions may have been. We need to find a way to tell all of them that today we are sane and sober and that we have taken responsibility for our own lives. We need to tell them to be hopeful, that RECOVERY LIVES! Americans see the devastating consequences of addiction every day; it is time they witnessed close up the regenerative power of recovery.

It is not enough to come together and advocate for our own needs--to focus on the needs of those already in different stages of recovery. This movement must keep its eyes on ways the doorway of entry to recovery can be widened for those still suffering. And perhaps in the end it is not even enough to widen this door. Perhaps there is a larger agenda lurking in the background--the agenda of creating a better community and a better world--to take some of what has been learned in recovery and infuse that into the civilian community. To America, we say:

You can help save us, but we can also help save you. We are the ones who courted, yet cheated, the grave. In our darkest hours, we discovered some things of value that through us you can rediscover.

Some of you don't know it yet, but you were born to play a role in this movement. To those with long-tenured recovery, we need your wisdom, your stability, your hard-earned serenity. To those new in recovery, we need the freshness of your pain and the fervor of your passion. To those family members who have lived through the devastation of addiction and the demands of recovery, we need your love and patience and invite you as equal partners into the leadership of this movement. To the children who have lived in the shadow of parental addiction, we need your courage to break the intergenerational transmission of these problems. To those who have lost someone to addiction, we call on you to give that lost life meaning by wrapping it within your own story and passing it on to others. To professional helpers and other friends of recovery, we invite your involvement and challenge you to help us create recovery-oriented systems of care within local communities across the country.

I know some of you will see yourselves as unfit for this calling. You will identify an endless list of frailties and inadequacies that disqualify you from serving this movement. But if there is anything that history tells us, including the history of recovery, it is that the most perfect message can be delivered by the most imperfect of messengers. We have freed ourselves; it is time we freed our neighbors and our communities. There is much that we have yet to learn, but as a

people we do know something about deliverance and liberation. A day is coming when we will help free America with the truth of our stories.

When will that day arrive? The dawn of that day is here but we must seize it! I invite you and challenge you to become part of this new recovery advocacy movement by supporting local recovery advocacy organizations with your time, your talents and your money. I invite you to find opportunities to tell your stories to those who know little about addiction or recovery. And I invite you to become an activist in advocating pro-recovery policies in every venue of influence you can reach. As Senator Hughes suggested, our own salvation as individuals and families bestows upon us a debt of obligation and an opportunity for service. When a vanguard of recovering people and their families step forward to pay this debt and accept this mantle of service, that new day will have arrived.