

**Where do we go from Here?
Recovery Summit October 4-6, 2001, St Paul, MN**

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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.bhrm) 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 our hearts as some of us 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 William 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 when the civil rights movement ignited, 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 not for a woman by the name 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 conversions, recoveries from addiction, and activism were born in a jail cell. 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 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."