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**From Advocacy to Legislation:
An Interview with Carol McDaid**

William L. White

Introduction

The successes of the recovery advocacy movement at the legislative and policy levels have many parents, but no one has been more central to these successes than Carol McDaid, who founded Capitol Decisions with the vision of influencing national policy related to addiction treatment and recovery. She played a key role in passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. Carol was a founding board member of Faces and Voices of Recovery and currently serves on the Board of Young People in Recovery. Her leadership has been widely recognized, including receiving the Johnston Institute's America Honors Recovery Award in 2007. Carol is also a cofounder (with her husband John Shinholser) of the McShin Foundation, a recovery community organization in Richmond, Virginia. I recently had the opportunity to interview Carol about her work in recovery advocacy. Please join us in this engaging conversation.

From Recovery to Recovery Advocacy

Bill White: Carol, perhaps we could start just by you sharing the journey from personal recovery to full-time addiction and mental health policy consultant.

Carol McDaid: Bill, I'd love to tell you that I had this grand plan that I executed, but I did not. I actually ended up going from a person in recovery to a professional addiction/mental health policy advocate by synchronicity and grace. I was interviewing for a position during the first (1993/1994) Clinton health reform efforts. Folks with knowledge of health policy in Washington were in great demand, and I was asked to come over to interview for a job at a boutique government relations firm called Duffy Wall to head their healthcare practice. While at the interview, I was handed a list of clients that I would have to service. The owner of the firm pointed to Hazelden, which was the newest client on the list, and asked me, "Do you know what they're all about and what they want out of health reform?" "I had been a patient at Hazelden a little less than three years before. In those days, people were fairly closeted about their experiences with addiction and recovery and Washington is a pretty insular town where such a background could stir considerable talk. I had decided that this was a grand conspiracy and that the owner of this company was letting me know on the sly that he knew I'd been a patient at Hazelden. So I assumed that I would not get this job and that the interview had gone poorly because of that. Of course, I told him I knew what Hazelden was and that they wanted addiction as a covered benefit.

As luck would have it, I ended up getting the job and working on the Hazelden account. I decided I better tell him that I'd been a patient at Hazelden, so I walked in his office one day and I said, "Duffy, I went to Hazelden," and he looks up and he says, "What, did you go there for--a conference or something?" and I said, "No, I was a patient there." And he kind of breathed a sigh

and paced back and forth a little bit and said, “You were a, you’re an alcoholic?” And I said, “Well, yeah, and since I want to get all this out, I was also treated for drug addiction,” and he goes, “God, I would have never known.” And I said, “Well, we look like everyone else. We’re your neighbors, your sisters, your co-workers.” And I’m thinking that he’s not reacting well to this news and that this may be sayonara for the new job, but he’s a wily guy from Louisiana and the next thing I know he is holding his hands up in the air saying, “The people at Hazelden are going to think I am a genius! Here’s what we’re going to do: when we go out to Minnesota, I’m going to tell them that I hired one of their own to service their account, and then we’re going to get Betty Ford and all the rest of the major treatment organizations. And you’re going to become *the* addiction lobbyist in Washington.” That is my story; it was virtually not of my own doing.

Bill White: A lot of people associate you with the organization Capitol Decisions, Inc. Could you share something of its history?

Carol McDaid: Capitol Decisions got started when my mentor, Duffy Wall, who had first hired me and supported my work, got very ill with lung cancer and passed away in 1999. My firm had been taken over by one of those international public relations firms. Because I had been a lobbyist at Blue Cross/Blue Shield Association before I joined the firm, they were interested in me doing insurance industry work. I was engaged by that time in mental health and addiction parity advocacy—an effort to pass legislation requiring insurance companies to treat addiction and mental illness like other medical conditions covered under health insurance. I was not interested in working on behalf of the insurance industry, so another lobbyist and I left that company in May of 2000 and co-founded Capitol Decisions with Stu Van Scoyoc who founded one of the larger lobbying firms in town, which we imbedded in his larger firm so that I could get a health insurance policy. Stu also supported my work in these issues. I could not get insurance then for myself or my employees if I went out on my own because I’d had an inappropriate disclosure of my addiction treatment records. That meant that I could not get a group health insurance policy and I couldn’t get disability insurance and I couldn’t get life insurance. It was an important lesson about the kinds of discrimination people in recovery face every day. So, we embedded Capitol Decisions in a larger firm, separate but still embedded.

Bill White: Could you describe the range of clients you have since served?

Carol McDaid: Yes. When I first started, there was little demand for addiction advocacy work, not enough for a sustainable business model. So, initially I worked on Medicaid and Medicare reimbursement issues for non-profit health systems and I have continued to serve some of those early clients. Those early contracts provided the bread-and-butter work that allowed me the luxury of working on addiction issues, since this latter work rarely generated income initially and was not as secure from year to year. But after seven or eight years at Capitol Decisions and after we worked with a coalition to pass the Mental Health Parity and Addiction Equity Act, I knew that issues around addiction and mental health were really what lit my fire. So I made a conscious decision to start representing entities in the addiction and mental health space. I’ve been able to do that and actually have been able to kind of pick and choose those organizations with whom I want to work.

Bill White: Do those clients include both private treatment organizations and professional associations?

Carol McDaid: Yes, they do. Historically, the core of my work in the addiction field has been representing non-profit, residential, and addiction treatment centers and various trade associations like the American Society of Addiction Medicine (ASAM) and the National Association of Addiction Treatment Providers (NAATP). That work generally involves two phases: getting key pieces of legislation passed and then working on the regulations that implement that legislation.

Bill White: How would you describe your range of daily activities?

Carol McDaid: Since Congress banned what was known as, “earmarks”--where you could get budget dollars appropriated to a particular organization, my work has increasingly been working with coalitions in Washington to pass broader pieces of legislation. The addiction space is changing. Historically, there were very small trade associations and very small organizations that were not well-funded and not serious players as political advocates. So they began to band together and work in coalitions. That’s increasingly true for almost every advocacy issue in Washington. Work in Washington is also increasingly polarized so it takes longer to get things passed. A lot of my activities involve coordinating and managing the activity of various coalitions, which is time-intensive work involving endless e-mails, individual calls, and conference calls. So my average day is filled with conference calls, writing one-page position statements, meeting with Congressional staff, bringing clients to meet members of Congress, regulatory work, and hammering out the details of how a law will get operationalized. I think most people don’t realize how important that work is. The implementation stage provides an opportunity for your opposition to come in and try to re-write what they view as the damage done to their interests by the passage of a law. You really have to keep a keen eye and be involved in that process, but it’s not fun, it’s not sexy, and it’s not easy. It’s about lawyers, technical work, and getting studies identified that support your key points.

Advocacy Lessons

Bill White: I’d like to take you in to some of the issues you’ve taken on and Parity was such a big one. Could you share the background of the Parity effort?

Carol McDaid: The Parity effort has a long history but it gained momentum in 1993 and 1994 when Rosalynn Carter and Betty Ford appeared together in Washington advocating equal access to addiction and mental health care. By then, states like Minnesota, New York, Maryland, and Connecticut had passed their own state Parity laws. States are often laboratories of such models before things land in Washington. Then in 1995 and 1996, the first mental health Parity bill was introduced in Washington. Ultimately, addiction was tossed out of the bill when it came to the Senate floor because people feared the inclusion of addiction would lose votes. There was an advocacy group on the mental health side saying that addiction wasn’t a disease. That’s since changed, but in those days the National Alliance on Mental Illness (NAMI) DC office was not convinced addiction was a disease. When addiction was deleted from the bill, it was a big loss for myself and the people that I worked for. I got really determined after that. I had already had

my own negative experiences with my own addiction treatment not being paid for, and I was mad about it. I think anger is a part of what motivates advocacy and I had that anger. I knew that other people were in trouble if I, with the fabulous insurance that I had from Price Waterhouse could not get my treatment covered. So, I decided that was going to be my big issue. It took a very long time, twelve years, to get it passed, and there were a lot of times when my clients said, “Carol, this is a loser issue. We don’t need you to work on this in the next legislative session.” I kept limping along, pretending like I had clients when I didn’t in some years. I was fortunate to finally convince some that we had a shot at getting it passed and with their help we finally got it enacted.

Bill White: What was the most important lesson you learned in that process?

Carol McDaid: I think one of the biggest lessons I learned is that when an issue is stigmatized and you have very well-funded opposition, it is important to work collaboratively as much as you can when building coalitions. There were great challenges and fears getting the mental health advocates and the addiction advocates to work together comfortably and I myself had become a card carrying purist addiction advocate. There was a level of mutual animosity that had to be overcome. We probably could have gotten that parity bill passed anywhere from three to five years quicker if we had worked together across these two fields from the start. Instead, we had to purge some bad mutual history on both sides and get through debates over whether addiction was a volitional choice (and a crime) or a legitimate brain disease on par with such conditions as major mental disorders. Understanding how to get through such issues to build effective coalitions has been foundational in all of my subsequent work.

Bill White: One of the areas that you’ve recently taken on is advocating more effective responses to the opioid epidemic that we’re experiencing in the U.S. Could you talk a bit about your activities in that area?

Carol McDaid: Between 114 and 120 people die each day from opiate overdoses. Sadly, attention on this issue did not reach critical mass until those deaths reached into affluent families and affluent Congressional districts. The media’s done a good job reporting on these deaths and the role of prescription painkillers and resurging heroin use in the country. This emerging crisis set the stage for preparation of a bill—the Comprehensive Addiction and Recovery Act, commonly known as CARA. The way this bill was developed was a perfect way to build momentum for legislation. There were tons of organizations of all different stripes and colors around the table. Everybody offered ideas and draft language, and it was the first time that I ever felt that the addiction recovery community was at the table on an equal footing with other constituencies. We were able to get several sections of the bill and millions of dollars designated for programs that people care about and that could address the opioid epidemic in an assertive and effective way. This was quite a change from earlier days when we had had to beg for a seat. In this instance, they were begging us to come to the table. And we were able to get all kinds of programs included to address the epidemic, including expanded funding for recovery community organizations, recovery high schools, and collegiate recovery communities. I worked this time with Young People in Recovery to get these provisions included, which had long been a dream of those of us who had worked on this earlier within Faces and Voices of Recovery. We did not

get everything we wanted, of course, and there is much left to be done, especially in breaking down barriers that keep individuals from sustained recovery.

Bill White: This seems to rest on the idea that people seeking recovery from opioid addiction and other addictions need pathways of re-entry into the community which may require removal of some of the historical obstacles to such participation.

Carol McDaid: Yes, this has been a sustained effort and there's also a commission that we worked on to get specific laws repealed that posed such obstacles. Such efforts were not always supported by the broader coalition. There was not Republican support for this, and instead, we got a commission on the collateral consequences of addiction that addressed people not being able to get education, employment, housing, and healthcare because of various laws and regulations. Fortunately, we've gotten pieces of this done over the years. We have gotten partial repeal of the ban on federal financial aid for people with past drug offenses so that people in recovery would have equal access to such resources regardless of their drug history or criminal record. We want to repeal the ban on access to federal housing for non-violent drug offenders. We want to get restrictions on access to food stamp bans lifted and to provide relief from drivers' license suspensions for people in stable recovery. The list goes on and on. Addressing America's addiction crisis will require removing such barriers and offering the kind of expanded services contained in the CARA bill.

Bill White: What's the current state of CARA, in terms of this likelihood of passage?

Carol McDaid: The good news is that there is strong bi-partisan support in bills in both the House and Senate; the bad news is that we have not yet had a hearing on the bill. The bill was discussed at a House Subcommittee hearing in July and I think its prospects are good for a hearing in the Senate before year's end. There's a lot of bipartisan support for curbing the opiate epidemic and there is even greater bi-partisan support for criminal justice reform, which could enhance the prospects for the passage of CARA. I think it's very possible that we will see CARA passed in the next session of Congress given this now rare bi-partisan support. I can't say enough about how the political dynamic has changed with this opioid epidemic in our country. In the old days, I used to have to beg people to get a meeting in Congress on addiction issues. And now they're calling us up in a panic requesting that we meet with them due to recent overdose deaths within highly influential families.

Bill White: It seems one of the advocacy lessons is the need for that sense of urgency and how to best capitalize on that.

Carol McDaid: That's exactly right. One of the lessons we've learned is how you can turn tragedies into opportunities. The deaths of Phillip Seymour Hoffman and others set the stage for our work on CARA and provided an opportunity that had not politically existed before. The trick is learning how to respond to tragedy, facilitate needed healing, and give the event the dignity it deserves without opportunistically exploiting the tragedy. There's a real subtle difference between giving meaning to a tragedy to prevent others such pain and shamelessly exploiting tragedy for personal or institutional benefit.

Lessons Learned

Bill White: I want to explore some more advocacy lessons with you. You talked earlier about the importance of collaboration and coalitions. There are a lot of states right now involved in coalition-building between the mental health and addiction providers. I'm wondering if you have any further thoughts on how this can best be achieved.

Carol McDaid: You have to start by recognizing and acknowledging the real sense of distrust that has existed between these communities. You have to build a strategy that moves fairly slowly at the beginning. I basically had to swallow my pride and say, "You know, we're not going to get this bill passed if we don't work together." And influential people can help. At one of our early coalition meetings, Patrick Kennedy gave us a swift kick toward this by basically saying, "If you want me to work on this bill, you're going to have to work together." That helped. The addiction advocates hosted the first meetings and we had to live through this period where no one was saying anything. It was all kind of this wait and watch. And I got a lot of crap from other people in the addictions field asking me why I was working with the enemy and arguing that all the mental health people wanted was to take our funding.

One of the lessons I learned was the need to identify a friendly partner on the other side and to show that partner that you were willing to burn up some of your own political capital on making the collegiality and the collaboration work, even when you don't agree with them on every issue. The first couple of years, it was not easy. But I knew in my gut that's what it was going to take to get Parity done. And then, like anything else, once you start to see some success, all of a sudden, it was everyone's idea and it all is working out. Success really does have a thousand fathers. I was worried after Parity passed: will this coalition fade? I'm really pleased that we've been able to maintain the Coalition for Whole Health that was formed to help with the passage of the Affordable Care Act and other legislative efforts.

Bill White: I've heard you talk about the need to become students of history and the need to learn from the mistakes of our predecessors. Could you talk a little bit about that?

Carol McDaid: Yes. One of the reasons I wanted to do this interview was so that people could learn from some of the mistakes I made, like initially being a purist and only wanting to work on addiction issues and not wanting to work with mental health advocates. I also learned from some of my predecessors. I've studied past efforts at organizing the recovery community and I've learned the value of talking about recovery rather than focusing solely on addiction. I've gratefully stood on the shoulders of those who went before and learned from the mistakes and successes within their histories. I really want other people to do that with the work that we've done over the years.

Bill White: You talk often about the need to create a constituency of consequence. How do you do that?

Carol McDaid: A lot of it is just old-fashioned shoe leather. That's one of the things that I'd give Faces and Voices of Recovery a lot of credit for in their early efforts. When you want to be a constituency of consequence, it's tempting to rely on webinars, teleconferences and such, but, in my view, I think you've got to show up at the tables where important policy decisions are

being formulated and keep showing up. I know young advocates may not agree with me on this but I know for sure it was key to Faces and Voices' success. When Faces and Voices began, we were everywhere. I tried to replicate this with Young People in Recovery by making sure that YPR was invited to every meeting of significance. You build a constituency by mobilizing your people to be at every forum and hearing where a public record is being created to help shape policy. My role is to help the groups I represent get invited and, where possible, included within the agenda to help establish a solid record of support of our cause.

The other thing in building a constituency of consequence is that you have to be really sharp on your issues. That seems silly; call me Captain Obvious on that one, but, if you have a narrow issue like addiction recovery, you have to bring a depth of knowledge on that subject that others do not have who are at the table. When people recognize that, doors open. You have to become THE issue expert on recovery schools or on recovery community organizations, and we've done that in our field. I give people a great deal of credit for that because people now identify and call people in the organized recovery community on these issues. And they don't just have a few of us to choose from anymore. That's what happened when the opioid epidemic arose because people knew who to reach in and out of the recovery community to get answers to critical questions.

Building a constituency of consequence also takes money, and we should not be shy about developing and getting funding or the need for people in paid roles to perform some of this key work on our behalf. When I look back at some of my predecessors, funding problems have always plagued our effectiveness. People get very nervous about taking funding from outside groups, and I agree that we shouldn't take money from individuals or organizations that profiteer off people's addiction. But if you look at other health care constituencies of consequence, they have taken funding from medical groups to advance their cause. So, I've tried to develop criteria about what kind of money to take, and I think a lot of recovery community organizations are also developing such criteria. It takes funding to build constituencies of consequences. I don't think we need to be embarrassed about that. Expertise, collaboration, and funding have been three key parts of developing a constituency of consequence as have been building relationships of trust with people who can influence policy on our issues.

Bill White: How important has social media been as part of these advocacy efforts?

Carol McDaid: Critical, absolutely critical. I did not jump on the social media bandwagon early on because I had been used to doing my job in a certain way and I kind of kept doing it that way. It took time to develop social media expertise and recognize the need to hire people who were younger and smarter than me who had great skills in this area. It has since been a critical part of my work. I think all you have to do is look at Young People in Recovery to see how effective social media can be for mobilization, training, and support.

Bill White: You've talked about the need to create a narrative whether you are doing this in face-to-face or social media communications. Could you elaborate on what you mean by that?

Carol McDaid: There are these preconceived notions about people who are addicted, people who are in recovery, and the people who treat addiction. I think we have to create and deliver a narrative of who and what we are and what we're asking for that takes into account those preconceived notions. One of the reasons that I really liked the "Our Stories Have Power" messaging and media training that Faces and Voices of Recovery developed is that it really tells

people how to tell their story in a way that is understandable to people outside the recovery community. Similarly, I have watched the successes of addiction physicians who tell patient stories as well as the neurobiology of addiction. This first presentation must then be followed by an advocacy message and that message must flow from one's story. We have to be clear on what we are requesting. When you're dealing with policymakers, they want you to re-elect them. So, they want to be seen as doing something for you so you'll remember them when it's time to vote in November. And you have to have data to back up your request. I think you have to have a one minute, five minute, and ten-minute version of this as well as a one-pager and a five-page paper that could be presented as testimony at a meeting or formal hearing. Sometimes, advocacy for me is riding by mistake on an elevator with a member of Congress and I've got between the sixth and the fourth floor before they run out to go vote. I've got to have my one-minute elevator speech ready. And I call it an elevator speech because, literally, that's what that is. You might be in an elevator with somebody who is a key influence in your community and you've got to be able to spit out what you're doing and what you want and why they should support that request. You have to have this down! You have to be ready to present this at the drop of a hat without practice or notes in any situation you find yourself in. We have to be very, very thoughtful with our choice of words and their meaning.

Bill White: Within the advocacy arena, there is so much focus on getting legislation passed, but you've cautioned us about the transition from legislation to regulation. Could you elaborate a bit on that?

Carol McDaid: Yes, Parity's a great example. There's a tendency for folks to think that a law would pass, the President would sign it, a light switch would turn on and all of a sudden, benefits and coverage and reimbursement would start flowing like water out of a spigot. That's not how legislation works. A lot of people also thought we were being picked on because the implementation was so slow, but that's not the case either. Every law that passes has regulations that operationalize it. That really wasn't made clear in our civics classes. Regulations is where the legislative rubber meets the road. And regulation is not fun. It's not sexy. You can't easily mobilize people around it because the process is so detailed and technical. But it is essential to the final outcome of any advocacy effort.

We're working now on getting regulations that clarify exactly what documents health plans have to make available to demonstrate Parity compliance. This is really where you need technicians and experts. And, unfortunately, the process takes technicians, experts, lawyers, and benefits consultants. You need to be able to write a twenty-page comment letter on a proposed regulation. I can't underscore enough how critical regulations are. Great movements like the Civil Rights Movement take sustained effort; it took it 46 years to get parts of key civil rights legislation fully integrated into regulations.

Bill White: What you just said reminds me of your saying we need to shift from defense to offense in our advocacy work.

Carol McDaid: I do think this is another lesson that folks could learn from me. When I first started doing this work, I saw myself in this David and Goliath battle. I'm probably oversimplifying, but it was us poor recovery advocates pitted against this giant insurance industry. We're trying to take them on, and they've got all the money and power, and we've got one hand

ted behind our back because our people are stigmatized and our organizations are poorly funded. It was convenient for me to keep that attitude because it kept me in the game and kept me motivated. But this us against them mentality can be counterproductive and very draining. When I looked at myself in the *Anonymous People* documentary, I realized how burned out I'd gotten. My image in that film was a symbol of how I'd let everything in my life go because, for twelve years, and particularly the last five, my life was these major legislative initiatives. And I had a great excuse for it, right? There were these landmark bills that were the two things I wanted to accomplish in my career, and we got them done, which is fabulous. It was a lot of work from a lot of people—certainly not just me. But, it comes at a price and when you have this defensive mindset, it burns you out quicker. My life was a glaring example of that. When you're playing on offense like we are now, people are calling us asking for our expertise, and they are fairly desperate about needing it quickly. It's a whole different ballgame, and I can take a breath and think about what we can best do to respond to these requests. But I don't have to cancel everything in my life now to do it. When you're playing defense, you have this sense that any little thing could be the thing that can break the deadlock, and it drives you. I was playing it hard and fast for too long. We worked holidays and weekends. It was all work. That was just what we did.

Bill White: Do you have any thoughts about how people can best sustain themselves in prolonged recovery advocacy work?

Carol McDaid: I think it begins with realizing that if you're not well, the work's not going to go well. It seems fairly obvious, but I once thought I could make up for our lack of power and funding through sheer grit and determination. I had to learn to train and use my staff and rely on more of our partners through this process. I had to realize that I couldn't do it alone. Bill, I've been really lucky to hire really smart people--women who have worked with me over the years, and who have succeeded when I let them take on critical tasks. If your daughter's graduating from college, you allow your number two to be number one and that builds her capacity, and it's not all on you anymore. Believing in and developing the people around you is critical--maybe even throwing them out in the deep end of the pool sometimes.

I've also found that formalized scheduling of your personal time can help—things like setting up personal care and socializing with friends and family as if it's an appointment for work. That really helped me even though it was really hard at first. If we're totally unmanageable about self-care, then that tells other people, in order to be a good advocate, you gotta give up everything else and that's totally the wrong lesson. I'll never forget one time at McShin when we were doing some skits. John and I have big personalities and some of our clients were having a good time roasting us. They did this thing of me with high heels and a business suit rushing through at ninety miles an hour saying, "Oh, I'm so exhausted! I've been rushing all these phone calls." Everyone laughed, of course, including me, but I saw that I was projecting an image of recovery and advocacy as one of being a stressed-out mess. That had to change.

Bill White: I've also heard you talk about the importance of celebration and praise in keeping group morale up in some of these long struggles.

Carol McDaid: You cannot do it enough. It started with me promoting my staff and putting them out front and extends to sending out an e-mail praising individuals and the collective effort at every state in the process, such as every time someone gets a new co-sponsor on a bill. This isn't treating people like children; this is building morale and momentum. You send a message to your own advocates that, "Hey, this is happening. We are getting there. What you are doing matters!" Praising people, praising small victories, giving people credit, that's how successful movements are built. It's easy to get caught in your ego, "Well, I've worked harder so I should get more credit." That's how you kill a movement.

Bill White: Let me insert another chapter in your career that you referenced. During the course of your work, you also co-founded the McShin Foundation. Could you share a little bit of that story?

Caro McDaid: Sure. My husband and I live in Richmond, Virginia, and at the time this chapter of my life begins, there was a 25-day waiting list for a public sector treatment bed. By that time, I had been representing residential treatment centers and others in the addiction field for just shy of a decade, and it felt funny to be doing all this work nationally on access to addiction care, but not addressing this need in my own backyard, other than letting people stay in our house (We had started to run out of sofas). That was when my husband and I decided that we would formalize what we were doing by starting the McShin Foundation. This was also the time in the late '90s when recovering individuals were starting organizations catering to unmet recovery support needs and championing peer-to-peer recovery support models. The work with McShin over these years has helped ground me and much of my national recovery advocacy work.

The Recovery Advocacy Movement

Bill White: You've had long relationships with Faces and Voices of Recovery, Young People in Recovery, and other recovery advocacy organizations. What are some of the most important achievements to date of the new recovery advocacy movement?

Carol McDaid: I'll give you an example. In order to pass Parity, we had these national call-in days using a 1-800 number where everyone would dial in with the same message on the same day to key members of Congress. We had one scheduled aimed at influencing a scheduled October vote in the House on the Parity bill. It just so happened that September was National Recovery Month so we got clever and passed out this 1-800 number at all the Recovery Month activities that were taking place around the country. You never know whether people are really going to call in. I was feeling desperate to get a vote on this and so I told everyone I wanted to do something that you don't do normally—that rather than call their member of Congress and request a floor vote on Parity, to call the person that ultimately makes a decision in calling such a vote, in this case House Speaker Nancy Pelosi. I had every single call going right into her Speaker's office. And if we filled up that phone tree, it would spill over into her personal office and to other offices that she had around the Capitol. It turned out that many called in who'd gotten the number at the September Recovery Month events and we got 10,000 calls made on that day to the House Speaker. That really cemented Faces and Voices of Recovery as a constituency of consequence and revealed the political power we were able to mobilize. I got a

lot of tongue-wagging at me for that strategy and a plea to “call off the dogs,” but it worked and revealed how effectively people in recovery, their families and their allies were being politically mobilized. I get a lot of credit for the passage of Parity, but Patrick Kennedy, Jim Ramstad, and the entire field, including Faces and Voices, were instrumental in that success. YPR is playing a similar role in the development of the Comprehensive Addiction and Recovery Act. There have been a series of forums convened in Washington to help promote CARA with expert panels, and YPR has helped assure that there’s a person in recovery on each panel advocating for the grant programs that I mentioned that will support the development of recovery support services. That same thing has been happening at state and local levels across the country. The most important achievement of the advocacy movement is having given people in recovery and their families channels of influence into policy development in the United States. We’ve become that constituency of consequence that I have called for, and we’ve achieved that through the individual and collective work of recovery advocates across the country.

Bill White: What do you think are some of the most critical issues facing the future of this movement?

Carol McDaid: Lack of unity is a biggie. There’ve been some recent efforts at organizations merging, but there remain generational tensions between Faces and Voices and YPR—two of the oldtimers and newcomers in the movement, just as there was earlier tensions between NCADD and Faces and Voices. I find that particularly troubling, frankly. It’s not about whether we help the newcomers along; we must. This notion about that these new upstarts are not recognizing the contributions of those who went before must be cast aside. If you’re a real leader, you train and bring up the people behind you, period. You don’t want them to have to go through what you did. This lack of unity troubles me, and it’s not just Faces and Voices of Recovery and YPR, it’s the recovery high schools versus the collegiate recovery programs and on and on in all kinds of other areas of movement involvement.

I’m really trying to not just run my mouth about this. If you’ve gained political capital over the years, you need to use it. You know what I mean? I’m trying to use some of mine, not political capital like on Capitol Hill, but political capital within the recovery community to extend this plea for unity. I want to do what I can to bring people together to strengthen the movement and prevent us from fighting over a small pot of dollars.

Career-to-Date Reflections

Bill White: As you reflect back over your career, are there other challenges you’ve faced that we have not yet touched on?

Carol McDaid: There are times that people who’ve worked in recovery advocacy in full-time, paid positions have been subject to criticism, and I have faced some of that. Our field is dominated by non-profit organizations, and some feel that those who work for a private corporate interest or who make a good living doing this work are somehow not as pure as others. They are sometimes perceived as Machiavellian and only interested in their personal and corporate interests rather than the welfare of the recovery community. I take great offense at that because of how much I have given to this movement and how much pro bono work I have done and continue to do. My husband didn’t take a paycheck for five years when we started McShin.

This kind of small-mindedness that you can't do worthwhile work and live well doing it is self-defeating. This is not to say that there's not profiteering going on. We have to forge clear criteria to measure who is helping and who is harming this movement to increase support for personal and family recovery. Such criteria will help people face any potential criticism from within the recovery community that they or their organizations are "selling recovery." People have to realize that there are services RCOs provide that are far beyond traditional sponsorship. People who provide these expanded supports should not be disrespected by the very community they are trying to faithfully serve.

Bill White: As you look back over the work that you've done to date, what do you feel best about?

Carol McDaid: What I feel best about is putting the recovery community on the map as a political force in Washington. That has been my major goal and, to the extent we have achieved that, my major accomplishment. Playing a small part in that makes me feel proud. Working with others to get Parity passed is a highlight because I think it's a fundamental civil liberty that people with addiction should get equal access to healthcare coverage, as is getting addiction and mental health as mandatory benefits in the Affordable Care Act. This means that addiction/mental health are on deck with primary healthcare and can no longer be treated as this secondary entity. Those three things are what I'm most proud of.

Bill White: Is there any closing guidance you might offer to other people entering this recovery advocacy world?

Carol McDaid: I think the most important thing is to become knowledgeable on issues and develop a depth of knowledge beyond your own recovery story. I think that some people in recovery think that knowing a lot of data makes you less cool, but what we need are recovery advocates who have done their homework on key issues. You put points on a scoreboard and win issues and you become indispensable, and you win based on the knowledge and influence you can generate. If you want to be an effective advocate, become an indispensable expert on an issue close to your heart. Somebody eventually is going to need that expertise. The other guidance I would offer is to open your mind to working with non-traditional partners—a task that requires checking your preconceived notions at the door.

Bill White: Carol, thank you. This has been wonderful.

Carol McDaid: Bill, thanks so much for including me in this interview series. I've enjoyed doing it.

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