

The Life and Legacy of Lisa Mojer-Torres

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On April 4, 2011, Lisa Mojer-Torres died at the Hospital of the University of Pennsylvania from the ovarian cancer she had so valiantly fought. Lisa seemed so indestructible to those of us who knew her that we were deeply shocked by the news of her death. We were so sure that she would win this battle just as she had prevailed in her battle with addiction and in changing how people viewed addiction treatment and recovery.

After receiving her B.A. from Boston University and her J.D. from the University of New York, Lisa worked as a civil rights attorney licensed in both New York and New Jersey. She also served as the Consumer and Recovery Advocate for the New Jersey Division of Addiction Services. Lisa was a leading figure in the new addiction recovery advocacy movement. She served as a founding member and first chairperson of Faces and Voices of Recovery and was a board member of the National Alliance of Methadone Advocates. Her advocacy activities also included congressional testimony, media interviews, presentations at innumerable conferences, serving on multiple advisory boards—including the National Institute of Medicine and the Center for Substance Abuse Treatment, consulting with countless local treatment and recovery support programs, marching in recovery celebration events and, of course, her professional writing-- including the 2010 monograph *Recovery-Oriented Methadone Maintenance* which I had the privilege of co-authoring with her.

Lisa was the recipient of many national awards for her recovery advocacy work, including the first Public Service Award presented by the National Institute of Drug Abuse, (1996), the Johnson Institute's Award, "America Honors Recovery" (2006) and the Richard Lane and Robert Holden Patient Advocacy Award from the American Association of Opiate Addiction Treatment (2010).

Anyone who spent any time with Lisa could not help being struck by her personal integrity and the love she had for her family. She often spoke of her parents, Joseph R. Mojer (who preceded her in death) and Gwendolyn Walters Mojer, her husband, Rolando Torres Jr., her sons Matthew and Liam, and her siblings and extended family. The brightness of the world we live in is diminished for us all by her absence.

I first met Lisa at the historic 2001 Recovery Summit in St. Paul, Minnesota and had many opportunities to collaborate with her over the subsequent years. I am thinking today of some of the milestones in our work together. They reveal why she had such an important influence on my life and work.

At our first meeting in St. Paul, Lisa and I eyed each other skeptically—feeling that we each represented very different ends of the recovery advocacy continuum. I perceived her solely as a methadone advocate, and she saw me as coming from the mainstream advocacy movement that had in the past so often expressed its discomfort if

not hostility towards methadone maintenance. By the end of that meeting, we had both allowed ourselves to get to know each other as persons beyond those categories. We ended that meeting believing that we might have a lot to learn from each other. I was struck by Lisa's toughness in challenging the stereotypes held by others, but I was even more impressed with her openness to confront that same capacity in herself.

In the ensuing years, Lisa and I had the opportunity to sit on numerous committees together, share many podiums and get to know each other as colleagues and friends, but it wasn't until a presentation Lisa made in Illinois that I first heard her full recovery story. My thinking about medication-assisted recovery had been evolving for years from open hostility to ambivalence to tepid support to intellectual advocacy, but the power and eloquence of Lisa's story marks the first time I accepted medication-assisted recovery in my gut. Here was someone who had achieved recovery through the use of medication whose character and quality of living and service matched anything I had witnessed in diverse communities of recovery. Many more such acquaintances would follow, but Lisa was the first person who truly put a face and voice on medication-assisted recovery for me. My deepest feelings about the potential role of medications in recovery were forever changed by that encounter. All of the words I have written and spoken on medication-assisted treatment and recovery are a product of our discussions and Lisa's challenges that I could not be silent on this subject.

I interviewed Lisa in 2007 as part of the series of interview in the Profiles in Recovery Advocacy posted on the Faces and Voices of Recovery web site. The interview itself went very well and I sent a copy of the transcription to Lisa for her to review and refine. The transcript was so "clean" I expected we would complete and post the interview in a matter of days, but the days stretched into weeks with Lisa calling me regularly to discuss the smallest of word choices. Even when she submitted the interview to me, she continued to send changes right up to the moment it was posted. What is most revealing is that this process was not about Lisa's aspirations for perfection, but her belief that words could change the world and thus the words had to be perfect. This was not about ego; it was about using a one's thoughts, words and actions as instruments to change the world. If there is a Rosa Parks of medication-assisted recovery in the United States, her name is Lisa Mojer-Torres.

In 2009, I approached Lisa about working with me on a monograph on medication-assisted treatment and recovery. She readily agreed and expressed her hopes that her continued treatment for ovarian cancer would not inhibit her work on the project. In the span of time in which we worked, there were good periods in which her health and voice were strong, but there were also periods in which the treatments made Lisa very sick and weak. It was during those periods that I told and sometimes pleaded with Lisa that we could take a break in the work until she was feeling better. She always refused. She said simply that the work was too important to postpone and that she needed what we were doing to take her mind beyond the cancer. I recall times when we would have to pause in our discussions for a moment until a wave of nausea passed, but she came right back to where we had left off and moved forward. She was tenacious.

In the summer of 2010, I sent Lisa a first draft of the monograph that integrated what she and I had separately drafted. It contained a sweeping synthesis of the science of methadone maintenance and quotes from some of the modern clinical pioneers of addiction treatment. She called shortly afterwards to tell me that we had left out the most important voices—the voices of methadone patients! So for many weeks we posted notices at opioid treatment programs and recovery advocacy web sites offering current and former methadone patients an opportunity to weigh in on key issues addressed in the monograph. We were specifically looking for persons for whom methadone had been or currently was a central support for their recovery initiation and/or maintenance. We had no idea what the response would be, but I will never forget Lisa's first calls telling me with bubbling excitement that emails and phone calls were pouring in from many directions and that these messages contained detailed suggestions on how the recovery orientation of methadone maintenance could be enhanced. Beyond our immediate project, those calls convinced her that there really was a large and hidden population of current and former patients who one day would step forward and put a face and voice on medication-assisted recovery. With Lisa, it was always about the patients and the potential power they could wield if they stood in unison.

Lisa, you touched so many of us in this movement in ways we could never fully express to you. If anyone could ever doubt the power of one person to make a difference—to change the world, your life is that evidence. We hope you are resting easy in the knowledge of how much you achieved and how much you were loved. We will miss you dearly, but we will not let your vision or your legacy die.