SPEECH BY MICHAEL KIRBY
TO THE EMPIRE CLUB OF TORONTO MAY 17th

Dr. John Niles: The Empire Club of Canada is a not-for-profit organization that was founded in 1903. We're proud to be North America's oldest national speakers... speakers forum of record. And of course new members are always welcome to join. If you wish to know more about us, please go to our website, empireclub.org, and you'll find more than 3000 speeches of the previous speakers, all the way back to 1903.

I would now like to introduce to you our distinguished head table guests. They will rise briefly as I introduce them. Please show your appreciation only after all of the head tables have been introduced. And so now, from the audience's far right: Sylvia Morwitz (ph), Treasurer, Canadian Alliance of Children's Health Care; Director, the Empire Club of Canada. Christian Henderson (ph), independent student. Now, Christian is a courageous young man who, at the age of 14, recognized his emotional difficulties, approached his mother and asked for help. Christian dropped out of the formal educational system at that time, when he was in grade nine, and embarked upon a five-year journey of dealing with his mental health challenge. One year ago, motivated by his own desire to accomplish educational recognition, he wrote the General Education Development, or the GED, exam. He was successful, and acquired the GED certificate, high school diploma equivalent. In the future Christian hopes to expand upon his personal experience and is considering the field of early childhood education. He's also the son of Sylvia Morwitz.

(Applause)

That's the only exception to the rule I (inaudible).

(Laughter)

Georgina Steinski Swartz (ph), President and Chief Executive Officer, Imagine Canada. Jan Koodum (ph), Chief Chaplain of the Whitby Mental Health Centre. Dr. John Rodor (ph), Senior Investigator, Samuel Lunfield (ph) Research Institute, Mount Sinai Hospital. Bridget Murphy (ph), Chair, George Hull (ph) Centre for Children and Families; Senior Vice-President, the Dominion of Canada General Insurance Company. And Paul Beeson (ph), Chair, Board of Trustees, Centre for Addiction and Mental Health.

From the audience's far left: Verity Craig (ph), original Director, Haines (ph) Executive, Director of the Empire Club of Canada. Dr. Peter Menzes (ph), Clinical Head, Aboriginal Services, Centre for the Addiction and Mental Health. Helen Bursten (ph), Chair, Ontario Trillium Foundation. Gordon Floyd (ph), Executive Director and Chief Executive Officer, Children's Mental Health of Ontario. George Cooke (ph), President and Chief Executive Officer, the Dominion of Canada General Insurance Company; Past President of the Empire Club of Canada; and our sponsor representative today. Thank you so much, George, for sponsoring the head table. OK, fine.

(Applause)

And Michael Kirby, Chairman, Canadian Mental Health Commission. This is your head table.

(Applause)

Senator, honoured guests, past presidents, directors, member and guests of the Empire Club of Canada. It was the Emmy-nominated actress Elizabeth Lawrence (ph) who said there is a garden in every childhood, an enchanted place, where colours are brighter, the air is softer, the morning more fragrant than ever again. Though this ought to be the case, for many children this is not the case due to mental illness. Mental health is fundamental to child's... to a child's social and emotional development, and therefore to their well-being and function throughout their entire lifespan. However, an estimated 14 percent of children in Canada -- that's 800,000 children -- experience mental disorders that impair functioning. Anxiety, behavioural issues, depressive disorders are the most common mental disorders among children. Mental disorders frequently persist into adulthood. Given this association, the costs both to the family, to the community, to the government and the... of... and the health care system is great, but it is a cost that must be paid and it is cost we must bear.

Today our speaker will highlight this very important issue for all of us. And even though we are city of the Leafs, we still like to honour a Canadian Senator every so often.

(Laughter)

Especially from Ottawa. Senator Michael Kirby was born in Montreal, and he received a B.Sc. And an MA in mathematics and... from Dalhousie University. And in 1965 he received a PhD in applied mathematics from Northwest University. In 1997 he received an honourary degree of Doctor of Laws from Dalhousie University. Senator Kirby was Principal Assistant to the Premier of Nova Scotia from 1970 to 1973, and served as the Assistant Principal Secretary to the Prime Minister from 1974 to 1976. He was the president of the Institute of Research on Public Policy from 1977 to 1980, and from 1980 to '83 Senator Kirby was the Secretary to the Cabinet for Federal-Provincial Relations and Deputy Clerk of Privy Council.

Now, he said you need to stop soon because people will think he can't keep a job.

(Laughter)

But from 1982 to 1984 Senator Kirby was also the Chair of the Task Force for the Atlantic Fisheries and the task force responsible for a restructuring of Canada's east coast fisheries. In 1983 he was appointed to the Senior Corporate Vice-President of Canadian National. He was summoned to the Senate in January the 13th in 1984. And from 1984 to 1994 Senator Kirby was Vice-President of Goldfarb Consultants, an international market research firm, headquarters in Toronto. And from 1999 until 2006 he was the Chair of the Senate Social Affairs Committee. He was the principal author of 2002's report by the Committee of Canada's health care system. And in August of... 15, 2006 he announced his resignation and left the Canadian Senate effective October 31st, 2006, and now serves as the Chairman of the Canadian Mental Health Commission. Please (inaudible) Senator Michael Kirby.
(Applause)

Michael Kirby: Thank you, John, for those words of introduction for an Ottawa Senator, but I guess that's what you get when you get invited to a city that doesn't appear to have a hockey team.

(Laughter)

It's alright. It's not very often we get a chance to use lines like that.

(Laughter)

I... I want to just make a couple of comments about my head table colleagues up here today, first to thank George Cooke, who I've known in a variety of incarnations that I've had because, as... as you heard from John's introduction, I do have difficulty holding a job. The reality is I've... it's quite a different rationale, really. I've simply spent my life working on the theory that it's hard to hit a moving target.

I also want to congratulate John Niles. I... some of you... most of you probably don't know this, but there was a long -- and I mean very long -- feature article in The Ottawa Citizen on the weekend on John and his wife and the role they have played in helping so many children. And I want to say John, as having read the article along with my wife with some great interest, I really want to tell you it's... not only is the article good but, far more importantly, what you've done is absolutely spectacular.

(Applause)

And finally, I do want to say thank you to Christian Henderson for coming here today and being willing to... to... to come up and be introduced and be at the head table. I... as... the one thing that this... that my work in mental health has taught me is how difficult it is for someone with a mental illness, because of the stigma that's attached to it, to be willing to publicly acknowledge it. And Christian, I want to... I want to tell you I know how tough that was to do, and I think it's... it's examples of people like Christian that will ultimately enable us to begin to make progress on the stigma that is so clearly attached to this issue. Thank you.

(Applause)

I'm... I'm delighted to once again have the chance of talking to the Empire Club. The last time I was here, which was a couple of years ago, my subject was called Curing Canada's Sick Health Care System. And what I was doing at the time was talking about the details of a report which the Senate committee that I chaired produced in October 2002, a report really on how to reform the hospital-doctor or acute care system that is now being extensively followed by most provincial governments across the country.

Then last May, a year ago next week as a matter of fact, the Senate Social Affairs Committee, which I was still chairing, released another major report, this time on mental health, mental illness and addiction. And it's really as a result of that report, which was called Out of the Shadows at Last, that I stand before you today.

For the first time in Canadian history, that report shone a national spotlight on the issue of mental illness and mental health. And I point out to you that there are 300 task force reports of various kinds on the national health care system, and this was the first one -- the first one -- that dealt only with mental health, which is a very interesting observation on how unimportant this issue has been to Canadian governments for such a very long time.

Two months ago in the federal budget I was asked by the federal government, by the Prime Minister, to chair a mental health commission, the Mental Health Commission of Canada, which was recommended by the committee in our report, Out of the Shadows at Last. And his fundamental, overriding task his to ensure that mental health issues never again return to the shadows in this country.

I'll focus today on the crucial issues that face us in this regard, a key one of which is ensuring that the mental health in children and youth is given the attention it deserves. Before I do that, let me just say a couple of words about the Mental Health Commission.

One in five Canadians will experience a significant episode of mental illness over their lifetime. And yet, it's been estimated that only one-third of those people will benefit from professional consultation or actually get to see someone who could help them. Can you imagine the outcry that would exist in this country if one-third of the people suffering from any other illness were all that got treated, and if two-thirds of them were in fact... did not receive treatment at all? Imagine if that were true for cancer or heart disease. Clearly, this has to change.

People living with mental illness have the right to obtain the services and supports they need. They have the right to be treated with the same dignity and respect that we give to people who are struggling to recover from any of the physical illnesses. The good news is that, for the vast majority of people living with a mental illness, recovery is possible. When I speak of recovery, I don't necessarily mean cure. I don't mean recovery in the sense that a broken leg gets... gets fixed and it's good from then on. Because recovery will in fact mean different things to different people. For many, recovery will mean finding a way of living a satisfying, hopeful and even productive life within the limitations caused by their illness. For some others, it will mean the reduction and, in many cases, the complete remission of symptoms related to their illness. There's widespread agreement across the entire mental health community, not just in Canada, but in other OECD countries, that recovery as I've defined it must become the goal of the mental health system. And so the role of the Mental Health Commission in Canada will be to transform the organization and delivery of mental health services support... and supports so that in fact they promote a movement to a recovery-based system. This transition is extremely urgent because it has been decades that the mental health sector has suffered from significant neglect, and because of the real discrimination which is faced on a daily basis by people who are living with a mental illness.

During our mental health study, the Senate committee was told repeatedly by people living with a mental illness that suffering... that the suffering they experience on account of the stigma that they saw and... and received was in fact much worse than the symptoms of their illness itself, particularly when that stigma and that discrimination comes from family members, friends and co-workers. Until public attitudes toward people with a mental illness change, until such people

are accepted without having the label 'mentally ill' attached to them, our work at the Commission will not be done, and neither will the work, as I will say... point out in a few minutes, of any of the people in this room.

Over the years governments have adopted the right policy of shutting down the old psychiatric asylums. But when they did that, they never put in place the necessary community-based services to replace the institutional beds that had been eliminated. The result is that in Canada we have made the streets and prisons the... the asylums of the 21st century. And in our view, in a country as rich as Canada, this is simply intolerable. And so the creation of the Mental Health Commission marks an important step forward in addressing this neglect, in combatting ignorance and fighting stigma and discrimination. The federal government has agreed to fund the Commission, and all the provinces and territories have enthusiastically supported its creation. And I point out that, to the best of my knowledge, this is the only thing in the health care system in the last 20 years that the ten provinces, the three territories and the federal government have agreed on.

The Commission has also been endorsed by all stakeholder communities from coast to coast. Structurally we're not a federal body; we're a national one. We will have... operate at arm's length from all governments. We will have a board in which the majority of members in fact are not government nominees but are representatives of the mental health stakeholder community across the country. And our role will be to follow exactly the mandate that was laid out for the Commission when it was recommended in the Out of the Shadows at Last report. Fundamentally, our... our prime... primary role is to be a catalyst for reform of policies and practices, to in fact be a facilitator, enabler, a mover, a shaker, to in... to in essence make things happen.

The role of the Commission is not to replace existing government policies or programs, but indeed to add value to... to activities that are underway. And I know from talking to people at the head table and some of you I talked to on the way in, there's an awful lot of people in this room who are involved one way or another in the delivery of mental health services, particularly to children.

At least at the outset, we will have three main activities. First, we will embark on a ten-year anti-stigma campaign to change public attitudes and to eliminate all forms of discrimination faced by people living with a mental illness. Second, we will build a web-based, national knowledge-exchange centre that will provide a good basis of information for everybody involved with mental health issues, whether they be service providers or researchers or family care givers or people with a mental illness itself. And finally, we will facilitate the development of the first-ever national mental health strategy for Canada.

It's interesting to make the observation that Canada is the only G8 country not to have a national mental health strategy. This sends a terrible signal to people living with a mental illness and their families. Fundamentally, it says to them we in government don't care. It also means that the absence of a national strategy means that there has to date been no national focus on mental health issues, and therefore no possibility of a coordinated, multi-government attack on them. There has... there has been no way to team up the private sector, not-for-profit sector, and government sector on a national strategy.

We also lag way behind Australia and Scotland, to give two examples, in our efforts to educate the public on the nature of mental disorders. These countries have shown -- and Australia has been undertaking a national anti-stigma program. It's in its fourteenth year now. These countries have shown very clearly that attitudes toward people living with a mental illness can change. One... one of the things Australia has done is to track attitudes year by year over a 14-year period. And it... the data they have is absolutely staggering in showing how they began with all of the stereotypes about someone with a mental illness 14 years ago, and today those attitudes have changed dramatically because of the sustained, very creative communications strategy coast to coast in Australia, some part of it federal, part of it done by the states in Australia, but it's been very effective.

And finally, the knowledge exchange centre will be a critical piece because it will save money, rather than having every province and territory develop their own web-based information source. It simply doesn't make sense not to in fact coordinate efforts and build a single, national one.

Accomplishing these tasks will require the cooperation of people from all across the country: those who are affected by mental illness, those who are trying to find ways to improve the lives of the hundreds of thousands of Canadians living with mental illness.

Which brings me to a few comments on the issue of children's mental health. Mental health has often been described as the orphan of the Canadian health care system. In our report we described children and youth mental health as the orphan of the orphan. It is clearly time for this neglect to be redressed. Let me just give you a couple of facts which I think illustrate very clearly how serious the situation is and how many young people and their families are suffering unnecessarily.

Last month a study done by the Sunnybrook Health Sciences Centre found that almost 50 percent of Canadian adolescents aged 18 to 24 who suffer from depression are not receiving mental health services -- 50 percent are not receiving services. Fifteen percent of people in that age range who suffer from depression commit suicide. Indeed, according to UNICEF, Canada has one of the worst... has the third worst record for adolescent suicide in the world among the OECD developed countries. In North America suicide is the leading cause of death among 15 to... to 24-year-olds, the second leading cause of death. It's only behind car accidents. So suicide in fact is clearly a major issue.

With respect to the aboriginal population, the numbers are even more staggering. You may have heard the subject discussed because it... Phil Fontaine referred to it in a speech he gave yesterday in Ottawa. The reality is that the rate of suicide among children, aboriginals, is five to six times what it is among the rest of us, among other Canadians. If one ever needed a simple fact to illustrate how intolerable the mental health system in general is, and in particular how intolerable it is among the aboriginal community, that one statistic ought to drive it home.

Children with mental illness also rarely have access to hospital beds. In many large, urban centres there is not a single psychiatric pediatric unit. In other words, in a number of Canada's cities there is not a single bed among all the hospital beds that is in fact devoted to a child or a youth with mental illness. In fact, imagine what would happen if there were no medical beds

available for childhood leukemia or a child with heart problems or other medical problems. If that was the case, we as a society would be outraged. And yet, to date we've tolerated that with respect to mental health without a whimper.

And so when children try to tell us something is wrong, it's far too easy to dismiss their cries for help. How many of us as parents, friends, family members have heard the following or something familiar from children we know and love? 'Nobody could possibly understand how I feel.' 'If I knew... if they knew what I was thinking, they would say I'm mental.' 'If I don't hit something, I'm going to explode.' How many of us would recognize the symptoms of mental distress? Would we know who to turn to? And even if we knew what kind of services or supports to look for, would they be available in our community? The answer is probably not.

Underlying the neglect of children and youth mental health and of mental health issues in general is the widespread stigma that prevents young people from speaking out and often leads families to avoid seeking help. Simon Davidson (ph) and Ian Manion (ph) of the Provincial Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario in Ottawa did a detailed study on this issue a couple of years ago, and they found that 63 percent, essentially two-thirds, of teenagers indicated that embarrassment, fear, peer pressure and stigma are the major barriers that discourage them from seeking help. Their work also revealed that 75 percent of young people, when asked who they would turn to for help, either said no one, which was over 50 percent for males and substantially less for... for females, or friends. So three-quarters of them would say they either wouldn't turn to anybody or they would only go to friends. When they were asked who they would speak about mental health concerns, they never said family, they didn't talk about health care professionals, they didn't say their teacher, they didn't say their family physician. In sort, even if they got over the embarrassment of asking for help, the people they would turn to, which would largely be... be their friends, would hardly be a source of good referral in terms of what... where you ought to go and what you ought to do.

A survey released at the beginning of May by the Kinner (ph) Child and Family Services, Ontario's largest mental health centre, found that 38 percent of Canadian adults said they would be embarrassed to admit that their child or teen had a mental illness such as anxiety or depression. Just think about that for a moment. That says that two in five sets of parents could have a child who they knew had depression, was struggling emotionally, and they would be afraid to... to tell anybody because they would be embarrassed. I simply ask you: would they do that if the child had a heart problem or a cancer problem or a diabetes problem? Obviously not.

When young people do seek care, it is almost always provided by primary care physicians. Unfortunately -- and this is not a criticism of family doctors, but family doctors receive little or no training, and even less support for diagnosing or treating mental health problems among children and youth. They're constrained by a system that favours short encounters with patients and is not conducive to understanding complex and often overlapping mental ill... issues. We know, for example, that co-morbidity, the presence of more than one mental illness at the same time, is the norm, not the exception. If a young person has one mental health disorder, they are more likely that they will also have another one. These issues include learning and school related problems, substance abuse problems, developmental issues, and so on.

Early intervention is probably the single most important key to improving child and youth mental health in this country. In fact, it's probably not impossible to overstate the importance of early intervention. When systems of distress or illness first appear, it is critical that family care givers, health professionals and educators intervene immediately. Moreover, these interventions must be sustained through the transition through the school years and on into adulthood. The fundamental objective of the (inaudible) the child and youth mental... mental health system must be two things. Early diagnosis is one, and an integrated, seamless continuum of care is the other. And yet what do we have today? We have a large variety of service providers, each operating within their own silo.

Moreover, when young people turn 18, they face the terrible transition of moving from the child and youth system to the adult system. This is a very difficult transition because, on the day before they turn 18, they are eligible for a whole range of services, and the next day they are not because they are deemed by the law to be adults. And I ask you if anything could be more ridiculous than someone being eligible for a wide variety of services with any kind of illness and, because they happen to have a birthday, they're suddenly not eligible anymore. I mean, that is how disconnected and non-seamless this system is.

More importantly, the schools can begin to play a very important role. A key element of the schools has got to be to ensure that they are better equipped to handle children's mental health issues than they are now. You know, schools are a natural habitat for kids. It's where they go and spend six or eight hours a day. It's where their parents often come, where the parents feel comfortable coming. And it is where problems can be dealt with in collaboration with teachers. Frankly, we need a significant movement of mental health services for children and youth from their present locations into schools. Not... this does not mean we see the teachers providing the service. Of course they're not going to do that. But both the students and the parents are in an environment where they are much more comfortable and much happier, and much more willing to come, than they are going to a hospital or a doctor's office or some of the other places that people have to go to.

But it's not only our kids that have a dysfunctional system and are hurt by it. A huge burden falls on those who love and care for them -- mothers, fathers, brothers, sisters, and large families. Parents in this country who have a child suffering from serious mental illness almost always go through a highly stressful time simply seeking help for their child. They go to the family doctor, they see a pediatrician. They may or may not see a psychiatrist. If they're lucky and they've got the money, they will see a psychologist, because psychologists are not covered by medicare. They may see a social worker. But almost inevitably, they spend months, if not years, looking for help. And in the process, they frequently are given dubious advice from well-intentioned but uninformed people who try to help but in fact are not in a position to provide the kind of help that's really needed. Frankly, there is nothing more stressful and isolating for parents than caring for a mentally ill child, especially if that child is in crisis.

Furthermore, from a purely economic point of view, the productivity of these parents inevitably deteriorates while they are going through this stress. And this makes the mental health of children and youth very much an issue for business as well as for parents and service providers. Of course mental health in the workplace involves many dimensions beyond the stress that

employees face because one of their children has a mental illness. Indeed, consider the following facts, which clearly illustrate to me why mental health in the workplace is indeed the business of business.

The value of lost productivity in Canada that is attributable to mental illness alone is estimated at 8.1 billion in 1998. This would correspond to some 17 to 18 billion in today's dollars. This is in fact equal to 19 percent of the combined corporate profits of all Canadian companies, or four percent of the national debt. Indeed, of the ten leading causes of illness worldwide -- this is a WHO, World Health Organization, study -- of the ten leading causes, five are mental illnesses: depression, alcoholism, bipolar disorder, schizophrenia, and obsessive-compulsive disorder.

Over the last few years the number of claims... disability claims from employees on issues related to various types of mental illness, but very often stress, depression and so on, has doubled in the last five years -- doubled in the last five years. In fact, if you look at... at the statistics, they tell you that, of the people who are off on disability in Canada, off from their work and given short-term or long-term disability, one-third of the people off on disability are off because of a mental illness. But the cost of that one third is 70 percent of the total cost of disability because they have a tendency to be off much longer, because there are no programs to assist them in returning to work sooner, and because a lot of the stigma that's associated in the workplace discourages people from coming back to work because of what their co-workers will think of them.

And yet, preliminary data -- and it's early days yet. The study won't be completed for another year. But I went over some preliminary data on it last week. Preliminary data show that in fact employers who embark on a... on a specific program designed to encourage people to return to work early, with the proper adjustments in their job and in the workplace, in fact return... make a positive return to the company of... they get a return of four times the amount of money they spent, for a very simple reason. They dramatically reduce their disability costs. And it is disability costs... as every employer in this country will tell you, it is disability costs that are driving up the cost of insurance and... and various types of health plans for people.

And so it is clearly in the interest of the business community to attack the mental health issue in general, and to particularly find ways of helping children's mental health because it is... it is such a major issue with employees. When a child gets sick, there is... has a mental illness, the pressure on the worker and the... the ability of that parent to perform is just too difficult. There clearly is a strong and compelling business case. Set asidefor a moment for the business community the issue of whether they ought to do it because it's the right thing. And of course they ought to do it because it's the right thing. But... but forget about trying to sell the business community on something on the basis that it's the right thing. They ought to do it because, frankly, it's in the interesting of their bottom line to do so, that in fact they... they need to work much harder than they do now on returning people with a mental illness to work early and of finding ways to accommodate those people. If they have done it in the last 20 years for people with a physical illness who are... for a variety of reasons are required to live in a wheelchair or to work in a wheelchair, if they've made those accommodations in the last 20 years, there's absolutely no reason they cannot make the same accommodation for people living with a mental illness.

But mental health is also the business of all Canadians -- not just those of you in this room, not just the business community, not just people focused on children and mental health -- children and... and youth mental health. It is in the interests of every single one of us as citizens of a country that is committed to the fair and equal treatment of all its citizens to help people living with a mental illness to live meaningful and productive lives. This is the task to which the Mental Health Commission that I've had the honour of being asked to chair will devote itself over the next ten years.

As we set out on this journey, I will need all your help. I will need the help of every one of you in this room and all the other people that are associated with the organizations that you are involved in. People living with a mental illness across this country are counting on all of us to work together so that they can have the services they need to improve their lives, whatever their age, whatever their race, and wherever they live.

Roy Muse (ph), a person living with mental illness, who's a certified peer counselor from Halifax and helps organize peer support groups across the... the country, when he testified before the Senate committee about a year and a half ago, said these words to us: "To the people of Canada, I say welcome us into society as full partners. We are not to be feared or pitied. Remember, we are your mothers and fathers, sisters and brothers, your friends, your co-workers, and your children. Join hands with us and travel together with us on our road to recovery." I hope -- I passionately hope -- that everybody in this room will heed that call. Thank you.

(Applause)

Dr. John Niles: I'll now ask George Cooke, past president of the Empire Club of Canada, to come forward and impress... express our appreciation.

George Cooke: Thank you, John. Ladies and gentlemen, friends and guests of the Empire Club, Senator Kirby, it's my honour and quite a privilege to thank you for your remarks today. The work, Out of the Shadows at Last, as you say, quite probably did grab national attention. And some might look at that work as, if you will, the definition for your current role. Or alternative, I might say perhaps you have written yourself your current job description, defined the role. With the help of the Prime Minister, who I think deserves credit for recognizing the immense need that was articulated through this work from the Senate, has given you the chance, now that you have the job description, to actually execute the plan.

You used a number of statistics in your remarks today. One of them was particularly staggering to me. In the beginning of your remarks you talked about a fifth of the population at one time or another suffering from a form of mental illness, and only a third of that population being able to receive treatment. Recast, I think that means something like 15 percent of our population goes untreated during the period of time perhaps they might need it most. I find that quite staggering.

You've done something else as I listened to your remarks today. You've indicated that you're about to change the rules. And two remarks that... the rules of the game, if you will. There were two remarks you made that I thought deserved particular attention. One of them was the remark that recovery is possible, and that it means different things to different people, and the context in

which the recovery is experienced is important. And with that, and shortly thereafter, you made an observation, the transition to a recovery-based system is critical. You then went on and really, having changed the rules by which we're going to play, I think set out a very tough definition for your own success. You said something like the job that we've done, until stigma and discrimination... are no longer worse than the symptoms of the various illness with which they're associated.

Now, over the last ten years in my role at the Empire Club, I've sat through many luncheon speeches with many noted and... and dynamic speakers. I looked out over a crowd which is among the larger crowds that we attract, and what I saw was total attention and silence. You clearly captivated this crowd. You've got their attention. That of course is what you were trying to do. Let me say to you, sir, as I say thank you today, you've really made a difference. The difference starts here, and please keep going. Thank you very much.

(Applause)

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