

Hi, I'm Jeanne Zimmerman and I live in South Burlington. ***Vermont is a special place. We are often able to do both what is right and what is financially sound and we have a unique opportunity to do so right now:*** I'd like to talk about homelessness and its connection the monies the state is receiving for both homelessness reduction and as settlements for prescription-writing that precipitated our current opiate crisis.

My husband and I have a son who grew up in a middle-class home in Chittenden County, went to Mt Mansfield High and Pine Ridge Schools, and then UVM. He is gifted; loves the sciences; decided at a young age to become a doctor. He took 4 years of Latin in High School, AP classes, lots of math and sciences. He began UVM with straight A's, was happy and outgoing, had lots of friends, a work-study job at the Fleming Museum, and loved skateboarding, snowboarding, and solo rock climbing.

But our son had a secret: In middle and high schools he broke his nose [twice!!] and his arm [luckily only once!] snowboarding, his leg during a climbing competition, and in college he broke his ankle skateboarding. This was the 1990's and early 2000's and he was given opiates by his doctors and also the hospital emergency department. Yes, we doled them out as prescribed and never knew that he craved them or that he

was going through our medicine cabinets, and his friend's parents as well, looking for more.

Fast forward to junior year at UVM. His grades slipped; he told us that his doctor said he had mononucleosis; we believed him; it was not until the beginning of his senior year that we understood that he was addicted to opiates, specifically oxycontin. By that time, he was also using heroin. He had already found a doctor on his own, one from the local practice where his own primary care physician worked, who prescribed suboxone, and other medications. Nothing seemed to help.

Our son left UVM and his dreams of being a doctor behind during his senior year in 2005. Following that he became alternately homeless and supported by us in by-the-week hotels, apartment shares, and sometimes in our own home, periodically working the odd job for a few weeks. After several more years, and several overdoses, he ended up one night at the emergency room, surprised to be face-to-face an old friend and classmate from UVM who was now an Emergency Department doctor. The friend convinced our son to go to a rehabilitation facility here in VT. We drove him and after two weeks he was released. His prognosis, written on his exit paper work said: Poor prognosis for recovery.

Twenty years has passed and the medical community has become more aware of the dangers of the drugs they prescribe. But the damage to our son was already done and he has continued to seek refuge in all of the various drugs available on the street.

He has been to rehab facilities in VT more than a dozen times. Each time he was released after 2 weeks, mostly unsheltered, no job, no money, the only follow-up plan to try to seek out housing and show up at the Chittenden Clinic for more methadone or suboxone. Occasionally he stayed briefly in a transition house, such as Phoenix House, before they closed their doors. At each one, he was asked to leave immediately upon relapse. ***We KNOW that addiction is a relapsing/recovery disease, and that it can take years for sobriety to become stable and yet, in this state, we continually send individuals with serious drug dependency to very short in-patient stays, and, if they are lucky enough to secure one of the few transitional housing beds, punish them with homelessness when they relapse.***

Our brilliant son has a disease that began with the indiscriminate prescribing of opiates to a child and then teenager. He has gone from happy, smart, with a wonderful future in front of him, to ashamed,

broken, ill, exhausted, and homeless and hopeless. He has been viciously beaten, molested, starving, freezing and exposed out in the cold, the rain, and in the brutal heat of summer. He has been struck by a car, his teeth are literally falling out, his only respite is the oblivion of his next fix. He is dying on our streets. And he is not alone.

Vermont is a special place. We are often able to do both what is right and what is financially sound. We have an opportunity right now to use these millions of dollars the state is receiving for both homelessness and as restitution for the crimes of the Sackler Family and others who pushed opiates upon the American public, to make real and lasting amends.

We can house those most harmed by the opiate nightmare. Why?

There are several reasons:

- 1. We know from research that the majority of individuals who are housed recover over time.*** That as time passes and they feel secure, and receive medical services and counseling, treatment for substance use and underlying traumas, problems can be remediated. *As these stages unfold, individuals cease to utilize so many state social services; and begin to seek training and work;*

working towards becoming taxpayers and contributing members of their community.

2. We also know that individuals who feel hopeless, disenfranchised, and desperate will often resort to crime as they view it as their only option for survival. ***Research tells us that secure housing over time reduces anti-social behaviors, including crime.*** In the reduction of crime, *we see improvements in our own lives: our neighborhoods become safer, residential and commercial thefts are reduced, incidences of car and bicycle thefts go down; police and criminal justice, and correctional costs, and social services and medical costs will be reduced as less tax money will be spent providing these services for those that remain unsheltered. And as a bonus, our downtowns will become safer, places that look prosperous and feel welcoming, and encourage local shopping and dining and out-of-state tourism dollars to be spent.*
3. Let me repeat this: ***In housing those who are unsheltered, we can have more money available in our state and local coffers as we utilize fewer taxpayer dollars for the social services required by those who are unsheltered. The use of state sponsored medical, food, hospital, police, corrections, and social service costs will decrease. Tax revenues (as individuals return to work) will go up.***

4. Housing individuals who have been victimized by the opiate crisis is the right thing for Vermont to do. We know that our community is only as strong as our weakest members. *Offering individuals the opportunity to reclaim their dignity, sense of self-worth, well-being, and the opportunity for a life they can be proud of is good for all of us.*

Helping people and saving taxpayer dollars: This is our opportunity to better the lives of all Vermonters. Please, let us not waste it.

Thank you.