

Hi MY name is James Blinstrub, I am a person in recovery from SUD. Thank You committee for having me and Thank You Lila Bennett for asking me to speak. For a decade now I have wished to speak directly to the stakeholders who can allocate the resources that the scale of this crisis requires. I hope I am speaking to the right people today. I always say that in order to solve this problem, we don't have to reinvent the wheel, we just have to be willing to take the action others have already proven effective. We don't need another "Budgetary Impact Operational Benchmarking Feasability Review", nor can we wait another ten years for its report. Remember the scale and speed at which government was willing to act following September 11th? A 9/11's worth of overdose deaths occurs every 2 weeks in America today. With all due respect, the equivocating and heel-dragging must end.

What qualifies me to make these claims to you today? Well, last June was, unexpectedly, my first night of intimacy with a skunk. Picture it now: me, minus 30 pounds, sleeping at the vacant end of a shopping plaza because there was "just nowhere to place" me following a 6-week hospitalization at UVM for a MRSA infection in my spine- a circumstance which was also catalyzed by the lack of safe housing/treatment options. In withdrawal, wearing a women's blouse and a foraged blanket, I awake at 2 am to an unfamiliar sound and raise my head to the sight of a skunk ambling toward me- I had constructed a barrier of shopping carts around my head to conceal myself from unsafe parties. I made the mistake of leaving some food on the bottom shelf of one of the carts, and now the skunk is clumsily trying to pull the box of dumplings off, literally a 1.5' from my head, so close I can smell not its spray but its actual furry skunk body. I whisper-shouted at the skunk to mosey while remaining absolutely still, praying not to upset it, but this is a SB skunk and they do not quit easily. Active addiction acclimates you to the unexpected, but still in that moment I reflected, that if this wasn't rock bottom, what was? Finally, the skunk left, but I couldn't relocate, I was too weak and anyway where would I go? The skunk made two more similar trips (I did manage to throw the box some distance away) but I was so ill and resigned to my station that I just pulled blanket to my eyes and hoped.

This was one of the lighter events. See my middle finger!?!With Nowhere to go following treatment... no more finger, almost my hand. 3 winters ago I left treatment on a friday during a "polar vortex" and one of the two sober houses left in Chittenden County suddenly cancelled my intake. I explained I was way more afraid of overdose and death than catching their surprise case of covid. No exceptions. I went to ESD- they claimed they had no rooms in the entire state I could even drive to. I started weeping aloud in the office. What could I do? They couldnt say. I woke up that monday in the ICU with frostbite and nearly had all my left toes amputated-once again because of the lack of placement. I have left Vermont for every state in the Northeast seeking services, and found the same story over and over again. Countless "Sober Houses" which provide a bed and a once weekly meeting, and the threat of homelessness as the primary drivers of "support". For the few stories of success, you are not hearing the countless numbers of cases where this punitive, trauma-perpetuating and typically profit-centric model, is failing people. In this milieu, failure means death. I was repeatedly failed by this system. With persistence and small miracles, I survived to talk to you today.

But thankfully Today, I am happy to say that thanks to Ben's House and the Journey to Recovery Center in Newport I am 6 months sober and in strong, grounded recovery. I am employed full-time as a peer support specialist for the local MH agency, I am restoring relationships with friends and family, and due to enroll in graduate school sometime in the foreseeable future. I will leave it to others to outline exactly how their programming differs from those other antiquated, ineffective models but I can say with as much certainty that I can muster that it is only because of their fresh model, and the people building it, that I am already transmuting my "shit to compost". You can trust anything they have to say about themselves, and I plead with you to allocate them the resources that will allow them to continue replicating this life-saving provision of care.