

I am the Nurse Director of the Berkeley-Morgan County BOH, which covers Berkeley County, population, of 118,793, the second largest county in WV, and Morgan County, population of 18,473, both located in the Eastern Panhandle of WV. I am one of 25 RWJF Public Health Nurse Leaders in the nation. Without the leadership training provided, and the investment made in me by RWJF, I wouldn't be here today as an advocate for the people afflicted with addiction in my state.

WV is hemorrhaging and the federal funds allotted, for which we are very grateful, however this is just a patch and without a long-term stable funding commitment and plan my state will continue to bleed. President Trump signed the historic opioid package H.R. 6 into law on October 24, 2018, and we haven't seen one dollar at the community level yet from the H. R. 6 SOR grant monies sent to WV. In March I was instructed by the WV Bureau of Public Health, based on 1 million dollars of funding to purchase naloxone, to submit a onetime request for doses of naloxone supply per county for community distribution. Doses that were to be allotted from March of 2019-March of 2020. I have yet to see 1 dose, and WV has the highest overdose deaths in the nation. Public health professionals say never waste the opportunity to learn from an epidemic! We can use the opioid epidemic, which was allowed to happen for great financial profit, and at the expense of the well-being and financial cost to our communities, to address addiction, mental health, and public health by investing in our infrastructure. Our public health and behavioral health systems in WV need more infrastructure. For example, we continuously have open positions within key roles in Public Health at the Bureau level, often related to non-competitive salaries or lack of knowledgeable leadership, resulting in lack of experience in key positions. At the local level, often due to lack of funding, Health Departments may be staff by only one nurse who also takes on the role of administrator.

Unfortunately, over the past few years, even when we have been fortunate enough to have been awarded grant funding to be distributed from the state level, the funds were often not received until months after the starting date of the grant which greatly impedes our ability to effectively manage and implement to the deliverables needed and required within the grant.

We have been fortunate in Berkeley County to have support by the County & City Councils to initiate our program, prior to any funding or guidance being available for Harm Reduction by the state.

A great accomplishment for WV was the expansion of Medicaid coverage, without the expansion we would be doomed, back to the time when we had no options to link the many who had no healthcare insurance needing addiction and mental health services. However, there is much work needed in the WV Medicaid System, many providers won't accept WV Medicaid and those that do face financial burden on their practice, because of the long delay in payment reimbursement. It takes 3 months or longer to receive reimbursement. Suboxone strips come in orange and mint flavor in attempts to mask the horrible taste. One person I linked to Medically Assisted Treatment (MAT), his body couldn't tolerate the orange flavored strip, and he would vomit every time the strip hit his tongue. His provider wanted to try the mint flavored suboxone strip, but WV Medicaid won't cover the mint flavored suboxone. This person relapsed back into injection drug use and is currently incarcerated. WV Medicaid covers up to 28 days for rehab, that is not nearly long enough in many cases.

HELP4WV offers a 24/7 call, chat, and text line to support West Virginian's in need of addiction and mental health support, treatment options, obtaining WV Medicaid quickly, and many other services. This program is offering much needed support. However, there are still barriers, for example if you are

trying to get information on treatment options to assist someone who is over 18, you will be told they can only speak to that person.

Enhancement of MAT is critical to what we know about opioid addiction treatment and H. R. 6 is heavily supportive of MAT access. Yet we still have huge gaps in MAT accessibility. Providers are leery of obtaining the waiver required to prescribe MAT, and many counties do not have the resources for prescribers of MAT to refer to for required meetings and counseling. But a provider is not required to have a special waiver to prescribe oxycontin, Percocet, and other highly addictive opioids?

After I have linked a person to a MAT program the barriers are still very present to derail a person from compliance and success. An example is after linking a person to MAT treatment I received a call from them stating that they couldn't pick up their MAT script at the pharmacy, because they no longer have an I.D., I arrange to meet them at the pharmacy and use my personal I.D. to pick up their medication. I then linked them to a local non-profit that helps people obtain valid I.D.'s. There are many more examples of these type of barriers.

It would decrease the diversion problem if suboxone was more readily assessable, because most diversion is that people are trying to help each other, because they know what withdraw feels like when you can't get a drug supply. Those who do not have good access or means to enter suboxone programs know if they can get 1 or 2 suboxone strips they can prolong the withdrawal and prevent overdose to be able to function and survive another day.

We must work to merge Public Health and Public Safety concepts so that we can work more fluently together on the opioid epidemic. Our first responders, law enforcement, EMS, and firefighters are suffering from compassion and empathy fatigue. When a nurse from a medical office tells you that they had an overdose in their parking lot, administered 2 rounds of naloxone prior to EMS arriving, the person had still not responded, and when EMS arrived they got out of the ambulance and slowly started walking towards the patient and said we are coming. "Slow roll to an overdose". You may think this is appalling, for first responders who have dedicated their lives to saving lives to respond slower to an overdose call, and it is appalling. But they have been left out there on their own for the past 10 years responding to overdoses where 5-year-old children are attempting to perform CPR on their parents who have overdosed in front of them. Our first responders need support, they are so tired and take on a lot of trauma.

The tentacles of the Opioid Epidemic reach every aspect of our communities. The effects on our children are by far the hardest for our communities to watch. We are perpetuating generations of SUD, with the evidence of Adverse Childhood Experiences, ACE's, which increase the risk of SUD and other chronic diseases. People will say to me, "Don't you just think we have to wait for this generation to die off, before the opioid epidemic will end"? My response is, which generation, because I am seeing three generations now and more are coming on every day with the drug use so prevalent. Our CPS workers and school counselor are completely overwhelmed with such high caseloads that often they, themselves are becoming depressed. Some to the point of their hair literally falling out.

President Trump stated in his 2019 State of the Union Address to end Domestic HIV in 10 years. I replied to the TV, well that isn't an attainable goal with the current way we are addressing the Opioid Epidemic. Harm Reduction Programs with Syringe Access are critical to reducing spread of communicable diseases such as HIV, Hepatitis A, B and C. In addition, these critical programs provide the clean supplies to

prevent abscess, endocarditis, heart valve replacements, and other services to prevent things such as Neonatal Abstinence Syndrome and much more. The program also provides access to Peer Recovery Coaches who have been vital to linking 64 program participants to recovery programs in 2018 alone.

My colleague recently shared the best analogy I have heard regarding at what points we intervene in addiction. Imagine a carousel spinning round and round representing active addiction. We intervene at the point of entry, by focusing on prevention for our children in efforts to avoid first drug use, and at the end point when someone is ready to get off the carousel, by providing linkage to recovery options, but we do not offer support during active addiction while the carousel is spinning out of control. It's time to get on the carousel and provide services and linkage to those while they are at their most vulnerable. This is where Harm Reduction Programs with Syringe Access resides, on the carousel, in the midst of those in need.

To quote President Roosevelt, "Those who do not learn history are doomed to repeat it". Have we not learned from our history with the HIV/AIDS Epidemic? That when we ostracize a population afflicted with disease that it does nothing but perpetuate the spread and afflict harm to the whole of our communities? Huntington WV has a current outbreak of HIV with 52 new HIV cases identified, all related to injection drug use. WV had always been a low incident state for HIV.

Communities are letting their morality and lack of education get in the way if supporting crucially needed Harm Reduction Programs with Syringe Access. I am a woman of faith and was raised Pentecostal, I remember my Jesus bible stories and scripture, and when Jesus walked this earth, he didn't seek the Kings and Queens or the rich, he sought out the poor and afflicted. He sought out the diseased, the leper, the prostitute, those who were ostracized and suffering. Now with medical and public health advancements those living with leprosy live among us today. If Jesus walked this earth today, he would be working along side me in Harm Reduction Clinic seeking those in need. I do God's work every day! And if you can't see the humanity in this and that it is about basic human rights, then you must see the current and future economic cost and the even larger cost to our communities.

I support the Comprehensive CARE Act to Combat the Opioid and Substance Use Epidemic, because of all the reasons stated above and to help our communities heal.

You see the data, which is very important, but beyond the numbers, we see the faces at the local level.

I am less than 2 hours away from you, I would like to extend an invitation to all members of the Congressional House Oversight and Reform Committee to come visit our Harm Reduction Program with Syringe Access and meet with the 30 plus community partners I collaborate with to try and break through the systems and barriers to help our population suffering with SUD. Come see what the frontlines look like for yourselves and you may have better insight of where and how funding will be most useful!

Respectfully,

Angela Gray, BSN, RN

