RESILIENT

Narratives of Hope from Boston’s Opioid Crisis

Edited by
Mimi Yen Li and Joyce C. Zhou

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The original idea for a photojournalism project documenting the spirit of individuals and organizations in Boston affected by the opioid epidemic was born in October 2017 at the annual retreat of the Harvard Medical School Center for Primary Care’s Student Leadership Committee. Months later, when the project was well underway, we gave it its name: RESILIENT. This title captured what we were seeing, hearing, and feeling in our interviews—that despite the challenges raised by this crisis, there was a strength of character and hopeful outlook moving our community forward.

From the start, RESILIENT has remained faithful to its roots as a student-initiated and student-led project. We have reached far outside the bounds of the Student Leadership Committee and Harvard Medical School, welcoming contributions from other healthcare professions students and recent graduates. The diverse perspectives, experiences, and passions of our team of volunteer interviewers and photographers, in addition to the stories of those featured in this work, have been integral to shaping the unique vision and message of RESILIENT. We have learned with and from each other. Regardless of the knowledge and experiences our team members had prior to joining, each approached this collaboration with an eagerness to learn more, respect for those who bravely shared their stories, and an openness to consider new perspectives. This learning spurred our advocacy work, and we hope our advocacy can in turn promote learning and action in others within our community.

As we now share RESILIENT with you, we hope to stay true to the original values that shaped our goal and motivated our work. In gathering narratives over the course of the year, we have gained a more nuanced understanding of the challenges raised by this crisis. We have also cultivated a deeper empathy towards individuals who have experiences with addiction and a respect for those who are trying to help. Our participants have been our guides and teachers on this journey; we are honored to share and celebrate their stories with you.

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In Massachusetts, nearly 150 people die every month from overdosing on opioids—addictive and pain-relieving drugs such as oxycodone, heroin, and fentanyl. In addition to putting individuals at risk for overdose and other severe medical complications, opioid use can jeopardize employment and housing, undermine social relationships, and destabilize communities. Here in Greater Boston, the crisis’s effects are all around us.

Often, stories of loss and suffering seem to define the epidemic. But from the tragedy, a different narrative is emerging—one that brings hope for recovery and understanding of what must change.

RESILIENT explores a part of this story. This exhibit features people in Boston whose lives have been touched by the opioid epidemic and who are working to tackle this crisis. Their insights illuminate four themes: empathy, healing, change, and belonging.

RESILIENT invites you to explore the perspectives of individuals who are bravely sharing their stories. Open your eyes and your heart. Reflect upon their successes, their challenges, and their hopes for the future. While the opioid epidemic has torn us from our communities, from each other, and even from ourselves, we can find the strength to heal. Together.
We may have an image of what somebody who uses opioids looks like. We may have ideas about the kind of person they are. Whether we know it or not, these ideas may contribute to the stigma surrounding opioid addiction. Stigma, a set of negative assumptions about marginalized groups in society, has prevented people with opioid use disorder from speaking up, seeking help, and receiving proper care. While it may be difficult to fathom the circumstances of their addiction, people with opioid use disorder are mothers, fathers, sisters, brothers—they are human. Let us try to empathize with the individuals fighting their way through the opioid epidemic. By seeking to understand, we can begin to pave a way forward.
You see yourself in them, you see your child in them, and you feel that no human being should have to walk out this door and face the life they’re facing, because there’s no difference between them and us. – CP

DR. CHRISTIN PRICE, Program Administrative Director; BHIANCA WILLIAMS, Medical and Practice Assistant; and CARLA MONTEIRO, Care Transitions Specialist (left to right) of the Brigham Health Bridge Clinic, which works with individuals who have just overdosed or have been hospitalized for medical problems related to opioid use to link them to a continuum of care.
I’m a survivor of rape and prostitution. But I am in long term recovery—nine years. Not having the ability to deal with what I was feeling at the time caused me to become more and more dysregulated inside. When I got to a boiling point, I exploded into unhealthy behaviors. While people do make a choice, if you can even try to imagine why they didn’t make the healthy choice, you might look at them differently.

URSEL HUGHES, PAARI AmeriCorps Recovery Coach for the Boston Police Department and person in recovery, who uses her own experience to support individuals seeking access to treatment and recovery services.
When patients start to beat themselves up, I say “Listen. I’m not going to take away all the blame. But this is an illness! If I’m a diabetic, I may have chosen to have that extra piece of cake, but I didn’t ask to have my sugar rise dangerously. I can make choices to affect the illness, but I didn’t ask for the illness.”

CHRISTOPHER RICHARD, nurse manager at McLean Hospital, who is committed to building a non-judgmental culture of care for patients with substance use disorder.
I got to know so many of these moms. These women have such traumatic lives, yet you see how hard they are trying. Honestly a lot of us could not do what they do. When women come to our program, they are treated with respect. They are treated as a mom first—not as a drug addict. Imagine what that does for recovery.

DR. ELISHA WACHMAN, neonatologist, who leads quality improvement research in caring for mothers and infants with neonatal abstinence syndrome (NAS).
You really don’t hear a lot of voices of women, particularly those with experiences of incarceration and opioid use disorders. We need to approach their stories from a place of compassion and curiosity.

DR. KIMBERLY SUE, Medical Director of the Harm Reduction Coalition and internal medicine physician, who uses her medical expertise and anthropological research training to advocate for the socially vulnerable.
In order to understand addiction, I used to always say, “If you’ve never been there, you never know; you can’t really sympathize.” But that doesn’t mean you can’t try. If only people would research more, try to get to know people more, get a little more hands on, get a little more face-to-face...

ROBERTO DAVID, father and person in recovery, who is still tackling stigma but believes in change for the better.
Dig deeper and find empathy for people who are dealing with addiction. With that empathy needs to also come acceptance and openness to solutions that may not seem like what you want for yourself but can be life-saving for someone else.

SIVA SUNDARAM, 4th year Harvard Medical student, who advocates for legislative reform to increase access to evidence-based medications for opioid use disorder and improve medical education on substance use.
Opioid use disorder is a serious and destabilizing condition with physical, psychological, spiritual, and social consequences. Individuals can feel a profound lack of hope and control over their conditions. However, recovery is possible. Recovery happens. While healing takes hard work from both people experiencing addiction and those who support them, there are effective, safe, and controlled therapies available that can help treat opioid use disorder and prevent relapse. Many individuals in recovery have benefited from a combination of Medication-Assisted Treatment (MAT), counseling, and support groups to strengthen their coping skills and rebuild their lives. People have rekindled broken relationships. They have achieved new goals. They are living lives they never imagined possible.
Like diabetes and asthma, addiction is a chronic disease. We don’t pretend to treat them without medications. You may be skeptical of Medication-Assisted Treatment (MAT) for opioid use disorder, but the data show that it works. People are more likely to stay drug-free longer on these medications.

VIC DIGRAVIO, President/CEO of the Association for Behavioral Healthcare, who uses evidence to guide advocacy at the state and national levels to improve public policy related to addiction treatment.
Prescribing MAT reminds me of HIV/AIDS HAART when it first came out in 1995. People were 60 pounds on their deathbed but 6 months after taking HAART, they were 130 pounds and bouncing around. MAT can also have that effect. I remember one of my patients telling me she hit rock bottom when she woke up naked in a housing project stairwell. She didn’t know how she got there and how long she’d been there. Now two years later, she’s back in college. It’s incredible.

DR. MARK EISENBERG, physician and Chief of Adult Medicine at MGH Charlestown Healthcare Center, who was one of the first physicians to prescribe MAT in Boston and now advocates for evidence-based safe injection facilities to further reduce overdose deaths.

Baby aspirin is supposed to reduce the number of heart attacks. Do you know the number of people you have to give baby aspirin to in order to prevent one heart attack? It’s about 100. With buprenorphine, a type of MAT, the number you need to treat to achieve good outcomes is 2. There are very few therapies that even come close.

DR. JOJI SUZUKI, psychiatrist and Director of the Division of Addiction Psychiatry at Brigham and Women’s Hospital, who advocates for access to buprenorphine treatment for opioid use disorder through medical education and legislative policy.
Recovery coaches are the bridge. We’re a bridge to the nurses, a bridge to the doctors, a bridge to the psychiatrists. We are the bridge to a new way of living. Even after 5 o’clock, we’re the ones who stay connected with our patients. - EL

We’re their cheerleaders. We believe in them before they believe in themselves. We’re the person that gives them a hug when they’re down in the dumps. To help them along the journey and make it a little more bearable—that’s why I do what I do. - LH

EFRAIN LOZADA, recovery coach at Massachusetts General Hospital Charlestown and person in recovery, and LORI HOOLEY, nurse at Massachusetts General Hospital Charlestown, who believe that judgment-free, personalized, and around-the-clock support from a recovery team can make a difference.
I came to Ostiguy for a fresh start. Now, I love my life. That’s not to say it’s not challenging, but anyone can change their life. This summer, I’m graduating high school...I want to have a future for myself.

FO, student at Ostiguy High School and person in recovery, who found a home through her school’s supportive community and achieved an important milestone she set for herself.
Acknowledge the fact that they show up everyday, sit, and even begin to talk about what it is they’re struggling with. It plays a role, definitely, but it’s really because of the strength and the courage they show to go from the chaos that they were in to where they are now.

JOHN MCCARTHY, recovery counselor at Ostiguy High School, who supports adolescents with their recovery needs as they pursue academics at one of Boston’s recovery schools.
When you’re starting treatment, you’re scared of not knowing what would happen, scared of the withdrawal, scared of not becoming a success. You can’t make it without others’ support and love. For me, the people made all the difference.

TRACY KINSMAN, mother and person in recovery, who overcame these fears, proved to others that she was capable of raising a family while in recovery by winning her custody case, and now has plans to go back to school to study psychology and addiction.

I’m very grateful to be in an environment like Hope House because it’s very supportive. I talk in the groups and people respond. Not only do they respond to my story, they identify their own and add onto it. It creates this circle of light that begins to radiate and affect other people. Because I’m beginning to talk about my addiction, it’s affected other people’s lives. I feel good about that. It’s genuine. It’s genuinely being me.

JERRY SHEAD, resident of Hope House and person in recovery, who is committed to understanding himself better and helping others by sharing his experiences with opioid use disorder.
Addiction was like the lights were on but nobody was home. I was there but I wasn’t at all present--I was just going through the motions. On the other hand, recovery is about connecting with people again.

DR. PETER GRINSPOON, physician at Massachusetts General Hospital, author, and person in recovery, who shares his own experiences of addiction to provide encouragement for both his patients and other physicians with opioid use disorder.
When somebody is in recovery, they are being honest with themselves and working to move forward one day at a time. When patients are ready, we should actively embrace them. Turn no one away. Help them reconnect with who they are, what they value, and partner with them in achieving their goals. - RS

I came to Dr. Sokol’s Suboxone group and the rest is history. I could talk to the people in the group who understand where I’m coming from. This program...I don’t know where I’d be without it. And Dr. Sokol. She’s the best. - EM

DR. RANDI SOKOL (left), physician at Cambridge Health Alliance, who runs weekly Suboxone groups to provide a supportive space for her patients, and EM (right), father, florist, and person in recovery, who went from being homeless to actively employed and has successfully regained custody of his son.
Now, my hope for the future is to go back to school and do big things. Big things.

ALLEN BURNS, father and person in recovery, whose goals have shifted from finding instant gratification to achieving greater successes in life for himself and his family.
As the opioid epidemic continues to ravage our community, it has become clear that existing practices in fields such as healthcare, government policy, and law enforcement cannot adequately handle these pressures. They are, in fact, exacerbating the crisis. In response, community leaders across many domains are dedicating themselves to designing new solutions that meet emerging needs. This undertaking is difficult. Addressing these issues requires humility, courage, and patience. Their work may seem radical at first; yet, this transformation is necessary, socially responsible, and grounded in human dignity.
It’s important to address trafficking and the supply side, but it’s also about decriminalizing addiction itself and approaching it as a disease, not a crime. More often than not, a person with a substance use disorder needs treatment. Not jail. Not arrest. – AHM

We have the detective respond to the overdose in the field or at the health care facility, not to scare people but to listen: “Where are you at? What do you need?” As a police department, we will identify the treatment bed and drive them wherever that is. – LC

ALLIE HUNTER MCDADE (left), Executive Director of Police Assisted Addiction and Recovery Initiative (PAARI), who supports police departments in developing a streamlined path to treatment as part of their community policing strategy, and LOUIS CHERUBINO (right), Detective Sergeant and supervisor of the Cambridge Police Department’s opioid response initiative, who is committed to saving lives and being part of the solution in the community for individuals affected by substance use.
People aren’t categorized by buckets. A person may be staying at a homeless shelter, with mental illness, with an opioid use disorder, and also have a child in foster care. This is the constellation of the person we are trying to help, and unless you understand how all the pieces fit together, you can’t help them.

DR. MONICA BHAREL, physician and Commissioner of the Massachusetts Department of Public Health, who spearheads efforts to identify vulnerable populations at the intersection of multiple identities and make data-driven policy recommendations.

Our system’s historic inflexibility in how it treats addiction and mental illness hasn’t worked. Relapsing and having to go back to step one makes no sense. We need a no-wrong-door pathway into treatment. We need to positively disrupt the status quo.

MARYLOU SUDDERS, Secretary of the Massachusetts Executive Office of Health and Human Services, who chairs an expert working group to address the opioid crisis through innovative prevention, intervention, treatment, and recovery support initiatives.
After my son became addicted, my family was trying to cope with the stigma we were facing. When I came out more openly, I couldn’t believe the number of people that were going through the same thing – trying to save their families, not knowing what to do or where to turn, afraid of the stigma...I heard from so many people I could barely keep up, so I finally said, “Let’s start a meeting.” Today, we have 25 chapters around the state.

JOANNE PETERSON, parent to a son in long-term recovery and founder of Learn to Cope, which empowers family members of individuals struggling with addiction through peer support, research, and education.

My brother passed away in 2009 from a drug overdose and it was a very difficult time for my family and me. Losing friends and other family members also has shown me how this epidemic is affecting my community and surrounding communities. Too many people are dying from this. We need to do something about it. I grew up here and I want to give back to the community that I came from.

TIMOTHY CURRAN, nurse and Site Director of the Southampton Street Homeless Shelter, whose personal experiences of loss have inspired him to be a caregiver who provides transitional services for individuals with treatment and housing needs.
There has been a confluence of changes and forces to support educational change now--medical students were effective and strong advocates, and physicians and faculty realized that we needed to do better. Students should graduate having seen patients with substance use disorders, consider substance use an area of concern, and see buprenorphine as standard medical care.

DR. TODD GRISWOLD, psychiatrist at Cambridge Health Alliance and director of Medical Student Education in Psychiatry at Harvard Medical School, who teaches the next generation of physicians to respond effectively to their patients’ addiction-related healthcare needs.
We need more collaboration between different agencies to address the opioid epidemic but I’m hopeful we will turn the tide. Recovery involves spiritual recovery, mental health recovery, recovery from poverty...they have to act in sync to help a person move forward.

LAMAR POLK, clinical social worker at a Boston-area hospital, who proactively connects his patients with the different social services needed to bring stability to all dimensions of their lives.
The stigma encourages silence, but we work to counter this by providing a space to share. People want to share their stories with the public because it’s a way to promote change. - AB

By having their art up, project participants have an even larger presence in the world. - NM

DR. ANNIE BREWSTER (right), physician at Massachusetts General Hospital and founder of Health Story Collaborative, and NANCY MARKS (left), Boston-based artist, who co-created “The Opioid Project: Changing Perceptions through Art and Storytelling” to support those personally touched by the opioid epidemic and to heal, engage with, and educate communities.
I hope that over time, we’ll be able to look to our community leaders, who are living in the midst of the opioid epidemic, and learn from them.

DR. JIM RECHT, psychiatrist at Cambridge Health Alliance, who began treating opioid use disorder before the crisis entered the national conversation and has seen the promise in community-driven efforts for change.
The opioid crisis has personally impacted many of us. You may have met someone who is struggling, whether you recognized it or not. You may have lost partners, family members, friends, neighbors, or colleagues to addiction. You, yourself, may be experiencing opioid addiction or are in recovery. But why go through these challenging experiences alone? Imagine the progress our community could make if we offered support to each other and upheld values of compassion and solidarity. We all belong to one community and all of us have a role to play. How will you take part?
Just giving people that feeling of belonging, the tools to succeed, the key to a door they’re always welcome to walk through, a network they can rely on that is not themselves in the dark apartment with the shades drawn, the knowledge that someone is going to be on the other end of the phone when they pick up and call…nothing equals that.

CHRISTOPHER BONSALL, recovery coach at Gavin Foundation and person in recovery, who works every day to create a safe community and open doors for people living with substance use disorder.

One of the biggest parts of addiction is the isolation. The internal loneliness is what keeps people from seeking services. It’s important that we are other people’s cheerleaders. When you’re somebody’s cheerleader, just the fact that they know you’re there is a really positive thing.

BARBARA SAMEK, Clinical Director of Gavin Foundation and clinical social worker, who oversees the Center for Recovery Services to provide individual and group treatment for individuals with opioid use disorder.
Sometimes you just have to throw love on people. Give them a clean pair of socks, give them a cup of coffee, and just love them, no matter the shape they’re in. On the days that I feel most helpless, most frustrated by the system, or really ineffectual, I just try to love people really hard. Sometimes the most powerful thing you can do is show kindness, love and compassion to someone who is suffering. They need to be reminded that there are people who love and accept them without judgment.

SARAH MACKIN, harm reductionist and Director of Access, Harm Reduction, Overdose Prevention and Education (AHOPE), who works to provide services and support to people actively using injection drugs.
You can’t scare somebody into being sober. Give somebody hope that they can live a different life and that they deserve something different. Tell them stories of recovery. That is more powerful than saying, “You know you’re going to overdose again. You know your family is going to leave. This is the last straw.”

LAUREN SABBATH, Assistant Clinical Director of Hope House and person in recovery, who runs a residential treatment program for individuals with substance use disorder that supports medical treatment, job reentry, and social development.
I am here for you. If I can do something to help, I’m here, and if there is nothing I can do, I am still here. You’re not alone. For me, early in life, if someone had said that to me, who knows?

PESHA ROSE MILLER, mental health specialist at McLean Hospital and person in recovery, who is passionate about supporting patients receiving treatment for opioid use disorder after being inspired by a counselor who did the same for her.
We have to own up to the fact that we’re a community. We’re all connected. It’s not sufficient to try to force the responsibility away to another place. If we want the crisis to get better, we need to do something.

DR. AVIK CHATTERJEE, physician at Boston Health Care for the Homeless Program, who treats patients experiencing homelessness and addiction and is committed to mobilizing the public to care about these vulnerable groups of people.
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