**Janie Bining Colford**

**Narrator**

**Amy Sullivan**

**Interviewer**

**June 29, 2016**

**Chanhassen, Minnesota**

Janie Bining Colford -**JBC**

Amy Sullivan -**AS**

**AS:** This is Amy Sullivan. I’m with Janie Bining Colford at her home in Chanhassen. It is June 29, I think.

**JBC**: Yes.

**AS**: Janie would you state your name and say that you give me permission to record this interview?

**JBC**: Sure. Janie Bining Colford, and I give permission for you to record this.

**AS**: Thank you. Can you just start by talking a little bit about your childhood and where you grew up and where you went to college? Just to kind of give us a little life background.

**JBC:** Sure. I grew up in the country outside of Cincinnati, Ohio on a farm. It was mostly a grain farm, but we had cows and pigs and chickens. I was one of three girls. Although I do have a half-brother from an affair my father had. A pretty normal farm girl childhood. I went to Claremont Northeastern High School. I have a horticulture degree and worked in the horticulture field for a number of years. Then moved to Minnesota and worked, I think I was twenty-one maybe, when I moved to Minnesota. I worked for a landscape, lawn care company in Roseville. Albrecht Landscaping, actually. Just did that for the summer. Decided that horticulture wasn’t really a good year-round thing in Minnesota. So I started working for Prudential.

I came here—actually this is maybe key to the story. I came to be in Minnesota because a guy that I met while in college, that I was sort of engaged to, although I think it was more kind of a fling, he came here for chemical dependency training. After he got out of treatment he stayed here. I moved here and we lasted maybe a month. Another guy that he lived with, that also had been in treatment, he and I started dating. We ended up getting married and having two kids. My ex-husband is the father of my two older boys. He was in recovery for a number of years, although now he drinks and smokes. As far as I know that’s all.

I don’t know what else you want to know. I was twenty-five or twenty-six when I had my oldest son. Then two years later had Chance. Now I have three other children with my second husband.

**AS**: So how long were you married to your older boy’s father?

**JBC:** I think I got married in 1989. We got divorced in 1997. We split up in 1983.

**AS**: ‘93 do you mean?

**JBC:** ‘93. Yes, ’93, so not very long. [laughs].

**AS**: Were you single parenting the boys for a while?

**JBC:** No, I had for probably a year and a half—I had them during the week and every other weekend he had them. Then we switched to I had them for a week and he had them for a week. He moved to the same town that I was in. So we were able to make that work, same school district and everything. [side conversation].

[recording resumes after break]

So we did week to week for the boys, which worked out well for the most part. Although different parenting styles in each house I’m sure was one of our biggest challenges. The fact that the boys stepmother, who was very controlling and very much wanted to be their real mom, made it a little bit difficult. Anyways, we did that pretty much up until they were out of high school. Probably at least until the older one was. When Chance—he’s the one with substance abuse disorder—when he was in high school he started using. Maybe even before then. When we started to become aware of that that was when he was in high school. I think it was his senior year that my husband, my current husband, did a fellowship at the Mayo Clinic in Jacksonville, Florida. We had to move down there. We moved to Jacksonville Beach for a year. Chance was going to stay here with his dad and finish high school. Then he never quite made it to his senior year because he had a DUI. I shouldn’t say he didn’t make it to his senior year. He didn’t make it back to Champlin Park High for his senior year. He went to some alternative sober high school. In January of his senior year, which would have been 2008, he moved to Jacksonville Beach to live with me and my husband. At the time it was just Emma. So he went down there and he got into the public school down there and finished high school.

**AS**: How was it when you first started noticing problems with him in high school? What was your approach as a mother towards his problems?

**JBC:** What I knew was that he was smoking weed. I did not know that he was drinking alcohol and doing other drugs, which apparently he was. I didn’t really think it was a big deal. [Side conversation].

[recording resumes after break]

**AS**: You were saying that you weren’t concerned about his pot smoking. It seemed kind of within normal teen parameters?

**JBC:** It did, except there were a couple times when he was in trouble with the police. He was smoking weed in a public park and he got picked up. We did what we thought was the right thing at the time, which was send him to do an assessment and then just an outpatient treatment. He went to Anthony Louis Center. We just kind of monitored him. Probably didn’t have my eyes wide open at the time because according to him he was doing many other things besides marijuana that was not obvious to me.

I earlier said that he came down to Florida to live with us. That really came about because right before senior year started he was picked up for a DUI. He went back to treatment at that time, back to Anthony Louis this time as an inpatient. That was when I was in Florida.

**AS**: Where is Anthony Louis? Is it around here?

**JBC:** It’s in Anoka I think.

**AS**: Okay, I’ve never heard of it.

**JBC:** They have On-Belay House, which is in Plymouth, so it’s part of that whole group. Anyway, he did that and he went to Anthony Louis Center. Then he went into sober school. I forget which one. He’s been to like three of them around here. That may or may not be in existence now. Then he started using again. He went back to Anthony Louis Center for a third time probably within like a year and half period. Went right from there to On-Belay House, which is a halfway house, or transitional house, in Plymouth. He was going to a sober high school and got kicked out of there. Not for using, but for attitude. Imagine that, an addict with an attitude.

**AS**: Yes or a teenager with an attitude. Imagine.

**JBC:** He got kicked out of there. His dad would not let him back in his house.

**AS**: You were in Florida.

**JBC:** I was in Florida and this was winter. His dad took him around all the homeless centers one night. They were full. This is a seventeen-year-old boy. I guess he was playing the tough love card. Nobody had any room at the inn. [laughs] So he ended up couch surfing for a few days.

Then we bought him a ticket to come down to Florida, which was an experience because he got down there and we immediately got him enrolled in the high school. I’d come to find out he needed like one class. This was January into his senior year and he’d been to school maybe cumulatively three weeks out of that whole senior year so far. He only needed one class to finish up school in Florida. We made him take a full load and he got a job at the local, little pizza shop down there. Again, kind of eyes half closed, he got into drugs down there and was drinking. Keeping it relatively secret—not so bad that it became obvious. Until a couple months before we moved back here. His boss caught him sneaking beer while at work from the tap. Confronted him about it and addressed it and then he kept his job. He was better at sneaking the beer I guess. Am I rambling too much?

**AS**: No, no, no. At what point does it start to get worse?

**JBC:** So we came back here—this was 2008. He graduated from Neptune Fletcher High School, or something, down there. It was in Jacksonville Beach. That was like in May. In July of that year we moved back up here to Minnesota. At the time we lived in Champlin. He got a job and he started community college. Things were going okay.

**AS**: Was he living with you?

**JBC:** Yes, he was living with me and my husband. By now I was pregnant with the twins. That went on, and I’m sure he was using and drinking a little bit. It didn’t seem out of control. He was, like I said, working. He was going to school. He was getting good grades.

Then it was August in 2001 when he went out to New York with his dad and stepmom and brother to his cousin’s wedding. While he was there he was talking to his cousins. Apparently he told one of his cousins that he was using heroin. The uncle, the cousin’s dad, overheard this and told my ex-husband. Then John, the dad of the cousin, my ex-husband’s brother, called me to tell me. We just weren’t sure how to address this. We didn’t know what to do. We had never in our wildest dreams thought he would be using heroin. Apparently he was unique in that he never used prescription drugs.

**AS**: Oh, he just went straight to it.

**JBC:** He just went straight to heroin. I want to say probably went straight to injecting. We decided that he was such a good negotiator and such a good liar that if we just tried to talk to him without support we wouldn’t be successful. We hired an interventionist from somewhere in Ohio. Her name was Jane Metts. She came out and we did some planning. We decided on Promises Rehab Center out in California. We had this big thing worked out. The morning of it my husband and I kind of made up some, “We’re going somewhere,” you know, and got Chance. It was at his dad’s house. We had someone watching the little kids at my house. We got him over there. I’d already had a bag packed assuming this would all go his way. We do this intervention and then Jane said, “You’ve heard from your mom and dad. We’ve got this treatment center.” The director the treatment center had flown out. She was there. This cost us a lot of money. [Laughs]. “You’ve heard all this and we’ve got this treatment center, Promises, is all picked out for you, they’re ready for you.” I can’t remember her name now. “She’s going to fly back with you.” Patricia. Patricia Meyers. “So what do you think?” He goes, “Well what are my other options?” Jane said to him, “You don’t have any other options.” He said, “Okay, well then I guess I’ll go.” So he went, did ninety days at Promises.

**AS**: Is that the first time you talked to him about his heroin use? Did he admit to it at that point?

**JBC:** Yes. He was always, and always has been, and still is very forthcoming once you confront him. Once you get him to start talking about it. He’ll do the whole denial thing like, “What are you talking about?”

[resumes after break in recording]

He’s always, once you kind of get past the bullshit, then pretty open about his use. Has generally, when push comes to shove and it’s time to go to treatment, he goes. He’s been in inpatient treatment eleven times.

**AS**: Eleven.

**JBC:** Eleven times. Some of those times were us saying, “This is your only option.” A couple times he’s asked to go back. So he went to Promises. Is this the kind of stuff you want to hear?

**AS**: Yes, yes.

**JBC:** He went to Promises. He was in Promises for ninety days and then went to a very structured sober living house in Venice. He was at the West LA Promises, not the Malibu. West LA is more for his age group. Then he did, I think it was about five months, of sober living at a place called Casa del Oeste, which is a great place. Then he and another boy from there moved out into an apartment on their own. I say, boy, I think he was twenty-nine at the time. They both relapsed. We didn’t know that for a little while. The other boy died, not of a drug overdose, but of septic shock from intravenous needles, yes. It was definitely drug related. Chance initiated going back at that point to the sober living house.

**AS**: Just back to the house?

**JBC:** Not back to treatment at this point.

**AS**: They let him?

**JBC:** Yes, they let him, which seemed to work out just fine for a while. He stayed there for another four months. He got a job and he was working at a golf shop and playing golf when he wasn’t working, doing the whole recovery thing. Then he met this girl at work. Summer was her name. I don’t know if she was ever in recovery but at the time that he met her she was using. So he relapsed. By the time he relapsed he had moved out of the sober living house and was living with two other people in recovery that had long-term recovery under their belt, still in Venice. They found out he was using and they called me to let me know that they would be asking him to move out. He moved in with this girlfriend. No, no, no. He didn’t. He was on the street for a few days and then he went back to Promises. He didn’t stay the whole ninety days. He stayed maybe a month and a half. Then he moved in with this girlfriend.

Then it got really bad and he and his girlfriend became so, I don’t know what the right word is, they were both using so much. Things were getting out of control. They were scaring each other. She finally called me. I’m trying to remember when this was. It was like 2012 I think. He came back here. I convinced him that morning to get on a plane. He came back here and did a detox, went straight from the airport to detox then to treatment.

Then relapsed and just kind of over and over. He went to a couple more treatment places. He wasn’t living here, he was renting rooms. Did a sober living house for a little bit. Then he ended up going out to Utah for treatment. He came back here, went back out to Utah again. There’s just treatment, after treatment, after treatment. Relapsed. Some of those treatments, ninety days, a few of them were ninety days. He went to Hazelden somewhere in between there. He went to a couple different places here. One was Lake Place Retreat. He’s been in different sober living homes.

**AS**: How are you managing at this point?

**JBC:** At this point?

**AS**: I mean during all these treatments, are you involved in finding them all the time?

**JBC:** Most of the time.

**AS**: Are you coordinating? What’s your role as his mother at this point?

**JBC:** Yes, doing all that. Almost always looking for the place, finding it, arranging for him to do the intake, to do the assessment. He’s always had private insurance. So he’s never had to do a Rule 25 kind of thing. Part of me wonders if some of that was a disadvantage, me always doing all this for him. I mean I would be the one making the phone calls. I talked to more treatment centers over my lifetime than I ever thought I would. I was just trying to find one that’s different.

**AS**: That would actually work.

**JBC:** One of the treatment centers he went to in Utah, he was there for thirteen months. It was really comprehensive, they had a great transitional program, and he did great while he was there, which is his story. He does great when he’s in treatment. He’s cooperative. He’s probably manipulative. He does great and then he gets out and he relapses. Yes, I just managed the crisis.

[resumes after break in recording]

**AS**: So do you feel there a kind of a breaking point for you?

**JBC:** There hasn’t been yet. [laughs] Maybe I need to have a breaking point.

**AS**: I’m not suggesting that. I’m wondering how you’re managing with three small children and this constant—

**JBC:** I don’t know. I mean I’m sure somewhere someone is suffering in terms of not enough attention. I don’t know. Everybody seems to be holding together right now and has. I don’t know. I just do what needs to be done and get extremely overwhelmed and extremely stressed but somehow manage it. I’ve never been a person that believes that hitting rock bottom is what’s needed. I believe that rock bottom is death, and why would you wait until that happened? I know that that’s not what other people believe and that’s fine. To me, I’ll do what I need to do to convince him to get treatment if I think things are out of control or when things get out of control. It’s stressful having him here right now. I know he doesn’t always want to be here. It’s also a peace of mind because I’m not wondering, when he doesn’t answer his phone, where he is, is he alive? There have been too many times when that’s happened. I don’t know if you want to hear stories.

**AS**: Of those times? Yes. The whole thing I’m thinking about is the disaster of addiction and what that’s like for a mother of an addict child.

**JBC:** I’m not sure I’m going to get these years right.

**AS**: It’s okay.

**JBC:** There was a point, a couple years ago, when he had been to New Roads Treatment Center in Utah. That was the place that I was mentioning that’s long term. The first time he was there he just really did their inpatient. He didn’t do their transitional living. He chose to leave before that. Lived with a girl that he met there. That ended up being a disaster. He overdosed while living with her. She called 911. Fortunately, he was saved with naloxone. They lived together for about eight or so months. Then they broke up. He really didn’t have anything keeping him in Utah and he came back here.

He was living with us for a couple of months. He got a job but quickly went back to hanging with his friends in Champlin that were still using. Quickly he got back into heroin. Quit his job, started doing odd jobs with this guy. I knew when he started using because he stopped coming home. He knew that if he was actively using he couldn’t live here at the time. He got pretty deep down in the hole very quickly, which I know happens. That would have been around May when he moved back here. It was mid-July when he finally asked—he called me one day and said, “Can I go back to treatment?” I’m like, “Yes. When and where?” He wanted to go back to New Roads. I made the phone calls, I got him an airline ticket, and he went out there.

I knew that he was going to hook back up with this girlfriend. They had been communicating. She did not have any insurance. Or no, I take that back. She had insurance, but a really high deductible. I knew that if he went there and she wasn’t going to go to treatment or get well it would end up being a disaster. So I even made tons of phone calls for her. Worked out an arrangement where I found a treatment center that would take her and waive her deductible. Made all the arrangements for her, made all the arrangements for him. She was going to meet him at the airport and they were going to then go to their respective treatment centers. Well they didn’t. They went to a hotel and used that whole night but called me to let me know.

**AS**: That they weren’t going to treatment?

**JBC:** They weren’t going to treatment right away.

**AS**: The one more night thing.

**JBC:** Yes. It was like two more nights. They were going to spend that, he didn’t get in there until like nine, they were going to spend that night, the whole day and then go that following morning which would have been a Wednesday. As it turned out, he was not only using heroin, but using Benzodiazepine. That next day, I had been in communication with them both all day. He was so out of it he couldn’t understand me when I talked to him. I had, unbeknownst to them, it was like four or something in the afternoon our time. I called both of their treatment centers and I said, “I know you guys are scheduled to pick them up, respectively, at this time tomorrow morning. Can you go pick them up right now? They’re both at this hotel. Here’s the address, go get them.”

Well, her treatment couldn’t. His treatment said, “Yep. We’ll be there.” This was in Salt Lake City; they were like two hours outside of Salt Lake City in Provo. They said, “We’ll be there in a couple hours.” Well I then called a girlfriend that I knew of hers and said, “She’s going to be there overnight by herself because her treatment center can’t. Can you go stay with her? So she’s not alone.” So this girlfriend was going to go stay with Jerrica. Chance’s treatment center was going to come.

In the meantime, I get a call from Jerrica saying, “Chance just took off and I don’t know where he went. He told me he was going to go mow his neighbor’s lawn.” She goes, “I’ve been trying to call his cell phone, and he’s not answering. He just took off without shoes. He had his jeans on and his t-shirt but no shoes and just took off saying he was going to go mow his neighbor’s yard.” I’m like, “Jerrica what is he using?” She tells me. I’m like, “He’ll be back.”

**AS**: That’s the benzos?

**JBC:** That’s the benzos. I’m like, “He likes his things. He’s not going to sleep on the street.” He didn’t come back that evening. By like seven or eight I’m getting worried. She’s already worried. I’m calling the police. They said, “Well he hasn’t been missing that long, we can’t really do anything.” By ten o’clock that night I’m calling the three area hospitals every hour, all throughout the entire night. I’m calling the jails. I’m looking at the jail roster. I’m calling the police pretty much every hour. They’re getting sick of me. Finally, the next day at around ten thirty I manage to go into work somehow.

**AS**: Where were you working at this time?

**JBC:** I was working at Prudential. We had a nanny. The nanny was with the kids. I went to Prudential, I went to work. One of my girlfriends said, “Call the police one more time. Tell them it’s been almost twenty-four hours. You need to file a missing persons report.” They finally said to me, “Was he a Utah resident?” I’m like, “No, he’s a Minnesota resident.” “Well you can’t file a missing persons report anyways. You have to file that in Minnesota.” “Well what the fuck good is that going to do? He’s not here.”

**AS**: He’s not in Minnesota.

**JBC:** “Well you could file an intent to locate report. You could have done that last night.” I’m like, “Thanks. Okay. How do we do that?” Anyways, that got the ball rolling.

**AS**: Do the police at this point know that he’s an addict?

**JBC:** Yes, I’ve told them.

**AS**: All that stuff and they don’t say you could file an intent to locate?

**JBC:** No. My friend Belinda Stockman—who is the one that I mentioned to you that may be interested in doing an interview—her son, who’s also an addict, at the time not a heroin addict but a meth addict, not meth, like synthetic drugs I think—maybe meth too. Anyways that’s beside the point. She happened to be out there because he was in Utah in Drug Court and all caught up in that because he had a few felonies. He had gone out there because he was on the Olympic Team. He was supposed to go to Sochi. Then he got messed up in drugs, ended up in jail. Anyways, she was out there. I called her. I said, “Chance is missing. Here’s the area he was last seen in. Can you and AJ go drive around and see if you can find him?” So she did. She picked up Jerrica and they drove around. Of course they couldn’t find him. They did stop and talk to the police, gave them a description. He’s like, “Oh yes. I’ve gotten a few phone calls about him.” They knew everything. They knew the story.

I file the intent to locate report, I fax them a picture of him, tell them where Jerrica is, and tell Jerrica here’s what I’ve done. About fifteen minutes later I get a phone call from her all panicky. She goes, “The police are at my hotel door, they’re knocking, and they want to come in.” “So let them in.” She goes, “Well, there’s drugs here.” I say, “Stuff them under the mattress. I don’t care Jerrica. The police need to talk to you.”

**AS**: I don’t really care what you do with the drugs.

**JBC:** The police are knocking on the door saying, “Jerrica if you’re trying to hide your drugs we don’t really care about your drugs. We’re here to talk to you about Chance. Just let us in.” So they come in, they had my picture, the picture I faxed. They talked to her and got some information and then they leave. About five minutes later she said they came back and pulled up a photo on an iPad and said, “Is this him?” They had him in holding. They had had him in holding since three in the morning. They didn’t know because he didn’t know who he was. He was in his boxer shorts. We don’t know where his wallet went, we don’t know where his clothes went, and we don’t know where his phone went. All of that was gone.

**AS**: Oh my Gosh. And he didn’t know his name?

**JBC:** He didn’t know his name. He didn’t even know where he was. He thought he was in Minnesota. He didn’t know his name or was unable to say it. He was in the holding tank. He was charged with public intoxication and indecent exposure because he was in his boxers. I bail him out but I don’t just bail him out. I bail him out with the understanding that they’re only going to release him to the treatment center. The treatment center was going to pick him up.

By the time all this got processed it was like eleven o’clock Wednesday night, Utah time. The treatment center goes to the jail to pick him up, he’s not there. They had released him earlier. He was waiting for them. They just couldn’t find him, sitting outside the jail. They get him, they start driving back to Provo, and they get to Provo. The other thing was that when I arranged for Chance to go back to treatment—and I had told Chance this, but he was high pretty much all the time while this was all being processed—that when he went back into New Roads that he would do the full program, that he would, after he got through the withdrawals, he would start on Vivitrol. When the guy, the director who picked him up from the jail, told him that and Chance flipped out. He said, “I’m not doing Vivitrol.”

**AS**: So he knew what it was?

**JBC:** Yes, because he had been on it before.

**AS**: Oh, he had. Okay.

**JBC:** One o’clock in the morning my time I get a phone call from Chance saying, “Mom you’ve got to find me another place.” I’m like, “What?” He’s like, “They’re not going to take me.” I said, “What do you mean they’re not going to take you?” “Well, they’re not going to take me because I don’t want to do Vivitrol and I already told them that. So they’re not going to take me.” I said, “Put Brandon on the phone.” I’m like, “What’s going on?” He goes, “Well, I told Chance about the Vivitrol and he doesn’t want to do it.” I said, “Really? You’re having this conversation with him? First of all he knew that. He was high. Second, you’re having this conversation with a guy who is on so many benzodiazepines and heroin. You pick him up from the holding cell.” I said, “Can you just wait? Put Chance back on the phone. Chance, here’s the deal. This is where you’re going. You don’t have a wallet, you don’t have any ID, and I can’t get you into another treatment center without that stuff. This is where you’re going. You need to just get your head straight and then we can figure out what’s going on.”

This all happens. He gets there, well then he calls back to tell me, “Well we’re not going to detox him at New Roads. We didn’t realize how much benzos he had been taking.” Like sixteen milligrams a day. The average dose is two to four. Benzodiazepine withdrawal can be quite dangerous so they wanted to put him in a medical facility, a hospital, to detox. They took him to a hospital to detox. The next day I’m in a number of conversations with the people at New Roads about him being, I can’t think of the right words, belligerent and not grateful. All the things you would expect.

**AS**: They’re telling you that he’s being that way? Like they haven’t seen that before?

**JBC:** Right. “We’re not sure this is going to work out.” So I’m in the meantime trying to find another treatment center and telling them, “Here’s the deal. He doesn’t have an ID. Here’s our insurance. He’s in Utah now but we may need to move him.” I find a couple other places just in case. I think it was a week after. They weaned him off of the Suboxone really quickly because they wanted to get him on Vivitrol.

**AS**: When was he taking Suboxone?

**JBC:** He used Suboxone in the withdrawal. To help with the detox. He wasn’t really on Suboxone as a maintenance drug.

This is probably the worst story. That’s why I’m focusing on it. One Friday I’d been out on the boat almost all day and I didn’t take my phone. When I got back I have like six missed calls from New Roads and messages that, “Chance is trying to leave and the only reason that he hasn’t left is because we won’t give him the money that’s in his commissary account.” Or whatever you call it. I put $90 in there for miscellaneous expenses. “The only reason we’re able to keep him here is because we won’t give him that money.” I finally talk to Chance. I talk to Chance and he’s like, “Mom I’m leaving. Tell them that they can give me my $90.” I said, “First of all you’re not leaving. Second of all it’s not your $90.” He’s like, “Well then I guess I’ll just sleep on the street.” I’m like, “No, I think you’ll stay there.” He goes, “No, it’s already done. I already signed myself out. I’m leaving. They’re not going to take me back.” I’m like, “Yes, they are. I already talked to them. They’re going to let you stay.” He’s like, “No, I’m not staying.” I’m like, “Well, you’re not getting your $90. I hope you decide that you’re going to stay.” That was the hardest thing I ever did. I did not know if he was going to stay. I kept calling them to say, “Is he still there? Is he still there?” He was.

**AS**: So he hadn’t really signed himself out?

**JBC:** He had. He had actually signed himself out. He just thought I would tell them, “Give him the $90.” I’m sure he was going to buy drugs with it. His thing was he was going to get a hotel room.

**AS**: For one night if even.

**JBC:** His girlfriend was in treatment. Her treatment center picked her up. A few days later he did get the Vivitrol shot. Things calmed down, he stayed for thirteen months. It was the probably the scariest week and a half of my life. I just didn’t know, especially the day, the twenty-four hours that he was missing. That just made things maybe not so intense, but they just keep happening.

**AS**: Right, they just pile on.

**JBC:** His last relapse was also in Utah. He was there for thirteen months. He got out and lived with a couple other guys in recovery, about a year’s worth of recovery all three of them had. He and another guy there relapsed. The only reason I knew was because—there should have been red flags in talking to him, and as I look back there were. He was working so he had some money. When he’d ask for a little bit of money here and there it didn’t seem so out of the ordinary. He was paying rent and utilities and all this stuff. He had a car and gas. He was going to college.

He called me that he had had an accident, a car accident. That he had walked away from the scene. I said, “Well what happened?” “I don’t know. All I know is that I couldn’t stay there.” I said, “Did you hit someone else?” He goes, “I don’t know.” “You don’t know if you hit someone else? You don’t know if you hit a pedestrian? You don’t know if you hit another car?” He’s crying. I’m like, “Chance you need to go back to the scene of the accident. You need to find out if you hit someone else.” He’s like, “I can’t.” I’m like, “You can. I’ll stay on the phone while you do that.” So he does and he walks back to the scene. He doesn’t get all the way to the scene because the police are looking for him. He sees the police, he waves them down. Fortunately he had not hit anyone. He had hit a concrete barrier going about eighty miles an hour. His car was totaled.

**AS**: And he was okay?

**JBC:** He was. So because of the adrenaline he was pretty coherent at that point. I’m talking to him thinking he doesn’t sound out of control.

**AS**: Right, he’s kind of in the shock.

**JBC:** He had blacked out, and I’m sure the adrenaline—but he had two black eyes. He had a huge knot on his head. He had trauma to his chest, which was minor compared to what the car looked like. I don’t know how he walked away. I’m assuming he had his seatbelt on or something. They took him to the hospital. They did not take his driver’s license right then and there. They didn’t smell any alcohol. He was drinking alcohol, he was using heroin, and he was taking benzos. I know this because the police made him hang up. I didn’t hear anything for a number of hours.

Finally I get a call from him from the hospital. I could barely understand him. They hadn’t sedated him or anything but by now the adrenaline’s gone and the drugs are there. I asked him, “What’s going on?” “I don’t really know.” “Well can I talk to a nurse?” He’s like, “I don’t know how to get a nurse.” Finally I call back and I get the nurse’s station and they’re like, “Well I can’t tell you what’s going on.” “Can you go to his room and get his permission to tell me? He’ll give it.” They did and they’re telling me, “Physically he’s probably okay. We did a CT and everything looks okay. We’ll probably be releasing him tonight.” I said, “What’s the tox screen say?” That’s how I knew alcohol, heroin, benzodiazepines, or opioids and benzodiazepines. I said, “Can you have him talk to a social worker or something? Don’t just like release him and call me before you release him.” None of that happened. They released him.

He calls me later after he had been out and one of his buddies picked him up. He calls me to say, “It was just a slip. I hadn’t been using very long. I’m kind of glad that this happened because I didn’t know what else to do. I was going to kill myself.” I’m like, “Oh my God.” He tells me this over the phone. I’m thinking, “Okay. Well that’s really scary but you’ve only been using for like a week.” He’s like, “I’m just going to stop. I’m going to stay in school and I’m going to get back on track.” Within the course of a couple days it became really obvious it wasn’t just a slip and it wasn’t just a couple weeks. He wasn’t managing to stay sober.

This all happened on a Tuesday evening. Friday I flew out there. I got him to my hotel room and the next morning went back to my apartment to get his friend who was also using. I tried to help manage those two. I convinced him to come back here. That was in November. He came back here kind of under the pretense that he would detox for a week. He was so concerned that he didn’t want to drop out of school. I’m like, “Okay. We’ll detox for a week and then you can fly back.” No intention of really helping that happen from me.

**AS**: No intention for you getting him back there to finish a semester?

**JBC:** Right. He was really pissed off at me. He was like, “I’m just going to get a ticket and fly myself.” I said, “Good luck. I don’t know how you’re going to do that. I’ve got your ID; I’ve got your bank account card. You don’t have a job. Your dad’s not going to be helping.” His trust fund was paying for his rent.

**AS**: Oh his dad, he has a trust fund?

**JBC:** He has a trust fund he does not have access to unless he’s in school. Then he still doesn’t have access to. The trust pays directly to school; the trust pays directly to his rent. He stayed here, got on Suboxone.

**AS**: Has that helped him? Have any of those medicines—

**JBC:** The Suboxone, I think, helped keep him off heroin. There needs to be more for him and probably everyone. He wasn’t and hasn’t been willing to do Twelve-step meetings. That doesn’t do anything for him. He’s not a Twelve-Stepper whether or not he’s really given it a chance. I’ve got to think he has because I mean he’s been in treatment, pretty much every treatment place he had to spend some time in Twelve-steps. If he’s taking it he’s not taking heroin.

**AS**: But he’s had trouble giving up other substances?

**JBC:** Yes. Like weed and alcohol. Again, I don’t care about the weed. I really don’t but the alcohol. He can’t.

**AS:** That’s a real problem for him.

**JBC:** I think the weed really helps his anxiety. Any other thing that he does he does to excess.

**AS**: And he’s twenty-six now, and he’s relapsed again recently? How long has he been living at home?

**JBC:** Since November.

**AS**: Oh, so this was that November you were talking about, or is that a different November?

**JBC:** Yes, a couple weeks ago he relapsed again. This time it was a very short period of time. He went through all of his money. It didn’t last very long. He is now back on Suboxone.

**AS**: Does he want to stay sober?

**JBC:** He says he does. I don’t know. His actions haven’t really supported that. When we met with Charlie yesterday he told Charlie, “I want to get off heroin, but I don’t want to give up weed.” Charlie’s like, “I don’t have a problem with that. If you want to use weed, if you use Suboxone daily and you want to keep using weed and you don’t use alcohol and you don’t use benzos or any other substance besides weed and Suboxone I’ll support that.” He asked me if I was in support of that. I said, “Yes, I’ll support that but if other substances start being used then we need to revisit this.” We’ll see. That was just yesterday.

**AS**: Could you talk about how you got involved with Steve Rummler?

**JBC:** Sure. So my nephew in 2013, I believe it was, died of a heroin overdose. My sister’s oldest son, Drew. [Long pause]. He died of a heroin overdose.

**AS**: When was that?

**JBC:** That was in May, March or May. I think it was May of 2013. No, it was March of 2013. He had been using—he and his wife. He has a daughter that’s the same age as my twins. He had been in and out of trouble, with possession and intent to sell. Not that he really was selling, but he had enough on him to qualify for that. He had been a drinker. He had some DUIs. He and his wife were both using. A few years prior to him dying my sister and Ashley—that was his wife’s mother—got physical and legal custody of the daughter and shared custody. Rory, the granddaughter, had already been in my sister’s and the other grandma’s care. Drew and Ashley lost their house that Drew had bought. He lost his job. They didn’t really have anywhere to live. They were living with Jackie for a little while but things got crazy. So Jackie said, “Drew you can stay here. Ashley you cannot.” Ashley went to live with her mother. Drew’s living with Jackie. Jackie’s husband—they weren’t really together but he was still living there. She couldn’t just get him to go. He is an alcoholic; he was an alcoholic. He recently passed.

Drew was living with Jackie; Ashley was living with her mom. They would still see each other. Drew was taking Suboxone or Subutex, whichever he could get. He got a prescription for Suboxone, but he was sharing it with Ashley because Ashley couldn’t get in to see a doctor or wouldn’t get in to see a doctor. So he would inevitably run out every month towards the end of the month of his Suboxone because he was sharing it. He would go buy Subutex because it was easier to buy Subutex than Suboxone.

One time, it was a Friday, he and Ashley went to buy Subutex and they also bought heroin. Nobody but he and Ashley knew that they each had heroin. They each went back to their respective parent’s house and they used that Friday night and Saturday. Then it was on a Sunday when he was at home in the basement of his mom’s house. Jackie had just talked to him. He’d gone downstairs and she was doing some laundry. The laundry room is downstairs. It’d been ten, fifteen minutes. She went down to switch out some laundry and she heard a noise, kind of a gurgling noise. She’s like, “Drew! Drew!” She found him on the floor, needle in his arm. He was still warm. They figured out between text messages that it couldn’t have been more than ten minutes because he had just texted Ashley and Ashley had texted him back. Then by the time she got down there it had been about ten minutes. She doesn’t know if he used right after the text message.

Long story short they live in the country so it took the EMTs a long time to get there. The sheriff got there fairly quickly. Jackie in the meantime had been giving him CPR. He had aspirated or had vomited and had aspirated they think. By the time the EMTs got there—they had naloxone because the sheriff didn’t. He had been down at least twenty minutes. They weren’t getting a pulse. They got him to a hospital. By the time they got him to the hospital it’d been about forty-five minutes after Jackie had found him. They had been working on him. They finally came out and said they had a pulse. My niece said, “You have a pulse because he’s living or because of what you’re doing?” They said, “Well we have a pulse.” So he was on life support for a few days but no brain activity. They pulled the plug on—I think it was Wednesday of that week.

What got me involved was that my sister was just kind of beating herself up that she didn’t have naloxone. I had never heard of it at this point.

**AS**: She knew what it was?

**JBC:** She did. I hadn’t heard of it. In Ohio you couldn’t get it.

**AS**: This was in Ohio?

**JBC:** This was in Ohio. I had flown out there that Sunday evening. I was like, “Well what is that?” She told me and I’m like, “Oh yes. I’ve seen something on Facebook about that.” I’m like, “Jackie even if—you couldn’t have had it. You can’t get that as an average citizen in Ohio.”

When I got back to Minnesota I started thinking, “Why can’t they get it?” I called the Drug Policy Alliance to find out. How can we get this in Ohio and how can we get it in Minnesota? I found out that someone in Ohio was working on it and that someone in Minnesota was working on it. They gave me Lexi’s and Judy’s—I think I had called Cathy King Willis. I don’t know if you know who she is. She’s in Illinois and she works for Roosevelt University. She works for the Illinois Drug Consortium as well as Roosevelt University. I had called her because I’d seen stuff from her on Facebook about naloxone laws in other states. She put me in touch with the Drug Policy Alliance in New York who then put me in touch with Lexi and Judy. I called to say, “I heard you guys are working on this. I want to help.” I started meeting with her. At the time it was Lexi, Sarah Gordon, Julia Pownell, Julie Hooker.

**AS**: Was that the opioid…

**JBC:** No, this was just working on the Good Samaritan Law. They had already worked with Senator [Chris] Eaton to get it drafted and were just starting to find a co-author. They were starting to get in touch with Dan Schoen. He co-authored it. When I got involved the bill had already been drafted. They were trying to work on how it was going to get introduced in the next session for 2014, getting public awareness prior to that. That’s when I got involved. We would meet weekly at the Recovery Church in St. Paul, which is where MRC [Minnesota Recovery Connection] was housed at the time. That’s really how I became involved.

By then my son had been in Hazelden earlier in 2013. He went right from Hazelden to New Roads down in Utah. It was kind of a door-to-door thing. Hazelden was recommending long-term programs. Chance found this place in Utah that looked more appealing to him I guess. They had outdoor activities and stuff.

Then I started thinking, “Is Utah doing anything?” They were as well. I kind of kept up with what Utah was doing and what Ohio was doing, really more actively working on what we were doing here in Minnesota. The Utah thing got passed right around the same time ours did. By this time Jerrica and Chance were living together. I kept keeping them informed. “It passed so if something happens don’t be afraid to call.” Which when it did happen she wasn’t. She did call. That was good.

**AS**: When he relapsed?

**JBC:** When he overdosed in Utah. He says he’s been revived with Narcan three times. I was only aware of the one time. Apparently there have been a couple other ones.

**AS**: Yes, it’s a familiar story. What do you do now with…?

**JBC:** So now I’m on the board of directors. I’m also the vice chair of the board, which really doesn’t mean anything unless the chair leaves. I’m a volunteer. Right now I’m more involved in the overdose prevention program, which was one of the three programs of the foundation, the other ones being prescriber education and advocacy. I’m mostly doing community training. Most of my training has been one on one with other parents. Training and distributing naloxone.

Right now though we’re at kind of at a stand still because we have very few vials of naloxone left and our source for getting naloxone has dried up. We were getting free product, the auto injector product from Kaleo. They’ve stopped our last application to get some. They denied and said that they would be reconsidering applications. It wasn’t just ours that they denied, they didn’t approve any. They’re not doing their charitable piece right now, which is a whole different story. This is the company that raised the price from $750 to $3,500.

**AS**: $750 for one?

**JBC:** For two.

**AS**: For two doses?

**JBC:** Now it’s $3,500 for two doses.

**AS**: They just did this because the demand rose.

**JBC:** The cynical part of me says that they give all these free doses away because who would want an auto injector instead of a vial and needle?

**AS**: Have those gone up too, the price of those?

**JBC:** Yes, those have gone up as well.

**AS**: What’s the name of the company again?

**JBC:** Kaleo.

**AS**: How do you spell that? Is it with a “C?”

**JBC:** No, with a “K.” This is the auto injector. So two of these are $3,500. They were giving all this away. Now they’re not. I’m sure hoping that the organizations they were giving it to will say, “Well we can’t afford that.”

**AS**: No, how could anybody afford that?

**JBC:** Right. If you get a prescription of it your insurance will cover it. Mine would.

**AS**: But you have to be given a prescription.

**JBC:** Right. You can go to any doctor and they’ll more than likely write you a prescription but most people aren’t going to do that.

**AS**: Not those users of heroin.

**JBC:** A lot of moms who have shame aren’t going to do that either. They’re not going to go and get it. When we give it out we do training. We give you a kit, not just the medication. We give the training that has the instruction card. It has stuff in it. Then we were also getting IM from the Harm Reduction Coalition.

**AS**: What’s IM?

**JBC:** The needle, vial. So we’ve had that as well. We were getting that for sixty-nine cents a vial through the Harm Reduction Coalition, which was getting it from Hospera which is the manufacturer, who’s now been bought by Pfizer. They had a program where they were giving it to Harm Reduction Coalitions and other charitable people who their requirement was that whoever they’re selling it to for sixty nine cents a vial, now it’s like $18 a vial, but that’s the charitable price.

**AS**: The eighteen is now their charitable price?

**JBC:** The retail price is $45 for one. So sixty-nine cents for one was totally reasonable and that’s what we were paying. We were getting it through the Harm Reduction group, which had this arrangement with Hospera. Now the Harm Reduction group doesn’t think we’re grassroots enough. There’s a perception that our program with the hospitals is that we’re giving this to the hospitals. It’s like no. We’re supplying it to the hospitals to give to the people who have OD’d, who come in to get revived.

**AS**: When they leave, because they’re just letting them back out. They’re not like taking them to treatment.

**JBC:** Right. The hospitals weren’t going to do this. The hospitals weren’t going to pay for this. So we’re having it stored at the hospitals so the hospitals can get it to people.

**AS**: Just for distribution, that point of contact.

**JBC:** Right. We have it at methadone clinics for the same exact reason. We have it at sober living houses so that when someone decides to fly out the door because they’ve had enough they can throw a kit at them. When they’re leaving as overdose prevention they can give them a kit.

**AS**: Because so many people are dying after they leave sober houses.

**JBC:** Or even while they’re in sober houses. Now all the sober houses that are a member of MASH, we’ve trained all the staff.

**AS**: What is MASH?

**JBC:** MASH is the Minnesota Association of Sober Houses. If you’re a member of MASH they require that all their houses have our kit—not necessarily our kit, but have naloxone and that the house managers all know how to administer it. They’ve all moved to a second tier now which is that when a person leaves their sober living, whether they leave because they’ve progressed far enough to where they’re ready to be on their own, or they just leave, that they give them a kit when they leave. That’s because we’ve been able to supply that. We’re getting it to the people on the street but the Harm Reduction Coalition thinks because we’re not a needle exchange that we’re not getting it to the people who need it. We’ve got that perception to change. So right now we have like a hundred…

**AS**: Which is again a stigma that comes from the Harm Reduction people about who the users are. About who the addicts are. Even when all the evidence shows us a whole new group of users.

**JBC:** Yes, yes. Very true. We have about a hundred vials left right now. We’ve got so many requests for training.

**AS**: That’s so upsetting.

**JBC:** It’s crazy and we have no money because we’re such a small organization. We don’t have any expertise in fundraising. We’ve got some hurdles that we’re trying to…

**AS**: The kind of sick thing, in my opinion, is your having to fundraise to pay this huge markup on a product that actually saves a life immediately.

**JBC:** I’ll tell you what. Even if we had enough money to buy this now I wouldn’t because why the heck would they charge $3,500.

**AS**: Right. That’s just obscene.

**JBC:** The needle and the vial is just fine. Their markup was not anywhere near.

**AS**: Right and most heroin users are not going to be afraid of a needle and a vial to save a friend.

**JBC:** And a parent that finds their kid, they’re not going to hesitate either. I get why law enforcement wants to have the nasal. Those are like $75 through the charitable program. You can get the nasal.

**AS**: This is just on the arm.

**JBC:** Or the thigh. This is the auto. Like an epi pen kind of application thing. That’s just my bias. That’s what I do for the foundation. Right now we’re trying to figure out how to get naloxone, what source we have. We’ve tapped into a few resources but aren’t having any luck. Now we’ve got to focus on how to get more money. Even the $18 a vial is out of reach. We ask for a $25 donation for our kits. If we had to put two doses, which is what we put in a kit, that’s $36 right there. If someone doesn’t have the $25 to donate we give them a kit anyway. I’ve given a ton away. It’s crazy. It’s crazy.

**AS**: What would you say, just changing the topic a little bit—did you have a 2:30?

**JBC:** I thought my daughter’s friend was coming around that time but I guess she’s not here.

**AS**: Are you okay to keep going for a minute then? I’m wondering what the most shocking or alarming thing, or out of character thing you’ve done as the mother of an addict? That you would have never, ever done in another circumstance.

**JBC:** Giving my son money knowing full well he was going to buy heroin because he was in such pain that I couldn’t watch him.

**AS**: Because he was in withdrawal?

**JBC:** Yes, basically buying heroin for him. And not being truthful with my spouse just because I didn’t want to deal with that right then. It was more important for me to focus on getting Chance stable, and worry about this other stuff later. I never thought I would be as deceitful as I have been.

**AS**: In what way? Just with your spouse?

**JBC:** Yes, keeping secrets mostly with my spouse. Keeping secrets to protect my son, in theory, whether it really was protecting him or not. Who knows?

**AS**: You don’t have to answer this if you don’t want to. How has your marriage been through this? Has he been a support? Have been you been able to parent Chance together at all?

**JBC:** Oh not much, no. Really that was never—even when he wasn’t using. When he was young John would participate in things, but he was never felt like it was his job to be the dad.

**AS**: So most of this, would it be fair to say, most of Chance’s addiction has been yours to deal with?

**JBC:** To some extent his dad and his stepmother have been involved, but it’s always been when it’s convenient for them or when I pull them in. They don’t generally make it a point to call him and talk to him and find out how he’s doing and really listen. That always comes back on me. Why didn’t I tell them? Why didn’t you ask?

When this stuff happened in November—I never give my husband enough credit because when this was happening in November—

**AS**: Remind me what was happening in November?

**JBC:** That was when he relapsed in Utah. Sometimes I’m so afraid to even tell my husband because I don’t know, he might say, “Well he’s never coming back here.” I just don’t know. I told him and he’s like, “Why don’t you just go out there? Why doesn’t Chance just move back here where we can see him?” It just amazes me sometimes that that’s his reaction. I expect this, “I don’t really care.”

I didn’t tell his dad right away. I didn’t really know exactly what was going on. I figured his dad can talk to him. Or Chance can talk to his dad. It’s really not my place. Part of me thinks if it had been on the other shoe, I would want his dad to tell me. There’s this whole struggle. Part of me is trying to protect Chance. I know that if his dad knows there’s no chance of him going back to school right away, if this really is just a little slip. In my mind I try and manipulate things too.

**AS**: Right, because you’re trying to affect the outcome.

**JBC:** I am, which is not healthy for anyone.

**AS**: Well, it makes you feel crazy.

**JBC:** Right, it does. I’ve learned that and I keep relearning that, but when in crisis.

**AS**: And when you’re in crisis continuously, episodically, it just keeps happening. Having a time when you can try to learn to change your behavior without a crisis happening. It’s really hard if you’re constantly in crisis.

**JBC:** Thank you.

**AS**: You’re welcome. This is something I’m just learning with my daughter now coming up on two years [of sobriety]. My old patterns still want to be there but there’s not a crisis for them. I’m kind of having to learn what it’s like to live not in crisis with her. It’s awkward. At least in an inner way. It’s awkward kind of in my own psyche.

**JBC:** When this all happened, like you said, trying to affect the outcome. Trying to figure out when do I tell? What do I tell? I went out there on a Friday; I got in back here on a Sunday. Sunday, night I sent a big long email to his dad and stepmom. The next morning I got reamed by the stepmom for not having told them last Wednesday when Chance called me. I’m like, “Okay. Here’s the deal.”

**AS**: He’s twenty-six years old first of all.

**JBC:** Right. There’re many things, but the one thing that kept popping into my mind that I just kept throwing back was one of the times when I helped get him back from another state, to get him into detox, when I called his dad to tell his dad. “I’ve got Chance on a flight this morning from California to here. He’s going right from here to detox and right from detox to treatment.” His dad’s response was, “Good luck with that.” I said, “If you don’t want updates from me on your son then just let me know because I won’t waste my time giving them to you.” He said, “The next update I want is when he’s sixty days sober and has a job or he’s in a box.” I said, “The next update you get on your son will be from your son not me.”

I got over that anger and of course have given him updates since then. I said to Linda, the stepmom, I’m like, “You guys want to be involved, and you want to hear all this?” She’s like, “He’s telling me that you’re drug testing him and you’re telling me you’re not.” I said, “If he’s telling you that I’m drug testing him and he’s telling me that you’re drug testing him shame on me for not following up with you and asking you if you were and shame on you for not following up with me. If we don’t believe—and the history has been that—this continues to happen. It’s not just me not asking the questions. It’s you guys too.”

**AS**: At some point, Chance has to live with what he’s doing.

**JBC:** Right, right.

**AS**: And how he talks to his family.

**JBC:** Right.

**AS**: His parents.

**JBC:** I don’t know why I brought that up.

**AS**: I think it’s related to how we try to navigate what are already complex, blended family situations with an addict child. From your ex-husband’s perspective it’s either he’s sober or he’s dead, don’t tell me about it. That’s such a common response among some parents. They get to their threshold; they get to their point where they just can’t. If you’ve always been there doing what you’re doing then you’re an easy target.

**JBC:** I know you had asked me also what the thing that I did that I never ever thought I would do. I’ve not just done that once. It’s when you know he’s in lots of pain and you’re not going to be able to get into detox for a couple days.

**AS**: That was the situation? It wasn’t just—

**JBC:** It wasn’t just he’s out of money and I know he needs to use.

**AS**: It wasn’t that. It’s always your waiting for a detox.

**JBC:** Or you’re waiting to get on Suboxone.

**AS**: Access to care is a huge barrier and makes you do things that you would never, ever consider doing.

**JBC:** We’re one of the lucky ones because I hear from other parents that are on wait lists for weeks. We’ve really never had to be on a waitlist for more than a couple days for a treatment center. I don’t know if it’s because we have private insurance, I don’t know if it’s because it’s the type of insurance that we have, I don’t know if it’s because I’m so aggressive, making so many different calls. We’ve had, fortunately, the opportunity to send him out of state if that’s what’s needed. Or send him out of state if that’s the only place that’s available.

**AS**: He’s really, in some ways, alive potentially because of your ability to do what you do.

**JBC:** Probably. That and his willingness to finally say, “Yes, I’ll take help.”

**AS**: When he slips up.

**JBC:** The fact that he’s not stuck with state insurance. Not that they’re bad because they work for other people, but you hear more horror stories and people that can’t get in because they’re on state and so there’s a big long waitlist. I think people who have private insurance get better treatment, which is not fair. I’m glad he’s been in that position. Sometimes I feel guilty.

**AS**: It’s the system. It’s a bigger issue.

**JBC:** Our insurance has always been so good that…you hear those stories where they get fourteen days and their insurance stops paying. That’s never been our case. I mean even with Hazelden, they were going to approve him to stay in the long-term plan there. That was probably the facility we waited the longest to get in. It was three days. That wasn’t very long but that was the longest he ever had to wait, when he was ready.

**AS**: He’d be detoxing at home or?

**JBC:** That time I think he was at Fairview. He detoxed at Fairview and then went to—no he didn’t. He didn’t detox at all. He went right there using to Hazelden. When I found out he had relapsed—I thought he was in recovery—when I found out he had relapsed I was in Hawaii. His friend, who actually has since died of an overdose in January of this year out on Park Avenue Treatment Center, he had called me and said, “Don’t tell Chance I’m telling you this but he is using with my brother.” I called Chance right after that and said, “Do you have anything you need to tell me.” He’s like, “No.” I said, “Think about that. I probably won’t be asking if I didn’t know something.” He said, “I’m using.” I said, “Here’s the deal. You need to come up with a plan. Why don’t you call me back when you have one?” About five hours later he called me and said he had talked to Hazelden and he had initiated an assessment. By the time I got back, this was towards the end of our trip there, by the time I got back here I had to do a couple things with insurance and the next day I think I took him in. He was, I’m sure, high when I got him there.

**AS**: This is good. Thank you so much.

**JBC:** You’re welcome, a lot of stuff.

**AS**: Yes, it’s a crazy road we’re on.

**JBC:** Yes it is.