May 27, 2021

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UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YOURK

Chapter 11; Case No. 19-23649

PURDUE PHARMA L.P., et al., Debtors

Honorable Judge Robert D. Drain,

I am writing in response to the to the Hearing dated May 26, 2021, concerning the fact that myself and probably other Pro Se Claimants were unable to unmute in response to your invitation to participate via phone. To be honest, I did not believe I would be able to make any statements as the agenda for the Hearing stated that the public could "listen in" but not participate. I tried pressing *6 to unmute when you stated my name but it did not work. I appreciate your willingness to listen to victims as I believe our thoughts and suggestions should have more standing than those who created this crisis and seem intent on continuing it by calling it abatement or treatment.

Your office received my letter on May 11, 2021, however, I only initialed it. I sent it again after being told it would not be on the docket without my name attached. I had been fearful of signing my name due to the history of malicious behavior by the Pharmaceutical industry and others who support the drugging of America. But, as I move through this process of Recovery, the Holy Spirit is giving me more and more strength to be Fearless of Persecution.

In my previous letter I made suggestions because I hate to complain without offering solutions. I believe my thoughts should carry weight and be seriously considered because they were birthed through tremendous heartache and suffering due to taking opiates. I had a lot of potential prior to being prescribed opiates but I lost a lot. I believe that I am supposed to speak out for the "non-addicted addicts"; i.e., patients in the healthcare system not actively trying to abuse their medication but still suffering.

It is believed that people can use opiates without becoming addicted if taken as directed, but they will become addicted IF they are given too much for too long. If you take opiates for too long you will become addicted, period. The patient suffers the confusion and memory loss while taking opiates which leads to mistakes. That is where patient friendly Unit-Dosing comes in. Not all addicts end up in jail but those that do were probably "discharged" from their physician as I was. I was lucky because I have Jesus and He is who I turned to after a bizarre doctor experience. I was clearly being taken advantage of but Providence took over and I escaped. Chronic pain is horrific and it drains a person's soul. By giving patients long-term opiates their soul becomes less able to receive strength and healing from God because of the "opiate fog". It is provable that substance use programs with Jesus Christ in them are more successful than those without Him. They should be given priority for funding in my opinion.

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I appreciate all of the hard work that you and other serious people are doing to try and alleviate the suffering of victims of the opiate crisis at the hand of the Sackler family and participating physicians. This crisis was by design. And apparently those who created it will not go to jail or suffer themselves. I don't understand why such a big part of the plan to solve the problem is to continue in the belief that these drugs are safe to take outside of a hospital for chronic conditions or long-term use. MAT drugs should be a temporary solution for some illegal drug users to get them off the street or those having withdrawal symptoms, but certainly not chronic pain patients or those trying to access the Healthcare community for relief from chronic or non-serious pain! It's just a new delivery mechanism for opiates in my opinion and should not be considered acceptable to take for years or a lifetime.

We once had "pain clinics" popping up everywhere. Now we have "MAT clinics" popping up all over rural America with Nurse Practitioners at the helm. It seems that everyone has just decided to ignore the fact that these drugs DID NOT used to be prescribed in such copious amounts prior to the actions of the Sackler family and Purdue Pharma. The guidelines for prescribing opiates should be challenged rather than indemnified by the process of this case. Everyone making all of these decisions has probably not experienced the decline in mental and physical health due to being placed on long-term opiates. It seems as though the "experts" in the Mental Health community who are charged with helping opiate victims are clearly aligned with the process of placing the masses on MAT opiates. They are teaching everyone to accept the chronic, life-time use of opiates as they deny any benefit to alternatives.

I doubt that you or any lawyers involved in this case were ever placed on opiates long-term for chronic pain. If you had you wouldn't be able to function at such a high level in society. They destroy your brain and body over time! I may be able to write this letter but it is only because I have moments of inspiration by God to speak out for justice. My working memory is full of holes and I regularly forget what I am saying or doing. I still have chronic pain but I have learned through heartache and suffering that opiates are the WORST solution for it! If I ever had to be cut on or had trauma, I would want to be given opiates. They are only best for acute pain in short durations. History proves this.

I still hear stories of patients being given 120 Oxycodone or other opiates for post-op pain. For example, shoulder surgery whereby the patient actually requested not to be prescribed opiates! They were given them anyway. Fortunately, this person only took Tylenol and healed with discomfort. It is possible to recover from surgery without being placed on opiates for a month. No one should have to suffer too much but 120 Oxycodone for shoulder surgery would never have happened thirty years ago.

Another example is an addict with a history of drug abuse. A young woman who got pregnant and got off drugs while carrying her baby. She was given Hydrocodone after giving birth for pain. And she was breastfeeding! After a few weeks she developed mastitis. Then after the surgery to her breast she was given a two-week supply of Hydrocodone! This puts her in great danger of losing everything! Again, this never would have happened thirty years ago.

Why are serious people, like yourself, working so hard to solve the opiate crisis not addressing the CAUSE of the opiate crisis? Doctors are the ones prescribing these drugs and many continue to OVER-PRESCRIBE them! Most current doctors have all been trained by medical schools funded by Big Pharma who continues to produce guidelines for their drugs which are deceptive. Everyone has been conditioned to believe pain is some type of disease rather than a symptom of disease. Pain causes us to slow down so we can give our bodies time to heal. Opiates interfere with that healing process when they are taken too long. Three to ten days should be enough for most people to need opiates for acute

pain after surgery or trauma outside the hospital if they are given time to recuperate. 1980's Guidelines for prescribing opiates should be seriously considered. There was less diversion then because there were less drugs floating around and there certainly were less people being prescribed opiates for chronic pain.

The illegal drug trade is another problem. I don't have a lot of suggestions for that because I have no personal reference for that aspect of the dilemma. I realize that the solutions must be for everyone because so many started out like myself or were born into this travesty. I have great empathy for my fellow addicts no matter where they come from or ended up. That is why I offered so much of my remedy to go towards helping those in my own rural area. There are people here doing God's work helping inmates. They should be given the opportunity to expand their reach to include non-inmates and those in the healthcare trap also. We have all traveled a similar road, some just had more rocks in it. I do not want anything taken away from these programs but rather expand them greatly and force the Healthcare Community to offer **real access** to alternative options for chronic pain to those of us living in the outposts of care. Pills are quicker and easier but they are NOT always better for the patient! It is unaffordable for someone like myself to access physical therapy at $30 a visit or to receive other non-pharmaceutical therapeutic options. I feel that my previous letter explained what I believe would help me and others like me to remain off of opiates while living with chronic pain. Expand access to non-pharmaceutical alternatives!

Please consider that we victims and survivors should have more standing in this case and our concerns should be heeded with great care. Please carefully consider the suggestions I made in my previous letter with the knowledge that I just want to help solve the problem, not sit back and watch as it evolves into a new and different problem. Root beliefs need to change. Alternatives to treating pain need to become more accessible rather than just placing people on new and different opiates that are easier to control. I apologize for the fact that I may not be approaching this in the proper legal manner as I am a drug damaged individual with no legal representation. No lawyers I talked to would go up against Purdue Pharma and risk going against the status quo.

Thank you for your consideration and concern.

Sincerely,

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