Your Voice Ohio: Columbus

Exploring Community Solutions to the Addiction Crisis

April 2018

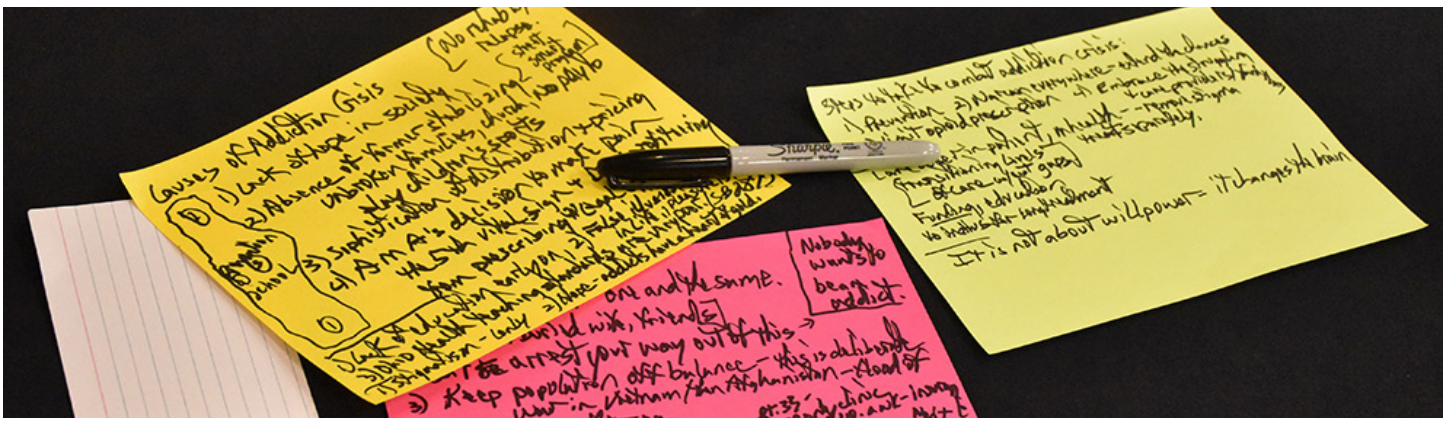
Since 2012, Ohio's opioid and addiction epidemic has taken nearly 14,000 lives and disrupted hundreds of thousands more. In 2016, 4,050 Ohioans died of a drug overdose, more than doubling the 2012 total. We haven't seen signs the epidemic is slowing down, and it continues to affect the health, social, and economic welfare of every county in the state.

At the same time, productive and community-oriented coverage of the crisis can be difficult to find. There's a need to listen to the citizens most impacted and implement their stories, perspectives, and ideas. Your Voice Ohio, a statewide news collaborative, seeks to focus on the needs of communities first, and share collective knowledge and resources to create more representative coverage.

To accomplish this goal, we joined forces with competing newsrooms in Central Ohio. The partners—the Chillicothe Gazette, Columbus Dispatch, Newark Advocate, Marion Star, WBNS-10TV, WOSU, and Eye On Ohio—all wanting to make a larger impact on the crisis in their backyard, agreed to try something new.

Our discussion in Columbus brought together about 55 community members, all with different connections to the addiction crisis. This included people in recovery, families of loved ones, public officials, and medical professionals. Many attendees wanted to see local journalists highlight people in recovery, and share what has helped them deal with addiction. Others had the chance to learn about new local efforts to combat the crisis, like a charter school for students in recovery, support programs for parents, and efforts to decriminalize certain drug-possession offenses.

Traditional journalism, too often, prioritizes weekly overdose statistics or individual stories, but doesn't provide the information and focus to help communities actively find and adopt solutions. Our goal, through these community conversations, is to supply Ohioans with the information and resources they need to confront the addiction crisis.



EVENT SUMMARY

The event generated dozens of questions and ideas for media partners to explore.

We asked these three questions:

1. What does addiction look like in our community?
2. What do you see as causes of the addiction crisis here?
3. What steps might we take to combat the addiction crisis?

RESULTS

The following pages are ideas, personal stories, and solutions on the crisis written by participants during the events.

WHAT DOES ADDICTION LOOK LIKE IN OUR COMMUNITY?

- Families broken, relationships gone. Deaths, infant mortality. Adding to existing poverty.
- Many aspects to it. Desperation – individually and family level. Eventually, impact financially. Legal issues – theft, bankruptcy, or worse.
- Deaths, jobs/economy, grand children. Overwhelmed services → FCCS, Police/Fire, Courts, Medical.
- Anyone. Doesn't discriminate
- Physical → No physical look – people die in all communities. Psychological → Mental health issues not addressed, self-medicating. Financial → Need health care.
- It is a crime producer, in that there are thefts and robberies committed sometimes resulting in injuries or deaths. Painful to families!
- Broken families, broken lives, broken dreams.
- Sad, hopeless…unless things change.
- Niece died of overdose. 500+ overdose deaths here in 2017; at 2/day in 2018. Destroying lives and families. Costing millions. Show documentary "The Trade" and the book "Dreamland."
- Not sure. All income levels, all ages all backgrounds, all communities are impacted (not discriminatory). Especially concerned regarding the impact on our children – socially, emotionally, and academically.
- People dying. Children growing up without parents. High levels of incarceration. Sadness. People not reaching their full potential. Broken dreams. Broken promises. Missed opportunity. Stress on our social systems. Blame/shame/stigma. No hope.
- Addiction is as varied as drug use, sexuality, TV habits. Some silent, some loud, some functioning addicts, some not. Drugs vary widely, from legal to illegal.
- Absent, crying woman half naked and hungry was told to an abandon house and children sleeping in 1 mattress being babysat by other women in addiction who rotate to take care of them.
- Death (unintentional overdose). Recovery – success and time. Grandparents raise grandchildren. Impact on criminal justice system (crime cost). Barriers – transportation, child care, to recovery. Fentanyl. Data needs. Stigma.
- Desperation, despair, isolation, loneliness.
- It's hurting the workforce. It's hurting families. It's killing people.

» Nobody wants to be an addict. Dealer and addict – one and the same [20yrs, buried wife, friends]. Can't arrest your way out of this. Keep population off balance – this is deliberate; war in Vietnam, than Afghanistan → flood of drugs after each. Treat addicts (Portugal). Arrest the addiction first. Opiate replacement therapy (methadone). Ohio isn't willing to make this happen. Mental health. Prevention → Prosecute dealers → Treatment.

» Desperation across demographics, age, race, socioeconomic, gender. Results: Family, drain on economy.

» Affects all level of the community.

» Complex, devastating public health issue impacting: people, families, employers, law enforcement, health providers.

» Impact economically. Socially -> destroys relationships with family, friends, neighbors. Criminal impact → theft for money to pay for drugs. Healthcare impact → Money issues, insurance coverage. Social workers, therapists, medical personnel → burn out or put in physical/mental danger.

» It can be anyone. There isn't just one look for addiction.

» It looks like multiple admissions to the addiction stabilization center daily. Clients being revived with naloxone and brought straight to treatment; overwhelmed and scared.

» Multiple attempts at sobriety/treatment.

» 4050 deaths due to overdose. Rise in thefts, burglaries due to addiction. Lack of treatment facilities. More children in foster care.

» 2 month old on drugs, addicted mom lost 3 babies. Foster child, age 12, loses mom to overdose. 22 year old HS dropout lost mom to overdose and is now a heroin addict on the streets. Mom with addiction with struggling teenager (15) who attempts suicide and seeks treatment at Harding Children's and Mary Haven. Middle school/high school students using for all reasons; happening to good kids/good families; kids are drinking and using. Alcoholic dad affects family, job, kids.

» Really bad. Destroys families. Disrupts situations. Leaves behind helpless kids/parents/adults. Destroys productivity. Burden on society. Unsafe parks/neighborhoods.

» Drug take back day.

» Addiction is diverse, unrelenting. A major challenge in our community. Ever changing and ever present → drug may change but addiction is always a factor in our community. Addiction is scary and difficult to discuss in the open – can be shameful.

» NIMs emergency preparedness techniques used in Ohio.

» With limited information and exposure, I see friends with family members who are struggling with addiction. As an elementary school teacher in a suburban district, I'm aware of some students whose parents are in recovery or currently in addiction.

» Other than panhandlers, large lines in food pantries, delayed funerals. Sad eyes of children that are either very thing or very heavy. Grandparents raising children. Recreation places availability of or community. Lack of treatment.

» Family destruction, prostitution, overdoses, hopelessness, breakdown of community values.

» Addiction in Columbus is taking lives and impacting families and children. It has led to concerns across the community from families and law enforcement to pharmacists, doctors, and social service groups. It is a mental health crisis that needs many more resources to be addressed.

» Tearing families apart (help for families). Overdoses. Lack of treatment facilities and wait to get in.

» It looks like…people who want to get clean but are too afraid of withdrawal. Crime and theft to get the next best high. Women selling themselves for drugs, caught in an endless cycle. Broken families, lost trust, heartbreak and desperation for a cure – blame.

» Heavy emphasis on Caucasian, middle-age (35-44) demographic. However, increasing prevalence in communities of color. Increasing impact on children – pregnant, addicted mothers, kids in custody and grandparents raising children.

» A ripple effect of collateral consequences. Increase in trauma for the entire community. Increase in support (financial, programming, political, government) but no decrease in stigma. Individual impact, family impact, community impact. What helps in recovery. No identity for addiction, no identify for perfect recovery.

» Addiction looks like you and me.

» It looks like: the typical "stigmatized" individual; a community problem.

» A lot of people dying of overdoses. People getting clean and going back on drugs and dying.

» Someone who doesn't care if he/she hurts family or those close to them. Homelessness. Denial.

» Non-prejudice to age, race, religion. Weakens economy. Increases crime. Lowers moral standards. Increasing in acceptance as a "passive" problem.

» The lost, the hopeless. Death at alarming rates. Hospitals overrun with overdose victims. Parentless children. A broken system.

» More than just opioids. Includes young people and adolescents. Collateral consequences. Frustration. Powerlessness and unmanageability. Not always as severe as we portray it to be. SUD [substance use disorder] can be mild, moderate, or severe.

» Loss. Sense of frustration and hopelessness – for families, first responders, and treatment providers.

» Kids without parents and an overwhelmed child welfare system.

» Looks like your next door neighbor, your coworker, your niece/nephew, your Sunday school teacher. No one is immune to addiction: you don't get to choose whether or not you become addicted.

» Destruction of individual as well as family. Financial ruin. Cost to community. Criminal activity.

» It looks very scary. We are losing valuable young people with lots of potential every day.

» Tough to find resources that are available now. Child abuse/neglect. Criminal activity. Hits all economic levels. Pain meds readily available/too easy. Desperate people. Dual diagnosis.

WHAT DO YOU SEE AS CAUSES OF THE ADDICTION CRISIS HERE?

- Lack of evidence-based prevention that is done early and often. No screening for addiction. Cultural norm of pill for everything. We don't like to be uncomfortable.
- Funding: for opiates replacing opiates that is freely accessible, affordable on the streets. People resistant.
- Hopelessness. Emotional trauma. Easy access to drugs – both legal and illegal – and not enough leadership pulling in one direction to fight it.
- Too many drugs being prescribed. Loneliness. Not enough information on prevention or addiction.
- Sense of powerlessness. Accessibility. Trauma upon trauma when kids are taken away. Trafficking victims, teens, trap houses > love release dopamine.
- Loss of jobs – self worth. Mental health. Do not screen.
- Mental health, job issues, instant gratification.
- Pain meds, poverty, mental health issues, community.
- Physicians, pain doctors – not scrupulous. Mental health issues, self-medication. Addicted in jail. Addicted while in service.
- Hopelessness, despair (coping). Availability. Mental health.
- Jobs, education, housing, families, insurance.
- Availability. Mental health. Curiosity, especially among youth. Lack of understanding about addiction. Lack of accessible treatment. Chronic disease, as is alcoholism.
- Easy access. Not replacing bad coping mechanisms with healthy ones. Not surrounding oneself with recovery community. Not treating possible underlying mental health issues.
- Misaligned priorities/issues: misinformation, expectations, resources, lack of awareness, government oversight, prescribing patterns of doctors.
- Greed → drug companies, cartels, major dealers. Breakdown of the family unit, i.e. nuclear family (discipline and love). Lack of economic opportunity → despair.
- Overmarketing of prescription drugs. Underlying mental health and trauma issues. Need for prevention education.
- Overprescribing. Easy access to drugs. Childhood trauma. Emotional and physical pain. Society's idea that people shouldn't have to experience pain. Lack of help on the ground. Misunderstanding.
- #1 = DESPAIR!! #2 = Exposure/access to drugs! Genetic disposition to addiction. Mental/behavioral health influence. Lack of opportunity/life satisfaction, could be linked to: economics, love/friendship, personal satisfaction. Other social determinants.
- Social determinants. Genetics. Lack of prevention efforts (i.e. social emotional learning, supportive adults, education re: drug resistance). Environmental – peers/trauma. Barriers. Script drugs.
- Prescription. Doctors / pain. Depression. Lack of real treatment.

- Pleasure seeking. Unrealistic life goals. Poor leadership examples. Drug/alcohol availability. Perpetuated by "victim" language. Poorly educated on topic.
- Lack of hope in society. Absence of former stabilizing unbroken families, church, no pay to play children's sports. Sophistication of distribution and pricing. AMA's decision to make pain the 5th vital sign and doctors profiting from prescribing legal opioids. Lack of education early on. False illusion of no pain in life, pleasure is king. Ohio health teaching standards are very poor (SB 282). Stigmatization, lonely. Hope – addicts have a heart of gold. Prevention at school. No rehab without relapse.
- The addiction increase is modest compared to the increase in overdose death. The more pressing issue is overdose death, and the cause of that is a contaminated drug supply that has people consuming drugs for which they don't know what's in the drugs or how much is in it. Drug prohibition is the cause of this.
- Pain pills. Poverty/desperation. Lack of education/prevention.
- Free flowing pills. Acceptance of gateway (weed legalization). Breakdown of family.
- Childhood trauma. No pain expectation of society (mental, physical). Stigma surrounding/preventing getting help. Big Pharma/over prescribing. The "just say no" way of education. Not addressing when mainly in inner cities.
- Over prescription. Not getting proper treatment.
- Focus on measuring and treating pain with opioids. Slow to respond to pill addiction or pill distributors. Lack of treatment resources.
- Over prescription of pain killers. Lethal drugs. Lack of support/resources to meet needs.
- Prescription medications. Lack of education at young ages. Family cycles/genetics (general addiction).
- Doctors prescribing opiates.
- Pain killer – normal everyday surgery can lead to addiction. Availability of drugs. Lack of mental health education. Psychosocial stressors.
- Drug availability. Street drugs. Acceptance. Cheap street drugs. Physiological changes in the brain. Chronic disease.
- Prescription pills being prescribed in abundance. Misleading advertising relating to the addictive power of opioids. Poor mental health coverage.
- Lack of intervention. Heroin is easily obtained. Underlying mental health problem. Mental health: peer pressure, availability at home.
- The opioid addiction crisis began with overprescribing of pain medication as the healthcare industry began using [pain as] the fifth vital sign. Now it is being caused by the dealers who lace other drugs with fentanyl and often highly addictive opioids. Further, the community's lack of mental health and addiction services has meant that people who need help cannot get it.
- What causes addiction? Heredity, poverty, learned behavior, little information from elementary education, untreated mental health, no pain management, no insurance, pleasure seeking, social media.
- Overprescription. Economic conditions.

- Untreated mental health issues. Trauma. Teens: developmentally want to experience something different and don't think long term. Generational addiction. Wiring. Self-medicating - mental health.
- Self-medicating - depression, mental health. Peer pressure. School pressures.
- Depression, despair, pain, loss. Wanting to have a good time. Not enough accountability.
- False impression that life can/should be pain free (physically and emotionally) and opiates as solution [Dr. Mark Hurst]. Pharmaceutical industry - $$. Erosion of local economies/industry and communities.
- Lack of information at a young age. Naive: "It's not going to happen to me," "It's a few pain pills."
- Over-prescription. Lack of prevention. Life should be pain free. Strictly focus on pleasure.
- Lack of health education standards.
- Not enough education around addiction for prevention. Trauma with an individual. Stigmatization. Overprescription of opioids.
- Society focusing on pleasure and emotion and easy way out. Fall of family values and family time. Too much free time and money. Too social. Hopeless. Stabilizing forces in society. Lack of education. Overprescribing.
- Upbringing. Peers. Parents don't care.
- Stress. Feelings of hopelessness. Peer pressure.
- Lack of self worth. Too much time. Bad influences. Lack of perceived opportunity.
- Reckless opioid medication prescribing. Big Pharma. Lack of awareness about addiction. Economic disadvantage/poverty - here and in Mexico where heroin is produced.
- Stigmatization of mental health, trauma, and addiction. Pain being added as a vital sign in the medical community. Change in nation's beliefs and values (paradigm shift) → value of self over value of sense of community. Pharmaceutical companies.
- Not sure! Despair and addictive personality with genetic predisposition.
- Depression, isolation, inability to maintain proper household due to lack of resources. Poorly-treated pain. Lack of education. [Dr. Nicole T. Labor]
- High school (and middle school) pressures are greater. Drugs (and alcohol) are easy to acquire/accepted by many as a choice to cope with life. Kids start using for all kinds of reasons, from struggling academically to high achievers, social peer pressure, medical needs as a start. Heroin use follows from other "lesser" addictions. No one ever says, "I want to be an addict." It's a slow build, it sneaks up. Social media increases ease and access.
- Big Pharma misleading. Pill mills. Unstable families. Not being educated on pain treatment.

WHAT STEPS MIGHT WE TAKE TO COMBAT THE ADDICTION CRISIS?

- Coordinated patient centered care → prevention, treatment, recovery, psychosocial issue, regular illness. See issue as not moral deficit.
- Criminal justice reform: lower level felonies and reduce to misdemeanors. Drug courts across the state. Don't charge someone who is overdosed and found with drugs. Mandatory minimums and presumptions charges on levels of felonies. Start with legislature. Educate prosecutors.
- Top of the mind: Drugs will destroy you → Education, Education, Education. Take drug dealers off the streets → non addict = long prison sentences; addict = treatment and confinement. Treatment: Best practices/science-based, what works.
- Better prevention education: schools, doctor office. Decriminalize…to a certain extent → is it a deterrent?
- Education. Treatment outside of area 3 counties away. Social life after treatment support, i.e. Desert Island Club McKinley (501 Josephine, 614-309-7886). Food pantries. Monitored sober/clean houses (housing). Pain management. Decriminalization of personal use amounts. Diversion tactics. Transportation.
- Prevention: working on strengthening families/individuals; more education in doctor offices on pain management. More educations on ways to handle pain. Doctors learn more as well.
- Research of addicts…genetic. That might indicate a hereditary, chromosomal, tendency, gene component to addiction → Why does one become addicted and another not?
- Best practices - actively search out areas/countries that are not increasing in addictions and why.
- Prevention is key - awareness of consequences to students and parents. How to never start because it is too risky.
- Extra attention to positive reinforcement and coping skills as options to drugs and alcohol.
- Lockdown or jail → addicts on drugs have changed brains and are not typically going to choose rehab even if they may want it. The drug overrides healthy options and "commitment" to recovery. It is an illness that changes who we are and who we want to be.
- Education and communication. Multi-pronged approach: medical, mental health, policy change.
- Have more conversations with family, friends, and neighbors to increase awareness. More walk-in facilities.
- Most critical = retain Medicaid expansion in Ohio. Repurpose local funds for behavioral health (services paid by Medicaid BH redesign and expansion) to more prevention and school-based programs. Continue public education to decrease stigma.
- Instead of everyone having their own agendas, everyone become a team to rehab, outpatient, faith-based to achieve one goal combating the addiction crisis.
- Prevention: health education in schools

- Try to make everyone aware that it is a problem for all to deal with. Get all stakeholders on same page in setting priorities and spending money – or setting policy – to fight the crisis.
- Education. More help resources for families. Lose the stigma, shame, and embarrassment. Prevention.
- Stop criminalizing sickness – different offenses. Address mental health. Allocate funds for treatment.
- Stronger support with family. More detox help.
- More detox facilities. More rehab facilities. More education and outreach. Education at every age. Education at every step. Help for support people.
- Get people treatment, facilitate access to treatment. Pilot prevention programs.
- Discontinue "victim" language. Monitor manufacturing (availability). Pain replacement medication → no narcotics. Broaden scope of educational programs to include ones with higher success rate → faith-based.
- Legalizing addiction. Look to other countries that have had success in treating addiction. Professional and civic education on addiction. Distinguishing between use of pain prescription for treatment of pain vs. euphoric mental effect.
- Step down unit (think Adam-Amanda Center in Athens). Work/housing/recovery support access. Focus on ensuring access. Increase MAT. Education increase – everyone speak same language. Harm reduction. Address assistance based on stages of change.
- Prevention. Narcan everywhere – extend the chances. Limit opioid prescription. Embrace the struggling and care providers/families. Inpatient, mental health → remove stigma. Transitioning levels of care without gaps. It's not about willpower = it changes the brain.
- Education: Say No to Drugs – early childhood; Scared Straight – stiffer penalties for teens, real life examples in schools. Prevention: Street Smarts for Parents.
- Stop panhandling. Hold doctors responsible for over prescription.
- More funding??? More education (family, public, law enforcement). Different laws.
- More money for treatment. More support/education for families. Ways to block fentanyl.
- Education on all levels of care. Address underlying mental health issues. Facilities working together for smooth transitions of level of care.
- Better mental health education. Education for all ages. Direct, blunt for middle school/ high school. Use centers? Restrict ads for medication on media.
- Pressure on drug dealer. More detox beds. More long-term care recovery places.
- Better access to insurance. Jobs. Housing. Education.
- Fund clinics in every county. Education in all school levels. More education to prescribing doctors and nurses. Universal single payer healthcare so no medical [indecipherable]. Long-term care. Take dealers off the street.
- Start educating us now: education system, school boards, city council, townships, etc. Marketing blitz to inform, online and television. More focus on prevention.

- Identify alternative pain management solution; better addiction assessment at primary care; better education of patients when opiates prescribed
- Education; accept addiction as a chronic disease; easy drug disposal; reduce RX drugs, minimal number of doses; community support; long-term treatment; continuity of care; alternate treatment options.
- Implement SBIRT (Screening, Brief Intervention, and Referral to Treatment) in schools and medial settings; invest in youth recovery like Heartland School; have a plan for getting people off MAT; invest in long-term recovery (supports like housing, recovery community organizations, collegiate recovery; Catch SUD when mild not severe
- Begin with the young, drop-in centers (support groups, link to recovery, child placement, job skills; decrease funding to MAT and provide alternative methods.
- What can we do to change the environment to they cannot return to what sent them there? They will continue to return until we change what got them there in the first place. Need jobs, housing
- How do we structurally focus on love? Certain solutions have a dollar amount. This one does not seem to.
- Drug courts, Jordan's Crossing, Loving Lane 2 Health, Heartland School
- Win the lawsuit against the manufacturers; PreK-12; data
- Prevention (frank discussion in families and schools): change pill-for-everything culture; treatment and care, not just medication treatment; hospitals step up more
- Legalize marijuana; recover groups; more treatment centers
- Availability to mental health and addiction treatment and resources; support systems outside of treatment such as sober living homes or certified peer specialists; access to naloxone for everyone; reducing stigma of addiction, better understanding surrounding addiction and what addiction looks like; alternative therapies for pain management; increase empathy and embrace addicts with love – they are not at fault or unworthy.
- More education for prevention; more support, less stigmatization; better treatment options
- Offer more education; limit access; help people become ready to stop; overcome fear of detox; make getting clean easier.
- Open up detox triage center in hardest-hit counties; Increase the number of treatment beds and length of treatment covered by insurance; Qualified staff at treatment centers; Increase in diversionary court programs; create programs that focus on the entire family, for the community, not just related to addiction but for general support
- Access to treatment for all; understanding, educate all about grips of addiction.
- Meet drug users where they are; don't insist on abstinence, medication assisted therapy can be an option along with 12 steps in other programs
- More
- More treatment centers (residential); more education of K-12

- Utilization of all resources before adding new resources; Moving from 30 to 90 day treatment model (like in Northeast Ohio); prevention education that moves away from the "just say no model; address childhood trauma.
- Increased funding of harm reduction programs; increased emphasis on long-term (1-year) treatment programs that have connections with job training; wrap-around supports to address social determinants of health; emphasize success stories; availability of funding for sober recreational events; a prevention AND recovery tool (free gym membership, exercise classes, sober concerts, recreational sports, teams for free; make sobriety fun again.
- Research into genetic predisposition to addiction; well-regulated mandatory lock-down rehab centers; regulated control over opiate prescriptions; increased mental health services as well as increased counseling services in the schools
- Additional treatment options, additional training for health-care professionals; prevention efforts in schools; more community groups that bring together health care, law enforcement, educators, churches etc.
- More media attention; treat OD at school the same was as if student brought a gun; more awareness for parents.

FUTURE RESEARCH

Using this input, here are the major questions and ideas Your Voice Ohio journalists are setting out to answer and explore:

- What are your implicit biases that potentially factor in to being able to do your job in journalism + reporting?

- Treatment availability:
  - What is the current capacity for treatment in the area?
  - How accessible is it?

- Focus on success stories/people in recovery/their families:
  - How have individuals been successful in defeating addition?
  - Contact treatment facilities to ask patients what helped them the most?
  - Please share positive stories to help reduce the stigma
  - What does long-term recovery look like: longer periods of clean? Connections with family? Connections back with kids?
  - How are families of addicts directly affected? (profile/newspiece)

- Include faith-based treatment programs:
  - Why is the media so afraid to touch on God and Faith-based programs?
  - Why doesn't the media offer more coverage on faith-based recovery programs?

- Explore the epidemic and local jails:
  - Investigate drugs in local jails and prisons. How do they get in?
  - What are jails offering to help the incarcerated addict?

- Local school coverage:
  - Why aren't ODs in the schools covered by media?
  - Recovery High School, good or bad?

- What are the gubernatorial candidates' plans for addressing the opioid crisis through Medicaid?

- What should those who want to volunteer do for this epidemic?

- Why is there a disconnect in community treatment organizations? Investigate why the local systems and organizations don't want to partner -- entrenched workers; public charities that want to help addicts

- Do people know about Drug Takeback Day? Why, what, where?
- I want research and numbers on the availability of treatment options: beds and when they are open, detox options, specifically available in Newark and the county.
- What are local companies willing to do to help the crisis?
- Where is the money going? Where's the money trail on both sides, i.e. when funding is provided, what services are being funded, and then on the addict side, where does their money paid for drugs go?
- What is the relative efficacy at non-profit and for-profit drug treatment providers?

YOUR VOICE OHIO PARTNERS (CENTRAL OHIO)

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CONCLUSION

Reporters across these organizations are dividing up the questions now and reporting answers back to the community.

For up-to-date information and reporting, visit:

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