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Stuart the possum couldn't be released into the wild, so Karen Brace uses him to educate others. He's even on Facebook.

# Rescuer has an abiding passion for possums

BY CATHY DYSON  
THE FREE LANCE-STAR

The first time Karen Brace opened a box filled with orphaned opossums and found 11 babies looking back at her, with jet black eyes and tiny pink noses that sniffed at her curiously, she thought of aliens from the “Men in Black” movies.

Then, she fell in love.

Brace took the babies from her Stafford County home to a wildlife rehabilitator in Culpeper County and begged for an education.

“I said, you need to teach me how to take care of these things because they are adorable,” Brace said.

That was spring 2017, and Brace, who's been a registered wildlife rehabber since 2012, added possums, as they're informally called, to the list of small mammals she tends. While squirrels will always be her first love—and her home in the woods

is decorated with flags, statues and signs of the nut seekers—Brace clearly has a passion for possums.

“I think they are the most misunderstood animal in all of Virginia,” said Brace, a self-employed contractor who does background investigations for the State Department. “Most people think possums are vicious, aggressive animals that are disease ridden, but they're actually very docile. They will try to get away from you if they can.”

And if they can't—if they're cornered in a garage, raiding a poultry nest or rooting through trash—then sure, they're going to get defensive.

“The possum is going to show its teeth and hiss and growl and spit, puff up like a cat and generally act like it's crazy and diseased,” Brace admitted.

It's all an act, she said, just like their ability to play dead. During the course of



Brace has about 40 young possums in her care. They'll be released into the wild when they're about 4 months old.

her career as a “possum nanny,” which she claims isn't nearly as glamorous as it sounds, Brace has discovered their last-resort measure.

“They squirt a green substance out of their butt that smells like death,” she said.

And she wonders why the list of people willing to rehab possums is so short.

Even Carolyn Wilder, president of the Wildlife Rescue Club in Northern Virginia of which Brace is a member, acknowledges possums aren't going to win many popularity contests.

First off, people fear they have rabies. But their body temperature is so low, the chance of them carrying the virus is extremely rare, according to the Opossum Society of the United States.

The second misconception is harder to dispel.

“They look like a big frickin' rat with

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that tail. They're not the kind of animal you think you would be cuddling up to," Wilder said. "And then there's Karen."

## THE POSSUM NANNY

Possoms are North America's only native marsupial, and Brace has something in her pouch to prove they're not so bad after all.

His name is Stuart.

As she tells the story, two possums were found in Stafford and brought to her last August, and she named the smaller one after Stuart Little. He weighed 27 grams, less than an ounce.

She rehabbed both of them just like she treats the 40 baby possums that sleep in hammocks, in cages in her basement and just outside, under the porch. She feeds the smallest every few hours, not with bottles, but through a tube that's put down their throats to mimic their mother's long nipples.

Some people are turned off or scared of that prospect, and she believes that's why they may not rehab baby possums.

As the possums mature, she serves a smoothie-like food mixed in a blender, twice daily at 8. It consists of softened dog kibble, mixed vegetables, strawberry yogurt, quail eggs, herbs and any leftovers lying around.

Her guests will eat anything.

"If you ever want to feel like a rock star in the kitchen," Brace said, "cook for possums."

Stuart and his brother, Mickey, progressed under her care and neared the age they could be released into the wild, about 4 months old. That's when X-rays showed both had a severe bone disease. Mickey's was so bad he had to be euthanized.

Because it's illegal to keep a wild animal as a pet, state law dictates that any animal that can't be released be put down or used as an educational animal.

Brace went that route with Stuart, filing piles of paperwork to get approval and permits from the U.S. Department of Agriculture and the Virginia Department of Game and Inland Fisheries.

## PASSION 'IS CONTAGIOUS'

Stuart sleeps in an outside enclosure that cost \$1,200. It's an elaborate one, with tree trunks and a ramp that leads to his bed. Gerbera daisies are planted around it. Brace also is a master gardener.

This year, in addition to her full-time work, rehabbing and side venture making herbal cosmetics and salves, she started a business called "Awesome 'Possumz." Brace takes Stuart around to schools,



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Karen Brace gives antibiotics to a young possum with a skin condition.

## WHEN HUMAN HELP IS NEEDED

Adult birds, foxes, squirrels, rabbits and raccoons often leave their young alone in nests or dens while they forage, but the mothers do return, said Carolyn Wilder, president of the Wildlife Rescue League, which serves Northern Virginia south to Fredericksburg and west to Fauquier County.

To those who call the league, alarmed because they've found a baby animal alone, Wilder said often the best advice is to put it back. Leave it alone. The parent will return.

That's not the case with opossums. If one is found alone, it's probably fallen off its mother's back—and the

mom, carrying a litter of 10 to 12, may not have noticed.

Possoms are no bigger than bees at birth and, like other marsupials, have to claw their way from the birth canal to their mother's pouches, where they stay for several months. They attach themselves to long, tube-like nipples to feed.

Babies stay in the pouch for about two months, then do a possum-piggyback, clinging to any spot on the mom they can find.

Rehabbers like Karen Brace often will get an entire litter at once, usually after the mother has been hit by a car. Sometimes, those who

rescue the orphans know how to disconnect the babies from the extended nipple. Others will "take the whole kit and caboodle, dead mom with all the babies in it" to the rehabber, Wilder said.

The Wildlife Rescue League maintains a hotline, staffed by volunteers, from 9 a.m. to 5 p.m. seven days a week: 703/440-0800.

The Virginia Department of Game and Inland Fisheries also maintains a list of licensed wildlife rehabilitators online at [dgif.virginia.gov/wildlife/injured/rehabilitators/](http://dgif.virginia.gov/wildlife/injured/rehabilitators/). It also has a conflict helpline, staffed weekdays from 8 a.m. to 4:30 p.m., at 855/571-9003.



Brace believes possums are 'the most misunderstood animal in all of Virginia.' She finds them adorable, even as she cleans out cages and food bowls.

day care centers, senior facilities or anywhere else people want to see a possum up close.

She charges \$150 for an hourlong presentation and uses the money for food and veterinary expenses, for Stuart and his many cousins that come through the home she shares with her understanding husband, Greg.

She and Stuart recently entertained about 35 seniors at the Pozez Jewish Community Center of Northern Virginia, who loved the visit, said Michele Endick, lead adult group coordinator.

Stuart was adorable, she said, and "it was obvious that Ms. Brace is very dedicated."

Ted Schubel had a similar reaction when Brace brought Stuart to his office. He does Town Talk each weekday morning on NewsTalk 1230 AM and was "quite nervous about having a real possum in the studio."

He expected a hissing, angry animal, not one that fellow staff members would fawn over as it sat in Brace's lap or clung to her shoulder. He agreed that Stuart didn't look anything like the creatures he'd seen in the road.

"I do now look at possums and squirrels much differently," he said. "Karen's passion for animals is contagious."

Amanda Smith, who directs the station's promotions and marketing, agreed. She met Brace a year ago when she found an injured baby squirrel, and the rehabber has become her "go-to for little critters that need help."

"Stuart is a great ambassador for opossums," Smith said.

## 'VALUE ON LIFE'

Brace likes to point out how possums help the environment, mainly because they eat just about anything they encounter. They consume 4,000 to

5,000 ticks per season, so they may slow the spread of tick-borne diseases. They're immune to snake venom and may keep the copperhead population in check, along with mice, rats and cockroaches. They also eat dead animals, rotten fruit and vegetables and garden pests such as slugs and voles.

"They add beauty to the landscape," she quipped.

Brace hasn't won over every skeptic. Sometimes, when she says she rehabs possums, squirrels and groundhogs—and even helped a mouse get back on its feet—people look at her in disbelief. They understand rescuing injured eagles or deer, but rodents?

"Who am I to put a value on life?" she asked, then smirked. "I firmly believe that the mouse I raise and release in this life will be the supervisor in my next life."

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MEDICINE IS HELPING COMBAT OPIOID EPIDEMIC

# A lesson in addiction, learned too late

BY CATHY DYSON  
THE FREE LANCE-STAR

The regret will haunt Michelle McGinnis the rest of her life. She wishes she'd known how to help her younger brother, Bryan, as he struggled with drugs. She saw how much he wanted to beat his need for heroin and be there for his five kids.



She researched rehabilitation programs and was repeatedly frustrated when insurance wouldn't cover one aspect of his treatment or another, deeming it medically unnecessary. After he managed to get into, and finish, one such program, the facility offered to put him on suboxone, a drug that reduces a person's cravings for opioids. It's part of medication-assisted treatment, or MAT.

Her family told him to turn it down.

"We had that attitude of why would a person want to trade one drug for another?" McGinnis said. She didn't know it "was considered the gold standard at the time."

The Substance Abuse and Mental Health Services Administration describes MAT as an effective way to help people stay off drugs, when paired with counseling and behavioral therapies.

"If my family and I had been more educated," she said, "my brother would be alive today."

## 'A FIGHTING CHANCE'

Bryan McGinnis, 42, lived in Hampton and died in a gas station bathroom in October 2015, less than 18 hours after he finished a 30-day rehabilitation program. He went to a Narcotics Anonymous meeting the night he left rehab, called his sponsor and talked about the steps he needed to take.

His sister believes he was predisposed to addiction. She later found a worksheet on

Michelle McGinnis keeps mementos of her brother Bryan in her office in Spotsylvania.

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which Bryan had written he was an addict before he ever took his first drink.

His compulsive need for a fix compelled him to call a drug dealer on the way to work that autumn day. His body couldn't tolerate the same amount of heroin he'd used before, and the batch he got was laced with fentanyl.

No one knows how long the chef and business owner—the free spirit who loved to laugh and play pranks on others—was dead before a customer found him.

While Michelle McGinnis spends her days dispensing information as Spotsylvania County's director of community management, telling the world what happened to her brother is another matter. She stressed that's she's speaking in a personal capacity, not a professional one, because she wants to educate others about treatment options.

"MAT is only part of a successful recovery," she said. "The patient still needs to work an honest program, and it won't guarantee their survival, but at least it gives them a fighting chance."

**CAN'T HELP THE DEAD**

Those who work in facilities that provide MAT, along with counseling and therapy, are well aware of the stigma attached to their programs, said Melissa Brown, community engagement coordinator at Pinnacle Treatment Centers in Spotsylvania. The traditional thought is people aren't ready for treatment if they still need to use something, she said.

"But the truth of the matter is, you can't help somebody if they're dead," Brown said. "If we can't get them in the door and start moving them toward recovery by getting their brain stabilized on a medication like methadone or suboxone, then they're going to be dead."

Federal and state governments have realized the same sobering reality as more than 702,000 Americans have died from opioid overdoses since 1999. Recent reports showed that Fredericksburg ranked fifth state-wide in its rate of fatal overdoses between 2007 and 2018.

Agencies have started applying money to MAT-related programs in an effort to stop the deaths. Medicaid expansion into Virginia helped clients in recovery by paying for treatment that helped them get off opioids.

Since October 2017, the Rappahannock Area Community Services Board



PHOTOS BY MIKE MORONES / THE FREE LANCE-STAR

**Michelle McGinnis said she wishes she had been more educated about medication-assisted treatment before the death of her brother.**

has offered MAT through funding from the Virginia Department of Behavioral Health and Developmental Services. The grant, which RACSB has received for two fiscal years, covers the cost of suboxone, as well as counseling and therapy for 90 days.

More than 180 patients have sought help, which starts with a same-day assessment and includes being screened by a doctor. Case managers help patients get Medicaid or insurance approval or work on other payment options after the initial period.

Patients have to come to RACSB offices daily for their dose of suboxone—a film that melts on the tongue—and they're required to attend individual and group therapy sessions.

"It's a very stringent program," said Pat Bischoff, RACSB's clinic coordinator.

Patients have to change their habits beyond using drugs, said Jeremy Burton, a peer recovery specialist at RACSB who used suboxone to beat his own addiction to heroin.

He shares his story with patients, telling them they need a village of support.

"It's something that I didn't realize when I got sober. I still had the same decision patterns I had when I was using drugs," Burton said. "Being in a community, I had people around me who were like, 'Man, that might not be a good idea.'"

But before people can change, they've got to stop using, especially when drugs they're seeking may be mixed with the deadly chemical fentanyl.

"Most drugs are a white powder, and you don't know if the white powder is baking soda or cocaine or fentanyl," said Carmen Greiner, a counselor with Lighthouse Counseling of Fredericksburg. "Folks with addiction problems are so desperate, they take everything."

**'THE WORST THING EVER'**

When used for medical purposes, opioids reduce the feeling of pain by changing the messages sent to the brain.

But chronic use of opioids changes the wiring of the brain, according to the National Institutes of Health, resulting in intense cravings and compulsive usage.

Trying to get off the

drugs creates a condition called "dopesickness" and withdrawal symptoms that are worse than anything 40-year-old Trina Williams of Stafford County ever experienced. And she's known pain, both physical and emotional.

"I went through cancer twice and lost my son [who died at age 3 from heart problems], but I could not fight those withdrawals myself," Williams said. "It's a monster."

Williams, a nurse, was prescribed pain pills after complications from labor and continued the medicine during treatment for thyroid cancer. She never drank or experimented with drugs when she was younger, and was shocked to realize she was addicted.

Her usage never spiraled into using needles or snorting, as can sometimes happen. She took pills. When she tried to quit, the withdrawals—the body aches and cramps, the chills and sweats, an intense flu-like feeling—propelled her to take more to avoid the symptoms.

"People don't understand that until they go



**McGinnis collected some sand, shells and driftwood from the Outer Banks as a tribute to her brother.**



**A picture of sea oats on the Outer Banks is a reminder of Bryan, who died of an opioid overdose.**

**DRUGS USED IN MAT**

Here's a look at the three drugs often used in medication-assisted treatment, or MAT:

**METHADONE:** Taken in liquid form, the drug changes how the brain and nervous system respond to pain. It lessens withdrawal and blocks the euphoric effects of opioids. It is a full opioid, however, and must be highly regulated, according to AddictionCenter.com, because it also is highly addictive.

**SUBOXONE:** A film that dissolves when placed against the tongue, suboxone is a partial opioid antagonist, meaning it doesn't produce a high, and it's considered safer than methadone, according to

Pinnacle Treatment Centers. It's a combination of two drugs, buprenorphine and naloxone, which reduce the physical dependency to opioids.

**VIVITROL:** A once-a-month shot, vivitrol works differently than suboxone. It binds and blocks opioid receptors and reduces cravings and is best used after someone has detoxed, perhaps after a jail sentence. It also has to be heavily regulated. Those who use other drugs while on the shot won't feel the effects, take more and overdose, according to RACSB. Like any medicine, those used with MAT have side effects and should be prescribed by a doctor.

through it, that it's not that we want to be high," she said. "We've gotten to the point that being sick is the worst thing ever."

**HEREXORCISM**

If pain pills were the demon that changed every aspect of Williams' life, resulting in the loss of her family, home and job, then suboxone was her "exorcism," she said.

"It changed everything," Williams added.

The suboxone curbed her cravings and kept her from withdrawal sickness. She started a daily dosage of 8 milligrams in October 2018 after joining the RACSB program, and gradually tapered down to half that amount. She's scheduled to drop to 2 milligrams this month.

She's debating whether to continue the low dosage indefinitely. No treatment center advocates that pa-

tients be on medication-assisted treatment the rest of their lives, but therapists and clinicians say they'd rather people stay on a substance like suboxone than use illicit drugs again.

The reason Williams is questioning the long-term use is the same one that kept Michelle McGinnis and her family from seeking it for her brother.

Relatives tell Williams that suboxone "is government drug dealing," she said. "I hear it all the time."

She tries to explain that she's taking a medication.

"It's just like the person who wants to stop smoking—they get a nicotine patch. Or somebody who's overweight, who's taking something to curb their appetite," Williams said. "We're taking something for our disease."

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**'EVERYBODY'S LITERALLY FULL': OPIOID TREATMENT RESOURCES IN THE FREDERICKSBURG AREA**

Pinnacle Treatment Centers off Tidewater Trail in Spotsylvania County is the only methadone clinic within a 45-minute drive of Fredericksburg. Other facilities that offer medication-assisted treatment, or MAT, along with therapy and counseling to treat substance-use disorder typically don't include methadone because federal law requires such clinics to have an on-site pharmacy.

Methadone is also a painkiller and highly addictive. The Rappahannock Area Community Service Board started its MAT program in July 2018 with suboxone and vivitrol, and there also are a few local doctors who prescribe those medications to combat opioid usage. ARS Treatment Centers opened in August on Plank Road in Spotsylvania, its seventh such facil-

ity in Virginia, and SaVida Health is looking to open a center in the Fredericksburg area. MAT programs consist of more than dispensing drugs, officials said. "There's a misconception that people just get their medication and leave and there's no interventions in place for them," said Melissa Brown, community engagement coordinator at Pinnacle. "That's not true."

Most programs require regular urine tests and individual and group therapy sessions, depending on what other issues a person is dealing with besides a substance-use disorder. Treatment isn't done in cookie-cutter fashion, said Nick Stansfield, RACSB's substance abuse therapist. He may have worksheets prepared for a particular session, then scrap them when patients have a crisis.

"Maybe somebody comes in and their friend just overdosed and died, which is common, unfortunately," he said. "We need to spend time talking about that." Even with the new facilities, there's still a lack of treatment providers in the region, said Carmen Greiner with Lighthouse Counseling of Fredericksburg. "Everybody's literally full."

# Baby won't wait, is born on sidewalk

BY CATHY DYSON  
THE FREE LANCE-STAR

As labor pains surged through her body, Amy Robinson stood on the sidewalk in front of her neighbor's townhouse with one thought on her mind. "This can't be happening," she recalled. "I'm having this kid outside."

She and her husband, Andrew, were getting ready to head to Spotsylvania Regional Medical Center, about 5 minutes from their Lee's Hill home. Amy Robinson had just asked her neighbor, Melanie Hackworth, if she'd watch the couple's two older children until their grandparents arrived.

Then, as the pregnant mom walked down the steps from the neighbor's front door, her baby made it clear he wasn't waiting any longer.

She screamed and put her hands against her lower back, unable to take another step. Her neighbor ran to her side, asking if she was having another contraction.

"I looked up at her with the fear of God in my eyes and said, 'He is coming,'" Amy Robinson recalled.

And he did.

At that point, Robinson was still in shock at the thought of it all. She'd have to pull down her pants in the front yard, for Pete's sake. She barely got off her gym shorts when she saw



Andrew and Amy Robinson were headed to the hospital just five minutes away, but baby Artie was in too much of a hurry to wait.

the baby's head.

Hackworth went inside to get towels, as instructed by the 911 dispatcher who was still on the line with Andrew Robinson.

"Almost as soon as I came out, she had the baby, standing up, right there in the middle of the sidewalk," Hackworth said. "It

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was amazing.”

Andrew Robinson scooped up his son in one of the towels, and Hackworth rubbed her finger on the baby’s tummy to get him to cry.

Arthur Alexander Robinson made his rather hurried entrance into the world at 5:11 p.m. Sept. 6. He was 19.5 inches long and weighed 6 pounds, 14 ounces.

The family is calling him “Artie,” although “Speedy” might be more appropriate.

Spotsylvania County first responders got mother and baby to the hospital, where both were declared fine. The two were home by Sunday, and Artie already has been deemed “the chilliest baby we’ve had,” his mother said.

His older siblings are Henry, 3, and Eleanor, 20 months. Henry’s got the protective gene down pat and insists his newest sibling will be called “Baby Brother.” Eleanor, who’s got beautiful blond ringlets, just wants to touch his outstretched hands and toes.

The Robinsons incorporated photos of Artie’s birth with a video recorded by the neighbor’s doorbell. The fish-eye lens on the doorbell camera makes the movement seem farther away than it was, but the moments of anguish are obvious.

Based on the video, it looks like Artie was born about 5:18 p.m. The Robinsons hadn’t seen the footage when they listed 5:11 p.m. on his birth certificate, so they’re sticking with that time.

As the couple reflected on what it was like to give birth on the sidewalk,

they’ve found themselves laughing more than fretting.

“We can’t believe this happened, that we did this,” said Amy Robinson, who looked slim and well-rested—adjectives not usually associated with new moms. “It’s just hysterical.”

Andrew Robinson doesn’t remember much about the frantic few minutes in which he listened to the dispatcher, braced his wife as she stood beside him and thought about little Henry, seemingly attached at his hip.

“I remember trying to keep him out of the mess,” said the dad, a civilian who works in program management for the Navy.

A noticeable splat of blood and other birth byproducts was on the sidewalk in front of Hackworth’s home. Spotsylvania firefighters later hosed down the area.

Hackworth’s teenage daughter, Jennifer, kept Eleanor inside with her (and thought her neighbor was dying, based on the noises she was making) but couldn’t convince Henry to leave his father’s side.

The Robinsons said the funniest part came when a food delivery person arrived and eyeballed the scene. He was worried that someone had died.

“It’s no big deal, my neighbor just had a baby,” Hackworth said in such a casual tone, she made it sound like people give birth on the sidewalk all the time.

Amy Robinson, a former first-grade teacher turned stay-at-home mom, had anything but quick deliveries with the first two babies, who were born at the Spotsylvania hospital. Active labor, when

contractions are stronger, longer and more painful, typically lasts four to eight hours or more, according to the Mayo Clinic.

She never reached the point with Artie that intense pains came every 5 minutes, the rule of thumb for when it’s time to head to the hospital. Robinson’s contractions were still 8 to 10 minutes apart—and starting to really hurt—at 4:59 p.m. when she called a friend, a nurse in labor and delivery.

The friend told her the third one would be quicker and added: “Honey, it’s time to go.”

Robinson had experienced initial phases of labor all day, and she worked to catch up on laundry and get the town house cleaned. “I did not want to come home to a dirty house,” she said.

TV and movies often show childbirth through a quick and not-so-dirty lens, but not that many babies are born in the back seats of taxis. And they certainly don’t look ready for the camera the moment they take their first breath.

Almost 4 million babies are born each year in the United States, and 98.5 percent of them arrive in hospitals, according to the Centers for Disease Control’s 2014 numbers.

That leaves about 59,000 babies born elsewhere, and about 95 percent of them are delivered at home or birthing centers, according to the CDC. That leaves only 5 percent—or less than 3,000 babies—who make their arrivals in other places, such as vehicles, elevators or the sidewalk in front of a neighbor’s townhouse.