

March 3, 2025

Written Statement of Daniel Varley

Honorable Commissioners,

Thank you for inviting me to share my lived experience with you. It is an honor.

I never imagined I'd become a clinical psychiatric therapist; especially given the path I've taken to get to where I am today. My journey was marked by a drug conviction, a 10-year mandatory minimum sentence, and years of struggling with substance use disorder. If you had told me a few years ago that I'd be working at Yale University as a therapist, I wouldn't have believed you. But when I was released, I made a promise to myself: I would transform my pain into purpose. Determined to help those who had suffered as I had, I focused on my education, worked tirelessly, and overcame as many obstacles as I could. Today, I am honored to be here as living proof that change is possible and that the unhealthy decisions of our past do not define our future.

I know today that the medical model of substance use disorder can be traced to many of the unhealthy decisions I made, yet I am accountable for them. My abuse of alcohol and drugs took me from my family and my friends. It was an allergy. When I drank or did drugs, I would break out in spots: spots like detox and rehabs, jails, and homelessness. I would find myself moving from place to place, and state to state, thinking things would be different in a new place. But they weren't. I attended college, and even walked at graduation, but I did not complete my credit requirements until after my release from prison. My battle with substance use disorder took control of everything. While suffering through my journey of use and abuse, I found myself being held accountable for a host of legal issues. However, it was 3 DUIs in a short amount of time in my early 20's that led to a state felony conviction, which later became the basis for one of my federal charges. I know today that a disease cannot be outrun.

After my DUIs, and while I was in my early 30s, I got clean. But after a 5-year period of successful recovery, I suffered a relapse. While I know today that relapse is often a part of the recovery process, back in 2003, I was really struggling. A friend encouraged me to move from Connecticut to Texas, hoping a change of scenery would aid my recovery. But substance use disorder is a deeply complex mental health condition, and while I had the desire to stay sober, sheer willpower was simply not enough. Instead of finding sobriety, I found myself falling deeper into a life consumed by substance use. In Texas, I became addicted to

methamphetamine—a drug that, in just a year and a half, did more damage to me than alcohol and cocaine had in over twenty years.

I started using meth a few times a month, which quickly escalated to nearly all-day use by the time of my arrest. I had moved into a house where everyone was grappling with substance use, and my two roommates and I all turned to selling drugs to fuel both our substance use and our lives. After a raid on the residence in 2005, I spent two months homeless in North Dallas, sleeping in an



Empty lot I lived in for two months

empty lot behind a truck depot. I was soon arrested and charged with possession with intent to distribute 78.8 grams of meth and being a felon in possession of a firearm. I was sentenced to the 10-year mandatory minimum and given 5 years of supervised release.

I spent the first few years of my incarceration doing time and not much else. I could read books that were mailed in or the books at the prison—those old library classics that had missing pages. There was time for TV in the evenings, and I was able to provide the quasi-governmental agency Unicor my labor for \$1.25 an hour. But that meager \$1.25 I earned per hour wasn't even enough to buy coffee and powdered creamer by Keefe from the commissary. Meanwhile, my student loan interest doubled from \$35,000 to \$65,000 by the time of my release.

On March 15, 2009, 16 years ago this coming Friday, I found myself in the FPC at Fort Dix, a minimum-security facility with a plethora of contraband. A person that worked on the military base smuggled in a bottle of Jim Beam for me. On that day, I sat drinking in the prison yard, and for the very first time in my life alcohol stopped working for me. There was no warm feeling, there was no release, not even a buzz. There was hardly any taste at all. That day a veil was lifted, and I was able to see the privileges I had in my life, that many of the men around me might not have had. I had been in rehabs and recovery centers, I had supportive family and friends, and I also knew what recovery looked like. I decided that day that recovery was the easier, softer way. With work, and a recognition that what I suffered from was as much a disease as the cancer that claimed my mother's life, but one that could be treated, I have not had the compulsion to drink or do drugs since.

While I was serving my sentence, I became interested in figuring out how to use my incarceration and renewed recovery to help others not end up where I did. I

completed my associates degree early on and later earned a Certificate in Human Services at Louisiana State University, where I graduated with a 4.0 GPA. While at the FPC at Ft. Dix, I was selected to speak to high school students about the consequences of the mistakes I made. I worked with another incarcerated individual in recovery to create a 12-step fellowship group, and it wasn't easy. Initially we were told that "when more than two people get together in prison it is not a group it is a gang." However, after feasibility letters and administrative remedy requests, Dr. Kelly from the psychology department agreed to monitor the group from the other side of the visiting room. The group started as 2 and ended as 13 regular members offering one another support and guidance on seeking recovery.

During my last six months in custody, I did some of the most meaningful work of my incarceration as a hospice volunteer at Butner FMC. I witnessed the tragedy of people with families and lives who had to spend their final days behind bars—many serving sentences as short as a few years. One client, who was named "Butch" was sentenced to only 5 years for a fraud charge related to real estate. He died without being able to see his family again. Another, Robert, who was inducted into the College Football Hall of Fame (in absentia), while on the hospice unit, went from being a large hulking 240 pounds to 110 pounds while suffering from pancreatic cancer. Why he was denied compassionate release is a mystery, as there was no threat to public safety whatsoever. One of the last things I did on the hospice unit was say goodbye to Robert, who passed the day before I was released. It is because of these types of traumas I experienced and the suffering I witnessed, that I committed myself to helping others.

When I was released from prison, I remained committed to my education, earning a bachelor's degree in general studies with a concentration in psychology. Psychology classes helped me understand mental health issues as a disease. I also balanced full-time work with the demands of my supervised release, which was not easy. Between the frequent drug tests, mandatory visits, and required programs, it often felt like I was being challenged to succeed.

When I was initially released, I was sent to a halfway house for a few hours, then placed on home confinement. As soon as I was released from prison and placed on home confinement, I moved to Hamden Connecticut, and I sought out the recovery community. I knew I'd need the support and also knew I was committed to my sobriety, so I joined a 12-step community—one in which I remain an active part of today. There are multiple pathways to recovery. There are as many pathways as there are people, and people need a chance to utilize different options to see which will be most effective at treating their disease.



2014 with Dad and brother Ed in Phoenix

In January 2014, I had to seek permission to visit my terminally ill father, who was in hospice in Arizona at the time. On March 10, 2014, two months after my release from home confinement, I suffered the unimaginable loss of my father, then my mother a mere 4 months after that. If ever there was a time when I needed support, and counseling, it was then. After spending 10 years separated from the parents who had supported me during my highs and lows, I found myself navigating both my grief *and* the terms of my supervised release.

Luckily my probation officer allowed me to

visit my father so

that I could spend time with him before he passed. There is a belief in the family that he fought to stay alive to see me, as he was in hospice care for 10 months. He would pass about 3 weeks after our visit.



2014 with Step-mom Julie, brother Ed and sister Kelly

I was able to grieve the loss of my parents alongside my brother and sister, and with their unwavering support, I found the strength to get through it. However, their passing did make my transition back into society even more difficult—not only emotionally, as I grieved their loss while attempting to heal from the traumas of prison—but also logistically. For the first few months of my supervised release, I lived in my mother's condo. When she passed, while grieving, I had to move out of her home. On top of the badges of shame and stigma of having a criminal record, I faced so many barriers that made rebuilding my life even more challenging. Even just connecting with health care professionals was challenging and stigmatizing when your doctor on record is the BOP. I left the BOP with an injury that would require cervical neck fusion. While on supervised release I had to coordinate care. Being on supervised release added another layer of challenge to an already difficult time.

Shortly after my release from prison, while on home confinement, I secured a position as a retail supervisor at Goodwill. While I was on home confinement I was required to submit to drug testing at the halfway house, even though I did not live at the halfway house. There were times when I was the only supervisor in the store,

and I'd receive a call with just 45 minutes' notice to report for a drug test. The halfway house was 30 minutes away. I'd have to scramble to find coverage, miss work, and race to the halfway house office for a test that could have easily been administered outside of work hours. The message from the halfway house was get here or go back to prison. The stress and anxiety of this approach to supervision led to intense feelings of internal fight or flight, an evolutionary response in our brains. This is why, in my professional role, I see many of the people I work with submit and actually choose to go back to prison versus being on supervision.



2013, with Mom, nephew Max and Niece Zoey

My position with Goodwill led to a position helping others coming home to find employment. By 2015, I had secured a position as the Program Coordinator of the Reentry Program at Goodwill. In 2016, I would walk back into prison as a guest for a resource fair. A short time after being invited by another state prison to attend a fair, I received a short letter from a staff member there, un-inviting me, due to my record. I could go to Cheshire Correctional, but not to Cybulski. By this time, I had already earned my bachelor's degree and had started the process of applying to graduate school. After a long letter to the facility, and its administration, advocating for myself, I received an apology of sorts and the hopes of further collaboration. I had already missed the resource fair. These types of challenges are often daily and weekly struggles for individuals attempting to reintegrate into society while on supervision.



March 2017-speaking to members of New Haven Support Court, Hon Judge Janet Arterton, one month after early termination

In my role as a Program Coordinator at Goodwill, I not only oversaw the coordination of four separate state-funded grants, eight full-time employees, and two per-diem employees, but I also developed a presentation that was given at numerous state events, and a Federal Substance Abuse and Mental Health Services Administration webinar on "How to Effectively Provide Employment Services to Returning Citizens." By that point, I felt like I was an active member of my community, serving as the Co-Chair of the Trauma

and Gender-Informed Care Steering Committee for the Goodwill. I attended the Hartford and New Haven Reentry Roundtables as an active member, presented as a guest speaker at the "Offender Orientation" hosted by the U.S. Probation Office, started a peer-to-peer men's support group, and shared my story with university students.

One of the highlights of my reentry journey, while still on federal supervision in 2016, was being invited to speak at the Federal Reentry Court in the New Haven U.S. District Court. This program was started by the Hon. Judge Jefferey Alker Meyer. After presenting, Judge Meyer would tell me that I could come back whenever I wanted. I began attending his program from that point on and continue to be an active volunteer there today. Very sadly, Judge Meyer passed away earlier this year.

When I was a recipient of the Great Eight Award (for the impact I have had on the reentry community) by the Connecticut Hall of Change in 2022, I was able to bring 6 guests to the ceremony. I brought 5 family members and Judge Meyer. His passion, empathy, compassion and commitment to justice and change should serve as a model to the federal court system as a whole. Judge Meyer brought Reentry Court to Connecticut after observing a Reentry Court in Philadelphia. He created a community for formerly incarcerated individuals like me, who needed a community. He changed lives, including my own.

On January 20, 2017, my probation officer, Patrick Norton, submitted a letter to the court recommending early termination of my supervised release. In the letter, he wrote, "In light of Mr. Varley's progress, accomplishments, and continued compliance, in correlation with the goals and objectives of supervision and the interest of justice, it is respectfully recommended that he be granted early termination from supervised release." On February 8, 2017, after serving just over three years of my five-year term, my supervised release was terminated.



Me and Judge Meyer at the CT Hall of Change, Great 8 Ceremony



MSW 2019 Southern CT State University

I consider myself incredibly blessed. I had parents who loved me, siblings who supported me when I couldn't support myself, and a recovery community that is non-judgmental to people with criminal backgrounds. I also had a probation officer who believed in me, encouraged my education, and worked on my behalf to help me succeed. Thank you, Patrick. Not everyone is as fortunate as I am.

In 2019 I received my master's in social work. I became an independently licensed clinical social worker (LCSW) in 2021. Today, I work as a clinical psychiatric therapist at Yale University and the Forensic Drug Diversion Program.¹ I work with individuals on federal supervision both at the FoRDD clinic, and through my volunteer work with federal reentry and support courts. In this work, I recognize many of the challenges they face from my own life including stigma related to housing, healthcare and employment. I see people denied professional licenses and job positions for reasons unrelated to public safety. However, I also see success, even more so as the support and reentry court programs evolve. The individuals in these programs receive a more individualized approach to their supervision needs. By addressing the person's needs first, we have opportunities to empower people. Federal supervision should be a partnership, rather than a barrier, the latter of which leads to that fight or flight response.

As you consider much needed change, I'd challenge you to consider the following:

¹ The Forensic Drug Diversion (FoRDD) Clinic is a satellite clinic of the Connecticut Mental Health Center (CMHC) and represents a cooperative endeavor between the Law and Psychiatry Division of the Department of Psychiatry at the Yale School of Medicine and the Department of Mental Health and Addiction Services. The mission of the Forensic Drug Diversion Clinic is to provide best practice procedures and to offer outpatient, evidenced-based therapies to substance abusing men and women with criminal justice involvement. The goal is to decrease substance use and recidivism rates among substance dependent populations with criminal justice involvement while promoting pro-social behaviors and increasing the overall health of this population. The treatment team consists of psychologists, social workers, nurses, drug and alcohol counselors, and psychiatrists. Services offered include diagnostic evaluation, crisis management, pharmacotherapy, case management, harm reduction, individual therapy, and group therapy. My words, thoughts and views are my own, and not necessarily a representation of the agency I work for.

- It is important to be mindful of the words we use that can be stigmatizing and strip people of their humanity. Words like addict, inmate, offender, convict. We need to reimagine these words, that represent people first: person with a substance use disorder, formerly incarcerated person, individual with a criminal background. Recognize that we are people.
- Consider the importance of community support; not all support can or should come from the court. My clients respond well to me in part because they trust me. They trust that my lived experience guides the support I provide.
- Understand the impact of trauma, both before and after incarceration. Implement a trauma-informed framework to the justice system as a whole, but especially as people are returning to the community. Training supervising officers, and other stakeholders (i.e. halfway house staff) on the evidence-based practice of trauma-informed care can be invaluable.
- When considering supervision conditions of release, address language and be aware of trauma. Tailoring supervised release to the individual will empower formerly incarcerated people to return to the community as active participants, so our communities are safer.
- Collaborate with agencies that partner with people with lived experience. People who have gone through the reentry process and been on supervision are the experts on their journey. There are a lot of people within this community with lived experiences, who are committed to this work, and don't just bring professional expertise, but also personal commitment.
- Always view the challenges of substance use through the lens of the disease that it is. A lapse or relapse should not be considered a moral failure. Accountability is important, but punishment of a disease does not support recovery. People may relapse. Re-incarceration should not be a first line of accountability. Please remember and consider that, with substance use disorder, treatment and recovery are possible.

Thank you all for undertaking this enormous, and important task of updating the supervised released guidelines. It is my hope that as you take on this challenge

you consider my words and remember that people can and do change. People coming home from prison are sons and daughters, brothers and sisters, our neighbors, our coworkers, and our friends. It won't be easy, but if we as a society rise to the task,

those returning home from prison will also rise to the challenge.



Before and After: We do recover.