**Lorraine Teel**

**Narrator**

**Amy Sullivan**

**Interviewer**

**May 9, 2017**

**St. Louis Park, Minnesota**

Lorraine Teel -**LT**

Amy Sullivan -**AS**

**AS**: This is Amy Sullivan. I am Rustica Bakery in St. Louis Park with Loraine Teel. It's May 9th, 2017. Lorraine, do you give me permission to record this interview?

**LT**: Yes, I do.

**AS**: Alright, thank you. If you could just start by telling me a little bit about your life story.

**LT**: As you said my name is Lorraine Teel. I'm not from Minnesota. I was born and raised in New York just outside of New York City. I moved here last year of high school with my parents. Given that I'm now sixty-seven years old I think it's fair to say I'm from Minnesota. But I still consider myself part New Yorker. I started at the University of Minnesota very, very young. I was only seventeen. I only had done three years in high school. I immediately got caught up in all sorts of unusual activity.

**AS**: How old were you when you started, or what year were you born?

**LT**: I was born in 1950, and I went to the U for the first time in the fall of '67. Within probably a week I was chair of the committee to end the war in Vietnam. A lot of escapades at the U. I met and fell in love with a man, and winter quarter dropped out, and got married. So I am now married forty-nine years. I will now be married fifty years to that same person. A lot of people say when they meet me, and I saw I have a forty-seven year old daughter they're like, well you don't look like it. I always say, well, she's my husband's daughter from his first marriage. That always kind of gives me some space. We got married. He was a machinist at the time we got married.

He himself—he's very open about it—had had a drug problem as a teenager and a young adult. Back in those days in the early sixties there was really nothing, and he wound up going out to California to a program called Synanon. He was in Synanon for a year and a half in San Francisco. He came back to Minnesota to see his mother and started back at school, and that's where we met. From the very first days that we were married he talked about wanting to start a program like Synanon, and to work with people like himself who had addiction problems. I like to consider myself the original Nancy Reagan, because at the age of eighteen I remember quite distinctly saying to him, "I don't understand. If people don't want to use drugs why don't they just stop?" I mean I was into kind of the sixties psychedelic sort of scene, but never into any kind of heavy drugs, and I've never used anything—any kind of substance like that.

But we were married for about two years, and a program started up here in town that was basically a bad trip center for kids that were taking psychadelics and wound up in a bad way.

**AS**: Do you know what that was called?

**LT**: Pharm House with a 'PH'. It has morphed and changed. I think it's still in existence; it has nothing to do with substance abuse. It wound up being a residential program for adolescents with mental health problems. When we were there it was a bad trip center, and we wound up moving in. It was being underwritten and supported by the Johnson Institute, which was the originator of what is called the Minnesota Model of treatment. So the Johnson Institute, which was backed by a wealthy family, the Whitney family, Eli Whitney and his wife Irene. Irene had started this bad trip center, and they wanted to open a treatment center and eventually they did. They hired my husband and myself to work there. It became apparent that they really wanted to work with adolescents from well to do families.

My husband didn't really want to do that. He wanted to work with street addicts. And I didn't really care. I was twenty years old. I had a brand new infant, I was like whatever. I'll go along for the ride. Ultimately he hooked up with another guy and the three of us started Eden House, which is now R.S. Eden, which is about a fifteen million dollar a year operation that started with me keeping the books on my blue jeans. Earlier it was a program solely for people addicted primarily to opiates coming back from Vietnam. For the first nine months that was who we got. We started in September of '70. April of '71 we got two inmates released from St. Cloud [Minnesota Correctional Facility]. It was the first time that the Department of Corrections had done that. They took a [unclear] of thinking, well, we'll take a chance. One of those individuals is now the president of R.S. Eden who has been clean and sober since that day that he came to Eden House.

**AS**: What's his name?

**LT**: Dan Cainn. He would be a great person for you to talk to. He also ultimately went on to be chair of the Sentencing Guidelines Commission. He is a very well respected expert on addiction and corrections. I was his boss when I was still at Eden House. So I was at Eden House and we expanded. We had a number of different programs because it was like today with the Federal Government's response to opiate addiction where it's like, oh my God! People are using drugs! The same thing happened under Nixon. And in 1974 the National Institute of Drug Abuse did something called Rapid Expansion grants because all of a sudden they noticed, with all due respect, that white people were using drugs. And who cared before that, you know? It's identical. I've lived through the '74 thing; I've lived through the crack epidemic, and now the opiate use. It has all of the same exact hallmarks and it's just like deja vu all over again.

So I stayed at Eden House for eighteen years. Seventeen or eighteen years, and I always argue when I left. I finally felt I had done everything I could do in drug abuse. I was very well recognized in Minnesota, and sat on a number of commissions and led a number of different initiatives, and I thought, "I want to do something different." I really wanted to work with people with HIV. It was late eighties. We were just coming to terms with what HIV was, and the link between HIV and substance abuse especially injecting drug use was quite [unclear]. And I thought, "Well, what am I going to do? I'm not a direct service provider, I'm not very good."

**AS**: Can I back up. So did you go back to school after you had your daughter? Can you talk about your education?

**LT**: Oh, yeah. After my daughter was born we were at Eden House. I didn't want to go back to school, and I didn't know whether or not I could quote unquote "do it." So I took a flyer on going to the University of Minnesota. They had a chem dep [chemical dependency] counselor training program—they don't have it anymore, but I went through that and became a chem dep counselor, which was when I realized I could not be a direct service provider.

**AS**: Meaning you didn't want to counsel people?

**LT**: Right, it just wasn't my thing. In 1977, Eden House went through some real turmoil. There were three of us who had founded the organization, and I was the Program Administrator, and my husband and Chuck Beady, who was the other founder, were the co-directors. They had a split. The whole thing started to come apart at the seams. The board chair at the time was a graduate of the University of Minnesota program in Hospital and Health Care Administration. Basically, my husband said, "I don't want to run it. I only want to work with people. I don't want to be in charge of pushing paper. I just want to work in the program." The board said, "Who wants to run it?" And I raised my hand, and the board chair said, "You need some learning." [laughs] I went back and got my graduate and undergraduate degree at the U. I went through the programs in Hospital and Health Care Administration, and at the time it was in the School of Public Health. Then it wound up over at the Carlson School [of Management], and now it's back in Public Health I think. I got my undergraduate degree in a self-designed program through what was then University Without Walls. It's now a program in Independent Learning and also in Hospital and Health Care Administration.

So, yes, I did finish my education, which was really wonderful. I can't say enough about that program at the U in hospital and health care. At the time it was perfect for what I needed. So when I wanted to go back to work, or after I left Eden I set up a consulting business, actually not far from here. I consulted with a lot of, at the time, a lot of—chem dep was the word—so a lot of CD programs doing their licensing, and policies. I'm an excellent paper pusher. This is my strength. [laughs] I understand all the bullshit that the government wants you to do. I know how to put it in their language, and yet have it be understandable by counselors and clients.

Myself and my business partner did lots of training in vulnerable adults, federal confidentiality. This is before I started AIDS work. I had this consulting firm, and I was very successful, but it was very isolating because my business partner worked half time as a clinical director of Wayside House. She wasn't really in the office that much. It just felt really, I was still young, and it felt really kind of lonely. I thought, "I've got to get a real job." Plus, at the time health insurance was becoming an issue. My husband had left Eden House after I did, about two years after I did.

**AS**: How long were you at Eden House?

**LT**: I was there from 1970 until '87. Or '71 to '87. So a long time. By then it had expanded. It had a residential component, and then an outpatient component. We also had other things. We had a coffee house for a while. We had a program for Native youth that were inhalant abusers at Phillips Junior High. We had some programs at the women's prison in Shakopee, and the men's prison up in Stillwater. We were doing lots of stuff. At this point, Eden House had really four divisions. Substance use, which is the old Eden House, which is inpatient, outpatient program, and they have about five hundred units and supportive housing. And a corrections programs. That's where the R.S.—it's now R.S. Eden. They merged with a St. Paul corrections program called Reentry Services. The R.S. was for the Reentry Services. I know, and I hate their logo. [laughs] And everyone thinks I have so much power because I was a founder and all this. I'm like I can't get Dan to change anything. It's amazing. He and I are very, very close, and he's a wonderful person. I don't work for him, and the final thing they have is a lab, so they do a ton of UA [urine analysis] testing.

I work in the substance use division for the individual who runs the substance use programs as a consultant. I basically told him, "I like to think of you as the executive director," because he's—the administrative offices for R.S. Eden are on the north side, and he's over on Portland on the south side kind of by himself. I said, "And you need an assistant." And I had a lot of executive assistants. I know what they do. So, that's what I do. I write policy manuals, I develop training, I do client handbooks. I do all the stuff that he doesn't have anybody to do. So, right now I'm doing the PREA—Prison Rape Elimination Act policies for them because I can read through all this bullshit.

I did the consulting work for a couple years. And like I said it was kind of isolating, so I thought I wanted a real job, but I didn't want to be in direct service, and the only thing—because Minnesota is a low-incidence of HIV state—there aren't a million programs. And the only thing that I would like to do is run the Minnesota AIDS Project, but somebody's doing that. And guess what? Right when I thought that, literally, he quit and went to Washington. So, I thought, "Wow, I'm going to apply for that job!" So I applied for the job, and in all honesty I think they were really intrigued with me because of all of the things I had done, and the fact that at the time I had also, through my consulting work, was the associative administrator of an agency called the Institute on Black Chemical Abuse, which later became the African American Family Services; now it's gone, but it was an organization founded by Peter Bell, who is a local, well known individual. Peter was a rarity: African American Republican. During the tail end of the Reagan and Bush administration, Bush won, and they sent Peter all over the world, literally, as a spokesperson on chem dep. And there was nobody left to run the shop. So I was kind of the invisible, behind the scenes person that Peter hired, because I knew him for years.

I think the MAP board—Minnesota AIDS Project board—I kind of think they thought I was black, you know. And that's my theory. Anyways, I did make the first cut. I never thought I'd get the job because I thought they would only want to hire a gay man, or someone who had a direct connection to HIV, and I had no one in my family, and really immediate friends other than my neighbor who I knew was living with HIV. I was kind of shocked that they interviewed me. It was very formal; very different back in those days because HIV was so new. To cut to the chase I got the job. I was stunned.

I mean, how different it was back then. When I got the job they immediately dragged me over to the Health Department to have me meet with the Commissioner of Health. I mean, now, I don't know if Linda, who is the new ED could even get a meeting with the Commissioner of Health, but I was like on day one. I mean articles in the paper about me, interviews about me, which is where I developed my favorite line, which was—you mentioned you have a daughter? When a reporter said to me from the St. Paul *Pioneer Press*"You mentioned you have a daughter, and I'm just wondering could you describe your family structure?" Which was an indirect way of everyone trying to find out whether or not I was a lesbian. My standard comeback to that question, which I have freely given to anyone else to use was, "Never have so many people been interested in who I sleep with since my mother in 1968." I constantly, everyone always asked. The response—people were for years—the inside joke was, "Well have you ever seen her 'husband'? Did you know his 'name' is Pat?" Which was back and forth from the Saturday Night Live thing. And my husband is very antisocial, and so the last thing he would ever do would be go to a MAP thing. And, at the time he had left Eden, and he started a gun store. So, I don't think firearms and MAP were—

So, it was an odd sort of time, but it was wonderful. It was a real bonding time. I think the people that were at MAP in the early days have stayed very close. I mean for a long time I felt a bit like an outsider. I started in 1990, and MAP had started—had been founded in '83, really got going in '87—‘83.

[pause]

I was talking about how the people at MAP in the early days really bonded, although I did feel a bit like an outsider starting a few years after others, but quickly got to be kind of accepted. Part of the inside crowd, if you will. But they remained for a long time, and probably still does, an element of people who—it's the same in any field of the public professions—people who feel like they are doing God's work, and they kind of look down their noses at so-called bureaucrats who sit in the office and push paper. And I was kind of a cool executive director because I knew the streets, and I knew kind of both sides. I think I had a little more cache with the staff.

But when I started MAP was doing—at the time it was called the IVDA: Intravenous Drug Abuse. Then that got changed to IVDU because you didn't want to make a judgment that people that were using drugs were abusers, so then it got changed to IVDU: Intravenous Drug Users outreach. Then it got shortened to IDU: Injecting drug use because not everyone was injecting intravenously, especially in the gay/bi community you had a lot of transgenders that were using hormones intramuscularly. Personally, I found the distinctions to be absolutely beyond distracting, so inside the walls of my office I referred to it as the IUD program. It just was irritating me. And you couldn't use words like I was used to at Eden House like junkie, or dope fiend, or anything because those were too judgmental. Early on that whole harm reduction meet people where they're at began to permeate the world, which I always thought was another stupid thing.

**AS**: Why did you think that was stupid?

**LT**: Because it's like where are they at? They're over on Hennepin Avenue or Nicollet [Avenue]. I took it literally as people where they're at.

**AS**: But in terms of the language?

**LT**: I understand, I understand that. But as we talk about the needle exchange, I think there was a real difference between my approach and the approach of solely harm reduction because I felt that at the time, and I'm not in the field now, so I can't speak to today.

**AS**: Sure, you're talking about in the nineties.

**LT**: Right, but at the time there were people that were self-described harm reduction folks offered little other than clean needles to people. I wanted to offer people clean needles, and an opportunity to talk about a future. I mean it wasn't a pray before you eat Salvation Army approach, but I wanted people to know there was a way out of this lifestyle, and the choices that they were making. So, I wanted a more comprehensive approach than solely, "Hey, ain't I cool because I talk your language, and I know what it means to fix," you know. I can say all the cool things that you can say.

I also frankly felt that some of the people that were doing the work were putting themselves at risk. Sue [Purchase], who at the time was with Women With a Point, I don't know that Sue was doing it, but her partner whose name I can't remember, I don't know if she mentioned that when you met, but her partner thought it was really cool because people would call her to exchange needles. She would drive over to somebody's house and leave her kids in the car and go upstairs and exchange needles. And I'm thinking, "Well that's great. So there's a bad drug deal that's going on upstairs, and you ain't never coming out?" I just thought this was really not good.

But, at the time we hadn't started needle exchange. It was just starting. The first one, which I'm sure you know, out in the Seattle area, Tacoma, that Dave Purchase started, was getting some traction. There was no Internet, so we didn't read about things on the Internet. I was active in Washington. I was on the Public Policy Committee for a national advocacy group, AIDS Action Counsel. I don't know what it's called now. It's still there, but it's not AIDS action counsel anymore. They had a policy committee, and I was the only non-coastal person that was active, and that was part of this. It was hearing from people from other parts of the country how their AIDS organizations were wanting to start needle exchange.

At the time I had hired a guy at MAP, Bob Tracy, to do our public policy work. I had reached far into my past, and hired the person who worked with me at Pharm House back in 1970, and he had been a chem dep instructor here in Minnesota, but he had moved to San Francisco, and gotten a degree. It's a doctorate degree in human sexuality with a specialty in HIV and gay me. He was himself a former injecting drug user. He had the perfect background. His name was Dan Ford. Dan had been the director of education for the Cascade AIDS Project. He had worked for a street program in San Francisco with homeless, gay youth. He had all the perfect qualities. I called him up, and brought him back to Minnesota, which was a wonderful thing. Sadly, he passed away this past October, but he would have been a wonderful person to talk to.

So, my policy person and Dan and I started talking about doing a needle exchange, but I wanted to do a legitimate needle exchange. I was brash enough to think I was going to get the county, or somebody in the government, to fund this. At the time the only publicly funded program was in Connecticut, and it was supported primarily because it had a very complex research component that Yale was doing. I think it was Yale. It might have been Harvard. Where they would actually barcode the needles. When they would come back into the exchange they could trace, "Well this one was distributed at location twenty-two and it came back to location five." And then they would analyze the residue blood in the needles to see whether there was mixed blood. To see whether or not the needle had been shared. It was a very costly kind of research program. I wasn't interested in doing something that complex because frankly Minneapolis/St. Paul did not have heavily concentrated injection areas as other communities did, and I felt we needed a mobile program.

So, I began working with the county and talking to them about needle exchange—with the Hennepin County Public Health Department, City of Minneapolis Public Health Department, State Health Department, and I talked to the governor, attorney general because I didn't want to have it be illegal, or that the workers would be arrested. Eventually we carved out kind of an interesting piece. This was going on for a couple of years. It took about two years' planning. The piece it carved out was that there was language prohibiting the distribution of syringes except for under certain circumstances, one of which was research. It was an archaic law, and I don't know why they put research in there, but thank goodness they did. At the time the mayor of Minneapolis and the city attorney carved this out and said it would be okay.

In the meantime behind the scenes we had Women With a Point going on kind of underground, and then there was this other guy who came to town. I don't know if they talked about him, but some character names Mike Scavuza who was from out east, and he wanted to do needle exchange because we were a bunch of straight—not in sexuality, but straight in terms of drug use—and we didn't understand what it really meant. I just thought he was a punk, and he was going to disrupt this whole, very carefully constructed house of cards I was putting together to get funding for needle exchange. The county commissioners at the time—one of whom is still on the board, Peter McLaughlin—were supportive. So, I had the support of them, and amazingly right when I needed it most into town arrived Dr. Alan Lifson. Alan is a physician, and a master's in public health, HIV specialist, came out of San Francisco, and knew all about injecting drug use. I needed that person with the right alphabet of letters, and Alan quickly supported what we were doing. He's at the U. He's continued to work a lot in HIV, particularly internationally. He was very helpful in the beginning.

Eventually the county gave us money. I went over to Eden House, and talked to some of the clients I had known because some of these substance abuse programs kind of recycle in and out, in and out. So people I knew as clients in the seventies came back in the eighties came back in the nineties, and their kids were there or they worked there. I had them tell me—find out from them—where good places would be to have a mobile van. We needed lots of stuff. We had to get a van. Someone from the health department helped us obtain a used ambulance, and we had it retrofitted to include space to bring people into the van, do some basic education, exchange needles, have a save sharps away. Then there was a whole issue of insurance. Nobody had ever insured a syringe exchange program. The insurance agent at MAP, Vicky Freyer, God bless her soul, managed to talk an insurance company into insuring us. Because I'm thinking all the OSHA [Occupational Safety and Health Administration] issues, and you know liability issues of someone giving a needle to OD's, and whatever happens.

So we talked through all of this. My board at MAP was a challenge because there were many people that felt like there was, if you will, the innocent people that got HIV. In the mainstream the innocent people were, you know, the people that got it because they were dentists, the hemophiliacs, or whatever. But there also were a subset of gay men who felt that, well, back in the seventies and eighties we had no idea what this was. But now, you know, we've got these junkies everybody knows. So we don't care about them, you know. So there were people on the board and supporters of MAP that left over the issue of doing syringe exchange. There were some of the staff that were afraid that we were going to have dangerous people come around. There were other staff that were thrilled. Very excited about this because up until then basically our outreach was setting up a card table on the corner of Franklin [Avenue] and Nicollet [Avenue], or going to one of the Catholic charity's branch programs.

**AS**: The van gave you an opportunity beside needle exchange? It gave people condoms, or safe sex—was HIV testing ever anything you could do in the van?

**LT**: Yes, yes. With rapid testing later it became part of the activity. But in the early days, no, we would refer people to the red door. But, yes, absolutely. All of the syringe exchange packets that we would put together included alcohol wipes, a cotton, a cooker, a tie off, and condoms, and mint, or some kind of candy. Yes, safer sex was a really big part of it.

So everything seemed to be moving along quite well. And then we hit the road block. The road block was that a couple of the commissioners wanted to treat getting the support for needle exchange like running a political campaign. And that if we were going to go into a neighborhood with this mobile van we had to get the approval of the neighbors. And we should do that by going on a door knocking campaign. As in knock, knock, knock, "Hi, I'm just here to tell you we want to park this out here. There will be a lot of kind of nefarious looking characters, perhaps. Don't worry. It's fine. We've got you covered." I thought, "This is the stupidest thing." So, finally the door knocking campaign morphed into, "Well, you have to get the neighborhood association approval."

At the time there was quite a concentration of IV use in the Whittier neighborhood. The Whittier Business Association took off with a vengeance against me. To this day my gas station guy calls me, "Hey, it's the needle lady." Talk radio just tore us apart.

**AS**: What year is this?

**LT**: This was about '94 I want to say. '93, '94. I had started taking the money from the county and had hired staff, bought needles, and all this kind of stuff. And one of the Whittier guys took a van and painted all over it, "This is your needle exchange van. Come in here. We'll kill you." I mean stupid—it was quite ugly. We had neighbors that were in Whittier that really didn't want anything to do with us. I was fighting some of the folks up on the north side that didn't want anything up on the north side because just you white people coming up here to enable and prolong. You want us addicted to drugs. That whole line. So, I really was getting it from all sides on needle exchange.

Finally, I just said, "Fuck you." And gave the money back to the county. I said, "We'll do it on our own." I mean at the time there was a federal prohibition on using any federal money, but there was no prohibition on using local money. So this was county dollars. And it was good money. It was one hundred thousand dollars a year, which even today it's good money. Back then it was a fortune. I said, "Okay, never mind." I gave it back, and said we'll do it on our own and fundraise. I don't know if MAP now gets any money for needle exchange or not, I don't really know. But when I was there, and I was at MAP from June of '90 through April of 2010 or '11, I never remember which. I always have to look at when I got my dog. I think it was '10. Twenty-one years almost. Yeah. Anyways, it was a long time I was there. It was a wonderful experience.

So we hired folks to come and be in the van and drive around. We had certain set spots that we would go to. They new the other people like Sue, and others that did syringe exchange. And I think they got along pretty well. I think at that time Sue might have already started Access Works, I don't remember when that started, which was a storefront exchange program. Our mobile van I think was really effective because we could move as the population moved. For example, up on the north side for a while we were parked outside Lee's Liquor Bar up on Glenwood [Avenue], and then we moved over to Mervin's Drug Store up on Broadway [Street]. So we could move the van around. We had a good relationship with the police because I was worried.

**AS**: How many hours a week was the van out? Do you remember?

**LT**: It was out Monday through Friday. I don't remember how many actual hours.

**AS**: At night?

**LT**: It would usually not be late at night because of the safety concerns. And obviously not too early in the daytime because nobody's up. So I would say probably, gosh, I really don't remember so I don't want to make a mistake. But I want to digress to one fascinating story was that in 1993, Dan Ford and I from MAP, Dan and I went to the International AIDS Conference in Berlin. We stopped in Amsterdam because they had a very robust needle exchange program. We met with the drug czar, or I don't know what his official title was, but a government person in Amsterdam. And back in those days everybody and their mother was going to Amsterdam to find out how to do a needle exchange program. And he said something to me that stuck with me to this day. That was, "I can't believe how stupid you Americans are." He said, "You are treating this problem of addiction like you're ordering off a Chinese menu. I'll have one from column A, and nothing else." He said, "You can't just have a needle exchange program absent a comprehensive approach to addiction. You can't just come here and copy this, and think it's going to make a difference because it won't." Of course we didn't really care.

I mean in America everything is so siloed. I mean addiction people hated needle exchange. Harm reduction. Because it was enabling, and it caused all kind of bad stuff. So, I didn't know how we could integrate the two, even though I came out of substance abuse, and people knew what I was doing. I mean I was getting a lot of calls from friends of mine in substance abuse that were chem dep back in those days like, "What the hell are you doing?"

**AS**: What would you say to them?

**LT**: I would give them the shtick about, look, it's a journey. Addiction is a journey. People are going to stop at some point. They are going to stop because they are in the joint, or they die, or they just suddenly wake up and say, "I don't want to do it again," or, in very rare cases, treatment works. So in all those cases where people stop using I don't want them to be HIV positive. I would say, "It's that simple," you know. I don't want them to end their addiction and then die because there were no long-term survivors from the HIV. And that seemed to resonate with people, that there was a way out of addiction, and that maybe this would keep them from having that terrible plague.

And so that seemed to alleviate some of the concerns that people had. That was how we managed to kind of get it going. It morphed a lot over the years. We had a lot of different staff. It's hard work. It's really hard work in the needle exchange. There's a lot of turnover because you tended to have either people who were in recovery themselves. Because it's not good work for people not in recovery. And it takes a certain type of person in recovery to not all of a sudden to be running into all their old friends, or to suddenly want to go back to that life. So it really was kind of dicey. We lost some people who did return to that life. And then we had other people who were like do-gooders, you know. We called them the 'cupcakes' who wanted to help other people, you know, and had no idea what they were getting into. I was always struck—there was a story, I think, I can't if it was New York, West Coast, East Coast—but there was some male researcher who was doing research on needle exchange, PhD, and he got hooked and died of an overdose. I was always struck by "I don't want that on my watch." You know, somebody that I brought in that had never seen this life before suddenly became part of the hair club for men, you know, they're going to try it themselves. It's such a good product.

**AS**: So that started to weigh on you?

**LT**: Yeah, yes.

**AS**: How many years in?

**LT**: I would say pretty much from the beginning. I was always concerned about the staff. Much more than the outreach staff that worked gay bars, you know. The issues I dealt with outreach staff—usually young, gay men—who went and did education at that bars, or a public sex spot. What's the worst thing that's going to happen? They're going to engage in sex? You know. And whether they use a condom or not that's their choice, but they understand. But addiction was something that was much more seductive.

But there was always a split I think in the local needle exchange world between MAP and the Access Works type programs that felt they were much closer to the street, if you will, than MAP was. I think at some point when Sue left Access Works, I don't remember what year that was, and a staff person from MAP went and was hired as the ED, and eventually the place was in turmoil. I don't know enough about what happened internally, but it was going to fold. So, there was the question of could it merge with MAP, and eventually we did take over. We didn't change the name. We didn't call it the Access Works MAP program. The MAP program was called Mainline, and is still called Mainline, which is kind of a play on words because obviously people mainline the heroin, or opiates, or other drugs, but there was a local individual who I think died around '96 or so, a real advocate for needle exchange, named Bill Main. Bill had contracted HIV by getting a needle from a sharp supply container in a hospital or clinic or somewhere. Even though he didn't like MAP, he didn't like me, he thought I was too distant from the real life, I wasn't a junkie like he was, I was just a straight woman, you know, I wanted to name the program—I'm very big on history. It's my big—I'm a total history nut. So, I wanted to call it Mainline, and it still is called Mainline. Most people have no idea, unfortunately, that it's named after Bill Main.

So that was part of the story, but the other part of the story that I want to share with you was how we legalized needles in Minnesota because prior to 1998, I believe, possession of syringes was illegal in Minnesota, and purchasing syringes was illegal in Minnesota. So you had all kinds of junkies who wanted to buy needles who had great stories they could tell. Go in the drug store, "My aunt is here, she's diabetic, she just arrived in town." My favorite was, "I'm doing some repair on the coffee table and the veneer came off. I want to shoot some glue under the veneer." The one I heard from my husband that nobody else has ever confirmed, but I love it so I always told it, was at—because he liked to fish—they could use the syringe to inject the worm, so it would get air so it would float off the bottom. Right! What a tip! You heard it here first. People loved that kind of thing. I thought, "Let's find out how to make purchasing needles legal in Minnesota. We can do it." And we did.

By that time Bob Tracy, who did all the policy work for MAP, was very well known at the Capitol. He more than most other people had a way of endearing himself to even his worst enemies. Very smart. He works with Minnesota Council on Foundations now. Bob Tracy. And Bob knew how to get an idea into a law, and that ain't easy because besides all the sponsors, and getting it through the whole eighty-five thousand committees, and doing the financial note on it, and all the mark-ups, et cetera, et cetera. Bob shepherded through this idea that we would get legal syringes, and it was quite an exciting time. It had gone through a number of hearings. We had one more committee that we had to get through. There was just total opposition. The committee was very divided; especially the rural DFLers were not in support.

We had created through MAP a very robust network of advocates throughout the states. One of the advocates that we had was an individual living with HIV from northern Minnesota who had contracted HIV when he worked on an oil rig, and apparently injecting dope is kind of a past time on oil rigs, I didn't know this. So you can't go to the drug store, so there's a lot of needles sharing, so that's how he had become HIV positive, come back. He's got a wife and kids, and you know, and the house with the picket fence. He met with his representative from northern Minnesota, and she changed her vote. And we won by one vote. I always like to tell that story because it is the power of one. It really was the power of this one guy. So following that, and to this day it is legal in Minnesota to purchase and possess up to ten sterile, clean syringes. And as I told people if they are dirty, I mean if you have used them and there's dope in them then it's paraphernalia. All bets are off and I'm not coming to your defense.

Then the world started to change a lot. This legislation was in '98. We ran into problems with the Health Department because I think the legislation had something about disposal of the syringes. Well then every diabetic in the state of Minnesota had up until then was having to pay, and now they're mad because if you're a dope fiend you get to throw away your needles for free and I've got to pay to have sterile sanitation. So we are just going to bring them to MAP. And it was like, I'm not going to pay for every syringe. So we got into big arguments with the Health Department. I don't remember how it got resolved, but basically it's resolved. So, yeah, that was '98.

I think from that point forward, once it became where you could legally purchase syringes—I didn't change my opinion that needle exchange where you get free needles—I still think that's a good idea, but for god's sakes if you can walk into a drug store, Walgreens, and buy needles I don't need to have my van out there twenty-four hours a day. I mean come on now. I know you want to save all your money for dope, but you could do like three bucks for a ten pack of syringes. I had some strong judgments about that. I mean every—

**AS**: Is that kind of when you ended the needle exchange?

**LT**: Well, no, I never wanted to end it. And what happened with the van, I don't really know. The van was still going when I left MAP. It is not going now, and they're needle exchange now is out of a church. Yosemite church? And it's, I think, open three days a week a couple hours a day. So, that's one place people can go. I think Pillsbury has some transgender clinic, shock clinic. And I don't know, I think there are some free lancers here in town. [unclear] And, I think because they're legal there's less pressure to have eighty-five thousand needle exchanges.

And Minneapolis never was, as I stated earlier, never had a huge concentration like New York, or New Haven, or Seattle, or San Francisco. We don't have the tenderloin district. And it's a pretty mobile population. In fact, we found that a lot of the exchangers we had were secondary exchangers that were coming in from Waseca, Waconia, Coloquet. And one guy would get all the dirty needles and bring in liter bottles, or two liter bottles of Diet Coke, filled with needles because he collected them from the last month from wherever, whatever period of time. Not necessarily a month. He'd pull up over at MAP. And I had a corner office that had windows by the parking lot, which the smokers used to hate because I'd tap my watch while they were out there smoking. Anyways, I would see people pull up because one of the sites we used was the MAP parking lot. I would see these pick up trucks pull up, quite rural looking, and some obviously non-metro looking kind of person (she said very judgmentally) [narrator says this about herself] would get out of the car, or the truck, and they would have bottles full of needles.

**AS**: And then you disposed of them?

**LT**: Yes, we would pay to dispose of them. I know that one of the workers told me that when he was parked up by Louie's Liquor Bar it was very common to get businessmen from downtown that would come with a briefcase full of needles. And many of them would, I mean the way I told the story which was I'm sure embellished—well I know it was embellished—was that these were businessmen and it was lunchtime and they told their secretary, "I just have to go drop off some dry cleaning," and went over to Louie's Liquor Bar driving in their beamer and open their briefcase and they'd have a baggie full of needles. And I know they are down there and going home at night and there's nobody in their family who has a clue what they're doing.

I think all of us that worked in HIV—if you had half a brain—and there were a lot of people who worked in HIV that did not have half a brain, but if you did have half a brain, I think you felt some compassion, some even guilt at times that you were enabling. That here was this guy that was shooting up. When you're not open is he risking sharing needles with others, and then sexually exposing his partner? So there was a lot of, at times, angst about the whole game of addiction.

And then I think some of my hesitancy around the harm reduction piece because I get the 'meet people where you're at,' but I want to show people that there's also another way. And treatment by any shot is not a miracle. And treatment doesn't work very often. I mean I'm the first person to acknowledge that, but it shows you that there is another way, and you never know when you're going to wake up. I always remember there was a client in Eden House one time. It was when Eden House started. It was a really tough program along the Synanon model where you'd shave people's heads, and there were costumes, and you'd put people on so-called trips, and different things. It was pretty harsh. And we were getting guys out of the joint right and left. I mean very serious offenders. I remember one guy came to Eden House, and he said in his intake group, "I don't care what you do to me. You can shave my head, make me wash dishes, make me peel potatoes, you can make me edge the lawn with a spoon, and I'll scrub the bathroom floor with my tongue if you want. I'm never using drugs again." And he never did. And he was really only sort of half-heartedly in groups, but he went out, he was done with Eden House, and he got a job with the City of Minneapolis. Retired. And to my knowledge, I mean I don't know if he drank, but he never became a junkie again. But that's a very rare case.

Treatment is kind of like a wash, rinse, repeat sort of episode, but it does work. Whether it's a hundred percent sobriety, or eighty-five percent sobriety, or if it's even, and I get that now we're going down the harm reduction road, but there's some point at which at least let people know there's an option. And hopefully the only option that they're option is not methadone or Suboxone. Those to me are temporary kinds of options. I'm not a big proponent. I mean I know I have some friends who have been on methadone for thirty years on a very low dose, but I wish they weren't. That's where I sort of parted ways with the whole—plus there was this whole attitude of the folks that worked street outreach that, "We're so cool. We're the cool kids." After a while that just sort of wears on you. You know? Only because I've been around the block for so long, and I've seen this movie. I lived through the returning Vietnam vets, opiate addiction, the crack problem. This sudden, "Oh my God, people are using opiates. Wow. How'd that happen?"

**AS**: Then it goes mainstream. What do we do? Yeah.

**LT**: That's kind of my story with that. When I left MAP, I mean honestly the reason that I left MAP was I had never taken a vacation at home. My husband and I always went somewhere on a cruise—a blue's music cruise. Only blue's. The whole ship! It was fabulous. We had a policy at MAP with vacation the use it or lose it. It didn't roll over year to year. So everybody in December was gone. And I was never gone in December because somebody had to hold the ship down. And December—that's why I think I left in '11. It doesn't matter. Whatever. One year I said, "I'm taking the last two weeks of December off. And there's no cruise so I'm staying home." I stayed home, and I was stunned by how disabled my husband was. He had had a number of strokes, and in 2009 he had a major stroke in April. I had stayed home for a couple of weeks. I had obviously seen these changes in him, but then I didn't really ever take the time to observe it. And during those two weeks that I was home it suddenly occurred to me that my tombstone was going to read, "She cared more about MAP than she did her husband." And so I thought, "This is not good. This man really needs a lot of help." And to this day he does. And so I left whenever it was that I left.

But I was only home for a short time before I thought, "This sucks." And I had been a consultant, a 1099 person before, and so I talked to Dan over at Eden House, and I said, "Let me do the AIDS education with the clients because you guys are doing needles. They're bad stay away. Let me teach people, because you know they're going to fuck up when they leave here. You don't want them to come back." So I started doing AIDS education with the clients. I was referred to as the butt-fucking lady with the clients. Yes. Because most addicts that come in from the streets and you talk about anal intercourse they don't know what you're talking about.

So I started off doing AIDS education with the clients, and then slowly started doing some other grant writing for them, and now as I said, I work a set number of hours, usually fifteen, twenty hours a week. I get paid to do all their policies and stuff. They have the stupidest AIDS policy ever, but their HR department developed it because they were in a lab there are a lot of OSHA issues. But there're eighty million needle sticks or paper cuts, and all kinds of crap. I mean when I worked at MAP I referred to it as the ‘what if’ questions. "How do you get HIV?" You can talk all you want about sexual harassment and sharing needles, but inevitably people would always be like, "What if? What if a guy with AIDS worked in my office? What if he touched a piece of paper and got a paper cut? What if I touched that piece of paper?" My favorite was—this was true—was somebody asked the question, "What if I was in a swimming pool? What if there was a guy in the pool that had the AIDS? And what if someone threw a cat in the pool, and cats hate water. What if that cat scratched that guy? And what if I tried to get the cat out of the water and the cat scratched me?" I said, "Well, probably what if a truck right now driving down Park Avenue filled with cattle fell over and a cow fell through the roof and hit you in the head?" It would be the same level of risk! You know.

**AS**: That was a crazy time.

**LT**: It still is a crazy time. I think it really is. I think people are a little bit better because I think where it got screwed up was with the Surgeon General's thing in '88 when Everett Koop sent out that thing about bodily fluids, and it was trying to get passed the 'bodily fluids.' And here in Minnesota in the early nineties, and I don't know if you are aware, we had a couple of doctors who were HIV positive, and one of them, he's dead now, Dr. [unclear] Benson, he and his partner, business partner who also had HIV, but let's not draw any conclusions, had a small family practice clinic. Dr. Benson delivered one of his patient's babies, and his dad used a brand new technique of video taping the birth of his child. He and his wife had been quite concerned because he and his wife had noticed that Dr. Benson had been losing a lot of weight, but Dr. Benson had told them whatever he told them. But when they took the videotape, Dr. Benson was not wearing gloves, and his arms and hands were covered with open sores. Yes. That video tape blocking the child birth portion of these hands was shown endlessly, and it resulted in a tremendous move to test physicians, nurses, and it was like where are you going to stop? Daycare workers? Teachers? I was the only voice, honest to God, the only voice on this statewide committee that opposed it. I remember saying to them—one of the reasons you had to know if your doctor had HIV even if they were using universal precautions that was offered was, well you know one of the ways HIV manifests itself is dementia. AIDS related dementia. So you could have a doctor with HIV; you could have AIDS related dementia. You can have any freaking doctor with dementia. Are you going to start testing every doctor over the age of fifty for early onset? To which there was no answer.

We still have now pretty strict laws in Minnesota about physicians and nurses in particular. If you are HIV positive you have to self-report to the licensing board. There has to be someone in your practice that monitors you. There are certain—I don't know if there are certain things anymore, again I'm not current with it, but there were certain procedures that you could not be involved in.

Now when Dr. Benson did that universal precautions were not universal. They were voluntary. But between his case, which went national, and the case of the dentist in Florida, who infected Kimberly Bergalis, and a bunch of other people—because of those high profile cases universal precautions became universal. I remember even back in those days when I went to the dentist and they said, "Where do you work?" And I told them, "Oh my God." Out came the masks, the gloves with the assumption being that if you work with them you've got to have it. I mean we couldn't even get pizzas delivered. I'll never forget that. The pizza guy would leave pizzas—the UPS man wouldn't come in. So, it really was quite stunning the early days of HIV. I don't think people really realize.

**AS**: It's easy for people to forget, especially people who didn't live during it. Like people twenty years younger.

**LT**: But for me it was nothing different than the early days of trying to work with junkies because like why would you want to do that? Who cares about them? Let them die. And to some extent I think that still is true. I think there is more support and empathy now for people living with HIV than there is even for people who have addiction problems. Although people in recovery have been lionized. That's the other part I hate about addiction is you get all of these clowns that get out of treatment and they're out of treatment like one second and they're an expert. And that irritates me more than almost anything else. I've spent my lifetime understanding the dynamics of addiction.

I personally don't buy into the disease model of addiction. I think it's a learned behavior. There may be a genetic component. I certainly believe that. But, I think it's a learned behavior to cope with mental health challenges, or environmental challenges you have be they abuse, neglect, violence, trauma of growing up in a dangerous environment. But people use as a means of escape. And they start using as young people, and when they suddenly get to be twenty, twenty-one they are like a ten-year-old. And now they're forty and they are still like a ten-year-old. And I think they need to learn how to grow up.

I think within treatment these days the approach is that we've got to change your feelings, make you more empathetic. I think that's bullshit. Most of these addicts are pretty hardcore, and the best way to change is you change your behavior. Act as if you care about somebody. We know you really don't care about your roommate, and you think he's a loser. Just pretend like you do. And if you practice long enough it will become internalized, and you will slowly notice your attitude's changing. So, first your behavior, and then you attitudes, and eventually you really get emotional feelings out of that. That was the essence of Eden House. It no longer is, which is sad. I feel—

**AS**: What is the essence of it now?

**LT**: It's much more of an AA model, and they have to abide by all the ASAM standards. What is it? American Society of Addiction Medicine. It has to be in effective behavioral intervention as approved by ASAM. It has to be trauma informed. I mean it's all these buzz words, and it's like, "Jeez Louise. You've got a bunch of emotional babies here that they don't know how to be an adult. They've never been an adult. They've never been raised responsible. Let's just start getting them—" We had an early client at Eden House and he was a Hispanic guy. He always used to say—the saying in Eden House was, "It's not you man, it's your behavior." And used to say, "It's not Jew, man. It's your behavior." And I always loved that being Jewish.

That really is a [unclear] behavior. I'm not attacking you, I care about you. But the behavior that you're exhibiting of stealing money, of hurting other people, whatever it is to keep your addiction alive. I don't like that, and I think that sucks. And I want you to change that. And I want you to do it because I care about you. And, you know, "Well, nobody's ever cared about me." So, I think there's a different approach, and they try to blend it still somewhat at Eden, but it's very hard.

**AS**: To keep the older model you mean?

**LT**: Right, well everybody who works there has to be an LADC, a licensed alcohol and drug abuse counselor. And most people in recovery don't have the ability or the background to go to school and become an LADC. So, you have a lot of particularly young women, young men, who want to be a social worker, and then become an LADC. I actually feel a little bit bad that during my brief stint between the Eden House and MAP when I was a consultant that I was the one who drew up the guidelines that became the licensing of alcohol and drug abuse counselors. At the time it was credential through the Health Department and I created that. I created it for the state. I brought together—

**AS**: Why do you feel bad about that?

**LT**: Because I think this whole "you need an education" is not the only way. I mean there are lots of people who come out of Eden House who would be wonderful counselors, but they can't go to school and get a bachelor's degree. I mean there was a time at Eden House where the only people we hired were graduates. And there were a lot of problems with that, but now they rarely if ever can hire a graduate of the program—they have one guy right now. One. Out of like twenty staff. Well, there's more with the CD tax, but in terms of being a counselor, I think there are like twenty counselors, and only one of them is a graduate of Eden House.

I look at someone like Dan Cain who pulled himself out of this addiction. I mean he was a hardcore heroin addict, and he had been in Lexington [Kentucky, Narcotics Farm] through their program. He's done wonderful. Well, that's my story. Is there anything I missed?

**AS**: I don't think so.

**LT**: I appreciate the opportunity.