**Julie Hooker**

**Narrator**

**Amy Sullivan**

**Interviewer**

**February 2, 2017**

Julie Hooker -JH

Amy Sullivan -AS

**JH:** Where can I go, what can I do? I find help for the him but the beds aren’t open and they won’t be open for three weeks. This guy’s using heroin daily and he could easily die between now and then. That’s what we went to go tell the Lieutenant Governor, that we can’t as clinicians stand by. Part of the reason why there’s a three week waiting list, this is why I went to her, we have a system set up in Minnesota and many states for people with public assisted medical plants, PMAPs they’re called. The PMAP will pay for treatment but all the beds in the cities are filled and we’ve got waiting lists but in Wadena they’ve got an open bed. They’re dying for people to come there because they’ve got open beds and clinicians ready to serve. The PMAP won’t pay for it because it’s out of the seven county area, thereby funneling everybody back into the cities which creates the three week waiting list. My talk with the Governor, Lieutenant Governor, was can we take a look at that system and stop that? If I can get somebody a bed in Wadena and they’re willing to drive down here and pick him up.

**AS:** They’ll come get them?

**JH:** They’ll come get them. The only way that it works, you think it’s great because this guy’s got insurance. If he didn’t have insurance, if he comes in without any insurance at all now the county will say no because he has an open case here in Ramsey County so we’re not going to fund. They might Hennepin and Ramsey but you have to work at it.

**AS:** Which is what I had to do to get my daughter into Tapestry.

**JH:** So you know.

**AS:** I tried to do all kinds of things. I tried to get a friend in St. Paul to let her sleep on his couch and say she’s homeless. He wouldn’t do it. I understood it but at the time to me that was not lying. That was just getting my daughter in treatment.

**JH:** These are the barriers that I witness, we witness every day. Part of my solution because the system is so broken. Even though somebody really could benefit from an in-patient treatment bed this is what Resurrection Recovery was kind of created for. We’re an intensive outpatient treatment with intensive case management services and we have referrals for housing, transitional housing. We’re purchasing our own house. That’s what my bookkeepers are doing today. We’re doing some year-end stuff to submit to the bank for our loan. We will buy our own house because we’ve been trying to refer people to some of the GRH housing. Have you heard of that?

**AS:** What does that stand for?

**JH:** Group residential housing. The county will pay for those. Even if somebody has health insurance. Health insurance won’t pay for your housing but even if somebody has health insurance I can request that the county pay for the housing and I’ve never had them turn me down unless somebody has an open case in another county.

**AS:** What constitutes an open case?

**JH:** If they’re receiving food stamps or general assistance.

**AS:** I could see how those could get really complicated and just stop someone from getting treatment if they aren’t living…

**JH:** Why not a one payer system?

**AS:** Instead of each county dealing with all of it.

**JH:** You’re a Minnesotan, how about that? Not a Ramsey County resident. How about we got to a one payer system for the entire state of Minnesota.

**AS:** When you think of how many of us have to work in other counties, we drive home to another county, we might even drive to another sector of the state. But for poor people they’re not supposed to be allowed to have that kind of flexibility.

**JH:** It drives me crazy. Because this system is so complex and is creating more barriers for people. I’m on the ground floor with this and I have people in here sitting in that chair crying because nobody will help them. I just can’t sit by and say, “Well sucks to be you. Okay I’ll see what I can do. Somebody will call you in a few weeks.” If you’re still living, if you still have a phone, if we’re still able to contact you, if you’re still in the city, if you’re still in the state. I’ll be just a little bit political here for a second. We had a number of people coming from other states, specifically Illinois because Illinois doesn’t have as easy access to chemical dependency services as Minnesota does. We have this huge influx of people that are non-native Minnesotans, not people living here or paying taxes here who immediately get put on county assistance and their treatment is paid for. They get a bus pass, they get their housing paid for, all of those things. That’s great. It’s so nice that we’re that magnanimous but what about the people who live here who have paid taxes here, whose families are here who are paying taxes here and I can’t find a treatment bed for them. I just can’t reconcile that, I can’t. If we’re going to open our door that wide for people from other states why close it on the people that live here now. My solution would be the one payer system which everybody tells me is never going to happen.

**AS:** One payer for health care?

**JH:** Yes.

**AS:** Nationally?

**JH:** Wouldn’t that be wonderful.

**AS:** I just wondered about the scope of your dream.

**JH:** Let’s start small. Let’s start with Minnesota.

[Break in Recording]

**JH:** It is our revenue generating business so that we can purchase houses and do things. Then I started a nonprofit called the Continuing Care Center which does all the case management. I have a MN Sure navigator so he helps people sign up for health insurance. That office is in this building but in another office space. All the clients that come to us are basically, have you heard of Maslow? Maslow’s Hierarchy of Need, the pyramid. Almost everybody who comes here, their basic needs aren’t even being met. As a substance abuse and mental health provider it’s proven a fact that they don’t a place to live and they don’t have any clothes, a winter jacket, and they don’t have an ID. “I lost my Social Security card and all my clothes were in a backpack and it got stolen.” Rather than just say, “Well just stop drinking and everything will be fine.” It was just so overwhelming in the very beginning. I didn’t know what I didn’t know.

**AS:** In the beginning when you started this?

**JH:** Yes.

**AS:** When was that?

**JH:** Two years ago.

**AS:** Just two years ago.

**JH:** Partly because I worked in the field for quite a while. I have a master’s degree in Human Services. I’ve worked in Community Services. I’ve been homeless. I’ve been an injecting heroin user. I’ve been incarcerated. I’ve lived and people like us often make the best counselor because we can be relatable to people and not say, “Will you tell me why you’d this?” If somebody asked me that question, then I say you’re not ready to hear the answer if you have to ask the question. It doesn’t make any sense. It was just two years ago. I have a business partner and the two of decided, he doesn’t work here but financially we put this place together. He works for Health Care for the Homeless which is inside the Dorothy Day Center through West Side Community Health. His employer is West Side Community Health. He’s stationed at the Dorothy Day Center. The two of us together were saying “What can we do to help this population now and in real time?” In patient treatment beds were so hard to come by, still are, with the bottlenecking of everybody with the PMAPS and the seven county metro area and the empty beds in Wadena. This is kind of the beginning step to changing that system. When people come in and I say, “It’s a three to four week waiting list and I can get you started here today. I can get you in touch with case management services so that we can get some of these things moving.”

**AS:** Your model is to provide services immediately and to try to hold on to them, keep them for these three weeks before you can actually get them.

**JH:** I’ll put out the call for a bed and we will continue to help the client call.

**AS:** You’re kind of that bridge then that I was wishing for a few years ago. That many parents end up wishing for because we can’t have our children in our homes. We’ve reached that point where it’s dangerous and destructive for everybody.

**JH:** Are you familiar with TAM then?

**AS:** Who’s that?

**JH:** The Addict’s Mother.

**AS:** Oh yes. I’m on that page.

**JH:** So am I. We’ll backspace here. Initially with my history, I’d been free from addiction if you will for over twenty years but for the first ten I didn’t want anything to do with people like me. I didn’t. I tried to work in the corporate world.

**AS:** I’m going to make you pause for a second. You have to say on here that you give me permission to record this starting when I started the recording. You have to say your name and say that you give me permission. Go ahead.

**JH:** Hi, I’m Julie Hooker and I do give permission to Amy to record whatever I’m saying today.

**AS:** We are at Resurrection Recovery in St. Paul. Julie Hooker is the founder and director of this treatment and support center. I’ll have you sign this release form later when we’re done. It’s great that you actually started this talking about what you’re doing here because on the way over I was thinking, “I think what I want to do is have her start with what she’s doing right now.” I’ve usually been starting these with your childhood and going backwards. You’ve kind of given a good idea of what it is you’re doing now but why don’t you start from the point where you tried to work in the corporate world and then let’s talk about your career in treatment. Then let’s go back. The other option would be you just tell your story as things come up. It doesn’t matter to me if it’s chronological.

**JH:** If I start with trying to work in the corporate world I’ve already bypassed the many “unsuccessful” attempts at recovery.

**AS:** Do you want to just start with your childhood and your addiction story? Where were born and where did you grow up?

**JH:** I’m a native Minnesotan. I’m a blond haired, blue eyed Swedish Norwegian girl, Lutheran, ate lutefisk and lefse at Christmas every year.

**AS:** Where did you grow up?

**JH:** In the Twin Cities area but we moved around a lot. My dad was in social work. My mom was a stay at home mom. I’m the middle born of six children. We were upper middle class. There wasn’t a lot of drama. There was a lot of love and affection. I didn’t have that sometimes typical upbringing of neglect and abandonment and abuse. I didn’t have that. There was a lot of alcohol growing up. I started drinking eight, nine because Dad always drank with a can of Grain Belt Beer between his legs and drove. “Give me another beer honey.” He was nice when he drank. He was fun and he was friendly and he’d give us whisker rubs and he was not mean. He was more fun. I’d be like, “Can I have some money Dad? Can I get you another beer Dad?” The reward for going to get him another beer was the first sip out of the can. I had learned that that was a reward for doing something good.

**AS:** What year were you born?

**JH:** ‘57. I didn’t know that that was unusual.

**AS:** That’s powerful.

**JH:** I graduated high school at seventeen. My dad got me a keg of beer. Why not? For a party. That kind of upbringing that it wasn’t a scary or negative thing when people drank. It was fun and everybody had a good time.

**AS:** There was no violence or despair or negative consequences?

**JH:** No. Back then here in Minnesota you could, I remember doing this, I was probably fifteen. You could go to the bar with your parents and drink as long as they were with you. I learned how to shoot dice and play pool. It was a kind of different view on especially alcohol.

**AS:** Did you understand your tolerance then pretty easily? My parents started serving us wine at dinner when we were in our late teens if it was a special occasion.

[Phone Call]

**JH:** Yes, I guess. I have recollections of drunkenness in my teens. I never really saw it as being a negative. I’ve never had a DUI. I don’t get drunk and have somebody beat me up. Historically it just wasn’t that big of a deal. The big deal I guess it was in the early 80s with cocaine. In 1975 I graduated from high school. In 1978 I went to Oregon on a vacation. I stayed for twenty-three years. True story. I just fell in love with Oregon. I ended up on this kind of hippie commune. We were growing pot. It was a cool thing to do. I’m kind of a hippie at heart.

**AS:** Whereabouts in Oregon?

**JH:** That commune was in a place called Harlan, Oregon which is halfway between Corvallis and Newport in the coast range. I don’t know how well you know Oregon. Kind of at the Northwest base of Mary’s Peak which is the tallest peak in the coast range. Twenty miles as the crow flies from the coast inland. I lived there and then I’m a musician so I was playing in Lincoln City.

**AS:** What do you play?

**JH:** Piano, guitar, dulcimer. Old Joni Mitchell fan. Who else plays the dulcimer besides Joni Mitchell. It was there that I met the man that would be my husband. We ended up doing cocaine together and growing marijuana. We ended up moving into town because I missed running water and a washing machine, a toaster, flushing toilets.

**AS:** How long did you last on the commune?

**JH:** Almost two years. That was a long time. It was probably one of the most fond memories I have of my entire life. It was phenomenal. Even then things weren’t out of hand. Everything was manageable, life was good. Moving back into the city and being in a relationship that was a little toxic to begin with, that toxicity grew. There was a lot of betrayal and a lot of abandoning the principles of the vows we took.

**AS:** You got married?

**JH:** We got married and were childless for the first eight years of our marriage. I couldn’t have any children. I had to have surgery to make it possible. Once had my first child my focus was no longer on my husband, it was on my child. Therein lies the problem. He was not happy with sharing me. It got really sick and toxic. I think from that, we had two children together, right after the second child was born it was very, very ugly. We were living in separate rooms in the same house. We divorced and then that’s when things just went kind of south for me. I was just looking for some kind of validation. When you split up like that it feels like I’ve done something wrong even though I don’t think it’s wrong for me to put all my energy into this baby that we just spent tons of money. It’s day four, five o’clock come home honey kind of thing. It was after the divorce and the very first guy that I hooked up with was a career heroin addict. Very first guy. I was enamored. I just thought that was cool.

**AS:** With him or did you try it right away?

**JH:** Almost right away. A little hesitation. It went from no big deal to oh my gosh now this is a devastating thing. It’s really hard to get out of once you’re in. I’ve heard many heroin addicts and myself included say, “The very first time I did it, it was like, where have you been all my life?” That’s exactly what happened to me. It just felt wonderful. He said it felt like a warm hug. I went, yes that’s what it does.

**AS:** You don’t have to have a person there to hug you.

**JH:** Because people leave. Whether they’re there physically or not.

**AS:** How old were your kids at this point?

**JH:** One and three, babies. I don’t think she was even one yet. Very quickly spiraled into selling cocaine and heroin so that I could get more heroin. I smoked some of the cocaine and shot some of it too. How did this happen? It really was kind of that. It wasn’t headstrong. I’m a mom, I’ve got these little kids. I worked like hell to be able to have children and here I am going “What the hell is happening to me?” My house got raided in a drug raid.

**AS:** Was he living there?

**JH:** No. Well he stayed there but he wasn’t living there. He got charged with frequenting when it was really mostly his business. I got charged with possession with intent to distribute. I immediately went to jail. The kids immediately got taken out of the home. My husband and I had been divorced for quite a while and we had joint custody. Thank God we had joint custody because otherwise the kids would have gone into the system. My husband had remarried right after our relationship. He was forty I think and she was seventeen. I’m not kidding.

**AS:** How old were your kids when the raid happened?

**JH:** Six and eight.

**AS:** This went on for a while.

**JH:** About five, six years. The worst part of it was about six or seven years.

**AS:** The kids are six and eight.

**JH:** It was terrible. There were syringes around. It was Hooker’s home for the homeless and soup kitchen. Whoever wanted to come over came over.

**AS:** Hooker being your last name?

**JH:** Yes. Actually there’s a little funny story. As things progressed and got worse and worse prostitution became a viable option. I’d been arrested for that. I will never forget the first time when I went into court and they call your name and they read the charges. They said, “Julie Hooker, prostitution” and the courtroom erupts in laughter. Even the judge was covering his mouth. My attorney started laughing. He was a trick. This is so humiliating and you would think would this not be enough. I was charged with that. Actually it was the only misdemeanor I’ve ever had. All the rest are felonies because of the drug charges. In Oregon at that time they were just starting the drug court thing. I didn’t have any priors. I didn’t even have a parking ticket. I’d never been arrested. I was a good, upper middle class, white, Midwestern girl. What am I doing here in this? How did this happen?

**AS:** By this time, we’re in the mid-80s?

**JH:** Yes, mid to late 80s. I went to jail that day. The kids were terribly traumatized. It was a SWAT team that broke in. There were seven of them. They had masks and guns and they used a percussion bomb to shatter my living room window.

**AS:** Why?

**JH:** I don’t know.

**AS:** They couldn’t just knock on the door. That was the late 80s. I had a neighbor that happened to. It was frightening to be the neighbor.

**JH:** It’s frightening to have it happen. My kids, for years I couldn’t talk about it without crying I still tear up a little bit. The kids were sleeping in a bedroom. I was in the living room and I’m buck ass naked laying on the floor when this all happens. I’ve got all these masked, gun toting guys come in. A guy’s got a gun to the back of my head and a knee in my back saying, “Don’t move.” I remember turning my head and seeing my daughter standing in the hallway. Oh my God it was horrifying. I don’t have any violence. I don’t have any guns. The kids witness it and then they try to hand the kids teddy bears. They came in with teddy bears. The whole thing is like what the hell is wrong with you?

**AS:** It’s a teddy bear that gives comfort, not other adults.

**JH:** I’m handcuffed. They threw a towel over me. I couldn’t even hug my kids.

**AS:** To get you out of the house?

**JH:** For fear that I might try to hand them something. I’m not kidding. It was horrible. The kids leave and I remember one of the officers was saying, “Take them to child protection services.” I said, “No, I’ve got joint custody. You’re calling their dad. Here’s his number.” They said, “Isn’t he a drug addict too?” I said, “You sure didn’t do your research.” He had some issues but he didn’t have issues like I did. The assumption was there that he must be too. I had to fight with them. They did bring the kids; they didn’t have to go into child protection.

**AS:** They did take them to your husband?

**JH:** Yes, but he was married to that other girl. They’d been married for quite a while and they had two little kids. They were living in subsidized housing where they couldn’t have two more kids. Because of that they got kicked out of their house and were homeless and living in the shelter. I’m sitting in jail.

**AS:** With an addiction.

**JH:** Look at how many lives are just shattered all because of that. What I know today is in other countries if something like that is going on, the percussion bomb and the SWAT team and the guns and all that stuff doesn’t happen. It’s let’s pull you in, let’s sit down with a team full of people, a doctor, an addiction specialist, a mental health specialist and find out what we can do to help you. That’s what happens in other countries. Here it’s still this war on drugs and that was literally a war on drug addicts.

**AS:** It was, it still is.

**JH:** It still is.

**AS:** That was at the high point of that.

**JH:** I was in the middle of that. Consequently, that history informs who I am today. Having experienced that informs how I do treatment today. I’ve been working in the field for quite a while and every place that I have worked I’ve been called into the office saying, “Julie you can’t say things like that. Julie that’s not how we do things here. Julie she has to provide a UA today. You can’t tell her to just go ahead and go. You must toe the line.” I have never been a firm supporter of the urine drug screen policy. Let’s see what we can catch people doing kind of thing. That doesn’t matter to me. What matters to me is what can I do to help you with what’s happening in your life today. Not you have a urine drug screen today and people panic and come up with lies.

**AS:** And bring in other people’s pee.

**JH:** I had people who would go heat it up in a microwave and hand it to me. It’d be hot. One time there was a whole bunch of bubbles in there. I’m like, that’s like Mountain Dew.

**AS:** It was?

**JH:** Yes. I said, “If you peed those bubbles out you’d be screaming.” I just went through so much of that. Working in the system of abstinence only and a punitive approach flew in the face of my personal belief system having experienced what I had. I’ve been through six different treatments myself, all abstinence based. That was the only indicator of wellness.

**AS:** You never were in a medication assisted? You never did methadone?

**JH:** I refused to do methadone because I used to sell heroin and I was the girl in the parking lot at the methadone clinic. You could come out with your carry outs and I’d trade you a little piece of heroin and I had the juice lined up in my fridge for backup. That was a joke to me. I understand how it can work, I do. There was no Suboxone at that time. To me at that time methadone clinics were no different, it’s just the federal government was your dope dealer.

**AS:** And you had to pee for them.

**JH:** You had to stand in line in a humiliating way at a very, very early time in the morning. People would drive by and see this line of people.

**AS:** It’s set up to be humiliating.

**JH:** It’s a punitive system. Of course when we are humiliated we are going to stop the behavior. In one of the treatments I was in, this is back when the field and clinicians thought this was the way to do it. Back where they put you in the center of the room and everybody in the treatment group would tear you down. I had a sign that said, “master manipulator.” I had to wear that sign and everybody would tell me how manipulative I was.

**AS:** What kind of therapy was that called and where did it happen?

**JH:** Oregon. It was all over everywhere.

**AS:** I’ve heard about it.

**JH:** You have to tear them down and build them back up. Start from scratch. Get rid of all the ego. It didn’t work for me.

**AS:** It could also for some people, particularly be even more traumatizing and humiliating.

**JH:** I already felt shame. Ten times what they could give me. You don’t even know what I feel. I just described to you an incident that still makes me cry and my kids are in their thirties. It’s so powerful that history that I carry with me informs why I do what I do today. You’re still thinking that punishing somebody is going to change their behavior. It’s not going to work that way. Let me do what I do, let me try to help inform. I’m a huge believer in Dr. Gabor Mate back when I first read him I went, “Oh my God. Where have you been?” I keep getting in trouble at every place that I work for having a belief system like he does.

**AS:** What do those POs say back to you when you say that?

**JH:** We’re shifting. It depends on how old they are.

**AS:** If they’re younger they’ll cooperate with you?

**JH:** A little bit more. Not always because they’re in a box that says you have to follow these rules or else.

**AS:** Because what if their guy goes and does something really horrible? Does that reflect poorly on them?

**JH:** On them.

**AS:** They’re in a punitive system as well.

**JH:** So let’s lock them up. Let’s just lock everybody up. When I work I try and be the biggest advocate for the client so we don’t do urine drug screens here, we never will. It creates a barrier and I want to reduce barriers. If I say, “Here. Go pee in this cup for me.” I just created some anxiety.

**AS:** They start feeling nervous about everything. I don’t even use and when you tell me I have to go pee in a cup I feel nervous.

**JH:** It’s because it’s requesting a bodily fluid to prove what? It doesn’t prove wellness. I know people who are still using who are getting well. Little by little they’re getting well. I know people who have stopped using.

**AS:** But what’s in their pee is inconsequential.

**JH:** It doesn’t matter what substances people are using. It’s why people use substances in the first place. I believe that it’s trauma related that it’s trying to relieve some kind of pain. For me it was really kind of the abandonment, not being good enough for my husband. Did he really love me? When you start questioning am I enough?

**AS:** Do you believe that his assertion that this goes back to in utero?

**JH:** I’m not convinced of that because I don’t know on a cellular how much recall.

**AS:** That seems a little extreme to me.

**JH:** A little overreaching.

**AS:** But just living in the world regardless of what happened in utero can be traumatizing. Whether you’re twenty-five or five.

**JH:** Exactly.

**AS:** That’s kind of what I was thinking about after that. You did by and large have a very loving childhood?

**JH:** Yeah and then I felt guilty because…

**AS:** Why did this happen to me? Why did I become an addict?

**JH:** How? That only happened to people who had terrible tragedies. I didn’t have a terrible tragedy. What excuse do I have? I went through all kinds of stuff. I went to six different treatments.

**AS:** Were they all in Oregon?

**JH:** Yes. It was always unsuccessful completion. I did have one that was a successful completion and I’d only been there for two weeks and it was a thirty-day program. They came in one day and said, “Julie you’ve been doing so well that we have elevated you.” I went, “Oh my insurance ran out.” Then just tell me that. Don’t come in and say I’ve done really well because you don’t even know me.

**AS:** They would say that because your insurance ran out?

**JH:** Yes, then I’d have to leave. At that time Oregon had a cap on services. Once I reached the cap then they couldn’t get paid for me anymore. Of course I’d made great strides.

**AS:** During those, what’s the time frame between your first treatment and say your last? And did your last one actually stick?

**JH:** No I used after that too.

**AS:** So you were in jail? Go back to that.

**JH:** I was in jail a number of different times. I started off with a…

**AS:** When the raid happened and your kids end up back with their dad, what happens there?

**JH:** After jail I get out, I was there for sixty, seventy days something like that. Got put on probation with a no use contract for sixty months probation.

**AS:** Five years.

**JH:** Yeah. The funny part is in the raid itself there was very little, there was scrapable substances found. Less than a gram. Had they come the day before there was a lot. They got me on an informant, controlled buy...even though there wasn’t anything at the house that day...It was an informant, controlled buy.

**AS:** What does that mean controlled buy?

**JH:** The police give an informant money to go in and purchase.

**AS:**  So it’s b-u-y.

**JH:** Yes. The police will give an informant money to go in and purchase the substance. They even let them do the substance quite often.

**AS:** As an extra treat?

**JH:** As a reward because if there’s nothing in it for you what’s in it for you? I’ll reduce your sentence? That doesn’t matter to most people. If I get to keep the money or do the drug. It’s a really criminal element in criminal justice. It happens in the FBI, all over the place. The first time that I got out of jail. I will never forget this. The other thing I want to work on in the criminal justice system. I get out and they let you out extremely early in the morning so they don’t have to feed you. If they feed you then it’s another day they’ve got to pay for. They let you out really early in the morning. I got a bus token. I was told to go see the PO. The PO’s office doesn’t open until eight or nine. I’m out at five o’clock in the morning. What am I supposed to do? It’s dark. What am I supposed to do?

**AS:** You can’t go back to your house?

**JH:** I don’t have a house. I’ve been in jail. I lost everything. I lost everything ten times over. There’s a saying, “Go to jail, lose your shit.” That’s just what happens unless somebody had been there to take call of all my stuff. It’s gone. The landlord came in and took all the stuff. I lose it all. You have tons of friends when you have it all in place and the minute you’re not there they’re gone. I have no place to live, I have no support system in place, I have no money, I have no job. I’m not even a mom anymore. I have no responsibilities. What do I do? I went to the dope house where I knew I could find some people that would let me in. This perpetuates. Number one, the system itself is flawed in that you shouldn’t let people out at that time in the morning with a bus token. My house got raided March first. When I got out it was hot and I had clothes from winter. It’s Oregon so it’s not that big of a deal.

**AS:** You got out like in June? Sixty days you said?

**JH:** May, June, something like that. A couple of months. It’s warm now. Another time I went to jail when it was warm and I got out when it was cold and I had flip flops and it was forty degrees outside. The system doesn’t set you up for success. It sets you up for failure. There were no social services in place. Nobody came to see me in jail saying, “What can we do when you get out? How can we help you? What can we do to support you? What are your goals? Can we help you get the kids? What do we got to do?” None of that’s in place. I’m trying to figure it out all on my own. All while feeling like a worthless piece of you-know-what because I just screwed everything up. Look what I just did to those kids. Not just in that instance but over years. Look what I just did. It perpetuated everything.

**AS:** They kept cycling back on it. It was a monster that kept eating itself.

**JH:** I’d just get arrested again. One time I’d gotten out really early in the morning and I was supposed to go see my PO at eight or nine or whatever. I didn’t because there’s hours in between. What am I supposed to do? Go sit? A girl by myself in the dark and go sit and wait in front of a building until somebody comes? What? I’m not doing that. I didn’t go see my PO right away like I was supposed to. I was out on what they call the stroll. It was probably noon. A police officer pulled up and went, “Get in the car.” I hadn’t even been out of jail for six hours when I got arrested again for failing to appear with my probation officer.

**AS:** Just that morning?

**JH:** Just that morning.

**AS:** Then how long were you in?

**JH:** Thirty days. I lose track. They had what they called the Graduated Sanction Program where you...the whole system is...meanwhile while you’re there you have nothing.

**AS:** I’m getting too smug. What’s a Graduated…?

**JH:** A Graduated Sanction Program is where a sanction is a [slaps wrist] “Bad girl don’t do that again.” It can start with fifteen days and then it graduates to thirty the second time.

**AS:** Graduated means it gets longer and longer.

**JH:** Meanwhile no treatment.

**AS:** Nobody’s offering you treatment for anything?

**JH:** What they offered was I could get out of my cell if I chose to go to AA. So sign me up. Or Prison Fellowship to get out.

**AS:** That wasn’t treatment. That’s just sitting around.

**JH:** This is part of the problem that still people think that AA is treatment. Still people are being remanded to AA.

**AS:** Today?

**JH:** Yes! I have a guy in my group, he just graduated, who had to have signed cards because it was a requirement of his probation that he go to Alcoholics Anonymous. I argued with his PO saying “That’s not treatment. He’s in treatment. Support can come in many different forms. He’s got support here. He’s in a support group.” You can’t tell me that I should go to synagogue every Saturday. I’m not Jewish. How can you tell me that I have to go to AA? What if I’m not feeling it? There’s still a lot of that. I had that too. In fact, I was told that I had to go to AA or NA meetings. “Okay, alright. I’ll do that.” But I couldn’t have any contact with other felons. How am I going to do both? The NA meeting is filled with people like me. I’m just violating the condition by following the condition. It’s ridiculous.

**AS:** You end up getting a felony?

**JH:** Multiple. I got charged with child endangerment, endangering the welfare of minors times two.

**AS:** Did you get your children back?

**JH:** They were just with their dad so I never had any legal…

**AS:** Did the endangerment happen later?

**JH:** No, in the raid.

**AS:** Those were the felony charges.

**JH:** The possession is a felony, intent to distribute.

**AS:** So just to understand. You got a felony for child endangerment.

**JH:** And the endangering the welfare of a minor.

**AS:** But only served sixty days?

**JH:** Because I got that dropped.

**AS:** The child endangerment?

**JH:** Yes. As part of a plea agreement to “Don’t sell drugs ever again.”

**AS:** You said, “Sure.”

**JH:** Sure, no problem. Child Protective Services never opened a case. Had they opened a case then we’d be in a whole different story. Then I’d have to follow their guidelines. We work with people who work for Child Protective Services. Those things didn’t interfere with my ability to get the kids back. That was only between me and my husband, ex-husband which when the girls were teenagers he called saying, “Please take them back. Please!” What happened, I had an accidental overdose. I’ve had two. I had an accidental overdose. I was shooting some heroin, we were with a gang of thieves going from town to town boosting from stores and buying heroin. Just this terrible life. I’m caught up in this system and there doesn’t seem to be any way out. Apparently, obviously I went out, but apparently I did too much heroin and we were in an apartment building and the next thing I know I’m in a stairwell being revived with Narcan. This is in 1990, ‘91. Something like that. In 1996, December 28, 1996 it happened again but I’ll tell that story in a minute.

**AS:** Who revived you?

**JH:** Paramedics. Somebody called paramedics. They pulled me out of the apartment room that we were in and put me in a stairwell so that they couldn’t be identified. This isn’t uncommon.

**AS:** Who put you there?

**JH:** The other people I’m with.

**AS:** Just put you in the hallway and called the cops?

**JH:** Thank God they did that. They call it a dump and I have been part of where we just dump somebody off in front of the Emergency Room because the fear is we’ve all got warrants or we’re doing criminal activity, we’re all going to jail. We can’t get caught up in this whole thing. I was revived by Narcan and yay. I didn’t stop my drug use. What happened December 27, 1996, a similar thing. Still running around with people. Still not being a mom, still not working. I had another overdose. I was with a bunch of people. We were in this motel and I remember going, “No, no, no, no.” I knew what it felt like. That split second, you can’t take it back. I thought I was dead or whatever. I woke up on my own about twelve hours later. I was still purple all around on my face. I remember I was on the floor and my ID was next to me on the floor, on the carpet. There was a Mexican motel maid kind of kicking at me saying, “You have to pay for another day.” I woke up going, “What happened?” My ID was left. They thought I was dead. They didn’t call. They left my ID so I would be identified. Who does that? I had been part of that whole thing for a long time and that day I went, “I can’t.” They left me for dead with my ID.

**AS:** And you survived.

**JH:** I remember when I woke up. Some people call it divine intervention. I didn’t see any bright lights. I didn’t hear God talk to me. I didn’t have anything like that. I woke up to a motel maid kicking me telling me I had to pay for another day. That experience transformed me. I got up and gathered myself and I called the only person that I knew I could call. That was my ex-husband. I said, “Take me to detox.” In Oregon you can go to detox for any substance. Minnesota what the hell is wrong with us, you can’t. You can’t go to detox. You have to go to a hospital base but detox itself is alcohol only. Unless you go to Hastings. You can go there but the detox here in town.

**AS:** It’s just for alcohol?

**JH:** Yes. That’s a problem too. I shared that with the Lieutenant Governor. Detox should be the funneling to an in-patient treatment bed. Save them now. Reach out now. Window of opportunity is this big. If you miss that, we’re gone.

**AS:** It might just be an hour. It might be less than an hour that they’re willing.

**JH:** I was fortunate because Oregon, they’re a little more progressive I think in a lot of ways. I went to detox. Normally you can only stay ten days. We were on a first name basis. I pushed the button, “Hi it’s Julie.” They go, “Hey honey. Welcome home.” I stayed for like three weeks because I kept saying, “I can’t go out there out there. This is what I need. I need to earn an honest day’s work. I need to be in a safe surrounding with other people who are supportive.” So they turned me on to a relatively new concept for Oregon then. It was called Oxford House. Oxford House is a national organization. I have to credit the Oxford House group, organization for providing me with exactly what it was that I said I needed. I went and interviewed at interviewed at an Oxford House. It was about thirty miles away from where I was living in Salem, Oregon. Moved in and I had two thousand hours of community service to do.

I was lucky to do that. I’m an articulate, well-educated woman. I talked my way into that. Otherwise I was going to jail. I wasn’t going to shovel shit at the zoo or pick up trash on the freeway. I came off and was very manipulative and said, “I want to give back to the community from which I took so much.” It was all bullshit at the time, truly, but I don’t know what inspired me to do that but I wrote a proposal and the judge agreed. I got these two thousand hours. Oxford House is a non-profit. Cool I live here. There’s other Oxford Houses. I’ll go volunteer to do this, that, or the other. What I ended up doing was I was part of the first Women’s Oxford House Conference in Raleigh, North Carolina. Then I became part of the very first World Council for Oxford House. I started opening Oxford Houses. I’ve opened thirteen altogether. I even opened one here in St. Paul. It fell apart. I was part of the state organization. I was the national chairperson and the state chairperson all for Oxford House. That’s how I stayed, I started doing service work as they say. Some people say, “It’s picking up trash and it’s making coffee at the AA meeting.” There’s some truth to that because being of service to others takes you out of your own ego and your own misery. You start seeing things a little differently. That’s what Oxford House did for me. I was involved with Oxford House; I still am peripherally.

**AS:** Did they use AA as a model? It’s different isn’t it?

**JH:** They use abstinence and they suggest support group meetings. It is based on the Oxford Group which was…

**AS:** Pre-AA.

**JH:** Yes. They are abstinence only. If people use in the house they do have to leave. It’s self-run and self-supporting. For somebody like me who doesn’t like to have somebody tell them what to do it was perfect. At that first house that I lived in the house voted and said, “Julie we want you to be treasurer.” I’m like, “Do you know who I am?” I never took a penny. I had a group of people trust me with something. I never took a penny from them. Not everybody does that. For me it was that somebody gave me an opportunity. From then on I became president of the house and then I got to do other things. It just gave me something to do and an opportunity to start organizing things and getting involved in things. It grew from this one small house to a national consideration. That was phenomenal for me. After a few years of starting different Oxford Houses, women’s. I started a couple men’s too.

**AS:** Did you start them around the country?

**JH:** Nope. Just in Oregon. I did one in Green Bay, Wisconsin and I did one here. Eleven in Oregon. There was a fund, Ecumenical Ministries administered the fund. It was a revolving loan fund. We could borrow five thousand dollars to open up the house and then we would pay it back. That would keep the fund going. That was phenomenal. Oregon had that insight, foresight. They have today next to Washington state I think they have the third most Oxford Houses in the nation. There are about one thousand four hundred.

**AS:** Is the equivalent kind of a sober house except that the people who are living in it are self-supporting? That’s the big difference?

**JH:** It’s self-run, self-governed under the umbrella of a 501(c)(3). They elect officers. It’s the inmates running the asylum. So many people said that would never work. The beauty of it is that it’s exactly working.

**AS:** You also had life experience at a commune.

**JH:** I knew how to get along with people.

**AS:** You knew that this could work.

**JH:** I knew from the minute I walk in the door that this was a really cool deal. The self-run nature of it and the democratically, you voted on things. A majority had to agree. In fact, to vote a new member in it had to be eighty percent, not just a majority. It had to be eighty percent. We got into the whole democratic process. It just turned me on. I got very excited about it. After a few years my probation officer, Peggy Banister, was like “Julie you’ve completed your two thousand. You’re done.” I still didn’t stop. What started as a real manipulative move on my part turned into be the one thing that changed my life. Who knew?

**AS:** We know what we need. Even though it might look manipulative or seem manipulative some part of you knew that you picking up trash was not going to go anywhere. You needed something bigger.

**JH:** Something that meant something.

**AS:** I’m not sure I’d characterize it as manipulative. It may seem that way to you now.

**JH:** I look back and I wasn’t being altruistic and going “I just really want to help people.” I want to get these hours off my plate so I can get on with this thing. That created this life and now it’s been over twenty years where I haven’t had to resort to that kind of behavior. Along the way I found healing. I did some independent counseling. I had to fire a few people along the way. I found a woman, her name was Janet, who got me, who understood me, who didn’t ask me dumb questions. She was phenomenal at helping me heal some of those tragic things that had happened, the betrayal, the feelings of insecurity and I’m not good enough and I’ll never be enough and I’m too fat and I’m too ugly and I’m stupid. All that negative self-talk that we have that perpetuated this drug use. I started my eighth or so Oxford House my ex-husband called and the girls were starting to have their periods. He’s like, “Please.”

**AS:** Were you living in an Oxford House this whole time?

**JH:** Yes. You’ve got to live in them to teach how it works. If you come in from the outside…

**AS:** When you say you started them you actually would go live in it?

**JH:** Yeah I’d go find them. I was part of the housing coordination. I would go to Ecumenical Ministries and I’d apply for the loan and then I’d go find the house. I’d talk the landlords into it. I went to community forums and neighborhood association meetings.

**AS:** To convince people that it was okay to have you live there.

**JH:** Partly because we were women it was easier than doing it with men. It was much harder with men. When my ex called and said, “I can’t take this anymore. You’ve been sober for a while.”

[Break in Recording]

**AS:** Your daughters hit puberty.

**JH:** Dad calls and says, “I can’t do this anymore.” There were no Oxford Houses for women with children. How am going to do this? I’ve been used to this communal living for so long.

**AS:** Were you seeing your girls during this time?

**JH:** Yeah.

**AS:** You were back in their lives.

**JH:** I couldn’t be when I was out...I was hiding in the bushes at their school. I did some goofy stuff. I was a working girl and one of the strolls was in front of one of their grade schools. Ew, ew. When all of that was no longer part of my life there was no barrier. I was in their lives again. They didn’t live with me. My fear was how am I going to do this?

**AS:** How could you personally deal with this after?

**JH:** I’d been living communally. How am I going to take care of these kids by myself on my own in an apartment? That was scary to me. They’re teenagers now. I’ve got to buy tampons now and you’ve got hormones.

**AS:** And you’re the only adult.

**JH:** Yes. I opened the first women and children’s Oxford House. It made perfect sense. It was a transitional thing for me. It was the first women and children’s house in the state of Oregon. I think they have six now. It’s still a tough thing to do because there’s so much trauma and so much work to be done on families that are broken. When you put them all together it gets a little…

**AS:** It's like a women’s shelter.

**JH:** Yes, but it’s self-run and self-governed. But the thing about that and the thing about Oxford House is they have chapters. There were five different chapters in Oregon. There were only three when I first started. We developed chapters four and five. With the chapters its five or six houses together and their presidents meet monthly. There’s a greater organization to come in and support. We had the support of the chapter to come in and help us. It wasn’t just in my lap. I don’t know how to figure that stuff out. We did have the support of the chapter. My girls and I, I wished I would have thought of it, there was an article in the paper written about it.

**AS:** Do you still have it?

**JH:** Yes.

**AS:** I can still get a copy from you.

**JH:** Here’s what they did. They’re interviewing me kind of similar to this and only one sentence out of the two hours I spoke with them did I mention that I had prostituted. The headline is: “Julie Hooker Prostitute and Former Boozer blah blah blah.” I was on the front page in the newspaper.

**AS:** You’re kidding me.

**JH:** No.

**AS:** This is in the 90s?

**JH:** Yes, and I’m humiliated.

**AS:** Of course you would be. That’s a horrible thing to do.

**JH:** It was sensationalized because it’s supposed to sell.

**AS:** It was supposed to be celebrating the opening of the women and children’s...I do have to have a copy of that. That’s horrifying.

**JH:** It talks about how the system is failing and there isn’t enough support and everything. I’m like “Why would you do to me what you just did?” Number one I’d never been interviewed before. I didn’t know to watch what I said. I just was really naive. I’ve learned a lot since then. It could have devastating me and sent me the other direction because it was very traumatizing.

**AS:** And what about what it would do for your girls and their friends?

**JH:** What it did do to my girls. What it did to my brother. My brother read it in the paper and called my parents. “Guess what she’s doing now.” It was a nightmare. It’s the whole stigmatizing thing. Fortunately for me I was well enough at the time to say, “Okay bring it on. I’m not ashamed of where I come from, what has happened has made me the woman I am today and I’m not ashamed of that. You want to play that game wow. You stoop to that okay whatever.” After opening the women and children’s house it was great for my kids too because they had to learn how to cooperate with others. They had chores. We had a board with a chore coordinator. You’ve got to do this. They’re like, “It’s not fair.” I’m like, “Well welcome to cooperation.”

**AS:** You didn’t’ have to be the only bad guy.

**JH:** It was that it takes a village kind of thing where we all loved and nurtured one another in that setting. It was beautiful in that sense but not without drama. It was beautiful in that sense. I guess we did that for about a year. Then I wanted to come back here to Minnesota because my parents were aging and they had, in my opinion, suffered enough with sleepless nights wondering if I was...Because I had gotten well and had been doing so well I thought, “I’m going to come back here and I’m going to reinvent myself here in Minnesota. I was off supervision. I didn’t have any ties left back there to repay. I’d done everything that I needed to there.

The kids and I moved here in 2000. We left that behind and started fresh here. Still I didn’t want to work with people like me. I started an Oxford House and that’s how the kids and I when we first moved here, I stayed at my parents in Rochester for a little while. While I came up here because I had heard there was an Oxford House in St. Paul. I was still involved nationally. Paul Molloy who’s the founder, he says “You should talk to Oxford House such and such. Here’s the address.” I’m like, “Okay.” I went and talked to them. They’re kind of like, “Huh?” It just didn’t have the same effect here because there were so many sober houses in St. Paul that were run differently because the inmates couldn’t run the asylum. That democratic process was not going to work in a house with people like us. Trying to break that, we’re talking the Hazelden huge billboard. To come in and try to fly in the face of that model was not successful.

Although I did open a house, a women’s house. Then almost as soon as I moved out it shut down. I just kind of said, “I’ll go in a different direction then. Minnesota may not be the place to grow this model.” Although it works really well in North Carolina, huge. Louisiana, my friend Mari Walker is going crazy in Louisiana. Oregon and Washington, Texas. Those five states. Just among those five states I think there’s a thousand maybe, Oxford Houses. It’s phenomenal.

**AS:** Do you think it was a political thing here, the reason it didn’t work? Do you think it’s because of the influence of sober house industry?

**JH:** And Hazelden. The Minnesota Model…

**AS:** Their model is one that says you need to be monitored all the time and you’re not to be trusted.

**JH:** You can’t be trusted. It is kind of the Minnesota Model of treatment. I did my master’s thesis on it. Ninety-five percent of treatment centers in the United States as of five years ago were abstinence only.

**AS:** You did your master’s thesis on the Minnesota Model?

**JH:** Not on the Minnesota Model but on abstinence versus harm reduction model. I know that harm reduction is not the antithesis of abstinence. It’s a bridge. Most people don’t see it that way. “They’re just going to keep doing it if you provide them with clean syringes.” The same thing happened with handing out condoms. “They’re just going to have more sex if you give them condoms.” No they’re going to have safe sex if you give them condoms. I think that’s why it was really difficult. I used to have this spiel down because I said it all the time. It was in the Ronald Reagan administration who made it law that this revolving loan fund shall be available in every state to provide the model for Oxford Housing. It was in 1990, ‘88 or ‘90.

Oxford House started in 1978 by Paul Molloy in Silver Spring, Maryland which is a suburb of Washington D.C. Paul was a chronic alcoholic, politician, worked in the House or Senate or whatever drunk. He beat his wife. He wasn’t a really nice guy. They were living in a halfway house and the halfway house lost its funding. They were all going to get kicked out of this house. Paul in his infinite wisdom. He calls it he stumbled into it because he was drunk. He stumbled into this idea of a democratically run, we can do it ourselves, let’s not close this place, let’s do it ourselves. That’s how Oxford House started was this guy’s vision. A bunch of drunks could get together and vote on whether they were going to purchase an electric can opener or get the hand crank one. They had to vote on it. That’s a true story. He said they had a debate for forty-five minutes over whether they were going to purchase one or a hand one. That’s the democratic process.

I think that model was supposed to have been open to all states. Ronald Reagan made it law. When I came here I quoted it. I used to have the spiel down perfect and I don’t remember it now. I came here and I spoke to somebody in the Department of Human Services about it. His response was, “I think we may have had something like that but I don’t think it’s in operation anymore.” I went “That doesn’t even make any sense.” So because I couldn’t access any money through any kind of revolving loan fund that’s when I went to Oxford House and said, “What do you guys got in the bank? Will you help us open this house?” I talked to the landlord and brokered a deal.

**AS:** Were these rental houses?

**JH:** They’re all rental houses. Oxford House cannot own. It’s a transient population.

**AS:** The loan is for an initial down payment of rent?

**JH:** First and last month’s rent.

**AS:** But people pay rent to live there?

**JH:** They have to. You have to pay to live there.

**AS:** The benefit is you’re living with other sober people and making your own rules.

**JH:** You’re being supported.

**AS:** It’s the same community support that seems to work.

**JH:** Yes, and it’s lacking. We have a little bit of it with this GRH but with GRH housing it is run by somebody. If that person is kind and gentle and considerate then that transition can be wonderful. If that person is not, I can think of a place now that’s transitional GRH housing for men where the guy who runs it is just a jerk. He’s mean to people, threatening people. “If you don’t tell me who did this I’m going to kick you all out.” That kind of...You lose power; you don’t have power in that GRH housing because it’s not democratically run. It was autocratically run. Minnesota believes that that system has been working for them and that’s what they want to continue. I disagree and I really support the Oxford House model. But guess what? There’s no money in it for anybody. There’s no money in it. There’s nobody running it. They run themselves. It’s hard to fight against that system here. I just recognized that pretty early on. I’m not fighting this battle right now. I started to work in the corporate world. I was working for an inventory service company that did inventory and probably traded companies. I’m good at it but I hate it. I absolutely hate it. What happened was almost everybody that I work with would come to me at one point or another and say, “This is what’s happening and I don’t know what’s going on.”

**AS:** In their own life?

**JH:** In their own lives. Then I was like, “What are you doing?”

**AS:** People should pay me for this.

**JH:** Yeah. I decided to go back to school to become a licensed alcohol and drug counselor which was a great idea at the time. I’m still pleased that I did it but it led me to become face to face with a system that I can’t work in, this punitive abstinence only system where I was in trouble almost every place I worked. I would get called into the office saying, “Julie you can’t do that. Julie don’t tell people that story.” You know what I mean? “Julie don’t. Julie stop. Write Julie up. Julie’s a malcontent.” I was like, “Oh my gosh. Is it me?” You’re questioning yourself. Meanwhile I’ve still got Gabor Mate over here. I’d been reading *In The Realm of Hungry Ghosts* and I’m like, “I know that person he’s writing about. I love the way he’s responding to that person.” Relationships are everything. This whole notion of abstinence only and the punitive nature does nothing to repair the disease, it perpetuates the disease.

I left, not really left the field, but started working in mental health. In the mental health field there’s more harm reduction and a little more compassion. I don’t know how else to put it. I went to work for South Metro Human Services, they call themselves something else now. I worked on an ACT team which is a sort of community treatment where we go to people out in the field. We meet with them. They don’t come to our office. I was their first LADC that they had hired. I got to try and do some of this, they call it integrated dual diagnostic treatment IDDT, it was truly integrating the two. It was there that I saw my approach, the way I’ve always been my entire life was not only accepted but encouraged. I went, “Well how do we do this in the field of substance use treatment?” My business partner and I over many cups of coffee and lots of lofty dreams narrowed it down to let’s do this. He’s working for Health Care for the Homeless. He’s working with this very damaged population with great need and lengthy substance use, chronic.

**AS:** Like the Portland Hotel Society.

**JH:** Exactly like that.

**AS:** His name’s Eric?

**JH:** Eric Bacon. Just the two of us starting having these conversations. He’s an AA guy. He’s an abstinence only but he’s in that little bridge where he says, “Okay maybe.” He’s supportive of the Minnesota Model and whatnot. I am too but I’m also flexible in there are multiple paths. There’s not one size fits all.

**AS:** There are people who know that they can’t touch anything because touching the one thing, the one beer, leads them back to meth. Then there’s people who’re like “I can drink a beer every once and awhile. It’s not going to be a big deal.”

**JH:** I am one of those people. I was told, “Julie don’t tell people that.”

**AS:** When you would say that at work?

**JH:** Yes. “I had some champagne on Christmas Eve.” “Julie don’t tell people that. You cannot say that. Are you sure you’re okay?” I’m like what in the world? As I had said earlier, it wasn’t ever really problematic for me. The problem arose with other substances and the trauma and the betrayal and all those kinds of things that happened to me. I don’t drink. I don’t call myself a drinker. I can drink and not have to have ten. I can have a glass of champagne. I don’t run and go look for some heroin. Early on I was in AA and NA. I had a sponsor. I was doing the deal because that’s all I knew and that’s all I was told. I scratched the cornea of my left eye. I don’t know if you’ve ever done that but it’s so painful. It’s very, very painful. I went to the doctor and said, “I can’t have any pain medication because I’m an addict.” I had a couple of years at this time of sobriety. I’d been taught “Don’t do that. You were a heroin addict. If you take that opiate medication you’re going to run right off.” The doctors gave me a shot of Tordol which is just liquid ibuprofen. I’m thinking it’s a shot so it must be good. It didn’t do anything for the pain. It was horrifying. I actually considered going to get some heroin because I knew that would relieve the pain. What is happening here? This is not cool. My sponsor said, “Don’t do it.” If you do it, you’re going to have to change your clean date. I said, “I don’t give a shit.”

I called the doctor and said, “This isn’t working. Please give me something to relieve this pain because I can’t take it anymore. I don’t want a bunch.” He gave me ten Vicodin. I didn’t take all ten at once. I didn’t crush them up and snort them or shoot them. I didn’t do any of that. I took them as prescribed, they relieved the pain. I had two left over a couple of days later. I didn’t even take them all. It didn’t reignite the dragon as I was told. My sponsor fired me because I refused. She said, “You have to go to home group and tell everybody you’ve relapsed.” I said, “I did not relapse.”

**AS:** But it’s really common. It’s still the same today.

**JH:** This was years ago. Even then I went, “This is not right.” It didn’t happen. What you said was going to happen didn’t happen. I like to question things. I’m a person of faith but I’m also a person of science. If you can defend a position I’ll listen to you but if you’ve just got some knack and you can’t defend it, shut up. That’s what she had. That’s what she’d been told. When I questioned it she fired me because I refused to go and humble myself before the group and say, “I relapsed. I’m sorry.”

**AS:** Did you go back to that group?

**JH:** No. I never went back to any. No. I sought support elsewhere. I understand support. I’m a communal liver. I’ll probably be her when I’m eighty. I’ll find a bunch of other eighty-year-old women; we can all live together. I can find support but that wasn’t support to me. That was adhering to a strict set of rules as it was in almost any treatment center I’ve ever worked in. Adhering to these strict set of rules. That just doesn’t work for me. It doesn’t. When Eric and I opened this place we talked at length about what the curriculum would be, how we were going to do it, and what role we could play in bridging the gap between coming to us for an assessment and finding an inpatient treatment bed. What we have found is that many people didn’t actually need that inpatient treatment bed. What they needed was the support that we have to offer, referrals for housing resources, but immediate engagement in some kind of program.

**AS:** The minute that they walk in.

**JH:** And I’ve seen so much success with that. This business is only two years old. Last year we had forty-three percent growth. It’ll be even more than that this year.

**AS:** How many people can you serve?

**JH:** Sixteen at one time but if we have more than sixteen then we’ll split and we’ll just have two different groups. We can do thirty-two.

**AS:** Have you stuck at sixteen right now?

**JH:** Yeah because we’re not ready to jump off yet because this house. We’re going to start our own housing which will not be strictly GRH. We will accept some GRH beds but we’re going to have beds available for people who have self-security disability. There are seven hundred and thirty-three a month. We’re not going to take six hundred of that. We’re going to take three hundred. We’ll take a percentage. You can have a safe supportive place to live. Minimal outside involvement. We’re going to go on a case by case basis. I don’t believe in kicking people out for continuing to use. I just don’t.

**AS:** How will you screen?

**JH:** Case by case.

**AS:** What are your thoughts about screening? How’s it going to be like an Oxford House versus a sober house?

**JH:** There still has to be, if we’re going to accept GRH funding then there has to be somebody that runs the house.

**AS:** GRH is?

**JH:** Group Residential Housing. It’s funded through the county, through the chemical dependency treatment fund.

**AS:** You will need someone on sight?

**JH:** For this first house. I have bigger plans. I want to head in the direction that the overriding theme of this whole conversation today has been about the supportive nature of communal living. As tough as that can be. It sounds to people, you just shake your head and go, “There’s no way it will work.” I beg to differ. I have seen it work. It’s still working. I can’t even tell you how many there are now.

**AS:** Isn’t it fascinating how that if the idea is not present within your little realm and you haven’t actually seen it work how long you can convince yourself that therefore it must not be able to work? “We already have that here.” Or “That will never work. We tried an Oxford House in St. Paul.”

**JH:** I’ve heard those stories too.

**AS:** Things are changing in the treatment world really fast. One thing I’ve heard and I’d like to know what you think about this that insurance companies are starting to look a little bit askance at how many times people are going into treatment, how much it costs and how high their rate of relapse is. They’re not happy. They’re losing a lot of money. They might start looking more favorably on programs like what you’re offering.

**JH:** Do you think? That’s kind of the goal although we didn’t come to that conclusion as a business model. It has revealed itself to us.

**AS:** It reminds me of what’s happened with midwife assistant births. I was one of the first wave, after the 60s, in the 90s to use a midwife. I didn’t have a doula that came a little later.

**JH:** I don’t even know the difference.

**AS:** A doula is someone who is just a labor support person. To have a midwife assisted birth or to have a birthing center costs four thousand dollars or three thousand dollars but to go have that same baby in the hospital a natural birth costs fifteen. The insurance companies were like, “Let’s do it.” It’s kind of reminding me of that system.

**JH:** Very similar. I think what will happen ultimately is it’s not like this was a novel idea that I just came up with and I’m that brilliant. This is just the experiences that I’ve had in my life have led me to see that this is a viable option. We have to operate within that little window of opportunity. The minute somebody calls. Right now if somebody were to call me and say, “Can I get a chemical health assessment?” I’ll say, “Can you be here? I’ll do it today. If I can, I’ll do it today. Or first thing tomorrow I’ll make room for you.” Because I know that there’s that much. For people that say, “I’ve got to have in-patient treatment.” I say, “The beds are three to four weeks out. I get that. Can we get you started here? So you can have access to services.” Sometimes those people end up not going to in-patient treatment because they’re receiving what they need immediately. It’s intensive. It’s four days a week. We have, this is the mental health room, we have two LICSWs. We do the mental health diagnostic assessments. They will do individual therapy with people and then they do group therapy every Tuesday. Then we have the specialist with the LIDCs on board and integrating the two. Our non-profit which is right down the hall. The guy that was just leaving today. He got out of group at noon and was down there for two hours. He got help doing whatever he was doing down there. Getting some stuff done. In house.

**AS:** I don’t want to take the rest of your time. I wanted to ask what is your assessment of what’s happening with the opioid epidemic. Is it going to get worse before it gets better? Can you talk about what your take is on that and what we’re doing and not doing?

**JH:** I have six years working in methadone. I’m very, very familiar with the rules and regulations surrounding methadone. I worked in methadone because I understand that population. Although I was never on methadone myself. I understand the population and I can support that modality. Not permanently but as a tool. I worked in methadone in six years. While I was working in methadone my boss one day said, “Hey can you go to this meeting? I can’t go and this might be something that you’d like to do.” The meeting was the Opioid Coalition. It was at Fairview Hospital. It was run by a woman named Mary Kay Bergstrum. This is probably five, six years ago. I said, “Okay. I’ll just be a representative for the company I was working for.” I went to that meeting and went, “These are my peeps. Yes. I like this.” Pharmacists, doctors, service providers, other methadone providers all focused on the opioid epidemic.

I had been a volunteer with Minnesota AIDS project handing out syringes. I worked out of the ambulance and drove around and we passed out kits so people could have safe injecting materials. I would walk around the park and handout condoms and syringes to people. I’d already been doing some harm reduction things. Meeting a group of people who had similar ideas was like, “Yay. We can get some stuff done here.” Through that organization and through where I was working I met Lexi Reed Holtum. This is probably six years ago; it was shortly after Steve died. She was a warrior by herself. We were at a sheriff’s conference or something and she just had a little table and she was on fire. I was like, “I know her. I’ve been her.” I just bonded with her right away. She started attending the Opioid Coalition meetings. I put her in touch with my dear friend Sarah Gordon who works with…

**AS:** I know all these people.

**JH:** Sarah and I are dear friends. Sarah and I met years ago because I was working in methadone and I wanted to do syringe exchange through methadone which thank God I’m doing now. There was some political reasons because I was a malcontent. Hepatitis C and HIV instant testing at these sites where we have people, this population is highly prone to these diseases. Sarah Gordon and I have been friends through that process. Sarah was coming to the Opioid Coalition, no she wasn’t but Lexi had said, “We’ve got to try to introduce a bill and get this Steve’s Law.” It wasn’t called Steve’s Law at the time. The Good Samaritan 911. “You know how to craft legislation?” I said, “I don’t know how.” But Sarah said, “I do.” I said, “Well Sarah you and Lexi got to meet.” Me and Sarah and Lexi all got together and then this spark turned into a flame turned into meeting Senator Chris Eaton and hearing her story and meeting Star Selleck.

**AS:** You know her too?

**JH:** I know these people.

**AS:** We know all these same people. I can’t believe that you sat down right next to me.

JH: There are other places I could have sat. It’s very serendipitous. I know all these people.

**AS:** I’ve interviewed, I’m going to or I have. Do you know Sue Purchase?

**JH:** Who doesn’t know Sue?

**AS:** I didn’t know Sue. I talked to her for an hour today.

**JH:** She’s in Colorado.

**AS:** I’m going to go there and interview her.

**JH:** She’s phenomenal because she has twenty years of this thing behind her. She started syringe exchange in Minneapolis.

**AS:** Women with a Point.

**JH:** Sue is phenomenal. Mention my name.

**AS:** I will.

**JH:** We’re dear friends. She would carry syringes out of the back of her Subaru and I’d meet her at the park and we’d pass out syringes in Loring Park. All of these very powerful women all ended up kind of at the same place at the same time. Steve’s Law was created in those conversations. I became part of the Steve Rummler Hope Foundation. I went to Congress to testify. I sat in the bleachers waiting to be called on because I have a historical, I was saved by Narcan. I was happy to share that.

**AS:** I was at some of those.

**JH:** It was pretty phenomenal.

**AS:** It was really powerful.

**JH:** Mishan Jenkins, I’ve sure you’ve met Mishan.

**AS:** She’s who I walked around with to talk to the Senators.

**JH:** We were called the Narcan Girls walking around the halls of the Senate Office Building. Going Senator to Senator saying, “Will you support this bill?” It didn’t pass the first year. We had to make some adjustments.

**AS:** It must have been the second year that I was involved.

**JH:** It didn’t pass the first year because Sheriff Richard Staneck, although he’s a supporter, was not supportive of the letting the drug addict go free. Have you ever met him? He’s fricken huge. He’s like six foot seven. I was in an elevator with him and I’m like trauma. “Oh my God I’m going to jail.”

**AS:** You were having your PTSD?

**JH:** A little bit. I have some stories there. He’s a friend to the cause but he challenged quite a few of the points. The first year it did not pass. Then we got the bipartisan support with Dan Schoen. The powerful stories of the women, it broke my heart to hear these testimonies before Congress. You’re a parent.

**AS:** You can’t deny a mother’s grief when it comes to this. It stops you a little bit in your tracks.

JH: Hearing the stories. Star Selleck, we call each other twinsies because oftentimes in pictures we look like each other. Somebody will respond to a picture she’s posted going, “Julie you look great.” Star will go, “That’s me.” The same thing happens with me. We’re doppelgangers, not in person. She’s a lot larger on the bottom than I am but our pictures. It’s funny. When Star and I first met, we met at public television did a thing on the opioid crisis.

**AS:** I’ve seen that.

**JH:** We were in the audience for that one. We sat next to each other and just bonded immediately. She’s a nurse and she told me the story of as a nurse she knew what her son needed when he died on her kitchen floor. The powerlessness she felt as a nurse she knew exactly what he needed and didn’t have it. Powerful stories like that helped create the Steve’s Law as we know it today. I have two Narcan kits here. I do the trainings. Back when Dr. Satterlee was the open prescriber. It’s somebody new now. It was Dr. Satterlee initially. That was the other thing, when Lexi was looking for somebody to have an open prescription I got Dr. Solum who was a prescribing physician at Valhalla Place Methadone Clinic, said he would sign on.

**AS:** What clinic did you work at?

**JH:** I worked at STS to begin with and then I worked at Valhalla Place. I got fired from Valhalla Place. It’s the only job I’ve ever been fired from in my entire life. That’s okay. It messed me up quite a bit but I still stand behind, I have a point here and I’m not going to remain silent.

**AS:** Was it about all the drug testing?

**JH:** Yep. I’ll just briefly tell you a quick story. I had a client, I’d been in methadone for a long time and I’d had clients follow me from STS to Valhalla Place. I’d been working with them for years. This is profound because it doesn’t happen in this field. I had this phenomenal relationship and I understand this client very, very well. This client is traumatized and has significant trauma behind bodily fluids and things that have happened in bathrooms. I know this. Every time a UA would come up she would just go into crisis mode. The law states, the FR42 says you have to have at least eight a year. The methadone clinic, the state says once a month. The Feds trump, pardon the expression, that law. She only has to have eight a year. I would let her go and not have to UA because it would re-traumatize her every single time. The thought was…

**AS:** How long had she been on methadone?

**JH:** Years. She was being re-traumatized over and over. I think partly why she clung to me was not because I was saying, “You don’t have to UA today.” But because I was saying, “I’m not going to traumatize you again.” She would come in and say, “I’m using but I’m not going to UA. I can’t do that.”

**AS:** She was willing to admit to using to go ahead and get in trouble but didn’t want to do the UA.

**JH:** Because of the punitive nature. There was another kid…

**AS:** She’s not being dishonest.

**JH:** No. There was another kid who had something similar, a young guy, who had some horrible events happen to him. Having to provide a urine drug screen that was witnessed, that was his thing. He couldn’t have anybody come in that room with him if he had to pee in a cup because of things that had happened to him. He would literally roll up in a ball and cry. The belief was that he was hiding something and he wanted to go in there by himself so that he could bring in adulteration urine. What little you know of me today, I couldn’t sit by. I didn’t get into this field to do that. I’m not going to do that.

**AS:** Especially given what we know about trauma, sexual abuse, post-traumatic stress disorders. Why can’t we integrate that?

**JH:** That’s a whole other story. I understand that when people are using other substances adding methadone on top can be dangerous and deadly. I get that. I truly do. There has to be another way.

**AS:** There has to be some exceptions to the rule.

**JH:** I made those exceptions.

**AS:** And then you got fired?

**JH:** Yeah. Not just for that but that was over a long period of time. Write ups for those kinds of things. I wear it like a badge of honor today. At the time it was…

**AS:** I’m sure it just killed you at the time.

**JH:** Yeah. It devastated me. I am the one true thing that’s working here with this movement and I’m being deemed a malcontent. What the hell is happening here?

**AS:** Often people that are forward thinking, we get in trouble. We push the boundary.

**JH:** It’s been most of my life. As funky as that was when it happened it laid the groundwork for this to become the reality because in essence I can’t be the square peg in the round hole. I’ve got to make my own way and follow it through because there’s a part of me that says this is real and true and this is good, let’s move towards this. This is the beginning of that bridge, bridging the gap in treatment, having treatment available today right now. Outpatient chairs are available all the time. They’re always available. The worry is they’re fine when they’re here for three hours and then they have to leave. What are we doing?

**AS:** How do you keep them?

**JH:** We have a case management services organization who says, “Come in. What do we need?”

**AS:** After group, how can I help you?

**JH:** He was here for two hours after group getting help. That to me is the essence of why we do what we do because we bridge that gap. Although I can go into the Lieutenant Governor’s Office and say, “These are barriers.” Change doesn’t happen overnight. I know that and we’re talking and it could be a decade before things really change. What are we doing in the meantime? I don’t know that it will work or not but can we try this? Can we try that? We know what doesn’t work and we keep doing it. That drives me crazy. To go back to your question about the opioid coalition and the opioid crisis. That’s been an ongoing thing. I’ve watched it happen. I’ve over the years lost, personally I’ve lost nine friends during my addiction which was devastating. I go to the vigil every year and I call out their names as a way of honoring. Then I hold hands with Chris Eaton and Mishan and we just love one another. My goal here is we have, I have people coming in all the time. I just had a kid last week, twenty-four-year-old, Caucasian, middle class, white kid. Started on some pain pills. Couldn’t get anymore, got cut off abruptly and found heroin. That’s kind of what killed Steve Rummler too.

**AS:** It’s what kills a lot of them.

**JH:** It does. It kills a lot. He came in last week and I said, “Here’s what I can do.” I gave him some options. These are my people; I know what options you have. “What do you want to do?” He said, “I want to get stabilized on methadone so at least I’m not sick. Then I want to do treatment.” I said, “Okay. Then what?” He’s living with mom, he’s not working, he has a girlfriend who’s living with her mom. They have a son who’s been taken by the state. This is not uncommon.

**AS:** My expression is because I’ve heard all this before.

**JH:** My challenge to him was maybe some longer term support. I said, “You can recycle through these.” “I need in-patient treatment.” “Why? What does that mean to you? What’s going to happen at in-patient treatment? You get out of mom’s house and eat different food for a month?”

**AS:** And not have to think about…

**JH:** And not have to do anything. Not take action, not think about it.

**AS:** Which actually could slow down your progress when you get out.

**JH:** My challenge to him was, and he’s doing it right now, he’s at a methadone program. I know if he’s not stabile then he’s not going to be able to participate here. He’ll be off and running. I stay in touch. I’ve called him twice already to stay in touch with him. Once he feels stable, meaning he can make it twenty-four hours without being sick or close to it, to come here. Then from here we’re going to help him find a place to live, find some employment, help him find some purpose and meaning to his life to empower him to get up off mom’s couch. She’s doing his laundry for him, cooking his meals for him. Yelling at him because he keeps using. I can’t fix her. I got him sitting here. I’m going to help empower him to do exactly what I did.

**AS:** And what a twenty-four-year-old man should be doing.

**JH:** Yep. What’s happening?

**AS:** Parents are part of the problem right now.

**JH:** Right now for him in that case.

**AS:** In this era, in this generation of parents we are definitely part of the problem.

**JH:** The enabling.

**AS:** When I was nineteen I couldn’t imagine having to live at my parents’ house for more than a month.

**JH:** I couldn’t wait to get out.

**AS:** I loved them, everything was fine but it was nothing anyone did. We didn’t do that. You were gone.

**JH:** You wanted independence. I wanted to see who I was.

**AS:** They don’t even want their driver’s licenses now.

**JH:** When my daughter turned eighteen she was still kind of lounging around. I said, “You’ve got until spring. You’ve got to figure it out.” Spring came and she was not making any progress. I said, “It’s spring. Guess what?” “I don’t have any place to go.” “Why don’t we get a job? Let’s do that. You have until this time to get a job. You better get off your butt and go look.” There was a lot of, people call it tough love, it’s not tough love at all. It’s just straight up love. I love you enough to say no to you.

**AS:** To teach you how to be independent.

**JH:** That’s what my goal has always been. I did well and then I did shitty and then I did well again. Let’s keep going with the well.

**AS:** How are your girls today?

**JH:** My youngest daughter is a buyer for Macy’s.

**AS:** How old is she?

**JH:** She’s thirty-one. And the thirty-three-year-old has two children, both out of wedlock. One when she was fifteen, sixteen. She struggles with some alcohol and marijuana use. She’s coming around. I don’t enable. I will support but not in the way of “Here’s some cash honey.” I’ll bring some groceries over every now and again. I’ll put some gas in the car. I’ll always be there to love and support and guide. She’ll say, “Will you please take off your counselor hat for once?” I’ll say, “It’s permanently affixed to my head.”

**AS:** So you have grandkids.

**JH:** I have grandkids, yes. The gift there is that they’ve never known me like that. My kids did but they’ve never known me like that. That’s a gift that it stopped. They say recovery is possible. We do recover. One last thing and I kind of brought it up to you….

**AS:** I’m so glad you just remembered because I almost forgot.

**JH:** You know Gloria Englund?

**AS:** Yes.

**JH:** Gloria and I were in the bathroom just before I came back and sat down with you. I saw her out in the hallway and went to the bathroom. You know, women we’ve got to go bond in the bathroom. She pees in one stall; I pee in the other. “How are you doing Gloria?” “Oh great Julie.” She got locked into that stall. She was going crawl out from underneath. I go, “Gloria stop. We’ll help you get out.” She was going to crawl underneath. “It reminds me of being stuck in the birth canal.” I was like, “Oh my God. Gloria you’re just so bizarre.” We started laughing about that and we somehow or another came up to doctors. I don’t know how it shifted from that. She had said something to me, “Are you still being treated poorly?” It reminded me. It keeps happening. All these years of sobriety or recovery or whatever it is you want to say.

**AS:** Twenty.

**JH:** Twenty-one. I’m a taxpayer and a voter and a productive member of society. When I was fifty, I’ll be sixty this year but when I was fifty I went to have a colonoscopy. I don’t think I showed you but I have really significant scars on my arms. These are abscesses and tracks from injecting. These will never go away. You can tell they’re old. They’re not fresh. There’s nothing fresh about them.

**AS:** They’re white and they’re not…

**JH:** That’s arms. I have some on my breasts and on my legs. It’s what you do. I went in to go have a colonoscopy. I told the prep nurse, they want you to have the IV in this hand because you have to lay on this side. I said, “You won’t get a vein here.” “I’m a professional.” “No, trust me. You won’t get a vein there. You have to go here. This is how we’ve got to do it.” I’m explaining it to her. She goes to tell the doctor and it pisses him off.

**AS:** That you need to turn the other direction?

**JH:** Yes, no. That I have to use this hand instead of this. Now my hand is hanging out over the edge of the bed where the guy who’s monitoring my, it’s fentanyl and versed that they give you to calm you down.

**AS:** It is fentanyl?

**JH:** Yeah it’s fentanyl and versed which are pre-op drugs and anti-anxiety. He’s already mad at me and I can tell. I’m like, “Whatever. Shut up.” I feel kind of some of what he’s doing. I remember moaning a little. I like I felt that. He said, “If you think you’re getting some more fentanyl you’ve got another thing coming.” This is a true story. I’m laying there going, “What the hell? What is happening right now?” I’m compromised. Really?

**AS:** He thinks you’re drug seeking during your colonoscopy?

**JH:** Yes. I’m thinking, “Then you’re really much less educated than you come off. If I want drugs I don’t have to come here and have you do this. I’ll go buy some” Good Lord what is your problem? Really? I’m so mad at him.

**AS:** Didn’t you know that was the new thing to go get a colonoscopy?

**JH:** I’ve heard, I won’t mention him by name, but I did have a doctor who worked at the Valhalla Place who was prescribing methadone physician. He and I would chat quite often. He said, “You know, I just hate when those drug seekers come into the ED. I’ve been working in the ED for years. First thing I do is get them the hell out of there.” I would say, “Richard why not help them? Why would you just immediate disdain?” This is just a few years ago. It’s still very common. I wrote a letter of complaint. My daughter was there to drive me home, I was sedated. I was telling her. She was like, “Mom this has to stop.” Stuff like that happened a lot. I wrote a letter, nothing happened. I didn’t even get a response. Basically like, “Shut up you drug addict.” I’m well enough to where I can take that but I’m mad as hell.

**AS:** It’s like the stigma of incarceration that you did your time but you still pay for it the rest of your life.

**JH:** That’s a whole other story because that did happen to me too because I have felonies. That was a nightmare in and of itself. It’s just one thing after another. I went on a cruise with my brother. We were up on the deck on the last day. It was cloudy and I got sunburnt like really bad on my legs, so much so that they were swelling. I worry about a clot. I went to Regents.

**AS:** Why would you get a clot?

**JH:** When you have swelling like that and the skin swells then you can get a blood clot because the swelling constricts the veins. I’m worried about that. I know my veins quite well. I’m worried I’m going to have some kind of clot. I go to the emergency department, it’s bad. It’s a pretty significant burn. The guy comes in and he’s looking at my legs. I do have scars on my legs as well which are much more pronounced now that my legs are all swollen. He can see my arms and he says, “I’m going to go get my attending.” I went, “Oh God here we go again.” The attending comes in and looks at my burns and then looks at me and says, “I hope you know we’re not going to prescribe any pain medication.” I said, “I’m here for the burn. What I want is some cream to help my burns. I wonder why you would think that was my first reason?” I went and got a burn on purpose? What is your issue here? I’m just flabbergasted. I could name a dozen other times where something similar has happened.

**AS:** You’re a middle aged white woman.

**JH:** Well educated.

**AS:** They’re kind of going to this extreme.

**JH:** These aren’t fresh.

**AS:** They’re not pink.

**JH:** I can see sort of if they were fresh. I could.

**AS:** And if you looked strung out.

**JH:** Then the reaction should be, “Honey what can we do to help you? Let me offer you some resources before you leave here today. What are you injecting? Is it heroin? Let me send you home with a Narcan kit. Do you know where you can go to get help?” That’s what they should be doing and they don’t. They still don’t with me. Not with that doctor but with another one I got a rash, a really bad rash, just external, no bumps just weird discoloring on both ankles. I thought “What the heck is this?” Three days later it was still there and maybe I should go have it looked at. She didn’t even look at the rash. She just looked at my arms and my legs and started scolding me. I wouldn’t even let her. I was so mad at this point. This is probably the tenth time it’s happened to me. Okay lady now we’re having it here. I stopped her and I said, “I have eighteen, nineteen years free from addiction. How many years do I have to have before you stop treating me like this? Twenty-five? Thirty? Do I have to be dead?” I remember saying that. “Before you stop treating me like this.” She was mad. How dare I question her? She went even so much as to humiliate me. The rash is here on both ankles but I’m in a gown. She comes over and lifts, I’m totally naked, she lifts up the gown. She asks me first, “Do you have it anywhere else?” I said, “No it’s just here on my ankles.” She comes and lifts the gown in a humiliating fashion until I pull it back down. “What are you doing?” I was so mad. How many years do I have to have? My goal is here, I’m a huge advocate for change and faces and voices and recovery, I’m on board. I do with the groups, I’m the one who comes in to do the advocacy training. You have the right to be treated with dignity and respect. You have the right to be thought of as capable of changing. Those kinds of things. I have a room full of people who don’t know that, who’s doctors talk to them the way they talk to me. Only their fresh and still immersed in the…

**AS:** In the shame.

**JH:** They can’t fight back. I refuse to let their voices not be heard. That’s my big goal, a very lofty one. It’s hard to change.

**AS:** Little by little the acorn said.

**JH:** I want to be heard in that respect. One of the things that both my parents, my dad is eighty-six and my mom is eighty-three. The two of them will look at each other and go, “What? Who is this?” That kind of thing, having become who they always knew I could be.

**AS:** They say that to you.

**JH:** Yeah. The person that they always knew I could be. The people who in my opinion have the right to judge or question me are the people who support me the most. They don’t judge or question. They say, “Oh my God. You have emerged. We always knew you were there.” What I’d like to see happen. Other people’s families may not have that same insight or support. Many people’s families are not. I want to help be the advocate and the supporter, this is a safe place to be. This is a safe place where you can come in and say, “Bobby showed up last night with a rock and we smoked it.” “Okay, let’s talk about that.” Instead of saying, “You’re out. Get out. Come back when you’re ready. You’re not done yet.” That’s what I heard.

**AS:** I’ve heard that. My daughter’s heard that.

**JH:** What is done? Dead? People say, “You have to hit rock bottom.” Rock bottom, I kept digging a deeper hole. There was no rock bottom, only death. That is a ridiculous way to look at what is happening here. The way to look at it is with love and compassion.

**AS:** The old tools aren’t going to work with the opioid epidemic.

**JH:** Not at all.

AS: They’re not working because people are dying.

**JH:** The really cool thing that has happened in the last decade and the most significant because I remember when it happened. When Hazelden said, “While maybe we should look at some Suboxone because our recovery rate for people…” They had so many people die. Steve Rummler was one of them. You know that right? He went to Hazelden, they got him off every medication he was on. Told him he couldn’t be on any medications. That was the problem. Sent him home with no medications and an opioid addiction. He tried and couldn’t. The easiest thing for him to find was heroin. He bought heroin for the first time, did it, and died the same day. I’m not blaming Hazelden, I’m not. Please don’t hear that. That model.

**AS:** I agree with you one hundred percent.

**JH:** It’s dangerous, especially with opiates. Although we can and do recover, it took a long time for my brain to heal. It took a long time and it was really only through diligence and perseverance and going to do things outside of myself for other people that helped me stop obsessing on that warm...They just out of the blue in the last ten years, Dr. Mars Sepala bless his heart, he dipped a toe in the water. How did he put it? They were going to do research. “Let’s at least research because our addressing the opiate dependence problem is maybe not as…

**AS:** It’s kind of an emergency.

**JH:** You think?

**AS:** Thank you.

[End of Recording]