

Mikkel Beckmen
Narrator

Sam Aamot
Interviewer

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Open Book
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Mikkel Beckmen -MB
Sam Aamot -SA

SA: I'm going to ask you to say your name and that you give permission to be recorded.

MB: My name is Mikkel Beckmen and I give permission to be recorded.

SA: Do you want to just tell me a little bit about why you came today and your history with harm reduction?

MB: I saw the event on Facebook because I'm friends with Sue Purchase. I can't believe how much time has passed but it brought back a lot of memories of early work in the 90s, for me starting in the early 90s with harm reduction work and sheltering and trying to end homelessness. It was fun to see people.

[Break in Recording]

MB: I started working in a shelter for drinking men called The Refuge in 1990. You had to have alcohol in your system to get in. It was a way to work with the chronic inebriated homeless population to allow them to be able to survive and have a safe place and to feed them breakfast and dinner and give them a bag lunch if they wanted in the morning. That was my introduction to that work. Then by 1993 or so I was working in a shelter for people with disabilities and frailties who were super vulnerable. That's when AIDS started to become a people's disease. It was hitting the streets primarily in the gay community and spreading among IV drug users. We had a lot of people dying of AIDS in the shelter I was managing. I got interested in trying to develop housing options for people living with HIV at the time. At the same time there was a great concern about how you bring a public health response to an intravenous drug using population and community. That's when I met people like Sue Purchase and others who had founded Women With a Point and were doing outreach. There were a lot of outreach activities going on at the time in a variety of ways.

[Phone Rings, Side Conversation]

MB: There was a whole series of things in terms of what you could call harm reduction at the time. Catholic Charities had the St. Anthony Residence in St. Paul which was a home where drinking was allowed. They also opened the Glenwood Residence which is still around over by the downtown farmer's market. The guy I was just talking to, Kelby Grovender, was a shelter worker at Our Savior's at the time and a lot of the Native men, especially, who were on the streets would go to Our Savior's because it's in the Phillips neighborhood which is historically an American Indian neighborhood. There was an encampment next to the Indian Center on Franklin, a long standing camp of Native people. A woman had died there and there was discussion with Gordon Thayer and Bob Albee who ran the American Indian Development Corporation at the time about building a home for people who were alcoholics and living on the streets. That's how Anishinabe Wakiagun, the People's Lodge, got built. It was built in part with funds and technical assistance provided by a group called the Corporation for Supportive Housing which I ended up working for.

As I got interested in housing options for people with HIV, the AIDS housing movement became a national movement which got national funding and Congress pushed and got passed through HOPWA Act, the Housing Opportunities for People with AIDS Act. There was some more development money available through HUD to buy housing for people with HIV and AIDS. I ended up working for CSH having known Sue and her attempt to start up Women With a Point and then Access Works which is a needle exchange program. I became a founding board member of Women With a Point. I was one of the early board members to help kind of give them some governance and some shield and protection and actually organization so they could carry out their work. I can't remember what year that was.

I continued to work in shelters and then started working on some AIDS housing and eventually became the lead project manager to build a ninety unit apartment building for homeless people. It included units for people with HIV and a twelve unit townhome for families with people with HIV in Coon Rapids. I think it's a twelve unit townhome development that still exists. It's called Harvest Hills. Through that I got to know Sue really well and was on the board there.

SA: Was that an attempt to kind of get a little bit outside of the city? To get housing projects going outside of the city?

MB: We wanted to look for a really nice location for families. In the townhome development you had to be homeless and living with HIV. For families we thought it would be a beautiful setting and the suburban location would be good for kids.

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Comment [1]: treatment in Native community

SA: Can you talk a little bit more about this encampment and when that was?

MB: It would have been in the mid-90s, late 90s. That building opened before the year 2000. It might have been right around '98, '99, possibly a little bit earlier. It was really sort of a discussion among people living at the camp about what they really wanted. They wanted a place to live; they wanted to be tolerant of their alcoholism. It's set up as a board and lodge almost where people have their own rooms and there's food and it's a very low barrier place to get into.

SA: You met Sue through the housing project?

MB: At the time I was working at the Salvation Army Harbor Lights Center and she was connecting with the outreach workers we had going out.

SA: What did you do there?

MB: I was managing shelters and then working on this project, these two big housing projects. That was what I was doing at the time. Then I left and went to work for Catholic Charities in 1998 to help them develop the Evergreen Apartments which was another eighty unit apartment building. In 1998 I was also managing the daytime centers; they were called the branches at the time. Now one of them is the Adult Opportunities Center. There's Branch 1, Branch 2, and Branch 3 and the Exodus Hotel and some of the shelters they were running. I worked with a woman named Alison Volvere who was a native woman who was a former IV drug user who had become one of the big administrators at Catholic Charities. She worked with Gail Thomas who's here in the room and Mary Morris. They just had a really great approach. They hired a lot of people from the streets many of whom are still around as mid-level managers in the organization who understood the folks and what they needed and were there to provide a lot of help in a non-judgmental way.

SA: Can you talk a little bit about how you got involved or why you got involved in this issue?

MB: One of the documents I brought is actually from an organization that was around for a while in the early 90s, maybe late 80s, called WHISPER. It stands for Women Hurt in Systems of Prostitution Engaged in Revolt. It framed the issue as a non-criminal issue. It framed it as a form of super capitalism and a super patriarchal system that needed to be smashed basically or fought against. That was something that I bought into at the time, that framework. It was a framework where once you took a look at oppression...poverty and oppression don't just happen. People are made poor, made oppressed by systems and domination. When you started to look at the marginalization of people based on something like drug use you really saw that, back then before people talked about the prison industrial complex and the war on drugs was really at its height, you could see all of the patriarchal and racist methodology behind how people were

treating each other. I think that was really something, while also working in a shelter where there was a fair amount of use going on how people were so marginalized because of it. This concept that the presence or absence of a substance in somebody's body shouldn't determine how we look at them, how we treat them, and certainly not to incarcerate them was really something so mind shifting for a lot of us and something to really hang on to and fight for.

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Comment [2]: systems of oppression contributing to addiction/the need of harm reduction as a tool for these populations

When I worked at CSH I became their primary harm reduction people because that oppression around drug users, especially, was prevalent everywhere. It was in social services, in health care, certainly in law enforcement and government. We had a housing industry that housed a lot of people who were homeless but so much of that was tied to people's willingness to comply with this imposition of sobriety or lack of use or drug testing, invasive inspections of your dwelling unit. My job was to get out and try to shift the housing world in its thinking around this. I became a harm reduction trainer. I first did my own training with Edith Springer from New York who is a fundamental, seminal trainer in spreading information about harm reduction. Then I was able to work for a national organization. I had grant money, I could do trainings. I went around the country and did a whole series of trainings on harm reduction.

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Comment [3]: oppressing drug users into sobriety

I remember going to Rapids City, South Dakota and doing a harm reduction training at a faith based initiatives conference. At the time I think the Bush administration was pushing to get evangelicals involved and to get them access to more federal money to do social services. I remember coming into this giant conference and giving the basic tenets around harm reduction and just watching people. Some people sort of turning people but some people got it. It was really hopeful for me to see people coming from a very different place than me getting it around the value of human beings regardless of their situation. I did trainings like that. We really did try to shift everybody's thinking on destigmatizing use.

Part of the Housing First movement came out of harm reduction principles as well. That people have a right to access to housing, that shelters should not impose drug testing, that housing should be separated from mandatory participation in services that people may not want or choose or need. Doing that work was really exciting because you could see the industry shifting slowly in its understanding and its thinking. When I got to CSH because I had grant money I could pay for Edith Springer to come to Minnesota and do a series of trainings over and over. I don't remember how many times she came to Minnesota to do trainings and get people in the room and hear what she had to say. Then we started to have local people trained and doing the training. It was way before the era of the Internet so a much slower way of spreading information was getting people in a room with people.

SA: Anything in particular you've noticed how harm reduction has changed over the years or since you've been working in it?

MB: I think like anything it's gotten much more sophisticated. It's branched off to touch many different areas. It's moved way beyond even my own, I'm sure I've become a relic at some level. I went on to run an organization and when you do that it becomes very all-consuming at some level and you lose touch with broader things. Harm reduction as a movement, as a philosophy has become much more mainstream which is great. It's really seeped its way into a lot of disciplines. The thinking on it has matured in many ways. There's many branches of it.

SA: Anything else you can think of or want to add?

MB: I did get to go to India to an international conference on the reduction of drug related harm. That really got me interested in public policy for the first time because I saw that countries that adopted harm reduction based public policies people were so much healthier, there was a much lower instance of HIV in the population, places like Australia and Canada and Denmark and others. That was really eye opening to me and it really got me interested in the public sector.

SA: What have you been doing with policy work since then?

MB: I work for Hennepin County now and I'm in a new position there, it's been about seven months. I am the housing coordinator. I am trying to work horizontally across all the departments with corrections and probation, child welfare, health care, and adult mental and chemical health to weave the golden thread of housing through their work and into their understanding. Housing is the essential platform for life and success in life and to be healthy and to participate in a community and life. We need to weave those activities into the work we do, whatever our role is. It's the beginning of a journey. We'll see where it takes me. The public sector is not really my natural home but I'm there.

SA: Making a difference.

MB: Trying.

SA: Thanks so much.

[End of Recording]

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Comment [4]: how harm reduction has grown