

**Lee Hertel
Narrator**

**May 6, 2017
Open Book
Minneapolis, Minnesota**

Lee Hertel -LH

LH: It's May 6, 2017 this is Lee Hertel. I'm fifty one years old, gay male, living with HIV for nearly thirty years. I was diagnosed HIV positive in 1987 at the age of twenty two, still alive. I'm a dinosaur. Everyone else is dead of my generation which is not an overstatement or an exaggeration or a hyperbole. Let's get down and going.

How did I become involved in harm reduction in Minnesota? By a service user at first, shooting crystal meth which I started doing in 2004 I believe and getting needles from Access Works over on 15th Street. I did that for years and then after being homeless for a few years and finding housing then I was going to Crystal Clear Tuesdays at Minnesota AIDS Project for gay men who used crystal meth. Then Adam Fairbanks of Minnesota AIDS Project asked me if I would volunteer with him in their syringe exchange and I did that. Then an opportunity came along to apply to the Minnesota HIV Services Planning Council to serve on the council and help people with HIV by helping determine where the resources from the state should go each year. This was done through surveying HIV positive people in the state and gathering their opinion as to which was more important. For instance, drug access, help with copays, testing, etc. As the epidemic changed and shifted, priorities became different as people live longer. For instance, adult daycare was a big thing in the early days as far as child care. When people started living longer and not dying as fast those priorities became less and other things became higher priorities like paying for antiretrovirals.

After that I met Sue Purchase finally on the Planning Council. No, I met her for an interview on the Community Cooperative Council on HIV and AIDS Prevention which I was asked to join as the injecting drug user representative. That is a CDC mandated body that every state in the union must have and submits to the CDC every few years as to their plans to combat the epidemic of HIV in their area. I joined that and met Sue Purchase then. She asked me if I'd join Morpheus Project which was her continuation of Access Works. I did that. Then after a while I stopped that. I had picked up a lot of new clients when I was working for Morpheus Project and doing that for Sue.

After I quit it just seemed inconceivable and incredibly uncaring to let these people just drop through the cracks once again. I decided, "What the hell. I've got nothing to lose and only to gain." I started my own syringe exchange in 2012, July of 2012, called Lee's Rig Hub. I am street based; I run it out of my apartment in downtown Minneapolis. I work primarily on the street, in drug houses; with drug suppliers anywhere there are people who need syringes. My primary demographic is homeless youth and precariously housed youth. The ages I deal with run from sixteen or seventeen year old all the way to probably sixty or seventy year olds. Many of

them are heroin users, many of them are heroin and methamphetamine users which makes for a goofball. Some are just meth users such as me. Primarily my clients, my participants, I use the word participant to avoid any sense of a hierarchy. Primarily my participants are heterosexual young people or sexuality questioning young people.

As far as harm reduction and what it means to me it's not just the physical, tangible. It's so much more than just a syringe. It's everything you can't see. It's everything intangible. It's everything that makes people walk taller and straighter and maybe just a little bit cockier. That would be the respect that I afford everybody, the dignity, the trust, the love, the belief, and a total non-judgmental attitude. That I think is equally as important as the actual physical prevention of the transmission of disease, HIV, Hepatitis C, Hepatitis B, any other type of blood born virus, Hep A, Hep D. It's all equally important. I think the actual respect and how you approach someone and deal with someone, how you relate to them is going to reflect so strongly on their attitude for keeping themselves safe. When you feel like you have someone who loves you, who cares about you, you're going to treat yourself better. That's what I try to instill. I also do everything I can to instill a sense of pride in participants to let them know that they matter and what they do matters.

It is a sad, sad day when people are saving lives and they're not getting the respect for it. Especially when some of my participants are in their mid-twenties and they've saved more lives than years they've been alive. It means they've also saved more lives than any physicians, of any specialty, of any area of the hospital where they practice. Think about that. I've got a twenty six year old person who's saved thirty lives with naloxone and they're treated like crap. Most doctors would be lucky if they saved half that many number of people. The one thing, way back when we started doing this totally underground, I had a participant who was arrested and jailed for saving someone's life because she did not respond to the Narcan fast enough and they called 911. As soon as they'd done that the person woke up and they had to cancel the ambulance. I get a call from the cops, "I'm over at such and such place and they've got a drug called naloxone. They said they got it from you. You just hand this out?" I said, "Yeah." Then I thought that was the end of it. No, three hours later I get a call from this person's girlfriend, hysterical and in tears, saying, "They took him away. You didn't tell me it was illegal." This kid spent four days locked up in jail for saving someone's life. He was locked up without access to his psych meds, without anything. It was dropped because someone took it to the city attorney and the city attorney said, "Are you fucking nuts? I ain't touching that shit." There was never an apology or anything to this young person. That just makes me angry.

I try to instill respect in my people. That's all I'm going to do, that's all I'm about. It's never about me; it's always about them and what they've done. They've been treated so badly and so piss-poorly for what they've done in service to their friends and their community. It really makes me angry. They don't get recognition for what they've done and what they've accomplished. That pisses me off. I don't know if you're aware or not but the OD rate in 2014 dropped by twenty three percent. We didn't get any damn credit, that was us. Since 2014 until now I have probably distributed more than thirty or forty liters, that's liters, of naloxone. That is fifteen to twenty large two liter soda bottles of naloxone to people who use drugs around the state.

[Side Conversation]

Sorry about that interruption. Where was I? I was bitching, that's right. They don't get that recognition. It was physically impossible for the Steve Rummeler Memorial Hope Foundation to have affected the overdose death rate by that much. Steve's Law and the 911 Good Samaritan Law was not signed or become active until the first of July in 2014. It's impossible for them to do that much work in six months. It was Lee's Rig Hub and its participants. We pushed Narcan like a motherfucker. We're drug pushers you're damn right. That's the drug we push. I have suppliers. I was working with three or four major heroin suppliers, just like the white coats behind the pharmacy counter should be doing or the white coats in the doctor's offices with the prescription pads should be doing. Every time they sold an opiate they should ask people how their Narcan supply was and if they needed some in addition to supplying thousands of syringes. I had people who were moving two thousand syringes for me every two weeks and liters and liters of naloxone. That's how you bring down an overdose death rate in the midst of an epidemic. You do it by flooding an area, an area the size of the Twin Cities metro area which is more than three thousand square miles, seven counties, two states, and over a thousand communities. You do it by flooding that area. You do not affect an overdose death rate with a skimpy two ccs per person per week only on a Friday. That's bullshit. That's just asking for death.

Let's change subject. There was this great call for 911 Good Samaritan Laws. People would call for an overdose rather than letting people die or calling 911, shoving the person out on the curb, waiting until they heard sirens, then yelling, "Overdose" and run the fuck away as fast as they could. That was a good thing. Now that good work all around the country is beginning to be undermined as the epidemic becomes worse and worse and people become more and more scared. They're having these stupid laws that are counterintuitive to the 911 Good Samaritan Law. In some places in Ohio they want to charge people with inciting a panic after they've been brought back from an overdose. They want to have mandatory treatment for thirty days, involuntarily locked up. That isn't going to do anything. All the hard work that has been accomplished, everything that has been accomplished in the last four years is in danger if that happens. It must not happen.

What pisses me off the most is that there's never any discussion in the U.S. about diacetylmorphine morphine which is legal, pharmaceutical heroin. It's used in many other countries, in Europe, all over the world. It's pharmaceutical heroin. Every time people shoot up they know exactly how much they're getting. It's clean, it's pure, it's clear as water it's not this dirty crappy stuff that looks like pee. It's clean and it's pure but they won't do that. Another powerful thing is ibogaine for the treatment of addiction. It's derived from the root of the bark of a tree in central Africa, the Babongo tribe. There are great documentaries, especially one by a man named Dimitri called *I'm Dangerous with Love*. He's a man who's been arrested for doing ibogaine treatments underground in the U.S. Which is another thing that's bullshit. It's another thing that works. I know someone who went through it and swears to God it works. I believe him. There are many other people who say that. They don't have the need, the jones, the dope sickness for heroin. We don't discuss that here. We go on with the same old thing, the jail and bail, jail and bail. Put them in treatment, let them out. Put them in treatment, let them out. The only thing our current drug system in this country does is enrich insurance companies, treatment centers, and pharmaceutical companies, and methadone clinics. That's it. It's not about the people at all. If it were we wouldn't have such high recidivism rates when it comes to treatment.

Also, the people who need to be acknowledged are the people who are saving lives every day, the people who use drugs, the people who inject drugs. I think it's pathetic that in 2014 the OD death rate dropped twenty three percent and none of my people got any recognition ever. In 2015 it went up just slightly, maybe one or two deaths. In 2016 it skyrocketed and increased by forty percent. From one hundred and ten in 2015 to one hundred and fifty three in 2016 for Hennepin County. I took 2016 off because I was going to hard and too fast in intensity with Lee's Rig Hub. I needed a break to avoid burning out. What happens? The death rate goes up more than forty percent. I don't blame myself for that, I know I'm not responsible but I see the cause and the effect. The effect of not flooding areas and people who can get the Narcan out there. From not flooding an area with Narcan and getting it into the hands who need it the most and can utilize it the most. That would be people who use drugs and people who inject drugs. I think it's a damning indictment of the treatment industry, of methadone clinics, of the other harm reduction services, and the fixed site needle exchanges. They fail so miserably to engage people who use drugs that an OD rate can shoot up more than forty percent in one year because one person takes a year off. That's absurd.

If you want clarification call me back. If you want to talk any more about this I'm happy to talk. That's it.

[End of Recording]