Y.1. Stories to Save Lives: Health, Illness, and Medical Care in the South

Interview Y-0070
Michael Harney
30 July 2019

ABSTRACT— Michael Harney

Interviewee Michael Harney

Interviewer: Emma Miller

Date: July 30th, 2019

Location: Asheville-Buncombe Technical Community College, Elm Building

Length: Approximately 2 hours 5 minutes

Michael Harney was born in Newport News, Virginia in 1966. Michael lived in Virginia throughout his childhood up until his college career. Michael discusses his family life and both his parents and grandparents. Michael discusses his involvement in theater and other school activities while in high school. Michael talks about enjoying working frequently in his teenage years, and that he had multiple jobs throughout high school, a practice that he keeps up today. He discusses moving to North Carolina to attend Belmont Abbey College, a Catholic school. During his undergraduate career Michael also spent a year abroad at the University of Costa Rica in San José, Costa Rica. It is here that Michael became fluent in Spanish and passionate about the language and the culture. Later, Michael went on to get another Bachelor's degree in Spanish from the Virginia Commonwealth University. Michael currently teaches Spanish part time at both Asheville-Buncombe Technical Community College (A-B Tech) and Blue Ridge Community College. He has taught Spanish at A-B Tech for over 25 years. Michael moved to the Asheville area in 1992 and has lived there ever since. Shortly after moving to Asheville, Michael became a volunteer for the Western North Carolina AIDS Project (WNCAP) and the Needle Exchange Program of Asheville (NEPA). Michael now currently works as the Prevention Educator at WNCAP. Michael operated the needle exchange program illegally for many years, as needle exchange programs only became legal in North Carolina in 2016. Michael's preventative work also involves handing out condoms, and teaching about preventative methods for HIV and Hepatitis C. Michael is known locally as "The Rubberman" because of the large amount of condoms that he would pass out throughout Asheville. Michael talks extensively about the importance of preventative care and the importance of both condoms and clean needles in preventing HIV and Hepatitis C. Michael has also been an activist within the LGBTQ+ community for his entire life.

FIELD NOTES — Michael Harney

Interviewee: Michael Harney

Interviewer: Emma Miller

Interview Date: July 30th, 2019

Location: Asheville-Buncombe Technical Community College, Asheville, NC

THE INTERVIEWEE: Michael Harney is the Prevention Educator at the Western North Carolina AIDS Project (WNCAP) and also works for the Needle Exchange Program of Asheville (NEPA) as well as teaching Spanish at both Asheville-Buncombe Technical Community College (A-B Tech) and Blue Ridge Community College. He has been an activist for many years for harm reduction practices, including passing out condoms and clean needles to prevent the spread of HIV and Hepatitis-C.

THE INTERVIEWER: Emma Miller is an undergraduate student majoring in Public Policy and History. She is currently a research assistant at the SOHP and a field scholar for the Stories to Save Lives project. She recorded this interview as a part of the Stories to Save Lives project during the summer of 2019.

CONTENT OF THE INTERVIEW: Michael begins the interview talking about his family and extended family. He then goes into discussions of his childhood and schooling experiences, as well as the various jobs he held while in high school. Michael talks about his college experience at Belmont Abbey College, University of Costa Rica, and Virginia Commonwealth University. He discusses his love for the Spanish language and his journey to teaching at A-B Tech and Blue Ridge Community College. He also discusses how he became involved with the WNCAP and NEPA, first as a volunteer and now as the Prevention Educator. Michael talks extensively about harm reduction, and clean needle exchange and condom distribution as part of the harm-reduction process. Michael has been an activist in the LGBTQ+ community for his whole life.

DESCRIPTION OF THE INTERVIEW: I met Michael in the Elm Building on the campus of A-B Tech campus, where he teaches Spanish. The interview is conducted in a quiet college classroom over the summer so there is little to no background noise, with the exception of a few people walking by. Overall, the audio quality is good.

NOTES ON RECORDING: I used the SOHP's Zoom 4 recorder.

TRANSCRIPT: Michael Harney

Interviewee:	Michael Harney
Interviewer:	Emma Miller
Interview Date:	July 30, 2019
Location:	Asheville-Buncombe Technical Community College, Asheville, North Carolina
Length:	2 hours and 6 minutes

START OF INTERVIEW

Emma Miller: All right. My name is Emma Miller, and today is July 30th, 2019, and I'm here today with Michael Harney, who works with WNCAP [Western North Carolina AIDS Project] and NEPA [Needle Exchange Program of Asheville], and he's going to be talking to us a little bit about his work with both of these organizations and a little bit about his life history as well.

Michael, could you just start by saying when and where you were born? [0:00:22.4]

Michael Harney: My name is Michael Joseph Harney, Jr. I was born at Riverside Hospital in Newport News, Virginia. I tend to, when people ask where I'm from originally, say Hampton-Newport News, and they says, "Is that Hampton or Newport News?" [Miller laughs.] And I say, "Well, there we always say Hampton-Newport News." [Miller laughs.] So it was part of the peninsula. That's where I was born in 1966, April 14th, 1966.

[0:00:47.4]

EM: Okay. And if you could just tell me a little bit about your grandparents if you knew them.

[0:00:53.1]

MH: So on my maternal side, my grandfather was Vincent Theiss, T-h-e-i-s-s, and my grandmother was Alice Kingston, so obviously she was Theiss when she was married. My understanding was they were from upstate New York, but where I knew them was from Baltimore, Maryland. So that's where my mother and her sister Marlene and brother Kevin grew up. So the three of them were children of Vincent and Alice Theiss.

On my father's side, the paternal side, he was Michael Joseph Harney. They always called him Joe or Joseph, and he was born in the Boston, Massachusetts, area. We always said we were Irish, kind of thing, you know, but who's done DNA nowadays [Miller laughs], it was that kind of thing. But his father, Mr. Harney, I'd never met. Outside of maybe when I was a very small child, I don't recall ever meeting him. His mother died shortly after childbirth, so his actual biological mother, and he had a brother and two sisters, so several siblings, who lived with Mr. Harney—and that's what my father called him, "Mr. Harney"—and his second wife.

My father, Joe, was given to his Aunt Elizabeth, so she was my grandmother as I knew her. She was "Nana" Toolin, T-o-o-l-i-n, and she had several children who would have been Joe's cousins but really acted as his brothers. And that's what I remember. I don't remember her husband, Mr. Toolin. I never met him. It was always Nana Toolin was the person I knew growing up on that side.

[0:03:11.6]

EM: Okay. Do you know what your grandparents on either side did for a living?

[0:03:17.0]

MH: My Nana Toolin, she was much older by the time I knew her, so she was always retired and maybe did things, you know, with the church or something like that. I remember she had a little cart that she wheeled behind her to go up to the corner store. They lived in what was called Jamaica Plain, which was a very Irish kind of neighborhood at the time. It has changed over the years demographically. But she was kind of poor Irish. She came over here, as my understanding is, around 1918 from Ireland directly, so she had kind of that brogue, that sound of the Irish, and on top of the Massachusetts sounding of everybody's voice. [Miller laughs.] So that's what I know. I don't know what she did as a career, if she had a career or was a homemaker or something like that.

On my mother's side, my grandmother we called "Grandma," she was a nurse at—I'm trying to think of the hospital up there in Baltimore. If I think about it, I'll tell you. But she was a nurse, an RN [registered nurse], for years. And my grandfather worked for International Harvester. He may have had a job prior to that, but I knew him as an employee at International Harvester trucking company. To be honest, I don't know all the things that they did, but that's what I know about them.

[0:04:56.5]

EM: Okay. Did your grandmother who's a nurse ever talk about what it was like to work in the hospital in Baltimore?

[0:05:02.3]

MH: A little bit. She saw many, many things because it was a big city. And they lived in Arbutus, which must be like a little side town of what was called Baltimore. I guess as we grew up, there was always that health around us, you know, drink your milk with dinner [Miller laughs] and get out and walk and exercise and play and go to the beach and things like that. So we were always around things that were kind of medically related. My mother, you may ask a little bit later or whatever, but she also became an RN, I think kind of related to that. So in that sense, yes, you know, but not extensively. She didn't tell us about the things that may have intrigued her the most or grossed her out the most about nursing, but she did talk about it some.

[0:06:02.8]

EM: [laughs] Okay. Um, yeah, my next kind of question is, yeah, tell me about your parents.

[0:06:07.5]

MH: So Joe Harney was born in 1938. Cathy Theiss Harney, my mother—Catherine with a *C*—was born in 1942. My father was born in Boston, my mother in Baltimore. My father and my mother, so we were, quote, unquote, "Catholics," and there's a whole line of discrimination with the Catholics, too, you know, kind of thing. But they met in Baltimore. My father was working for Donley Advertising, as I recall, and was in Baltimore, and met my mother at a Catholic social event. I can't remember what it was called, but these Catholic social stuff that they did. They got married in Baltimore, and then they moved down to Newport News, Virginia, and from there he became a stockbroker with Legg Mason. I remember he worked for Paine Webber, for Merrill Lynch, and eventually for American Express.

All those years, he, in between a couple of those jobs, worked for a company called Fass Brothers Seafood. So they were a Jewish family, the Fasses, and so when I talk about discrimination, the Catholics and the Jews were always discriminated against in what people called kind of that WASP, White Anglo-Saxon Protestant, kind of group who were part of the Cotillion or the social clubs, that kind of stuff. So the Catholics and the Jews weren't invited to be a member at the clubs, but they oftentimes went to like an annual holiday dance. I just remember my parents getting dressed up for this Cotillion thing about once a year, you know, tuxedo kind of stuff and fancy gowns.

So my father worked for Fass Brothers Seafood, and that was in Phoebus, Virginia, which is kind of the outskirts of Hampton near Fort Monroe, an Army base, and there oftentimes on Saturdays we would go and the ships, the boats, the seafood boats would come in and they'd dump all their catch, and we got to see the crabs and the sharks' teeth and stuff like that, and the smells of the fish, you know, anyway in the Hampton Roads area was always very prevalent and heavy. But it was a lot of fun. So my father was usually in financial services, but he did work as a broker of seafood to larger institutions, schools and jails, prisons, things like that, hospitals.

My mother, she tells the story that she originally was going to be a nun, so she went to the convent, had her woolen blankets. She was just about to go into a novitiate, I guess, and for whatever reason decided she wanted to have a different life, and so she went to nursing school, became an RN. There's a photo of her with the big white hat and the black stripes on her hat and all that kind of stuff that nurses used to wear. I remember, growing up, that she wore a white uniform and hose and shoes and all that until it became a little bit different and uniforms changed.

She did that for a number of years, and then later when I was probably 12, 13, in that age range, she began a career in real estate, and so she worked for at least two but maybe three companies, a real estate broker. She became very successful in that part of town, so much so that there's probably an archived interview somewhere in the *Daily Press* and *Times Herald* newspapers, they did a story. I remember it was kind of like the "Living" section or something like that, where my mother's photo was above my father's photo on the front of this section. And it was, you know, "What does the husband feel when the wife is making that much more than he?"

[0:10:47.7]

EM: [laughs] Wow!

[0:10:48.7]

MH: So I remember that. So she was very successful in that for a number of years. And that's what they did. I think over the years it's just kind of been in that direction, although now my father's dead. He's been dead for two years. And my mother, she may still do some, you know. She's not working as hard in real estate as she did in the earlier years.

[0:11:16.6]

EM: Is she still in the Newport News area?

[0:11:19.4]

MH: Right, yeah, she's still there, and most of my siblings are there, although I have one sibling, sister, who lives in the Maryland area, up in that—I can't remember if it's Bethesda or somewhere up in there. And I have a brother who traveled—he moved up there in Utah right now, where he works for Marriott, the hotel company.

[0:11:48.5]

EM: Okay. Did your parents ever talk about why they made the decision to move to Virginia?

[0:11:54.0]

MH: It had to do with Donley Advertising needing worker bees down in that area. I don't know if they were expanding. I don't know enough about Donley Advertising. There was a funny billboard that was part of the gift that that company gave to my parents when they got married. My father was a little bit portly, so he looked like this little, short, stumpy guy [Miller laughs], and my mother dressed in her white gown. But it was a caricature of them, and it was like, "Congratulations, Cathy and Joe!" kind of thing that they made a billboard out of it. That's why they moved down.

It was a little bit different. My mother didn't have a strong northern accent, but my father had that [imitates] Boston, you know. My last name, I say, is Harney, but he said "Hahney."

[0:12:40.4]

EM: "Hahney."

[0:12:40.9]

MH: And we'd say, "No, it's Harney."

And he'd say, "Hahney." [Miller laughs.] He could never say Harney. But we would visit our cousins, and they always wanted us to speak, "Say something, say something," because I guess we sounded southern to them.

[0:12:53.6]

EM: Southern. That's so funny. Did you ever identify with being southern, like, growing up there? Like, was that part of your identity that you thought of?

[0:13:01.3]

MH: Virginia was weird because it's right on that line, you know. There's always a lot of southern history in Richmond, Virginia, and that kind of thing. But, no, we didn't really focus so much on that. I knew I was from Virginia, I knew historically because that Hampton Roads area and Jamestown, all that, and Hampton was thought to be first and oldest continuously English-speaking settlement. Jamestown, they talk about that, and this week, they're celebrating 400 years of Virginia, that kind of thing, the history. So some people who know linguistics can pick up that I'm from the Tidewater area, but I don't hear my accent. I don't know what words they hear. Somebody who studies it knows a little bit more, but I don't think of myself as really southern, although living here in North Carolina now, I tend to mimic the voices here. So sometimes I probably sound a little bit more what is thought to be southern, that kind of thing.

[0:14:07.4]

EM: Definitely. It's when I'm, like, interviewing people with a stronger accent, I feel myself, like, getting more and more southern by the minute. [laughs]

[0:14:13.8]

MH: Right, right, right, right, yeah, I get you.

[0:14:17.1]

EM: So your mom, you said, was an RN, and you thought that she maybe was inspired by your grandmother to do that?

[0:14:24.6]

MH: Yeah.

[0:14:25.6]

EM: Okay. Did she ever talk about—I mean, it seems like such a huge shift from being a nun to going into the nursing career.

[0:14:31.1]

MH: Right.

[0:14:31.7]

EM: Did she ever say exactly why she felt called to do medicine?

[0:14:35.9]

MH: Not so much that. She felt that she had been called to bring children into the world, so she brought six of them into the world. I'm the eldest of six. There's a ten-year span between myself and my youngest brother. She worked in psychiatrics, she worked in the OR, she did a number of things in hospitals over the years, and I remember as we had neighbors or friends of the family who may have been sick in hospital, she would go and be the nurse there, sit with them overnight, that kind of thing, so I do remember that. And for a long time, she maintained both careers until she really got firmly set in real estate. I asked one time what was the grossest thing she ever saw [Miller laughs] in the operating room, and she said it was a toenail having to be extracted was the hardest thing she ever saw, even more than an amputation, more than the inside of your guts, whatever, was having to remove an ingrown toenail.

[0:15:44.4]

EM: Yeah, I can imagine. Yeah, I don't—that stuff, no. I knew that I wasn't going to go into the medical field, that's for sure.

Did they ever tell you stories, or were any attitudes passed down—I guess your mother was in the medical field, but about doctors and medicine at the time? [0:16:03.8]

MH: My father was a stickler for brushing teeth and trimming your fingernails and being clean. I guess growing up poor as he did in Boston, he talked about a once-a-week bath, and being the youngest child, you got the last of the baths. [Miller laughs.] The father, the man of the house, got the first hot bath, and the children thereafter. It was Saturday so that for Sunday they could put on their Sunday best, as people call it.

He said for Christmas, for example, they would get a baseball and an orange or an apple, and that was it. So when he had children and we were growing up and the holidays, that kind of thing, he was always shocked if we were in any way disappointed [Miller laughs] with the gifts that we were given, because he said, "We got an orange or an apple and a baseball maybe."

He lost many of his teeth growing up, so that's part of why he made sure that we brushed our teeth regularly, and he said it unnerved him to see men, in particular, with dirty fingernails. I don't know where that came from. So he was a stickler for that, washing your hands and that kind of thing.

Outside of that, we, as children, grew up going to the doctor regularly, so we had pediatricians. We went to the dentist at least once a year, probably twice, if I think about it, every six months. So we were always very involved in that sort of thing. We took vitamins growing up. My mother would have them set out on the counter for us, and when you had your cereal, you had your vitamins for years.

You know, it wasn't that anybody was a germaphobe, because we were kids [Miller laughs], and there's six of us and it was just too much, but we did know to wash our hands before eating, for example, or before coming to the table, and we always had showers every day. You had that opportunity growing up. So I wouldn't say I grew up quite the same way as my father did.

My mother grew up in a more middle-class kind of neighborhood. Her sister was also a nurse for a while, but I don't know how many years she practiced. My uncle, her brother Kevin, was a medical technician in Korea. So there was always medicine somewhere there, kind of thing. That's a little bit about what they talked about maybe. [0:18:41.9]

EM: Okay. And can you tell me a little bit about what growing up in your home was like and just about your childhood?

[0:18:47.9]

MH: Well, I say I'm very grateful every day of my life for all that's been given to me. If I could just give back—and I'm just showing you like maybe an inch, maybe less than an inch. [Miller laughs.] If I could give back this much of all the good I've had in my life, the world would change dramatically. That's how much good I've had in my life. So I have nothing to be ungrateful for or to complain about, truly, if I think about it. Growing up, we always had food on the table. We took vacations to the beach or to amusements parks and things like that. I, being the eldest, apparently maybe blocked some of this out, but my sister—I have two sisters and three brothers, but one of them who will say that I was a very mean babysitter. [Miller laughs.] So I have to admit to that, but not really recalling it so.

And I was responsible, so when at a certain point in my teen years, my parents faced some financial challenges and they ended up having to work a lot more and oftentimes were not at home, there was a lady named Lillian who cleaned house and was there, and saw her many times during the work. Lillian Banes was her name. She was very influential in my life too. So she was there, but if she wasn't, then I oftentimes did cook, I oftentimes did do cleaning, I oftentimes did do the babysitting, I oftentimes did do the other chores around the house or cut lawns, you know, mowed the grass. I remember at about the age of 12 asking my father, "Can I cut the grass? Can I cut the grass?"

And he kept saying, "No, no, no, you're not old enough," that kind of thing. And all of a sudden he said, "Okay. But if you start today, you're going to have to keep doing it." So I got tricked. [Miller laughs.] And I did cut grass from there. But because of that, I still even today cut grass. I have six lawns this summer that I'm taking care of. So I became more active in terms of work.

We had bicycles. We had roller skates. We went to birthday parties. Our household, I say, was very open to guests. We had exchange students that stayed with us, were in the neighborhood that came and visited us. I was able after high school to go travel Europe, and having met so many exchange students over the years, or having had relationships with them, stayed in their homes.

[0:21:35.6]

EM: Oh, wow.

[0:21:36.2]

MH: So I went from France to Sweden to Germany to, you know—Austria, to I don't know. Everywhere that you went, there was always somebody that would take you

in. That kind of thing. So I was very lucky, very fortunate. And I will say something that's, in terms of part of my work—and maybe we'll get into that at some point—that I never experienced the abuse that many people have, many men that I work with have experienced. I was never sexually abused, you know, the priests and all the Catholic stuff, you know, that's kind of in the news now. *Never*. I was never harmed, you know. We got spankings.

[0:21:40.1]

EM: [laughs] Yeah.

[0:22:23.9]

MH: I mean, you got spankings for being bad or something or you were doing something wrong. But our household was very open. You could use profanity at a certain point. It wasn't just in anger, but sometimes in jokes. When you look back, it's always hindsight is 20/20. Because of that comfort level that I have with whatever the language is, the work that I do nowadays is less shocking to me when somebody says something, uses a word that is considered profane or dirty words or four-letter word, that kind of thing. I think part of that was that growing up, you know.

We had a very diverse experience with culture. So I already mentioned the Fasses, for example, but Wesley and "Denny T" [Dennis Tillman] were not white, they were African American. They were best friends that I still am in touch with today, I mean regularly, every couple of weeks, that kind of thing, but from the second grade. And the cultures from the around the world, I speak Spanish. I teach Spanish. Where we're sitting here, this is the classroom I had taught in over the summer. So I've been teaching here for 26 years at A-B Tech. That's Asheville-Buncombe Technical Community College. And I

teach at Blue Ridge Community College as well. So we had that kind of experience. I've traveled and visited all but two continents in the world.

[0:24:07.2]

EM: Wow!

[0:24:08.0]

MH: I've not been to Antarctica and I've not been to South America—been to Central but not South. So who else has experienced those kinds of expansive opportunities in life? So I've very grateful. That was my growing up. My brothers and sisters grew up differently. They were much more into sports than into working and lawn mowing and grass cutting and babysitting [Miller laughs] and washing cars and windows and raking leaves. That was the kind of stuff I did. People thought I'd be a millionaire from a long time ago because I was that kind of a worker. If you call it a workaholic, fine, that' s my "-aholic" is work. [Miller laughs.] I don't drink alcohol and I haven't smoked marijuana in a very long time. I experimented with a few things growing up, but not to the extent that people who've gotten, you know, strung out on things and had problems with what people say is addiction or isolation. I just never experienced that. I had a really, really good life, thus far.

[0:25:11.6]

EM: Yeah, yeah, yeah, absolutely. Would you say that the attitudes your parents had and their openness to different cultures and really just openness to just everything in life is really different than other people in your community growing up, or would you say that you lived in, like, a more open community, like?

[0:25:32.5]

HM: My neighborhood was integrated. There were family members, extended, you know, cousins, aunts, and uncles, that used odd terms to me, so I was exposed to discriminatory language. Never the "N-word," that was not permitted, wasn't used, but "the coloreds," that's how they would say it from Boston. They would talk about bus integration and busing, that kind of thing, and the "coloreds" this and that, so I heard things like that. And there were certain jokes that you heard that were probably off-color jokes, so I was exposed to that. That's my truth.

I've kept journals over my lifetime, so I'm very interested in the archiving of my history and my experience. Whether it's self-centered or not, I don't know. You know, you could dig into my psychology. But I had a partner in college, his name was Reginald Valentino Ely, and we were together for a couple of years. And one night we decided to sit and write all of the derogatory terms. He was African American, I being a white guy, what terms did I ever know or hear or use for black people and he for white people. So I was making my list, making my list, making my list, making my list, making my list, and he was sitting there looking at me, and I was like, "Are you done?"

He's like, "Yeah, I just had four terms."

And I was like, "*What*?" I have a list and we both signed it together, you know, after we wrote it out. My list is extensive, the words and terms and things that I've heard growing up. And his was like "whitey," "honky," "po' buckra," and "cracker."

[0:27:36.3]

EM: [laughs] Yeah.

[0:27:36.7]

MH: Those are the four terms I think I remember that he wrote. And we looked at each other, and we're like, "Whoa! Really?" because I thought I was going to get some insight, you know. I *did*.

[0:27:48.2]

EM: Yeah.

[0:27:48.4]

MH: So we didn't grow up with that kind of thing, but there was enough of it around that I was exposed to it. But I would say that the neighborhood I lived in as it was integrated, it was comfortable, but there was still a separate component to it all as well. I was born in 1966. I was part of that first or second layer of integration. So from kindergarten, I was in a blended school. Tucker Capps was the elementary school I went to, and Miss Alston was my kindergarten teacher, and she was an African American woman. My second-grade teacher was Mrs. Cook. She was an African American woman. My fourth-grade teacher, they had blends of teachers. Miss Frazier [phonetic] was one of them. She was African American. And Miss Greenly in the sixth grade was African American. Miss Ray was African American. So I had the exposure to those teachers, and if you look back at pictures from Tucker Capps, the classes I were in were at least 40/60, 40 percent African American or black and 60 percent white, kind of. We had every once in a while there was a Native American child or maybe Hispanic child, but for the most part, it was black and white.

If you look at the history of the Hampton-Newport News area, because it was at the coast, because it was the shipyard, because there was a black and white history there—Hampton Institute was first Hampton Normal School, became Hampton Institute,

is now Hampton University, one of the historically black colleges and universities, right, was right there. So I grew up in that. That was my experience. So when I hear people say, "Well, the first time I ever met a black person was when I was in college or later," I was like, "*What*?" The first time I did, our church was integrated. The Catholic church that I went to was called St. Vincent's de Paul Catholic Church, in downtown Newport News, was integrated.

[0:30:11.6]

EM: Wow!

[0:30:13.7]

MH: We had a folk group. Anthony was the bass player, you know [Miller laughs], and there was—I can't remember—Grace and Tina, and I don't know who the other singers and instrumentalists were, but it was part of that folk group kind of time period of the late [19]60s, early [19]70s, and integrated. We sat at the same tables and ate together and shared and that kind of thing, so I was always exposed to that, made it real easy for me.

I get strangely complimented sometimes, and I'm only saying this in terms of the archives, that my friend Wesley, his father was a minister at AME Zion, African Methodist Episcopal church, and so Wesley's one of the people that I hang out with and stay in touch with from the second and third grade, and Denny T, Dennis Tillman. But Wesley will say, "Man, you just are at ease no matter where you go, you know. Put you in the middle of didn't matter what, 'Hey, how you doing? Nice to meet you. What's up? [Miller laughs.] Tell me a little—give me some experience, you know, or share it with me."

And I never really noticed that, because it was inherent or natural to me to be open. We were part of the social action center, you know. You did things. We walked together with kind of an ecumenical church experience. On Palm Sunday, everybody else came all out, you know, kind of things like that, and we went to other people's churches and went to synagogue. I would have to say I have not experienced a mosque, a Muslim service in any sort of way, or Islamic service, but I would. Mm-hmm, that's okay with me, you know. It's no different. I like to see the inside of the building and kind of hear the language spoken, whether I understand it or not. So I'm open to that kind of stuff.

I can truthfully say that there are times I feel awkward or outside, but if I can get a chance to talk to you and look you in the eye, if that's your culture to allow me to look you in the eye, I'll do so. If I'm to shake your hand, fine. If I'm not, if I'm supposed to hug or something, whatever. If we're supposed to stand close or stand far away, if we're not supposed to share the room or the table, you know, whatever, you tell me, guide me. I'm okay with that. So I've had that kind of experience.

[0:30:13.7]

EM: Yeah, it's really beautiful. Yeah. Can you tell me a little bit more about your schooling experience? I know you kind of did already, but maybe a little bit more about your high school and then after high school as well.

[0:33:01.8]

MH: Well, junior high school, we called it junior high school, was at Jeff [Jefferson] Davis Junior High School. That was seventh and eighth and ninth grade, but I went only from seventh and eighth grade. And there's been some controversy with the name Jefferson Davis Junior High School, so it's been changed only in the last couple of

years. I don't even remember what it was changed to, to be honest with you, but it's in Hampton.

So between the eighth and ninth grade, the school systems changed to what was called fundamental schooling, and I was sent to Eaton, E-a-t-o-n, Middle School, they called it then, instead of junior high school. And I met a whole new set of people that came from different parts of Hampton, they were all joined in these fundamental schools, and so I met people that I had never gone to school with. You usually went to school with a number of the same people from elementary and junior high, high school, that kind of thing. So I didn't for the ninth grade, but then met all these other people. [Miller laughs.]

From there, we did go back to kind of the general high schools that we would have been in in our district or whatever it was called, and I went to what was called Big Bethel High School. Strangely, Beth-el is the House of God, right? But nobody knew that. They thought of it as the Baptist church, Bethel Baptist, Big Bethel Baptist Church, you know. Nobody knows that kind of stuff.

Anyway, I went there, and a number of the people that I knew from the ninth grade actually ended up—

[0:34:38.7]

EM: Wow.

[0:34:38.7]

MH: —at the high school, too, and I was like, "Oh, wow! This is cool to see you. I didn't know you were going to be here," I guess because of where they lived in the districts, you know, however that worked out.

So in junior high school, I was in plays, on stage. In high school, I was as well, and became a thespian, you know. [Miller laughs.] Although, tragically, there was a play—I want to say it was *Our Town* or something [Miller laughs] like that, I don't remember exactly, but it was one of them where we started by sitting on a train, and we were supposed to jiggle around like we were on this train ride and sing a song, and I was supposed to sing the opening song, and I forgot the lyrics. [Miller laughs.] And the people sitting across from me were like [imitating], "Why aren't you singing the song?" They had their teeth together [Miller laughs], and they're like, "Why aren't you singing your song?"

I said, "Because I forgot the words." And I remember my friends who were in the lighting booth, Ed and Jeff, Edward Chamber and Jeff Coates, they were pointing at me and just bursting into laughter from up there [Miller laughs] because they knew that I'd forgotten the lyrics completely. So I was never meant for the stage [Miller laughs], and yet the world is but a stage.

[0:35:54.8]

EM: Yes.

[0:35:55.4]

MH: In high school, I think that one thing, one class that stood out as probably the most important class, and I would never have known it, but looking back again 20/20, was public speaking. That public speaking class with Miss Thomas—I don't remember her first name; it might have been Julia Thomas—was probably the most important class I ever took. You can say history or math or Spanish or whatever else. It was public speaking. And I learned, because she videotaped us, not to mess with your buttons on

your shirt while you're speaking, because it looks like you're digging in your belly button [Miller laughs], to keep your hands on the dais or the podium, and to enunciate, to project, to be clear, and not to use "um, uh, um," that kind of thing.

I have a colleague here at A-B Tech, her name is Yasho Atel [phonetic], and she was Turkish, and said the word "um" in Turkish means "vagina." [Miller laughs.] So she taught Communications and Public Speaking and taught her students that, "Every time I hear you say, 'um,' you're talking about whatever it is," it's like I'm telling you about a story, and "um," she hears "vagina." [Miller laughs.] It really broke her students from using "um" that much.

[0:37:17.0]

EM: How funny.

[0:37:18.0]

MH: Anyway, I thought that was probably the most important, because nowadays I do many presentations in public to alcohol and drug treatment staff and the patients and to Project Reentry, which is with prisoners, to schools, to things like that, to other groups, associations.

The second-most influential class came after my first semester in college while I was home for summer break, was typing. I'd never taken typing until I had this summer course at Thomas Nelson Community College, which was in Newport News. I believe they're Thomas Nelson University now, if it's still around. And I took typing, so that was the second-most important class I ever took, in my opinion, because from that I can now type. Whether I'm looking at the new keys or not, I know how to properly type, and it's been very useful.

High school was hard for me. I didn't get really good grades. I was more interested in working. I remember at one time, um, we—there I go, "um." [Miller laughs.] But at one time, we had missed school, I guess it must have been for a winter break, whatever, and were to make up class on a Saturday. Well, Saturdays were the days that I cut grass and raked yards and washed cars and all that. And I remember having to go to school that Saturday, really resenting it [Miller laughs], so I faked being sick [Miller laughs] so much so that the phone call was to my neighbor. My parents weren't around that day or doing something, whatever it was, and they called my neighbor to come and get me because I was sick. And I was dropped off at the house, I got my lawnmower and walked down the street with it and started cutting grass.

[0:39:05.3]

EM: That's so funny.

[0:39:06.1]

MH: And I remember cutting the grass and seeing my father's car driving by [Miller laughs] and then backing up [Miller laughs] and turning down the cul-de-sac, and I was made to leave the lawnmower where it was in the middle of what I was cutting at Mrs. Klein's [phonetic] house, and I was sent back to school in my dirty clothes [Miller laughs], whatever, lawn-mowing clothes, to finish that day. So I remember that kind of thing. That's how either much a workaholic I was [Miller laughs], and still am, or how important making money, working—was it a work ethic? I don't know. I thought I needed to get the job done.

School was tough for me because I—it was okay. Socially, it was great, fantastic. [Miller laughs.] I met lots of people. I was in the German Club and I took Spanish there. I

was in Drama Club and things like that. When I got out of high school and into college, that's where I really excelled and stayed on the Dean's List and made 3.8 and 4.0's and that kind of thing. That's a little bit about junior and high school.

[0:40:14.7]

EM: Where did you go to college?

[0:40:16.3]

MH: Because of an incident that happened in high school, the M-Gang, there were ten of us who were suspended for ten days. We were thought to have gone off campus and smoked marijuana, weed, you know, pot. [Miller laughs.] And we were very confused, because if we had, it had been the year before, but it wasn't recent, and we were suspended, all of us. So those ten days added up to six classes a day for ten days. That meant sixty zeros on assignments no matter what it was, and many of us had a tough time getting our grades back up in the last year. So that was eleventh grade. We were told that it happened in tenth grade. Everybody was freaked out and scared. "We know. We already know." And it's very intimidating, shamefully, to them, I think.

So by the twelfth grade, it was very hard for me to bring my grade point average up. Saying that, I was unable to get into any state schools. Didn't matter that my father had friends and asked for letters of recommendation, all that, I could not get into a state school nowhere. I applied to probably ten or fifteen schools.

One of the ladies I cut grass for, her name was May Kearns, K-e-a-r-n-s, her nephew was Brother Gregory at Belmont Abbey College, which is down between Gastonia, North Carolina, and Charlotte, North Carolina, near Belmont and Mount Holly, and I was admitted there on probation. I didn't realize I was admitted there [Miller

laughs] because I was in Europe at the time [Miller laughs], and when I got back, my parents told me—I had spent a month in Europe after high school—told me that they had enrolled me at Belmont Abbey, that I was on probation, that I was going to college. So that's where I first went to school.

During that four-year experience, the—let me see. It was the second semester sophomore, first semester junior year, because it was a little bit different in Costa Rica, I spent a year in Costa Rica—

[0:42:38.2]

EM: Wow.

[0:42:38.2]

MH: —as an exchange student at the University of Costa Rica in San Jose through an exchange program with the University of Kansas, and it was there that I say that I really gained the ability, the fluency in Spanish, because of the university, and all but my English class were taught in Spanish.

I took an English class the first semester there to kind of give myself a break. It fulfilled one of my requirements. I got out of college, after graduating, with a Bachelor of Arts degree in business administration, and I worked for JC Penney for a couple of years. The Olympics were in Barcelona, Spain, and I wanted to go, but I was not able to go and represent JC Penney, so I kind of felt like maybe I wasn't going to be taking my career with them any further, and I went back to school.

The second time I went back to school was to Virginia Commonwealth University, which is in Richmond, Virginia. They called it VCU, and there I got another Bachelor of Arts degree in Spanish. So I have two Bachelor of Arts degrees, one in

business administration, the other in Spanish. I do not have a master's degree, and it is a fluke that I work here at A-B Tech. [Miller laughs.] But I started in the language lab at the time, did not need to have a master's degree, was given the opportunity, after the short time that I was in the language lab, to teach a summer course here, and I've taught Spanish. All levels of the Spanish that they offer at A-B Tech, I've taught over the years. I currently teach something called "Spanish for the Workplace," which is called Spanish 120. That's a little bit about what colleges I went to.

[0:44:30.0]

EM: Yeah. Did you always know that you wanted to become fluent in Spanish? Was that something you'd always thought you would do?

[0:44:36.4]

MH: In the fifth grade, my teacher—her name was Miss Pscillos. To spell it right now, I'd have to sit down and look at it. [Miller laughs.] It's like P-s-c-i-l-l-o-s or something like that, Miss Pscillos. I'd have to look back at her name. She brought in somebody, I couldn't tell you who it was, but somebody that came in and—was it weekly or every other week? They taught us things like the days of the week, the months of the year, the colors, numbers, I don't know, things like that. I thought it was fascinating. And there used to be a show on television similar to maybe what was called the *Electric Company* or *Sesame Street* or *Mister Rogers*. It was called *Villa Alegre*, the *Happy Village*. And I remember [hums melody], "*Villa Alegre!"*, being fascinated by that. So I took Spanish from the seventh grade through twelfth, I then took it in college, and then graduated with a degree in Spanish. So I really loved it, thought it was fascinating, had good teachers, a variety of them from around the world, different accents. It is also a high

compliment that people in the Spanish-speaking communities often give me—the compliment is they ask, “What country are you from?”

[0:45:58.7]

EM: [laughs] You’re like, “Here.”

[0:46:01.2]

MH: Yeah. *Yo soy de los Estados Unidos de América*. [Miller laughs.] And so it must mean that maybe my accent, my fluency is such that it sounds like maybe I *am* from another country. So I begin to tell them, “I spent time in Costa Rica, I took courses for years,” that kind of thing, but I also think it was due to the teachers I had early on that stressed the importance of the vowel sounds and the phonetics of Spanish and the tricks to pronouncing things and the emphasis and—I don’t know.

[0:46:33.5]

EM: Yeah. Did you already know that you wanted to teach it, or is that just—

[0:46:36.4]

MH: No.

[0:46:36.8]

EM: —kind of an accident? [laughs]

[0:46:38.3]

MH: Yeah. That was a fluke and an accident. In fact, I had a teacher—I should probably not say her name, but it was Miss Augabrite [phonetic], who in high school said, “I don’t know why you’re taking Spanish. You’re not serious about this. You’ll never do anything with it.”

And some years after I had taught for a couple of years here, I was back in Hampton and I went over to Bethel High School and just caught up with her and told her [Miller laughs], "Yeah, I actually teach Spanish now."

"You do? What?" kind of thing.

[0:47:05.3]

EM: She was like, "Wow!"

[0:47:06.9]

MH: So, no, that was not my intention, but it has been useful. I've met thousands of people over the years. They have taken me on different paths. They've influenced my life in many, many ways. I have been able to participate in my local and regional community oftentimes due to those relationships that I've created by being a teacher here and at Blue Ridge Community College. There are clients at the Western North Carolina AIDS Project—you spelled it out earlier at the beginning. WNCAP is the Western North Carolina AIDS Project, and NEPA stands for the Needle Exchange Program of Asheville, started in 1994. So there are a number of clients and programs that we need to do in Spanish, folks in the community that I can serve from the prevention education department by knowing some Spanish.

I've had job offers because I speak Spanish. So I didn't know that I wanted to teach, but it also goes back to that class, the public speaking. I don't mind coming in on the first day of class, whether there are nine students or twenty-nine students, and learning their names that very first day, and being able to speak in front of them and feeling comfortable. You can put me up in front of any number of people.

I had a dear, dear friend named Jerry Adell. His sister Patricia Adell is who brought me to Asheville in the first place. We had gone to Belmont Abbey together, and she and Jerry were born and raised here, and she asked me to come to Asheville and help her paint her new house and build a garden, and I never left. That was 1992.

[0:48:54.5]

EM: [laughs] Wow.

[0:48:55.7]

MH: But Jerry, her brother, died a couple of years ago, unexpectedly and suddenly, and I was asked to say a few words at his funeral. Well, if you think *I'm* at all popular, Jerry was the *most* popular in town. [Miller laughs.] So he worked at what was called Gold's Gym, is now Biltmore Athletic Club, over here in the Biltmore Village area of Asheville, and he knew *thousands* more people who'd come to the gymnasium over time and in the churches that he was involved in. And being an African American man himself, and Patricia herself, I was socialized here in that community too. People knew me and know me. So to be asked to speak at this funeral, this going-home kind of big celebration, it's *really* powerful. There were like 7- or 800 people at this.

[0:49:54.0]

EM: Wow!

[0:49:55.0]

MH: Most of the what people call black churches in this community are fairly small, a couple hundred people, whatever, maybe. They knew that this funeral was going to be in need of more space, so they ended up at one of the mega-churches. I think it must

have been Asheville Baptist or whatever it's called, I don't know, the one over down in Arden. And there were every bit of 7- to 800 people there.

[0:50:20.9]

EM: Wow!

[0:50:21.8]

MH: And those are people that could make it, because it was like on a Wednesday or something, you know, the middle of the afternoon. Had it been on a Saturday, I'll bet there'd have been 400 more people come.

And I just went up there and spoke, and I remember the minister, when I saw him the next week, he's like, "Man, I need to get you up on the—you need to come to church and preach for me." [Miller laughs.]

And I was like, "Oh, no, that's not for me." But I appreciated that [Miller laughs], again because of that one class, that public speaking. It's been influential.

[0:50:56.8]

EM: Yeah, absolutely. Can you tell me a little bit about your work at the Western North Carolina AIDS Project and the Needle Exchange Program of Asheville? How'd you get involved there? How did that start?

[0:51:06.9]

MH: It's an interesting story. So I had a business degree, right? In 1992, I came to Asheville and stayed with Patricia. We call her Tricia, T-r-i-c-i-a. And in 1993, the March on Washington [for Lesbian, Bi, and Gay Equal Rights and Liberation] for gay liberation occurred. A million people were thought to have arrived there. And I went, and I purchased what were called freedom necklaces back then. They were a necklace that

people in the LGBT community—and now it's LGBTQIA and all the letters, lesbian, gay, bisexual, transgender, queer or questioning, intersex, androgynous, all that—they were wearing these necklaces, and on it had six rings, the color of the rainbow. So I bought, I think, two hundred of them to sell. They were one for $12, or two for $20. We were selling them at Scandals Nightclub. The owner of Scandals at the time, his name was Art Fryer. His brother is a current Buncombe County commissioner, Fryer. And Art said, "Well, if you're going to put the sign up saying that you're going to give 20 percent of your proceeds to the Western North Carolina AIDS Project—." At the time, everybody was giving 20 percent of their proceeds to the AIDS service agency, whatever it was organization, ASO [AIDS Service Organization] it's sometimes called. "If you're going to do that," he said, "You have to go and meet this guy named Marty Prairie. He is the liaison to the bars and giving out condoms and that kind of stuff, but you need to speak to him."

I said, "Oh, okay." So I went and I met this guy Marty Prairie, and I said, "Yeah, Art Fryer told me I needed to meet you. If I was going to give this donation, it had to be through you."

He said, "Well, oh, that's fine. We'll take your donation, but is that your Toyota pickup truck out front?" [Miller laughs.]

I said, "Yes." So I have a 1986 rusty-color Toyota pickup truck. I'm in it today. It's 33 years old this year. [Miller laughs.] And I said, "Yeah, that's mine."

He said, "Well, can you help us move this lady's furniture?" [Miller laughs.] and, "Can you sit at our bell-share booth?" [Miller laughs.] And, "Do you mind doing this volunteer work, whatever?"

I was like, "Yeah, okay, whatever. Sure, I'm up for it." So that's how I was introduced to the Western North Carolina AIDS Project, and after volunteering for a number of events, Marty asked me if I wanted a job. I, at the time, had at least two jobs. [Miller laughs.] I always like to have two or three jobs—workaholic again. And I said, "Sure, yeah. What is it?"

He said, "Street outreach."

And I said, "Yeah, okay, I'll do it. What is that?" [Miller laughs.] I didn't know what he was talking about.

So Marty's history is that he was from the Pine Ridge Indian Reservation. His name was Marty Lynn Prairie Chicken. *Shio* [phonetic] is how their family called it in his Lakota language. He at a young age left the Pine Ridge Indian Reservation and ended up in some of the larger cities of California, L.A. and San Francisco and San Diego, and living there and surviving the best way he could on the streets. He acquired HIV and Hepatitis C. He was one of five children in his family. He had a brother who preceded him in death to HIV, and a sister who followed him in death with HIV and Hepatitis C.

Marty, at the time, came to visit his two sisters here in North Carolina. They were living in Charlotte and over in Lumberton in Pembroke. He got tired and found what he called his sobriety and his recovery here in the mountains of western North Carolina, so he did the program and was out at the First Step Farm and all that kind of stuff, and picked tomatoes and tobacco for a year. He had a job at the Western North Carolina AIDS Project, living with HIV. As an openly HIV-positive, openly gay Native American, he could kind of step his foot into tribal communities where you might not think a long-

haired, dirty-talking white guy like myself [Miller laughs] is the appropriate interpreter, as I always put it.

So Marty had been there in the early epidemic in San Francisco and L.A. and all those cities and had seen the devastation of HIV and AIDS, friends and family. He said that after 375 people in his world dying, he just couldn't take it anymore. It was traumatic. So he moved here and lived clean and sober, as he put it, for the last 15 years of his life. But he taught me more than anybody else has ever been able to teach me about HIV, about living with it, about hepatitis, living with it, about drug use and needle use and all the things that are related to or correlated to HIV infections, to epidemic-level issues.

Then Marty died in 2001, on March 15th. So it was devastating for many reasons, not just to his family who now, out of five children, lost three to HIV and AIDS—

[0:56:26.5]

EM: Wow.

[0:56:26.5]

MH: —but it was devastating to me personally. He was my boss and my mentor and my friend. His partner, Paul Arons, who lives in Tallahassee still, was devastated by it. They'd been together for nine years.

So the week before he died, he asked me to promise him that I would continue to try to educate people, continue to try to operate the Needle Exchange Program that we started in 1994, continue to try to distribute condoms. I was like, "Marty, you're too mean to die. I'll be dead way before you." [Miller laughs.] But he died the next week of an impacted pneumonia in his upper right lobe. So in his honor, I've tried to do this work

all these years. My work includes distributing condoms. We distributed around 190,000 condoms last year to about thirty-five bowls. It's interesting that you say, "Wow!" and that you're impressed by that. There are about 800,000 people in the western North Carolina region, so not everybody got one condom for the whole year [Miller laughs]. Whether they use them or would or not, that's never enough, as I see it. But it is interesting, people's response to that.

I also am trained to draw blood, venous blood, so I work with the Health Department sometimes and we do outside-the-box kind of nontraditional HIV and syphilis, chlamydia, gonorrhea, and Hepatitis C testing. So I draw blood. We do other testing at the office when we're not working with the Health Department. We do rapid HIV and Hepatitis C testing with the finger stick, two drops of blood, and 20-minute time test results.

Marty and I started the Needle Exchange Program, so part of the work I did as an outreach worker was in this area downtown. It's called the Grove Arcade, and now it's a very kind of high-end part of downtown Asheville, but at night back in the [19]90s, it became a public sex environment where men met other men and drove around the block. The Grove Arcade was then the Federal Building. So at 5:01 [p.m.], it was the people's, and at 6:59 [a.m.], it got ready to be turned back to the feds. And so that's where I started.

But out there, I was tripping over needles, and I said to Marty, "It just seems like a biohazard." I mean, just common sense told me it seems like a biohazard that there were needles on the ground. Something needed to be done. And his experience having been in the bigger cities where it was all very progressive, he knew about needle exchange, and he said, "We need to start a needle exchange."

And I said, “Yeah, let’s do it! What’s that?” [Miller laughs.] I didn’t know.

From there, we traveled to places like Baltimore, Milwaukee and Chicago and Tacoma and Seattle and New York and San Francisco and L.A. and San Diego and saw how needle exchanges were done in all these other cities, and brought back that information to North Carolina. So since 1994, we’ve operated the Needle Exchange Program of Asheville, NEPA we call it.

[0:59:30.0]

EM: Wow.

[0:59:30.0]

MH: Back then, if we ever exchanged 1,000 needles in a whole year, we thought we were pretty hot snot. In 2016, when it *finally* became legal in the state of North Carolina to actually operate a needle exchange—so we operated illegally all those years, but when finally it was legalized, the Needle Exchange Program of Asheville went through 512,000 needles.

[0:59:53.7]

EM: Wow!

[0:59:54.3]

MH: That’s a half a million needles. And the Western North Carolina AIDS Project itself serves an 18-county region of the western part of the state with HIV case management, prevention services, testing, that kind of thing. People reported having come from 32 different counties in four states, just to access a stupid ten-cent needle that they couldn’t otherwise access in their home county at a local pharmacy. There is not a prescription law here in North Carolina for the purchase of needles. Any one of us could

buy a pack of needles if the pharmacist decides to sell them to us. So the paraphernalia law has a component in there that states that the provider of the needles or the pharmacist himself or herself does not have to sell the needles to you if they believe the reason for the purpose for those needles is for, quote, unquote, "illicit purposes."

[1:00:48.7]

EM: Interesting.

[1:00:49.7]

MH: So I come in to buy some needles and I'm already being judged. "Is that an insulin user or an illegal drug user?" Or, "Should we sell them or not?" So when I have spoken to the Eschelman School of Pharmacy students here—they have a satellite school at UNCA; that's University of North Carolina [at] Asheville—I remember students saying one time, "Well, back at the pharmacy where I worked last summer, if somebody came in for needles, we would sell them to them as long as they weren't high."

I was like, "Whoa! You actually discriminated against somebody who's seeking an instrument of public health to reduce his or her risk of an HIV infection, viral hepatitis, endocarditis, an abscess, other bloodborne pathogens being transmitted because you judged him or her to be high? Somebody with enough gumption to come into a pharmacy, drew up all their energy and blocked away their fear, asking for needles, knowing how stigmatizing and discriminatory it can be in situations where you need needles, you restricted their access to that. That's really shocking to me," I said. "Couldn't you have instead maybe said, 'Look, we're really glad you're here today. You look maybe like something's wrong. Are you okay? Would you like some information about treatment centers in our community, or have you been just to the pool and maybe

your eyes are bloodshot because there's too much chlorine in the pool?'" You know what I mean? Like how else could you have addressed the issue to reduce the harm to the person, your customer, to invite them to come back to properly dispose of needles? All of this is the kind of stuff that we learned, Marty and I, traveling. So the fact is, we went through half a million needles, and we go through between 40- and 50,000 needles a month—

[1:02:40.9]

EM: Wow!

[1:02:42.1]

MH: —at our office, every single month. So my latest advocacy is that all 85 county health department locations become that *one* special place in each county where they are located, because some smaller counties joined forces together, that's why there are only 85 and not 100 with all the counties we have. Could they become that *one* location that people know they could go to and access clean needles, proper disposal, look at my abscess if I had one, some alcohol swabs, a tourniquet, cotton, all that kind of stuff? Or must you continue to discriminate against people? And if any other exchange wants to—you want to open a needle exchange, NEPA wants to stay a steady collective, whoever wants to open a needle exchange, great. But did you know that every county health department is that one place that you can go? So that's my advocacy now.

Mark Benton came down at the behest of Secretary Mandy Cohen, our North Carolina Secretary of Health, and I wrote to him. I said, "Come on, Mark, all County Health Departments need to be that place." And the Buncombe County Department of

Health and Human Services here, where we are now in this county, is supposed to open their doors on August 1st.

[1:04:00.9]

EM: Wow!

[1:04:00.9]

MH: I'm going to go back to the office and ask, "Y'all opening two days from now?"

[1:04:04.8]

EM: Yeah, yeah, yeah!

[1:04:04.8]

MH: They were supposed to have opened July 1st, and their safety plan was not in place, so next is August 1st. We'll see. And I hope that that takes a little bit of a burden off of our agency and that people have access to the equipment they need to reduce their harm. So part of the work we do is harm reduction. We do other advocacy. We do volunteer services. We do case management for about 267 people out of the 2,000 people thought to be living with HIV in this region. But it is also to make sure that people have access to simple ten-cent needles.

We're all drug users, as I see it. Some of us you can't speak to until you've had your coffee in the morning. [Miller laughs.] I don't like my coffee in the morning; I like mine at night. Coffee in the morning makes me sick and drowsy. At night, it kind of makes me relaxed and puts me to sleep, so I drink mine at night. We each make choices about what we do with our bodies, whether ingesting things, taking things, exposing things to our body, and each decision we have, each decision we make, has a result.

Whether beneficial or consequential, each decision has a result. Are we making informed decisions?

This is all part of the spiel I give when I'm speaking at alcohol and drug treatment centers, when I'm speaking at Project Reentry, when I'm speaking to the eighth- or ninth-graders or even the sixth- and seventh-graders, talking about harm reduction and not judging people, that we're all just sharing this space on a place called Earth for a very short time in the expanse of the universe, and if we took these masks of skin and hair off, we would find out that biologically we are much more similar than we are different. Can't we just get along? I don't have to love you, you don't have to love me, but if I can help you with the door, pick something up off the floor for you, won't you let me, kind of thing? I think we could really get along a lot better. So that's kind of how I present myself. That's how I present my work. I try to live by that to the best of my ability. I am only human.

[1:06:10.0]

EM: Absolutely. How did y'all operate the needle exchange program before it was legal? Was that [laughs] incredibly difficult? Did you have to stay under the radar? Did they work with y'all?

[1:06:22.0]

MH: So, traditionally, needle exchange was categorized as openly active, somewhat openly active, you know, partially or underground. So, openly active was those cities or states where they legislated it. So, New Mexico, for example, had 22 or so needle exchanges the last time I looked, and it was legislated. And parts of New York and

parts of California were legislated. Even in California, it was a state of emergency. "We need to do something," so they implemented it that way.

Here, being illegal, Marty and I, after visiting all these needle exchanges across the country, came to a meeting of the North Carolina Minority Health Advisory Council, and there must be a record of it somewhere. So we made this vast presentation about things that either complemented or contradicted what the state was saying. So, for example, this was a roomful of, I don't know, 50 people around this *huge* table, and for several hours, they said, "We don't need needle exchanges." This is the Health Department, "We don't need needle exchange because we already pass out bleach kits."

And we're like, "Well, here the literature says the bleach kits aren't really effective. If I'm to use the needle and then you have to have water and bleach and more water before you can use the needle, and a third person is going to—first of all, by federal guidelines, needles are a one-time-use medical instrument, to be properly disposed of in a proper sharps container, not to be reused, not even for yourself. That's the guidelines of the federal level. But people use their own needles, so we're realistic. But each time you do, it begins to barb, so as it barbs over time, it kind of looks like a fishhook, and when you're jabbing that into your skin and veins, and then yanking it back out, you're damaging yourself. You are creating abscesses potentially, you are damaging and scarring up your veins, all of that. So people want to take care of themselves, and we're open to that."

I can't remember if I'm answering your whole question.

[1:08:32.8]

EM: No, you're fine. Just was it like—?

[1:08:35.0]

MH: Oh, illegal. So, being so, Marty and I were always very kind of—I don't want to say openly aggressive. We're openly—were we confrontational [Miller laughs], stern, firm? We just weren't going to give anybody our power. And sometimes we'd be teased because I have long hair and Marty had beautiful long hair, too, and they'd say, "Oh, here come those two long-hairs from the mountains," you know. [Miller laughs.] "And they're going to start stirring up some trouble," or whatever.

But Marty was a voice that really resonated, and he was a strong voice for people, for the needs of those most in need. So I learned a lot from him that. So we would go and speak to—Will Anario at the time was the Chief of Police, and spoke to him up front. "We're going to operate this thing called the needle exchange. We need you to know about it. We want your support. This is what we're doing." Not, "Did you mind if we—what would you think about if we started it?" [Miller laughs.] We just told him.

[1:09:42.9]

EM: "We're doing it."

[1:09:43.3]

MH: "We're doing it. You already have sharps containers in the back of your patrol cars, so there's obviously a needle need." But back then if we have exchanged 1,000 needles, I said, in a year that was a lot to us. We were considered a small, very small program. You had extra large doing a million, you had large doing 500,000, you had medium, small, and extra small. We were an extra small program, but we are in the literature.

There's a Dr. Don Descharlet [phonetic]. I'd have to spell it for you if I sat down and looked at it. But he was from like the Beth Israel, I don't know, Baron von Rothschild's something Research Center up in New York. I have all that information if you want to follow up by email or something. And in the literature, the survey data, you'll see North Carolina, and that was us. We were the only openly active needle exchange program in the state for years.

[1:10:33.7]

EM: Wow!

[1:10:34.6]

MH: There was another program that operated kind of a little bit here and there in the Greensboro area, the Winston-Salem, Greensboro area. So there's Winston-Salem, Greensboro, and there was one that had started in the Durham area, but it apparently didn't pan out.

So we're open with the mayors, and Mayor Sitnick, Leni Sitnick, was one of our mayors at the time, told her, and she was very supportive. We went to the health director and to the county commissioners and just kind of told them, put it out on the table, what we're doing, why we're doing it, and, "If you would like to join forces, we could certainly use the support." Of course, they didn't, and it made it very difficult and challenging in that sense.

[1:11:19.9]

EM: Did you find anybody at the administrative or law enforcement level that was ever supportive?

[1:11:25.3]

MH: Supportive, yes. Critical or that blocked us, no. Very supportive.

So, remember I worked at Gold's Gym at the time with Jerry Adell. I spoke about his funeral and knowing everybody. Well, that was the only gym back in Asheville. You may remember, I mean, Asheville, it was dead. And so many of the law enforcement officers, the cops, the Asheville Police or sometimes the deputies, the county deputies, would come in and work out and that kind of thing, and they knew me. "What's up? How you doing?" whatever.

And I'm like, "Hey, can I ask you a question? You're a cop, right? What do you think about needle exchange? We're doing it. We're going to keep doing it," that kind of thing. So it kind of throws them off if you don't give up your power, but it also gave some credibility that consistently Marty and I were doing this, consistently we were out there, consistently we were visible, consistently we were talking to people, writing letters to editors. The UNC *Banner* has probably an old archived article. UNC-TV, I think I was—was I telling you about UNC-TV?

[1:12:36.2]

EM: You mentioned it in email one time.

[1:12:38.0]

MH: Yeah. I don't know how you'd find it. I can't remember the date exactly. I have a copy of the video itself somewhere in a closet [Miller laughs] at home. But that's kind of how we got started, and it was very supported. This community is very supportive, different than other communities.

[1:12:58.0]

EM: Did you ever face pushback from other people who are, you know, advocates for, you know, helping harm reduction in AIDS, and did people ever think that needle exchange wasn't the right way to go about it?

[1:13:11.9]

MH: Sure.

[1:13:13.1]

EM: What kind of—how do you respond to, you know, people who say, "I like what you're doing, but I don't know if that's the right way to fix the problem"?

[1:13:19.1]

MH: Yeah, yeah. There were occasional times that when I wrote a letter to the editor, whether in the *Asheville Citizen Times* or the *Mountain Express* or wherever the outlet was, the *Urban News*, sometimes a writer would write back and say, "Oh, you're just promoting drug use."

I'm like, "Not really." There's plenty of it out there, and whether I'm here or not, plenty of people are going to be using drugs, plenty of people are going to use needles. They may not have sharp needles. They may not have an access, a point of access to have a conversation with me to maybe relate to them in some past experience I may have had, although I was never an injecting drug user, I've never stuck a needle in my arm, to be honest. I don't generally disclose that. People assume that I have HIV and Hep-C just because I've been doing this for so long, but I do not have either, so I don't normally disclose that either. [Miller laughs.] But for the archives, I'll disclose that. [Miller laughs] I'd rather that people just think what they want to think, and I have a funny story about that too.

So we were always out there, and occasionally there was a minister up in the Raleigh area, so when it was coming time to do some legislation—I don't remember his name, but he was, you know, "You're promoting drug use, and you're hurting the family, and you are not encouraging treatment," and all this kind of things that weren't really, really true. But I get it. I know where he's coming from.

So there are people that think that this is bad, it's promoting drug use. Again, we're all drug users and we each make our own choices. What is outlandish to some is to think that maybe we need pharmaceutical-grade heroin and fentanyl or not, and meth and stuff like that. Because I believe part of what is going on right now in terms of overdoses, in terms of the illness, in terms of hospitalizations and endocarditis, for example, is that people don't really know where they're getting that medication or pill from. I know that if I go to the doctor, I have a prescription. I know that if you come over and want a piece of my prescription, legal or not, that you know that it is a 2.5 or 10 milligram something. You know exactly what you're taking. The baggie, I scoop a little bit out, you don't know what it is. You don't know if it's got fentanyl. You don't know if it's cut with something else, if it's going to give you a headache, if it's going to be allergic reaction or not, and I think that's important to *know*. So do we at some point decide that it's not just needle exchange but also drug accessibility? With your doctor? Okay. Certain measurement? Okay. I don't know.

[1:16:04.7]

EM: That's a really interesting theory of, like, drug legalization for the safety drug use.

[1:16:11.9]

MH: I know.

[1:16:12.7]

EM: Makes sense. [laughs]

[1:16:14.6]

MH: To some.

[1:16:15.8]

EM: [laughs] Yeah.

[1:16:15.8]

MH: To others, they're mad as hell when I bring it up. So I don't know. I don't know. We haven't had that much opposition, truly, overall. I think we've had a great relationship with law enforcement, with public officials, the general counseling/provider community, and with students doing work, you know, that kind of thing.

[1:16:39.2]

EM: You said that you work with—is it counseling with over 200 folks who are HIV-positive?

[1:16:48.9]

MH: So at the Western North Carolina AIDS Project we have what's called case management.

[1:16:52.5]

EM: Case management.

[1:16:52.8]

MH: Those are social workers who have caseloads between 40 and 50 people living with HIV/AIDS. HIV is the Human Immunodeficiency Virus. That's what

transmits, can be transmitted. AIDS is the Acquired Immunodeficiency Syndrome. The thing that beats up on your immune system is the virus. Over time, you may have AIDS, the syndrome.

Now I've lost track again. I'm so sorry.

[1:17:20.8]

EM: Oh, no, you're just—what, kind of, is that? What's the case management? What is the—

[1:17:25.1]

MH: Oh, yes, the case managers. We have about 267 clients. There are thought to be about 2,000 people living with HIV in this region, but 267 of them come to see our case managers, who are what are called medical case managers nowadays; that is, to try to get people tested. You test positive to get you into your first appointment for care. From care, you get to take the medications. And over time, generally six months to a year, if you have a suppressed virus, viral load, then there's this latest, called U=U, Undetectable Equals Untransmittable. And in North Carolina, you don't have to disclose your HIV status if you can keep that viral suppression for six months or more. So it must be six months or more under 200 viral particles, you're considered undetectable.

So that's what our case managers do. They pay a bill, they transport, they coordinate with me to move some furniture or whatever it is. But I would say probably overall, they're the busiest, I think.

[1:18:33.7]

EM: Wow.

[1:18:33.7]

MH: That's hard work, and clients come with such desperate needs sometimes. And to think that it'd be easy to live on 700-and-whatever, -37 or 747 dollars for the month, and many of our clients were never in the work field, or if they were, for a very short time, so they get the very *minimum* of assistance, whether food stamps for $12 and a housing subsidy and that kind of thing. I think it's very hard on people.

[1:19:02.4]

EM: Yeah. So what are your—I know you were talking about the goals of, you know, having the health centers be the same spaces in every county area, but what are your other goals right now with the WNCAP or NEPA?

[1:19:19.2]

MH: Well, so I've been there since [19]93. I took a little time away. Marty and I left the agency for a couple of years but still did the same work, and we just did it across the country and across the state. And then Marty died in 2001. We had been to South Africa, to Durban, South Africa, for the International AIDS Conference in 2000, so 2001 he died.

After 25 years, because I started in 1994, after 25 years of this, I almost think, in looking at myself in the mirror, I'm gray now, I'm wrinkly, you know, older now. I'm 53. I don't disclose that to people [Miller laughs], but I've already told you what year I was born. I want the next generation to take over, to step in with the care and compassion and compulsion, maybe, to take the fear away and do the work. Be consistent. Get out there. A lot of new-generation folks, they never cleaned up vomit or feces or saw somebody with Kaposi sarcoma or saw somebody die, held their hand at that last breath. I *love* that

stuff. It sounds morbid, but I love to be part of your dying process, you know, and it's been quite the honor to have been part of that over the years.

I don't know what other goals I have. I just hope that I can reach people in time before they overdose, before they're dead and gone, before they've lost all the years of their life, that they say eventually, "Well, I don't even remember that. I don't remember any of those years. It was like a blur."

I'm like, "Oh, gosh, that's terrible," you know.

So I don't know what goals I have, really. Just somebody else come in and maybe step in my place.

[1:21:24.5]

EM: Yeah, definitely. Are you—I mean, so you do both advocacy and, you know, prevention, but also treatment work, right? Because it seems like you were doing prevention in talking to high-schoolers, but you also do more treatment stuff with going to, like, alcohol and drug meetings and stuff?

[1:21:44.6]

MH: I go there and do some educational information. So we talk about HIV, STDs, and hepatitis and give some websites, give some resources. We talk about the symptoms, are they preventable, curable, treatable, what. I'm not a licensed counselor, but I have had some insight over the years and try to wish people well. If I had a magic wand [Miller laughs], I would just sprinkle it across everybody, but I don't, and so I just take you as you are when you come in, kind of thing. It's disappointing sometimes when somebody I've known in the community for a number of years shows up HIV-positive and they're kind of embarrassed to see me at the agency, but I welcome them too. I just

think in my mind, "What did I *not* do? What could I have done *more*? What was I missing?"

We do PrEP, something called PrEP, pre-exposure prophylaxis. It's a once-a-day pill called Truvada, that it's used to prevent HIV, not preventing pregnancy or STDs, but simply HIV. I don't know, stuff like that.

[1:22:57.4]

EM: Yeah. Is the PrEP a more recent invention?

[1:23:01.3]

MH: It's been around since 2012, so fairly.

[1:23:05.8]

EM: Okay. Has that been—have you seen positive effects of that in the area? Has that been helpful at all, do you think?

[1:23:11.7]

MH: It's a give and a take. So it helps people protect themselves against HIV. Many of the places where you would find me might be in a gay bar. Kind of the highest concentration is still in and among men who have sex with men, in this state and across the country. About 66 percent of new HIV infections occur among men who have sex with men. So we haven't learned our lessons yet [Miller laughs] kind of thing, right? And those who are taking it have been able to maybe be more free with their sexuality, but the other side is that—and many who've spoke with me shared with me this information have had to go to the Health Department because they did get an STD. Most often it was syphilis.

So do you restrict what people do? The recommendation is you take once-a-day pill, you use a condom every time. That's the CDC [Centers for Disease Control and Prevention] recommendation, along with the simple side effects that some people experience, whatever. It is a tool, that's all, just an added tool to prevent HIV.

[1:24:25.5]

EM: Absolutely.

[1:24:26.7]

MH: The CDC estimates over a million people are probably risky enough—quote, unquote, "risky enough"—to be on PrEP in order for it to have any kind of an impact on the HIV epidemic that we're facing here in this country. So I don't know what's going to happen. I think there's something like 270,000 people taking PrEP right now. So it's a far cry from being effective when we're seeing 40,000 new infections every year in this country. So I don't know.

[1:25:03.2]

EM: About how many do y'all see at the agency, would you say, per year?

[1:25:07.1]

MH: People? What?

[1:25:10.7]

EM: Um, just new infections or, you know, you said you treat over 18 counties, so I guess just how many people, about, use your services?

[1:25:20.1]

MH: Yeah. We serve 18 counties. We're not medical providers. We're medical case management to get you connected to the doctor's appointment, transportation, food resources, or whatever, pay a bill.

The county itself, there's what's called the North Carolina HIV/STD Quarterly Surveillance Report, the North Carolina HIV/STD Quarterly Surveillance Report, and in it you have to report on chlamydia, gonorrhea, syphilis, HIV, and that's what they get a report on. So Buncombe County brings to the table, I don't know, 15 to 23—I don't know if it's gotten up to 27 new case reports of HIV, for example. Compared to Charlotte, which is Mecklenburg, or Wake, Orange County, Durham, that kind of area, you might be talking about 40, 50, or 100 new infections. So there's plenty enough new infections, but the real impact—and there's about 1,300 new infections every year in North Carolina, so that's how it gets split up. But the real impact is about Hepatitis C. If we go to the jail or go to a treatment center or go to a school, we *always* pick up Hepatitis C, *lots* of it, 10, 20, 30 percent prevalence, depending on where you are, versus HIV, one here, one there. On a *rare* occasion do you pick up an HIV anymore in this county and region. It's the bigger cities, Charlotte, Wake, Greensboro.

[1:27:03.5]

EM: How have you seen, you know, the effects of, like, the opioid crisis have effects on your work at WNCAP or do you—is there an opioid crisis in this area?

[1:27:16.0]

MH: Yeah, mm-hmm.

[1:27:17.7]

EM: It's interesting to ask different people and seeing their perceptions, and you seem to be very close with that kind of work.

[1:27:24.5]

MH: Yeah. Sure, there's a problem. So the CDC a couple of years ago identified, I think, 220 or 222 potentially vulnerable counties, vulnerable to an HIV or Hepatitis C epidemic. Yeah, there's an opioid issue, but partly because people used to get their prescriptions, their pills, and then sell some of them. So it was a money market, right? I get it. But now that there are these restrictions and doctors are frightened and scared and not really feeling like they can prescribe, you have people going to the street. So, meth, it's shocking to see how many people do it. Heroin. You're like, "What?" Whatever, the pills, all that kind of stuff. So, again, I don't know whether we should have pharmaceutical-grade or not. Plenty of overdoses. We give out Narcan. What's going to stop it?

So this couple came in one time, I don't know, six, seven, eight months ago, whenever it was, but the story is the same. They said, "Hey, did you hear Susie or Billy or somebody overdosed on that shit that's going around town?"

I've heard people say, "Wow! You know where you can get some?"

I'm like, "What? Why would you want something that killed your friend?"

"I heard that was the stuff that killed Elvis," people say, you know, stuff like that.

And I'm like, "And you want to put that in your body?" How can I convince somebody? So that's where I've become a realist over the years. I can't change you. I can bring the horse to the water; I can't make it drink. I can bring information to you and share with you, but I can't make it work effectively. I can try and hope and, if you pray,

do, and all that kind of stuff, but it's going to have to, I guess, burn itself out somehow, yeah.

[1:29:32.8]

EM: Absolutely. I'm going to go into some of our more general health-related questions that we ask people. And this is one that we ask everybody, but what does being healthy mean to you?

[1:29:47.9]

MH: Being healthy, what does that mean? Well, satisfied with your body, your mind, your spirit, your image, yourself, perhaps. Because of all the good I've had in my life, you know, I'd like to have less hair to have to clean up in the bathtub, you know, okay. [Miller laughs.] I would like to have straight hair instead of curly. What else would I like to change about myself? [Miller laughs.] Not a whole lot. I'm pretty satisfied with who I am, physically. Spiritually, I think I'm in tune to many things in the world. I'm not formal about it so much so, but, you know, I can look out and see the beauty of the mountains and the clouds, and there's something beautiful every day.

I look for something positive every day. So my partner, his name is Paul Arons, he was Marty Prairie's partner for nine years, and in our mourning—the year after in Marty's culture was to mourn and then to have this big celebratory supper, so during the year of mourning, Paul and I would either get together here, in Tallahassee or Asheville, or get together in Tallahassee or here in Asheville, and we worked on a Names Project AIDS Memorial quilt. So, for example, we put that together and submitted it to the exhibit, and it comes every once in a while, and we get to see it as part of a larger exhibit.

And I say that because each morning when Paul and I speak by phone, because he's in Tallahassee and I'm in Asheville—we've been together for 17 years now—

[1:31:38.8]

EM: Wow.

[1:31:39.9]

MH: —we talk about something positive. That's the first thing. Don't start me off with what killing tragedy, fire burning, earthquake death, mayhem happened yesterday or overnight. Tell me about how's it feel to be awake today. What's the temperature? You're seeing sunlight or do you have clouds? Do you hear the birds chirping, or is it freezing cold? You know, give me something.

Same thing for on our way to bed at night. When we talk, no matter how late it is, you can talk about the politics of the day, you can talk about the economics, you can talk about the issues, the fun, the bad, the good, the ugly, but before we finish, we have to come up with something sweet. Whether that's, "Oh, I'm thinking about blueberry pie with ice cream on it," or, "I'm thinking about skydiving or how much fun that was," or, "I'm thinking about our upcoming trip that we're going to take to—," wherever. So we're looking for something positive, because I don't want to go to sleep thinking about the negative. I want to have the positive.

And I'm not naïve to the evils and rotten components of the world. I'm not naïve. I play naïve sometimes. [Miller laughs.] I play stupid. But I see so much because I really am—Marty, having been through the program and, I say, knowing Bill W. and clean and sober and all that, I stopped drinking in 1995, working with him. So I'm always very, very grateful to him for that. So I'm sober in that sense. You know what I mean? Like if I

go to the bars, I see who's dealing drugs, I see who's doing drugs, I watch how people change in an hour of drinking alcohol or doing other things, and I'm nobody's judge because I don't want to be judged by anybody.

On the other hand, people think I'm a nerd and I'm goofy [Miller laughs] and I'm a—you know, whatever, Polly [Pollyanna]—what's it? What's the word? Not polyamorous I'm talking about. [Miller laughs.] It's, oh, the—she's the prissy, goody-goody.

[1:33:42.8]

EM: Oh, yeah.

[1:33:43.8]

MH: Who is that? It's—oh, my gosh.

[1:33:46.4]

EM: I know. I know exactly what you're thinking of.

[1:33:48.2]

MH: Yes. Anyway, people think I'm that person, that I'm just such a goody-two-shoes, or something like that, and I have my bad side, too, but I'm sober. I get to see it. I go into doing what I'm doing thinking clearly. I can have a conversation with you. I don't have to have alcohol and drugs to start a conversation. I don't have to have alcohol and drugs to dance, be the first one out on the dance floor, dance by myself. [Miller laughs.] I don't have to have other ingredients that aren't my own nature to wake up in the morning, to be happy in the morning, to spend the day, to enjoy the night, to share my life. So that's healthy to me. Is it to somebody else? Maybe. Maybe not.

Vegetarian by choice, not by politics. I love to have beets and turnips and carrots in the morning for breakfast [Miller laughs] or a pot of brussel sprouts. That grosses people out. [Miller laughs.] I start my water in the morning. Sometimes with my cereal, I put water on my cereal, not milk. [Miller laughs.] So I do weird things like that. I eat desserts. I love to have a piece of pie or a piece of cake or a cookie or something like that. So sugar, yeah, okay, whatever. [Miller laughs.] But I told you I'm cutting six lawns this summer, so that, to me, is healthy. I get exercise. I don't know.

[1:35:08.6]

EM: Yeah, absolutely. I'm trying to think of what else I want to ask you. We have like a hundred million questions, so I have to kind of [laughs] go through and weed through, and, you know, some questions are better to ask some people and some are better for others. Oh. What would say it's like to live in your community, and how would you describe it to somebody who's never lived here before?

[1:35:34.7]

MH: To me, it's been a little unique. I was not born and raised here, obviously, but I have a great friend named Dave, Dave Ayers, A-y-e-r-s, who was born and raised here, and Patricia Adell. And knowing people who were born and raised here, it's kind of interesting. Like, "Eh, you're a transplant, no matter what."

I say, "Yeah, I've here since 1992. Don't I get a little credit for that?"

[1:36:00.1]

EM: Yeah. That's a while.

[1:36:01.3]

MH: It's half my life, kind of thing.

[1:36:03.2]

EM: Sure.

[1:36:03.6]

MH: So I've seen the changes since then. Had I any foresight, I would have purchased real estate. You know what I mean?

[1:36:12.8]

EM: Yeah, seriously. [laughs]

[1:36:13.7]

MH: It's too late now for me. But I've seen all the dynamic changes. It's just been—one thing I've really like about Asheville is the community. I mean like the activist community, whatever, they are activists. They are willing to step out and march down the street and to make a poster. They're willing to go to events and spend. If it's $5 to get in or if it's $10 to get in, to get in, and to spend it and to support others. And to tip your wait staff, your clerk, your whoever, I don't think it's my obligation to have to pay your salary, but I appreciate you, so I'll tip you, you know?

It's a participatory community if you're really into it and tuned to it. If you're coming here with a different kind of attitude, you live in your own world, I guess, but it can be a wonderfully stimulating, satisfying, supportive community. It's very expensive anymore. It's gotten *really* out of range for most of us, who are having to live two or three or four people deep just to be able to pay the bills. That's not fair, I don't think. And parking is a racket now. [Miller laughs.] But I've worked at a parking company in Richmond, Virginia, years ago, so I get the racket, you know. It is becoming more and more crowded. Everybody always talks about that. You will hear people say that if you

ask them about the population. It's not as diverse as it claims to be. It's a very white community, and they claim to be *so* diverse. It's really not.

But it's outdoorsy, and if you can't find something good to describe in your day, something's wrong. This ain't the place for you. You've got to be able to look out the door or walk down the street or drive across the county or something and be able to say, "Oh, my goodness, that's so beautiful. Whoa! Look at that tree. Look at those colors. Look at that mountain. Look at that view. Look at the sunset. Look at the sunrise. Look at the moon." *Something* in your day *must* be positive. If it's not, I don't think you're here. I don't think you're really here.

[1:38:48.8]

EM: Absolutely. Do you think your community is healthy?

[1:38:58.4]

MH: No, not really. And a couple of communities. So I'm part of the gay community. I think we have many challenges. Obviously, there are people who are workout fiends, and they're healthy in that sense. They build their muscles and they exercise and all that kind of stuff and maybe watch their diets. But I also think that—this is where I sound so judgmental and critical, and I hate it [Miller laughs], but I think this is the whole conversation, people talking about social media. It's funny to me. I don't have a cell phone. I don't know how to use one. [Miller laughs.] It has been a detriment when I've been around somebody who needed an emergency call and I couldn't figure out how to use the stupid thing. [Miller laughs.] Like I didn't know there was a 9-1-1 button you can touch somehow and get it to come up. So it was serious.

But I watch people, and I'll sit at the bar maybe, or a restaurant or whatever, and just count how many people up and down the bar are all on their Googleberry, I call it. That's what I always say to the students. [Miller laughs.] I said, "You don't need your Googleberry for this," [Miller laughs] or, "You can use your Googleberry for that." [Miller laughs.]

"What's a Googleberry?" [Miller laughs.]

But I know what I'm saying, you know. I'm not dumb. I'm just playing the fool. So I think we've somewhat lost an art to meeting people, feeling comfortable about it. Again, can you do it without alcohol and drugs? Are you able to reach your hand out to that person that you would like to start a conversation with, maybe? What do you do? I don't know.

In terms of healthy Carolinians, that kind of thing, I think Buncombe County has enough disparities to lay claim to need. The housing issue is stressful to people, so I think people are under great amounts of stress. We have a *huge* homeless population, people either facing or experiencing homelessness; very stressful. I don't know. There's a lot of things that, to me, seem like could be made easier. I just don't think people have to spend that much and that they could be nicer to others and that we could join forces a little bit more and more regularly and come up with creative solutions.

I like to go to the Buncombe County Board of Commissioners meetings when I'm able and I'm not teaching those nights. It's a Tuesday night. And at the end of each meeting, there's what's called public comment. You're given three minutes to talk about whatever you want, color of your shoes [Miller laughs], the day, the night, an issue,

whatever you want, and the commissioners just listen. It's their listening opportunity, so they don't say anything except "Thank you." [Miller laughs.]

And I go and I give my three minutes. But one thing I said in the last meeting I was at—it's now archived there—is that I wish that every contract that the county comes up with in terms of a building contract, that they would incorporate a clause that you must have some solar panels, 10, 15, 20, the spans of a Walmart rooftop. The new hotels, the schools they're building, the county health department that was just built, where are the, what I think of, sustainable energy kind of resource things that might be nice to have? I'm not saying we're going to get rid of fossil fuels. I don't believe we ever will. We depend on them so much. It'll take a great scientist and inventor [Miller laughs] to be able to take us off of those. But I also think you could pick up a few rays from the sun. You could get a small—maybe it doesn't have to be the huge wind turbine, but maybe smaller ones, I don't know. How could we? So I challenge them to that.

I always bring up needle exchange, and I spent half of my three minutes the other day on the needle exchange and updating them about the movements of the Health Department and that kind of thing. But I also think that we have opportunities that we're not meeting.

[1:43:07.1]

EM: Absolutely.

[1:43:09.0]

MH: So they say, "Thank you, Michael." [Miller laughs.] That's what they say.

[1:43:11.6]

EM: You're like, "You're welcome. I'll be back next week."

[1:43:14.1]

MH: That's right, exactly.

[1:43:14.9]

EM: [laughs] How has healthcare changed over your lifetime in this community, or health in general?

[1:43:25.0]

MH: I think the stigma of public health nurses has been reduced. They used to be thought as the mean, rotten, cruel nurses that were judgmental and things like that. I've not met any that were like that, and those that I work with even today who've been around for a number of years are not burned out. They are still working really hard.

There are urgent care centers more expansively. The hospital setting has changed a little bit with the purchase of St. Joe's Hospital initially and now the Mission systems with the HCA or whatever it's called.

[1:44:08.5]

EM: Oh, yeah, Healthcare Corporation of America.

[1:44:10.9]

MH: Yeah. They're out of Nashville. I was in Nashville for a concert earlier this summer and saw their headquarters. And yet there are federally qualified health centers, the Minnie Jones Health Center, Dale Fell, for example. The ABCCM Medical Center is another one. So they provide healthcare to people who are uninsured or underinsured, maybe not to the extent that everybody gets it.

A-B Tech coordinates with the Eblen Foundation to do a big dentistry service day, sometimes two days, and they set up the halls and the gymnasium and over by the dental

hygiene department, because they have a fantastic dental hygiene department here. If you need your teeth cleaned [Miller laughs], they're always looking for a patient. They do an amazing job, and people come from far and wide, and they stand in a line all the way down the sidewalk, you know, 100 people deep just to get in to see a dentist.

[1:45:14.6]

EM: Wow!

[1:45:16.3]

MH: So those are some things that have changed, I guess.

[1:45:19.4]

EM: Yeah. What would you say are the biggest challenges in your community today?

[1:45:30.2]

MH: The biggest challenges to our community? Is that right?

[1:45:38.4]

EM: Mm-hmm, or within the community, just issues that people may face.

[1:45:46.3]

MH: Being nice to one another. [Miller laughs.] Smiling, saying "Good morning," "Good afternoon." Perhaps being less intimidating or perhaps finding less fear in one another. As Councilmember Al Whitesides says, that Sunday is the most segregated day of the week, you know, go to different churches, and it's usually not integrated so well. Should we maybe explore that? I know sometimes churches do, they explore those kinds of things.

I think social media is a challenge. If you can't speak to somebody, if you don't know how to write or spell or can't just put that damn thing down [Miller laughs] for a few minutes and talk to me over supper, I think that's a major challenge. Traffic and all that kind of stuff is becoming more and more a challenge. The cost of living is a challenge. There's lots.

Education is a challenge. So in my—not the summer class, but my last spring course, I had a class in here, and I asked the students if they needed a break, and they said yes, because it's a two-hour course, so you get a five-minute break or whatever. And not one of them got up out of the chairs. They all pulled out their Googleberries, and they wanted a break to get on that thing. And I said, "Oh, I thought y'all might need to go to the bathroom or go get a drink or, you know, cookies or something."

[1:47:22.0]

EM: No.

[1:47:22.6]

MH: And they're like, "No, man, we just need to check in."

[1:47:24.9]

EM: You're like, "What?"

[1:47:26.8]

MH: "Nuh-uh. Well, let's get back to work. Let's just knock this out, then." And so that's interesting to me.

We have great food and restaurants and supportive agencies and fun things to do, a great theater. If you want to be an usher, there are a number of theaters around here that need ushers, and you get to see the play for free.

[1:47:50.9]

EM: Wow.

[1:47:50.9]

MH: I usher at the North Carolina Stage Company regularly. It's a great trade. You get to seat 128 people, and then you get to see the play for free. Is that too hard?

[1:47:59.7]

EM: No!

[1:48:00.3]

MH: That's a great deal to me, great trade. So, stuff like that. My life just brings out all sorts of opportunities and enrichment every day, and I am probably best on my own, because I'll go anywhere by myself. I am not always at my best if I'm with you, because I'm fearful that, "Do you want to do that? [Miller laughs.] You don't want to do that? Do you mind doing this? Is it okay? I don't want to make the decision. You want to make the decision? Is this person okay with you? Do you like those kind of people? Do these people bother you? Is that okay? [Miller laughs.] The music. Do you like to dance there? Do you not want to eat there?" I hate that.

I'll go to a restaurant by myself. I'll go to a movie by myself, a play by myself. I'll drive by myself. I guess I'm a loner in that sense [Miller laughs], and yet I'm very sociable when I'm around others. But I don't know. Those are some things to answer your question.

[1:48:53.0]

EM: Yeah, absolutely. [pauses] Oh. Have you seen any effects of the Affordable Care Act within your work? Has that made a difference for anybody, you personally or folks you work with?

[1:49:14.1]

MH: Two things I would say to that. So in North Carolina, we've not expanded Medicaid at this point, leaving somewhere between an estimated 500,000 and 600,000 North Carolinians without any kind of healthcare coverage whatsoever.

[1:49:28.8]

EM: Wow!

[1:49:28.8]

MH: So this Reverend [William] Barber, you've heard about him, "Moral Mondays," has come up to Asheville and had "Moral Wednesdays" or Fridays or whatever it was. So I think that it has activated people in some ways. It has split people in other ways. This is all the same stuff everybody's talking about, but it's like a piece of cake, to me, like a cake itself. We are, like, cut right down the middle, and we're just carving right through the middle, and so nobody gets a little slice of this side or that side. You either get one side or the other, instead of cutting a piece all the way around so that you get a little bit of all of it.

So I think that it is a cruel stance by any legislator who wouldn't want everybody to have just a little bit of healthcare coverage, just a little bit. If you don't need it for six months or nine months, it would be yours. If I need it tomorrow or next week, then it would be mine. Then we all have it, you know, that kind of thing. And I'm willing to pay my fair share of whatever the taxes are. I don't have healthcare insurance, and people say,

"That's a gamble, Michael. You're 53 years old. You better get you some." I'm a gambler in that sense. [Miller laughs.]

The second way I think that it has affected, and it actually affects me personally, is that here at A-B Tech, for example—and it's my understanding that businesses or entities that employ over, I can't remember now, is it 50 people, have to provide healthcare insurance to anybody who works what's considered a full-time job. And I believe that is categorized as 32 hours or more is considered a full-time job. It doesn't have to be 40 hours. So A-B Tech, where I've worked for 26 years, when the Affordable Care Act—the Patient Protection and the Affordable Care Act as it's actually entitled—was passed, they were going to be required—because I think somewhere around 60 or 70 percent of all teaching staff, faculty, are adjunct. They're part-timers. And it was already a standard that adjuncts could work up to 24 or 25 hours. I guess it was 25 total hours. Okay. That's what I used to work. So I remember teaching eight courses, three-hour courses, that was 24, and I worked one hour in the library. That was my 25 hours.

When the Patient Protection Affordable Care Act was passed, I was restricted now down to twelve hours and no more than that, and it had to do with if you work more than 30 percent of a full-time pay period, the business has to pay your healthcare insurance. And so in order for them not to, they still had to pay a penalty, is my understanding. I don't know all the technicalities, but to verify it would be probably a better thing to do. But to pay a penalty for all those adjuncts is less than if they paid for my healthcare insurance overall. So they pay a penalty and waste hundreds of thousands of dollars in that sense versus making sure that I had just a little bit of healthcare coverage as an adjunct.

[1:53:07.1]

EM: Wow!

[1:53:07.8]

MH: So that affected my pocket quite dramatically. That was half of the hours I potentially could have worked here at a pretty good pay rate in terms of faculty. But that's what I have to live with, so that's how it's affected me personally and, kind of in a general way, the view I see of North Carolinians.

[1:53:33.4]

EM: Yeah, absolutely. We've been, yeah, just asking everyone that because if it is no longer in the near future, it's, we think, important to have an historical record the effects, either positive or negative, what people experienced with the Affordable Care Act.

[1:53:49.3]

MH: Yeah, yeah.

[1:53:51.1]

EM: Um. Oh. If you could wave a magic wand and change the healthcare system, what would you do?

[1:53:58.5]

MH: Well, I think across the world, not just in this country but across the world, that everybody really should make it to a doctor and a dentist every year, every other year, have simple tools, toothbrushes and floss for your teeth, maybe a little mouthwash. I don't know. I think having a place to be able to go in and listen to my heart and do a pulse rate and a blood pressure, just a basic quick checkup, well, maybe bloodwork once

a year, CBC, a complete blood count. “You’re looking pretty good there, Mike. [Miller laughs.] Oh, got a little elevated this, a little elevated that,” or, “It’s suppressed or depressed,” whatever it is. Maybe that would be something customary, to kind of get us used to that.

So like I said, growing up, we were used to going to the doctor, going to the dentist. I go to the A-B Tech’s dental hygiene department every year, at least once a year, and I become a patient there. The students are learning, and so they use me. But I come out there, I feel like I have a new set of teeth. They really do high-end quality care. But that’s the only place I go and get my dental care, so it’s a gamble.

In terms of going to see a doctor, Dale Fell Health Center, a federally qualified health center at 7 McDowell Street here in Asheville, they opened up, and their staff were coming to their local community meetings, and they kept saying, “Hey, if you know anybody that needs medical care, send them our way. Anybody homeless, anybody facing homelessness, anybody in addiction, anybody wants this, hepatitis, send them our way.”

And I said, “Hmm. They need patients. I haven’t been to the doctor in probably 15 years.” Seriously. So I told you, we did all that growing up. Well, probably the last 15 years, I haven’t had any ailments, really. So what, I cut six lawns and my knees hurt a little bit, you know, I cut myself or get something in my ear, whatever, you know, that stuff heals.

So I went in. I made an appointment, and Jacqueline was my medical provider there, and she said, “Oh, hi, how you doing?”

"Hi, how you doing? Good." We recognize each other from the local community meetings.

She said, "What brings you in?"

I said, "Well, you said you wanted patients. Here I am."

[1:56:22.2]

EM: "Here I am."

[1:56:22.7]

MH: And she said, "Well, do you have this?"

And I said, "No."

"Are you experiencing that?"

I said, "No."

"What about that? How about this?" She, like, named off these things.

And I was like, "No."

[1:56:33.5]

EM: "No."

[1:56:35.3]

MH: She said, "Why are you here?" [Miller laughs.]

I said, "Because you said you needed a patient. I just thought I'd come. I hadn't been in a long time."

She listened to my lungs, she checked around my throat, whatever, looked in my mouth, my ears, my eyes, and then she ordered a complete blood count and a stool sample, and the stool sample came back negative for any kind of colon cancer or any kind of irregularities. It wasn't like a biopsy or a pap smear. It was just a sample of your

stool, and two samples in two consecutive bowel movements. They're looking for blood or irregular cell tissue, that kind of stuff, anything that would have stood out. And it wasn't; it was regular.

And the complete blood count, she was like, "I don't know what you do, but your blood pressure's like 108 over 62, your pulse is normal, your cholesterol is within range," and these things were just fine. Okay. [Miller laughs.] She said, "If you keep doing what you're doing, I don't really need to see you for five years." And that was it.

[1:57:36.6]

EM: Great! Fine.

[1:57:37.8]

MH: So I don't know. I try to take care of myself the best way I can, but something may hit me one day or I may get hit by a bus. Who knows? [Miller laughs.] I may twist my ankle cutting grass or get bit by a snake. I don't know. All those things, I'll just come to terms with as I do.

So a magic wand would make it accessible to everybody around the world. Just a little bit. Just a little bit. I kind of have this weird thought. Instead of us invading countries with war machinery, I think we should say, "We're going to come in your country and we're going to build roads and hospitals and schools and water systems [Miller laughs], and if you don't like it, then we're going to blow you up."

[1:58:24.6]

EM: "Take that!" [laughs]

[1:58:25.4]

MH: Yeah, "You take that." Exactly. That's how I would rather we spent resources, making sure that everybody had just a little bit of clean water, everybody had a way of disposing of trash, everybody had at least some accessibility to a doctor if you needed one, or telemedicine or something. I just think there are resources that could be spent in those directions.

[1:58:51.0]

EM: Absolutely.

[1:58:52.2]

MH: Yeah. That would be my magic wand.

[1:58:54.6]

EM: Absolutely. I love that question. [laughs] What else do you think others should know about your life?

[1:59:01.8]

MH: Sure has been good. Sure has been fun. Ain't a reason to cry over me when I'm gone. I hope you celebrate if you can find me. [Miller laughs.] I have this image in my head that I might fall off of either a cargo ship or a cruise ship in the North Atlantic some winter never to be found [Miller laughs], eaten by the sharks or whatever, which is okay with me at this point.

I don't know what else anybody should know about me. They can ask any questions they want. I'm very approachable. I try to be anyway. I think there must be something that's a little bit intimidating about me. [Miller laughs.] People laugh, most of my friends of mine laugh, "You're not intimidating, queen," or something like that. [Miller laughs.] But I try to be approachable to anybody and sit and listen.

But I'm happy, so if today were my last day, you can't say that I didn't have a good life. You can't say that. That's one thing you cannot say. I've had a good life. I've had many, many opportunities. More than most people ever shall have, I have already had. And every day's enriching, and I like to learn something new every day, be exposed to something different.

This is enriching, Emma, to be honest with you. [Miller laughs.] Just to be here and to be a part of your project and the work that you're doing. It's not all self-centered just because I'm being archived somehow, but I like to participate and try to get others to do the same thing.

[2:00:40.0]

EM: Well, thank you so much for participating.

[2:00:42.3]

MH: I'm glad to have been here today.

[2:00:44.1]

EM: It's been wonderful.

[2:00:44.7]

MH: Thank you.

[2:00:46.3]

EM: I'm trying to think if I have anything else really specific to ask, but you really touched on everything without me having to ask too many questions. If there—is there anything else that you want to touch on or discuss today before we wrap up?

[2:01:01.3]

MH: No. Any follow-up that you have if you need to, you know how to reach me. I'd be glad to follow up on whatever it is you may have questions about or issues with or want to clarify.

[2:01:14.0]

EM: Excellent.

[2:01:15.7]

MH: Life's too short, but it's also too long, to encapsulate, and it would be, I think, interesting—I'll say this, then. What you are archiving today, I think would be fun to compare to the archival interview I did at UNCA. They did a LGBT history over there this past year, they're working on trying to do more of that, and I was honored with an invitation to participate in that. So I think it would be interesting to hear what questions were asked and how I answered them. I'm sure some of them were similar, who's your family and that kind of stuff. What did I say? I can't remember.

[2:01:55.1]

EM: You said that was about a year ago that you did it?

[2:01:57.1]

MH: It was within this last year.

[2:01:58.2]

EM: Okay.

[2:01:58.9]

MH: So I'd have to look into my email to find who it was I was with, the folks. But they're doing this at UNCA itself, a kind of a historical look at LGBT generation kind of components. So I think that would be fun.

And then just to be aware, if somebody is ever using this in terms of research or gets to this point and listens to it all, in the North Carolina Room, Zoe ( ), who I mentioned earlier, I heard that she was trying to collect LGBT kind of history and that sort of thing. So I took her some samples of the work I've done at Wingcap, the AIDS Project, the outreach paperwork that I used to record, and I took her some pictures, and I took her some of the historic documents of the Needle Exchange Program of Asheville. And for about a decade or so, I wrote a column entitled "What the Rubberman Wrote" by Michael Harney, and so I took some samples of that. And I asked Zoe, I said, "Zoe, is this the kind of stuff you're looking for?"

She's like, "Yes! [Miller laughs.] Do you have more?" And I ended up dumping six boxes of stuff—

[2:03:12.2]

EM: Wow!

[2:03:13.4]

MH: —that were in my house. There are at least another six boxes of things that I should either get together and take down there or, you know, in my will. I'd suggest getting a last will and testament to any and everybody at any age. You should have one. But it specifies that those kind of materials things need to go to the archives. Who do I think I am when I say that? That anybody would care about my history or what I've done. But in the same sense, it is part of the history here, and so whatever part of it it is, 50 years from now, 100 years from now—like in the *Mountain Express*, if you read that newspaper, they have one page dedicated to the North Carolina Room each week. It's fascinating to see what was going on in 1923, 1917, 1898. So maybe somebody will be

fascinated by this some day and explore what changes have occurred or what foresight we had or what hindsight we had, or not, what blindness we had at this point in history.

[2:04:20.9]

EM: It's also important, and that's, you know, something I tell people when they're hesitant about interviews is, you know, your great-great-grandchildren can hear this.

[2:04:30.8]

MH: That's right.

[2:04:31.7]

EM: That's something that I think of lot of people really value that your story and your voice is preserved for many future generations to hear.

[2:04:37.2]

MH: Yeah, yeah, I like that.

[2:04:39.7]

EM: And, you know, you don't have to be famous for [your] life to be history, is our slogan, I guess, at SOHP. But you know that people who think that they may have ordinary lives or aren't that magnificent, every life is really important and special and adds to the historical record in many ways.

[2:04:57.6]

MH: That's so cool.

[2:04:58.6]

EM: Thank you so much for allowing me to interview you, and this has been really incredible so—

[2:05:05.1]

MH: Well, thank you. I look forward to seeing any results that you know—

[2:05:07.8]

EM: Yes.

[2:05:08.4]

MH: —will occur in the future.

[2:05:09.7]

EM: Absolutely. And we'll keep you updated.

[2:05:12.9]

MH: Yeah. Congratulations [Miller laughs], and good luck on all the work that you do in your future career too.

[2:05:17.1]

EM: Yeah. Thank you so much, Michael. I'll cut this off now.

[2:05:20.4]

[End of interview]

Edited by Emily Chilton, October 23, 2019