Oral History # 034

An Interview With
Katy Caldwell

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AN INTERVIEW WITH KATY CALDWELL

LYNN SCHWARTZENBURG: This is Lynn Schwartzenburg interviewing Katy Caldwell for The oH Project. The interview is taking place August 2, 2017, in Houston, Texas. I am interviewing Ms. Caldwell to document her recollections concerning the response to HIV/AIDS in Houston, Texas.

Hi, and welcome.

KATY CALDWELL: Thank you.

LYNN SCHWARTZENBURG: Let’s start at the beginning. When and where were you born?

KATY CALDWELL: I was born in Houston, Texas, in 1956.

LYNN SCHWARTZENBURG: Tell me about your parents.

KATY CALDWELL: I was an only child, born to older parents, older for the time, meaning now it’s kind of normal, but back then my father was 39 and my mother was 33 when I was born. Again, an only child, so therefore I had a wonderful childhood. I was very loved and appreciated and wanted and had the idyllic 1950s and 1960s middle-class, Houston, Father worked for the oil company, Mother was teacher, kind of childhood.

LYNN SCHWARTZENBURG: Did they marry later in life?

KATY CALDWELL: No. They married younger. I was a surprise. They did not think they could have children. My mother always said that I did her out of a cruise to the Bahamas when I came along, which always made me laugh. Like I said, I had a very typical, middle-class of that era upbringing. I went to a small private
school in the Meyerland area called St. Thomas Episcopal, and I went there kindergarten through 12th grade, which was a little unique, but it was, again, a parochial school, uniforms, very strict, very classical education. Then I went to University of Houston for college. I’m a Houstonian all the way through.

SCHWARTZENBURG: Through and through.

CALDWELL: Through and through.

SCHWARTZENBURG: What were you like as a child?

CALDWELL: What was I like? That’s a really interesting question. I hadn’t thought about what I was like as a child. Overall, I was involved in my school. If there was a club, I joined it. If there was something unique to do, I would do it. I’ve never been a fearful person. A little bit standoffish here and there just assessing situations. Not always the most secure, especially as a teenager. Typical teenage girl, we measure ourselves by our peers. Overall, I think I was always in kind of the in crowd in my little school, and I was always involved in things and involved in the church and did whatever was asked of me. Made decent grades, participated in all the activities.

SCHWARTZENBURG: I’m not hearing —

CALDWELL: I mean, like I said, I had a really, you know, kind of normal. Now, my life did change in 1970, when my father died rather suddenly of leukemia, basically six weeks from diagnosis to death. I was 14, and it was not an easy time. My mom was a schoolteacher. My father was the primary breadwinner. Because he died so suddenly — he died at the age of 52 — where they had planned, they had not planned for that early of a death. It wasn’t that things — things changed financially. We didn’t move. We didn’t have to move. We didn’t
have any of that issue, but we lived a lot more frugally than we did before because we were living on my mom’s salary as a schoolteacher versus my father as an accountant at an oil company.

SCHWARTZENBURG: Right, but she still kept you in that private school.

CALDWELL: Yes, she kept me in the private school because that’s where she taught, so I had free tuition at the private school, which was also what enabled her to keep me there.

SCHWARTZENBURG: It kind of helps that you have uniforms.

CALDWELL: It helped with the uniforms. It helped with all of that because it also still allowed me to participate in the extracurricular activities and do those things, which was good. My mother encouraged it. I was kind of the opposite personality from my mother, which was interesting. She was not the most outgoing individual on the planet. She was a very good teacher. She was very much the scientist. She was a science teacher and very much the bookworm. She had her friends, and she participated in church and all, but she was much more of a loner than I ever was, and she used to joke that she didn’t know where this child came from that was anything but a loner.

SCHWARTZENBURG: Was your father like that?

CALDWELL: My father was pretty much a loner too. Of course, back then I did not know this as a child, but looking back, my father suffered from clinical depression. Of course, they didn’t diagnose that back then, but I do remember times when my father would just like basically not come out of the bedroom on the weekends. He was very functional and all that, but he definitely had his ups and downs, and there were definitely some deep down times for him. Frankly,
during that time I didn’t know any different, and it’s only really as an adult reflecting back that I realize that my father really did probably have some mental illness issues that just were from serious depression.

SCHWARTZENBURG: After you graduated high school, you went to U of H?

CALDWELL: I went to University of Houston. I had a scholarship, and I went there.

SCHWARTZENBURG: What did you want to be?

CALDWELL: I wanted to be a doctor, or so I thought, so I started as a degree in biology and found biology interesting. In full Katy fashion, I started joining things at U of H and got very involved. I lived in the dorms because I had a scholarship, so I was able to do that. My mother also wanted me to have a full, traditional college experience as opposed to being a commuter student. Of course, I really wanted to get away from home, so this enabled me to do both. I thoroughly enjoyed my time at University of Houston. I had my ups and downs like everybody does in college.

About my junior year, the second semester of junior year, I realized that being a doctor wasn’t really what I wanted to do, but by then it was so late that to change my major, it would have meant a whole other year in college, and I was ready to be done with school, so I completed my degree in biology, and then I started looking for jobs.

I actually did a little wanderlust and moved. My mother was from the Philadelphia area originally, so I moved up there with my family up there for a while and had a job up there. Then my mom got sick. She was diagnosed with breast cancer, and so I came back home and for the next five years worked here in Houston and also took care of her and was her primary caregiver.
SCHWARTZENBURG: She was alive for five years after her diagnosis?

CALDWELL: Yes, she was alive for five years after her diagnosis and went through all of the — this was the 1980s. She was diagnosed at the beginning of 1981 and died in the middle of 1985, so four and a half years, really.

SCHWARTZENBURG: What did you do when you were in Philadelphia?

CALDWELL: Philadelphia, I worked at a computer school. I did all kinds of things because it was a small school, so I fell into the trade and technical school world. I basically got the job because I took a lot of computer programming in school and I kind of bluffed my way into a job there. It was good, and I enjoyed the urban living in Philadelphia that I hadn’t experienced in Houston. I learned a lot on my first job out of college other than being a waitperson like we all do at some points in our college career. It was good, and then my mom got sick, and I was kind of ready to come home anyway, so it just gave me the reason to come home.

SCHWARTZENBURG: What were you doing for work in Houston?

CALDWELL: When I came back, then I started trying on careers in Houston. I went to work for an investment firm. I worked in banking. I taught school for a little while, which was a disaster.

SCHWARTZENBURG: Not like your mom?

CALDWELL: Not like my mom. My mom was a very good teacher. I was anything but, which I always have known that I was always opposite my mom, so I should not have even tried, but it was a job. Back then, that was a lot of what was going on. Like I said, I tried on a bunch of different careers, mostly in the financial services because I always took a lot of math. I was good at math, and I was good at the computer piece of things.
As I tell people, Bill Gates and I are the same age. It was right at the advent of all the small computers, so it was a really good time for me to do those types of jobs. The whole time, I was beginning to get involved in politics. I became involved in the political world in college and then went —

SCHWARTZENBURG: What happened in college to get you involved in politics?

CALDWELL: My parents had always been involved. My parents had always volunteered on campaigns, always participated and made sure that I understood what voting was, and would take me to town meetings with our state rep or whatever and just encourage the — you know, that was part of our civic duty, was to be involved in that.

I found it interesting, too. It was fun. They call them political parties. They were parties. There were lots of parties. I got involved on campus in some of the political things that were going on. It was, of course, at the height of the women’s movement and the ERA [Equal Rights Amendment], so that sucked me in bigtime because I believed and still do believe very strongly in that, and my mom did too, and she was a big supporter of the ERA and all, also.

I was fortunate enough in 1977 to volunteer at the International Women’s Conference that was here in Houston. They were recruiting student volunteers, and I signed up. Like always, I joined. It was truly a life-changing experience. I just worked at a registration desk and handed out programs and things, but to see all of the women in the generation above me and in the generation ahead of them, being so passionate about what we could do, and it was all about what women can do and what we should be doing and why were we being denied certain rights under the Constitution and that we were in the workplace but we didn’t have a
rightful place in the workplace. We were still being discriminated against. It all spoke to me on every level, and it was an amazing experience and truly a life-changing experience.

I always knew that I wanted to be a career woman, but that made me realize that to be a career woman, I didn’t have to be a teacher. I knew I wasn’t going to be a doctor. I knew that that opened other possibilities out there for me. That showed me that women were in the workforce in every kind of way possible, so that really had a big impact on my life.

SCHWARTZENBURG: Since your mother was sick, that put a hold on things?

CALDWELL: It did. It put a shift. I wouldn’t say put a hold. It just shifted. It shifted. I still had to work. I had to support myself. But it shifted some of my decision-making and what some of the possibilities were.

I had an opportunity to go, with one of the positions, to Chicago. Well, there was no way I could go to Chicago during that time. As I said, I’m Bill Gates’ age. That was the time there were lots of people moving to Silicon Valley and moving to Seattle and all, but there was no way I could do that at that point.

SCHWARTZENBURG: Right, the road not taken.

CALDWELL: And frankly, I loved my home. I loved Houston. I grew up here. I had friends here. It always has been a good fit for me. Houston is a can-do city. I’ve always felt that way, personally, that if I set my mind to something, I can do it, and that’s Houston, in a nutshell.

SCHWARTZENBURG: Yes. When do you consider that your trying on career hats ended and you were on a path?

CALDWELL: When I really decided to enter politics. I ran for state representative in
my neighborhood in 1988 and really got involved because I wanted to change my part of the world, and I thought the most expedient way to do that was to run for state rep. I didn’t win, but I paved the way for the person behind me to win. I ran in 1988, and Sue Schechter ran in 1990, and she won the seat away from a Republican, which was great.

Then in 1990, I ran for county treasurer because I had, since I’d been back in Houston, worked in the financial services industries, various ones, and it seemed like a good fit at the time. Nikki Van Hightower ran for a different office. She had been the treasurer, so it was an open seat. Ann Richards was at the top of the ticket. Kathy Whitmire was mayor.

SCHWARTZENBURG: Women, women.

CALDWELL: It was women everywhere. Women on city council. Women everywhere. Women were running, so it was a really good time. As I always say, I held onto Ann Richards’ skirt tails and got carried into office, which was wonderful.

SCHWARTZENBURG: Do you mean that literally or figuratively?

CALDWELL: Literally. Literally. We all hung onto Ann. I mean, she was the top of the ticket, and when you’re all the way on the last page of the ballot, everybody in between hangs on and we get swept in, and we all got swept in with her. Unfortunately, in 1994 we all got swept out with her.

SCHWARTZENBURG: Swept out. In and out.

CALDWELL: But my four years with the county were also very eye-opening and enabled me to really mature in a career path and really understand the different places where I could effect change. Even though I was the treasurer for the county, there were lots of ways I could effect change in the world around me that
didn’t necessarily emanate from my job. Even at the county, I made all kinds of changes at the county because I learned how to get something done. I truly learned that at the county. I had to figure how to get three votes at commissioners court to get anything done. I figured out that if there’s something that I really wanted changed there, which there were several different things that I worked on to get changed, I figured out how to maneuver commissioners court to get those things changed. It really taught me a lot. I learned a lot.

SCHWARTZENBURG: What kinds of things did you want to change?

CALDWELL: Well, one was just a really simple thing. At the time, the vesting schedule for employees at the county was 10 years, and you had to have what they call the rule of 80. It means your service and your age had to equal 80 before you could retire. I just thought that was patently unfair. If we hit eight years, you survived. That means you could survive two terms in office, because all the elected officials in the county are four-year terms, so you could survive two terms and get vested. We dropped the rule to the rule of 75. I tried to get 70, but we got 75, because I thought, again, the rule of 80 was too high and too onerous for people.

It was more fair across to the board to do that, so I figured out how to get that done, and I figured out what it would cost the county. I went and talked to all the commissioners and the judge, and they all agreed with me. They thought it was, you know, “Why didn’t we do this sooner?” so I was able to get that change.

The governor appointed me to the County and District Retirement System board. One of the things I was the most proud of there is — the investment systems at the retirement system were really antiquated in what they were investing in, how they were managing the money, and they were setting
themselves up to really have some catastrophic problems in the future. I was able to work with the people that were running the system, and that’s where I really learned how a board and a staff really interact and how they appropriately interact. We were able to get a lot of changes done at the county and district retirement board that needed to happen and that they had not been able to get to happen before in the way that the funds were managed.

These were all very administrative in nature and weren’t going to make great waves, but the learning that I had in how to get things done was a huge learning step for me and really helped me in so many ways when I look back; that experience was incredibly valuable.

SCHWARTZENBURG: This was when? 1990s?


SCHWARTZENBURG: AIDS really hit early 1980s, mid-1980s.

CALDWELL: Early 1980s, that’s correct.

SCHWARTZENBURG: Tell me about your experience. When did you first learn of AIDS?

CALDWELL: Like all of us, I think we first learned of AIDS when the CDC [Centers for Disease Control] report came out, and I guess that was 1981. At that point, it was somewhere else. It wasn’t in Houston. It was on the Coasts, which of course we learned later was not true. I had several friends, very close friends, in the gay community, and the gay community was just coming into its own also at the same time as the women’s movement — I would say they kind of paralleled each other. Then when we lost the ERA, the gay community just kind of took off.

SCHWARTZENBURG: How did you know people?
CALDWELL: Through just school and work and mutual friends. Who became one of my dearest, closest friends was gay, and I guess we had a mutual friend. We both grew up in Bellaire, and we met at a therapy group. We became very good friends, and then he —

SCHWARTZENBURG: He must have been an open person?

CALDWELL: Pretty, yeah, but he was an artist. I mean, he was out to his family, and he was pretty out, especially for the time, because he was a waiter trying to survive as an artist, so it was okay to be out, unlike other people that I met along the way, especially in the political world as I volunteered in political campaigns and went to volunteer at the Democratic Party. The gay community was in and out of the party, and so I met people and got to know other people.

   It was really when my friend Jim got diagnosed with HIV that that really set me back because he and I were like, “No, it’s not going to happen,” even though, looking back, I was like, “Oh, I can’t believe we thought that,” but it was a time, and you didn’t want to believe that — you wanted to believe that we were all immune, but he wasn’t, unfortunately, and so he was diagnosed. We started volunteering actually at the clinic for a time and —

SCHWARTZENBURG: Montrose Clinic?

CALDWELL: Yes, Montrose Clinic, because they were the first responders, so we volunteered, and we did HIV counseling and testing. I did. He did other stuff.
He didn’t want to do that. We did that off and on.

SCHWARTZENBURG: Would you tell people results, or just —

CALDWELL: Yes, I did the pre- and posttest counseling. Here was this white, middle class, heterosexual woman listening to people’s, mostly gay men’s, sexual behavior and having to ask them about it, and then I would have to go ask my friend a lot of times what this meant, what this meant, and then he would talk to me and tell me all about it.

SCHWARTZENBURG: It was like, “Okay. That’s a little more than I need to know about it.”

CALDWELL: No, because I was like, no, I need to know this. I need to know all this stuff. I already knew a lot, because we were very close, so I knew all kinds of things about him and his sex life, and he knew stuff about mine, so it was a fair exchange. At the same time, like I say, in the parallel, I was also very involved in the Democratic Party and met my future ex-husband volunteering on a political campaign.

My ex-husband was very accepting and very inclusionary. One of his best friends was gay and ended up being his boss for five years, so we went through a lot with him also on the HIV front. I remember my husband coming home one day — this was probably in 1989, 1988, somewhere in there — and just being totally wrecked. I said, “What happened at work?”

He said, “Well, Bill,” his boss, Bill Ramsey, he said he came in and found Bill with his head on his desk crying.

I said, “Well, what happened?”

He said, “He decided to clean out his Rolodex of everyone who had
passed away.” Bill was a collector of people, and he had a huge Rolodex. He said he stopped at 150 cards that he pulled out of his Rolodex. He said Bill was just a wreck.

I said, “Well, what did you do?”

He said, “I took him out. We sat. We got out. We decided you shouldn’t do that.”

I said, “In essence, so you were just there?”

He said, “Yeah. I called another friend of his,” of Bill’s, “and we just kind of put him back together.”

I said, “Well, it must have been hard.”

He said, “It was the most awful thing I’ve ever dealt with.”

That’s, I think, the first time that it really hit home for me how bad things were in Houston. I knew just tangentially because I had been giving results, I had talked to people, but it never really — it was so tangible thinking of 150 Rolodex cards sitting on a desk, that had all died, and they were all people that were my age, in my age range. I had not experienced that at that point like that, so it really did change the way I viewed things. Then my friend Jim did pass away.

All along that same time period, I got involved in other aspects of not just the Montrose Clinic, but I ended up volunteering at a group called the Colt 45 Troublefund, which had been founded by a social group called the Colt 45s, who were founded as a social group to — and they actually started raising money for I think it was Ronald McDonald House. This was pre-HIV, so it was back in the 1970s. It was the cowboy, the country/western. It was out of the BRB [Brazos River Bottom], which was a country/western bar at the time, and it was a social
Then when HIV hit, they quickly figured out that they needed to raise money to help our community, and so they went into first raising money to help food pantries and funded the — I know for a time they funded the fresh meat and produce at the AFH [AIDS Foundation Houston] food pantry. They then discovered a need, that people were losing their apartments because they couldn’t pay their rent because they were sick and they couldn’t work.

I think something that gets forgotten is that at the time, a lot of people didn’t understand why these young men were losing their apartments or losing their homes or whatever, but there was somebody who made a really stark contrast at one point. They said our society is used to people getting sick when they’re older. When you’re older and you get sick, you generally have some savings, you have health insurance, you have family, children, or extended family that support you. But when you’re in your twenties and you get sick, you don’t have the savings that you have when you’re in your fifties, you don’t have — and many people had to go home and tell their family that they were gay and they had HIV. Many people got kicked out of their home, had no support from their families, so they were really on their own, and so the Colt 45s came in and realized that this phenomenon was going on and developed the Troublefund to pay people’s rent and utilities so they could stay in their apartments or stay in their homes.

We didn’t make mortgage payments. We were very clear. We didn’t make mortgage payments, and we set up all these rules. I was involved in the process of setting up the process to get money out to people, to figure out who
really needed it, and to make sure it was people who really needed it, because literally we were collecting money a dollar at a time.

The guys who were really involved in the Troublefund, who started it, started the whole thing of putting boxes in all the bars to collect dollar bills and asking people to contribute. When they bought a drink, put a dollar in the box and help take care of your friends and loved ones. We would have $500 to $1,000 every week to help. Back then, that was a lot, because the average apartment rent was probably $300 or $400, especially in the Montrose. We eventually built a network of apartment owners who knew, and they would take whatever we could give them to not evict people, especially in the smaller complexes where their people were living.

We made a policy that we didn’t give the money to the person. We paid their rent, and we mailed it in to the energy companies and paid their gas and electric, and we eventually started paying people’s cable TV bills because we realized that they were home all alone and they needed TV and telephone, because that was pre cell phone, so it was all landlines. We would literally figure out who was the neediest that week that we would write the check for to pay whatever to keep somebody from getting evicted — we had a deal worked out with the energy company — it was then HL&P, Houston Lighting & Power — to help us around the light bills so that we wouldn’t have to pay late fees or we wouldn’t have to pay cutoffs or anything like that.

We were incredibly creative, and the people that were involved then were very committed. We met every week. The ones that I served with, and I was in the very beginning, because I think I came in when we had — and we numbered
everybody so that none of us really knew who we were giving money to — there were only one or two people who would know who the names, because we felt like that we all didn’t need to know because we might know them.

SCHWARTZENBURG: And it preserves the dignity.

CALDWELL: Well, it preserved dignity, but it was also so as not to elicit bias of helping our friend who may not be on the verge of eviction, where somebody else was.

SCHWARTZENBURG: Yeah, smart.

CALDWELL: I came in right around Client No. 25. I’ll never forget it, when we had the first person who ripped us off, who totally falsified everything and had scammed us, and he was double nickels. He was No. 55. I will never forget it. I have no idea who it was, but it was devastating to all of us because we could not believe that somebody was going to come in and scam us. After that, we really tightened up. That’s when we all sat down and went, “We’ve got to put some serious processes into place here. We can’t just have them hand us their stuff, hand us what we think is legit stuff.”

SCHWARTZENBURG: So they just falsified records?

CALDWELL: They just falsified it all and basically got the money to his friend, and his friend gave him the money, and they just basically went out and partied. We were just devastated. We couldn’t believe it. It was a couple hundred bucks, but a couple of hundred bucks meant somebody could stay in their apartment. I have to say the people — and I feel obligated to tell the names of the people that were involved in this group when I was involved because they’re all gone now. They all died within the next — many died within the next decade. Some have died since. It was John Nix, Glen Smith, Darrell Butler, Walter Carter, Cal Moran, Till
I won’t trade the experience for anything. It was incredibly rewarding. I felt like I made a real difference in people’s lives. I know we all did. It laid the groundwork, too, for some of the services that are now provided under Ryan White and that are provided across the country, and people realize now that housing and all is part of healthcare. I firmly believe that it was all of these efforts — and it wasn’t just us, because it happened across the country, because it wasn’t just Houston that this was going on; it was everywhere — that we all started these systems of care and that one large component of it was keeping people in their homes. It still is a large part of healthcare.

SCHWARTZENBURG: It was up to the communities to do that because there were no government agencies stepping in until Ryan White started.

CALDWELL: Yes, at that point in time, until Ryan White, and that was 1991. There was no Ryan White. It was raising money, everything that was done. The only grants that were out there were for prevention, because we had no treatment, so it was really just for prevention, and it was all CDC money. Everything else that was built around that was all built with community dollars. It was built by various people coming together to raise money for different needs, to meet the needs of people living with HIV.

SCHWARTZENBURG: Was there ever the thought of why isn’t there a government agency helping us out? Why are we all alone doing this just on our own?

CALDWELL: Yes, there was. I always thought that was ACT UP’s role, and that was the role nationally of ACT UP. ACT UP was about everything. It was about the political response to HIV, which there, we all know, wasn’t one. There wasn’t
really one here in Houston, and it was really Kathy Whitmire, and she got a lot of grief. There are a lot of people that differ with me on this one. But she and the person that headed her health department really jumped in when a lot of people didn’t and made sure that Houston was in line to get the prevention money at the City of Houston, and we got some of the first grants in Houston from the CDC around HIV. Montrose Clinic got some of the early money around that and got some money from amfAR [American Foundation for AIDS Research] and some of the other national fundraising.

Then the hospital district stepped up because there was no other hospital for people to go to because many people were uninsured. Then, of course, many of the private hospitals didn’t want people, which was also pretty horrific. There are other people that can speak to all of that much more eloquently than I can, who were right in the middle of it.

SCHWARTZENBURG: One thing, M.D. Anderson was seeing many AIDS patients kind of early on, but then AMI [American Medical International, Inc.] had that hospital, Institute for Immunological Disorders. Were you aware of anything going on with that at the time?

CALDWELL: I was not, at the time, because it wasn’t my realm. I did hear about — and it was because I have a cousin who worked at M.D. Anderson; she was a lab technician at M.D. Anderson. I remember in the very beginning, she said, “I know that there were people that were at M.D. Anderson in the 1970s that had HIV,” but it was what now we call KS [Kaposi’s sarcoma] and the pulmonary problems. She said they were there, but nobody knew what it was, because they died so quickly.
Then she remembered when M.D. Anderson basically said we’re not doing this. This not cancer, so we will not do this, and really, it was a very homophobic response, and there were doctors that walked out. Again, there are many more people that can speak much more eloquently about this than me. I know most of it third- and fourth-hand or looking back and remembering, reading an article here, an article there.

Really and truly, Baylor and UT [University of Texas] did not go after the research dollars like Harvard and Johns Hopkins and UCSF [University of California, San Francisco] and UCLA [University of California, Los Angeles] did. They truly didn’t, and it was a big loss, in my view, for Houston. We had the TMC [Texas Medical Center]. We had some of the biggest research institutions in the world, and we turned our back on HIV.

SCHWARTZENBURG: There was a group that started some research, though. Was that later, under the Montrose Clinic?

Caldwell: Yes, there was, and I will tell you: At Montrose Clinic, they started the HCRN, Houston Clinical Research Network, and it was started around the time of AZT [azidothymidine]. It was started in the very early, just pre-AZT timeframe. amfAR very wisely realized that the drugs were starting to be developed, but yet they had no way to get them out, even in the experimental phases, out into the communities, so they developed a whole community research network in the major cities across the country. Montrose Clinic bid and won, because they wanted it in a community-based setting so that people could access the medications. It was really about bringing clinical research out into the communities, but it was also giving access to experimental medications to people
who needed it and you didn’t have to be in New York or San Francisco. It was a huge benefit to Houston that it came, and there are, I’m sure, people alive today that had access to some of those medications that never would be alive if they hadn’t had them, to the experimental medications.

SCHWARTZENBURG: Were you still involved at the Montrose Clinic at that time?

CALDWELL: At the Montrose Clinic, yes, and by that time, I got on the board of the clinic. We had started raising money for a new building. We were in this little yellow house that was not meeting our needs, and then the administration was kind of scattered around in different other spaces that we could afford to rent. We started raising money for a new building, which ended up being the building at 215 Montrose.

By that time this was in the early 1990s, so the foundations had started to step up with donations. Back then, we raised, which for then was a huge — it doesn’t sound like a lot now, unfortunately, but it was a huge amount then for us. We raised like $1 million for that building. It was a big deal at that moment in time, and they moved into that building in 1994. It was a big accomplishment.

During that whole time, the clinic was evolving, and the clinic evolved with the needs of the community, so they were doing case management. This was before even Ryan White they started doing some of that work, and they were still an STD [sexually transmitted disease] clinic, so they still had nurses that were seeing people. They were still the largest testing center in the city. Still doing prevention. They developed different classes. We used to call it Next Step, but it was basically HIV 101, and were providing all kinds of palliative care to people in helping them figure out how to tell their families, helping them get connected
with people that would give them wills, get assistance with rent. I mean, it was your typical case management type work.

SCHWARTZENBURG: Right, and this is still when longevity was not expected?

CALDWELL: Yes, this was still when you got a diagnosis, if you were positive, you were going to die. You were probably going to die within a year or two, if not sooner, depending on your symptoms.

I’ve kind of jumped around historically here, but it was still a very difficult — in Houston, was still a pretty not widely understood disease. Even though everywhere we knew by the mid-1980s what the transmission was, how it was transmitted, there was still a lot of fear and misunderstanding around it. Some of that, I attribute to looking back to the fact that the government didn’t respond in the way that they probably should have because they didn’t know, and the CDC had, rightly so, all kinds of protocols in place on what you do with a new disease. They still do, and they should. But also the homophobic response was so deep, and I think the stigma got put in place in a way that it should not have, for what we know now and what we learned within a very short period of time of how the disease was transmitted.

SCHWARTZENBURG: Well, if you’re going to lose your job —.

CALDWELL: Right, and people did, people lost their jobs. Like I said, people lost their homes, lost their families, because not only did they have to tell their family that they were gay, they had to tell their family that they had this dreadful, communicable disease. I just think the stigma got put in place so quickly around it and the fear got put into place so quickly that when the truth started to come out, it was hard to overcome the fear. It was very hard to overcome the fear.
I am HIV negative. I fortunately never contracted the disease, but I had one experience that just set me back. I lived in Bellaire, was your nice, heterosexual, married. We went to a block party at somebody’s house on our block, and we were there, it was in the evening, having a cocktail, and the person who owned the house, it was a neighbor, came up to me and said, “We would appreciate it if you would stay away from our children.”

I said, “What’s wrong with me? What do you mean? You told me to stay away from your children. Why? What’s wrong? I don’t think I’ve been rude or anything.” I mean, I was truly taken aback.

She goes, “Well, you volunteer at that AIDS clinic.”

I said, “What?”

She said, “You volunteer at that AIDS clinic, so we don’t want you around our children.”

I said, “You do realize that I can’t give them the disease unless I have sex with them? And I’m not planning to have sex with your five-year-old children.”

She got all huffy.

I said, “I can’t transmit this disease to them, and I don’t have it. Once more, I don’t have it.”

“Well, we just don’t want you around our children.”

My future ex-husband, my husband at the time, looked at me and said, “I think it’s time for us to go,” and we left, never to darken their door again or even talk to them again, and they fortunately lived at the other end of the block from us.

It was unbelievable. That was the first time that I really experienced just
the taste of the stigma that my friends who lived with HIV — some of them had very obvious signs they had HIV because they had KS and were thin and everything else; had the look, as we said. It was the first time that I ever experienced that level of bias and hatred, really and truly. It was at the core.

SCHWARTZENBURG: That’s a horrible experience.

CALDWELL: It was horrible. It really was. It was one little, bitty, five-minute experience, and it made me realize what my friends went through, and went through on a daily basis in a much more personal and much more horrific way than I did. It just got me all the more fired up.

SCHWARTZENBURG: Yeah. Some people would just lie down, but it inspired you to action.

CALDWELL: No. It absolutely inspired me.

SCHWARTZENBURG: You doubled down.

CALDWELL: I doubled down. I went to my Colt 45s meeting, I remember, and I said, “You won’t believe what happened to me.”

They were like, “Arrgh, sister, we get that all the time.”

I said, “I know, but it’s me.”

They were like, “I know, and it’s even worse because it’s you, because that shows how stupid they are, just how stupid they are. Where did they think they were going to get it?”

I said, “It beats the hell out of me. I have no idea what they thought, but that’s how stupid people are.” These were well-educated, a thirty-something-year-old white couple that said that.

SCHWARTZENBURG: That’s when you choose not to be informed.
CALDWELL: Exactly. You’re correct. They chose not to know. They chose to wall themselves off from the rest of the city and the rest of us.

SCHWARTZENBURG: They’re in their little pod.

CALDWELL: In their little pod, and they’re happy to be there, and they don’t want anybody crossing that pod with anything different than what they know. God forbid it be different than what they are.

SCHWARTZENBURG: It was the decade of the yuppies.

CALDWELL: Yes, in the negative way, because I don’t always view yuppies in a negative way, but it was very much the negative side. It was the negative side of the world, and it was what a lot of people chose to believe.

SCHWARTZENBURG: You were doing Colt 45 and Montrose Clinic volunteering?

CALDWELL: Montrose Clinic. And actually at the time, because I had met Ann Robison, and Ann was the head of the Montrose Counseling Center, and I had met her through the women’s movement stuff. She was very involved in NOW [National Organization of Women], and I was very involved in the Women’s Political Caucus, and somehow or another our paths crossed through some mutual friends, and so she recruited me on the board over here [the Montrose Center]. It was actually before I was on the board of the Montrose Clinic, so I came on the board here, their endowment board, and helped with getting everything put in place to buy their first building, which was amazing. Ann worked so hard and did everything, struggled to get every dollar that there was out there to raise the money to buy the first building.

SCHWARTZENBURG: Were you taking notes? You didn’t know that that would be in your future.
CALDWELL: Didn’t know that would be in my future. Never would have thought that it would have been in my future. I choose to believe I helped a little bit, not always a lot, but I helped a little bit. Ann and I became very good friends, and we’re still very good friends. She opened my eyes to the nonprofit world in a way that it was a profession, not a volunteer job, not a volunteer role. I really had not had that experience before because I had volunteered at nonprofits, but I had never even thought about the people I knew and would be friends with would work there and that there was a career path in the not-for-profit world. My career path at that point was very focused on running for office in government-type work, and I didn’t even really think about a position.

At one point when I was volunteering at the Montrose Clinic — it was 1989, it was after I lost the state rep race — the founding executive director of the clinic had passed away, and one of the board members who was a friend of mine came and said, “Would you be interested in applying for the job? You clearly are committed to the cause and clearly have an intellect.”

“No, no, no. I want to run for office. That’s not what I want to do,” so I dismissed them.

Then when I lost, when I went in with Ann Richards and out with Ann Richards in 1994, they came to me again and said, “Well, the last ED [executive director],” that was Ralph Lasher, “just left. Consider looking at the job again. You’ve been on the board now, and everybody knows you.”

“No, no, no. I have this job offer to go do some lobbying and some consulting work, and I want to do that.”

So then again when the person that took the job at that point didn’t work
out after a year, then they came to me a year later and said, “We really think you ought to look at this, and would you even be interested?”

Then I was like, “You know what? Three times, I really should look at the Universe and really listen to what’s going on out there. Right now the clinic is not a great place financially, and I can bring the skill set and some connections to help bring it back, and I’ll just go, and I’ll go for four or five years and try this one on and fix it, and then leave,” and then here I am, 20 years later, that have adored every minute that I have been there. But I also believe that that 1989 to 1996 time frame gave me a level of experience that had I taken that job initially, I never would have gotten and wouldn’t be where I am today, and the clinic wouldn’t be where it is today, had I not gotten those connections and that level of experience that I got in that six-year time frame.

[END OF AUDIO PART 1]

SCHWARTZENBURG: Right, that was grad school.

CALDWELL: Yeah, it was like grad school. I wasn’t in grad school, but it was, because I learned the county. I think I talked about that. I learned a lot more about boards and serving on a board and what that meant and what the board interaction was with a staff. I did public-policy work, so that gave me that background to add into my financial services and banking background. It all kind of came together, and then my little bit of social service that I did with the Colt 45s and fundraising, so it all kind of rolled together and I understood it.

SCHWARTZENBURG: You understood the community need.

CALDWELL: I understood the community need. I understood I had a strong base of support in the gay community. I very authentically fit in with the gay men. They
trusted me. They knew me. I had been a part of the community for years, and I was not accepted by all, but I was overall accepted.

There was a group of people that didn’t think I should have been hired as the executive director in 1996 because at that point in time, Ann, a straight woman, was at the Montrose Counseling Center, Sara Selber was at the AIDS Foundation Houston, and now the other, third institution around HIV and in the gay community was getting ready to be headed by another straight woman, and there was a lot of uproar around me being hired.

Two people who came to my defense and boldly came to my defense, and I firmly believe that there are people that would have caved on my board had they not, were Sue Lovell and Annise Parker, because I had worked with them and volunteered with them and we were friends, and they stepped up and basically told those guys to shut up and some other people in the community to shut up and that we needed the best people at the time to deal with these institutions and that this is who it was.

SCHWARTZENBURG: Interesting that it’s women that came to your defense. Other strong women, they were involved politically and embedded in the community. Annise started grassroots in politics.

CALDWELL: Right, and so did Sue, and that’s where I knew them. They trusted me, and they were two that came. Now, there were other people, too, but they really shut it down, as well as some of the board members and all who did that, also, and some of my other friends in the gay community and things that also came out, but they really led the charge to saying, “Oh, no, this is not fair, and you’re not going to treat our women like that and our women friends like that.” It was quite
humbling, actually.

SCHWARTZENBURG: What was the state of Montrose Clinic at that time?

CALDWELL: At that point? We had about a $3 million budget, had about 35 employees, give or take, and we had a $250,000 loss that year, and a real loss, not an on-book loss, but a real cash loss, so we were hanging on by a thread, really and truly. We were moving forward. We had Ryan White money. We had CDC money. We had some other fundraising money, but we were really not in the most stable place. I had to make some hard decisions really fast. I cut a bunch of people on the staff, not a bunch, but some left of their own accord; some were asked to leave. I kept a couple of people who got deployed into doing things they didn’t know they could do. I got deployed into doing things I didn’t know I could do. It’s a small business. You take it from there. I had to deal with the board, and it was a challenge. I look back on it very fondly, but I worked hard.

Ann Robison very much mentored me in a lot of ways, and Peter Durkin of Planned Parenthood did, because I had a relationship with Peter, and Sara Selber at AIDS Foundation Houston. The three of them really mentored me and helped me sort my way through, as well as other people out in the community, but as far as in the nonprofit space, those three really supported me more than anybody else in the learning curve that I was going into.

SCHWARTZENBURG: Do you think that your experience and your connections outside of the gay community helped bring in a new resource pool?

CALDWELL: No question. Yes, it did. I also had some credibility out there that probably my predecessor didn’t. I also had a stronger financial management background than anybody who preceded me did. My person that had been hired
in the marketing area for the clinic, I thrust into fundraising. He and I just said, “We’re going to have to raise our way out of this. At some point, we have to figure this out, and we’re going to have to” — they bought a piece of property they had no business buying, although it would have been nice to have been able to keep it, but we couldn’t, so I had to figure out how to sell the property, sell this commercial piece of property, go raise cash from foundations because the retail way of fundraising wasn’t going to work, and so we knew that we were going to raise it that way; that the only way we could do it was to get some $10,000, $25,000, $50,000 chunks. There had been some not good relationships with some of the big foundations in town, so we went and repaired. Said it’s a new day, and here’s how we’re going to repair what we did, and here’s what we need to do it.

Houston Endowment believed us, Cullen Trust for Health did, and Brown Foundation and several other foundations in town all believed me. Then we made good on what we said, that what we were going to do.

SCHWARTZENBURG: Was this still HIV only?

CALDWELL: It was only HIV.

SCHWARTZENBURG: And mostly gay white men?

CALDWELL: And mostly gay white men, a smattering of others. Actually, I would just say mostly gay men, because at that point, we were starting to see more African-American men and more Latino men, and we had a smattering of a few women. All we did, we did no medical care other than STD. In 1996, when I came, was the advent of the antiretrovirals. I shouldn’t say that. We did have the Houston Clinical Research Network. That was really the only medical care we were providing other than STD treatment. We also provided pentamidine breathing
treatments for a time.

With the advent of the antiretrovirals, that was when everything started to change with respect to so many people were starting to live, so we didn’t need to do some of the palliative care things we were doing. It wasn’t a death sentence. We needed to evolve to help people live, and we needed to figure out how they could get access to those medications. We had Ryan White money at that moment in time for case management and for some other social services type things. The only primary care money at that moment in time was at the hospital district.

The other thing that happened I’m remiss in bringing up in the early 1990s was the start of the Frost Eye Clinic. The eye clinic was started at Montrose Clinic because of the need to treat CMV [cytomegalovirus] retinitis. People were getting CMV, and you had to catch it right away, and you had to treat right away, because there was a treatment, but you had to treat right away, so we started the eye clinic, and Monte Frost at the time gave the initial money to start the clinic and to buy the equipment, and we did it in a partnership with the University of Houston’s School of Optometry. They came over and provided the staff. We had plenty of patients, and we provided the equipment, so it really started with, again, filling a need in the community.

I was actually on the board when that came together. I think probably looking back, some of my biggest takeaways from it was really how the community stepped up to take care of its own. Whatever needed to happen, people figured out how to make it happen. I venture to guess it was a unique time, and it was a unique response from a unique community. I’m not sure that
any other community could have done what the gay community pulled off across the country, not just in Houston, Texas, but across the country.

You had your political activists. You just look at how all the pieces developed and came together that eventually built this amazing system of healthcare out there and developed and came into its political own at the same time the community started owning its political power and using their political power to get this done.

SCHWARTZENBURG: None of us could have done it on our own. We all brought a piece to it, and eventually government agencies joined in.

CALDWELL: They had to listen. They had to listen. The activists were pounding on the doors. They were getting lots of TV coverage. There was lots of coverage going on across the country, especially in the TV and movie industry, where lots of people had died. Lots of behind-the-scenes people had died, not the just the Rock Hudsons of the world, but lots of all the support people that make TV and movies what they are were dying, and the Hollywood community and the New York community were responding and really in the late 1980s brought the awareness that no one else was bringing to the disease and to the response to the disease and how the disease was affecting industry, an industry, and then how they translated that into showing that it was affecting other industries, through movies, through awareness, and it made people stop and think, you know, what was going on?

SCHWARTZENBURG: Unfortunately, HIV migrated to other communities, to where you can’t ignore it. When women and babies and transfusion recipients start showing up HIV positive, then that changes the response.
Caldwell: Right, it totally changed it, also. It changed some of the response. It caused some resentment when it was the innocent victims were talked about with the children and the babies. They were the “innocent victims” versus then implying that the gay men wanted the disease and were doing nothing to stop the transmission of the disease, which we all know is wrong.

Schwartzenburg: Very wrong.

Caldwell: There was a lot of hurt. There was a lot of pain around that. We all know, but none of us used the term “innocent victims,” but it was widely used and then eventually shut down. It was tough during the beginning.

It was great that Ryan White’s family did what they did, and they were very brave to do it, and we’re very thankful that they did because they also brought a level of awareness that nobody else could bring and stood up for their child and stood up for the hemophiliac community and for people living with hemophilia all over the world. It took the awareness of children getting it to wake people up and to get a response. It added to the ability for government to respond.

The Ryan White CARE [Comprehensive AIDS Resources Emergency] Act, yes, it’s named for Ryan White, but it didn’t just take care of children. It was a comprehensive healthcare response, the likes of which we’ve never seen before or since.

There’s a piece of me that is sad that it bears the name of a child, but it did take that awareness to get that to happen the way it did, and it did bring a level of awareness that we didn’t have before and a level of visibility not before.

Schwartzenburg: Were you still treasurer in Harris County at this time?

Caldwell: Yes, I was, in 1991, so I watched from a distance, sort of, not really,
when all of the upheaval went on with the Ryan White community here. Ann is the best one to speak to that as well as Sara and several other people. They can tell it much better than I did, but I can also tell you that it was stressful and there was a piece of me that understood what they were fighting for, but there was also a piece of me that I was hoping we could get more resources if the funds came through the county. Of course, it did and it wasn’t going to change. That was just what it was. The process the way they did it was wrong, and I will always say that that process the way the county managed that was wrong. It was inevitable, but it was wrong.

SCHWARTZENBURG: You’re talking about how they managed that, the transition?

CALDWELL: The transition for Part A funds, for the Part A funds to leave the Resource Group and to come over to the county, it was not handled the way it should have been handled in any way, shape, or form, because you just gutted the community.

SCHWARTZENBURG: You gave them a reason to fight you.

CALDWELL: Yes, absolutely, no question, gave them a reason to fight and gave a reason for activists to show up at commissioners court and beg the way they did and to threaten Jon Lindsay. To do that, it was poorly handled, poorly managed, and it should never have gone down the way it did.

SCHWARTZENBURG: Did you have an opportunity to weigh in?

CALDWELL: Oh, I did. Absolutely I did. I did, behind the scenes, and I was basically told, “No. You’re going to manage the money, and it’s going to come in here, and here’s how we’re going to do it.”

I said, “You’re asking for trouble, and you could do this in a way, I’m sure, that doesn’t cause this.”
They were like, “No. This is the way we’re going to do it.”

Judge Lindsay said he had the responsibility for these funds and that he didn’t trust anybody else to do it, to manage them, because his name was going to be on it, and he had to do it. So therefore, it didn’t matter what anybody said, this is what we’re going to do.

SCHWARTZENBURG: Then he stepped up.

CALDWELL: Right.

SCHWARTZENBURG: He should have stepped up a long while back.

CALDWELL: Oh, lots of people should have. Not just him, but lots of people should have.

SCHWARTZENBURG: Didn’t he say, “Well, I’m responsible for the money, but I don’t really want to handle the decisions of where the money goes, so we have GHAA [Greater Houston AIDS Alliance] managing that,” and then decided to take it back?

CALDWELL: Right, it was just a mess. It was a mess that didn’t need to happen, but everybody learned from it.

SCHWARTZENBURG: Yes, we did, hopefully so. Let’s start covering your time at the clinic.

CALDWELL: At the clinic? Okay. From when I started?

Again, I was hired in 1996, the beginning of the antiretrovirals.

SCHWARTZENBURG: What was that like to be able to say, “Don’t quit your job. Don’t spend all your money. You’re going to live”?

CALDWELL: Nobody believed you. I mean, in the beginning, it wasn’t believable, and we didn’t know. The medication was pretty toxic. It was pretty bad.
You know what, I need to step back a minute. I’m sorry. I would be remiss in not talking about in the early 1990s when a lot of us went through I call it the AZT fallout years. It was like 1991, 1992, 1993, when in Houston we had already been losing a lot of people, but in that early 1990s time period was when a lot of the people who had been leading a lot of the organizations, serving on the boards, raising money, doing a lot of the really heavy lifting, started to die because the AZT was failing or was so toxic to their bodies because they didn’t know how to dose it right, or they were getting the pneumocystis and we didn’t know that you could cure pneumocystis with Bactrim, unfortunately, so it was a tough time because people were dying.

We were going to — a lot of us, and many people were doing this in the 1980s. I was not. It was in the 1990s when I started going to more than one funeral a week. I remember my grandmother told me that I was going to more funerals than she was, and there was something wrong with this picture; that this woman in her thirties was going to more funerals than her 80-year-old grandmother, and it wasn’t that I knew more people.

It was really hard, and it’s amazing that the institutions that started were able to keep going because so much of the leadership was dying. It was here at the Clinic and the Montrose Counseling Center. It was happening at the clinic. It was happening at AIDS Foundation Houston. It was happening at DIFFA [Design Industries Foundation Fighting AIDS], at all the different groups, at the Colt 45s. It was happening everywhere. Some of the strongest institutions in the gay community, too, were the bars, and bar owners were dying, and bar managers.

Then it was trying to figure out, too, how to give people jobs so that they
could survive if they could survive. The counseling center and the clinic, we all had lots of people who were HIV positive, which also put a strain on all of our health insurance and things like that and getting health insurance because redlining was very common, so it was —

SCHWARTZENBURG: What do you mean by “redlining”? CALDWELL: The insurance companies would redline certain neighborhoods and say they wouldn’t insure people in those neighborhoods. Apartments in those redline areas, you’d have people in apartments that wouldn’t want to rent to people. There was a lot of disclosure that began happening.

Before the early 1990s, if somebody died in the house, you didn’t have to disclose that somebody died in the house, and it was the HIV epidemic that caused that to happen, to start disclosing that people had died in a home. Think about it. People died in their homes all the time. My mother died at home, and when I sold her house, I didn’t have to disclose. Or when I bought a house, I found out somebody else had died in the home, and they didn’t disclose it. Everybody died at home. It was the HIV fear that caused some of the things like that.

It’s pretty amazing, frankly, that a lot of the institutions — and I have to say, although people resented the fact that Ann and Sara and I were leading these organizations in 1996, it was a pretty good thing that we were and that we were bringing various people on the board that — Ann’s board was not just gay men. The Montrose Clinic board that I served on at that point was not just gay men. The AIDS Foundation Houston board was not just — because I think had we not had some of that diversity in there, the losses would have been much harder to the
Certainly, the then called the Gay and Lesbian Political Caucus, now the GLBT [gay, lesbian, bisexual, and transgender] Political Caucus, was definitely devastated by it, too. Some of the core institutions of the gay community were seeing all their leaders die. When I look back, it’s pretty amazing that they all survived and are thriving today. It’s pretty amazing, looking back. It was a tough time. I mean, it really was.

Anyway, fast forward to when I took over at the clinic. Again, the beginning of the antiretrovirals. The Ryan White Planning Council had been formed at the county to decide how the funds were going to be spent. It was a very haphazard process at the time. If you had an idea or you figured out that you needed money for something, you could pretty much go propose it and you could get it funded.

I decided we needed funding for the eye clinic, so we went and got funding for the eye clinic under Ryan White. There were a couple of us that decided that primary medical care — there were several other groups decided that primary medical care didn’t just need to be delivered through Ryan White funding the hospital district at Thomas Street, and that there should be choices, and the feds mandated that, too, so we just picked up on the feds and pushed here for primary medical care to be delivered in community-based settings.

That’s when we started getting the allocation for primary care. We actually did not apply for it the first year because we didn’t have a doctor on staff. Gordon Crofoot was coming in and was the medical director, but we needed to get some more medical services under our belt and experience and get Gordon
Crofoot in to help us set that up. This was in 1997 and 1998.

SCHWARTZENBURG: And this was for non-HIV care?

CALDWELL: No. For HIV-positive people. We were not providing HIV care at that point. Gordon Crofoot was our medical director, but he was over the STD clinic and that was all we were doing. In order to provide primary medical care, we needed a doctor. Through a whole confluence of circumstances, Gordon ended up, in 1998, the beginning of 1998, moving his medical practice, his private practice, into the Montrose Clinic, and so he saw our patients as well as his own private patients at our facility. It made for an interesting dynamic, a big learning curve for me, a big learning curve for the staff. We brought on more nursing staff.

SCHWARTZENBURG: How were the different patients, so divergent?

CALDWELL: Well, we got funding for Ryan White, so we had people who were uninsured. All of his patients were insured. Some of them were very prominent people in this community, who were not thrilled about going to the Montrose Clinic to be seen going into the Montrose Clinic to get their care.

There were some very unique challenges. One person who was a friend of mine said to me one day, and God rest his soul, he said, “You know, this is my problem, Katy. This is not yours. Gordon is my doctor, and when I come to see him, I have to sit in the lobby a lot of times with the great unwashed, and I’m not real thrilled about doing that all the time, but this is my problem, not yours.”

I said, “Well, thank you for saying that and owning your issue. So you’re okay?”

He goes, “Yes, I’m fine. I’m good. Gordon’s going to always be my
doctor, and I’m going to go wherever he is, so that’s fine,” but it was funny.

There was a little cultural difference. There was a little tug of war going on among the nurses. There was some tug of war on what we had to provide as far as Montrose Clinic under Ryan White and how the case management fit in, how eligibility fit in, and I fortunately hired a really, really great staff person who’s still with me in Tina Megdal, who was very experienced. She had been at M.D. Anderson, and then she was at Fort Bend Family Health, and really took over our case management and then really put in the underpinnings and all the processes and everything along with one of the nurses that we had to develop the clinic. We couldn’t have done it without her, and she did a great, great job in pulling all that together and fighting against some people who didn’t really want to do things the way we needed to do them. She stood up to some folks, some doctors and some things that didn’t.

We slowly began to expand our primary care through — I haven’t thought about this, and we may need to stop at some point because I probably need to go back and really do some more thought process around this time period because I really do want to get it right and I’m kind of reaching around here, but I think I need to do some, because I really thought a lot about things like the Colt 45s and all that. I think I really need to do that with this piece so I can do it justice because it was a really interesting time and I want to make sure I get it right.

SCHWARTZENBURG: So we’ll stop here.

CALDWELL: Yes.

[END OF AUDIO PART 2]

[INTERVIEW RECESSED UNTIL MARCH 5, 2018]
SCHWARTZENBURG: This is Lynn Schwartzenburg continuing the interview with Katy Caldwell for The oH Project.

Katy, let’s talk about the state of the state, if you will, of Montrose Clinic when you came on board as executive director.

CALDWELL: I started in December of 1996. I had been a past board member, so I was recruited for the position by the outgoing board chair and the incoming board chair. At the time when I took over, I knew what the finances were, which were not good. We had about a $3 million to $4 million budget, a little over $3 million, actually; had a real $250,000 cash loss, not depreciation, not an accounting issue, but that was the real cash loss for the year.

SCHWARTZENBURG: Was that due to fundraising not meeting the needs?

CALDWELL: I’m not really sure. I think it was a combination of everything. We just moved into the new building at 215 Westheimer, which whenever you move into a new building, you have costs that you don’t anticipate. I think there were some people in charge at the time that were not as financially savvy as others are. I think that the clinic at that time was predominantly government-funded, and government funding has very little overhead allocation to it. I think the overhead just got the best of them with the new building and administrative costs, et cetera. While it was wonderful getting into this new building, there are always downsides when you do this, so I think it was a combination of things.

I think also a piece of it was, the way the clinic was funded at the time, it was Ryan White funding — what we now call Part A, back then it was Title I — and some City of Houston testing money were the primary funding sources. There was a little foundation money here and there, but the bulk of the foundation
money that had been raised in the past for operating had gone toward capital, so I think that was part of the funding shortfall. There was also a $75,000 line of credit that was fully drawn and had been fully drawn for over a year, so we basically had a $75,000 loan on top of the other shortfall, and that was separate from the cash shortfall.

When I came in, we had to start looking quickly at consolidating and raising funds. In my view of it, a nonprofit, you have to mind both sides of the balance sheet. You can’t just look at revenue. You can’t just look at expenses. I also knew we had to get cash in the door, and the way to get cash in the door quickly was through foundation funding, and then we laded some cuts on the staff, which were not easy, and that did not go over well with some community members. It didn’t go over well with a lot of community members that I was hired in the first place. I think we talked about that before.

SCHWARTZENBURG: Right, we did.

CALDWELL: So I went in and laid off staff, cut staff, terminated people, and made us really look at what we were doing, and it was a struggle from payroll to payroll.

Probably for the next five to six years, it was truly off-and-on we would have struggles with meeting payroll, with what we had to do. We deferred maintenance on the building. It was living from grant cycle to grant cycle, living from grant to grant. There was some retail fundraising that was going on, what I call retail fundraising, meaning individuals’ fundraising.

There was an event that was already in place when I got there. It was a group that was raising money, and unfortunately the events that they would put on didn’t really raise any money. They netted zero, basically raised what they spent,
so all that had to stop, which of course also didn’t endear me to some folks in the community.

SCHWARTZENBURG: What were those events?

CALDWELL: There was a dinner and kind of a cabaret-type show that they were doing, and it literally raised what it spent.

SCHWARTZENBURG: That was staffed within the Montrose Clinic?

CALDWELL: It was really not staffed. It was really volunteer driven, but we paid all the bills, so it didn’t really raise any money, which was a shame, because these volunteers had the best of intentions and wanted to help the clinic, but it just didn’t work.

Back at that point in time, too, the gay men’s community in particular, and the lesbian community, too, were doing various fundraisers, had various social groups that were raising money for the organizations that dealt with HIV, and we were a beneficiary of many of those, which we appreciated, but we weren’t always a beneficiary. I mean, it went to lots of different people.

SCHWARTZENBURG: Right, it wasn’t always guaranteed.

CALDWELL: It wasn’t always us, right.

SCHWARTZENBURG: In terms of fundraising dollars, how many other organizations were you, quote-unquote, competing against?

CALDWELL: Four or five, easily. The Montrose Counseling Center; the AIDS Foundation Houston; there was a Latino organization, AVES [Amigos Volunteers in Education and Services]; Casa [Casa de Esperanza] for the children were kind of the main ones that we were competing against. Then there were a few other odds and ends here and there.
I was involved in the Colt 45s, which frankly we were competing against them, too, with the community groups, because there were several community groups that raised money specifically for the Colts, as well as the Colts themselves, so all that to say nothing was guaranteed, and I knew it when I took over.

I had a development director at the time, that I kept. There had been like three people in the development department, and I let go of two of them and kept one, whom I thought was probably the most sensible of the group, Todd Foster, and who I knew could write. So we set about writing grants and figured we had to raise our way out of part of this, the part that we couldn’t cut. Because of the government grants, we couldn’t always cut some of the programs that were not the most cost effective.

SCHWARTZENBURG: That was my next question, too, was about what happened to services?

CALDWELL: Right, that was our goal, too, was to not cut services. Now, within the first year, and it was probably a good thing, we lost a Ryan White case management grant, which was actually probably a good thing because that grant cost us a significant amount to support because of the overhead that was involved in supervising the case managers, and it wasn’t completely paid for by the grant.

Probably our most cost-effective grant was the one from the City for HIV testing, but we also did HIV testing as a fee-for-service. We were one of the few people still doing testing at that point. There were others doing testing. It was mostly out in the community. We did out-in-the-community as well as in-clinic. We were the only in-clinic testing organization at the time.
SCHWARTZENBURG: Was testing still anonymous at that time?

CALDWELL: Yes, testing was completely anonymous at that time unless you chose to not make it anonymous, which nobody chose to not make it anonymous.

Everything was anonymous at that point. It took two weeks. It was a blood draw, and it took two weeks to get your results, on average.

SCHWARTZENBURG: Was that because of backlog, or you had to ship it?

CALDWELL: No. That was because of how long it just took the test to be done, and the city processed them. We were not atypical. I mean, it took a while to process the blood. I mean, it was not a quick test back then. Then if you got a positive test at that point, you had to have a second test as a confirmatory test.

SCHWARTZENBURG: So it wasn’t a false positive.

CALDWELL: So it wasn’t a false positive. We didn’t get a lot of false positives, but occasionally you got one. I always felt sorry for the people because you got your test, then you waited two weeks of pure agony, and then if you got a positive, then you had to start grappling with that and then wait to get a confirmatory test, so it was not an easy time.

SCHWARTZENBURG: And you also provided counseling, correct?

CALDWELL: We did. We didn’t provide psychological counseling. That was done by the Montrose Counseling Center, but we did a program called Next Step. I always called it HIV 101. At that point in time, it was a multi-day or multi-part group. It was a group test [sic]. You could bring your family members with you, and everybody could learn about HIV and what it meant to be HIV positive.

What was interesting about Next Step is that it evolved over time. In the very beginning, it was all about palliative care, get your will in order, what you need to
do. How do you tell your family? How do you explain this disease? What’s the disease process that you’re likely to fall under? Make sure you find a doctor, et cetera.

Then in the early 1990s it evolved into can we get you into a research study somewhere? Is there a research study that you can get into, whether it was one of ours at the Montrose Clinic or somewhere else, because there were other studies in other cities. Some people chose to do NIH [National Institutes of Health] studies if we could get them in. There were a couple of private doctors that were also doing some studies. We by far had the largest number of studies going on for the various and sundry drugs, for everything under the planet.

Then it evolved. When I got there, with the advent of the antiretrovirals, it evolved into: Now we have these antiretrovirals. What does that mean? We understood what T cells were. We didn’t necessarily understand all the effects on the body, at that point, of these drugs, but we understood some of them. We still had the part about we’re not sure these drugs are going to work. We think they are, but you still need to get your affairs in order, and here’s how you talk to your family about it. There was always a component of safer sex in it and what that meant to you. Then it was I’m doing some initial blood work to get you into whatever doctors you chose to deal with, whether it was a private doctor or through one of the Ryan White providers.

At the time, the only Ryan White provider, actually, for primary care was Thomas Street Clinic. Then Dr. Gathe became a Ryan White provider, and then we became a Ryan White provider as did two other organizations. That happened in 1998, I believe, was when we became a Ryan White primary care provider, and
Gordon Crofoot was our doctor at the time. I also realized during that 1997 year that we had to get more services.

The other service we had that was not particularly funded well was the eye clinic. It was very part-time. It was part of the University of Houston optometry school system. It was run by a faculty member and students. While it was good, it was not particularly well-funded and, again, funded by hook or crook, and by the generosity of the University of Houston in some cases.

SCHWARTZENBURG: Was the eye clinic a stand-alone that was absorbed, or you created it?

CALDWELL: No. We created it. The community saw a need. The ophthalmologists in the community, mostly Scott Sawyer, Ray Fisch, and Stewart Zuckerbrod saw a need for the clinic and asked Monte Frost, a philanthropist in the community, to fund the startup of the clinic, which he did. He bought the initial equipment. We had the rotating ophthalmologists who were in private practice. At the time, Scott and Ray, I think, were the primary ones that rotated through, and the board had made a deal with the College of Optometry to come in and provide services.

For the eye clinic, we never had a problem raising money for equipment. It was raising money to pay the School of Optometry to provide the services. Because it was very part-time, it was not consistent care. I mean, it was on their schedule. When the semester ended, we’d be six weeks with no services.

We ended up going to Ryan White Title I and getting funding for the eye clinic, to fund services at the eye clinic, which helped a lot. It didn’t pay for it all, but it paid for quite a bit, so that was a big plus.

I was always negotiating with our bank over the $75,000 loan and making
sure we could make payroll during that three-year to five-year time period.

SCHWARTZENBURG: It sounds tough.

CALDWELL: It was stressful. I mean, it was stressful, and at one point — I have a very good relationship with Ann Robison at the Montrose Center, now Montrose Center, then Montrose Counseling Center — we went to them and said, like two weeks out, I was like, “I am not sure that we are to get our grant money in in time to make payroll, and we may need $10,000 to make payroll.”

Her board very generously, and I think a little begrudgingly but very generously, said, “If you need it, we actually have some in our reserve account, which we can do,” because they knew it would be a two-day kind of thing. Well, we didn’t need it, and there was a piece of me then that regretted going and asking for it.

Then after that incident, I always made sure that there was somebody in the community that I could go to for basically a $10,000 loan, hold-me-over loan. Never needed it, which was fortunate, but I realized at that point that I couldn’t do without that, and that was incredibly humbling to do, both to go to the Montrose Counseling Center and to go to community members and say, “Look, I know you have money. I know that you could write a check for $10,000, and we can pay it back in a week, and you would be fine.” It was tough, especially because we were very grant-dependent.

At the time, too, we were a United Way agency. I was on the board when that started, so it was probably like 1991 or 1992. We were not a mainstream agency as far as the United Way was concerned, and I’m sure Ann, at the counseling center, recounted some of those kinds of stories, too.
The United Way uses volunteers to basically review your applications and go see what the agency does, and because we promoted safer sex practices, we always had condoms out around the place, and we had gay publications, like we do now. We got this letter, from one of the reviewers, that said that they were appalled; that we were a United Way agency. How dare we do this? How dare we have condoms? How dare we promote homosexuality? They’re going to vote to defund us, I mean, you know, yada, yada, yada.

So of course, I called the person at the United Way and said, “This person should never have been on our reviewing team, because they obviously already have a bias.”

The then-head of the United Way was completely taken back, and I think after that, they got better at picking the reviewers to come to our place, for sure. They weren’t people who necessarily had biases against us to start with and the services that we provided and the community that we provided services to. That was a challenge, always a challenge.

SCHWARTZENBURG: Are there any other ways that you dug yourself out of the financial hole?

CALDWELL: There were, again, multiple ways. It was really just making sure we raised foundation money. Again, we did delay ongoing maintenance on the building. We did what we had to do, but there were things that we should have done to that building that we didn’t, and so the building was not always in the greatest of shape.

We joke about it sometimes, but I’m a very spiritual person, and I always have said we always had our gay angels up there that were making sure that
everything that we needed to get done, that somehow, by hook or crook, we got it done. I always talk about that we’ve never done anything conventionally at the clinic. We’ve never raised money conventionally, and we’ve never done services conventionally. We served a marginalized community, so why would you think that you would raise money or anything else conventionally?

SCHWARTZENBURG: Conventionally compared to what?

CALDWELL: Well, compared to a children’s charity, for instance.

SCHWARTZENBURG: Yes, or St. Luke’s or Methodist.

CALDWELL: Or St. Luke’s or any of the hospitals or anything like that.

You have to look at things a little differently. We did vary our funding sources around grant funding. We were still very heavily Ryan White dependent. We did get some CDC direct funding. The other thing we did was really work hard to support the community fundraisers that were going on. We basically endeared ourselves to a lot of the community organizations to make sure that we would be a beneficiary.

One of those that was probably one of our most stalwart, consistent people who would raise money for us was the court, now called ERSICCS [The Empire of the Royal, Sovereign and Imperial Court of the Single Star]. Then they weren’t called ERSICCS. They were called something different. I’m sorry, I can’t remember what they were called; something similar.

I went to many a drag show, encouraged our board, encouraged our clients, encouraged everybody to go. These do raise money a dollar at a time for us. They were raising $10,000 and $15,000 a year for us, which was a huge amount of money, and it made the difference in keeping our doors open and
providing tests for people who couldn’t afford tests, and services.

The Ryan White primary care also was a big game changer for us because it enabled us to get into the primary-care business.

SCHWARTZENBURG: What was that decision like?

Caldwell: It was pretty easy, actually. Gordon Crofoot was our medical director at the time. While he had a private practice, he was actually splitting from his other practice, and so we made a deal with him to come in and run his private practice at our offices, which was huge, and so he ran his private practice separately and then saw our patients.

It was a fee-for-service grant, which enabled us to flex a lot of the ways we charged off costs against it, so it enabled us to have much more flex in our funding and in our cash flow than we had had before, and it really flexed our cash flow. It also enabled us to start learning how to bill Medicaid and Medicare, so we slowly started doing that, very slowly, baby, baby, baby steps, but Gordon basically taught us how to do that.

SCHWARTZENBURG: When was that? Do you remember a time?

Caldwell: It was probably 1998. So that helped.

SCHWARTZENBURG: What was the CDC funding?

Caldwell: For prevention. It was a prevention grant that we got direct, which was very good. We also had some state funding for both, for prevention.

SCHWARTZENBURG: Didn’t the CDC like only pick six sites for that funding?

Caldwell: Well, now, the CDC had gone and identified the top six cities with the highest incidence rate of HIV, and Houston was one of them, so because of that, we got special CDC funding.
SCHWARTZENBURG: The city got some, and then you got some?

CALDWELL: The city got extra funding, which we got from the city, and then we got direct funding from the CDC, also, to do various prevention activities. All of our testing money basically came from the city. The state had some testing money, too, and we’d use some of that money.

It was always a juggling act on managing which grant paid for what services and what staff, and you allocate staff across the grants. The more grants you have, the more you could allocate your staff, and you allocate your overhead, which also helped a lot. We still had overhead that we — you know, I was always beg, borrowing, and stealing certain services, like legal services and things like that.

SCHWARTZENBURG: So it’s kind of like an individual employee would be saying, “I have my CDC hat on right now. I’m billing these hours. Now I’m going to this grant.”

CALDWELL: Yes, so we did an allocation so that the employee didn’t have to say, “Okay. Right now, this test is this, and this counseling session is this.” We were able to do a percentage allocation because the employee would be doing the same service across a bunch of different funding streams. It is kind of the way nonprofits work now. We do it now, to this day, allocate that. It’s an allocation. We all do it. It’s the only way you can survive.

SCHWARTZENBURG: A learned skill.

CALDWELL: And you have to have some really good accountants to make sure that you do it appropriately. You have to have some good audit techniques in place to make sure that you’re not double-dipping. We were always careful not to do that.
We did have employees that were 100 percent on certain grants, but we had other employees, and a lot of it was the allocation of the overhead. I was allocated across every grant, for instance. So was the accounting department. A lot of the supervisors were across several grants. Usually the line employees were the ones who were pretty much 100 percent on one grant.

Then in 2000, the Body Positive folks came to us. They were struggling to survive, living, again, hand to mouth. Their services fit very nicely into what we did, and we were one of the biggest referral sources to Body Positive.

**SCHWARTZENBURG:** Tell me about Body Positive.

**CALDWELL:** You should talk to somebody who was there in the early parts of Body Positive, because I was not. At the time we took over Body Positive, they had a few support groups going on for people who were HIV positive. They were one of the several organizations doing those. Mostly, they had an anti-wasting program that was around fitness, nutritional supplements, nutrition, how nutrition affected your body, and how you could use various nutritional supplements, exercise, and working with your physician on various medications to combat wasting syndrome, which was a side effect, and also some of the lipodystrophy, which was the fat distribution, that was a side effect of many of these drugs.

We took that program over and brought some of their board members on. Some of their board members weren’t thrilled with this. I think our board and their board struggled because the two boards were in very different places. Their board was a very hands-on board. Our board was not as hands-on. They were very involved, but they were not as deeply involved in the day-to-day, so I think some of their board members struggled. Some of our board members struggled
with the fact that their board members wanted to, quote-unquote, meddle.

I was in a constant juggling act at that point and got in some very unpleasant situations with the board. It was not pretty, all the way from some of them accusing us of not keeping the organization going and all kinds — anyway, even though we had expanded the services, had more people in them than had been before, it was tough.

Whenever you do a merger/acquisition, there’s the ugly side to it, so that’s why I won’t just gloss all that over. It was ugly. We had to fire one of the employees that had been one of their longtime employees, for really bad behavior that was behavior that was really unacceptable, so we had to terminate them, and that didn’t go over well. We didn’t use as many volunteers as they had used because we wanted to make it a more professional service.

We made some mistakes, too. We brought in a physical therapy component that didn’t work well, mostly because the physical therapist that we hired wasn’t a good fit. There were a lot of fits and starts. It was not easy.

Then there was another group at the time that we got into a bit of a tussle with. It was called the Buyers Club, and they were doing nutritional supplements. We had hired a licensed dietician, and she always referred over to the Buyers Club for nutritional supplements until she found out that they would change what she ordered, and they were not professional dieticians, and when she found out they were relabeling supplements, that sent her over the edge, so we had to have a real ugly conversation. It was not a pretty conversation, and we were basically, “We will never refer to you if you don’t” — plus, my dietician was getting ready to report them for changing labels on supplements, which it’s illegal to do. They
may not be heavily regulated, but they’re regulated enough that you can’t relabel things.

SCHWARTZENBURG: It would put you at risk.

CALDWELL: It would put her license at risk. She was not willing to put her license at risk for referring to them.

SCHWARTZENBURG: When was that?

CALDWELL: That was probably in 2001, 2002, in that time period. It was ugly. It was really ugly.

SCHWARTZENBURG: How did they respond?

CALDWELL: Not well. They did agree to not relabel. They argued and we argued around the changing what the prescription was, but they eventually had to come around because we showed them all of the literature, and they showed us literature, and we showed them — anyway, we eventually came to some terms with them on it, but it was an ugly time with them. They accused us of trying to run them out of business.

Then we got a Ryan White grant. We went in for a new service at Ryan White and got a nutritional supplements grant, so then they accused us of trying to run them out of business. Then they got the grant a few years later, and then they couldn’t manage the grant, because grants are not easy to manage. It was an ongoing issue with the Buyers Club that was not easily resolved, and it didn’t ever resolve itself, really, so one of those things. We thought we were right. They thought they were right. There was probably somewhere in the middle that we could have done, but neither one of us were willing to give too much ground, so this happens.
SCHWARTZENBURG: Agree to disagree, but move on.

CALDWELL: Right, exactly. So that was Body Positive. We still have Body Positive going today. We still have nutritional supplements. We still have registered dieticians on staff. We still work with people. We’ve expanded it to work with our diabetic patients, and we’ve actually even expanded it to an employee wellness program. Our person who heads that program is really wonderful right now, an African-American woman. She has a great story. A former addict, all of those kind of things, and really is quite inspirational. For whatever anybody says, Body Positive still is living today. It’s 18 years later.

SCHWARTZENBURG: Is it still branded Body Positive?

CALDWELL: We still brand it Body Positive, and it’s still referred to most of the time as Body Positive. I mean, it’s part of Legacy, and it’s part of the reason we named Legacy, Legacy, because Body Positive is part of our legacy and the community’s legacy. We still have it, and we’ve looked at expanding it. It’s expanded and contracted and expanded and contracted over time, but overall it’s still a really good program and a very worthwhile program. If we could figure out how to fund it better, we would expand it way beyond where it is now.

SCHWARTZENBURG: Do you think that muscle wasting is still as much of an issue as it was then?

CALDWELL: It is still. It is still. Well, and just general health. I mean, you’re taking these drugs that have all kinds of side effects, so supplements are still huge. We all know exercise is good for you and it can help all of that. Yeah, there are still some side effects of some of the lipodystrophy, not like it was, but we see it.

SCHWARTZENBURG: Well, now you have longevity.
Caldwell: Right, let alone longevity, because as we’ve talked about, now that the antiretrovirals are around, oh, my gosh, you’ve got to deal with your cholesterol, you’ve got to deal with heart disease. They are not necessarily side effects of the drugs but are just the fact that you’re getting older and you may have a genetic predisposition to cardiac problems or diabetes or whatever.

Schwartzenburg: Really, going from treating an illness to now treating a whole person because of the longevity.

Caldwell: Yes.

Schwartzenburg: And that, I’m sure, helps explain the transition into internal medicine and —

Caldwell: Yes, it does explain a lot of that. It is an evolution, and it’s an evolution of the disease, where we always talked about — and we did treat the whole person all the way through, which was what also made services to people living with HIV unique. Those all had to shift when people were going to live. It shifted off from the palliative-care view to the, “Oh, my gosh, you’re going to live, and now what? And how do we take care of your whole health, including your mental health?”

We added part-time psychiatry back in that early 2000s, under primary care. We got it funded under Title I and brought on a part-time psychiatrist and then eventually brought on a full-time psychiatrist because mental health was as big an issue, and we knew it, as physical. Montrose Counseling Center didn’t have a medical model, and we needed a medical model because we were seeing people with severe mental illness.

Schwartzenburg: Right, with chronic illness.
CALDWELL: Chronically mentally ill, not just needing therapy, but needing medication, so a big difference.

SCHWARTZENBURG: Many chronic illnesses can cause some type of depression, which should be treated, whether through talk therapy or medication.

CALDWELL: Right, and then we started also seeing patients with severe addictions. I mean, we were always seeing patients with addictions. I shouldn’t even make that just “then.” I mean, that was constant through the whole history of the clinic, but we were beginning to see more and more people coming in, and I think it was an advent of the fact that they were living longer, with schizophrenia and bipolar disorder and other types of mental illness that there was no way to get them treatment if we didn’t do it.

SCHWARTZENBURG: Right, it’s the same cross-section.

CALDWELL: Exactly, exactly.

SCHWARTZENBURG: Is this what took you down the path of becoming a Federally Qualified Health Center?

CALDWELL: A Federally Qualified Health Center, yes. I had the very good fortune of going to a meeting — I think I had said this before. We were very involved nationally in both the LGBT [lesbian, gay, bisexual, and transgender] clinics around the country — we used to call ourselves the Seven Sisters — as well as the HIV organizations.

The HHS [Health and Human Services], at the very beginning of the Bush administration, early 2001, had a meeting of all of the gay and lesbian health centers across the country, and a lot of the HIV providers, too. We all came together, and one of the presentations at that meeting was a guy that I knew, his
name is Dave Shippee, who was the head of Chase Brexton in Baltimore, and said we all need to become Federally Qualified Health Centers, and laid out all the reasons why: It gave us a separate funding stream. It was a constant funding stream that wasn’t subject to the whims of Ryan White. If Ryan White was going to be folded into Medicaid, it gave us all this enhanced rate for Medicaid. It gave us access to better pricing on medications through the 340B Drug Program, and then when you’re fully qualified, you also get coverage for your medical malpractice.

SCHWARTZENBURG: What’s the 340B Program?

CALDWELL: 340B Drug Program is a drug-pricing program by the federal government that allows certain charitable hospitals, charitable clinics, teaching hospitals, FQHC’s, to purchase medications at a deeply discounted rate, expressly the same rate that the VA [Veterans Administration] pays for medications. Where a retail pharmacy might pay a dollar per pill for a certain medication, we would pay 10 cents. We would be able to get into that program.

So I came back from that, and one of the things that the board and I had talked about for a very long time was, we had to vary our funding streams. We had to figure out how to do that.

SCHWARTZENBURG: And then this drops in your lap.

CALDWELL: And this drops in my lap, and it was a perfect avenue, or so I thought.

SCHWARTZENBURG: Uh-oh.

CALDWELL: Yeah, it wasn’t easy, because it took us until 2005 to become a Federally Qualified Health Center. It was not something we could do overnight. It was not something that we were welcomed into, and we were not the only ones. The other
gay and lesbian centers struggled, also, some more than others. We, being in Texas, struggled a little more. Instead of just offering care to people living with HIV, we would have to offer care to everyone, anybody.

SCHWARTZENBURG: All comers.

CALDWELL: All comers, all ages, all everything. Now, there were ways to do that where we could contract with other clinics to refer to them, so pediatric, for instance, obstetrics, things like that. But overall, we had to branch out beyond HIV, and we knew we did. That was a big struggle for the board.

At first, we just started seeing other community members, which we were already seeing anyway, because people would come in and say they had an STD, and really what they had was an earache and a sore throat, but they had nowhere else to go or nowhere else they were comfortable going.

SCHWARTZENBURG: Because of the bias against them?

CALDWELL: Bias against the LGBT community. So it was a struggle for the board. It was a struggle for many members of the board who were very committed to HIV services.

SCHWARTZENBURG: And the community.

CALDWELL: And the community. It was change. There were rules that the board had to go by, which meant 51 percent of our board had to be consumers of our services, so that meant some of them were going to have to figure out how to come be our patient. Some of them were already, but most of them were not. It was a real struggle. We also knew that it was going to be a struggle because Medicaid in the state of Texas is very stingy. Medicaid in the state of Texas is predominantly for disabled, poor, very poor — I won’t even say poor — very
poor disabled people and children, poor children.

To really take advantage of the funding stream of Medicaid, the way it’s set up for Federally Qualified Health Centers, we were going to have to figure out how to see children eventually. That was discussed, and people were not happy about it. We knew we didn’t have the expertise to do that, so it was going to take time.

We had entered into MoU’s [memoranda of understanding]. If somebody called and their child needed to be seen, we would refer them over to these other organizations. In the first three years or so, we were moving in that direction, we were bringing on other doctors besides Gordon. Gordon was moving off and moving his private practice elsewhere, seeing patients part-time. We brought on some full-time doctors, a full-time nurse practitioner. We were moving in that direction in baby steps as grant funding would allow, and it was mostly still around HIV.

Then we had a board retreat in 2004 that was a watershed. It was probably the single most stressful, difficult board retreat I’ve ever been in. It was very clear that half the board wanted us to move forward and do the FQHC, and the other half did not under any circumstances want to let go of the past, and it was the line in the sand.

That was when we lost some board members. That was when the half that won was the one that said, “We’re going to go forward with the FQHC,” because there were several that were on the one line in the sand and came over and said, “Yeah, we’ve got to do this.”

The other thing they did was set very hard percentages for the staff around
fundraising and around grant funding and said, “We want to hit this level of funding we want to hit.” And we had been growing. We were probably about an $8 million organization at that point in time and had probably hit 100 employees at that point, and we were continuing to grow, but we were still incredibly dependent on Ryan White and CDC funding. We had several others. We did not have any unrestricted or very little unrestricted funding. I have always said that that particular board retreat was a big turning point in the organization.

SCHWARTZENBURG: How big was the board?

CALDWELL: I’d have to look back, but it was probably 17, 20 people. We always had that kind of 15 to 18 people on the board.

It was tough. When I look back at it, I go, “Oh, my God, I can’t believe I survived it.” Truly, I can’t believe I survived it as an employee.

Then in 2005 was when we did the merger with The Assistance Fund. In 2004, at the end, we became a Federally Qualified Health Center. We went ahead with the application. We became what was called a Look-Alike Health Center, which was basically everything but grant funding, and you didn’t get the medical malpractice, which at that point in time, it was okay. Our medical malpractice expense wasn’t that high because the doctors that we had, they were only seeing HIV patients, so it wasn’t that high.

Then in 2005, Ken Malone and I approached our board chairs and said we think it would be good for these two organizations to come together. We were about equal. We were close to equal in size. We about $8 million, and they were about $6 million, $5 million or $6 million. Ninety percent of their patients were our patients. Ken recognized that there was no way they were going to grow; that
they were going to have to get absorbed. To his credit, “Let’s do it when things are still good.”

SCHWARTZENBURG: What did The Assistance Fund do?

CALDWELL: The Assistance Fund paid COBRA [Consolidated Omnibus Budget Reconciliation Act] payments and health insurance premiums for people living with HIV and ran a medication program for people living with HIV, so it made perfect sense to merge in with us. That merger was when the name change happened.

First of all, we had two very well-known community organizations that were both in decent shape. Both of us had our moments of struggles, but we were in decent shape. We were already a Federally Qualified Health Center. We knew to survive, we were going to have to expand, which meant expanding out of the Montrose neighborhood into other neighborhoods, so to stay Montrose Clinic didn’t make any sense, so it was the perfect time to change the name.

The boards came together, and we had a work group. We had an outside facilitator that helped us come up with the name Legacy Community Health Services, and then we kept The Assistance Fund’s corporation and called it Legacy Community Health Endowment. We put all of our buildings — at that point in time, we had 215 Westheimer and then the Jackson Street building that The Assistance Fund had — in that corporation, and then all the services were in the other, so all the employees were in the other.

That was not an easy merger, either. I lost my friendship with Ken Malone over that merger, frankly. I didn’t handle it well. There are things I could have done very differently. I’m looking back. Hindsight is always 20/20. I
don’t think either one of us realized how different the boards worked and thought, and the personalities of the boards.

It, again, was very stressful board-wise. There was definitely an us-and-them component on the board. There was an us-and-them component in the staff.

SCHWARTZENBURG: Was there any hangover from the Federally Qualified piece —

CALDWELL: Oh, yeah, there was definitely a hangover on that, because there were people that didn’t want to deal with that in the community. Then when we changed the name, that was a complete — I mean, it was an uproar, and I don’t think we could have handled that any differently, but it was tough. I think there were lots of reasons, in hindsight, that it was tough. I think suddenly you had a realization that all these people who had passed away from HIV, all these people who had given their time, energy, and treasure to various organizations, things were changing. Were we going to forget everyone in the past? Were we all of a sudden not going to be an LGBT organization anymore?

Remember, the split in our board, and this was pre-Assistance Fund, was as much along the LGBT versus HIV as anything. It was as much you’re only an HIV-serving organization, you’re not an LGBT-serving organization, and how does that come together? That was as big a difficulty as serving just anybody who walked in.

Now, part of our dirty little secret was, half the people that were living with HIV that we treated were not gay. It was about a 60/40 split, gay/straight, on whom we were treating, who our patients were.

[END OF AUDIO PART 3]

SCHWARTZENBURG: But perception.
CALDWELL: But perception was, we were 100 percent gay men, and 100 percent gay white men, let’s just go there, not gay men of color, which also if you looked at our demographics, we were probably 50 percent gay white men, and then the other split pretty equally between African American and Latino. All of those things just came to bear.

SCHWARTZENBURG: Right, so it’s what people in the community thought versus —

CALDWELL: Right, thought, versus what was the reality. I even had one board member who looked at me and said, literally looked at me and said, “Well, there are no gay men without health insurance.”

I looked at him and said, “Maybe your friends, but not everybody. Just go sit in our lobby for an afternoon, and you’ll see.”

Literally said to me, “There are no gay men that don’t have health insurance.”

SCHWARTZENBURG: Hard for him to believe.

CALDWELL: Hard to believe, but it was true. All those pieces were in there, and it was a big struggle. And then the whole Assistance Fund piece, their culture was very different than ours. It took several years, really, for all of that to square itself away.

SCHWARTZENBURG: I don’t know at this point how much community fundraising you relied on, but did that affect the agency?

CALDWELL: No, actually, it did not affect our community fundraising, and it did not — well, with The Assistance Fund merger, it really didn’t. We got pretty much the same amount we were getting between the two organizations, and we made sure that it wasn’t going to affect, at least in the initial term, our foundation
fundraising, because both organizations received funding from the big foundations in town, and so ahead of time —

SCHWARTZENBURG: Which ones? Which foundations?

CALDWELL: Houston Endowment, Cullen Trust For Health, Rockwell, Brown Foundation.

SCHWARTZENBURG: So outside of the gay community?

CALDWELL: Yes, outside of the gay community, right. No, no, no. We relied heavily on those foundations, and both organizations did. They did not, to their credit, cut down our grant. For instance, if Houston Endowment was giving us $50,000 and them $25,000, we got $75,000. I mean, they did not cut our grant down, which was good, because they were so thrilled in the foundation community that two nonprofits were coming together. So they rewarded us in the short term, which was good. Over a long term, you could make arguments on whether they did or didn’t, but in the very short term, they rewarded us, which was good, and I give them a lot of credit for that. But I give us credit for going to them and saying, “We’re doing this.” We also got one of the foundations to fund the consultant that we brought in to try to make all this work.

Some of the mistakes that we made were really not getting the board to ask some really deep, heavy questions about what this meant and what the board cultures were and what this really meant. On my part, we didn’t, as a staff, really delve into what this meant; what the two cultures of the organizations were; what skill sets were; what the skill sets were, necessary to move forward.

SCHWARTZENBURG: “They look like us, they talk like us, but they’re not.”

CALDWELL: But they weren’t. They’re not us. We weren’t them. They weren’t us.
We were the larger organization. We were the real agency, they were program more than an agency, and so we were the survivor. It was tough. Like I said, it cost me a friendship because I didn’t handle it well. I truly didn’t handle it well.

The other thing that happened was that The Assistance Fund had been much better, had a wonderful what I call retail fundraising event, and in a partnership with Neiman Marcus and Tony’s, to do a dinner, and it was not necessarily attended by the gay community. It was attended by a lot of the socialite community. So that dropped us into some retail fundraising really quickly.

The board at that ugly 2004 retreat in our strategic plan had set a very aggressive goal for getting out, and not only a fundraising goal, but said, “We think you need to fund — we’ll put it in the budget — to hire a real retail fundraising person.”

So we hired a real retail fundraising person and brought Chree Boydstun in at the time — this was in 2006, I believe — because I knew I couldn’t manage that, and I realized that some of the other skill sets weren’t there to really manage that, that whole thing, and we needed to grow it. We didn’t just need the one event. We needed to grow, because we also knew we were going to need new buildings. We were scattered out. Already we had outgrown that. We had moved into other rental space. We knew we needed a new building, and I knew to do a capital campaign, we had to cultivate some more relationships first, and I needed a person who could do that.

SCHWARTZENBURG: Would you say that in that fundraising space, did you lose
anything because you were no longer an HIV organization?

CALDWELL: Sure. I would say we lost it in the short term and gained in the long term.

SCHWARTZENBURG: I’m just thinking of what straight socialites —

CALDWELL: Actually, the straight socialites wanted to fund the HIV. They didn’t want to fund —

SCHWARTZENBURG: Yes, I thinking Elizabeth Taylor.

CALDWELL: Yeah, they didn’t want to fund the LGBT and the Medicaid. They wanted the HIV funding. They liked that.

SCHWARTZENBURG: That was status.

CALDWELL: It was status. And it wasn’t just that. They all knew somebody with HIV, so HIV had by that point touched pretty much everybody. At that point, you didn’t know anybody in Houston that wasn’t touched in some form or fashion by HIV. Whether it was a family member, whether it was a friend, whether whatever, they were touched.

SCHWARTZENBURG: That’s interesting.

CALDWELL: They may not have realized it, but somebody then pointed it out to them that they were.

SCHWARTZENBURG: So that’s more selling.

CALDWELL: Yeah.

SCHWARTZENBURG: So Chree had a big job.

CALDWELL: Chree had a big job. Like I said, it was definitely an interesting time, from a cultural perspective, in the organization.

In 2004, I was at a dinner party with a good friend who was bitching, no nice way to say it, about his good friend Michael Kopper, who was an Enron
person who had already signed a plea agreement that he was guilty, but was awaiting sentencing. While he was awaiting sentencing, he had to have a job. He had been trying to get a job anywhere and could not get hired. He then started volunteering at another organization and was basically fired from that organization as a volunteer when one of their board members got upset that he was there.

So I said, “Well, we’ve had all kinds of people. I’ll take him as a volunteer, and let’s see how it works out, but let me talk to the board.”

So I talked to my board chair, who was like, “Well, let’s meet with him.”

The following week, we met with him. I think it was actually really quickly. This happened on a Saturday, and we met with him like on Tuesday or Wednesday. After meeting with him, we realized, she and I — it was Marianne Huerter and I — realized that, No. 1, he was an incredibly smart individual, he was an incredibly broken person, he was completely and totally demoralized, and that it would be the right thing to do to bring him in.

At lunch, that lunch, she asked me what I thought he could do, and I said, “Well, we need a grant writer. Our grant writer just quit, and I need a grant writer.”

He said, “Well, I’ve never written a grant.”

I had done my research. I said, “Didn’t you write offering memorandums and things while you were at Enron?”

“Well, yeah.”

I said, “Then you can write a grant. It’s all about telling a story and following the instructions.”
He was like, “Oh, I can probably do that.”

We went to the board and got permission. They all agreed that we had had some very interesting folks before volunteer. I think I talked about this before. With the Paul Broussard people who were the bystanders to Paul Broussard, we had them as volunteers for a long time.

So they were like, “Sure, bring him on.”

There was a lot of stress around the staff. There was stress around everything, around bringing him on. Some people recognized that it was the right thing to do. He was part of our community and needed help and that’s what we were there for. Some people resented it. It was not always easy. It was not easy on him either.

Actually, the first day he was there, I took him to his cube, and he sat down. I came back a little while later, and he was just like stunned, and I said, “What’s going on? Is there a problem?”

He goes, “No. I never thought I’d have a desk and a phone and a computer again. I never thought I’d work again.”

So I was like, okay, this is the right thing to do.

He got acclimated. We had a couple of volunteers who had been former Enron people who quit, who were not happy. We had some donors who definitely expressed their opinions. One of them in particular, I called out because they were with one of the law firms that had made a huge amount of money, as an oil and gas lawyer, off Enron, but had no culpability, nothing. I looked at him square in the face and called him a hypocrite; that how dare he do this, and he gets to go back to his River Oaks mansion. He’s not going to go to prison.
SCHWARTZENBURG: Tough words.

CALDWELL: Yeah, it was, and I had decided right then and there, too, when we took him on, I told our board, I made a promise to our board, and I made a promise that I would always be upfront about it. I made a promise to Michael that we were going to be upfront about it. We would protect him from the press and all of that, but we were going to be upfront; that I wasn’t going to hide the fact that he was working there. There was no way to hide that fact, and I was going to be upfront with our donors.

Did we probably lose some donors over it? Oh, sure, we lost some donors. Probably not big donors. Some of our larger donors were like, “This is the exact right place for him.” “How smart of you to hire him.” “He’s a brilliant guy.”

Some of them knew him and said, “Brilliant guy. He’ll really help you.”

The way I described, after Michael got settled and we kept him on for a couple months, and then he came to me and said, “I’m volunteering and all this, but I’d really like to work here,” I said, “I have the budget. We’ll hire you as a grant writer.”

So we hired him a couple of months after his time as a volunteer started, and he has definitely proven his worth. I quickly learned that he was an amazing strategic thinker. I always said that I had an umbrella over me of the world that just covered my body, so mine was just one of those little fold-up umbrellas, the way I viewed the world, but Michael viewed the world in a golf umbrella, so he brought a whole other sophistication, a whole other thought process, another, frankly, skill set that I didn’t have that we needed.
SCHWARTZENBURG: Can you give an example of one of those thoughts?

CALDWELL: Let me think. Some of it was just his view on when we were making this transition from HIV to LGBT care and how to go about it: how to go about it financially, what we needed to look for, and what processes we need to put in place.

We needed processes to put in place around Medicaid. Well, what are we going to do, and how are we going to do that? How are we going to write these grants to look differently so that it could enable our funding to move us in that direction?

SCHWARTZENBURG: “They recognize we’re a different organization.”

CALDWELL: We’re a different organization. How do we describe that? Don’t just look at this neighborhood and this group.

Yeah, yeah, we do have to figure out how to see children. Well, how are we going to do that? Where does Katy need to go to be seen, and what groups do we need to be seen in?

We were being dreadfully discriminated against by the state and by the state primary care association, Texas Association of Community Health Centers. We were being discriminated against by the State of Texas as far as grants were concerned because they didn’t take us seriously. I charged him with going and making the relationship better with the state into trying to get them to view us in a different way. Some of it was when we’d called them out on the discrimination and got a different grant reviewer, that helped. But he was instrumental in figuring out how to position the organization to do that, and it opened up new doors for us.
It taught me a lot about who our friends are and who our friends aren’t, who you can count on and who you can’t. It taught me a lot about our criminal justice system, for sure. We thought he would be with us for six months before he was sentenced, because that was the only timeline. It was almost three years before he was sentenced because they kept bringing him in to —

SCHWARTZENBURG: To testify?

CALDWELL: He didn’t testify as much as he was the person who explained all the paperwork, all the paper trail behind everything and how everything worked.

SCHWARTZENBURG: Expert witness.

CALDWELL: He was the expert witness that wasn’t always on the witness stand. He did testify a couple of times, but he was predominantly just deposed for background.

In that respect, it was probably one of the best moves I ever made, was to bring him on. He ended up getting sentenced and ended up serving 18 months in federal prison, so we lost him for 18 months.

Interestingly enough, before he went to prison, somebody that he had a lot of respect for, that he had worked with at Enron, Ben Glisan, was coming out of prison. So before Michael was going in, he said, “I think you need to meet with Ben, because I think he could do you some consulting work.”

I guess I hadn’t talked about that we had opened a Walgreens Pharmacy. We had gone into a partnership with Walgreens in that same time period, that 2005–2006 time period, and we were having all kinds of problems with inventory management with Walgreens. Michael was like, “Oh, I think Ben can come in here and take care of that for us.” I always say, Michael knew he was going
away, and so he was going to make sure he handed us off to somebody else to kind of fill in for him while he was gone.

So we got all kinds of permission so that they could meet, and then we hired Ben as a consultant to come in, and he was basically consulting on fixing our Walgreens problem, which took over a year to fix, so he was a very part-time consultant, but nonetheless he got to know us, he got to know our business. He became a business advisor, especially while Michael was away.

During that 2007–2008 time period, Ben became a very valuable consultant also and worked on not just the Walgreens project, but then ended up working on various other projects for us around our billing systems and accounting systems and things like that, because he was an accountant by background. As I call them, my two Enron guys. Like I said, I disclosed to everybody that we didn’t have just one now; we had two.

We really don’t catch much grief today, but we really still caught grief — I would say when Michael got out of prison, we had a really ugly incident where somebody — because he came back to work for us when he came out of prison. Coming out of prison, I learned, is not an easy process. Somebody spray painted, and I can’t even remember what it was, but basically a slur toward Michael on the office step, which took him out for a little bit, and understandably.

There was a lot of suspicion around who did it. Unfortunately, within the staff, there were accusations that somebody on the staff did it. I, to this day, don’t know who did it. I don’t really believe that it was anybody on the staff, but nevertheless, it was ugly.

We always had a PR [public relations] firm that helped manage the press
calls — I was never the spokesperson around any press calls for Michael. Michael never would talk to the press, so it was always we had a spokesperson in Pierpont Communications that would go, “No comment, no comment, no comment,” on all of it, whether it was Michael or Ben, and managed any articles that came out, which they did very well. I mean, we had a few articles here and there.

Then Michael came back. We kept Ben on as a consultant. What he was really instrumental in, both of them were very instrumental in, was also, again, helping us manage our growth, because we were growing then with grant funding, but we were also looking around to figure out how we could take advantage of the — by then, in 2006, we had won and become a full Federally Qualified Health Center go to into the Fifth Ward, so that was our first foray into a new neighborhood, and that happened right before Michael went away, so Ben actually helped us with both the Walgreens transition and how to manage this growth into this other neighborhood.

That got us what they call fully-deemed status as a Federally Qualified Health Center. Then when Michael came back, we were figuring out how we were going to take advantage of this, because we still weren’t getting many children in, we still weren’t getting many Medicaid patients in. We really didn’t still have a good billing system for that, and among the three of us, as well as some other staff people — Chree was very involved — we were really working on that piece.

We had also started the capital campaign at that point toward the new building and were hoping that we could have it done in two years. Well, then the
bottom fell out of the stock market, so that delayed that, but we were doing a capital campaign for the 1415 California building.

    Michael, when he came back, was kind of managing how to build this building, how to deal with architects, how to deal with them, so he was learning. As we always say, a lot of times we build the plane while we’re flying it. He was learning all of that and how to manage that. We were growing the business.

    Then in 2009, I was at a meeting of other primary-care organizations, and a woman from Memorial Hermann who was in charge of all their community relations at Memorial Hermann came over and said, “I wanted you to meet the people who run the CHRISTUS Medical clinic in southwest Houston.”

    I said, “Really?”

    She said, “Yeah, they have this large pediatric and obstetric practice. They’re losing a lot of money. They don’t want to become a Federally Qualified Health Center for lots of different reasons, but they want to turn this over to a Federally Qualified Health Center, and I think you’re the perfect match for them.”

    I went, Really?”

    She said, “Yeah, you’re the one that’s the most sophisticated out of this whole group.”

    I was like, “Oh, thank you.”

SCHWARTZENBURG: “Thank you.”

CALDWELL: I guess I portrayed myself really well. I’ve always been pretty good at doing the old adage of open your coat and make yourself look bigger than you really are and more sophisticated than you really are. I shouldn’t shortchange us. I mean, we were pretty sophisticated, and we were larger because we had all the
Ryan White funding, we had all this other funding, and were very good at managing grants and getting grants from the outside, probably better than some of our counterparts were.

We went through a pretty decent negotiation, and Ben mostly handled a lot of that for us. I did a lot of it. Ben and Michael helped.

The other thing we were going to do is take over their building. We were going to purchase their building. Well, the other thing we knew is that we didn’t have the cash flow at the time to really get — because we were going to all of a sudden flip into all this Medicaid billing. We didn’t have the cash, while we got all these doctors recredentialied under us, to float that large clinic, because it was a large clinic, during that time period, so part of the deal-making with CHRISTUS was to float us the cash.

They basically became a line of credit for us and gave us the time to raise the money to buy the building from them. They gave us 18 months to raise the money to buy the building from them, and then for the first 12 months gave us basically a line of credit to — we didn’t call it that in the agreement, but that was in essence what it was. We made the deal to keep all their employees. Probably not the smartest move I ever made, but we did it.

Then in 2010, we took over the CHRISTUS clinic in Gulfton, which meant suddenly we had a pediatric and obstetric clinic.

SCHWARTZENBURG: Which you had been looking for.

CALDWELL: Which we had been looking for, and that was a huge game changer.

SCHWARTZENBURG: That’s amazing.

CALDWELL: The board, at that time, was totally bought into the whole “We’ve got to
get into this pediatric business. We’ve got to figure out how to do it.”

When we did it, we knew, as a Federally Qualified Health Center, we couldn’t just — and at that point in time, CHRISTUS was only seeing aged zero through five children and were seeing obstetric patients. We knew we had to add other services to that out there, so we rented space from the new Baker-Ripley Community Center and added behavioral health, added some adult care, because we had to have adult primary care, and behavioral health, and dentistry, so we added that, which was a giant learning curve for all of us.

I think none of us realized the impact of having a psychiatrist and psychotherapist in the Gulfton area, because it was completely starved. We put a psychiatrist and a psychotherapist out there. Literally, we figured two half days a week, we figured it would take a year to build their panels up to full-time. Within a month, they were there full-time, and their panels were full within three months, and we were expanding and looking at hiring others after the cash flow sorted itself out.

It was eye-opening, and it was eye-opening what we were diagnosing out there among all these children. It was all pediatric behavioral health. It was completely eye-opening. Our psychiatrist at the time just couldn’t believe it, because there had not been anything out there. All she did was literally go to all the surrounding schools and say, “I’m here,” and it was like she was inundated with referrals.

In the meantime, we’re still back raising money for this 1415 California building, still expanding our HIV services, still managing through this growth, because all of a sudden, we within two years had an unrestricted revenue stream,
which was a godsend. It was something that we had wanted since I had been there, and we finally achieved it.

SCHWARTZENBURG: It only took how many years?

Caldwell: Let’s see, for about 13 years, 14 years. We’d gone fits and starts.

SCHWARTZENBURG: It couldn’t have gone any faster.

Caldwell: But this was a real consistent funding. The others were all up and down, hit and miss. We were never in danger of making payroll and all of that like we were in the first five years. After about the first five years, then we pretty much broke even every year. We had losses, but not like when I first came. Very different. We had a line of credit that we would pull on it, but we could actually rest it periodically. We had a much stronger cash flow than we had had. Even up to 2010, we had a much stronger cash flow than we had back in 1996.

SCHWARTZENBURG: When did opening up 1415 happen in terms of timing with the CHRISTUS deal?

Caldwell: I’ll have to look at the year. I think we moved in there in 2012, so it was two years after, almost. We moved in there like the fall of 2012. I mean, Chree did a yeoman’s job in raising that money along with our co-chairs of the campaign, did a yeoman’s job of raising that money, and really did a good job of getting the funding in the door, significant funding in the door. By that time, we were doing pretty decently at the retail fundraising, too, so that whole piece of both government grant writing, foundation grant writing, and individual fundraising all had kind of come together over various time periods and various ways.

SCHWARTZENBURG: That must have been a very proud moment for you and the
board and all the staff.

CALDWELL: It was. It was. It has been. The one thing I will say that we have not been very good at is celebrating our successes. We’re getting better at it. I think that’s something that we’ve all looked at, is that we came from such a crisis management background that it’s been tough to stop and celebrate when things happen that are good.

During that same time period, we made some tough decisions, too. We closed the research group because it was a loss leader, it wasn’t doing what it needed to anymore, it had outlived its purpose, and it was time to close that down. That was hard, and it was hard on all of us, because none of us wanted to admit that that really wasn’t — that was kind of the last vestige of the HIV and all of that and the old days. Everything else had really evolved, but that really hadn’t, and that was a tough one, was when we got rid of that. We wound it down.

SCHWARTZENBURG: What are your challenges now? Have you slowed down?

CALDWELL: No. Now the challenges are just around different types of funding, and it’s really about how we manage our Medicaid. We were very fortunate under Obamacare, and also known as the Affordable Care Act, to receive — because we were a Federally Qualified Health Center, there was designated funding for Federally Qualified Health Centers to expand, so we took advantage of it. I think the one thing that we’ve been very good at over the years is taking advantage of opportunities as they arise.

SCHWARTZENBURG: And recognizing them.

CALDWELL: Recognizing them and taking advantage of them.

Also during this last seven or eight years, we took over Center for AIDS.
They, again, were recognizing that they weren’t going to be able to survive in the way that they had; that there was still a service that they had, and so we took that over. We still produced their publications, but they no longer existed as an agency, so we folded them in. We had learned a lot from our last one, so we folded them in in a very different manner, so it worked out much better.

SCHWARTZENBURG: Remind me what they did.

CALDWELL: They were basically what I call the community resource for clinical drug trials and research. They were like a clearinghouse for research in the community.

SCHWARTZENBURG: Was Michael Peranteau in that?

CALDWELL: Yeah, Michael Peranteau and Joel Martinez were the main ones who started it. We took that over, and we still do the publication [RITA: Research Initiative/Treatment Action!], the main publication that they do, and still produce it, I think, twice a year, which is good. The education programs, some of them that they had still, we folded into ours, and it’s worked out very well. I think everybody is still pleased. They had a Joel Martinez Community Involvement Award that we still give every year, so I think everybody is pleased with the way it worked. The way their board came in, the way we took three of their board members, they folded, we were very judicious in how we picked those board members so they fit very well into our system.

The employees, one is still with us. There were three employees. Two are not. One is still with us, actually is one of our nurse practitioners. That worked out very well, but live and learn.

It’s definitely been a challenge. We still take care of 4,000 HIV patients.
We still are the largest LGBT health clinic west of the Mississippi. We have a large transgender program now that we did not have before. We have an adolescent transgender program that’s rather large. We are the largest provider of mental health services behind MHMRA [The Harris Center for Mental Health and IDD (intellectual and developmental disability), formerly Mental Health & Mental Retardation Authority], also now known as The Harris Center. We’re very proud of that and how we’ve been able to grow that because there was a community upheaval when we started into the pediatrics, obviously, there. It was, “Oh, you’re just going to divert all this money toward children.”

Well, no. The fact that we’re seeing children enables us to see uninsured adults, and we still have a lot of uninsured adults. When the State of Texas didn’t expand Medicaid, that was a real shot in the gut for us in that we were still going to have all these people living with HIV who would have qualified for Medicaid had we expanded but didn’t qualify under the Affordable Care Act because they were too poor, which is, I know, ridiculous, but it’s the way the Affordable Care Act is set up.

We’re still growing. We just opened a clinic in the Near Northside. We now have 33 locations. We’re in Southwest Houston. We have four locations in Southwest Houston. We’re still in the Montrose area. We’re in the Near Northside, East End, Deer Park, Baytown, and Beaumont.

Beaumont, we provide HIV services there. We’re the largest HIV provider in Beaumont. Beaumont is a unique place to provide services. They’re resource poor there.

SCHWARTZENBURG: Is their community closeted?
Caldwell: The community is both. They’re fairly closeted. A large African-American community living with HIV that are very still in the shadows with their HIV status. The gay community there does come together. We’ve helped fund a Pride Festival and gathering places and things like that. We’ve been able to do that. We do a large prevention program there. Jefferson County was, and I think they still have the largest incidence of STD’s in the state, so it was very appropriate that we go there, so we’ve been doing STD services, HIV services. It’s, like I said, a very unique place to provide services.

Schwartzenburg: Does it feel a little bit like a time warp?

Caldwell: It feels a lot like a time warp. It’s a time warp in large part because there’s still a stigma, a big stigma around HIV, not that there’s not one here, because there is. There’s still a stigma, and we do all kinds of things to combat stigma, but it still exists, and people still don’t have a strong understanding of HIV. Fortunately, we’ve gotten a lot of community support. We’ve gotten a lot of political support for being there, which has been great. The reason we’re in Beaumont is because of Christus and our relationship with Christus.

Schwartzenburg: Amazing.

Caldwell: Because they liked the way we operated the clinic in Southwest Houston and the way everything grew, and they have a large hospital in Beaumont, St. Elizabeth’s, they invited us to come in, and they funded our first year of operations there. We still partner with them in a lot of things. It’s been eye-opening, but it’s been interesting. It’s very difficult to hire providers and hire staff in Beaumont. That’s probably been the most challenging piece. It’s a small community, relative to Houston.
SCHWARTZENBURG: Right.

CALDWELL: The thing that I’ve been amazed at is, when I tell people we have clinics in Beaumont, they go, “Oh, I’m from Beaumont.” Lots of people, in my age bracket in particular, are from Beaumont but have not lived there as an adult. They left. It’s a very unique area of Texas, much more like Louisiana than Texas.

SCHWARTZENBURG: Yes. In wrapping up, looking back at your time —

CALDWELL: 20 years, yeah.

SCHWARTZENBURG: — and even before that, with the Colt 45s, what was it that prepared you or made you the right person to lead Montrose Clinic through this storm?

CALDWELL: I think there were multiple things. No. 1, I have a real devotion to people living with HIV and serving people with HIV that grew in the 1980s, in the height of the epidemic, and made promises to my friends that I would always be around and not leave. From a civil rights standpoint, I have a strong commitment to civil rights and human rights, and to me, the LGBT community is part of that feeling that I have. As I’ve said for years, I live a big chunk of my life in the gay community, and I love it. It’s my people, even though I’m a straight white woman.

I think my background, with a science background from college, to an investment, accounting, finance background, to my political involvement over the years, has all of those pieces of what I always called in my twenties and thirties, when I was trying on careers — all those careers I tried on kind of came together as head of
It’s never been a dull moment. It’s been ever-evolving and ever-changing, which I love, and I’ve been part of making that change, and I’ve had to evolve over time, and I’ve been fortunate that I’ve hired people who were smarter than me, who have helped me grow and change, and change the way I lead. I’ve come to appreciate the various leadership styles and leadership curriculums, for lack of a better word.

I have to tell you, all during my 21 years at the organization, I have gone in phases where I’ve questioned whether I was the one to continue to lead the organization, and I have sought out help and counseling, and “counseling” meaning career counseling and sometimes psychotherapy. That definitely plays a role in how to grow. And figuring out how to grow my skill set and what it takes to grow that skill set, I think I have a unique combination of skills of also being able to put pieces together.

One of the things that drew me to being a science major in the beginning and drew me to healthcare way back when I was in college was systems. I like the way systems interact. I like to understand why the cardiac system has to have the pulmonary system, has to have the kidneys, and how all those pieces work together. I think I have an ability to see that, and I’ve had the ability to see that in the system that I run now and had the ability to position the organization to take advantage of the changes in healthcare and pull the system together to move it forward.

SCHWARTZENBURG: Great, a medical analogy for a medical clinic.

CALDWELL: Yes.
SCHWARTZENBURG: That’s perfect.

CALDWELL: Yes.

SCHWARTZENBURG: Thank you so much.

CALDWELL: Thank you. This has been a really interesting exercise. I’ve really, really enjoyed it.

SCHWARTZENBURG: Thanks.

[END OF AUDIO PART 4]

[INTERVIEW CONCLUDED]

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