Oral History # 052

An Interview With
Ardry "Skeet" Boyle

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AN INTERVIEW WITH ARDRY “SKEET” BOYLE

LYNN SCHWARTZENBURG: This is Lynn Schwartzenburg interviewing Ardry “Skeet” Boyle for The oH Project. The interview is taking place on April 23, 2019, in Houston, Texas. I am interviewing Mr. Boyle to document his recollections concerning the response to HIV/AIDS in Houston.

Welcome, Skeet.

SKEET BOYLE: Thank you.

LYNN SCHWARTZENBURG: When and where were you born?

SKEET BOYLE: I was born in Little Rock, Arkansas, on November 8, 1958.

LYNN SCHWARTZENBURG: Who are your parents?

SKEET BOYLE: My father’s name is Ardry, of course, and my mother’s name is Yvonne Boyle, yes.

LYNN SCHWARTZENBURG: Do you have any siblings?

SKEET BOYLE: I have a brother, a full brother; and two full-blooded sisters; and I just recently found out that I have a stepbrother and I’m not sure if it’s two or three stepsisters.

LYNN SCHWARTZENBURG: So your father had a second family?

SKEET BOYLE: My father had a second family, has a second family, yes.

LYNN SCHWARTZENBURG: When did your father leave?

SKEET BOYLE: My father left when I was 10, so that should have been in 1968.

LYNN SCHWARTZENBURG: So your mom raised you and your siblings after that?

SKEET BOYLE: My mom raised my sisters and brothers and me with the help of my
grandmother, her maternal mother. My grandfather would work for the railroads, so he was always traveling, so he wasn’t really there either, but my mother has two brothers, one older and one younger, and they also helped.

SCHWARTZENBURG: Let’s go back to your grandfather, and he was working for the railroads.

BOYLE: My mother’s father, my grandfather, worked for the railroad, so he was on the road most of the time, but my mother has an older brother and a younger brother, and they also helped with the raising.

SCHWARTZENBURG: Where did you go to grade school?

BOYLE: I went to grade school at Booker T. Washington, first through the sixth grade. In those days, elementary school stopped at the sixth grade. I lived in the neighborhood of Central High School, which if you know the history of crisis at Central High, part of the integration laws in Arkansas is that a certain percentage of us had to be bused out to the suburbs, and then vice versa, they had to be bused in. I was part of a group that actually was bused 40 miles away from where I lived, so I went to school in the suburbs, at Parkview High School, where I graduated in 1977.

SCHWARTZENBURG: What was the ratio of whites to blacks?

BOYLE: It was about 60/40, I would say.

SCHWARTZENBURG: Pretty close to equal.

BOYLE: Uh-huh.

SCHWARTZENBURG: Tell me what kind of kid you were in grade school. What were your favorite activities?

BOYLE: I was a quiet kid. I was a sickly child, always had respiratory problems,
asthma, but I was very studious. Every time I had an asthma attack — they didn’t have all of the things they have now; you had to go to the hospital — I would miss school. I loved school. I loved going to school. I was very, very studious. I finished No. 88 in my class out of 747 kids.

SCHWARTZENBURG: That was at Parkview?

BOYLE: That was at Parkview.

SCHWARTZENBURG: Did you have any other extracurricular activities while you were in high school?

BOYLE: As far as neighborhood sports I could play. I couldn’t play sports at the school, or take gym. Because of my respiratory problems, they didn’t want to take the risk. So I played neighborhood football, which I was good at. Basketball, I stunk. I came to play basketball, and I played baseball for the neighborhood team. In school, my electives became my music and French. I loved French. I was in the choir, I was in the stage band, and I was in the concert band and also the marching band. That took up a lot of my time.

SCHWARTZENBURG: What instruments did you play?

BOYLE: I played all woodwinds. I started out with B-flat clarinet. Then I graduated to the E-flat clarinet, which is the smaller one, and the bassoon, and alto sax and soprano sax, flute and piccolo. Just wherever I was needed, I kind of fit in.

SCHWARTZENBURG: After you graduated high school, did you go to college?

BOYLE: After I graduated, I had gotten a scholarship to Texas Southern University, which is why I came to Houston. I went on a music scholarship, yes.

SCHWARTZENBURG: What was your major?

BOYLE: I had a double major. It was business administration and social work, and then
I minored in music. As I said, I was just very studious in school, and so I just submerged myself.

SCHWARTZENBURG: At that point, academics became more important than the music?

BOYLE: Always.

SCHWARTZENBURG: Always more important than music.

But at least you were good enough to get a scholarship. Have you done anything with music since then?

BOYLE: In the beginning, I did. I would go to the neighborhood schools with the music department to introduce music to the neighborhood schools, especially the lower-income schools, to get kids interested in it. I was like a volunteer student coordinator for like Yates High School marching band because it was near the college campus, and I lived on campus. I didn’t have a car. So that was an easy place for me to get to and help the kids out and then get more experience, also.

SCHWARTZENBURG: Did you finish college?

BOYLE: No, I did not finish. I had 36 hours left to finish the business degree and 22 to finish the social work degree. But my mom got sick, and going back and forth to Arkansas every other weekend just wore me down, so school got further and further pushed back.

SCHWARTZENBURG: What happened to your mom?

BOYLE: My mom passed away from leukemia, which we never knew she was sick until after my brother graduated. I’m the oldest, and my brother is next. I came to Houston. A year later, he joined the Air Force because he was in the ROTC [Reserve Officers’ Training Corps] in school, and he became a nurse in the Air
But going back and forth with Mother — well, she got sick, and more hospital visits, so it came out that she was ill, so she finally had to let us know. Back in those days, it was very hard because telephone calls weren’t free. Long distance, you had to pay for each call. I mean, it just wasn’t financially feasible.

Fortunately, I worked for an oil company who gave corporate rates on the rental cars, so I would lease cars for a month, and that way I would have transportation, and I could go back and forth home. Working for the oil company, you didn’t work a full week. I worked like Monday through Wednesday or sometimes Thursday, so I could leave Thursday night or early Friday morning and get to Little Rock and stay the weekend.

SCHWARTZENBURG: It must have been hard.

BOYLE: Yeah, it was. In the later part of the year, my vacation time, November and December, I only worked on Tuesday and Wednesday because I had so much time that I had to take or they would take it from me. It was hard, it was rough, but it taught me a lot. It taught me an awful lot.

SCHWARTZENBURG: After she passed, then you came back to Houston. By then, you were already working for the oil company?

BOYLE: Yes. I worked at Aramco for 17 years.

SCHWARTZENBURG: What did you do for Aramco?

BOYLE: I was an engineering aide/library assistant. The aides did all the work for the engineers, all the research and everything. I actually came over to Rice library quite often to do research for the engineers, to get it back to them, and of course they got credit for the project.
SCHWARTZENBURG: Yeah, but you gave them a lot of help.

BOYLE: Uh-huh.

SCHWARTZENBURG: When did you first become aware of HIV/AIDS?

BOYLE: I’m trying to get the dates right. I’ve really been thinking about it, because I just never really thought about the dates, but it had to be around 1989. I had a college roommate. There were three of us. One owned the house, and the other two, we all shared the mortgage. He got sick, and he found out that he was positive. My other roommate knew that he was bisexual. I didn’t, which it didn’t matter. Back then, that was the most common risk factor, was men having sex with men.

When he got sick, he got really sick. People were getting very sick right off the bat back then. We just jumped in and helped nurture him and care for him until he became ambulatory. He went up and down and up and down, and he started going to Thomas Street Clinic because he actually worked for Borden’s and he got laid off because he was away a lot because he got sick. He didn’t want the insurance to know, so he didn’t tell the public health department that he had a job or he had insurance, but he eventually lost it because he couldn’t pay the premium anyway.

SCHWARTZENBURG: By you taking him to Thomas Street Clinic, was that how you got into volunteering there?

BOYLE: As I said, I’ve always been very studious, so I started reading more. He would bring pamphlets. I’d tell him to bring stuff out because I was still working, so if I took him, I would just drop him off and leave or take a lunch break and go home and get him and then go back to work. He would bring me more and more
literature, so I got to read more and more about it, and yes, eventually I started working. On my times off, I would go there for special events because I couldn't do it full-time.

Then I got laid off in 1993, and I started going there more, full-time. I bought a mini van so that I could help people out that didn’t have transportation, and I would take him and people that he knew to the clinic because they didn’t have a reliable bus service that went directly to the clinic back then. The bus would stop like four blocks away on the main street. Well, they would have to walk from the main street to the clinic in extremely hot weather. Back then, the medicines that they took couldn’t be exposed to light, or it was heat sensitive, and people were passing out from heat strokes. I mean, it was a lot. It was a lot. So whatever I could do to help, I thought about other people to try to help and get them in. Yes, volunteering full-time, I eventually became the lead volunteer.

In those days, the volunteer department at Thomas Street was not through Harris County Health Department, which is what Thomas Street is under. It was with an agency called PWA Coalition, and it stood for People With AIDS Coalition. We would get donations for clients for special holidays and do special things for them. We would have things like ice cream socials. That was my favorite because the summers were so hot and people were suffering so, so much.

Companies would just donate. We would solicit companies to donate stuff. Even Braum’s up in Dallas had a whole truck to come down here for an ice cream social one time, to bring Braum’s ice cream. People like Sunbeam Bread, when we had barbecues, or Guy’s Meat Market. People were just opening up to help because people were so devastated back then. Some people, I mean, literally
had nothing, and I really mean nothing, so it was really, really hard back in those days.

SCHWARTZENBURG: It must have also been hard as a volunteer because there was so much loss.

BOYLE: Yes, yes. Being a volunteer, there are certain things that you could do and certain things you couldn’t do, and there were certain parts of the clinic we could go in and certain parts we could not go in.

I eventually was hired on at Thomas Street. I can’t remember the date. It had to be 1993. It had to be 1993. I got hired in the social work department. Back then, turnaround time, employee turnaround time, was very quick because people weren’t staying.

SCHWARTZENBURG: Or they’re burnt out? Was that why they weren’t staying?

BOYLE: Some were burnt out. But then a lot, like women who were in relationships, the boyfriend or the husband were giving them problems at home because they worked with people with AIDS and they were afraid they would bring it home. Some people went through separations. Some people went through divorce. These are the employees, not the clients.

So they were short in the social work department, and the clients, I mean, it was just hundreds of people coming through there, and it’s just like [snapping fingers] service, service, service, and they needed things right away. And certain paperwork, they had to have to get whatever they needed, so it was a very, very busy job.

I did get clearance to start volunteering up there since I was there so long, and eventually they had me go to a temporary agency that they had a contract
with so that I could be hired on. It was like literally on Friday they needed somebody, like they had no employee up there — I was the volunteer, and I was handling everything — and Monday, I actually started working. So I did temporary for about 90 days. I think 90 days was the turnaround time. Back then, they gave me exemptions for everything because you were needed, so they had to bend the rules. The hospital district is structured, and they have certain rules that they have to follow.

SCHWARTZENBURG: By then, Thomas Street was under the hospital district?

BOYLE: Yes, it was under the hospital district. It started out being at the old Jeff Davis Hospital on Allen Parkway. They had a little house in the back from the hospital that they had set up for them to see the people with AIDS because they didn’t want them to come in the hospital. They didn’t want to see them in the hospital. So all the social workers, the nurses, everybody, were in this little house in the back of the hospital until they purchased the property at Thomas Street, which I think it was a Southern Pacific Hospital back in the day.

SCHWARTZENBURG: Right, it was from the railroads?

BOYLE: Yes.

SCHWARTZENBURG: It was lung clinic or something.

BOYLE: I never really got to understand of what, but through the building, the building was old. They were working on the building, actually, as we were occupying the building, so there were certain parts that still had the railroad insignia on it, all in the bricks, you know, so that’s how we found out actually what it was. Certain parts of it were really a nasty place when the clinic moved in. Not the part where the clients were, but they had to get the other part ready. But the population was
growing so much, they had to get a larger place. Actually, Thomas Street progressed and was remodeled actually after it was occupied.

SCHWARTZENBURG: That had to be hard on you, with your lungs.

BOYLE: Yes, yes. I wore a lot of masks. They started putting masks at intricate places, and not just for me, but for the clients, too, especially the ones who came for infusions, because some of them were there all day. They would come and they would get hooked up. They would bring their lunch. Sometimes the volunteer agency, we would solicit to get people to bring in lunch for them.

St. John’s downtown, well, actually, Bread of Life in St. John’s had a culinary school. It was for people who were homeless that were trying to get off the street and get their life back together. It was a shelter at night, and during the day they gave classes, and they could do referrals, and they could get whatever paperwork they needed to get whatever documents they needed or whatever. They actually started cooking for Thomas Street in the culinary class at the Bread of Life, and then they would bring the food over.

A lot of patients that were on dialysis back then, there were certain things they could eat or couldn’t eat. They just couldn’t tolerate it. It was nice food, good food, but the patients couldn’t eat it because of the illness. The No. 1 thing that they wanted was bologna sandwiches. Bologna sandwiches will stay down. You couldn’t put the mustard or mayo on it because you didn’t know who could tolerate what, so they would bring the little packets, and they would always bring a banana for the potassium, and then a bottled water.

We eventually had a snack bar in Thomas Street that we had where we would keep the cold, cold water because it was just so, so hot. That walk to the
bus stop, even the walk from the parking lot, it just seemed like forever to get to
the building to get cool, and then certain parts of the building weren’t that cool
because they were working on it. It was a challenge.

SCHWARTZENBURG: How long did that construction go on? Do you remember?

BOYLE: I don’t remember. Fully, I don’t think it was done until after I left, but most of
it was done by 1996. Yeah, most of it was done by 1996.

SCHWARTZENBURG: That does not sound good.

BOYLE: No, it wasn’t. You had to really be ingenious on how you would
handle the patients. Even if you had to go from one department to the other — we
had crash carts all in the hallways so that if any emergency happened, it was right
there and we could go to the crash cart and revive the patient or do whatever we
needed to do, so we kept everything on these crash carts. But they were in the
hallways, so you always had to have an employee somewhere near to watch the
-crash cart because the clients were still, moving up and down the hallways, but
you had to have them because you didn’t know what was going to happen.

SCHWARTZENBURG: Even though you were in the social work department, there
were still so many medical things happening around you, you were kind of
involved in that, as well?

BOYLE: Yes, yes.

SCHWARTZENBURG: What does the social work department provide for the clients?
What would your caseload be like, and what did you do for them?

BOYLE: When I first started, of course, I wasn’t a caseworker, so I didn’t have a
caseload. I was just a social worker assistant, so I could wait on all the patients,
everybody. People would come to us daily. Some people had no ID’s
[identification], so they couldn’t get Gold Cards. Or they didn’t have Social
Security cards. Well, we would provide the documentation that they needed to go
to the places to get this — for no charge — but they needed the documentation.
So we would have to request the medical record from medical records, which was
a process through the health department to get it, get it back up, get the paper
filled out, get it to the client, get the medical record back to medical records.

If you were seeing 200 patients a day come just through the social work
department — some people didn’t come there for medical treatment; they only
came for social work — there was a line. Eventually we had rows and rows of
chairs for people waiting, but you had to be expedient and get them out of there so
that they could get to the agency or the place they needed to go before they
closed. Yeah, it was extremely busy.

You had to maintain your professionalism. The hospital district, if you
worked for the district, you had to have lab coat, slacks, pants, tucked-in shirt,
with a belt and a tie. That was strict attire for the men working for the district.
Some people would mistake me for a doctor sometimes and talk to you, but I
learned a lot doing that. Of course, I had to tell them I wasn’t a doctor, but I just
had a listening ear for them. Some people, all they wanted to do was talk while
they were waiting, to get the anxiety down, and just for people to be friendly. I
learned to touch people and hug people. We do that at my church anyway, so I
put that into practice there. Some people just didn’t have anyone. They were
devastated they were sick, I mean, very, very sick, and just to touch them, you
could feel the tension and the relief in their body. I could just feel them
transferring it to me. Some people would just cry and just say, “Thank you.”
I’d just say, “Good morning,” Mr. or Miss, whoever, you know. “How are you doing?” and just give them a hug.

“Oh, Mr. Skeet, thank you. You just don’t know what that means, how you make me feel when I come here,” because it was really a chore for them to navigate through the system at Thomas Street then because eligibility was the main thing. They couldn’t get service if they could not get a Gold Card. Well, they couldn’t get a Gold Card if they didn’t have everything that they needed, so people were coming in, going back, coming in, going back, coming in, going back.

Then the employees, on their side, they would tell them, “Well, you need this and you need this,” but there may have been three other things on the list that they needed that they didn’t even get to, and they had to wait on the next patient, so the patient would go away, get these two things. Well, when they came back, these three things were still needed, so they would come back to social work again, get what they needed, and go back out. Oh, it was a mess. It was a mess.

SCHWARTZENBURG: Did you ever feel like you were able to do anything to help clean that mess up?

BOYLE: Yes, able to streamline it. Employees back then were overworked — well, they’re still overworked — and underpaid, but they were afraid to say anything. I’m not afraid to say anything. If it’s in the process and it doesn’t need to be, then why don’t you say something? They don’t know, because they’re not doing the work. They’re just setting the rules. You have to be the one.

We had case studies every Friday where we would go in and discuss the cases, especially extreme cases, and I would bring suggestions up.
“Well, why this?”

“Well, I don’t need to do this because I did it right down here.”

“Oh, you’re right.”

But people were afraid to say anything because they were employees, and they treated the ones with degrees differently than they treated the ones who didn’t have degrees. Most of the clerical staff didn’t have degrees, so they felt degraded and stuck, but they were doing all the work: documenting the chart, doing all the ratios, doing the blood pressure. You just got on-the-job training doing this stuff because it had to be documented and in the file.

With the medications, back then the ADAP [AIDS Drug Assistance Program] — oh, the ADAP system, Lord. That’s where they get the free medicine through the state. Well, the paperwork they had to do was just so, so much. Then they would try this medicine, but then when a new medicine or a better one came out, if this patient wasn’t tolerating this or it wasn’t working for them, then they would put them on this. Well, that generated a whole new paper trail and a whole new form that had to be filled out.

Again, you go to medical records, you request the file, you get the file, you fill it out, you send it back to medical records, you send the paperwork to the doctor, the doctor signs it, sends it back to you. Then you have to get it to the state. Then it would take the state at least two weeks, and that’s being expedient, but these were people who needed the medicine right here and there.

So they bent the rules at Thomas Street, and they actually started giving them medicine. If people didn’t come and pick up their medicine and it was there a week, they would give them that medicine so when their medicine came in, they
could replace it. This person needed it now; that person hasn’t shown up. What do you do? That’s the way they started rotating the medications.

Medicine was in bottles, I mean, three feet high, big medicine, big tablets, and people would walk out with 12, 13 bottles at a time because they were taking medicine like three or four times a day, and then if they had any comorbidities, they had medicine for that too, and that would open up a whole new ball of wax.

SCHWARTZENBURG: It’s like combat medicine, almost.

BOYLE: Yeah, that’s exactly what it felt like. At the end of the day, when we’d clear out the clinic and everything was quiet, we could finally let it go, just breathe for 10 minutes, and then you clean up and get everything set up, come in the next day, and start all over again.

SCHWARTZENBURG: That was Monday through Friday?

BOYLE: Monday through Friday. No Saturday or Sunday.

I took it upon myself to start Saturdays and Sundays doing hospital visits because when people got sick, wherever they were sick they just went to the emergency room. There was no specific hospital that they went to, and if they couldn’t get to Ben Taub or LBJ [Lyndon Baines Johnson], they were lost because the other hospitals had no connection with the hospital district. The hospital district didn’t know anything about them being in the hospital.

That tie came through the caseworkers. Well, myself and — well, she’s my wife now, but Barbara. She was the social worker there, the head social worker there. I learned a lot from her because she actually started from Day 1, when they were at JD [Jefferson Davis] Hospital. That’s why I know the history, because she shared it with me in how they were treated and the operation back in
those days.

I would go to the hospitals to visit people or find people. They would find a way to get in touch with Barbara or myself, and Barbara, Lord, her cell phone number. She’s had it for 40 years, I know. People used to call her and leave messages for me if they couldn’t get me, if they didn’t have my number, or if they asked this friend or that friend. “You can call Miss Barbara. Miss Barbara will get Mr. Skeet, and then they’ll work it out. Just call Miss Barbara.”

So they would call her cell phone, and we’d work out whatever, demographics or whatever thing that we needed to work out.

SCHWARTZENBURG: That’s 24/7 [24 hours a day, seven days a week], it sounds like.

BOYLE: Yeah, yeah. A lot of people don’t last in social work with HIV, or with infectious disease, period, especially back in those days, because people were dying so fast and so often. People would pass away with no insurance. Some had found me; some didn’t. If you knew the client, how could someone know someone passing and not even acknowledge their life? So we had churches that would have special services for them.

There’s the Lutheran church on Main and Holman. They did an awful lot. They would do everything. The funeral, they would pay for the funeral. Then they would supply the repast at the end. Everything was always nice and dignified.

There was Wheeler Avenue, Holman Street. Even some of the funeral homes, the one on Southmore, I forget the name of it now, and the one in the Hispanic neighborhood on Wayside, they would just donate their services for people because people didn’t have anything.
Now, some of the funeral homes, at first they were afraid of the epidemic. They would prepare the body and everything, but they would put like a glass over the coffin for display because they were afraid the disease was still active and so people coming to the funeral will get it. It wasn’t like that.

Barbara and I would always go early, always try to be the first ones there to check things out. Eventually it had to be we would sign the book and leave. We didn’t want anybody to associate us with that patient. Some of them, we stayed like in the remote areas because people didn’t know us and they didn’t know what we did, but we were there for the family.

SCHWARTZENBURG: Right, to protect their HIV status?

BOYLE: Yes, yes, because working for the district, one of the main things was divulging their status. We became so known in the HIV arena — it’s big, but it’s small; people know each other — and we became so known that if we went to a funeral, people would automatically know. Even though we didn’t say anything, just our presence, and then we would be in trouble with the hospital district, so we had to watch it.

We separated worktime from personal time, but still sometimes it lapped over in the hospital district’s eyes because you are working for the district. Even though we didn’t wear a badge, we weren’t in our lab coats, we still represented the district, so it was hard.

We were going down to Dayton. They didn’t know us there, so we would go out of town for that patient and attend the funeral. The family knew us, the immediate family knew us, from bringing them to town and going to the clinics, because a lot of the family members had to do a lot of things for the patient back
then because the patient was so sick, for the ones that did have someone.

Now, the ones that didn’t have someone, we would get ambulances for and bring them to the clinic and find places for them to stay. There were a lot of personal-care homes in those days. Some people did have insurance, so they would go to a nursing home. There were certain nursing homes that would take them, because you had to give them the status so that they would know how to treat them while they were there.

So it was a very, very thin line, but we didn’t let that part bother us. We always put our heart first and put the other person first, and that’s what we thought about, and all the rest, all that other stuff, it just followed, so we never got in trouble for anything because we weren’t doing anything. We just were really trying to care for the patient.

We were involved in a lot of community things outside of work. If we were in parades or something — because we were with Masonic Lodges and the Eastern Star Chapters, so we traveled around the state doing different things. People would just yell, “Hey, Miss Barbara.” You’re away in Fredericksburg or something, or College Station, and somebody knows.

My children are like, “God, I can’t go anywhere. They know everybody, you and Mama. Oh, my Lord.”

I’ll say, “You-all sound like little old people. Just be quiet.”

It shows them the community work to do and put other people first. I’m so proud to know that my children are in some ways following in our footsteps, but they’ll get there. They’ll get there.

SCHWARTZENBURG: How did you deal with so many losses? You talked about
people just couldn’t deal with all the losses anymore, and yet you dealt with those losses and even went above and beyond what most people were doing as employees with the hospital district. How did you?

BOYLE: All I can say is, it was God and my faith. When I got involved with it at my church in the ministering, the AIDS ministry, my focus was just to help people. I dealt with the death, but I didn’t concentrate on the death. I concentrated on the life and the goodness and the pleasant things, and I would try to even bring that to the patient.

When we would go to the clinic, leave the clinic and go make the hospital rounds at LBJ and Ben Taub in the evenings, I would just talk to them. You got to know personal things about them: what they liked and what their interests were. Some people even told me their favorite hymns that they liked. I just became personable with the clients without being too personable and getting in trouble with the district, because they frowned on that.

My wife and I didn’t wear gloves back then, because the first thing when they came in the door, if they saw someone, they saw someone changing gloves and putting on gloves. Well, that was a red flag for them right there, because they felt alienated. They felt lower than other people, and they felt ashamed. We didn’t want them to feel that way. We wanted them to be dignified and come and get the help that you needed because if they didn’t feel good about the place, they wouldn’t come back.

In those days that the illness was just taking people left and right, people that were sick were deathly ill. Some people could barely even walk, and then they didn’t have transportation to get there, so the social work department, we had
taxi vouchers. The ones who were too sick — there were levels in the district, where they were categorized. If they were a Level V, we would send them a taxi voucher. Not only a Yellow Cab, but we would send them a Town Car, the blue Town Car, so they felt like they were being chauffeured. Some of them would get out of the car just chest sticking out [demonstrating], proud.

SCHWARTZENBURG: Dignity.

BOYLE: Just by the transportation that they got there, something as small as that. The drivers that we used became personable with the clients. As a matter of fact, one of the drivers that started working and picking up our clients was my best man at my wedding, and I was his best man, also because we became close because the interest in the epidemic, we just had a heart for the people.

SCHWARTZENBURG: You were talking about your church. Which church was that where you volunteered?

BOYLE: That was Brentwood Baptist Church. Brentwood Church had an AIDS ministry, so members of the church that were in the ministry, there were two members assigned to each client, so to speak. Everything was done through Interfaith Care Partners, where we got our training and updates on things that we could do and how to do them, everything, and we reported hours to them. But there were two members assigned to one patient, so it was up to those two members how far they would go with the client.

SCHWARTZENBURG: You were like a little team for each client?

BOYLE: Right, right, yeah. During World AIDS Day, we’d have a lot of people come to the front of the church to volunteer because as time went on, you got more and more people that were affected by the epidemic, and they knew about it. But then
it would always dwindle down to a faithful few during the year. I’m actually still active in ministry at Brentwood.

SCHWARTZENBURG: How long have you done it?


SCHWARTZENBURG: Even before Thomas Street?

BOYLE: Even before Thomas Street, because of my buddy who got sick. As I learned more about the epidemic and I would learn things about people that would help, I would introduce it to him, and of course he would introduce it to other friends.

We had a support group at the church to give clients something to do, so they gave me the keys to the church van, put me on the insurance, and I would go and pick up the clients from wherever and transport them to the support group, where we would feed them, and it was just a safe place for them to just be themselves, to talk, or we had activities if you wanted to play games. We would have prizes, door prizes, so they would look forward to that. You find little, ingenious ways of doing things. Instead of giving them a raffle ticket, you just, “Okay. You pick a number, and you pick a number,” and I had already written a number on the board.

“Okay. You’re closest. This is the number. You get this prize.” It would just make things lively and happy for them.

A lot of people at my church were very charitable back in those days, and not just my church. Other churches would send things to Thomas Street, and then they would start sending things to me or to Barbara. We weren’t married back then, so our lives were separate, but then we were still together because we were friends, so we would come together and put the pieces together. “Okay. This
person can use this. This person can use that.”

There’s a story that comes to mind of a client that I had who found out he was HIV positive, but his intellectual level was like sixth grade, so he was always taken care of by his mother, and she would bring him to the clinic. Well, the mother passed away, so he didn’t have anyone.

In those days working in case management, you had to meet the client face to face every 30 days in their natural environment because HRSA [Health Resources and Services Administration] wanted you to meet the person where they were. I went to his house, and first of all, you couldn’t see the house. There were tires stacked up in piles, just tires, so you had to move your way through the tires, first of all, to get to the front door.

I’m telling you, when he answered the door, I literally stepped over a 2-by-4 off of the dirt ground into the house. I was back on the dirt. There were no floors through the whole house. It was dirt floors. He had furniture sitting on the 2-by-4’s and everywhere, and it was old furniture, not nice quality at all. And then he couldn’t cook. He had no gas. The kitchen wasn’t done.

We got people to fix all that for the patient because not only did he have HIV, he had TB [tuberculosis], which was another thing, another part of that you had to deal with because by law, they had to be treated, and if they didn’t come in, you had to go and find them and bring them in for treatment. Some people, I even had to take the authorities with me. Not me, of course, because he loved me. He trusted me. He just didn’t have the intellect to function on his own.

When his mother died, we hadn’t been to the house, because he wasn’t on my caseload in the social work department. I did social work, and I did case
management. Case managers can only see a certain list of people. Social workers can see anybody. I wasn’t a social worker, but I worked there so long that the county graduated me and integrated me into the system because I had all the knowledge and the training, on-the-job training, to do certain things. Where they needed me, I would fit in.

I got his TB taken care of, got his house taken care of. He also had syphilis and scabies, so we had to hospitalize him. That was a job getting him to go in the hospital and then getting him to stay, because he just didn’t understand. But if I or Barbara said it, he would do it, he would do it.

We eventually got him a personal-care home and a place to stay after he was discharged before the house was ready, because it was a slow process. You had to find people to do this. You had to find people to do that. You had to find people to do this.

The light company, the utility companies, were very good back then, and they even got to know Barbara and me. Busy days, if we got people in — some people would come because their lights were getting to be turned off, and they needed our help. Well, if they were there at the end of the day, I didn’t get to them until the end of the day and I didn’t have time to wait on them, I’d have to call the light company. “He’s been here all day. I haven’t had a chance to wait on him. Don’t turn the lights off. Let me work with him before you-all.”

They’d give them a week, or an extra week, just on our say-so. They didn’t even have a system in place to handle the clientele, but they were very apologetic, they were very generous, and they would extend it.

Now I think they do have a system. There’s a code that you use from the
agency when you call in or something like that, but back then it was a building thing, and not just for the clinic, but for all of the supportive stuff.

SCHWARTZENBURG: You had to make it up as you went along.

BOYLE: Exactly, yes.

SCHWARTZENBURG: Create the things that are in place now.

BOYLE: Yes.

SCHWARTZENBURG: Did he ever get back into his house?

BOYLE: He did. He went to culinary classes at St. John’s. St. John’s would go and pick him up, and they taught him to cook. We got all his ID through First Presbyterian Church on Main, through Operation ID. We got his Social Security card so he could have ID, because he didn’t have anything. Mama had everything, and of course she was older, so everything was old. Numbers were fading. You couldn’t read them. We got them.

He’s still living, believe it or not.

SCHWARTZENBURG: That’s a success story.

BOYLE: It is. It is. He’s happy. He’s in a nursing home, but a very nice facility, very, very nice.

SCHWARTZENBURG: So he eventually moved out of the house?

BOYLE: Yeah, because there were back taxes that couldn’t be paid that we didn’t know about and that he didn’t know about, and he didn’t know how to take care of. Every piece of mail he got, he brought to me to read, or to Barbara, if I was busy. We would have to sort through his business and help him with his business.

He did eventually lose it, but he did get a little money out of it because he actually owned the property, so he actually sold it before they took it. The person
paid up the taxes. Actually, it was a member of Wheeler Avenue. He had rent houses, and Barbara found out about him and told him about the house. So he knew what to do and how to do to get the house. The man did lose it, but he still made a little money off of it. And then the member of Wheeler Avenue got another piece of rental property.

SCHWARTZENBURG: Can you talk about the children that you’ve been involved with?

BOYLE: Working in social work with the district, you had to be on the registry, the social work registry, in the emergency room at LBJ or Ben Taub. There were certain times that you had to plug in and be the social worker after hours, which meant after 5:00 with the district.

   My wife met a young lady. She actually mistook the young lady for her niece. They had the same features and they looked alike, and Barbara just started talking to her. She thought she was talking to her niece. In the middle of the conversation, “Oh, of course, this isn’t Sandy.” She befriended this girl.

   Long story short, eventually the girl made her way to Thomas Street. Barbara befriended her. Her kids were in CPS [Child Protective Services] custody. Barbara started going to the family visits with her, showing them that she had some support and showing something positive in her life. She had a long history of drug abuse, prostitution, assault, different things like that that she did to take care of her kids, but it was all she knew because she hustled all her life. That’s all her family members did, which we learned later on.

   She eventually became one of the clients at the church in the ministry. It was during Barbara and my friendship. Barbara eventually came. She left the
Church of Christ and came to the church, to my Baptist church, and she joined the ministry. Eventually Barbara and I became partners in the team on the ministry, and she became our patient, our client.

She had two children back then in CPS custody, Jasmine and Cora. Barbara would go to the meetings, and eventually I started going to the meetings, and we eventually helped her get her rights back. She got the children back, but we said, “This is on the understanding that you keep doing what you need to do; that you stay on the straight and narrow.”

She met a guy, he moved in, and he started helping take care of the children. Nice guy. But then she started going back to her old behavior: going out at night and not coming back for a couple of days. He couldn’t go to work because he had to stay there with one of the kids because they were sick.

Eventually we got the children from him. He called us. “She’s doing it again. You need to come and get them because I’ve got to go to work.”

[END OF AUDIO PART 1]

BOYLE [continuing]: One day when she came back, Barbara had her write a letter to say that she was voluntarily giving her children to us, and she named herself and myself. She got picked up about a week later by the police, and of course CPS was called because it came up that she had kids. All CPS knew was, “Okay. We need to go get the kids,” and they went to their elementary school and yanked them out of school.

But Barbara had this letter, so Barbara left Thomas Street because the kids called. They knew to call Barbara’s cell phone number. That cell phone number, I’ll tell you. Jasmine, which was the oldest, knew to call Barbara, and she would
use the acronym, “We’re at CPS.” Well, they had a program at school that was close to “CPS,” I think it was “CCS.” Barbara thought she was saying “CCS” at school.

“Yes, you have to go to class.”

“No, Aunt Barbara, no. I’m in CPS.”

Long story short, Barbara went and got them, presented the letter, and that’s the only way that they were able to release the children from CPS.

Now, we live at Beltway 8 and West Airport. The children’s school was on Crosstimbers and I-45. Not to break up their routine, you know, to keep them stable, I would drive them every morning back and forth to school so that they would keep their norm.

Through the years, they came to know us as Uncle Skeet and Aunt Barbara. We would take things over from the ministry, from the church. Easter time, schooltime, bought them clothes, took them shopping, and these were things that they had never done. Eventually it just rolled off their tongue, “Uncle Skeet and Aunt Barbara.”

So we got them from CPS. They were five and six. Jasmine is 27 now, and Cora is 26 now. Every time the mother got out of jail, she got pregnant. Same guy, finally. The first three children have different daddies. The last six have the same daddy. He would get back with her. She would get pregnant. She’d have the baby. She’d go back in jail.

Medric, who is child No. 4 and who was our oldest boy, was just cocaine-addicted. We’re just thankful he’s still alive. He was born premature. Of course, he had all kinds of struggles. A lot of, lot of mental issues, not only medical
issues. CPS wanted to give him to us, but we were working and he needed too much attention, so we didn’t take him.

He went to a foster care for CPS. She nursed him back to health. I’ll tell you, she took care of that baby. She took care of him really, really, really well.

CPS’s policy is to keep the family together, so since we had — during the time Medric was in foster care, she had another baby, Melissa, in prison in Galveston County, on the ward of John Sealy Hospital. All they knew, to call us, Barbara or Skeet, even the people down at the prison, because we would even go to the prison and visit her, trying to show some stability in this girl’s life. They told my wife if she didn’t come and get the baby, the baby would never see a relative.

Barbara went and got Melissa and brought her home. Melissa was five days old. Just like we did with Jasmine and Cora, went to all the family sessions for CPS. The mother was locked up in prison, but we represented the family and went through the process with CPS, did all of the programs and participated in everything that they needed, and they wanted to get Medric with us after a year because they have to adopt them out. Their goal is to adopt them out after a year.

So Medric came to us. He was 11 months. He already knew us from the sessions, but he came to our house and was integrated into our house gradually for 30 days, went back and forth. Before he turned a year old, they placed him in our home.

Well, his foster care mother that took care of him is the godmother to all of our children, all of our children, and the foster parents of Jasmine and Cora is also the second godmother to all of our children.
SCHWARTZENBURG: That’s a very big, good extended family.

BOYLE: It’s very, very nice. And we all live in different parts of town. We didn’t know each other before these kids, didn’t know anything about each other. Fran, which Cora still lives with Fran, lives in Atascocita. Mama lives in Clinton Park/610, up in that area. Of course, I told you where we live. All of this came together out of love for these children.

We always made a point to integrate ourselves in their lives in a positive way, not to take over but to help, and to show some stability, because CPS shared with us, because we were social workers, the history of the mother’s family. Oh, Miss Lynn, there were binders larger than this [indicating] on the family, just shelves and shelves. The mother; the grandmother; the sister, Ann; the cousin: all of them, children, in CPS custody.

Back in those days, CPS did not provide subsidies to the families that took the children if you were a blood relative, so a lot of families weren’t taking them because they couldn’t afford them.

When they did our adoption, they asked us, in the family planning, would the mother ever come back and get Jasmine and Cora? Do we think there was any danger? So of course, we told them no. Of course, it was more expensive to take care of Jasmine and Cora back then, so they put us under kinship placement in the CPA system because of that one letter that we got where the mother voluntarily gave the children to us. According to CPA rules, they could place them under kinship with us.

SCHWARTZENBURG: So you were a family, and so you didn’t receive any funds?

BOYLE: No, no. Now, that has changed. Now they do provide subsidy because it had
gotten so bad, but they do provide it now. I like to think that we’re a part of that change with CPS, because of course my wife’s more outspoken than me, and she really talked to them and told them over and over again.

SCHWARTZENBURG: “I’m going to tell you something.”

BOYLE: Yeah, and that’s just the way she did. That’s right. It’s like, “I’m an old social worker,” and she’d get that finger and start pointing [demonstrating].

Of course, she ran into colleagues that she knew that worked for CPS. CPS contracts a lot of their social workers and their placement workers, so she would run into people that she knew that were licensed social workers, and they were surprised at what we were doing because we always kept — our personal life was personal; professional was professional. But word got around, of course, about Barbara and I adopting these kids, so everywhere we went, people recognized us.

Even when we would go to court, the social workers would be sitting over there. “Oh, you’re that family. We heard about you-all, and we’re so glad, and you-all” — you know, because they didn’t have success stories like that. It just didn’t happen.

We always saw the beginning of the process because we would refer people, but we never knew what happened after that until we got involved with these children. We have a total of six. Jasmine is 27, and Cora is 26, Medric is
18, Melissa is 17, Malachi is 14, and Rodney is 12. None of them seroconverted. None of them are HIV positive.

SCHWARTZENBURG: Oh, that’s fabulous.

BOYLE: Yes, yes. When the HIV epidemic was first coming up, they didn’t have medicine for babies. They didn’t make it. They started making it in oral suspension. We were heavily involved with HIV in women and children back then, and a lot of our social work colleagues, too. We formed a group away from the district that would help with situations of women with children, because it was devastating.

SCHWARTZENBURG: So they could get treatment.

BOYLE: They didn’t find out until they came and delivered. An HIV test was not a test that they automatically did back in those days. It is now, but not back in those days.

SCHWARTZENBURG: So they would show up to deliver the baby and find out they were HIV positive?

BOYLE: Yes, yes. Then to go back and have no support from the boyfriend or the daddy or whoever he was, it was more devastating for women. We had black and white, but eventually more Spanish, Latino origin came in, so we were just all over the place. It helped me learn a lot about different people’s cultures, the habits and different things they do.

     Even in a Jewish neighborhood, which you would be surprised. Well, people say they’d be surprised. Like, why? They’re people, too. Of course, they couldn’t let anybody know in their family.

     I had two people that lived off Braeswood on my system, and they came to
the district because they didn’t want the insurance to know that they were positive because back then they had heard that people were being denied insurance because of their HIV status. Well, they called it AIDS back then. Everything was AIDS.

SCHWARTZENBURG: So much stigma.

BOYLE: Yeah, it was, it was. It made people very ashamed, and the people who didn’t have anyone were just lost. Thomas Street became their life. It became a social place, a safe haven for them to go and be with people that knew and people where they could be comfortable and just something for them to do.

The volunteer department was steady coming up with things for people who were coming in not for treatment, but just coming to hang out. The district wanted to turn them away, but you couldn’t do that. You couldn’t turn people away. That’s degrading them, right there. They’re already feeling lonely. Why are you going to turn them away? And it affected their health. That was the basic thing. That was the basic thing.

That was the thing that got me involved with the district, because we would always fight. It’s their health. It’s their well-being. All of the positive things that we’re doing, we came up against so many negative little situations within the district. I’m not talking about the clients. I’m talking about the employees.

Then when we started dating, oh, my Lord, people started having stories that Barbara and I were meeting around the corners, kissing, and not doing our work.

BOYLE: Average caseload back then was 11 people. I would have 24 people on my caseload, but all of my documentation was in order. Everything I was supposed to do was in order. I never had any conflicts with the clients, never had any complaints with the clients, plus I helped in the social work when I finished my caseload. Barbara was helping everybody because she didn’t have a caseload. They never had a ground to stand on, but the supervisor always had to come to us and address the complaint that they had.

I didn’t know people were interested in me. I was at work. I’m coming to work. Even with Barbara, we’re at work. We were friends. Our relationship grew from being friends. We weren’t a couple back then. Then when we started being a couple, that’s when all this stuff came out. The women, oh, Miss Lynn. I would get underwear in the interoffice mail. I’m just a gullible person. I don’t know how to handle that.

SCHWARTZENBURG: There is not a handbook. It is not in the handbook. “What do I do?”

BOYLE: Thank you.

Slacks. “Well, how do you know what size I wear?” And they were the right size.

“I placed an order.” Mercy, Jesus.

Notes in the mail.

Then stories started going around that my roommate, the buddy that was sick, that he and I were lovers. Well, he took that and he just ran with it. Oh, he would go around the clinic, “Where is my baby Skeet?”

I was, “Boy, you need to stop.”
He was just making a big show out of it. Of course, it was funny to us, but they were actually trying to make a mess out of it, but nothing ever came of anything because I was working. I was at work, just being honest and helping everyone.

They would send the nursing students from different nursing schools to get HIV experience, so they’d send them to Thomas Street. Well, I was assigned to all the men because I was the only man really working besides the nurses, but they didn’t have time to take with them to show them around the clinic, so I would take them on tour around the clinic, explain different things to them, and tell them about social work and how social work integrates into the medical.

They were interested in that, and they took that information, but the basic thing they wanted to know is, “How can you work here with all these sick people?”

I said, “Well, brothers, that’s what nurses do. That’s what medical staff does. They’re sick.”

He said, “But they’re gay.”

This wasn’t just one male nurse. This was a lot of the men. Their basic thing was, “How can you be around all these gay people?”

“They can be who they want to be. It doesn’t have anything to do with me.”

“Well, they don’t bother you?”

“No, no.”

Now, I had one experience that somebody did touch me inappropriately, a male patient, but he was just comfortable with me. We were on the elevator, and
he actually thought that it was okay. Well, as soon as he did it, he regretted it. As soon as he did it, he apologized. “Mr. Skeet, I’m so sorry. I don’t know what got over me.”

He’s still living. To this day, he still says that.

“Oh, boy, let that go.” That’s normal. That was nothing.

I just told them, “If you act professional, they will be professional with you. If you are friendly with them, they will be friendly to you. They’re people just like you. But the men were actually afraid to work around gay people.

Then especially, don’t say “transgender.” Oh, my Lord. They’d be up against the wall when they come. “Brother, don’t do that.”

You’ll alienate them. Don’t do that. Just stand here. It’s okay. It’s all right. They’d be really nervous. They had never been around the population, not that close, not that close.

Like I say, it was under construction, so a lot of places were very tight in Thomas Street because they were working expanding and trying to upgrade stuff.

SCHWARTZENBURG: Close quarters?

BOYLE: Yeah.

SCHWARTZENBURG: Tell me about Ryan White Planning Council. What is it?

BOYLE: Ryan White Planning Council is a board. It’s like a medical advisory board headed by the judge, who’s Judge Hidalgo now. I’ve got to get used to not saying Judge Emmett. Judge Hidalgo now.

SCHWARTZENBURG: When you started, who was judge?

BOYLE: Eckels, Judge Eckels was first, and then Judge Emmett, and now Judge Hidalgo. I didn’t know the difference between Ryan White Planning Council and
the CPG, which is the City Planning Group.

Working for the district, if you worked for the district and you were a certain level, they didn’t want you to know about the funding streams and where the funds came from. They wanted you to concentrate strictly on the district. “This is what you do.” That’s why morale was so low. Well, me reading and wanting to know, I’ve learned about it.

I left Thomas Street in 1999. I resigned from there, and I got a position with Dr. Gathe’s private practice. I was supposed to be the community liaison since everybody knew me. He was opening up a free clinic, and he needed to get the word out about the free clinic, so that was my job to do.

His wife used to say I became his social worker too. I was in the free clinic in the back and then going to the private practice back and forth. They were in the same office but separate, so I would jump back and forth seeing his patients. Dr. Gathe allowed me to learn more about the council and to apply to be on the council.

The council is made up of everyday citizens — different walks of life, different opinions — that come together and decide where the almost $28 million, how it’s appropriated into care for HIV-positive persons. I started on the council in 1999. We didn’t have a Project LEAP class back then. Project LEAP is the class that teaches you about the different funding streams and how the decisions are made, how the process works, all the acronyms that go along with just being involved. Everybody is a private citizen.

I had to go to each meeting of the council to learn what each committee did because we didn’t have one centralized class to teach you what it did. I learn
better by hands-on experience anyway, so it helped me. I went to every meeting that the council had — every committee meeting, every work-group meeting — to learn the process. I’ve been on council since 1999 in some aspect.

SCHWARTZENBURG: What are some of the different committees?

BOYLE: There’s an operation committee, which states the bylaws, keeps all the conduct in order, checks attendance.

    There’s the affected committee, which anybody on the council can be on the affected committee. That’s the committee that actually goes out in the community and publicizes that “We’re the Ryan White Planning Council; this is what we do,” and to try to get people to sign up to be council members because the judge keeps a backlog of people in case people drop off, because of course we have to have HIV-positive people. Back in the day, people were dying, and you’re supposed to have a two-year term. Some people weren’t making a year, and by government standards you had to have someone in that spot, so the judge always kept a backlog of people so that if anybody dropped off, they could automatically put someone on.

    That’s happened to me a couple of times. I finished my terms. But of course, somebody may have dropped off, not from death or something. Maybe they’ve gotten a job and they’re conflicted, or they couldn’t come anymore because of their job. Well, they put me in that spot to plug it in because I’m not a conflicted person. I don’t work for an agency, so I can vote on any subject that they have.

    There’s the comprehensive planning committee. They do the needs assessment. They’ve got a lot of data on prevalence and geographic areas and
racial disparities. They break down everything into categories, and they do a five-year plan for the council on what the council anticipates doing or what the council needs to do in the future.

SCHWARTZENBURG: So programs that you need to focus on or seeing shifts in this socio, racial, economic area, and “We need to develop a program for that, so we need more money here and less money there”? That kind of thing?

BOYLE: Right, and the qualifications for the person to get the service. So if you identify the service and you define the service, you also have to set a poverty limit on how much the person can make in order to get this free service. Some poverty levels are 300 [percent of poverty level]; some are 100 [percent of poverty level]. It just depends on the service and the need. They’re all generated by the data.

SCHWARTZENBURG: Any other committees?

BOYLE: There’s the quality assurance. Well, it’s quality information now. It used to be quality assurance committee. They define the service, they define how the service is delivered, they define the credentials of the person that needs to deliver the service, and the supportive services that are needed. It defines every little element of what goes under the service contract.

If you have ambulatory medical care, it needs a doctor. It states what credentials the doctor needs. If it needs a nurse, it states what credentials the nurse will need. If there needs to be infusion, that’s another tab over here of what it needs. All of these are generated by the federal regulations that need to be outlined on what this service does and how it’s delivered and who’s delivering it. It all has to be backed up by data.

Priority and allocations committee, big committee. They decide how
much money goes into which category. There’s a justification chart that has to be filled out for each service-category definition. Is it a core service? Is it needed? Why is it needed? Where is it needed? What’s the justification for having this service?

Everything is documented, and of course, it goes back to the data, and they fill out this sheet. It goes into like high need, low need, high need; or low need, high need, low need. Depending on where the needs fit is how the monies are broken up. Most of the money goes to HIV care, ambulatory medical care, because that’s what Ryan White was set up for, to care for HIV-positive persons.

Now, the CPG, which is another planning group, is a group of prevention, to prevent.

SCHWARTZENBURG: That’s the city?

BOYLE: Yes, that’s the city. On that committee, the federal government has stated that you have to have every entity as a member on this committee. So they have to have someone from the hospital district. They have to have someone from the county health department. They have to have the city. They have to have someone from outreach. They have to have someone from HOPWA [Housing Opportunities for People with AIDS].

There are different people that fit in different slots, but we’re all combined together under the HRSA [Health Resource and Services Administration] rules, but in different programs and different aspects. You have to keep prevention separate from medical care. There are certain things that Ryan White can’t pay for, the city can, and vice versa.

SCHWARTZENBURG: But it’s nice that at least you’re coordinated and you know
what you’re doing.

BOYLE: Now, yes. Back in the day, it was horrendous. But now, yes, it’s much more structured. They get a little attitude with some of the service agencies because the money is all coming from one place in Houston, so everybody is competing for this one pot of money.

Now, being on the Ryan White Planning Council, it also allowed me to be on the state’s planning council, which they provide medical care also, but outside the Houston area. It’s in the rural areas. I got to travel to Lufkin and Longview and Texarkana and help in the meetings to decide how this money is disbursed and where it goes, but the atmosphere is so much more relaxed because there are not 12 agencies competing for this one pot of money. You might have one agency out there that is helping 10 cities, and you have to put in travel money for them and money for the travel for the social workers. Social workers need to see them face to face. If they’re driving 80 miles to see this person, they can’t get back to the office, so they have certain office days and certain office times. It’s totally different. It’s totally different.

SCHWARTZENBURG: Usually are you just on one committee?

BOYLE: You are assigned to at least one committee by the judge. The judge appoints you, and you serve on that committee. If you want to serve on another committee, you can always request to serve on another committee. The affected committee is the only one you don’t have to be assigned to. There are some people that are assigned to the affected committee, but any HIV-positive person — well, actually, any planning council member — can serve on affected, because that’s the one that goes out in the community. Most of the other committees stay in-house and make
decisions in-house. Affected is the link between the community and the planning council.

SCHWARTZENBURG: Tell me about planning council meetings when you first started.

BOYLE: Ooh, Lord, when I first learned about it and it came to me, of course I was confused, because I didn’t know the difference. They would be fighting across the table, arguing, yelling at each other, calling each other names, throwing shoes. You’re like, “Lord, have mercy. This is what I want to be a part of?”

SCHWARTZENBURG: Why was that happening?

BOYLE: The tension on the money. It wasn’t always this much money. That has grown through the years because Houston has proven that we need it, so it’s grown through the years. But back when the money was really, really tight, everyone was competing for the same money, so they were very outspoken about this certain pot.

SCHWARTZENBURG: You’ve got one pot.

BOYLE: But there was no order to the meetings. Everybody was just out for themselves.

SCHWARTZENBURG: What do you mean, there was no orderliness? The leadership didn’t know how to corral them?

BOYLE: They didn’t have it in place. They had an agenda, and they had someone to head the meeting, but they weren’t following *Robert’s Rules of Order*. That had to be integrated in, because after all this confusion and everything, they’re like, “No, we need to find something.” So Charles Henley and them integrated *Robert’s Rules of Order* in the bylaws, so everybody got trained on the rules and how to conduct a meeting, and they started running more and more smoothly,
very smoothly.

SCHWARTZENBURG: What kind of programs is the money spent on?

BOYLE: Ambulatory medical care, which is strictly medical care, treatment for your HIV.

SCHWARTZENBURG: Is that through Thomas Street Clinic and Ben Taub? Who are the providers?

BOYLE: There are several providers. The public-clinic provider is the Harris Health Department, which encompasses Thomas Street as the clinic and Ben Taub and LBJ as the hospitals. They get the largest pot of money, of course, because they see the most people.

But there are community clinics also, FQHC’s [Federally Qualified Health Center], clinics that also provide service for people who don’t wish to go to Thomas Street or can’t get to Thomas Street. They’re located in different parts of the city to make it easier for the clients. I think we have four right now. I think we have four.

It used to be different services, you had to go to different places to get different services. The patient was constantly going all over the city to different places. There are different community agencies now, clinics, where people go to, and it’s like one-stop shopping. You used to go to medical care at one clinic, go for dental care at another clinic. You may need social work at another clinic. Well, it’s all one-stop shopping now under the different clinics. They have all of the services that you need.

It’s up to that agency to get funding for the services. Some of them get Ryan White money for one particular category but not for another. Well, they
need to find funding for that other service that they have, so they have different services funded by different people, and maybe several on the same service. It just depends on that agency.

Everybody does not have to go to Thomas Street. The community was really crying out because everybody used to go to Thomas Street. People who didn’t want other people to know that their — a status was divulged because they were at Thomas Street. Even if they had a family member bringing them and a family member saw them, then they knew that they were there and what they were there for. It was really opening them up to a lot of discrimination, especially in the minority community. A lot of backlash in the minority community, with all of the rumors that were going around about it. People wouldn’t come back for their medicine.

Like I say, they were rotating the medicine if people didn’t come back within a week. Well, if someone showed back up and they didn’t have the medicine and they needed the medicine, there is an HIV-drug underground that actually provides free medicine for people with HIV. Medicine is collected, because people change medications but they still have the medicine. They don’t want to throw it away. It costs too much. They will give it to certain people, and we would get it to this person. They are licensed and they actually work with it, but this is something that they do on the side, underground, because it’s not lawful but it’s needed.

People can’t get it. A lot of Spanish people can’t get it because they don’t have the documentation and can’t get the documentation. A social worker can’t help them. Or if they do help them, it’s going to be a long way down the road.
Well, they need medicine. Yeah, there is a drug underground that does give medicine away, but it’s very, very, very, very, very, very, very tight-lipped.

SCHWARTZENBURG: Oh, yeah.

BOYLE: Yeah, very much. I was introduced to it because of the work that I do and because they trust me; and Barbara, the same way. Usually all I had to do was say, “This is Barbara, my wife.”

“Oh, okay. Come in,” because her name is just so well-known in the infectious-disease arena. Even though she’s retired, she still helps people from that cell phone. They will call. She will go out if she needs to or if she has the time, or she will refer them, or she’ll call whoever she needs to call and take care of it.

SCHWARTZENBURG: You do what you’ve got to do.

BOYLE: What you’ve got to do.

I wouldn’t feel as a whole person if I didn’t. If I know someone needs the help and I can do something, I have to, because it will just bother me. It would really bother me, literally, literally. It’s the way I am.

SCHWARTZENBURG: How long do most people stay on the council?

BOYLE: The council has two-year terms. Every person is appointed for three two-year terms. After your third two-year term, you have to be off the council at least one year before you can be a council member again. Of course, that’s only if you are chosen by the judge.

SCHWARTZENBURG: But you keep going back for more.

BOYLE: When my terms are over, I always go into external membership. There is a full council membership, and there is an external membership. They have to have an
array of different people as external members also to serve on council. The only difference is, external members do not get to vote at council meeting. You attend the work groups, you attend the committee meetings, you help make the decisions, but you don’t vote on the final decision. That’s the only difference, yeah.

SCHWARTZENBURG: Wrapping up, what has your experience related to HIV/AIDS meant do you? Why do you think that you’ve been such a significant part of the community here in Houston?

BOYLE: I guess I’ve been a significant part. I’ve been in it so long. It might sound funny, but it’s just been a blessing to me. I wouldn’t have my wife and my children if it wasn’t for HIV. I wouldn’t have known anything about it if it wasn’t for my best friend. He’s passed since then. But it’s just been a very enlightening experience for myself, and very fulfilling, because I know I’m doing what I’m supposed to do, and I’m helping somebody.

With my background with my mother and my grandmother, they were teachers in home economics and social work. My mother did social work at the state for the girls who were in prison, and she was the one to teach them all of their ADL’s, activities of daily living, to be released and be able to function. I just carried that on, and I didn’t really know I had it in me to do until it happened. It’s just been a true, true, true blessing, especially with my children.

Oh, man, my oldest daughter, she’s graduated from college with a chemical engineering degree, and she’s now working on her master’s. She has three businesses. She just bought her first house Wednesday, just bought her first house Wednesday. The house has six bedrooms and four bathrooms. She wanted
a big house so that we would all have our space when we come to her house. If anything happens, her mom and her dad and her brothers and sisters have got somewhere to go.

To know her and know where she came from, Miss Lynn, because when we would, back in the day, go looking for the mother and the mother is out drugging for everything, that little girl was the one to take us to the drug houses to look for her. She knew the spots to go. She knew the motels that prostitution was going on, where the mama would be and where we could find the mama. She was the one to take care of her sister and her brother and heat the house when the mother wouldn’t come home or when the boyfriend wasn’t there. Now she’s a successful, degreed person? That’s amazing. That’s amazing.

Then the friends, what we call them, family, that we have, friend, Mama, I wouldn’t have meet all these people if it was not for HIV, yeah.

SCHWARTZENBURG: Amazing story.

BOYLE: Thank you.

SCHWARTZENBURG: Thank you so much for sharing it with us.

BOYLE: Thank you. I’m sorry for getting emotional. It’s just me, just me, but I thank you for letting me share.

[END OF AUDIO PART 2]

[INTERVIEW CONCLUDED]

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