Oral Histories of HIV / AIDS in Houston and Harris County

Oral History OH 50

An Interview with
Ken Malone

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AN INTERVIEW WITH KEN MALONE

CLAUDIA FELDMAN: This is Claudia Feldman interviewing Ken Malone for The oH Project, Oral Histories of HIV/AIDS in Houston, Harris County, and Southeast Texas. The interview is taking place on March 12, 2019, in Houston, Texas.

Ken, please tell me your full name and age.

KEN MALONE: My full name is Kenneth Wayne Malone, and I’m 67. My birthday is in June, so I’ll be 68 on June 10.

CLAUDIA FELDMAN: Would you share a bit about your upbringing? Who were your parents and your siblings?

KEN MALONE: My father’s name was Billy Ray Malone. My mother’s name, Elda Havenar Malone Ford. My brother is Billy Ralph Malone, and he resides in Atlanta.

CLAUDIA FELDMAN: Where were you born, and would you describe your educational path?

KEN MALONE: Houston, and I lived here through the first grade. My dad worked for Gulf Oil, and we were transferred to a couple of places. We went to Dallas first. Then in 1962 we moved to Abilene, and that’s really where I consider that I grew up.

After Dad died in 1965, we just decided to stay in Abilene, and I graduated from Oscar Henry Cooper High School in 1969. After that, I came to Houston to go to University of Houston. There were other choices, but my dad got his master’s degree at U of H in the late 1940s, and I wanted to get out of
Abilene. The furthest point for a state-supported school happened to be Houston, so off I went.

FELDMAN: What did you study? Did you know what you wanted to do?

MALONE: You don’t ever know what you want to do when you’re that young. Maybe some people do, but I didn’t. I went back and forth between journalism, believe it or not, and business, and I finally wound up in business and got a BBA [bachelor’s of business administration] in marketing in 1973.

FELDMAN: What was your first job?

MALONE: I started working for Baroid Drilling Fluids in 1972, part of NL Industries at that time. For a year, while I was still in school, I was an hourly employee and worked in the market research department because I liked that and thought that was what I wanted to do. But after I graduated and landed a full-time job at Baroid, I worked in a lot of different departments, always focusing on finance. So I did all kinds of things with the capital budget and business planning and strategy planning and those types of things. Ultimately I got transferred to London, England, and I lived there two years in the late 1970s, from 1978 to 1980. I did those very same functions for the overseas units that reported into London: Europe, Middle East, and Africa.

When I came back to Houston — all roads lead to Houston in the oil field — I continued to travel a great deal. Just about everywhere there’s an oil well, I’ve been there. People used to say that I went to all the exotic places, but all I really saw was the interior of an airport, an airplane, a hotel and an office. So, not so exotic. Most people who travel a lot for work will tell you the very same thing.
FELDMAN: You worked for Baroid for 20 years?


FELDMAN: You have said that you were very affected by a friend who died of AIDS.

MALONE: When I came back to Houston in 1980, a friend of ours, Chuck Lynch, had been sick a lot, and we couldn’t figure out what was wrong with him. He went to all the doctors, but they couldn’t really pinpoint what was going on. He worked for Aramco. He would be at Methodist Hospital for like six weeks in isolation, so we couldn’t even go see him. We would talk to him on the phone. I remember vividly, I called him one day, and he said, “They think I have gay cancer.”

I thought, “Oh, my goodness, really?” because we knew that people were getting sick, but we didn’t know what it was.

He ultimately got very ill. He had tried to go home and reconcile with his family in Portland, Oregon, but they rejected him, and he came back to Houston. Then his health took a nosedive, and he never really recovered. He died in April of 1983.

Because Chuck really didn’t have anybody to take care of him, Joseph — my partner — and I did a lot for him. Some other friends, of course, helped, but for the most part, he was on his own, and that was the theme for a lot of gay men back in that time. If the parents didn’t know their sons were gay before they got sick, they found out with the HIV diagnosis.

There was a lot going on in people’s lives because you just weren’t open about your lifestyle back then, even in the 1980s. It was still something you kept concealed. Some people were more out than others, but I worked in the oil field, and it was pretty conservative. White shirts only, and navy suits and gray suits
were the order of the day. I did have trouble with one boss in London about the gay thing, and he was a real stinker. I was glad to come home.

FELDMAN: If you don’t mind, when did you realize you were gay? When did you talk to your family? Did they accept you?

MALONE: Well, I guess in true Southern fashion, we never addressed it head-on, although my mother knew. I always knew I was different. I didn’t know what “different” meant, necessarily. I guess when I figured it out, I was slightly horrified to realize that that’s what it was, and how was I going to deal with that? There were no role models. You just had to do the best you could.

FELDMAN: How old were you at the time?

MALONE: I was a teenager, 12, 13, but I didn’t act on it or anything. I just knew that I was attracted to men. I was supposed to like girls, but I didn’t know what that was necessarily. This kind of sounds weird, I guess, but I was pretty closeted. When I finally came out, I mean, Joseph and I have been together 42 years this year, and my mother loved him.

FELDMAN: Congratulations.

MALONE: Thank you. His mother loved me, and we got along fine. His uncle was the bishop of Fort Worth, Roman Catholic, and he loved me. He called me Cousin Ken. We never had any difficult conversations, because I wasn’t the type to bring all that up and put it in your face, but he must have known. My family, my mother and stepfather, adored Joseph. My family is very supportive, and so is his. We never had issues with the family. Maybe my brother more so than anyone else, but he’s okay. He’s all right. Nobody has really given us any trouble. Let’s just put it that way.
FELDMAN: After Baroid, you started working at The Assistance Fund and began your career as an HIV/AIDS administrator?

MALONE: Right.

FELDMAN: How did you find your true calling?

MALONE: Back up a little bit. When I came back from London, I technically didn’t have a job with Baroid because there were not any positions open, but they loaned me to the United Way. As a loaned executive, I ran fundraising campaigns.

I thought, “Oh, my gosh, I don’t know how to talk in front of the public, and I don’t know how to do any of this stuff,” but they teach you. They taught me public speaking. They taught me a lot about nonprofits.

Ultimately I went into the allocations area and was in that 10 years and helped figure out allocations for adult rehab services, is what they called it then. I used the skills I learned at Baroid, basically — how to analyze situations and financing and strategy plans and business plans and what budgets really meant and how to construct them. I used those skills.

I joined the board of The Assistance Fund in 1989, I guess it was. Then when I became the first executive director, I used those skills to put the organization on the right footing. I shouldn’t say this, but as a board member, I guess I didn’t know exactly what was going on with the whole organization, but the first day on the job as executive director, I found out. I thought, “Oh, my God.”

FELDMAN: What was the date?

MALONE: 1994, like June or July of 1994. It was an eye opener, because the first file I opened had problems, and the next two or three files I opened had problems. I
went, “Oh, my gosh.” We had never had an audit, but I found all kinds of things that you just don’t do as a nonprofit. I had to set all the policies in place and do all the kinds of things that a nonprofit requires. What was interesting about that was, it was like running my own business. While it was certainly grueling work, it was also a lot of fun because I was in control, and the board gave me a lot of latitude as to how to solve problems. I used that judiciously, of course. I have always been very conservative with money and financial stuff, just by training, and I would never squander money because I know how hard it is to raise.

FELDMAN: Let’s talk about fundraising. Were people hesitant to write checks for HIV?

MALONE: Right. The initial source of support was, of course, the gay community, gay men in particular, and the fundraising was relentless. It seemed like the minute you had a fundraiser, you had two or three others being planned, and it never stopped.

That was sort of the turning point in Houston, in gay life anyway, where people used to have parties for fun, and all of a sudden they weren’t for fun anymore. They were to raise money. I never went to very many parties after that where you didn’t have to do something to pay or buy or whatever.

FELDMAN: Write a check.
MALONE: You’d have to write a check. Lots of those. But it was interesting. I mean, you have to just get out there and do it. Jackson Hicks was active in the early stages of The Assistance Fund, mainly because he was involved with the design industry and DIFFA [Design Industries Foundation Fighting AIDS], and that was sort of an entrée for us. One of his employees, Jerry Bartee, really took a liking to The Assistance Fund, and he pressed our case with Jackson. Jackson was very, very generous to us over the years, and we sort of parlayed that into fundraising with the River Oaks crowd. In fact, I think a lot of the people in the different agencies around town called us the River Oaks Agency. That wasn’t true — we were not — but we did curry favor with some River Oaks residents. Again, my training with the United Way taught me how to deal with all types of people.

The golden rule was never answer a question if you didn’t know the facts. That sounds really easy, but people don’t do it, for whatever reason. If I didn’t know the answer, I would tell them that was a great question, and I would find the information and let them know as soon as I could. People are really okay with that. They don’t want you to lie to them and spread falsehoods. That’s dangerous.

FELDMAN: The Bakers and the Bushes, I think, James Baker and H.W. Bush, helped you raise money?

MALONE: They did. Again, through Jerry Bartee, he had the Rolodex of the stars. He knew all these people because he had done their weddings and parties and all kinds of stuff. One of our honorees, Linda McReynolds, and her husband, Dr. Walter McReynolds, had a pipeline to the White House. George H.W. Bush actually did a video for us. He was a very generous man, and all of the people associated with him were extremely nice, and we never had a minute’s trouble
FELDMAN: What were these parties like?

MALONE: Very nice. Depending on who was giving the party and where it was, of course, would determine who wanted to come. When we honored Jerry Bartee, we had a kickoff party at Meg Goodman’s home on Inwood Road, and it’s absolutely beautiful, I mean, gorgeous. I didn’t know people lived like that in Houston. Of course, she’s just very gracious and lovely and nice. Everybody was very supportive of the cause because, frankly, they had friends and relatives who had HIV as well. The Bakers had a nephew who had HIV.

FELDMAN: They could relate to the cause.

MALONE: Yes, they felt connected. I call it the Women’s Auxiliary, the women who do these fundraisers. I mean, they do it as a job, and they put work into it. They don’t just come in there and say, “I’ll lend my name,” and then that’s that. They want to know the financials. They want to know how that money is going to be used and fundraising costs. They look at all that.

When people see the fluff piece in the paper, they think, “Oh, well, these women didn’t do much.” Well, they did a lot. They always do.

FELDMAN: I think you went to a conference in Seattle where you learned quite a bit about fundraising. When was that, and what did you learn that you didn’t already know?

MALONE: The seminar was called “Raising More Money,” and it must have been in the late 1990s, like 1998, I believe.

You see it on TV all the time where it’s all emotion, and if you make people cry three times, they write you a check. Actually, that’s right. I mean,
there are variations on that, of course. I paraphrase that, but basically it is okay to show emotion and to tell people how things really are and how people benefit from what you do.

In philanthropy, people give to people. They don’t give to organizations. I think that’s always been true, and it’s still true. People are going to give to me because they know me, and they know I have a reputation at stake. They know I’m always going to be a good steward of those funds.

What the Raising More Money concept also teaches is how to talk about yourself. I never was very good at that — I would cringe before I would tell somebody I was gay. I just didn’t want to say it, even though it wasn’t like it was a big secret.

One of the first exercises was to identify why you are doing this job, what motivates you to do this job. Once I dug back into my past and where I was coming from, I realized I was inspired by Chuck Lynch. His death had affected me in such a way that I knew I had to do something.

FELDMAN: Tell a little bit more about Chuck.

MALONE: He was the first person I knew who died of HIV, and this was in 1983, the very beginning of the epidemic. At the time, Chuck was an IT [information technology] person with Aramco. He was a geek, nice looking and a little bit bigger than me. He was a very nice man, the kind of person you would want to know.

Going back, it’s like a million years ago, but it’s also just like yesterday. He was going to Bering Memorial United Methodist Church at that time. He was trying to get me to go, too, but I wouldn’t. I just said, “They don’t have anything
for me. I’m just not going to do that.”

Then he died, and the first time I actually went to Bering was for his funeral. I go there now, and every year around the time of his death, I do the flowers for the altar in his memory. Of course, people don’t know who he was because that was nearly 40 years ago, so I have to tell them. He had a big impact in my life.

Through these exercises that they led us through at the seminar in Seattle, you learn how to talk to people and to understand that it’s okay if they don’t like what you told them. They don’t have to like it. You’re exposing a piece of yourself, and that is always hard to do. You just have to say, “If I’m okay with everything and they’re not, I really can’t help that.”

I’m sure my mother would have rather I had a different career path, but this is what I chose, and HIV work finds you. You don’t find it. It snags you, and then you can’t get out of it.

[ON JUNE 19, 2019, MR. MALONE ADDED THE FOLLOWING TO HIS COMMENTS ON FUNDRAISING:]  

MALONE: As I was learning to do fundraising, I went from somebody who had never heard of a silent auction to someone who could host one in his own home. But I was a neophyte, and Jerry Bartee treated me like a wayward child and taught me how to make it happen. I learned over a period of years, not just overnight. In life, your experiences are cumulative, and if you don’t do the first part, you can’t do the second part. Jerry was methodical, and he taught me how to deal with important people, and the things that are important to those important people and how it all has to come together.
For example, if you’re going to charge a lot of money for an event, the event has to reflect that. You can’t serve snack food and charge $500 a plate.

Also, the event has to have a certain look, and Jerry was a master at that. He knew how the flowers had to look, how the tables had to look, how to select the food and how the whole thing was going to come together.

Jerry was good friends with the general manager at Neiman-Marcus at that time, and they both liked The Assistance Fund, of course. The general manager — I can’t remember his name — offered to have our event in the store, which meant The Assistance Fund was the very first organization that ever had an exclusive event at Neiman-Marcus. And, it was an undertaking as you might imagine. This had to be done after the store closed on a Sunday, and the couture section was cleared, and the caterers came in with their kitchen and cooked in the garage, and the food was brought up in insulated racks. It was quite an operation, and Richard Flowers, who owned an event company, decorated. So Jerry, Richard and the GM were the masterminds, and we would decide who would be honored and plan the event around them. So, after the very first event, I was feeling very proud of myself because the silent auction totaled $40,000. I thought
that was a lot. And Jerry looked at me and said, “Well, Ken, the Alley Theatre’s silent auction brought in $400,000. You have to think big. Go big or go home. If you’re going to do this, then you have to do it right.”

After that first event, we set our sights higher. The Assistance Fund had never charged more than $100 or $200, but after that, the tickets were $350, then $500, then $1,000. So it was a whole different thought process. One thing Jerry taught me, and it seems like a small detail, but if someone gives you their cell phone number, write it down immediately because that gives you the authority to call again. If society people give you that, they’ve done it because they trust you. Jerry was able to share all his tricks of the trade and help me along. He was clear about one thing. He said, “I don’t want to deal with the board. I want to deal only with you. We’re going to come up with it, and we’re going to do it.”

And I said, you got it. You can have a committee study something to death and it never gets done. The two of us, we took it and ran with it. And it worked out.

One of the worst or trickiest things to do is the seating chart. There’s no easy way to describe the tables at which people are going to sit, and sometimes they come in early to make sure they’re at the right table or the biggest table. It was always funny to me to watch that happen. We were very strict — we never sat a man’s girlfriend at the same table as his wife, and Jerry would know who was who. That could blow up in our face if we weren’t careful. And we had different ways of numbering tables. One through 20 wasn’t good. People didn’t want to be at table No. 20 or table No. 30. We finally determined to put the honoree in the center of the room, with a high-numbered table. This made it a
little easier to arrange tables in concentric circles for all the guests. Then we
progressed to non-numeric descriptors, which really helped, i.e., the “Rose” table,
etc.

Jerry was our board member and a caterer, and he started Tony’s at Home.
So there was a built-in market right there. If he’d done someone’s wedding or
their kid’s wedding, Jerry could call them right up and say, “I need your help.”
Neiman’s was a great location. People wanted to come and spend a lot of money,
and it worked out well for everybody.

The introductions at these events were sometimes funny to watch, too.
You could tell who had been around. Philanthropist Rose Cullen, when she was
introduced, she didn’t stand up and wave; people knew who she was. Others
stood up and waved and smiled. Of course, all our honorees were gracious and
wonderful, and there’s nothing wrong with standing and waving. But fundraising
is all about human behavior and human dynamics.

Also, the women who ran the gala committees, they were serious about
making sure the money was handled correctly, that there were no expenses not
approved, that the mission was accomplished. They were very serious—that was
their job. People can make light of society people’s involvement in certain
events, but they had important roles to play.

Something that happened one time, one of the caterer’s helpers — we
were at Neiman-Marcus — put a greasy rag on a Vera Wang dress rack, and those
dresses were $7,000 each. I gave the rag to the caterer and said get rid of this and
tell whoever did this they can’t come back because we would have had to pay for
that dress if it had been ruined.
One time we had a beautiful broach by Ambrosi as a silent auction item, and we decided to advertise and market it — it was worth almost $20,000. And so we sent cards to the people coming to the gala, and a well-known philanthropist in town responded. She said she’d pay full price in advance but she wanted that broach, and she didn’t want anyone else to have one like it.

To the jewelry saleswoman that sounded like breaking the silent auction rules, so she and the philanthropist had a little standoff.

The saleswoman won but The Assistance Fund lost because the person who bid on the broach the night of the gala didn’t pay full price.

Crazy stuff like that happened all the time. One lesson I learned early on: If someone writes a check for an auction item, take it to the bank the next day. Sometimes people stopped payment on the check because they were drunk at the event and spent more liberally than they intended.

My favorite auction item ever was dinner with Patricia Racette, the opera diva. Houston Grand Opera donated Pat’s time, and Arco Doro, the restaurant, donated the dinner. The whole thing was valued at $600 and I knew right away I wanted it, so I paid full price. And it was magical — huge for me.
Another favorite memory was working with Rose Cullen. She is such a lovely person. She used to attend the auctions, and afterward, if items didn’t sell, she’d buy them all. I always knew she didn't want all that stuff, but she’d buy it and give it away.

Another person who made a big impact on my life was a man named Ben Zander. He wrote a book, “The Art of Possibilities.” I’d seen him on a CBS morning show, and I thought he was interesting. Then, fast forward, my board chairman asked me to go hear Zander speak at Rice University. It was transformational. He talked about life’s possibilities that we're presented with choices every day that can be life-altering. And he's right. People come to you with an idea or concept, and you have to be in the right frame of mind to say yes. A lot of people are timid and don't want to do it. I find it intensely interesting to see how these things work out. I have seen and been places where all this happens and works out in front of my eyes. I think I mentioned, I once ran into an old boss and he asked me if I thought my HIV work was depressing. I explained to him, it's not. I am helping people with work I believe in, and that is thrilling to me. I've had a thrilling life. I can’t say I planned it out, but it's been wonderful. I feel like people have helped me, and I've tried to help others — I feel like I've been touched in such a positive way. Yes, I regret all the people who passed — all my friends. But you know, you have to keep moving on. At my old company, Baroid, there was an expression — keep turning to the right — because that's how a drill bit works. The point is, you can't let anything get the best of you. People step up at the right time when you need them, and you do the same thing for them. It's been an incredible thing to witness…going from — what is this disease we're
dealing with — to glittering fundraisers and Broadway stars and meeting with legislators. It’s incredible to think, how did all this happen?

[END OF SUPPLEMENT BY MR. MALONE]

FELDMAN: Beyond fundraising, what were your other responsibilities at The Assistance Fund? You were expert at helping clients hold onto their private insurance, right?

MALONE: Right.

FELDMAN: You felt private insurance companies should pay for HIV treatment just as they would cover a broken arm or a stomach ulcer?

MALONE: Right. The common thread that runs through HIV is poverty. If you weren’t poor before it started, you wind up being poor anyway. One of the casualties usually turns out to be the health insurance. At the beginning of the disease, it was mostly gay white men, and they tended to have insurance, so that was a focal point that we could really dwell on. People understood, “Hey, this keeps you off the public roll and keeps you with your private doctor,” and all those kinds of things, and it makes a difference. You can go to the hospital you want to and all that. Like Chuck had great insurance with Aramco, so he had the best that money could offer. Unfortunately, it wasn’t good enough for him because he wound up getting very sick anyway, and there was nothing anyone could do for him, but he had all those options.

FELDMAN: How did your work at The Assistance Fund evolve?

MALONE: We started with helping people hold on to their private insurance — in the beginning that was our central mission. But I found that that was a pretty limiting thing, so we worked to expand the types of financial assistance available. What
we did became the pattern for the Ryan White CARE [Comprehensive AIDS Resources Emergency] Act, which was enacted in 1992.

FELDMAN: The Assistance Fund in Houston, Texas was the model?

MALONE: Yes.

FELDMAN: Wow. You must be very proud of that.

MALONE: Oh, I am, absolutely. Our whole idea was to keep people out of the hospital district, of course, where I now work. Interesting. I expanded the financial assistance to copays and coinsurance payments, and then we looked at operating a 340B Drug Program, which, of course, everybody does now. We would bridge the time that people were prescribed medications to the time they went on the AIDS Drug Assistance Program administered through Ryan White. That really eclipsed everything else, it got so big. It was very interesting to set those up, so I became like a program person. I never thought I would be doing that, but I did, and it was fun.

I’ll never forget. I was at the opera one night, and I ran into one of my old bosses from Baroid, and he asked what I was doing, and I told him I worked in the HIV field. He just kind of looked at me, and he said, “Well, don’t you find that depressing?”

I said, “No, not really. Obviously, it’s sad sometimes. But I always feel like I’m helping people. No matter what their situation is, I feel like I’m lending a hand, and that makes me feel good. I don’t know about anybody else, but I personally wouldn’t want it any other way.”

He said, “I guess that’s good.” He was like, “Well, okay, whatever.”

Anyway, I’ll never forget that exchange. I was like, “It’s not depressing to
work here. I mean, it’s exciting.”

FELDMAN: How long were you with The Assistance Fund?

[END OF AUDIO PART 1]


FELDMAN: What happened to The Assistance Fund? It merged with another organization?

MALONE: Right. Katy Caldwell, who was executive director at Montrose Clinic, and I were on the board of a national advocacy group called AIDS Action in Washington, D.C. We did all kinds of lobbying work with the HIV mission. As things changed over time with the introduction of protease inhibitors, which saved everyone’s life in 1995, 1996, the Ryan White CARE Act became more medical than social because people weren’t dying all of a sudden.

What happened was, if your agency wasn’t providing medical care, then it was going to be very hard to be self-sustaining. I saw the handwriting on the wall early on. Katy and I both did. I felt like merging The Assistance Fund with Montrose Clinic was a good thing. I still do. It became Legacy Community Health, and they have since, of course, expanded into other areas, but as an FQHC, Federally Qualified Health Center, and they’ve been very successful.

My piece was to bring The Assistance Fund and all the money we’d raised, because we had quite a bank account at that time.

FELDMAN: How much had you raised?

MALONE: We had over a couple of million dollars in the bank.

FELDMAN: That’s remarkable, considering that HIV dollars were shrinking.

MALONE: Yes and no. The federal funding has stayed about the same but been
redistributed. The AIDS Drug Assistance Program has gotten larger, of course. The piece that we get here in Houston has remained unchanged for several years. Of course, when you look at the numbers — there are more infections and more people to take care of — the funding is really less. It depends on how you look at it. We haven’t suffered unnecessarily, but we haven’t gotten a whole lot more, either.

FELDMAN: After the merger — you had been executive director — did you get a job at Legacy?

MALONE: I did. I forget what they called me. Associate executive director. We had decided on who was going to run the organization and what we were going to do, so I was associate executive director. Then they changed it to major gifts and stuff, which I hate development work, actually. I can do it, but that’s not what I want to do full-time. I don’t mind filling in activities with development stuff, but to me it’s just boring and not what I like to do.

Ultimately, my management philosophy and Katy’s were very different, and that’s okay. I decided to exercise the contract that I had. When we did the merger talks, we both had contracts so that if something happened, we wouldn’t be left without something. I was able to exercise my contract and leave the organization.

FELDMAN: Did you feel bad about that?

MALONE: Of course, at the time, I was upset, and I felt a sense of betrayal, but I’ve since come to know that it was probably a good thing for me.

FELDMAN: Because you were put in a job that you didn’t really like?

MALONE: I think my part there had come to an end, and I just hadn’t realized that yet.
Maybe other people realized it before I did. It’s probably a good thing I left.

About that same time, I was still on the planning council. I’ve had two tours of duty with the planning council.

FELDMAN: The full name of the council is…


I was still on the council when I left Legacy. I was talking to Nancy Miertschin, who works here at Thomas Street as well. She’s the grants manager for Thomas Street. She was explaining to me about a program that they were in conversations with the City of Houston and the CDC, Centers for Disease Control, because Houston is a directly-funded city of the CDC. Through the City of Houston and the collaboration there, they wanted to establish a routine testing program at Harris Health. She started explaining it to me, and I got really excited. I thought, “Oh, I want to do that.” By the time she finished telling me about it, I said, “I want to do that job.”

She said, “Well, that’s why I asked you to lunch.”

It was fun. I guess you get to different points in your career, and so making more money wasn’t necessarily what I wanted to do. I just wanted to do something I considered important and worthwhile.

It was called a structural intervention with management, to change the way things were done, because we weren’t doing that kind of a program, especially in our emergency centers like at Ben Taub and LBJ.

I thought, “I don’t know how to do that.”

Nancy said, “I don’t either, but you’ll figure it out.”

I guess I did. It was interesting. I’ve really enjoyed working here.
FELDMAN: So you came straight to Thomas Street?

MALONE: Well, I was off a year. I had a contract for a year, which I exercised, and then I came here about a year later.

FELDMAN: That was two thousand —


FELDMAN: Let’s talk more about that in a little bit. First, let’s go back. Tell me again what the Ryan White CARE Act was in 1990, and if you could explain. I think most people don’t understand really how those federal funds come to Houston and Harris County.

MALONE: Ryan White was a teenage boy who got HIV through a blood transfusion. He had enormous problems in Indiana, where he was from. His mother, Jeanne White — I can’t think of her current last name right now — I knew her through the AIDS Action board, so I knew her pretty well. She was trying to do the best she could for him. She worked for Delco, made radios for Delco. Ryan couldn’t understand why people were treating him the way he was being treated.

FELDMAN: Which was badly.

MALONE: Badly, because he was banned from school and all that kind of stuff. For a little kid, that’s traumatizing. His death resulted in the CARE Act being named for him, the Ryan White CARE Act. CARE is Comprehensive AIDS something. CARE, it’s an acronym, all caps.

Ryan made an important impact on HIV in the United States. Every state gets Ryan White funding. Texas gets a lot because we have the high incidence in Houston and Dallas and Austin, San Antonio, and El Paso. Those are the five, and Fort Worth as well. We get the lion’s share here in Houston because we have
about a third of the cases.

All the funds are administered through the county judge’s office. The county judge is the chief executive, and that’s who they designate as the one to allocate the funds. The Ryan White Planning Council is organized to assess need and to allocate funds where they need to go and then to monitor the performance of the agencies getting those funds. It’s like an internal audit process.

Thomas Street, of course, because we treat the most patients with HIV, we get the lion’s share of the funding in Houston. We get about $7 million of what they call Part A funding, which is for primary medical care and case management and all kinds of things like that.

ADAP, of course, is administered separately because it’s a different part of the CARE Act. It comes through the Part B section, and that is all different. We have the largest ADAP pharmacy in Texas, basically.

FELDMAN: Please remind me, what’s ADAP?

MALONE: AIDS Drug Assistance Program.

Most of our patients are on that here, and we have approximately 6,000 patients here at Thomas Street. Eighty percent of them are below the poverty line. It is a significant population we serve and very marginalized and with multiple problems, HIV not necessarily their biggest problem. It makes for a challenging day, and that’s okay. We’re helping.

FELDMAN: I know you’ve had so many successes over the years. What’s been the accomplishment that you’re most proud of?

MALONE: I loved The Assistance Fund. I liked the aspect of meeting new people. But I would say the routine testing program has been my biggest achievement, and it
certainly had the most impact in Houston. We test about 10,000 people a month. We had 90,000 tests last year. What happens here is that if you get a blood draw, you get an HIV test unless you opt out, which is state law.

FELDMAN: This is in the emergency centers?

MALONE: And also all throughout Harris Health. We started it at Ben Taub, but then we expanded it to all the community health centers and other areas. It’s all over.

FELDMAN: So 90,000 tests last year?

MALONE: Right, and we’ve had, since the program started in 2008, 912,834 tests through last year. And we’ve had 11,000 positive tests, and of those, 1,600 were new positives who would not have known they were positive except through our program. That’s significant.

Dr. Mike Lyons, who is a professor at the University of Cincinnati, who is very active in the prevention circles and all that, he was here, and he commented to me that he felt that I had — he said “me,” but I guess the program — had changed the epidemiology of Houston with this program. That’s pretty heady.

I thought, “Wow, maybe so, I guess.” I’m not used to hearing all those kinds of things, so it was humbling as well. It’s a huge program, and it’s the largest in the nation.

FELDMAN: You were the first?

MALONE: I helped implement it here, yeah.

FELDMAN: So the first and the largest?

MALONE: Uh-huh. So when the CDC talks about how a program should look, they say, “Look no further than Houston.” It’s significant. I’m proud of that. I really am. I would not have had the chance at Legacy to do that.
FELDMAN: It’s such a much bigger —

MALONE: Well, it’s just different. You can’t compare it. I’m certainly happy for what they’ve done, but this is really what I wanted to do. I’m happy here, very happy.

FELDMAN: I was going to say, “Brag on Thomas Street and explain what makes this facility an example to the rest of the country.” Certainly, testing.

MALONE: We are internationally known. This is the epicenter for HIV research and technique and everything, all things HIV. Our medical director, Dr. Tom Giordano, is wonderful. He is known all over the world. Thomas Street is, as well. People come here all the time wanting advice and updates.

FELDMAN: They come from around the world?

MALONE: Yeah, pretty much. It’s a fascinating place, and we’re the only facility in Houston that provides a full range of services. Anyone who needs any kind of specialty care, you’ll have to come here. No one else offers, say, anal dysplasia or the rheumatology aspect that we have here. We have 20 different clinics within the building. That’s why we’re Thomas Street Health Center. We are not just a clinic. We are huge. It’s a wonderful place.

FELDMAN: If I have —

MALONE: Whatever, you’re going to be here.

I’ll just pick on Legacy. If you go to Legacy and there’s something that they can’t deal with, you’ll have to come here, because our doctors will do that here, whatever service you might need.

FELDMAN: Back when you were starting the HIV testing, was the staff resistant? Or did they embrace it? What was their reaction?

MALONE: We had a mix of reactions, obviously. You’re always going to have people
who are not going to embrace it, but the one person who did embrace it was the
director of emergency services at Ben Taub, and he’s the one I needed to have on
board, and he forced the issue. If there was a doctor or a nurse who wasn’t quite
on board, he would go talk to them personally.

FELDMAN: Who was that?

MALONE: It’s an odd name. He’s Albanian. Shkelzen Hoxhaj. He’s now chief
medical officer at the big public hospital in Miami. He embraced the testing
immediately, because what people will say is that, “Hey, we don’t do prevention
work in the EC [emergency center]. We only treat people who need help right
now.”

While that’s true, we were able to demonstrate that patients may have
something else wrong with them that you don’t necessarily detect. By having an
HIV test, it’s just further confirmation that either you have this or not.

One of the first cases that we found in the EC was a Hispanic construction
worker who was married and had three children, and the medical staff couldn’t
figure out what was wrong with him. He was sick, and they were about to
discharge him with Advil, basically, when the positive test came back. Then the
staff was able to say, “Oh, yeah, that’s exactly why he has this symptom or that.”

It showed them. When you illustrate it with a case like that, they go, “Oh,
yeah, I guess we do need to test.”

Going back to the conference in Seattle, Raising More Money, you have to
learn how to bring all this stuff forward and say, “This is what you just did. You
helped this man. Isn’t that wonderful?”

FELDMAN: Did patients resist? How did you approach them?
MALONE: The difference is, when you do opt-out testing, you don’t offer it. In other words, “Would you like a test?” No, you don’t say that. You say, “We’re going to give you a test unless you tell me you don’t want it.”

FELDMAN: And that’s all the difference in the world, probably.

MALONE: It’s the reverse of offering. You’re telling them, “This is our policy.” It falls in line with people knowing their cholesterol numbers and their blood pressure. We just want a baseline for all those things, including HIV. It’s not to make any kind of judgment or, “You’ve been doing this or that. Something must be wrong with you.” It’s nothing like that.

In a busy EC like Ben Taub, we have to be quick. Our consent for services form spells out precisely what may or may not happen. People who read those forms will know.

FELDMAN: How do you help the patients who do turn out to be positive?

MALONE: We have service-linkage workers at both hospitals full-time, and they contact every positive patient. If they’re still in the EC, of course, our staff will see them there. If it’s overnight or on the weekends, they call every one of them, and they talk to them. A lot of them are just out of care, and for whatever reason they just didn’t tell us they were positive, for the ones who were already knew.

For the new positives, then we have to get them in care. We don’t necessarily make them come here to Thomas Street, but just be in care, that’s all we want. It’s nice if you come here, but you don’t have to. We just are trying to make sure they stay in care. That’s our whole focus.

The way we sold it to the emergency centers was that we would take care of linking them to care. The doctor wouldn’t have to do that. The doctor, if
there’s nobody on duty to talk to that patient, he or she will call over here and say, “Somebody needs to talk to this person right now, because I want to get them out of the EC.” They rely on us, and we’re a part of that team.

One interesting thing that came out of the project — now the infectious disease doctors who make rounds at Ben Taub have a list of all the HIV patients, and the doctors consult with each one of them every week. They have a meeting in the EC, and they go down the list and discuss discharge planning and all kinds of things because we need to get them out of the hospital as fast as we can.

Sometimes, well, most of the time, the patients don’t have ID [identification]. They don’t have this, that, and the other, so we have to work to help them get what they need. It’s a fascinating project.

FELDMAN: Let’s stop for just a minute.

[END OF AUDIO PART 2]

[A BREAK WAS TAKEN]

FELDMAN: How do the Houston HIV statistics compare to other American cities, and how do our responses compare?

MALONE: I haven’t looked in a while, but I don’t imagine the numbers have changed too much. We’re about eighth in the country in incidence; in other words, how many cases per thousand people. I can’t remember what that is exactly, but like any other major metropolitan area, we have all those problems. We have high incidence, and the incidence is still increasing a little bit. It’s not as much as it was, but it’s still up there, and disproportionately minority and gay men. We have made inroads with those communities, but it’s still difficult.

There’s a syphilis epidemic in Houston, unfortunately. That’s the big
portal a lot of times for HIV to enter the body. Syphilis is just notorious. We’re combating it on several different fronts, I guess is the best way to put it. We give out condoms all the time. We get those from the city.

We have been a fractious city over the many years I’ve been doing this. A lot of cities have a more centralized approach to it. Ours is not. Typical of Houston, but it sort of grew up that way. [Splintered, with lots of fiefdoms.] It’s gotten better over the years. When I first got into this business — I call it a business, I guess — it was pretty awful. People would yell at each other in these meetings. It was like all about money — who was getting what. Everybody was frustrated, but it was not very civil at times.

FELDMAN: It sounds like the hospital district or Harris Health and Thomas Street were the epicenter, but all these other organizations —

MALONE: Thomas Street has come a long way, too. Don’t get me wrong. When we opened in May of 1989, there was only one floor of the building that was habitable. It didn’t look like this at all. It wasn’t until 1995 or so that they rehabbed the entire building. They put millions into the building, and it needs some more, I guess. It can always use that, but it’s come a long way.

FELDMAN: Would you name some of the groups that offer HIV services locally?

MALONE: The major ones now are us, Legacy, Avenue 360, St. Hope Foundation, Bee Busy. There are a bunch of different smaller players, but those are the big ones.

FELDMAN: You would say HIV services are still fractured?

MALONE: Not like it was. It’s pretty ordered now. The funding is distributed on the basis of caseloads, so the reason Thomas Street gets so much money is because we provide a lot of services — we do a lot — so we should, by all observations,
get that.

FELDMAN: A couple of questions: Why is an early diagnosis so important? And we sometimes still talk about HIV as a problem for gay Anglo men, but what is wrong with that? What’s really true?

MALONE: That’s interesting. How to answer that. The disease has changed in nature. There are still a lot of gay white men that get it. Don’t get me wrong. But it’s mostly in the minority communities.

FELDMAN: Hispanic?

MALONE: Black and Hispanic. It’s still principally a disease transmitted between men, and people always hate that because they don’t like hearing that, but that’s still what it is. It’s pretty much sexually transmitted. The black and the Hispanic communities are not embracing of that, necessarily. Even though they acknowledge it happens, they don’t like hearing that. I guess I’m making a broad-brush statement here. That’s not maybe true for everybody, but on the whole, that’s how it works out.

FELDMAN: They may be more socially conservative?

MALONE: Socially conservative and not supportive.

FELDMAN: So HIV is still hidden.

MALONE: Hidden, absolutely. Then a lot of the problem comes from the high incarceration rates in those communities. If you say, for instance, that there’s no sex in prison, well, they may not admit that, but yes, there is sex in prisons, and drug use, as well. Not all of it is sex, but for the most part, that’s what happens in prison, so you have a high chance of getting HIV if you go to jail.

People have a hard time changing the way they think about things, but it is
changing. Now the fact that it’s not a death sentence, per se, it’s easier for people to grasp that and just say, “It’s just something else you get. If you follow the doctor’s advice and take your medications, then you should be fine.” That’s true, and you should live a normal life, relatively normal life, anyway, hopefully.

FELDMAN: We were going to talk about why an early diagnosis —

MALONE: Early diagnosis is very, very, very important. It’s one of the reasons that we started the routine testing program as a non-targeted testing. In other words, everybody gets tested. If you find out that you have HIV early on in the disease, it’s easier to treat, and you stay healthier longer.

If you wait until you have AIDS, in other words, a T-cell count of less than 250, it’s a lot harder to nurse you back to health with that, even though eventually it can happen, but it takes longer, and you just lose that bit of life that’s hard to replace. I don’t know how to explain it any better than that. Once your body gets down so far, it’s harder to get up to a certain level. You may never achieve the level you once had, but you get closer. But if you don’t take care of yourself, I mean, your health just isn’t as good. That’s a non-scientific explanation, I guess.

FELDMAN: Most people don’t want to talk about their sex lives with a stranger. Are doctors good at these conversations?

MALONE: Some are better than others, of course. We have to do cultural competency trainings here. I’m in charge of that through the AETC [AIDS Education Training Center] and some other things. There are courses that we do on all kinds of things, and sexual health is one of them. It’s something we just have to talk about because HIV is usually spread through sexual contact.
If doctors have an aura of confidence and know how to talk to their patients, then those patients are more likely to share. If they don’t feel confident in the doctor, it’s going to be real hard to disclose any kind of information to him or her. The whole idea is that the doctor is able to put the patients at ease and talk about some extremely personal and important things so that we know exactly what’s going on, because it could be anything.

FELDMAN: A lot of times, people don’t tell the truth to their doctors or even their partners, it sounds like.

MALONE: No, they don’t. They don’t.

FELDMAN: Talk about that a little bit.

MALONE: My office used to be outside the walkup testing office here at Thomas Street, and not that I was listening to everything that went on out there, but I couldn’t help but overhear some of it, and it’s like, “Wow.” One lady came in with her boyfriend. I guess that’s what he was. She found some medication in the medicine cabinet, and she didn’t know what it was, so she Googled it — well, she’s a lawyer — and found out, and then brought it in here.

He had all kinds of weird stories, and I said, “No, it’s really an HIV med, and you wouldn’t be taking this unless you have it.” That’s not what he wanted to tell her, but that’s what it was. You have to be realistic about it. You have to know how to tell the patient, “Hey, this is what it is, and you can’t ignore this.” People will rationalize their behavior in all kinds of ways. It’s interesting.

FELDMAN: You are an expert on the Affordable Care Act. How does the ACA affect Thomas Street finances?

MALONE: About 10 percent of our patients historically have been financially able to
access the Affordable Care Act or the Marketplace plans because of their income levels and what have you. I guess I got the distinction of coordinating this program because nobody else wanted to do it. That’s always what I tell people. I do special projects, and that’s a special project I’ve inherited. What happens is that the more people who have private insurance, the better for us, because that means we can serve more people through the Ryan White funds that we get.

When I first came here, about 3 to 4 percent of our patients had private insurance. Now it’s up to right at 10 percent. That’s significant.

FELDMAN: Because of the ACA?

MALONE: Because of the ACA, and we’ve also gotten better at finding out if they have insurance. It’s a combination of factors.

FELDMAN: So the public funds can go further?

MALONE: Absolutely. Of course, we’ve had various attempts to derail all of that, and that’s another story, but at Harris Health overall, we have a project right now where we actually pay — if your income level is between 100 and 150 percent of poverty — we will pay the insurance premium. It’s cheaper for us to do that than to treat you in our facilities without insurance, essentially. We had 15,000 people sign up for that.

FELDMAN: Have you been affected by, as you say, the various attempts to derail the ACA?

MALONE: Our patients don’t always understand how important it is. Someone will say, “I don’t want any of that blankety-blank Obamacare,” and this, that, and the other.

At Thomas Street, a lot of people are not used to having insurance, so for them, it’s kind of like, “Well, I don’t know if I really need that or not.”
We have to do an explanation as to what it is and why it’s to their benefit to have it. If you go to, say, New Orleans, and you have to go to the hospital, you can go to any hospital you want. But if you don’t have private insurance, I don’t know what you’ll do. I wouldn’t go to New Orleans. I’d stay home.

Not to be flip, but you understand that we have to explain it to them in their language basically, why this is a good thing for them. They usually see it. It’s just they don’t understand how it’s going to work for them and how it gets paid and all that. I understand that. We have to do a pretty thorough job of educating our consumers.

FELDMAN: That it’s a great benefit to them and to you.

MALONE: Absolutely.

FELDMAN: I think you are helping pregnant women with HIV.

MALONE: Correct.

FELDMAN: Are these women having positive babies?

MALONE: No, no positive babies. That’s an extremely rare event, and we haven’t had a positive baby in Harris County through one of our facilities in probably 10 years. State law has changed, where women have to be tested each trimester anyway, and that’s helped, because that alerts us that they have contracted HIV. Then they get AZT [azidothymidine] basically, and the baby is protected with that, and we have had no positive babies.

FELDMAN: Besides the testing and AZT, what else are you doing for these women?

MALONE: We have support groups for the pregnant moms and teach them how to care for themselves and the child that they’re going to have.
After the baby is born, we have wellness visits for the baby and the mom. What we’ve found is that the moms tend to ignore their own health because they want to take care of the child. So we bring them both in, and we have sessions on postpartum care and all kinds of issues that they usually don’t get help with. The program has been extremely successful. This is our second year, and the moms all love it.

This year, for the AIDS Walk, we were a benefiting agency. So the money that we raise that we get to keep, we’re going to use in the women’s program for gift cards so they can buy more food and things like that. It’s a good deal. Very interesting.

FELDMAN: For sure. What draws doctors and nurses to Thomas Street? What is it about this place that makes them want to work here?

MALONE: People who do infectious disease want to do infectious disease. That’s their calling, and they don’t want to do anything else. I mean, they do, but their primary reason for being here is HIV. They’re all in there for the fight and to battle for our patients.

FELDMAN: That’s wonderful.

What medical schools are associated with Thomas Street?
MALONE: We have UT [University of Texas] Health and Baylor [College of Medicine], which is unusual, because most of the time it’s either going to be staffed by one or the other. Ben Taub is staffed by Baylor doctors, and then LBJ [Lyndon Baines Johnson] is staffed by UT doctors. Because they want our expertise here at Thomas Street, we have them both.

FELDMAN: We’ve already mentioned AETC, the AIDS Education Training Center. Can you tell me a little more about it?

MALONE: It’s part of the Ryan White CARE Act. It’s Part F, I believe. It’s funded separately through the different areas. We’re in what they call the South Central AETC now. Until June, it will be administered through a grant at Parkland Hospital in Dallas. It’s a five-state area that covers Texas, Louisiana, Arkansas, Oklahoma, and New Mexico. Next year — it’s in a competitive cycle now, so we don’t know exactly who’s going to be the next central office. Stay tuned for that. In April, I guess we’ll find out.

Basically we provide training and updates on all things for HIV, hepatitis C, prevention, PrEP [pre-exposure prophylaxis], all kinds of things that the medical staff needs to hear. We organize all the training for that and have symposiums and all kinds of special events.

FELDMAN: So it’s training for staff?

MALONE: Uh-huh, and doctors and providers.

FELDMAN: Medical personnel.

MALONE: Medical personnel.

FELDMAN: Okay. I think there are five levels?

MALONE: Right. Level I, it’s like didactic, where you go listen to a lecture, and that’s
that.

Level II is going to be didactic plus a little bit of case study.

Level III is going to be preceptorships. Say if two of the nurses at Legacy wanted to come and see how we do certain things here, I would arrange for them to shadow our nursing staff. We’d do needs assessments and all kinds of stuff to figure out what it is they want to learn, and we would design a custom agenda for them for like a day. If they wanted to come back for another day, they could come back, but we would drive an agenda for them.

FELDMAN: For Houston and Harris County, you’re the training center?

MALONE: We’re the local performance site for the AETC and have been for 17 years.

Then Level IV is case-to-case consultation, so Dr. Patel, who is our PI [principal investigator] — she’s the clinical director, but she’s known as the principal investigator.

FELDMAN: For AETC?

MALONE: For AETC.

If somebody wanted to consult with her — or any doctor, really; it doesn’t have to be just her — we would capture that through a PIF [participant information form] kind of thing, where they put in what they wanted. It’s a doctor-to-doctor case consultation.

Then Level V is just technical assistance.

Those are the five levels of training that we have under the AETC grant.

FELDMAN: Would you give me an example of technical assistance?

MALONE: Say you’re at some clinic, XYZ, and you need to know something about what we do. It’s just an inquiry.
FELDMAN: You’ll tell me how to do that particular procedure.

MALONE: Right.

FELDMAN: I think through the AETC, you focused on dentistry, as well?

MALONE: We have a dental director, Dr. Martin Eckels, and he’s at Avenue 360. He’s not here at Thomas Street, but he is part of the AETC. We have these oral health symposiums where we have a component of HIV 101, and then he’ll do oral manifestations of HIV training.

FELDMAN: So you can look in a person’s mouth and at least —

MALONE: Certain conditions indicate HIV, right.

FELDMAN: Have dentists been reluctant to treat HIV patients?

MALONE: Well, a lot of them don’t know a lot about it, so the whole idea is to make them aware so when they have a patient in front of them, if they see something abnormal, they can recognize it. They may not know what it is, exactly, but they can have a resource to call and find out.

FELDMAN: What should everyone, regardless of sexual orientation or gender, know about HIV in 2019? What would I tell my daughter, or what would you tell your nieces, or what would you tell your brother if he’s a little bit resistant?

MALONE: Remember what your mother probably told you. Know a person pretty well before you have sex with him or her. It’s certainly a preventable disease if you use condoms and all that, but if you knowingly have sex with someone with HIV, well, that’s a warning signal right there that you need to take precautions. HIV is still out there, and it’s a threat. You don’t want to get it. It’s easier to treat. There’s no doubt about it. And there are things on the horizon that are coming along that will enhance treatment, but you still don’t want to have to do that.
FELDMAN: It sounds like there are a lot of brokenhearted people out there whose partners didn’t talk to them or didn’t tell them they had HIV.

MALONE: I think that communication is always going to be important. I’ve certainly learned that over the years that you have to learn to communicate what you feel and what you want. And you also have to learn how to read that other person. Sometimes we don’t do that. We get in a hurry or we just make assumptions. You should never make assumptions.

FELDMAN: Houston in the 1980s and 1990s was an epicenter for HIV/AIDS. Just in general, not you personally, but what have been the county’s, the city’s successes and failures?

MALONE: Well, in the past few years we’ve made sure that we are able to operate effectively and efficiently in the county and the city, too. I think that’s a crowning achievement. [Harris County] Judge [Ed] Emmett was excellent in terms of being able to be supportive of the planning council. And Tori Williams [the council’s director of staff], I mean, she’s absolutely wonderful and exactly what they needed.

I think that early on, we had some missteps, but I think people didn’t know what to do necessarily, and I think it resulted in a lot of confusion. There was no clear leader, and there was a lot of misinformation about how people got AIDS. I use that term loosely. How you get HIV is more proper.

FELDMAN: What’s kept you motivated? You’ve done this work how many years now?

MALONE: Since 1988, I guess, or depending on how you look at it. I don’t know. I still get up every day wanting to do this. Some days are more interesting than others. Right now, we’re moving the clinic, and that’s a huge undertaking, and
I’m part of that. I like this work. I generally enjoy the patients. The staff here is incredible. There’s a new director. She’s absolutely fabulous, and she has brought new perspectives on things.

It’s almost like church when you get a new minister. You go, “Oh, my God, what are we going to do now?” But always it seems like he or she brings new skills that you just weren’t thinking about, and it makes a difference. I feel like I’m making a difference here, and I wouldn’t trade my work experiences here for anything, or in the HIV field, period. I think this is exactly where I needed to be, and I was planted here for a reason, I guess. I didn’t know that at the time, but I feel that now.

[END OF AUDIO PART 3]

FELDMAN: Once you said that you’re the street sweeper. What did you mean by that?

MALONE: I can’t stand to see trash on the street. We have a house in Galveston, and I go along in our little block, and I keep it tidy. People drop stuff all the time, and it annoys me because I know it’s going to wind up in the Gulf of Mexico and fish will choke on it or something, but there’s no excuse for that, and I just can’t stand all that.

So, I’m either the street sweeper or father confessor. That’s the other one, because people tell me all kinds of things. I’m like, “I did not ask for that.” They start telling me this stuff, and I’m going, “Okay.”

FELDMAN: Why do you think that is?

MALONE: I have no idea.

FELDMAN: Brag on yourself a little bit. Why do you think?

MALONE: Well, Joseph says that I just have a kindly face. I don’t know if that’s really
true or not. But people do. I mean, they’ll sit down, and then all of a sudden, they start telling me all this stuff. I’m going, “What? Really? Okay. Really? Really?”

We went to New York one winter, and coming back on the train to Newark Airport, we couldn’t sit together, so I sat down, and this guy who has a mound of luggage on the train, all of a sudden he starts telling me he had driven from Chicago to New York in an RV [recreational vehicle] and had all this stuff, and he was flying standby, and the wife had this.

I was going, “What? What’s all this?”

Joseph just looked at me and shrugged his shoulders. “What the hell is going on over there?”

I said, “I don’t know. He was just telling me all this stuff.”

It was interesting, but I was like, “Okay. I’ve had enough now. Let me read my book or something.”

FELDMAN: It may be that you’re so nonjudgmental.

MALONE: Well, I try not to be judgmental. I don’t want to be judged, so I don’t judge other people.

FELDMAN: What have I forgotten to ask you? There was something.

MALONE: Oh, yes, there was.

I was president of a professional group, Executive and Professional Association of Houston, from 1992 to 1994. EPAH has had consistently over the years about 200 members, 225 members each year, depending on what year it is.

Of course, during that time, people were dying all the time, and that was a constant in our lives, unfortunately. I’ve always been really good at
compartmentalizing pieces of my life so that I didn’t have to think about it all the time, but one year we decided to do an in memoriam page in our directory. The last one I had, it was 167 names. I knew every one of those people, and it was overwhelming. I had no idea of the enormity of what had happened until I saw that. I mean, you know the house is on fire. You’re trying to put the fire out, but you don’t see all the rest that’s going on. To me, that was so significant and was quite demonstrative to me that hey, this is bigger than you think, to have that many deaths in a small organization like that. Essentially the whole census of the organization turned over from death, and those were the ones we knew about.

FELDMAN: These were young people.

MALONE: Young people, all young. It’s hard to imagine, even now. It’s beyond comprehension, almost, because we’ve had nothing like it anytime in the recent past or distant past. Maybe the Black Death or something.

FELDMAN: Like the Plague.

MALONE: The Plague. A lot of gay people jokingly refer to it as the Plague, as well. A little dark humor there. It’s sometimes hard to deal with.

Every World AIDS Day, I allow myself the day to wallow in the whole thing. After that, “That’s it. You can go back to work. Don’t deal with all of this.” It’s just my way of dealing with it.

FELDMAN: What do you do on AIDS Day?

MALONE: We have a program here at Thomas Street and the Tree of Remembrance, so you bring an ornament for people who have died. It’s nice. It turns out to be a nice program. The board of managers comes and various people we invite. It’s nice. The patients like to, too, so it turns out to be a good event.
FELDMAN: Tell me just a word about Joseph. You’ve been together —

MALONE: Forty-two years. Hard to believe.

FELDMAN: And Joseph is? Say his last name.

MALONE: Culotta. He’s a real quirker. He is an artist. He taught school at all levels from university down to kindergarten, and was most recently a consultant for School Specialty, Inc., a conglomerate that sells all types of products to the education industry. He’s older than I am. We met in the Canary Islands in 1977, of all places.

FELDMAN: What were you two doing in the Canary Islands?

MALONE: If you had a Gulf Oil charge card, you got an invitation to come on this trip. It was a charter flight from Houston to Tenerife, Canary Islands, and we all wound up on the same trip, and that’s where we met.

We built a house. We have three dogs. Standard suburban life. Not too different than anyone else, so when people say that gay people are different, well, no, they’re not. They’re the same. We all kind of want the same things, which is good and bad. It’s just different because it’s not how we thought things were going to be, but I like it the way it’s turned out. It’s been pretty good.

We travel a lot. We went to the Middle East this last year, Israel, Jordan, and Egypt. We go places all the time, and we’ve been lucky to do that, and we know that, so we’ve lived a good life. If it ended tomorrow, I would say, “No regrets, no regrets,” absolutely.

[END OF AUDIO PART 4]

FELDMAN: I think there was one more thing that we wanted to talk about.

MALONE: When I was on the board of AIDS Action, in Washington, D.C., that was
really an eye-opening experience.

FELDMAN: What is that?

MALONE: AIDS Action was an advocacy group for people with HIV, so what we would do, we would help educate members of Congress and the Senate about HIV issues and what to do with the budgets and things like that and how to look at the different services that were being rendered through the CARE Act.

FELDMAN: The Ryan White?

MALONE: Ryan White CARE Act, correct.

And so when George W. Bush was in power, they made the decision that they wanted to basically do away with Ryan White and shift all of the HIV care to Federally Qualified Health Centers.

FELDMAN: So he wanted to undo what his dad had done — one of his major accomplishments?

MALONE: Right. In theory, the idea was to shift funds, but we all know how that works. The idea was to cut the budget, basically. Everybody wants to cut the budget there, but there’s just not that much money to cut, in $2 billion, which sounds like a lot, but when you’re talking about the federal government, that’s not much. It’s a rounding error.

Basically, Kevin Brady in The Woodlands was trying to derail Ryan White and really give the power to the Federally Qualified Health Centers. In theory, yes, it could be fine, but in practicality, it’s not fine, because what happens is, the doctors don’t understand how to treat HIV in Enid, Oklahoma, not that there’s anything wrong with Enid, Oklahoma, but they’re going to be naturally shy about treating something that they don’t know much about.
FELDMAN: Would it have taken the money away from —

MALONE: Ryan White and essentially dilute the services.

FELDMAN: What would have happened at Thomas Street?

MALONE: Well, it would have been a disaster. It would probably wind up as something else, but it wouldn’t be dedicated to HIV care. It would decentralize all of that.

FELDMAN: What did you do?

MALONE: We fought that tooth and nail. Of course, my mother was an avid George W. Bush person, and I just was just the opposite, and I couldn’t believe it.

And then he did PEPFAR [President’s Emergency Plan For AIDS Relief], which to his credit, was great. That was the president’s plan for HIV in foreign countries; Africa, primarily. That was great. That was a crowning achievement, but the other, not so much. I said, “I’ll give you credit on PEPFAR.”

FELDMAN: President Bush, that is, George W., was going to help fight HIV in foreign countries but wreck the system in place in the United States?

MALONE: See, what happens, going back to what we talked about with the gay thing, Jesse Helms, who was a senator from North Carolina, would say, “Oh, we can help people in Africa because they’re straight, but people in America, they got it because they’re gay,” and that’s kind of what he would say. He didn’t say it quite that starkly, but almost. That shows you right there how people’s opinions have been traditionally, whether it was right or not.

FELDMAN: But that’s not how life is. At one end of the spectrum or the other.

MALONE: No, and you can’t make life that way. So we had quite a battle. Actually back then I worked with Senator [Hillary] Clinton’s staff, and she was wonderful. That’s why I couldn’t understand why that [her presidential campaign] fell apart.
She wasn’t as likable, I guess, as some others, but her staff was great, and she was there on all the issues that mattered to us.

Anyway, we had a huge battle with Congress during those Republican years, but we won, and we prevailed. I’m not saying it was because of AIDS Action.

FELDMAN: How did you win?

MALONE: You just put the pressure on them. It’s all about money, isn’t it? The state health departments usually rake off part of the money before it goes anywhere else in the Part B section. Logic would tell you as long as those kinds of things are going on, Ryan White is always going to exist.

FELDMAN: What is the political climate like now?

MALONE: I’m glad I’m not working at the national level now. I can only imagine what it’s like in Washington because not only HIV care, but healthcare in general is in peril as I see it, but we’ll just hope for the best, I guess. There’s not much else we can do.

There is a lot of power in calling your legislative representatives and your senators, and even if they’re staunch Republicans and they tend to identify us as liberal anyway, which we are in a certain respect, but you just tell them, “Hey, this is not right.”

If they say that there’s not enough money, say, “We need to make the pie bigger.” They can do it. They can. There’s plenty of money up there, believe me. Even for the wall, there’s plenty of money for that, too, but I’m not going to go down that road. It’s interesting, but there’s all kinds of ways to solve that problem, and it can be done. We’ve done it.
I mean, we went to Congress, and we said, “You’ve got to do something about this,” and George H.W. Bush responded, and we got the Ryan White CARE Act. Gay men had never done that.

FELDMAN: It worked again to stop George W.

MALONE: Right.

FELDMAN: It was that pressure.

MALONE: Yeah, absolutely. It works every time. It just does. When you’re right, you’re right. You have to show them. You just have to show them.

That’s all I had to say.

FELDMAN: That’s good. Thanks.

[END OF AUDIO PART 5]

[INTERVIEW CONCLUDED]

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