Oral History # 75

An Interview With
Frances Isbell

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AN INTERVIEW WITH FRANCES ISBELL

RENÉE TAPPE: This is Renée Tappe interviewing Frances Isbell for The oH Project, Oral Histories of HIV/AIDS in Houston, Harris County, and Southeast Texas. The interview is taking place on December 12, 2019, in Houston, Texas. The purpose of this interview is to document Ms. Isbell’s recollections concerning the HIV/AIDS epidemic in Houston, Harris County, and Southeast Texas.

Frances, thank you for joining us and agreeing to discuss some of your memories involving Houston and HIV/AIDS.

FRANCES ISBELL: Certainly.

RENÉE TAPPE: Can we talk first a little bit about your background? Tell me where you were born and a little bit about your family.

FRANCES ISBELL: I was born in 1951. I was accidentally born in Corpus Christi, which is where my grandmother lived, but I was raised in West Texas on a ranch and a farm. Large family. The ranch was as far as anybody could see. Very typical West Texas background.

RENÉE TAPPE: How many siblings did you have?

FRANCES ISBELL: My family? I only had a brother and a sister, but I was part of a very large family. My grandmother was one of 14 children, and almost all of those kids were still around this particular area, so lots and lots of cousins and just a big, big German family.

RENÉE TAPPE: Tell me about your schooling. Where did you go to school?

FRANCES ISBELL: Two of my degrees are from Sam Houston University, and then I
had postgraduate work at North Texas.

TAPPE: What fields did you study?

ISBELL: My undergraduate degree was in prelaw and social justice, and then I have two graduate degrees, one in behavioral health and one in sociology.

TAPPE: LPC [licensed professional counselor]?

ISBELL: Not any longer. I had an LPC. I had an LCDC [licensed chemical dependency counselor], LPC.

TAPPE: Tell me a little bit about your professional history. When you graduated from college, what type of work did you do?

ISBELL: Immediately out of college, I went to work for the state, at one of the state hospitals, doing psychometric testing. I did that for quite a while. When I moved here, I started working in hospitals in behavioral health units, or mental health units. I went into hospital administration within behavioral health maybe 10 years later and then also started a private practice. I had a private practice for quite some time and also taught at the collegiate level for maybe 10 years.

TAPPE: Did you do that in conjunction with your private practice?

ISBELL: Yes, I did. I actually loved the blend of those two, just young, bright students, et cetera. It helped to counterbalance some of the challenges in working in behavioral health. I worked in behavioral health for 25 years. I came to a place where I really knew that I probably needed to change. I was pretty saturated at that point and helped start this organization at that point.

TAPPE: Tell me about this organization that you work with, Healthcare for the Homeless.

ISBELL: I had volunteered for years at another homeless agency, SEARCH Homeless
Services, through my faith group, so I had a pretty good sense of the population. I had worked with the population for quite some time. One of the things that was a real unmet need was healthcare. The hospital district really does do as good a job as they possibly can, but there are over a million uninsured people in Harris County. They have about enough money to see a third of that. I’m not criticizing them at all. They are just simply overwhelmed and can’t do a lot. If somebody has challenges getting to them, then that’s going to be a big enough challenge that people aren’t going to get healthcare.

There was a family doc that also was really interested in trying to develop some kind of a healthcare organization for people that were homeless, and so he and I started this agency. We started out as a volunteer agency. We saw a little over 1,200 people the first year. Now we see almost 10,000 people and grew from two tiny, little exam rooms. Now we have three clinics and have this particular building. Next year we’re going to start a family clinic at a new facility that was opened last year that’s housing chronically homeless families. We’re going to open a family clinic there. We’re pretty excited about that.

TAPPE: Did you teach yourself along the way how to do all of this in terms of funding and government stuff?

ISBELL: I did, all of it. I had certainly lots of folks along the way that were willing to help me out, and that’s one of the ways that I give back now, is helping other young people starting out, helping them along the way.

TAPPE: Congratulations. It’s a great organization, from everything that I’ve read about it and researched on it, and you’re continuing to grow, so that’s wonderful, and certainly helping people at the neediest levels.
ISBELL: Thank you.

TAPPE: You have a history of volunteer work and board work, often with nonprofits. Was there any particular drive in you that put you on these boards or involved with organizations?

ISBELL: Honestly, it was instilled in my family from very, very young, up. We started volunteering as children with our parents, so it’s just something that’s been instilled in me all my life. My grandparents were very active in the community. It was an expectation.

TAPPE: It’s just what you did.

ISBELL: Yes.

TAPPE: Were the organizations you worked with, as a child anyway, faith-based?

ISBELL: Almost all of them were faith-based at that time, yes. Certainly not later, but growing up. I imagine that most nonprofits at that time really were, back in the 1950s, were faith-based. Not all of them, obviously, but I would assume that most were.

TAPPE: I think you’re probably right, especially when you’re in a more rural area in the South, to stereotype a little bit, but I think that would be a very fair assessment, versus some of the larger cities.

ISBELL: Yes, and it was a very rural area. The closest town was 3,000 people.

TAPPE: And you could not see them on the horizon.

ISBELL: That’s right.

TAPPE: The Lambda Center in Houston, which was founded in 1978, I believe, identifies as a GLBTQ [gay, lesbian, bisexual, transgender, and queer (or questioning)] 12-step recovery clubhouse. Tell me a little bit about that program
and why the community felt that a recovery program that focused on the gay community was necessary or helpful.

ISBELL: It was started with AA [Alcoholics Anonymous] meetings. It expanded later but started out certainly as an AA group and eventually bought a clubhouse. I was involved in that one. We decided to buy the clubhouse. Why did the community think that that was necessary? Certainly at the time, there was still a lot of discrimination against, especially, gay men. Then obviously when HIV started and the AIDS epidemic started, then it was even, I think, more important to have that kind of really safe place to go. In the beginning, AIDS wasn’t here, and it was much more that there was still so much discrimination, and yet in order for the principles and steps of AA to be successful, there really has to be a safe environment. It’s just like there’s another group that is — there are what’s called open meetings and closed meetings. Open meetings, anybody can attend. Closed meetings, only people who are members of AA can attend those meetings. There’s a club right now that’s been here for probably about as long, and all of their meetings are closed because a majority of the people that go are physicians, attorneys, judges, people who are in the public sector, and it could be very dangerous for them. Some of the same concept; that there was a need for a safe place where people could be as open as they wanted to be, even in just a meeting, that would help facilitate people’s recovery. Eventually there was an opportunity to purchase the building, and we did at that time.

TAPPE: Were you involved with that process?

ISBELL: I was, but I don’t remember much about it. I really don’t remember much about it. I know we did some fundraising for it. A lot of people had enough
money to make some fairly sizable donations. The building was not in great shape. It was certainly before Montrose was gentrified, and so we probably got it at a really reasonable price. We were either going to have to move, or we were going to buy the building, and so we made the decision to buy the building.

TAPPE: The members at the Lambda Center during the time that we’re talking about — this center started in 1978, but once the early 1980s rolled around and HIV/AIDS started to rear its ugly head, certainly some of the members were affected by that.

ISBELL: I would say everybody was affected. There were some people that were infected, but everybody was affected.

TAPPE: Certainly. Fair enough. What’s your first memory of there being a health issue in the gay community? Do you recall?

ISBELL: It would have been fairly early, probably for a number of reasons. One, because I was involved in academics, so there would have been more opportunity to read and hear about it from that vantage point. I remember when it was GRID [gay-related immune deficiency] rather than HIV/AIDS and everybody was just kind of grappling with all of that and trying to understand what was going on. By the time I knew very much at all about it or knew people that were infected, it was probably 1984-ish by the time it really seemed like it had migrated from New York, San Francisco to Houston, where there were more and more people that were being infected. I remember that being such a confusing period of time where people were certainly infected and dying so quickly and people were just confused, heartbroken but confused, too, about everything. There were a lot of revelations that were coming, and we were so fortunate to be in Houston near the Medical Center, where people were willing to admit that this is actually an
epidemic and that we’ve got to address it as versus some of the resistance at the federal government level at that time. There were physicians that seemed to really respond. Again, I think that that’s because we’re in Houston with the Texas Medical Center. More than anything else, I just remember how confused everybody was.

TAPPE: A lot of fear.

ISBELL: Oh, sure, lots and lots and lots of fear. I hadn’t thought about it, but I would say that the level of anxiety in the public was as high as the level of anxiety today for very different reasons, but it just seems like people were just anxious all the time.

TAPPE: One of the things I remember that you’re talking about in terms of fear is that within the confusion, not knowing how AIDS was transmitted and that sort of thing. Do you recall any of those issues where people were afraid to hug each other or share coffee cups and that sort of thing?

ISBELL: Sure. Well, people didn’t share coffee cups. Just because you were willing to hug somebody didn’t mean that you were going to drink after them. I hadn’t remembered all of that. I don’t know whether or not the experience at Lambda was different than that. It would certainly be different than the general public. A lot of the other kind of organizations that I was at least peripherally involved with or whatever, it would have been very different. I don’t remember necessarily within meetings because people hug each other a lot in AA. That’s just part of AA. I don’t remember whether or not there was a lot of anxiety at Lambda or, like I said, in other settings that the whole setting was about HIV and AIDS, but in the general public.
TAPPE: In the general public, for sure, yes.

ISBELL: Oh, gosh, yes, wouldn’t even touch somebody. I remember in the hospitals where they would have big signs upon the doors that this was HIV/AIDS, this patient was HIV/AIDS, and people who wouldn’t go into the rooms, medical personnel who wouldn’t deal with that or just wouldn’t work with that patient, et cetera. There was a lot of stigma, and especially with the lesions, with KS [Kaposi’s sarcoma]. As soon as somebody started to have the lesions, then there was just so much fear and therefore discrimination, which is probably true of all discrimination. The underlying cause is fear.

TAPPE: In this case, everyone thought it was contagious just from walking beside them in the grocery store.

ISBELL: One of the things I do remember is all the studies that were done trying to figure out how women would get HIV/AIDS and all the different ways that a woman might be more susceptible in some ways than men were with HIV and AIDS.

TAPPE: I remember the safer sex classes or programs or presentations that they would do for men and for women. It was the first time I ever heard of a dental dam.

ISBELL: Exactly.

TAPPE: I remember that term.

The members at the Lambda Center were there, obviously, to deal with their own addiction issues. Then when HIV/AIDS came along or GRID, just this whole disease/illness issue, do you recall the impact that it had on the organization as a whole? Here you have a group of people that are trying to deal with a particular personal issue, and then this huge, scary thing comes along. Do
you remember how the group as a whole or how individuals dealt with that or the impact that it had?

ISBELL: AA is not a monolith. Even just different individual meetings can be very, very different so that people will gravitate toward a particular meeting because they like either that group or the way that group handles itself, so even Lambda would be the same; that it’s not a monolith, and it’s certainly not homogeneous. Most people that went there, 97 percent or so, were gay, lesbian, transgender, but there were even a few straight people that just liked those meetings, and they would go to them.

I think it probably took a while before Lambda as a whole may have moved into any kind of collective response. It was probably more individuals working with other individuals. There were efforts, especially once somebody was very, very ill, and again, especially if they were alone, didn’t have a partner or anything, that there would be organized activities in terms of meals and helping somebody with personal hygiene, helping somebody clean their apartment or house, adopt their pets, et cetera. It would be kind of a collective of people that already knew each other and were friends. Later on, I think there were more organizational sorts of activities.

TAPPE: You mean within Lambda?

ISBELL: Yes.

TAPPE: In a sense, they took it upon themselves to set up little mini care teams.

ISBELL: Oh, absolutely, yes.

TAPPE: Without necessarily going to some of the nonprofits in the community.

ISBELL: They may have liaised with some of that, yes, but a lot of those groups, it
became their responsibility. I remember certainly not everybody got along at Lambda, and you don’t become an alcoholic or a drug addict without missing a few social cues along the way. I remember one man who was not particularly liked at Lambda, and yet when he was sick and dying, the group still gathered around him and really —

TAPPE: Helped support him?

ISBELL: Yes.

TAPPE: Good.

ISBELL: It wasn’t as joyously done as maybe some of the others, but people saw it as their responsibility and helped this man as he transitioned. Back then, the deaths were always so hard. It just wasn’t that somebody went to sleep and didn’t wake up the next morning.

TAPPE: It should be so easy.

ISBELL: Yes, and it was so hard.

TAPPE: You as an individual, not just with the group, but I’m assuming you were quite involved with some of these people on a personal level?

ISBELL: Yes. I mean, I had small children, so I had some limitations in terms of not being able to sleep over at somebody’s house or things like that, but I did quite a bit.

TAPPE: But you did everything that you could do, given those limits.

ISBELL: I don’t know that any of us did everything that we could do, but yeah, I was really involved, and I was very close to three of the men that died. We had a long history of friendship.

TAPPE: I know that your background and work is in behavioral health and mental health
all your life, but you have to take care of yourself, as well. Did you find your training helpful for you in terms of surviving on an emotional level all the losses, or you just kind of push through, like many people have told me they just had to push through and fell out on the other side?

ISBELL: I’m not sure that my training helped a whole lot. Most people in behavioral health go into it because they want to serve, so the parameters in terms of the limits that people in behavioral health set for themselves are usually very porous. I think probably I would agree it was more just pushing through. There was a point where there were so many people dying so rapidly that I think probably the majority became really numb. It just felt like there was just a saturation of grief. I don’t mean that I think people became numb to the folks that they either knew or were working with, but it just — the human body cannot live with that level of anxiety and grief on a constant basis, and so you begin to become kind of inured to it.

TAPPE: Just to survive.

ISBELL: Yes. One of the things I didn’t have really the way I know so many other people did was a lot of survivor’s guilt. I just didn’t. I hated what was happening and felt horrible about what was happening, but I didn’t have a lot of the survivor’s guilt that a lot of women had.

TAPPE: Do you think that was a difference, the fact that you’re a woman, or did you see women with survivor’s guilt?

ISBELL: Oh, yes. At Lambda, there were women who were HIV positive fairly early on because of IV [intravenous] drug use. A very, very young woman — she was sort of a favorite; she was young — died mid-20s maybe. She had been clean and
sober for quite some time.

TAPPE: Those folks were often overlooked initially, especially, because the gay white male was the victim, I think in our community’s eyes as well as the general public, and there were so many people that were overlooked, drug users in particular and females. Statistically, that’s understandable, I suppose, but I’m assuming the majority of the people that you worked with were gay men, at that time anyway?

ISBELL: At that time, certainly.

TAPPE: Because energy was going in so many different directions for these folks, do you recall if there were any people or members of the group that just gave up and blew off working on sobriety because of this illness?

ISBELL: Oh, I’m sure. There was a lot of other kinds of stuff like that, like people that ran up huge debt because they knew that they wouldn’t have to pay it off. I remember just being shocked when I first heard that, but ran up huge debt on credit cards and things like that. I’m sure there were people that either had slips or just decided it wasn’t worth it. I don’t remember having any real close relationships with anybody that did that, but I’m sure that that was true. Or didn’t necessarily maybe even make a real conscious decision, but that it was so overwhelming to them that they fell back. Everything was just so overwhelming.

There were, I would say, many more people who really clung to sobriety. This was important to them before they got ill and continued to be important to them. I would assume added to that is, this was such a supportive environment.
There were people there that were really so caring; that if they slipped, my guess would be that they would have fear that they would lose that environment, although I’m not sure that that would be true.

TAPPE: They didn’t want to take that chance.

ISBELL: Yes.

TAPPE: Even if it was on an unconscious level, they didn’t want to have that loss. I must say, they were very lucky to be in that environment at that particular time for many reasons.

When this AIDS issue was at its peak, I’m assuming that the organization was losing some sponsors for some of the members. How did you work with that? Was it just kind of a natural, okay, this sponsor has passed away, and now you have this other sponsor? Was it just a natural filling in of the loss of leadership?

[END OF AUDIO PART 1]

ISBELL: Maybe. The way that works is that somebody meets, listens to in meetings, whatever, has admiration or respect for that person’s sobriety, and then that person will ask them to sponsor them, and that’s fluid. I don’t remember thinking specifically, “Oh, my goodness, we don’t have any sponsors left.”

TAPPE: Some would just mature and then become sponsors themselves?

ISBELL: Oh, absolutely.

TAPPE: So it’s just a natural attrition?

ISBELL: Yes. I don’t remember thinking there’s a lack of sponsors. There could have been. I just don’t remember.

TAPPE: The gay men in particular that were living with HIV/AIDS were sometimes
estranged from their family, and they built a family either in the community and/or at Lambda. Do you recall any specific circumstances for some of these folks where they talked about the loss of their family because they were gay and/or sick?

ISBELL: Sure. I mean, that would be part of the heartbreak. I hesitate to just rely on my memory, but I think for the majority of the men, their families were not involved. I remember many more men dying without their family than with family. I think that it was typically the family that was very grateful and appreciative for the support that people received. I remember more men dying alone — not necessarily alone, but alone without their family — than with their family.

TAPPE: Such a sad situation. Then some, of course, their families found out they were gay and ill all at the same time. They didn’t even realize that they were gay, which was certainly sad for the families, but so upsetting for the young man himself.

ISBELL: There were circumstances, certainly, where that would happen. The family would find out, and there was a partner, and that partner — you hear the stories, and certainly they were true stories, where then the partner wasn’t even allowed in the hospital, wasn’t allowed in the funeral. So many of our laws, the medical power of attorney, that came into being because of HIV. It wasn’t a thing until then, and it was to try to protect.

TAPPE: I didn’t realize that in terms of the timing.

ISBELL: Yes, it was all because of HIV, trying to legally fight back, those kinds of circumstances.

TAPPE: Those are forms worth filling out. I didn’t realize the connection there and the
timing. Interesting.

Did you have any individuals, in your memory anyway, that came to Lambda that were not necessarily dealing with addiction issues but were HIV positive and it was a supportive environment? Was that something that was allowed for an open meeting?

ISBELL: It could have been. Like I said, an open meeting, anybody could go to, so that’s possible. I don’t remember.

TAPPE: You don’t recall anything like that?

ISBELL: Anything like that, yeah, I don’t recall.

TAPPE: Throughout many of the interviews that The oH Project has done, we’ve heard about support from the women in the community. Did you observe anything like that?

ISBELL: Oh, sure.

TAPPE: Not just necessarily related to Lambda, but the women’s community as a whole?

ISBELL: Oh, sure. I think Lambda itself would be a bit of its own entity in that there was not nearly the kind of separation of men and women at Lambda the way that there were in a lot of other environments. There was a lot more kind of intersex friendships, very strong friendships. I think that had to do with AA itself. There is so much personal information that’s shared in those meetings that it may have helped bridge some of that. There was some, but not at all what you saw in most of the general gay community. I personally think that AIDS is part of what brought a lot of men and women together; that women became very active in ways that they could. Maybe from a lot of the perspective of some men, it was
their first opportunity that they actually really got to know women. Again, not so much at Lambda, but in the more general gay and lesbian population. A lot of men assumed that they didn’t like women until they actually got to — it’s the same with any kind of discrimination or bias until you get to know somebody.

TAPPE: That’s right.

ISBELL: I know I’m not original in that. That’s the observation that a lot of people have made; that that was one of the things that helped kind of heal that divide.

TAPPE: I would agree with that. I think also now that our generation is getting older and you have younger kids growing up, I don’t think there’s the same division that we experienced. I’m sure there are divisions. There are divisions within the women’s community because that’s just human nature. I never understood that division, by the way, when I was younger, because I would say 90 percent of my friends happened to be gay men because they were just more fun, so I don’t understand it.

ISBELL: I didn’t ever personally experience it. I think that as a lesbian, I don’t think I have a particularly threatening presentation. I think some lesbians do have a threatening presentation, and so that may have been part of it, and it may have just been that there was a whole group of gay men that I just don’t know. I remember going to some parties and being the only woman there, but they weren’t unfriendly. It was just like, well, that’s just who they were friends with. I didn’t ever personally experience it. I have heard women talk about, of our generation, feeling really discriminated against.

TAPPE: Oh, yes, I’ve heard that as well and had some friends that were turned away from one of the bars in Montrose. We all know those kinds of stories, but I’d just
like to believe we’ve moved beyond that.

ISBELL: I think we have. I think the younger generations are just more open, period, not about our community, but just in general.

TAPPE: Everything, yes, thank goodness.

You work in healthcare now, in a sense. I’m not sure how much HIV you see within the homeless community, but I know that you’re very familiar with all the new drugs that are out now. Do you have any sense of the impact of the drugs that they have now, such as PrEP [pre-exposure prophylaxis], in terms of the younger generation in particular? I guess my point is, we were inundated years ago with education: billboards and pamphlets and safer sex. I don’t see that very much anymore. Very little, in fact. Because of the drugs that are out there now available, thank goodness, it doesn’t seem to be very much of a concern for the younger generation. At least the people that I’ve talked with, they view HIV as a treatable, manageable thing like diabetes. It’s often compared to that. I think we’re still a little bit too early in the healthcare part of that. We don’t know what the long-term effects of those drugs will be, and we don’t know if the virus will mutate.

Do you have any concerns about maybe what appears to me to be the lack of education publicly or maybe a lackadaisical attitude about this?

ISBELL: Kind of a cavalier attitude?

TAPPE: Yes. Do you see that? Do you have any concerns about it?

ISBELL: I don’t see it in our patient population, primarily because our patient population is an older population, typically. I have lots of concerns about it in general. Yet that’s typical. Kids are kids. When you’re that age, you’re
supposed to be young and stupid. Like you said, the lack of this public education, where it was just all around you, I do think that that’s potentially shortsighted. At the same time, we’ve got some of the best public health academic institutions around here, between here and Austin, and I can’t imagine there hasn’t been study after study done about the effectiveness of that kind of public education with a younger population. I mean, I just can’t imagine there hasn’t been a lot of work that’s gone into that. Maybe it’s true that having all of that kind of information everywhere you go just is not effective with a younger generation that has not lived through that kind of an epidemic.

TAPPE: I want to go, “Listen.”

ISBELL: Sure, especially when you start seeing the rate start ticking up some among kids.

TAPPE: Which they are.

ISBELL: Yes, they are.

TAPPE: The African-American population, and then the females in there. I just get concerned about it. Maybe too much information is just blocked out.

ISBELL: That would be my guess.

TAPPE: It wasn’t, back then, but we were seeing active death, so it was different.

ISBELL: Sure.

TAPPE: During the height of the AIDS crisis, you told me that you were involved with a support group for caregivers. Was that at Bering Church?

ISBELL: It was CCC. I don’t remember what it stood for.

TAPPE: That’s okay. It was a faith-based organization that you worked with?

ISBELL: It wasn’t part of Bering, but we met at Bering. They gave us space to meet.
TAPPE: Yes, they were always good about that. Do you recall how that support group started, and what role did you play in it?

ISBELL: There was a Methodist minister who was a lesbian who really wanted to try to help, and so there were different people who had background typically in some kind of counseling, behavioral health background, and there were two groups. There was a group for people who were infected and a group who were affected. That was the group that I worked with. I don’t remember if it was started really at the very height of it, or maybe we were getting a grip on some of the medications so people weren’t dying within months of a diagnosis. It was around that time.

TAPPE: How long were you involved with that group?

ISBELL: Maybe about three years or so.

TAPPE: Did you see the same people, or did you see people rotate in and out?

ISBELL: Yes, rotate in and out.

TAPPE: I would assume that a number of these people lost their partner or their family member.

ISBELL: Sure. Probably the most common subjects that people brought up would be grief, all the grief and just the weight of the grief, and then a lot of anger, lots and lots of anger, and then just how hard it was to support somebody through all of that, just how hard, beyond the grief, beyond the anger. Taking care of somebody who’s dying a pretty awful death was just hard.

TAPPE: Just in the physical sense can be exhausting.

ISBELL: Yes, just hard. So it was a place that people could come and they could talk about anger and grief, but also get support from other people who knew how hard it was. I have a lot of admiration for so many of the men that had lost their
partner, taking care of their partner all the way through it, and then would do it for
somebody else that wasn’t their partner. I have a friend that helped three men die.
One of them was his partner. The other two were not. They were good friends,
but still.

TAPPE: Special people.

ISBELL: Yes, really special people.

TAPPE: You had to dig down real deep to pull that kind of strength out. Today in 2019
there are still a couple of support groups out there for survivors, even though we
are way down the road from this. Some of these men in particular are still dealing
with anger about the whole HIV/AIDS issue and the losses that they dealt with,
and they’re dealing with survivor’s guilt, as you mentioned earlier, or the survivor
syndrome. Did you see any of that when you were working in your support
group?

ISBELL: The survivor’s guilt?

TAPPE: Yes.

ISBELL: Oh, gosh, yes.

TAPPE: How does that manifest? Tell me a little bit about that.

ISBELL: Probably manifests in different ways depending on that particular person’s
personality, et cetera, and how much inner strength that they have. There were
some people that it just practically destroyed. There was a lot of work at that time
for people that did counsel or did try to work in a similar professional way with
folks because there had been a lot written about survivor’s guilt of Holocaust
survivors and some of the characteristics of trying to work through that if you can
work through it. That was really helpful, really understanding the stages. There
were suicides during that period of time.

TAPPE: Of survivors?

ISBELL: Yes.

TAPPE: I don’t think I realized that. I knew some men that were infected committed suicide for a variety of reasons, and certainly understandable, depending on how they dealt with it, but I don’t think I realized about the survivors.

ISBELL: I don’t know what the prevalence was, but I do remember.

TAPPE: Too much grief to handle.

ISBELL: Yes.

TAPPE: I so much appreciate your input.

ISBELL: Thanks.

TAPPE: Is there anything else you would like to add to your thoughts here today?

ISBELL: No, it’s been interesting. Every Thursday, I have breakfast with one of my daughters and my two grandsons, and we were talking about it, that I was going to be doing this today. I said, “I don’t know what I’m going to say. There were a bunch of people that died, and it was heartbreaking, and somehow or another some of us survived all of that.” But it’s been interesting to hear the questions.

TAPPE: As you were talking, you were processing different things. “Oh, I remember this, and I remember that,” which is, I think, a very interesting aspect of this process. It sometimes triggers certain memories, even if they’re a little bit foggy and you can’t remember details such as the name of the group that you worked with, but you remember the gist of it and the emotion behind it and the reason.

ISBELL: Right. There’s a memory that was a really stark memory that I’m sure I won’t ever forget. There was a conference here that had to do with HIV. I don’t know
if it was one of the World AIDS Day conferences. I doubt it, because it was probably before that started. There was some kind of a conference here, and I went to it, and as we were registering, there was a button, and it said “All I want is a cure and all my friends back,” and I remember just bursting into tears.

TAPPE: That just sent chills down me.

ISBELL: I still have that pin.

TAPPE: It’s a keeper.

ISBELL: One of those little lapel pins.

TAPPE: Well, they’re working on the cure, but the friends, I’m afraid, are gone. You have to just remember them.

Thank you, Frances. Thank you so very much.

ISBELL: Sure.

[END OF AUDIO PART 2]

[INTERVIEW CONCLUDED]

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