Oral History # 15

An Interview With

Lynn Tye

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AN INTERVIEW WITH LYNNE TYER

ANN PINCHAK: This is Ann Pinchak interviewing Lynne Tyer for The oH Project, Oral Histories of HIV/AIDS in Houston, Harris County, and Southeast Texas. This interview is taking place May 25th, 2016 in Houston, Texas. I’m interviewing Ms. Tyer in order to obtain her recollections concerning the early AIDS/HIV epidemic in Harris County and the County’s response to it.

Tell me about your family.

LYNNE TYER: I don’t know what to tell you. I had friends when I was growing up who used to say they liked coming over to my house because it was just like Ward and June Cleaver on Leave It to Beaver. It was Mom and Dad and a couple of kids and real normal, and that’s how I grew up, conservative, typical. Actually as I grew up and got out in the world, I learned it was not necessarily that typical. It was actually a little more unique, but it was a happy life.

ANN PINCHAK: Where was it? Where did you grow up?

LYNNE TYER: A little town called Forrest City, Arkansas. It’s about 38 miles west of Memphis, Tennessee, and it’s in an area referred to as Crowley’s Ridge, which runs parallel to the Mississippi River, on the east side of the state. It’s the only hill in that area, because it’s very, very flat. There’s a lot of river lowlands there, and then this ridge comes up out of nowhere, and then on the other side it’s just flat all the way until you get to the center of the state, it gets hilly again.

ANN PINCHAK: How big was it?

LYNNE TYER: Just under 12,000 people.
PINCHAK: What were your mom and dad’s names?

TYER: My dad was John Tyer, and it’s weird. My dad came from a family of eight kids, and all of the kids had these great names, but they also had all these nicknames. Even though my dad’s name was John Aubrey Tyer, growing up, people outside his family called him Aubrey, but his nickname at home was Luke. When he got into the military — my dad was in the Navy for nine years — the military, of course, likes to go by the first name, so he started being called John. His name was kind of a whole bunch of things. All the nieces and nephews called him Uncle Luke.

My mom’s name is Evelyn, and she was actually from Tennessee.

PINCHAK: Did you have siblings?

TYER: Just a sister. I say “just.” She’s my younger sister, Sharon.

PINCHAK: Where are they now?

TYER: My father has since passed away. He died in 1999. My mom still lives in the house I grew up in, and she will be 87 in July and still lives at home, no problems. A little contrary, but no problems. My sister and my brother-in-law live in Forrest City, but my sister actually travels between Forrest City and Olive Branch, Mississippi. She is the director of human resources for The Baddour Center, which is a state-of-the-art, gold-standard organization that works with people who are mentally challenged.

PINCHAK: Your family, you mentioned that you felt it was normal, typical. What were their attitudes like? How did they feel about civil rights or other things that were going on at the time you were growing up?

TYER: It was pretty interesting. It was a very tumultuous time, but at home we just
didn’t really talk about that. It wasn’t that we couldn’t discuss it, we just kind of didn’t. My parents were both kids who grew up on farms, so a lot of the people who helped work the farms were people of color, so my parents had grown up with people who didn’t look like them and worked next to them in the fields. Yes, civil rights was going on, but it just wasn’t a topic in my home. It just wasn’t really talked about.

PINCHAK: How did you feel growing up as a girl? Was there anything that your parents treated you in a particular way because you and your sister are women?

TYER: No. My father always told me and my sister that we could be whatever we wanted to be. Sometimes society didn’t always agree with that, but I believed in my heart that I could do anything I wanted to do. Of course, all of the typical Southern rules applied. We were still expected to mind our manners and be polite and be ladylike, but outside of that, it didn’t mean that I couldn’t be a rocket scientist or something of that nature.

I was very athletic. I was a tomboy. I spent most of my time in trees and playing with most of the kids in the neighborhood, which all happened to be boys, so I played a lot of sandlot softball, and we built forts. I thought that was normal. That’s how you grew up. That was normal.

My dad, whether he knew it or not, empowered my sister and me to think about finances and had promised us when we were little — we used to get 50 cents a week for allowance, and my dad would give us each two quarters at the end of the week, and we thought that was more money than we had ever seen in our lives. Our dad told us that when we managed to save up to $100, he was going to take us to the First National Bank so we could open a savings account.
I realized many years later what that did for us. It really did teach us some lessons, and he did it in a great way. I mean, we were like, “Wow, a savings account.” I don’t know that it’s so sexy now to have one, but at the time it was like that is the best idea ever. So we did, we saved our little money, and we both opened up accounts. I was in the fourth grade, and I had $100 in the bank. Wow, who did that in 1950-whatever?

PINCHAK: That’s great. Are you married now?

TYER: I am.

PINCHAK: Do you have kids?

TYER: One.

PINCHAK: How long have you been married?

TYER: It will be 34 years in December. It was 33 years this past December, yeah.

PINCHAK: What was your early education like?

TYER: I tell people all the time that public school systems have a lot of challenges today, riddled with all kinds of rules and regulations and just so many things that make it difficult for it to be successful. I grew up at a time when I think the public school system was in its heyday. My teachers were all amazing, well-educated people. We had robust experiences in the classroom, and I’ve always thought it pretty amazing that my little town of Forrest City, Arkansas annually would have anywhere from four to six National Merit Scholarship Finalists. That speaks well of the education system in that community, and people have gone on to become great musicians, and some of the people have been — good, bad, right, or wrong — have become some of the big politicians in our state of Arkansas. There are people who have become medical professionals and known worldwide
for the work that they’ve done. It was just an amazing place, the people that came out of that small community. Go figure. It was just really wild.

PINCHAK: That’s amazing.

TYER: Yeah, it really was.

PINCHAK: Tell me about college.

TYER: As amazing as Forrest City was, it was not always my favorite place. As is typical, I think, in a lot of towns, there’s a caste system. You have the haves and the have nots and then a whole bunch of people in the middle who sometimes have and sometimes don’t, but there was a societal pecking order. Sometimes you were accepted, and sometimes you weren’t. I think if you weren’t made of sterner stuff, it was sometimes difficult to live there. I think, for me, I never felt 100 percent accepted by all the people I went to school with, and I didn’t like being stuck in that particular little niche or box. My thought was to get as far away from Forrest City as I could so I could become the person I felt like I wanted to be.

Growing up on the northeastern side of the state, I ended up picking a school on the southwestern side of the state. It was a state school, it was reasonably priced, and it was about as far away from home as I could get. It had physical education courses and sports for women, which a lot of the schools at that time did not, and I wanted to be a PE teacher. I know that doesn’t sound very glamorous, but I had played sports all my life, and I was really good at it. I had the fortune of having great physical education teachers in the public school system, and I appreciated them because they also became the person you could go and talk to. If you had health issues, you talked with them. They gave great
information, and they gave great education about health. It felt like something I thought that I could do really well too.

PINCHAK: That’s great. What college was it?

TYER: Henderson State University, which is in Arkadelphia, Arkansas, which is not remotely like Philadelphia. I say that because there was a guy who came to school there, his name was Joe Manning, and he was from Succasunna, New Jersey. He had never laid his eyes on any part of Arkansas until he came to college. I remember, the day I met him we had only been on campus a couple of weeks, and Joe kept saying, “Well, Arkadelphia. I thought it was going to kind of be like Philadelphia.”

It’s like, “No, not even close.”

He stayed and he graduated from there, and I think he’s still a coach in Arkansas to this day. He was an amazing tennis player. No, it was not even like Philadelphia at all, no.

PINCHAK: What did your major end up being?

TYER: Majored in physical education and health and English, and minored in science and social science. Pretty much everything. I used to tell people I could do anything and teach anything, and I could even teach Chinese if I had the right textbook, because I had covered the spectrum of education. That was what that particular school was known for, was churning out teachers. It really had a good degree program. In fact, my degree is a bachelor of science in education, and my focus is secondary education.

PINCHAK: Tell me about after college. What did you do after college?

TYER: Well, I married my college sweetheart, and he was in the ROTC [Reserve
Officers Training Corps]. That helped pay for all of his college. He had an ROTC scholarship. Because of that, he would have to pay back by serving in the American military, which he did. He was a commissioned officer right out of college, and he was a combat engineer because his degree was in mathematics. They thought engineering and mathematics, they’re close.

After going through officer basic training in Fort Belvoir, Virginia, we then went to Wildflecken, West Germany, because it was still divided at the time, and I taught school there. I got there in December, and I had a job offer in January. I started teaching for Big Bend Community College out of the State of Washington, which had received a contract with the American military to provide high school completion courses to military personnel who had dropped out of school and wanted to get a high-school diploma as opposed to a GED, so all of my students were not only men, they were also my age and older. Because all of them had dropped out at different levels, I also had a nongraded classroom, so I had to do a separate training plan for each guy to get them placed at the right level, to work with them and work with them individually. I taught English, reading, remedial reading, and senior literature.

PINCHAK: You learned to work with a not-so-easy population.

TYER: Yeah.

PINCHAK: When did you come back to the States, and where did you go?

TYER: It was in 1978, came back to the States. I was in Germany for four years, and went home. My husband, and soon-to-be ex-husband, was finishing up his career, and he had to go to a — I can’t remember what they called it, but it’s like your last station before you’re let go from the military. He was in Fort Campbell,
Kentucky, which is kind of near Memphis, Tennessee, but it’s on the Kentucky-
Tennessee border. Forrest City was close to Memphis, so I decided that I would
just stay with my parents while he spent four months finishing up his career.

We had decided to move to Little Rock. Arkansas only has one big city,
and it’s it, so that’s where we decided to go. I did that. I stayed with my parents
while he finished up and then came back, and then we moved to Little Rock.

PINCHAK: What did you do in Little Rock? What kind of work did you do?

TYER: I had been a schoolteacher, and things were on shaky grounds in my marriage. I
fully did not expect it to last. Decided, too, that because of my passion about
education and the commitment I think it takes to be a teacher, and I still believe
that, I did not think that it would be in the best interest of students to have me for
a teacher because I was pretty sure I couldn’t stay focused because I was going
through a lot. Education was my background. There are civil service tests that
you take if you want to become a State employee, and a friend of mine who
worked for State government said, “Lynne, take the test. You will figure out what
you’re good for.”

So I did that, and I passed. The test indicated that I would make a really
good health educator, so I applied for a position with the Arkansas Department of
Health as a health educator.

PINCHAK: You had mentioned to me something about an interview and your dad. Tell
me about that. What happened?

TYER: If you look at the way the State Health Department had things set up, in looking
at it now, I would tell you I don’t think they had a lot of respect for health
education. They had lumped health education under the PIO, the Public
Information Officer. The Public Information Officer for the State Health Department, as it turned out, was a weatherman who worked for Channel 7, Vic Schedler. He was the head of the department. Because I passed the test and because I was qualified to be a health educator by the test standards, I was asked to interview for a position there. I went and I met with Vic, and the interview was dreadful. I did not do well. It was the first time in my life, really, I had had to interview for a job because in Arkansas, it’s like a small town, so my dad would know people or my mom would know people and I just sort of got jobs because, not that I wasn’t outstanding, because I was. I was the first female lifeguard in my hometown and worked for the country club, and no female had ever done that before. I achieved high numbers with the American Red Cross in water-safety rescues and taking that senior lifesaving course, but even so it was the town I was in. People knew me. I really felt kind of by virtue of just being there and because of who my parents were, I got the job.

This was the first time on my own, going into Little Rock, that I thought I’m having to do this on my own, so I was nervous. Again, the interview did not go well, and I got home and my dad, who was always funny, he was like, “So, Shug, how did it go? What did you think?”

I said, “Daddy, I did a terrible job.”

He was like, “What happened?”

I said, “I don’t know.” In my words now, it would be, “I didn’t bring my A game.”

He sat there for minute, and he goes, “Well, what are you going to do about it?”
I just kind of looked at him like, “Well, I don’t know.”

He said, “Well, why don’t you call them back and tell them you want to do it again?”

I’m like, “A do-over?”

He’s like, “Yeah, just ask them for a do-over.” He said, “What’s it going to hurt? They could tell you no, but you’re not going to be worse off than you are now.”

I thought okay. So I picked up the phone the next morning and I called, and I got Vic. I said, “Hi,” you know, told him who I was. I said, “I did not do my best in that interview, and I’d like a second chance.”

He thought about it, and he decided he would give me a second chance. So I went in. I nailed it. I did a great interview, and I got the call that I had gotten the job.

The first day I showed up, he called me into the office, and he said, “I want to tell you why I hired you.”

I kind of laughed, and I said, “Well, because I was the most qualified, of course.”

He said, “Well, you scored well enough, that’s true, but I hired you because you had the guts to call me and tell me that you had not done your best and you wanted another chance.” He said, “That took guts, and I admired that.”

He said, “You deserve the job.”

I was like, “Wow.”

Of course, in the back of my head, I was like, “Daddy was right.”

It was a nice thing. It was.
PINCHAK: That’s great. Tell me about the work you did there.

TYER: As a health educator, part of the role of that department was to work not only with the community, but also to work with public school systems, so I was kind of in my element. I actually helped develop a couple of teaching curricula specific to health topics. The three areas that I worked with, teen pregnancy; dental health; and STD’s [sexually transmitted disease] — actually at the time it was called VD [venereal disease], and I used to tell people I took care of all the happy parts of the body. I helped write the State curriculum for teaching VD education in public schools, and I worked with the VD department doing that. And then I also worked with the State Dental Health Director writing a dental health education curriculum to be used in the schools as well, so we did both of those things.

Then the teen-pregnancy thing was kind of interesting because I taught teen-pregnancy classes, co-taught those, at Arkansas Children’s Hospital. Powerful, very powerful.

I remember specifically one little girl in these classes, a young African-American girl, 12, 12 years old, she was having her second baby. We were talking about prevention and transmission of STD’s at the time, but we were also talking about birth and delivery, and this little girl looked at me, and she asked me, “Well, ma’am, how many babies do you have?”

I said, “Oh, none. I’m not married.”

She sat there for a minute, and this little girl looked at me, and she said, “Then I guess there’s not much you can tell me about this, huh?”

I really thought about that, and I thought, “You are so right.” The only
thing we have in common is that we’re both females, and that’s about where it stopped and started. I walked away from that thinking that’s pretty powerful. It kind of makes you go, “ Hmm.” Yeah, she had kept her first baby too, and she was going to keep the second one.

I was working in this program where if you — we’d pass the box of contraception around, and these little girls would giggle and they didn’t want to touch condoms or anything like that, and I’m just looking at them, thinking, “You-all don’t seem to get that I’m blown away that here you are pregnant as daylight, and you don’t want to touch a condom. Dear Lord, you’re so past that.” It was that “ ooh, wow” moment for me. It was just like, “Oh, my gosh.” I will never forget that little girl’s face.

PINCHAK: Did you deal with misconceptions about sexually transmitted disease? You had mentioned something about clap.

TYER: Yes.

PINCHAK: Tell me about that.

TYER: Because it’s a reportable disease, you’d have to do intake and get information to find out who the contacts were so you could get in touch with them to let them know they may have been exposed, particularly if the person involved was not going to go back to them and say, “Oh, by the way, I have this. I need to let you know.”

One day it was my job to help collect this information, and there was this man who came in, and he was told he had gonorrhea. It didn’t sink in what gonorrhea was, and finally the medical staff said, “You have clap, and you need to talk to this lady right here,” and that lady was me.
So I said, “Okay. I want to talk about who your contacts were, who you’ve been with, because this disease can be spread, so we need to make sure that everybody is being treated.”

He just looked at me with this blank look, and he said, “Oh, no, no, ma’am. I picked up a trash can, and I strained the clap down on myself.”

I said, “Okay.” In my head, I’m thinking, “Let’s try this again.”

“No, no, no. It may have been uncomfortable when you picked up a trash can, but that’s not how you got it. You got this from another person somewhere, and we need to know who these people are because they need to be treated too.”

And he sat there, “No, ma’am. I picked up this really heavy trash can, and I strained the clap down on myself.”

That clinic closed that afternoon with still no information from that man on whom he had been with. Yeah, you know, I know he knew. He wasn’t going to tell me. I don’t know if it’s because people were embarrassed. What he wanted was just to get his shot, feel better, and go home.

PINCHAK: Even back then, you were trying to trace it. When did you first become aware of AIDS, or what it was called before, as a disease?

TYER: I had moved to Texas, and I was working for the American Red Cross. There were several things that all kind of happened at the same time. Red Cross nationally had started creating an education program about a blood-borne virus. At that time it was called HTLV-3. Shortly after that, we heard in the news about GRID, gay-related immune disorder. It may have been associated, but I don’t remember in my head that it was associated that HTLV-3 and GRID were in the same realm. I didn’t connect those two at that time.
I do remember when France and the U.S., both of whom were very much involved in work with HTLV-3, and I can’t remember what France referred to it as, but we had these two terms out there that were not the same, and finally I believe it was the World Health Organization that said we need a consensus on what we’re going to call this so that it’s not so confusing, and that’s when HIV came into play. It changed from HTLV-3 to HIV.

And then the media did, I think, a very poor job — in fact, I don’t even think; they did a very poor job — in providing information to the public because they did not associate HIV and AIDS in any of the things that were written. They called everything AIDS. While certainly there’s a connection, they’re two very separate health situations, and people were very confused. They were like, “Well, if you have AIDS, then tell me about this HIV stuff.”

And there was also another term that was used a lot early on, which was ARC, AIDS-related complex, which is not used anymore at all. It was very difficult to figure out what was what, so educators had some challenges in the very beginning trying to explain to people what this was, and “Can you catch AIDS?”

“No.”

“Why can’t you catch AIDS?”

“You don’t. You catch the virus that can cause AIDS.”

Sometimes I think using the acronym AIDS was almost a disservice, because if you called it what it was, acquired immunodeficiency syndrome, then you could more easily explain it’s not this virus; it’s something that you acquire after you’ve had this virus and all these things start to happen, and talk about the
health issues that go into having your immune system affected by this particular virus that literally breaks it down and opens you up to a lot of infections that can make you so sick it could kill you. When you talk about the whole spectrum of HIV and what that means, the science of it becomes very informational, but people were just kind of left with this “AIDS” and “HIV” and “What are we dealing with?”

And shame on all of us. I think overall, we didn’t do a very good job in the very beginning of making sure it was clear. To their credit, the media outlets, I think, were trying to get the information out as quick as they could, but in looking back at it, I would hope that we do things very differently in moving and how we talk about different viruses and things. We’ve done, I think, a better job — what was the one a couple of years ago? Ebola virus, talking about that and how it’s transmitted. Same thing now that we’re doing with Zika. I think there’s a little more groundwork that goes into play with the media before they just start blasting information about, “It’s going to kill you. It’s going to make” — we learned something from that early venture into HIV and HTLV-3 and AIDS and ARC and what all of that meant.

PINCHAK: That’s good. How did you end up in Houston?

TYER: I followed a man. I was dating my next-door neighbor. He’s an artist by trade, and he got a job working as the art director for a small oil and gas communications company, and he moved here. He and I continued to talk, and unemployment in Arkansas hit 16 percent, so things were just really difficult in Arkansas at that time, and he said, “Wow, unemployment here in Houston is only 3 percent, and I know with your background, you could get a job.”
I was like, “Okay.”

So I came for a visit and managed to get three job interviews within a week and was actually hired with the Sid W. Richardson Institute to be a Regional Health Manager with their corporate program. So I picked up, lock, stock, and barrel, and moved here in March of 1982, was supposed to start work in April 1st, called in and found out that lo and behold they had been trying to get in touch with me that they had changed their mind. They weren’t going to have that program.

So now I was unemployed in two states. I left Arkansas, and I was no longer employed there, and got to Texas and, “Well, now I’m not employed here.”

I was working as a receptionist in my husband’s company because the young woman who was the receptionist there was pregnant and she delivered early, and they needed somebody to answer the phones. My husband’s boss said, “Look, can you be pleasant and answer the phones?”

I’m like, “Yes.”

She said, “We’ll let you off to go do interviews or whatever.”

I was working one morning answering phones, and the trade magazine called *Adweek* was delivered and I was looking through it, and I noticed there was an ad, the caption was, “Spring into health awareness,” and it was being co-sponsored by Channel 13, Pennzoil, and the American Red Cross. Having been a kid who grew up in the American Red Cross, my first thought was, I had no idea they did health education or anything like that.

I sent my resume to all three places: Channel 13, Pennzoil, and the
American Red Cross. The American Red Cross called me and wanted to interview me. They hired me as the Assistant Director of Youth Services working in youth health-education programs.

PINCHAK: Back then, who deals with blood supplies? Usually the Red Cross?

TYER: The American Red Cross organizationally handles about 50 percent of the nation’s blood supply. Locally the Houston Area Blood Center handled it. Blood is big business, and unless you come from that kind of background — I think a lot of people don’t realize that, but it’s a big moneymaker, it’s very competitive, and some communities get Red Cross blood, and other communities might get an independent. Hospitals here locally also do some of their own blood draws, but the Blood Center works the community, works with the hospitals in this community, and the American Red Cross did not collect and maintain blood supplies here at all.

Now, in this community, we worked very handily with the Blood Center, Bill Teague, who at the time was their Executive Director. Gracious, lovely man; everybody liked him very much. And so we would host blood drives at our Red Cross chapter here in Houston on behalf of the Blood Center. They came on our property. We would hold blood drives. But as far as being a blood center, this particular chapter was not. In fact, the closest Red Cross chapter in the state that collected blood was in Waco, and Waco, Texas had a blood chapter and they had a chapter that focused on services, doing health services as well as disaster, military, and social services.

PINCHAK: In Houston, what was the focus of the Red Cross, with AIDS?

TYER: That’s interesting. Credit to the leadership there, the leadership at the American
Red Cross chapter in the early to mid-1980s recognized, No. 1, that Houston was ranked in the top five cities in the country for having the highest number of cases of AIDS, and because of that and because the National Red Cross was very active in providing information on HIV, the leadership here decided that we needed to be involved in the education part just because it was the right thing to do for the community to provide that education, and it would just help anybody coming from the rest of the state if they had been a blood donor somewhere else in the state or outside of — there were other places outside of Waco in this state where American Red Cross handled the blood.

But it was also our response to this particular community being so impacted by HIV, the leadership just felt like we needed to be responsible to that community because we were going to be getting a lot of questions just because of who we were. Kudos to them for making that decision, because I know it wasn’t that easy for them, but they were smart people.

PINCHAK: Why was it not that easy? Was it a popular area?

TYER: Oh, no, no. HIV, there was such stigma and such controversy all around that, and part of the challenge was that people with hemophilia had also been so impacted by HIV. And that sadly was a simple solution. It just came late. Factor VIII, which is the most common factor missing for people who have hemophilia, they have to get that from — they have to buy it. They have to get a prescription for Factor VIII to have that to give themselves an injection and make their systems work correctly so they’ll have clotting factor and they won’t bleed to death.

To get Factor VIII, because it’s such a small component of the blood, they
have to use what’s just referred to as a pooling process. Again, I’m an old schoolteacher working with — technically, I worked with kids. The easiest way to talk about it was to just describe it as a big vat where all, let’s say, 40 people donated blood, they took all 40 bags and poured it into a pot, and then they figured out how to extract that little bit of Factor VIII out of that.

But what happens is, if you have one person in that 40 who was infected, then the whole pool was infected, and so Factor VIII was grievously infected across blood supplies, whether it was American Red Cross’s or anybody else’s.

The good news is that by simply heating it to a certain level and maintaining that for a certain amount of time, Factor VIII could be maintained and the integrity of its ability would be maintained, but HIV would be destroyed. So Factor VIII became safe, but a lot of people with hemophilia were compromised because of that, and it was sad. People who had hemophilia, they were not crazy about blood centers, be it Red Cross’s or anybody else’s, so it was hard.

PINCHAK: It was a gutsy decision of Red Cross to focus more on that. Now, how did the job pick you? How did you happen to go into that area with the Red Cross?

TYER: The American Red Cross at the national level talked with one of the national television affiliates. I want to say it was either NBC or ABC. It might have been CBS. I don’t know, one of them, but one of the big three. One of the big three had decided to air this program called *An Early Frost*, and the young actor, male lead in that, was Aidan Quinn, and he portrayed a young man who was gay, who had been diagnosed with HIV.

At the end of this show, there was a trailer that would run, and if your
chapter had let our National Headquarters know that you were going to be available, then locally it would be localized to say, at the end of this movie, you may call whatever phone number, and there will be people, live people, available to talk to you and answer your questions about HIV.

Several of the people who sat on the Board of Directors at the American Red Cross were also in the medical field, and they were very passionate about what was happening in the community, and they agreed to be part of this group that would answer these questions when the phones would ring. There were six staff people, I think, who were invited — I was one of them — to sit with one of the Board members and listen to how they answered questions about HIV so that we could learn, and then when that show was over and we were back to day-to-day, if we got a phone call coming in from somebody who wanted to know about HIV, then there was a list of six of us who had done this that those phone calls were routed to and we were expected to answer those questions. Now, this was prior to any kind of formalized educational training programs out about HIV, so we literally just sort of OJT [on-the-job training], you know. It was quite the learning experience, but it was a great experience.

Then my boss, who was the Chief Operating Officer, connected us with — at the time, it was called KS/AIDS Foundation, KS for Kaposi sarcoma, which is a cancer that is typically seen in people who have compromised immune systems, which KS/AIDS Foundation became AIDS Foundation Houston. The Executive Director there — and it was a very small group. I want to say there might have been probably five to seven people who worked at that little foundation. Brown McDonald was the Executive Director, and my boss, Skip Udlock, invited him to
come with his staff and for those of us who were to be answering the phones, kind of do a training and let us ask them questions, more technical questions. That was really the first training that any of us got, was from KS/AIDS Foundation, eventually AIDS Foundation Houston.

PINCHAK: That was around when?


PINCHAK: In Houston and Harris County, how was the federal government’s response to it all? How did you perceive that? Tell me about that.

TYER: It was interesting. C. Everett Koop was the Surgeon General, and smoking had been his big issue until HIV came on scene, and he really wanted to make sure that people had information about HIV and how it was and was not transmitted. While I think C. Everett Koop was a popular figure, I think it was the first time that the Surgeon General, any Surgeon General, people knew him by name. Before then, they had almost been invisible.

Again, because he was part of the government and there was — it didn’t impact me personally. I didn’t have a sense of government issues. But the gay community was truly doubtful of the intent of government and what was going on. They felt like government had dragged their feet when it came to HIV. They weren’t real sure that even the information being put out by the government, and at that time limited information, was accurate, so there was some question as to the validity of the information that the government wanted to share. They just didn’t trust the government, because they felt like they had been overlooked and disregarded. If you looked at behaviors from the government, it’s easy to see how somebody could think that.
Then you’ve got the American Red Cross, who as people have said time and again, it’s like Mom and apple pie. It’s like, “It’s the American Red Cross. How can you not trust the American Red Cross?” We had such access to research and particularly as it related to blood because we were in that business, after all, we received funding to put together information about HIV, a one-time grant. I cannot remember. It was a private entity that funded the very first round of information that Red Cross put out in the community, and it was just absorbed. People could not get our information, our print information, fast enough. Literally, 100,000 brochures went out that very first year. I would say — first year, I’m calling it first year; it was actually about nine months’ time — they were just sucked up. I mean, it was amazing.

As we were seeing that happen and I was working with schools, it became very much more apparent to the leadership at Red Cross that they needed a presence within the chapter here that was dedicated specifically to HIV, and because of my work previously with the State Health Department in Arkansas working on VD, working with teen pregnancies, and working in the community like that, and because of my personality, the leadership there just came to me and said, “Would you consider heading this up? We think you’re the only one that has the guts to talk about it.”

Of course, I said yes, because by this time I had also lost a couple of friends that I had grown up with, and it was like, “You bet. I’ll be happy to do that.”

I’m a huge proponent of education. I believe that education helps erase fear, and with this particular virus, there was so much fear. The thing that I
always found interesting was that regardless of the level of education a person might or might not have, I don’t care who they were, the series of questions, when a person finally figured out that “Wow, maybe I could get HIV,” the questions that they would ask right after that all started at the same place.

They’d want to know about mosquitoes. They’d want to know about sharing drinks. They’d want to know about hot tubs or swimming pools. Every one of them. It never failed. And I don’t care if they had three Ph.D.’s or if they had not even gotten out of high school, they would all ask those very same questions.

I had a couple of friends who would say, “I can’t believe people are still asking those ridiculous questions.”

And I said, “You don’t get it. These people just figured out that this could affect them. They’re starting at the same place. They’re starting at ground zero for them, and here’s the concerns they have.” I said, “This is their learning curve.” I said, “What’s interesting, it’s the same learning curve for everybody.”

It never failed. I was always amazed at that, and I don’t care who they were, be it kids in high school; be it people at NASA [National Aeronautics and Space Administration] who had landed on the Moon, because I’ve talked to them too, they all wanted to know about mosquitoes.

In fact, I made a comment one day that I knew more about mosquitoes than I ever thought humanly possible working with a virus. I said, “If you had told me that I was going to learn about mosquitoes and the fact that only the female bites, and the way the whole inside of the mosquito works, I would never have believed it.” And I said, “I’ve had to learn so much about mosquitoes
because people immediately go there.”

PINCHAK: You were really at the forefront in Harris County of educating the community.

TYER: Yeah.

PINCHAK: You had mentioned that hemophiliacs were the first group that it hit. What was the next group?

TYER: I don’t know that people with hemophilia were first. I know that people who were having unprotected sexual activities, primarily same-sex relationships on the West Coast; people who were also dealing with IV [intravenous] drug use, which was predominantly seen at that time on the East Coast; and people with hemophilia, wherever they were, those were the groups that were impacted. Oddly enough, most people with hemophilia are also men — or who are hemophiliacs. People with hemophilia are men. So you still had in our country, and this was in the mid-1980s, 98 percent of the people with HIV — or who had AIDS; let me back up — who had AIDS, because HIV was not monitored and the data was not collected at that point. So people living with AIDS were gay white men and/or people who had hemophilia, but it was pretty much gay white men.

[END OF AUDIO PART 1]

PINCHAK: What was the reaction in the gay community when they learned how the disease was transmitted?

TYER: Of course, there was anger, but the other thing that was recognized was that if you got the message out and you could learn how to protect yourself, that was possible. Then all the big conversations became, “Let’s talk about latex condoms. You can’t use that sheepskin, because it’s a permeable membrane and things can
get through there, but you can use latex because it’s not permeable.” That was the next big learning curve for everybody out in the education world. We had to learn about latex, become experts on what to use and what not to use, and that was crazy too. And talking with teenagers about it, that was interesting as well.

PINCHAK: What teen groups would you talk to, and what was their reaction?

TYER: Some were schools. I remember the very first presentation I ever did, I was invited by a Catholic school to come and speak, and I had not been to a school yet. At this point I was still just talking to groups and taking phone calls, random phone calls off the street. This was before cell phones, so you could hear the cars passing in the background because they had gone to a pay phone somewhere to make this call anonymously. It was kind of interesting.

But the first group that invited me was a Catholic school, and even though I was very conservative — I was not raised Catholic; I was raised Baptist in the South, in Arkansas, but we had a lot of respect for Catholics, and we had a lot of respect for nuns in particular. And I walk into this room, and there are nine nuns in full habits sitting in this classroom, and I really wanted the floor to just open up and swallow me, because I was like, “Holy cow.” I don’t mean that. But they were adorable, and I also recognize now, and I probably recognized it at the time, how hard that may have been for them, but the thing I applauded them for was the fact that these women were in this room to learn everything they could about HIV and how it was and was not transmitted because they cared about those kids they worked with. For them to do that, particularly at that time, it was just like man alive, that took guts. Here they are in full habit, these holy women talking about a topic that I have no doubt would not have been popular anywhere. It wasn’t. And
yet they were braving that to help those kids, and I just have a lot of respect for them. It was crazy, yeah.

PINCHAK: That’s cool. Do you remember the name of the school?

TYER: No.

PINCHAK: You were one of the ones at the table in the early days in Harris County with what happened with AIDS, and you mentioned that C. Everett Koop wanted the word out. Did he offer grant money? How did that play out? What happened with Houston and Harris County with that?

TYER: C. Everett Koop championed — and I don’t know where the money came from at the government level, but he championed a massive household mailing that took place that shared information about HIV to go to every household in the country. I have no idea how much that cost or how much was distributed in that effort, but the government finally figured out that they needed to do something because they blood system — first of all, the blood supply, there are regulations in place, federal regulations for how blood supplies are handled.

At the same time the government was looking to provide education to the community, they were also looking to do tighter regulating of the blood business, and they imposed some fines and they imposed some new regulations. They imposed some fines on the American Red Cross as well as other blood supplies, but they targeted Red Cross first because they were the single largest.

Then they also made some significant regulation changes. Whereas you could go in prior to this and just be a blood donor, maybe a few questions were asked, it was very gentle to go in and ask, the whole screening process for who could donate blood and who could not became much more detailed. The
questionnaire started asking more specific questions about your personal life.

   There are communities that would tell you that they felt discriminated against because there were behaviors that were identified that if you said that you participated in any of those, then your blood would be collected but not necessarily used for donation. It would be either cast aside or it would be used for research purposes, but it would not be used in the blood supply itself.

   The government, at the time, felt like that’s what they had to do. Red Cross got a lot of grief for that, but we didn’t make those rules. The government was imposing those rules. And again, because it was a federally regulated business, we didn’t have a choice. Red Cross didn’t have a choice.

PINCHAK: And some of those objectionable questions with groups included?
TYER: Gays, yeah.

PINCHAK: Did the Surgeon General offer specific money at all for Houston and Harris County research?
TYER: He didn’t, but collectively the government recognized that they needed to put more money into this health effort. I wish I could remember where the first round of money came from. It did not come from HRSA [Health Resources and Services Administration]. HRSA did not really exist by that acronym, but in the mid- to late 1980s it was that government system that was in place that had monies set aside for health issues. A couple of times, again, because Houston was a city of high incidence, the federal government sent people here to say, “We need you to do this. Can you get onboard?”

   When they got here, what they found was a community that was very fragmented. They also met with people in the Medical Center. And I don’t know
specifically who, but groups within the Medical Center who may have been doing research chose not to take money for research on HIV. They just did not want to be a part of that, so the government walked away two times, took their money and went home.

And finally the third time they were invited to come and visit us again and they left, they left Houston with the message, “Figure out how to get along, or you’re not going to ever get a dime.” And the kudos to the Hospital District at that time, and I believe Lois Moore was the person who oversaw the Hospital District, and underneath her was a young named King Hillier, and I think he was a very brave person too. He really did a nice job of identifying various agencies in the community, and there was a plan to figure out how to best serve this growing community of people living with AIDS and what were the things that they needed.

And so the Hospital District invited to the table all these different entities to say, “Red Cross, you’re really good at transportation,” and, “Montrose Clinic, you’re really good at reaching people in the gay community,” and, “The Montrose Counseling Center, you work with the gay population on behavioral health and counseling.” Legacy — Montrose Clinic is what we were previously known as, they had testing, and they had anonymous testing, and they had confidential testing, and they did pre- and post-counseling, so they were a good place. And then other groups, Family Services that also outreached into other communities.

It just became this big puzzle piece, if you will, of different people, agencies, that could bring different things to make this system work, and so once we did that, once the plan came together about how to serve this community,
that’s when the government, HRSA, came back and gave us an award.

PINCHAK: That’s amazing. They offered the Medical Center twice; and then turned to the community, they were so fragmented; and then the Hospital District was the one that stepped up to the plate.

TYER: And really brought people together, yeah.

PINCHAK: That’s amazing. At that table, when they brought people together, you mentioned the Hospital District, Montrose Clinic, MCC, Family Services. Where in all that mix were activists?

TYER: They were all around. They were outside or inside. Some of them were at the table. Some of them were standing outside, waiting for the rooms to open up. They were everywhere, and these were people who had been impacted personally by what was happening or what was not happening in this community. There were no rules for them. It was crazy. Some of it was entertaining, and I say that sweetly. I had friends who were activists, and I admired them. They were gutsy, strong people who were kind of like, “Yeah, lock me up. I don’t care.” They so believed that there needed to be something done differently, and they just went right to the edge making sure that it was going to happen. That was incredible.

PINCHAK: That’s amazing. You say some of them were entertaining and they went to the edge. Can you give me some examples?

TYER: Yeah. A really good friend of mine, Brian Bradley, I loved him. Brian, first of all, was cute as a bug and had this kind of nasally talk, but he was enchanting, and he had these crystal blue, sparkly eyes, and he had the sweetest smile, and very passionate, very, very smart. He was a surgical nurse. He was also a person living with AIDS, and he knew that things needed to be done.
I remember, Brian used to do street outreach, and all of the educational information pieces that Red Cross had, we provided those for free. And Brian loved them, so he and I had met, and he asked me one day if he could hand out our brochures. I’m like, “Absolutely, because you go to places I will probably never, ever go. Take them. I want this information out there. I want information that people can trust. It’s accurate. It’s factual. Yes, take them.”

He got to where he would come into our supply office, and he would just ask for these brochures. We had had a changeover of staff, and some of the new staff didn’t know him, and he came in and just kind of demanded these brochures and was told no, they couldn’t give them to him, they didn’t know who he was, and he blew a gasket. He was like, “Well, you just need to call Lynne Tyer and get her down here.”

The next thing I know, the supply office at Red Cross is calling me. “There’s a man here, he’s crazy, and he said we could call you.”

I’m like, “I’ll be right down.”

I get down there, and I’m like, “No, this is Brian Bradley. He does street outreach. He uses our information,” and all that.

Well, of course, he was so happy when all that got settled, but he did look at me, and he said, “Now, Lynne, I just want you to know, I love you, but if they hadn’t given me those brochures, I’d have chained myself to your car until I got what I wanted.”

And you know what? I believed him. I knew he would have done that because I had seen other things, where he would dress in drag in outfits similar to some of our more prominent citizens who were making decisions about HIV in
this community and would stand outside of places they were going into for
meetings and whatnot. He just took it to the edge. He was great. And he wasn’t
the only one, but he’s the one that I knew, and he was my friend.

PINCHAK: That’s cool. You mentioned that he would dress in drag, impersonating
other people in the community. Do you remember any of those?

TYER: Yeah, the biggest one was Sue Cooper. He dressed like her at a meeting that she
was attending, and he was outside waving a banner and letting her know that he
was not happy about some of the decisions that the group she was affiliated with
had made.

PINCHAK: What group was that?

TYER: I believe it was the Greater Houston HIV Alliance.

PINCHAK: Did he suffer any consequences for letting it be known that he had AIDS?

TYER: Personally, he lost his job as a surgical nurse, but true to Brian’s nature, he took
it all in stride and just made education of everybody else his mission, so he kept
up a good fight.

PINCHAK: Other activists you might have known in Harris County and Houston. You
had mentioned a Napoli or a —

TYER: Bill Napoli, who was also a very dear friend of mine. Bill was a gracious man,
and he was — a lot of times, when you think of the word “activist,” you think of
somebody who is sometimes mean-spirited and fighting and not pleasant, but Bill
was the kind of activist that commanded a lot of respect. He was a very educated
man. He had been a Jesuit priest. He had also been married. He had children.
When he came here, he also worked in the Houston Independent School District.
He was a teacher, lovely man. He became the first president of the PWA
Coalition. I would say of all of us, he was probably the only grown-up in the room ever because he was just very calm. He knew how to talk to people. He knew how to get people to listen. He was very gifted that way.

I remember, one day he had been invited along with me and one other person to the United Way to talk about HIV in Houston. I know this was 1988 because I was pregnant, and I was very pregnant. My son was born in May, and this had to have been probably in late March, early April. There was roomful of people, probably 60, 75 people, and we were all asked to talk about what we do. So the researcher talked, and I don’t remember who that person was or what group he represented, but talked about the research work that was going on and what they were doing in researching and working with the community on HIV and some of the things that were available.

And then as an educator, I was talking about how we were providing information to the general public and trying to make sure that people had enough information that they could make choices about what to do or what not to do.

And then they said they needed this person who was a person living with HIV. Now, when Bill had walked in, I did not know who he was, but I do remember thinking, “Wow, that is a nice-looking man.” He was very well built. He had just come from the tennis court, so he was also very tan. Had this full, dark-haired, red-haired head of hair, and then this gorgeous beard, and I was just like, “I may be pregnant, but I am not dead, and that is a nice-looking man.” And the next thing I know, he’s sitting next to me on the panel, and I found out at that panel meeting that he was a person living with HIV. It was very powerful.

He talked about what his life was like and the medications and things that
he was having to take and how he had to live his life and changes that he was making, and so he talked about that struggle of somebody living with this disease. At the end of the presentation, there was a gentleman in the very back of the room at the United Way who said, “I have one question, and it’s the same question for all three of you, and that is: If you had $50,000, what would you do with it?”

The researcher talked about all the things they would do with their $50,000. I, of course, talked about all the things I would do with my $50,000. And then Bill sat there for just a minute, very quiet, and he looked over at me and pointed at me and he said, “I’d give my $50,000 to her.”

First, I was all like a puff adder. I was like, “Wow, I did a really great job.” And then I really listened to what he was saying, and the point he was making had nothing to do with me, but it had to do with education is the only way at that time that we have to combat this, and it’s critical that we get people on the streets, people in the school systems, people out in the community making sure that this information is shared because as Bill said, it would be a crime to have somebody become infected because they did not have information. He said that education is going to be the only saving grace that we have, and I believe that.

PINCHAK: That’s amazing.

TYER: He was invited everywhere. People would listen to him, and people invited him to all kinds of symposiums and what have you. It was incredible.

PINCHAK: It sounds like you got along with the activists and the government.
TYER: Well, it was Red Cross, Mom, and apple pie, you know, and that conservative upbringing and manners. I don’t know. I found myself very lucky, I think. The activists probably felt sorry for me, but they were like, “Oh, let her tag along,” but I certainly wasn’t a threat. I think the other thing was that as Lynne Tyer, I had no hidden agendas. It wasn’t about money. It wasn’t about position. Really, the purest sense was to make sure people had information, because in my heart I’m still an educator and I do believe in that.

There was another activist that I was fortunate enough to meet, Gene Harrington, who was a law professor at TSU. Gene also was a person living with HIV, and he brought Mathilde Krim to Houston. Mathilde Krim is a researcher for amfAR and carries a lot of power in not only Washington, but also in Hollywood because her husband was Otto Preminger. She and Gene were good friends, so he would periodically bring her to the community to kind of drive home the point that, you know, “Houston, we do have a problem.” I was fortunate enough to know Gene and lucky enough to be invited to a couple of his events where I actually got to meet Mathilde Krim. That was powerful.

PINCHAK: Has he died?

TYER: Yes, as has Bill, as has Brian.

PINCHAK: And so has Bill, wow.

    What was it like to see so many people, friends around you dying?

TYER: I had not known many people who passed away, personally. My grandparents, my dad’s parents, had both died, so I had that experience. My adopted grandmother down the street from where I grew up had passed away. And then there were two guys that had died in a car wreck when I was in the tenth grade.
Other than that, I had really never known anybody who had died, and then all of a sudden, because of this, I had two guys I had grown up with that I knew extremely well, both of them had passed away, and one of them, the family was not — they had difficulty dealing with his reality, the fact that he was not only dying, but that he was gay. And they probably had a bigger issue with the fact that he was gay, and that was very hard.

I found myself all of a sudden with people my age, some younger, some a little older, not a lot, people that were just — they had their whole lives ahead of them, and they just vanished. They just died. I didn’t go to as many as a lot of people from the gay community in particular, but I was going to memorial services right and left, and it got to be so overwhelming. One day I was sitting in my office at Red Cross, and I had just gotten back from another memorial service, and I remember a co-worker of mine came in, and she was like, “Are you okay?”

I was like, “No, I’m not.”

I had the memorial program from the event, if you want to call it that, but I’m sitting there and I’m like, “I don’t know what to do with this.” I said, “I have so many of these, and I can’t throw them away.”

I mean, I was really not in a good place that day, and she was wonderful. She said, “Well, I’ll tell you what. Let’s get a file folder, and we’re going to write ‘Angel File’ across the top.” And she said, “When you go to these, maybe you don’t want to look at it right then, but we’ll put it in here and you can keep it in your drawer, and then when you think you really want to go and read it, they’ll be right here, and that way you don’t have to throw them away, but you can store them.”
I was like, “What a great idea.” I have an Angel File today in a manila folder. I have never parted with it. It’s part of who I am. I goes with me. Any old computer, I don’t really care. I have a manila folder that says “Angel File.”

PINCHAK: How many?

TYER: Probably 20 to 30.

PINCHAK: People who were sick, did others know they were sick, or did they? And why?

TYER: Not always, no. Oh, because of the stigma. There were so many things that people just didn’t share. You didn’t know what was going to happen. You didn’t know what was going to happen to you personally, you didn’t know what was going to happen to you professionally, so you just didn’t talk about it. A lot of people felt like they couldn’t share that information. I am sure that with a lot of these folks, maybe in their closest circle of friends there were probably some who knew. I’m sure there were. But for the rest of us, it just wasn’t information that was shared because they didn’t have — it was hard enough identifying as gay, because at that time people were just starting to come out of the closet, as that expression goes. A lot of people still weren’t. They were still very closeted. To come out and then talk about, “Not only do I have this disease and I’m dying, oh, by the way, I’m gay,” it was just very, very hard, so no, people didn’t talk about it.

PINCHAK: Tell me more about your work as an educator with prevention and things that at the Red Cross you did with education.

TYER: We provided information to tens of thousands of people every year, every year. When Bill Clinton became President, one of the very first things he decided was
that he wanted to make sure that all government employees — because again, this goes back to discrimination in the workplace, and the government, good, bad, right, or wrong in whatever decisions they make, they have for a long time now said that if you are a government agency or if you receive government funding, you cannot discriminate for a whole list of things; you cannot do it.

So when George Bush I, Daddy, signed into law the Americans With Disabilities Act, which was the first time that HIV had been recognized as a disabling condition and it was covered by the ADA, all of a sudden workplaces were like, “What does that mean?” To kind of, I believe, to set the example, President Clinton decided that all government employees would have to have basic HIV training so they would understand it.

The chapter where I worked here in Houston received a call from NASA, and there were 2,500 government employees that they wanted trained, and because our sessions were typically what we call small group, we did allow NASA to have up to 100 people in the session, but that’s 25 sessions of 100 with a few makeups, and I was going three days a week, spending a half a day, driving to Clear Lake, talking to, literally, rocket scientists and astronauts, doctors and clerical staff and, I mean, everybody, about HIV and how it was and was not transmitted. I did that from probably August of 1990, 1991, right in there, until February or early March of 1992, talking, literally, to hundreds of people about HIV.

What I found, again, it goes back to that comment I made earlier, it really doesn’t matter what education level you have. The fear was the same fear, and they all started in the same place. I got mosquito questions while I was at NASA.
I got a question from a gentleman in a session. I will never forget him. He was at the very back of the room, and he raised his hand, and he said, “You say that donating blood is not one of the ways you get HIV.”

I said, “Correct.”

He said, “Well, how do I know that if I go to donate blood, that that” — and again, this was wrapped in all kinds of other issues. He said, “How do I know that that guy that’s coming up and putting a needle in my arm didn’t stick himself first, this gay guy didn’t stick himself first and then stick me?” This was an educated man. He said, “So see, it really wouldn’t matter if all that equipment is sterile if he stuck himself first and then stuck me.”

I just looked at him, and I said, “If you are fearful that that would happen, don’t donate, because you’re not going to be comfortable anyway unless you go somewhere where you actually know the person.” I said, “Just don’t go,” because you can’t talk to somebody. I mean, they’re going to “what if” it to death, and you will never win. I met with that, and that man was terrified.

It never occurred to him — and that was the other part that I found interesting, is that his biggest fear was if he went in and donated blood, when I know for a fact he probably drank beer, if he was not married, he was probably engaging in some relationships that could have put him at risk if he wasn’t using protection, but at that moment, at that time, the only thing in his head was, “Must be that gay guy that works at a blood bank who probably has this, and he’s going to stick himself and then stick me.” That was an educated man.

There was another manager, again, with a supervisor group at NASA, a manager who looked at me, and he said, “What if I’m standing” — and again,
these were riddled with all these things these people could think of. “What if I’m standing next to a gay man, and a mosquito bites him and then, because they fill up and they get so fat, they fly really slow,” and he said, “and then what if I’d been picking my nose and it started to bleed, but I saw that mosquito and I slap that mosquito and I went back to picking my nose?”

My biggest mistake was that day, with that man and what I said to him, because I sometimes think humor can go a long way — it was a bad call that day. I looked at him, and I said, “Who raised you?” Everybody else in the room laughed except him. When I saw his face, I realized he was terrified and I screwed up a learning moment for him. I screwed it up, and I lost all validity with him at that point. He didn’t say anything else the rest of the training. I messed up. I forgot to remember that people are scared, and they were. They were terrified.

PINCHAK: You must have seen so much of that because in the early days, there was no test for the blood supply.

TYER: The actual test that they started using came out in late 1985, and it tested for antibodies. There was a longer test that could be done by taking actual blood samples, but then it would have to be cultured and looked at. It took much longer. The antibody test only took about three days to get the results, and then they had to do a confirmatory Western blot test, which is the one that if you went in and you had the antibody test and it tested positive, they had you come back to do a follow-up test, which was the Western blot, which took longer.

The tests were relatively young but pretty accurate. There were sometimes some false positives but rarely, if ever, false negatives. The only time
you would get a false negative would be if the exposure had been too soon and your body had not had enough time to develop antibodies to the exposure.

That was a learning day for me too. I left there knowing that I had failed that man, because he truly was scared, and for the sake of humor I thought I was doing an okay thing, and I didn’t. It made everybody else feel better, but it didn’t do a thing for him, and that was hard.

PINCHAK: That’s hard. You mentioned how sensitive the idea of blood and giving blood and that one of the organizations was Montrose Clinic. Was there any relationship? Who would counsel people, and how would that work? Whom would you refer to?

TYER: When we would get calls about people who thought they had been exposed and thought they might have HIV, when we’d get those phone calls from the streets, my staff, I told them — we all did the same thing. I said, “I don’t care who it is. I don’t care where they’re from. If they’re in Houston and they’re calling and they want to be tested, we’re going to refer them to the Montrose Clinic.” And the reason is, they did, Montrose Clinic does, to this day, pre- and post-counseling, and that’s very important because some people, for whatever reason, they think they may have been exposed but they’re incorrect, the action they thought might have put them at risk didn’t, so they need to be counseled, to say, “This is not a concern, and here’s why. I mean, certainly we can still test you. If you’re, you know, freaking out and you just have to have this test, we can do that, but here’s what you need to know.”

They took time to educate people, which I appreciated, and they took time to follow up with people, as opposed to some doctors who said, “Yep, here’s your
test. You’re positive,” and sent them on their merry way. That is also not okay.

The Montrose Clinic did not do that, and they had some volunteer counselors on staff. I can’t tell you by name. I didn’t refer to people by name, but I would always send them to the Montrose Clinic. People were sometimes funny because Montrose, by its name, denoted lifestyle, and I had several people on the other end of the phone who would say, “Well, no, no, no, I’m not gay.”

Like, “Well, okay, but you don’t have to be gay to go here, and they do the best job with this of anybody in town.” And I said that then, and I say that now. We still do a fabulous job testing and educating people, and I’m proud to work here now. That was the decision organizationally that we made, is that we would refer anybody who needed testing to come here, because they would do anonymous testing.

At the time, that was important too because there were people who were afraid that they would be put on a list and targeted, and they needed to know that there was not a way to identify them; that they were not going to be on some list and somebody was going to knock on their door and say, “We know who you are, and we know what you have.” So it was the best choice, and the fact that it was also confidential. But also, the anonymous testing too — you know, early on there were some very discriminatory things that took place.

I remember being part of a panel at Channel 11, and they were doing a special on HIV, and one of the panelists — I was in the audience, and I was brought in because of the work that I did. The audience was pretty much handpicked. You had to have some knowledge of HIV. So we were all sitting in this room, but I remember a gentleman — not his name, but I remember him —
telling his story. He was a butcher, and he worked in one of the local grocery stores at that time. I don’t remember which one. He had gone in, and for whatever reason his doctor suggested that he might get an HIV test. He was like, “Well, okay,” because his doctor suggested it.

The information was sent to the insurance company. The insurance company shared it with the grocery store. The grocery store decided if he thought that he might be HIV positive, they didn’t need to have him cutting meat, and they fired him. When they fired him because of HIV, it not only cut off the ability for him to take care of his family, his wife divorced him. I mean, it was like the domino effect, the worst-case scenario, and come to find out, the man was not HIV positive.

But those things happened, and I’m sitting there listening to this story, and I’m thinking, “I don’t believe this.” He was destroyed in one fell swoop because he was trying to take care of his health. Wow, where does that happen?

And that’s just one example, but there were people who their families found out they were HIV positive and they didn’t want the little nieces and nephews around them because, “Oh, my gosh, what if that gets transmitted in the air or he sneezes?” It was just — there were things going on. It was just like, “You-all stop. Please stop. No, it doesn’t work like that. HIV doesn’t travel through the air. It doesn’t do that,” but people were not rational. They didn’t make good judgment calls. It was amazing, sadly amazing.

PINCHAK: That is amazing. All the more importance of education.

Now, tell me about creating a statewide network to support HIV and AIDS.
TYER: The American Red Cross received funding from the Centers for Disease Control and Prevention. The CDC gave the American Red Cross the single largest education grant ever given by the CDC, in one lump sum to the American Red Cross’s National Headquarters, with the understanding they would develop HIV education courses for the community, and they defined the community very specifically: the general community; they also wanted targeted education programs for African Americans; for Hispanic; and then when the ADA was signed into effect, they also wanted specific programs for the workplace. They also asked the American Red Cross to make sure that Red Cross chapters across the country could provide HIV education regardless of where they were.

We used to call it the McDonald’s theory. If you ordered a Big Mac in New York and one in Little Rock and one in San Francisco, because it was McDonald’s and it was a Big Mac or a Quarter Pounder, whichever, you knew you were going to get the same food wherever. We used to call it the Ray Kroc McDonald’s theory about Red Cross. If you get a first aid and CPR [cardiopulmonary resuscitation] class in Tuscaloosa; St. Louis; Minot, North Dakota, it’s going to be the same course. They wanted that. The CDC wanted us to apply that to our HIV programming.

That’s when we mobilized and created the statewide network. There were chapters, particularly in the high-incidence states, that were handpicked, and we were given the responsibility of working with other chapters in our area to make sure they had all the training; that they had the information, the other educational propaganda, to support a program that their community might need. That was the response that we had.
We started out — like in this state, we started with just Texas, and then I consulted with the State of Louisiana when they were setting up their network because they came late to the game, and then also started working with the Red Cross chapter in Arkansas, and we became a bi-state network, where we would go and do trainings in these different areas.

PINCHAK: Tell me about your work as a trainer in HIV/AIDS to train trainers.

TYER: The Red Cross, one of the things they do really, really well is their method of education. Let’s say that you’re a person and you want to go learn CPR, so you go to the Red Cross and you take a CPR class. You think, “Wow, this was so great. I bet I could tell other people how to do this.” Well, the good news is, then you can go and take an instructor trainer course and learn to become an instructor trainer — or an instructor in first aid and CPR.

And then let’s say that the Red Cross says, “Wow, I think Ann has these really great skills. I think she could train other people to be instructors,” so then you become an instructor trainer, meaning you train instructors. It’s like a train-the-trainer course. They have a whole curriculum built on how you do this and its formula training. I mean, it’s really simple. There are skills that you learn, ways to communicate.

If you look at the hierarchy in education, you know that you learn by listening, you learn better by doing, and then you really learn if you get to implement and be a part of that, which is like if you go to learn CPR, I mean, they could sit there and show you a video about it, and you might go, “Wow”; or then you could talk about it, would be even less; but if you get to get on the floor and put your hands on a mannequin and actually do, that learning stays with you a lot
longer.

Well, they use that kind of philosophy, or that formula, if you will, for all kinds of training. You just plug in the different information; it’s the same. Red Cross had a really good reputation for the train-the-trainer programs, and I was fortunate enough to be considered part of the national faculty for some of these programs that rolled out.

PINCHAK: In Houston, did you also deal with the medical community or any teaching? Tell me about that.

TYER: Early on, one of the medical schools in the Houston area would invite us — usually the junior year, the first semester of their junior year, they would invite us to come and present on HIV. I remember, the first couple of times we did it, the students were always so gracious and grateful. I remember one young man making the statement that this was not information that had been covered in any of his classes, so he was really glad that we had come there.

And I’m thinking I’m not even a nurse, and I’m here talking to you about HIV, and you’re telling me you’re in med school and there’s nobody talking about this there. Kind of has me concerned, but I think I’m glad I came.

Clearly that has changed, but early on it just wasn’t a topic that was covered, and these kids were thirsty for that information, so we did that for several years.

PINCHAK: Tell me about how local hospitals treated people. Where would people with AIDS go?

TYER: I was never at the AIDS hospital up on 45. I never went there. But I did have a couple of friends who were hospitalized, that were in Park Plaza, and there was a
certain wing that they were placed in. And then the same thing happened at Twelve Oaks. There was a floor that if you had HIV, you were on — it was either the fourth or the fifth floor, and that’s where they would put you. Everybody on that floor was a person living with HIV/AIDS.

PINCHAK: So not just any hospital would take you?

TYER: [Nodding head.]

PINCHAK: What about —

TYER: More than that, it was the people were more comfortable going to the hospitals where they knew they would be accepted.

PINCHAK: Okay. I just realized you nodded your head when I said not any hospital would take you.

TYER: They would, but you weren’t always — it was not always the most comfortable experience for the person going there, so that’s why a couple of hospitals sort of came out, if you will, to be the better hospitals to go to, so it was Twelve Oaks and Park Plaza.

There was an organization called Casa A Special Hospital. Honestly, I don’t know what happened to them. I know that they had beds. I know that they had people who were in the last stages of AIDS, but they had care provided. It was not necessarily like a hospice, but I do know people who went there and who eventually died. Park Plaza and Twelve Oaks were probably the predominant hospitals.

PINCHAK: What about locally, the government response, with the City and Kathy Whitmire?

TYER: Kathy put together a panel, and she did have representatives who came to the
organizing meetings prior to federal dollars coming in, as did the County. The local medical society early on tried to be a player. It just wasn’t a good fit for them, so they didn’t.

In response to community demand, the County gave the building that currently the Thomas Street Clinic is housed in, it was a County facility that was not being used, it had been — and I think it had been a hospital specifically for the railroad. It was either a hospital or a rehab hospital for the railroad, and it had been sitting unoccupied for quite some time, and so the County handed that over. Now, whom they gave it to, I don’t remember, but they decided they would make it available. It could be converted, I guess, to the hospital — gave it to the Hospital District, and it could be converted into a specific clinic for people with HIV.

It went through a complete refurbishing because it also had asbestos, so it had to go through all that asbestos abatement, and was finally opened up. I don’t remember — actually, I don’t really remember when the Thomas Street Clinic opened.

Then there was discussion shortly after it opened that — particularly because people were still, by the time they had a diagnosis, they were pretty sick, so it was hard in our weather for people to walk the block and half or two blocks from Main Street to Thomas Street back where the clinic was, and there was no bus route. So that was the next big brouhaha, if you will, was trying to get buses to drive down that street to get people dropped off closer to the clinic so they wouldn’t have to walk while they’re sick in the inclement weather, in the heat or the rain or whatever.
That finally got corrected, and there were some smaller buses that they then started utilizing that would make that drive back there and drop people off, but I remember that was a big, huge discussion about who’s going to put a bus back there. “Can we put a bus stop? Can we have a covered bus stop so these people can be shaded?” I mean, crazy stuff.

It’s like, “Just do it.” In my head, it was like, “Just do it.”

It finally worked its way out. People made changes. I mean, people had to fight hard for those — for a bus stop, seriously. When you think about it, it’s like, “That’s nuts. Just do it. These are human lives.”

[END OF AUDIO PART 2]

PINCHAK: You talk about that you also were involved with service programs. What service programs were you involved with?

TYER: Red Cross, we had a program in place that used volunteer drivers to help transport people to and from medical appointments. A lot of these people were ill, but they were also older. Our transportation program went all over. The American Red Cross chapter at that time was serving an 18-county area, to include Harris County, and it did not include Galveston County, so it was like everything above and around. Our transportation program, we had a fleet of vehicles. When I first started working there, vans would have been a luxury. We had really big, old station wagons, and people would drive those station wagons and pick passengers up and take them to their medical appointments. And then when their medical appointments were finished, the social worker at either the clinic or the hospital or the doctor’s office would call, and the driver would go and pick them up.
It just made good sense that if we were taking people to medical appointments because they had no other choices that we could do that for people with HIV because a lot of them had lost their jobs or they weren’t able to drive. So we started an HIV transportation program. Actually, that’s when we really started getting involved with vans.

There was a special — it had a number. I’m really not a government person. But anyway, there was a special funding pot that made it available to purchase vans through the government for transportation programs, so we applied for and got — the very first time, we got, I believe, three or four vans so that we could go pick up a few patients at once and take them all to Thomas Street Clinic, and then we’d go back and pick them up when their appointments were over. Or we’d take them to their medical appointments. We had volunteer drivers, a lot of them gay, some of them HIV positive. We lost a couple of drivers too, who died because of complications of AIDS, but it was a way of giving back.

And that was the other thing. It was very heartwarming to see that, you know, that here was this program and these guys would come and they’d volunteer and they’d help drive other people in similar situations to these medical appointments, but it made them feel good about what they were doing.

PINCHAK: What other service programs? Did people answer phones?

TYER: We had an unspoken hotline. The front desk knew that if they received any calls about HIV, they’d automatically put it through to my department, which was the HIV Education and Direct Services Department, and that without question we would take any call from anybody and answer any question that we got. We staffed, I wouldn’t call it a hotline, because it wasn’t 24 hours, but it was, like,
8:00 to 6:00, because we were there extended time. We would provide any kind of information Monday through Friday that you might want.

And then of course, we did educational programs for communities, for anybody, really, requesting it, needing it, requiring it. We were that on-call group that would go and do presentations. We were the group that people would call — if you told somebody, “Well, we can’t do it then because we’re really booked, but you could call AIDS Foundation Houston,” because they had a very active education outreach program, people necessarily didn’t want AIDS Foundation Houston. There was something about the name AIDS. I don’t know if it was intimidating. I guess it was. They just felt better with it being the American Red Cross. It was safer, you know, to come out and have Red Cross tell you about it, so we were utilized heavily very early on.

PINCHAK: Were you also involved in peer education?

TYER: We received funding through the CDBG [Community Development Block Grant] funding process, community block grants, and there is a special set-aside for programs that impact juvenile delinquents. The woman — and I don’t recall her name; I probably have her in a file somewhere. The woman who was overseeing that whole process, though, really felt that this program that we had created where we could teach kids — we were using it with our Red Cross programs, Red Cross Clubs. I probably should talk about that for a second.

A lot of schools, for kids to get into college, they have to do volunteer work. And sometimes volunteer work is not easy in this day and time, so schools would invite the Red Cross to come in, and they would have Red Cross Clubs. These Red Cross Clubs would go, as a club, and do community service. They’d
learn about what it means to be a volunteer, what it means to be a leadership volunteer, how to make decisions.

We also had a youth camp where kids could go. If they were participating in this club and then the school decided they were just really amazing at being a volunteer, they could actually apply and get a scholarship to go to the American Red Cross Youth Camp, and it was usually held for about a three-day period in the summer.

Well, when HIV became an issue, we started working with these kids who said, “We want to know about HIV, and we want to be able to share this with our friends.” And really, for that age group, who better to talk about something than your best friend. You’re not going to believe grown-ups. You really don’t want to be talked to by medical people because that gets boring. But if your best friend tells you something, you’re probably going to listen, so it was that whole peer-education concept.

We decided that we would put these kids through a program that we called Starter Facts and Facts Practice, and it was just the facts about HIV, and give them a chance to practice answering questions about HIV. It was that simple, and that these kids, once they successfully took a written test and passed it, and then they would answer — they would demonstrate through some role play how they would answer questions. If they satisfactorily passed that, then we would make them peer educators.

We took that concept, and we applied for some monies for the juvenile delinquency programs through the CDBG funding base. The woman who was overseeing that process was so impressed and said, “This kind of program would
give these kids a chance to have some real self-esteem if you’d make them a peer educator and recognize them, and it’s just got win-win written all over it, so we want to do this.” So they funded us to do that program for several years.

PINCHAK: What are the CDBG’s?

TYER: Community Development Block Grants, and that’s a government funding base, but it’s through the City.

PINCHAK: Through Houston?

TYER: Yeah.

PINCHAK: You got your funding from the City. From where else?

TYER: Ryan White and from some private grants. I had learned to write grants when I worked — I worked for a program at the State Health Department in Arkansas. After I was a health educator, I was hired to work in Bill Clinton’s program of Rural Health Development. It was his idea to make sure that — even as Governor, he believed that healthcare was a right, not a privilege.

In Arkansas, which is over 50 percent rural, as old town docs would die, nobody was coming in to replace them. Most of the doctors coming out of medical school wanted to work in a big city, and Arkansas only had one, which was Little Rock, so small towns, smaller than Forrest City, where I grew up — actually, even though Forrest City had just under 12,000 people, that was a good-sized town in Arkansas.

There’s a town in Arkansas called Fifty-Six, and there’s a reason for that. Other towns would have 250, 300, 400 people. I mean, those are small towns, and if your doctor dies and you’re out in the middle of nowhere, getting primary healthcare services is nearly impossible because chances are it’s going to take a
while to get an ambulance there and an ambulance to get you wherever you need to go. I mean, it’s crazy.

So Bill Clinton decided he would take some of the tax base, because there is an estate income tax in Arkansas, and put together a Rural Health Development program. And literally it was my job to go into these small communities and help, No. 1, get them designated as a medically underserved area or a manpower-shortage area, and that’s a grant process. And then it was my job to say, “Hi, I’m here from the government, and I’m here to help you,” and figure out how to bring doctors who had gone to medical school on scholarships through the National Health Service Corps. What that means is, if you’re familiar with the television show *Northern Exposure*, it was sort of *Northern Exposure*, but the Southern version.

So we’d have these doctors who had come out of medical school, who might be interested in hunting and fishing and living out in the country, because Arkansas is beautiful. I mean, it truly is a beautiful state, and recreation is a big tourist attraction there and actually a big moneymaker for the state. So we would take these doctors and figure out who might fit best, be it dentist or nurse practitioner or doctor, and in some case midwives, marry them to the best community for them, hoping that once they paid back their four years, they would have enough of a medical practice built up, they would stay. That was my job.

I learned to write grants, get these designations, but I also figured out how to get proposals in to get funding to help support the community, as I would say, gussy itself up a bit. Bill Clinton gave one of my communities a $10,000 grant, so I had met with some success. I had had some success writing grants.
As the programs were growing, limited funds — because again, Red Cross was a nonprofit, and contrary to popular belief, Red Cross is a charity, and there are some laws that govern how charities can spend money. If Red Cross gets money, they don’t get to just spend it anywhere. Generally, it comes in, it’s very targeted, so it has to be spent in very specific areas. So just because millions and millions of dollars come in for a disaster doesn’t mean that the HIV department could go and get some disaster money. It’s against the law. It wasn’t allowed. So while disaster might be thriving well, HIV was struggling. So I went to the leadership at the time, and I said, “Oh, by the way, would it be okay if I wrote a couple of grants to get monies to fund brochures or programs?”

“Oh, sure, go right ahead.”

So I did and was successful, so we also had some outside funding that helped augment the programs that we made available to the community.

PINCHAK: That’s great. In addition to whatever.

TYER: And then our statewide network received special funding, which essentially came from the CDC but that was money that had been given to the National Headquarters, and we had to write proposals to our own National Headquarters for them to fund the network. So there was money that came from Red Cross, but it really came from CDC. It was like third-party. It got to us finally.

PINCHAK: Tell me about the Houston Resource Directory. What was that, and how did it start?

TYER: I love that story. My friend Rob Falletti was an epidemiologist, and I can’t remember if he worked for the City or the County. Again, this was in the early days and I didn’t care about that stuff. I just knew that he was an epidemiologist.
As we were starting to go to these meetings where people living with HIV would also attend these meetings, we would hear from them that there were certain things they needed, and Rob got it in his head to at least make some kind of resource listing of information available to hand out at these meetings when they happened. He got this idea that he would just type — because we still had typewriters; computers still weren’t really big, they were just coming into play — that he would just type up a list of locations, the name of the agency, the phone number, and maybe an address. But really and truly, the name of the agency and the phone number was primary. He would just write this list, and he got that done, and when he went to make the copies, the only paper he could find was this light-blue typing paper, so he made the copy on these light-blue papers and brought them to the next meeting, and it was just this HIV Resource List, or this HIV/AIDS Resource List.

And then as more agencies would come into being, they would get added to this list, and finally it became a multiple-page list, but to make sure that people knew that it was there, Rob kept the light-blue cover, and the inside pages were white, then. It was just the HIV Directory at that point because it was now several pages, like maybe five, five pages long.

And then over time it morphed and we became more sophisticated in our data collection, and we not only had the information available of location and phone number and the name of the agency, but we also talked a little bit about what the services were.

And then as it became more and more necessary to have this information and there were more case managers, which was a title that I had never really heard
prior to Ryan White, case management, you know, to help people walk through the system and get to whatever services they needed faster, because sometimes they either weren’t equipped or they couldn’t, well, the case managers also needed directories to help really target where somebody could go and get this service that they needed.

These directories became more and more important, and then there was a group called the HIV Service Providers, and they actually received a small grant from the State to put this book together, and so that started taking place. And then finally the document grew to such size, and Harris County had developed an HIV Services Division, that they eventually took the whole thing on, and now it’s this very elaborate, gorgeous piece that has artwork, and it’s in two languages, but it’s still called The “Blue Book,” and it’s called The “Blue Book” because of Rob Falletti.

Two things, I think. He’d probably be sad to know that it had gotten as large as it did out of necessity, but I think he’d be thrilled to know that he started something that was so incredibly useful to this cause.

PINCHAK: Tell me about Ryan White funding in Houston and the twists and turns of it. Are you familiar with that?

TYER: Not so much. Early on, when Ryan White funding became available — it’s always interesting to see how the government starts out and they have this pot of money and it’s this broad [indicating]. You know, it’s huge, and pretty much anything you wanted to get funded, you just about could. Education was funded. All kinds of services were funded. Food banks were funded. Transportation was funded. Of course, direct care, medications. Actually, in the early-on,
medications not so much because there weren’t that many and they were very expensive, but healthcare was funded, vision services funded.

Over time, you saw government getting more and more restricted. One of the very first things to go was education, which I found that fascinating. Although healthcare and medication support started increasing, case-management services became really the big — if you wanted Ryan White money, you really needed to make sure that you were going to have some kind of case-management process so that you could help people, because that’s where a lot of the money the government put in play, that’s where they targeted.

There was a lot of, I don’t want to call it competition, but that’s kind of what it was. People to some degree getting greedy, you know. There were agencies that popped up literally overnight because they could get Ryan White funding. Some of those agencies still exist. A lot of them have gone away.

At one point there was money through Ryan White for childcare. If you were going to your appointment or you were a person living with very limited means but you had children and you were HIV positive, there was a special place where you could go and get childcare services at little to no cost. I mean, it really was something well thought out at the time, but some of those funds have since gone away.

Again, Ryan White, the monies available, their focus has been narrowed for what you really can apply for, but that is the nature of government, the way they do money. It caused a little bit of infighting, I think, with the agencies, not so much fighting, but people definitely in competition for those dollars that were starting to shrink. And they weren’t really shrinking; they just weren’t really
growing.

PINCHAK: Did you feel that?

TYER: Not so much. The transportation program, really and truly, the funding that went away for transportation, by then, the stigma had lessened, so Red Cross still provided transportation to people living with HIV. We just folded it into our big program. It worked okay. It was fine. We still had that.

We also had funding from United Way because we were a United Way agency, and early on, Red Cross — there were a handful of agencies, maybe five, that were considered the premier agencies of the United Way. There were other agencies that would receive United Way funding, but it was for very specific programs. Red Cross and a handful of others received a blanket amount of money from United Way to provide services across the board, and we did not have to do it program by program. That has since changed, but early on it was not that way.

One of the things United Way did was in all of that allotment, and we’re talking several million dollars that United Way gave Red Cross for operating, the United Way carved out a portion of that and said, “We want this to go specifically to your HIV services,” so we also had that little pot of money that helped support what we were doing at that time.

PINCHAK: How long were you with the Red Cross?

TYER: Two months shy of 23 years.

PINCHAK: Why did you leave?

TYER: Because there was a management change, and the new leadership did not feel that HIV was really an issue in Houston.

PINCHAK: That’s amazing. What did you do afterwards? Tell me about that.
TYER: After I licked my wounds, I ended up, very quickly, actually, going to Covenant House Texas and falling back on my one hard skill, which was grant writing, and I worked in the Development Department at Covenant House Texas, and it was rewarding to go to this agency that’s so humble and its whole focus is to take care of the runaway, throwaway kids.

Not all kids on the street are there because they want to be. A lot of kids have been thrown out of their homes, or a lot of kids leave their homes because those homes are so bad they are not healthy for kids to be in, and they don’t have any other choices. They don’t feel like they have any other choices. These are sometimes the kids that show up at Covenant House, and they are taken in. They have to follow rules, but they are allowed to live there. Covenant House has programs and supporting services to help these kids put their lives together, and they have staff that work there 24/7 because it is a housing facility where these kids live.

I have never met so many kindhearted people. It’s the place I needed to be after Red Cross because I was so hurt, but to go there and see these people who at that time, I know they made little to no money, I know they did, but they were there 24/7 with a smile on their face and care, and they turned kids into these amazing people.

I saw kids that if you read their story, you would think how in the world did they ever get to be this person, because they are incredible. They have had kids go to Yale and Harvard and get scholarships to a lot of our local colleges and universities because of Covenant House. It’s an amazing organization.

PINCHAK: That was around —
TYER: That was in 2005.

PINCHAK: How long were you there, and what did you do afterward?

TYER: I started there in early March of 2005, and I was the grants writer in the Development Department, and I learned a lot about government grants. I actually had an opportunity to write a HUD [Housing and Urban Development] proposal, which I had never done before, and that’s a whole new beast. Quite the experience, but I’m grateful, and it was successful, so I was pleased about that.

I left there in October of that same year and went to AIDS Foundation Houston. They were recruiting me to take over the Vice President of Community Resources, which also included the volunteer program as well as their education programs, which was obviously my forte.

PINCHAK: Tell me a little bit about what you know about the history of the AIDS Foundation in Houston.

TYER: They started out as KS/AIDS Foundation; very quickly grew. They probably had one of the most robust street-outreach programs going at the time. They had a lot of people on the streets and out in the communities doing house parties to do educational in-sessions in people’s homes because sometimes just doing it in public places was not necessarily safe.

They had people going into — they had a very active prison program called Wall Talk, and it was the same idea of peer education, where AIDS Foundation would send people in to train handpicked inmates who had shown some leadership skill, put them through a train-the-trainer kind of program, and then they would in turn become peer educators, but it was called Wall Talk, because being out on the wall is sort of prison language. That was a hugely
successful program and they had that in place for several years.

They had the Stone Soup food pantry for many, many years, where people could actually get fresh vegetables and things like that. The food pantry is one of those things that suffered when Ryan White started changing what they would fund because money for a food pantry all of a sudden became only for those food pantries that were rural, that were out in the rural area. It had to change, and so the Stone Soup era, which had met with a lot of success, and it was in this community, right down the street, well, it kind of went away, sadly. A lot of people were upset about that. But they were the leader at the time of education and some of the direct services.

PINCHAK: When you went to work there, what exactly did overseeing volunteer services involve? Tell me about what you did.

TYER: They had a program that would invite volunteers just to do various jobs around the agency. Recruit them. There’s a huge housing program called Friendly Haven, and it was specifically for women who were HIV positive and single and they had families, and it was a safer place for them to live, so there were some volunteers who would help with childcare and things like that, a volunteer coordinator who helped recruit individuals to go to the different volunteer jobs. The volunteer jobs were not complicated and would just kind of fill in the gaps for the areas that needed support through services. If we needed somebody to be a clerical person just to answer phones, they did that.

PINCHAK: Tell me about what you did with education services, HIV, with the AIDS Foundation.

TYER: Mostly just supervise the staff. There was a small staff that went and did
educational programming, and they also did outreach. AIDS Foundation Houston has a program called Camp Hope for kids living with HIV, and they actually go for about a week in the summer to Camp Hope, which is west of Houston just a few miles, and we also used volunteers for camp counselors, and these are kids living with HIV. So those folks were not only volunteers, but we would also provide educational information for these kids.

When I was there, I would say 99 percent of the kids coming to camp did know that they had HIV, but occasionally you would get a child who might not know. So figuring out how to live and how to share information with a child who also had this disease took some skill. But now, for the most part, I would tell you that kids going to camp, they know their status. It’s not nearly the thing that has to be so secret like it used to be. So that was a nice marriage of volunteer work and education all in one capsule.

PINCHAK: How long were you there?

TYER: About a year.

PINCHAK: Tell me, how did you find the leadership there? Was there a lot of turnover?

TYER: It was changing. The person that had been in the position I took had moved up because the guy who had been in the executive role had left, but he had also been where I had started, so I mean, it was this rotation, almost, of people at this level going up. Oddly enough, there was a woman by the name of Evelyn Cox who had been on the Board of Directors at the American Red Cross, and when we started the HIV Education and Direct Services Department, because Red Cross is a volunteer organization, every line of service has to have a volunteer committee to give guidance to it, so you have a Volunteer Chair. So Evelyn was relatively
new to the Board. I liked her very much. She had a great kind of Bella Abzug kind of personality, just a bit rascally but brave and tough. The Board was told they needed to get involved with the committees, and so at a luncheon one day, I was sitting next to Evelyn. She was like, ”Well, I have to get involved with a committee.”

I looked at her. I said, “Great. Would you like to chair the HIV/AIDS Education Committee, because I have to get a committee together?”

She looked at me, and she said, “Absolutely,” so we were off and running.

She chaired that committee for about two and a half years, and from there she went to AIDS Foundation Houston as their Director of Education Services, and then she promoted up and became the Executive Director at one point. And a guy that she hired to be a health educator came up behind her, and he became the Director of Education Services of AIDS Foundation, so it’s just this kind of rotation that you see. It may look like chaos, but it’s actually very cyclical in some ways, so that’s what was happening. It’s just kind of the natural progression of things.

PINCHAK: Tell me about what happened and how you got your next job.

TYER: Everybody has what I would call a management style, and some styles work better together than others. My style and the style that was needed at AIDS Foundation at the time, they just didn’t mesh, so we had a mutual parting of the ways, and I spent the next four months really questioning what did I want to do, and why did I want to do it, and what was my calling, and trying to figure out what I was going to do next.

Out of the blue, I was contacted by a headhunter who said, “I have seen
your résumé, and I really think I have a great fit for you.”

I said, “Okay.”

We got everything set up. She said to me, “Now, I’ve got an interview for you,” XYZ day at such-and-such. 10:00 a.m., I believe, was the time. And then she laughed. And I had never met her; we had only ever spoken on the phone. Then she kind of laughed. She goes, “Well, I guess I should tell you where you’re interviewing.”

I said, “Yeah, that would be good.”

She said, “Legacy Community Health.”

I was like, “Legacy.” And then I remembered, when I was at AFH, that Legacy had become the new name of the Montrose Clinic and the Assistance Fund, both of which I was intimately familiar with, had had friends who had gotten services from the Assistance Fund, knew people, clearly, here at the Montrose Clinic, and it was the only place I ever referred people to, and I was like, “Oh, my gosh.”

So I came and I interviewed, and it will be ten years in December.

PINCHAK: Have you enjoyed it?

TYER: Every single day. I hate to be that person that says, “You know that old expression about when a window closes, a door opens; or when a door closes, a window opens,” but I think sometimes that’s really the truth. And I have been fortunate to be at this age — I just turned 64, and I never expected to be in a position that I absolutely love as much as I love this. The mission of this organization — we may not always get it right. I’m not saying we’re perfect. But I can tell you that the heart is in the right place, and we are doing everything in
our power to make sure people who have need get the services that they need and that we have not lost sight of the fact that our roots were in the gay community, and the HIV services that we provide are just as robust today as they ever were.

It’s really rewarding for me to know that HIV in the medical world has now been folded into healthcare services. I like that. It’s no longer, “You have to go back here to get this service,” or, “You have to go over there.” There’s no more whispering. You come here, you can have HIV, you can get your care; you can go get your teeth fixed; you can get your vision checked; you can go to behavioral health and get therapy here. I mean, we have it all, and people don’t have to hide. They’re treated with respect and dignity. Everybody is. It’s great.

PINCHAK: How have you seen, over the years, attitudes towards AIDS change?

TYER: It’s been interesting, and one of the things that I think surprises me most is the way younger people, who did not live through losing countless friends, have now sort of accepted the fact that this is really more of a manageable chronic disease, and it doesn’t — while I’m grateful that they’re not living in fear, on the other hand, we’ve got people out there making really bad choices, and this is a preventable disease.

Regardless of whether it’s manageable or not, there are things that HIV, by having a compromised immune system, you are still allowing other things to impact your health, and now you’re just having it impacted at a much younger age, and there’s no excuse for that. It’s still a preventable disease. Education, again, is just as important as ever. That has not changed.

Do we have medications available to deal with this? Yes, we have tons of them, tons of them. But do you really want to live your life, starting at 26,
knowing that you’re going to take a pill or a handful of pills the rest of your life?

Really? Do you really want to do that? I don’t know.

Being an older person who takes several pills every morning now, I’m like, “This is not fun. I don’t like it.”

PINCHAK: What kept you going in dealing with AIDS and working with AIDS and educating, all of these years? What do you remember?

TYER: There are several people, and there are a few who are still alive, and there’s nothing that they would like more than to know that they could be cured. There is nothing they would like more than to know that nobody else would ever have to have this. And I remember specifically the night that Bill Napoli, my dear friend, passed away, and I had gone to see him, and he had been pretty much, I don’t want to say comatose, but he was not alert and chatty on his last day. He was kind of coming in and out, as they say.

When I got to his hospital room, it was after work, and we had been told, several of us who knew him had been told that he probably wouldn’t last the night. If you wanted to see him, you needed to at least come by. You could see him; you probably wouldn’t be able to talk with him or anything because he was really out.

Getting in to see him was difficult because the room was packed, and Bill was Catholic, so there were a couple of nuns there, and they were very protective of him, making sure that people didn’t crowd him or smother him with too much attention. They were really taking care of him, thought they were.

I wanted to see him, so I went up to his bed and just started kind of pushing my way in because they really didn’t want me there. I mean, they didn’t
ask me to leave, but they were kind of stepping in my way, so to speak, but I just kept pushing forward and finally got up near the head of his bed and touched his shoulder and said, “Bill, it’s Lynne.”

And when I said my name, he rallied and he opened his eyes. I will say that point, the nuns were agasp. They were just like [sound – gasp].

I just told him, I said, “I just wanted to come and see you.”

And I bent down, and he whispered to me, “Remember to take care of the children.”

I knew exactly what he meant. He had been a teacher, and he knew the value of education. I know that he was remembering all the things that we had talked about, because he had actually gone and done education courses for me as a volunteer with Red Cross. He did that up until the point that he couldn’t.

I remember, one day he had called me from a phone booth on the street, and he said, “Lynne, this is Bill. Where was I going?” He was starting to deal with some dementia.

He and I had been through a lot, so I knew what he was telling me to do. For a long time, every time I did a presentation, I always opened it up with talking about my friend Bill and why I was there, because I would have people say, “Why do you do this?”

I’d say, “Because of Bill.”

“Well, Bill was my friend, the strongest man I ever knew.”

PINCHAK: You got out of your box. Do you have anything else that you want to add?

TYER: I can’t think of anything. I know that Houston had a rocky beginning for getting
into HIV and all that it encompassed. And kind of like I would say about Legacy, I don’t know that it was always done right, but the passion and the dedication of the people I had the opportunity to meet and to work with was so empowering, and they didn’t quit, and they have changed this community. It’s incredible to be part of that. I mean, I wouldn't trade anything for the experiences that I’ve had.

I tell people, and I know they think I’m joking, but I said, “I feel like I make a difference every single day. If you’ve never felt like that, you cannot imagine how great that is. For me, that’s that thing that motivates me.”

I will never be a millionaire. I probably will never be a millionaire, but I would pit my experiences against any of them out there, millionaires included, because this has been a hell of a life and I have enjoyed it. I think I’ve made a difference, I really have, and I don’t know that you could ask for better than that.

PINCHAK: You couldn’t, and you have. Thank you.

[END OF AUDIO PART 3]

[INTERVIEW CONCLUDED]

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