Oral History #28

An Interview With

Michael Brannon

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AN INTERVIEW WITH MICHAEL BRANNON

RENÉE TAPPE: This is Renée Tappe interviewing Michael Brannon for The oH Project, Oral Histories of HIV/AIDS in Houston, Harris County, and Southeast Texas. The interview is taking place on February 1st, 2017 in Houston, Texas. The purpose of this interview is to document Mr. Brannon’s recollections concerning the HIV/AIDS epidemic in Houston, Harris County, and Southeast Texas.

Hi, Michael. Thanks for joining us.

MICHAEL BRANNON: Hi, Renée. I’m happy to be a part of this project.

RENÉE TAPPE: Great. Before we get into your actual work in the HIV/AIDS area, why don’t you tell me just a little bit of your personal history.

MICHAEL BRANNON: Well, originally, I was born in Abbeville, Louisiana, which is about 20 miles south of Lafayette, Louisiana, in 1960. My family shortly afterwards moved to Houston. We moved to Houston, I believe, in about 1963, but shortly I moved back to Louisiana to stay with my grandfather. My parents sent me back to start school there, so I went back to Louisiana. I returned to Houston in 1967, and I’ve been in Houston ever since.

RENÉE TAPPE: Where did you go to high school?

MICHAEL BRANNON: I went to Jones High School in South Park, graduated from there in 1978.

RENÉE TAPPE: From there, you went on for some post high school studies?

MICHAEL BRANNON: Yes, I immediately went to Sam Houston State University,
stayed there a couple of years, and then stopped going to school, then just went into the workforce from there.

TAPPE: You eventually received your Bachelor of Science degree?

BRANNON: Yes, I went back to school once I started working for Texas Department of Criminal Justice, which I applied for a position and got hired at the end of 1984 and started working up in Gatesville during that time and was transferred to the Rosharon area at the beginning of 1985. I worked for the prison system from 1985 through 1990, and during that time is when I received my bachelor’s of health education with a concentration in community health.

TAPPE: When you went to work for the Department of Criminal Justice, what were your general job duties?

BRANNON: Initially when I got hired on, I was a correctional officer. Basically my responsibilities, I was generally assigned daily to a post. It could have been what they called the dormitory wings, where you basically are the officer that’s responsible for letting inmates in and out of their dormitories to go to school, chow, to eat, or to go shower, or to go to work.

Inside a prison system is just like a world outside here. Inmates have jobs, they go to school, work in the laundry, food services, everywhere. Everything that they have out here, they have in the system. They have a store. They have a post office. They have everything. They basically work everywhere.

It’s the only job they say that the first day you start, you’re the boss, you’re in charge, because you can be assigned to that area, or you could be assigned to a catwalk within those dorms, which patrol the dorms, above, or you could be assigned to an outside picket, which is the perimeter of the prison. They
assign people to make sure nobody jumps the fence and leaves. There are different positions and roles. As a correctional officer, mainly your job is one of security and you control the traffic, so that’s what I did initially.

TAPPE: Did you have specific training for that, or was it basically on-the-job training?

BRANNON: Once you are hired by TDC [Texas Department of Corrections] — they did then, I’m not sure what they do now — they would send you to their academy. You generally went to the academy, and I can’t remember how long it was. It was about three weeks, I think.

TAPPE: You had very specific training?

BRANNON: Yes, and you stayed onsite in the dormitories and you trained every day. Of course, they did PT, physical training, and then there was classroom time. You got training on how to shoot, self-defense. There were certain logistical things that you trained on, educational things you had to know. They brought you up to speed about the rules and regulations, the laws that you had to follow and things of that nature. Every year subsequently, you have to go back. They send the officers to a week-long training or a two-week-long training every year as a refresher. They have a special training once you become a ranking officer that you have to go to for one week a year, so it’s continuous training for them.

TAPPE: I know that you were involved with HIV testing in the criminal justice system. How and why did that start? Can you tell me about the beginnings of that?

BRANNON: To be honest with you, it wasn’t actually testing at the beginning. My involvement with it was as a correctional officer. Shortly after I was hired, I want to say a couple of months after I was hired, they started assigning me as a utility officer, which is like an assistant to the sergeant, the lieutenant, the ranking
officers. Part of your responsibility was to somewhat help supervise the staff that’s assigned out, and we had staff that was assigned to what we called segregation. You had administrative segregation, and then you had people that were being locked up in those particular segregated areas for their protection, and then you had some that were locked up because they were assaultive.

I started working there at Rosharon let’s say in 1985, so it had to be about 1986 when they started shipping these inmates to our unit, which was Ramsey III, that were being categorized as ARC patients. They explained to us ARC meant AIDS-related complex. Nobody knew what that meant. We just knew that they had something, and they were locking them up on our unit back in segregation to isolate them from the rest of the population and basically for their own protection, is what they would say.

Our involvement, as being a utility officer, I would have to go back and lock up and make sure everything was okay because we had officers assigned back there that we had to make sure the inmates got showers, make sure that they got fed, make sure that they got to the infirmary to receive whatever treatment or services that they were supposed to receive. Basically at the time, we were just trying to separate them from the population. We didn’t really understand what it was. We just knew it was something that was deadly, from what they were saying. I don’t know how they were diagnosed. All I know is that they just came.

Michael Brannon, Texas Department of Corrections, 1987.
They told us one day they were coming. They told us some general information about what that meant and that some of them may be assaultive, so we had to be careful about how we interacted with them. I don’t know how they were tested or how they were diagnosed.

TAPPE: Did they bring them in as a group? Do you recall? Or just kind of trickled in?

BRANNON: They trickled in, because they came from different places. We were considered to be the unit where they were going to be housed initially.

TAPPE: Someone two cities away or two counties away might end up being shipped over?

BRANNON: They could have come from anywhere across the state. I’m not saying that they all came one at a time, because there were some that were housed somewhere else that came to us. I think initially we had five or six total that were on our unit, and they came from different places, like two came at one time, but they were housed somewhere else, but then they decided to consolidate them in the Southern Region in our unit, so I’m not quite sure where they came from.

TAPPE: They were segregated from the general population, but not from each other?

BRANNON: Yeah, from each other as well.

TAPPE: Is that right?

BRANNON: Yeah, because they all had individual cells. They had individual cells.

Now, when I say that, that was the overall intent. That’s what they said. That’s how it was supposed to be. But when we took them out to go to recreation, at that time that we took them out, we took them out to the yard where everybody was, so at that particular time, they were actually interacting with the rest of the inmates. It’s just that it was in an open environment. You have officers on the
yard, and you had some officers in a picket that can look down over the yard. The idea was that we would keep an eye on them to make sure that there wasn’t any type of personal-contact interaction with them.

TAPPE: Were the other inmates aware that these inmates that were segregated had some sort of health issue? Do you recall?

BRANNON: Well, it wasn’t something that we officially announced to everyone, but you know the grapevine in a prison system. It’s not like they didn’t know, because initially the inmates that they sent to us, all of them, literally, looked like women, they were gay, and a lot of the inmates kind of treated them like that. It was really kind of a job to make sure that we kept them separated even out on the yard. They knew that they were sick, but nobody really understood what they were sick from, but they were sick. A lot of these guys would try to talk to them like they were women. It was really a job trying to keep them away from them. It really was.

TAPPE: I guess this could happen in any prison, but was there harassment going on, or was it just more of a curiosity about these people?

BRANNON: No, it wasn’t a harassment type. It wasn’t anything like that. It was more or less them trying to have sex with them. To them, they were women, so they were treating them as if women were on the unit and they were trying to get to them. It wasn’t like they were aggressive against them, violent against them because they were homosexual. It was more or less they had women on the unit that they were trying to get to.

TAPPE: The inmates that came to you had already been tested. Was there a point in time where testing started taking place on your property?
BRANNON: No. When I left in 1990, it wasn’t like new inmates were coming into the unit and then we were testing them when they got on the unit. That started after I left. They weren’t doing that at that time. These inmates, like I said, they were saying they had AIDS-related complex. These inmates were sick. I think we had a couple of them while I was there that died. I had no understanding about it, even after they had experts come in and talk to us all about it. They never even explained the most basic questions that we asked, like if a mosquito would bite one of them and bite us, would it infect us? They never answered that question. I didn’t learn that until I started working in the field and found out that that wasn’t a mode of transmission. They never clarified that.

TAPPE: They may not have realized it at that time. That was early on.

BRANNON: Well, I know that now. I know that now, but at the time it led more to the fear of it because they wouldn’t answer something that simple.

TAPPE: Were there fears among the workers, the employees?

BRANNON: Oh, absolutely.

TAPPE: What were the different fears? What was that? What was going on?

BRANNON: Absolutely. There were people that were threatening to quit behind you, because we had to work closely with them, and some of these guys were assaultive. There were situations where they would throw feces at them. I mean, we had several nurses that had feces thrown at them, in their face, and urine, because that was their way of striking back at you. What could you do? We didn’t know if something got in your eyes — a few times, they threw feces that got in the female’s mouth, and you would send them home. They didn’t know if, because of that, they would get infected or not. We didn’t know at that time.
When they first started coming to the unit and I had to work with them, I would get out of my clothes in the garage because I didn’t know if I could contract anything. I had just gotten married. I didn’t know. Yeah, there were definitely fears about if we could get infected by just having contact with them.

TAPPE: So you would disrobe in your garage and then go shower, I assume?

BRANNON: Yeah, my washer and dryer were out in the garage, so I would just put the clothes in there and just go take a shower. Again, even back then, I was a person of faith, so I didn’t let the fear drive me. I’ve always tried to be a fair person. There I was firm but fair, so I didn’t really have the issue. I was respected to where I didn’t have the issue of somebody trying to throw something at me like that. But even if they did, I just kind of felt like somehow I was covered.

About 99 percent of the people were driven like that. Ninety-nine percent of the people got past the fear because we looked at the job that we had to do in being responsible for those people. Not just inmates, because we had a lot of civilians that worked in the prison, and we were security. Back then, it was pretty cool how everybody kind of stepped up. It didn’t drive us, but initially it was a very stressful time because we didn’t know about it.

TAPPE: That’s certainly understandable. Michael, when you were working in the criminal justice system, did you have any responsibility in terms of talking to the inmates about HIV?

BRANNON: Yes, once I made rank, once I was promoted to be a sergeant, one of my responsibilities initially that they gave me was to inform any of the inmates that may have contracted this that they have it, if they didn’t know they have it. The initial group came in when I was just an officer. They knew they were sick. They
knew they had it. But after that, we started getting people into the unit that didn’t know they had it. Yes, they were testing. I just didn’t look at it that way because I was security. I was rank then, so I wasn’t the officer overseeing them. I was overseeing the unit to a certain extent with my lieutenant. When I went to the trustee camp, it was my captain.

At any rate, what I had to do was tell inmates who had recently contracted it that they had it. They had me watch a video on counseling, and then they told me it was my assignment to do that. I only had to do it once. That was a person that was newly diagnosed with ARC that I had to tell that they had it. At that time, we had to move them. I remember when we were on the trustee camp, and trustee camps don’t have fences, so this particular person they determined had it, we had to move him back to the unit. He couldn’t stay on the trustee camp because he had it, so he had to move back to the unit behind the fence.

TAPPE: The segregated area.

BRANNON: Well, in the unit, period, because the segregated area is within the unit. We were over here on the trustee camp, and I had an inmate there that had it, that they tested and found out had it, so we had to ship him back over to the unit. I don’t know if they were putting them back in segregation at that time. I think they still were. He had to go in the unit in there, but he wasn’t. He was in general population like everybody else. Obviously, they tested him and found out that he had it.

TAPPE: Do you recall, at that time was testing done for every inmate that came in, or do you know how they determined whom to test?

BRANNON: I have no idea how they determined whom to test at that time because
everything was still kind of new. Nobody just came to the unit. Everybody that went to any unit in TDCJ [Texas Department of Criminal Justice], they went through Huntsville. They were literally assigned out from there. They had some type of intake before they even got to us. They had an additional intake on our unit, but they had an intake there, so whatever medical screenings they were doing, I’m assuming they were doing it from Huntsville. It wasn’t like they were sending them to the units like they do now. I know they get tested on the units now. Back then, it wasn’t happening like that. That probably was happening at Huntsville.

TAPPE: Now all inmates get tested when they come in?

BRANNON: We may be jumping ahead. As far as I know, they are tested when they come on the unit. I can only speak for Harris County at this point because I know that the City has started doing testing at TDCJ state jail out in Atascocita. I actually approached them about doing testing, and so we started doing it there. But since then, TDC [Texas Department of Corrections] has taken it upon themselves to do their own testing once inmates hit their units like that. Unless they changed their mode of operating, every unit now is testing for it, because they were testing, themselves. They would just report stuff to us. We no longer had to go there to test.

TAPPE: You’re right, I did jump ahead. This was in the late 1980s. These inmates were diagnosed with ARC. Was there medication at that time that they were receiving? Do you recall?

BRANNON: I don’t recall because, to be honest with you, the whole time I was at TDC, I didn’t even understand what it really was. These inmates would get sick. We
would ship them to John Sealy Hospital in Galveston. They’d get better. Then they’d bring them back. A lot of times, when they would get sick, we would ship them out, and they would have these metal-like bowls, like mixing bowls that you would mix a cake in, stainless steel, I would say, and it would be next to their mouth. They would be lying on their side, and there would be like green goop coming out. They would be spitting it up. Now I understand that they might have had pneumonia or something like that, but at the time, we thought that was AIDS. It was like, “That’s what it looks like.” It would be greenish. Sometimes they would ship them back like that, like they had come, and they would be too sick to even put back in segregation. They would keep them in the medical unit, because they had lockup rooms in there also, cells in there. Until I left, I kind of thought what they were spitting up was AIDS. I didn’t know it was some opportunistic infection that they had, which I know now, but back then. That’s what I’m saying.

TAPPE: You thought that was the disease itself?

BRANNON: I thought it was the disease itself. We all did. To think about all the times that they had doctors and experts come to explain it to us, it was never explained in a way to where we understood that they had something as simple as this, something that just affected their immune system to where they couldn’t protect themselves. That was never actually said. It was simple. There was some technical explanation of it, and that’s why we always thought we could contract it.

TAPPE: It would have explained a lot if you had understood it was the immune system.

BRANNON: It would have. I think it would have helped a lot. It would have even helped the inmates to know that it’s something you have to get from them, and
basically through sexual contact. That would have probably been a deterrent for them not to try to mess with them.

TAPPE: Definitely. There was a point in time where the government put in universal precautions in terms of wearing gloves and that sort of thing. Was that going on in the prison system at that time? Did the employees wear gloves?

BRANNON: I can’t remember.

TAPPE: When you were around these inmates.

BRANNON: I don’t remember particularly getting gloves from medical to put on to interact with them. I know that as a rule, as a standard of practice, when they brought their food trays, they would have serving gloves on and things like that, but I don’t think that was on there as far as to protect them from the inmates. It was to do something sanitary. From a security standpoint, if we had to move on them, it was more of an aggressive thing, and so we suited up for that anyway. This universal precaution thing, I don’t remember. They could have. I just don’t remember. They might have been kind of enforcing it down in medical.

TAPPE: It may have come along after. Again, you were there pretty early on.

When you left the criminal justice system, you went to the City of Houston; is that correct?

BRANNON: Yes.

TAPPE: How did that happen?

BRANNON: Actually, once I finished my bachelor’s degree, I had in mind to pursue a position as a health administrator. I really wanted to do it within the criminal justice system, at one of the prisons. I wanted to be a health administrator over one of the clinic infirmaries and had literally talked to my warden about it. I
wanted to be informed of how that was supposed to operate, what I was supposed
do and how I was supposed to perform, what it would take for me to do that. I
thought the best place to go and pursue that as far as just from an informational
standpoint would be to go to the City of Houston Health Department. I actually
went there looking for a recruiter, and I didn’t really know that they didn’t per se
have recruiters. Who I actually talked to was one of the doctors that was working
in the Health Education and Risk Reduction Program, HIV, for the City of
Houston, Health and Human Services.

I talked to her and told her about my experience and my education and
what I wanted to do. She led me to the Bureau Chief back then of HIV and STD
[sexually transmitted disease] and to the STD Program Manager. Now, the
Bureau Chief at the time was Ms. Glenda Gardner, and the STD Program
Manager was a lady by the name of Ms. Debbie Bohannon, but she was a federal
CDC [Centers for Disease Control] assignee. I actually talked to both of these
people, and they had a couple of positions that were available. I just applied for
them, and little did I know the position that I thought I could get health
administration experience from was called Senior Clinical Education Coordinator.
I thought that that would be ideal for me to go get experience at the City and then
try to get something back at the State, and so that’s what I pursued.

I went and talked to my warden about it. He didn’t want me to leave. He
told me that they could make accommodations for me there, because I wanted to
get my master’s. They would put me on a shift in a position to where I could go
to school and still work, and I could stay within the system. I didn’t want it
handed to me, because I didn’t know what to do, and I figured going there would
help me do it, so that’s why I left.

When I got there, I found out that that's not what it was about at all. They didn’t tell me until two weeks after I started working and they hired me. They explained to me that the position, it was a title, but what I would actually be was a public health investigator, and that they had hired me to be a disease intervention specialist, and I would have to take these classes for a couple of months, and then I would have to pass some tests at one of the CDC testing sites.

I had made the commitment. I was there. If you don’t pass the test, at that time, they said you didn’t keep the job. I was really kind of sold out as far as doing that. It turned out to be a disease intervention specialist, which was kind of different. It’s not what I anticipated, but if I don’t do that, which is what I actually am now, an administrator, I don’t get to this point.

TAPPE: What did that job entail, the health investigator?

BRANNON: Actually, we investigated cases of infection. We were focusing on reportables at that time. It was like syphilis and gonorrhea primarily. You had others, trichomoniasis and stuff like that, genital warts, but we were focusing on syphilis at the time, chlamydia, and gonorrhea.

TAPPE: Those particular sexually transmitted diseases?

BRANNON: Yes, those sexually transmitted diseases. At that time, they weren’t really investigating HIV. Even though we were getting some paperwork on HIV and we would go out and notify people, we weren’t actually doing cases on them at the time.

TAPPE: Who was keeping track of that? Do you know?

BRANNON: The State was. And we were, to a certain extent. It’s just like it wasn’t, I
want to say, priority. They have a lot of sexually transmitted diseases that they
don’t actually — well, they didn’t at the time — investigate. They’d report it and
document it, but as far as going and finding the partners of it and things of that
nature, and it being an indices that we have to hit, it wasn’t something like that
back in 1991.

TAPPE: When you were with the City, did you do any work with HIV?

BRANNON: I got HIV, we called them FR’s, paperwork.

TAPPE: Called them what?

BRANNON: Field records. I got HIV field records to go notify people that they had
contracted this and have been tested to have it. I got field records for HIV.

TAPPE: When you had to inform someone, whether it was an inmate or just your
general citizen, that they had HIV, was that a difficult task for you, or was it
pretty succinct in terms of this is just what you have to do?

BRANNON: Even though a lot of people don’t think I am, I’ve always been an
introverted-type person, and that kind of stuff has always been difficult, to me.
And I’ve always been a sensitive person, caring person, so that’s compounded. I
got into the workforce and I had to take care of myself, and I had to get past a lot
of stuff like that to be able to live, to work. Yeah, it was always very challenging
to tell people that they may be infected and not know it.

The blessing in HIV stuff is that when I first started doing that with the
City, not one person that I approached with a field record to inform them that they
were HIV positive, that they didn’t already know it. They knew. And so that
made it easier. It made my job a lot easier as far as being conciliatory with them,
just being empathetic and trying to help them get into services, because we had a
program back then that we had started to help get people into early care and stuff like that. We could refer them to that program. If they meet the criteria, then they could get into it. That made it easier for me, but just the job itself went against my nature because again, that’s one thing that they trained us and taught us to do.

You had to literally capture people’s attention within five minutes of talking to them. People that you had never seen before. It didn’t matter. All walks of life. They could be a doctor in the emergency room, or they could be a prostitute. They could be a wife that just got married or one that’s been married for 40 years, didn’t know that her husband — or a husband, you know. There isn’t a situation that I don’t think that I didn’t experience.

A young lady, the first time she had sex, at 16, she got infected. We had one that tore up the counseling room. This young lady, she came in with her mom, and she was like 16 or 17. The first person she had sex with gave her HIV.

Back then, we couldn’t tell people stuff. We had a guy that came to the clinic a good four or five times with different women, and he knew he was infected. Now they file charges on that type of person. Back then they didn’t, and you couldn’t tell people that he had something. That was really bad. He wasn’t the only one. I remember this one guy, he continuously came in with different women, as if he didn’t have anything, to get tested, and he knew he was infected. Things have changed to the point to where people can’t — I’m not saying they can’t do it, but there are repercussions of doing it now, and there weren’t back then.

TAPPE: If someone has HIV/AIDS and they have unprotected sex with someone and the sex partner finds out, what recourse do they have?
BRANNON: What do you mean? Do you mean now?

TAPPE: Yes.

BRANNON: I’m not an expert on it now, but from what I can see and what I hear, they could literally go report them to the police and they can file charges. They can consider that attempted murder in some situations if they know they’re infected and they’re out there having sex. There’s more to it that’s being compromised than just that. Now that we know there are different strains, you can mess around and have sex with somebody else that has HIV and create a drug-resistant strain of it if you’re not careful. Just because you have it doesn’t mean that you can just go out and just have sex now because you’ve got it, you know, can have sex with other people that have got it, because you can still create something that’s pretty bad. There’s a lot more recourse now.

TAPPE: That’s right. You said that you tried to gear people towards services when you were with the City.

BRANNON: That’s what we were instructed to do, yes.

TAPPE: Were there a lot of services around? Do you recall?

BRANNON: No. I mean, we were fortunate enough at the City to have this new program that they had started, an early-intervention program that we could refer people to. I can’t remember that far back. I’m foggy about when Thomas Street came about, but they were operating at that time. We were basically referring them to the program within the City, and they were referring them to financial support and medical services and things of that nature, but they were directly overseeing that, T-cell count and all that stuff. I don’t know. We didn’t get that engaged in it. Our job was to go find them, inform them, and refer them.
TAPPE: And then other people took over more of the social work aspect from there?

BRANNON: Like I said, there wasn’t an indices on it for us other than to report it and to inform them. Syphilis was different. We had to find contacts. You were held to a higher standard of breaking their cycle of transmission. With HIV at that time, that standard wasn’t placed on it.

TAPPE: The funding for your program for the sexually transmitted diseases and your whole program in general, was that federal? State? A little bit of both?

BRANNON: Well, you have to understand what I was doing at the level that I was working, I wasn’t really involved in the funding part. As far as I knew, it was CDC because we had 20-something, almost 30 disease intervention specialists at that time, which is almost unheard of, and a lot of those were federal assignees. We had federally assigned supervisors. We had federally assigned DIS’s [disease intervention specialist]. As far as we were concerned, the CDC was giving us most of that money. I’ve since learned that the City was putting some funds in there themselves to run that HIV/STD program, but the federal funds for the CDC assignees was absolutely coming from them. I think it was pass-through. The money was given to the State to give to the City. The City of Houston has a different dynamic because they do get some straight funding for HIV, and then they get some pass-through funding, I believe, through CDC, but the State of Texas has some kind of oversight over it, and they have their own funding. I’m not really clear on the absolute dynamics of it. Back then it was just considered to be federal funding coming in to take care of that.

TAPPE: I know a lot of the service models to help people were set up locally with just volunteers and through churches and the like. But dealing with the actual
numbers, that would be from the federal government.

When you left the City of Houston, did you go to Harris County at that point?

BRANNON: Yes.

TAPPE: What was the move involved there? What were you doing?

BRANNON: A lot of that had to do with what I kind of evolved into at the City because when I first started working for the City, after my first couple of weeks, when they told me I would be on that jail team, they called it, the correctional health team, do the testing in the jails, that’s the team I was assigned to.

TAPPE: With the City?

BRANNON: With the City, as a City employee. Over time, I rose to be over that team and I was the supervisor of that team. I’m the one that coordinated services for the team. We expanded our services, like testing at the state jail, which I said. We started testing in the city jail. At the time, that Mykawa unit, which was like a 72-hour holdover. So we started testing in drug treatment centers. Actually I started doing some testing in INS [Immigration and Naturalization Service]. I was getting ready to start doing some testing in the federal jail downtown when I left, so I was expanding. I had a five-year plan to try to increase testing in these types of adverse situations, and so that’s what we did.

As a result of doing that, I started doing testing down in Atascocita at the Juvenile Detention Center, the boot camp. When I first approached them, I was, at that time — because you never really got money. You had to kind of barter to do things, and there was never really money to support any additional testing. So in looking for places, I would look for departments, agencies that wanted to do
HIV and STD testing, because now it’s the thing to do, going toward the late 1990s. When I went out there, I met with — at the time, they had an HIV prevention administrator here that just did HIV testing.

TAPPE: You mean at the County?

BRANNON: At the County. I got to know him, and I met the officials at the boot camp, and we started talking about he would do the HIV and I would do the STD screening. So I came up with a figure that it would take to do it for a year. We had to sell that. The City was good. Whatever I wanted to do, they were good with, as far as doing additional testing. But here, we had to meet with their director, the executive director of the health department. He and I met with them about doing it, and he was kind of shocked when I told him how much it would take, how much money it would take for us to do the program for a year. I told him it would take $600.

He was like, “That’s all we’d have to pay, is $600?”

I said, “No, you’ve got to pay $300. We’re going to split it.”

He was just blown away that I could do a testing program for a year for $600, but I really bartered with him as to get a doctor and bartered with — I got support from other places to do certain things.

TAPPE: You must have.

BRANNON: The City lab agreed to do my testing. They didn’t charge us anything. He was kind of impressed with that. That’s what kind of, as a starter, put me on their radar.

Then my wife was working here. She was an area manager at the time, and they had a vacant position. She told me about the position, but I was like,
“There’s no way they’re going to consider me because you already do it, and you’re my wife. She’s supposed to think I’m great.”

I didn’t even entertain what she was saying. She told me that for almost a year. The position was open well over a year. When this administrator and I met with their director, then they brought up to me that I should consider applying for it because they had seen how resourceful I was. That’s what made me entertain applying for it, so I did. I interviewed, and I was hired. That’s how I left the City.

I came over here as an area manager. I managed the La Porte Health Center. It’s now closed. They’ve closed it. One of the storms that came through here flooded it, and they never reopened. I can’t remember what storm. After I left, after I left from out there, a storm came through La Porte and it flooded the clinic, and so they never reopened.

That was the initial clinic that I had, and then I opened up Webster Clinic in the city of Webster, so I had that clinic, and I had La Porte, and then I started CHIP. The same year that I came here in 1998 is when the federal government was rolling out the Child Health Insurance Plan.

A co-worker of mine wanted to pursue it, so we talked to our boss, and he was okay with it, but the State said we could only pursue getting the funding to start CHIP in the Harris County area, if the City would agree. They thought since I had just left the City that I would have connections over there to do it, and I did, so I took on their program too. I started CHIP at that time, and we had to put together a collaborative and things like that to be able to get the money, so we did.

Then I started Immunization Outreach, so I had literally two clinics —
CHIP and Immunization Outreach — when I got here.

The difference between here and there, in addition to just the job duties, was the fact that here at Harris County I had resources, I had a budget, so for the first time I actually had money that I oversaw. They felt as long as I can work it within my budget, they didn’t have a problem with me doing it.

TAPPE: Where with the City, you didn’t have that?

BRANNON: No, you had no money. You had no money. You just had a lot of initiative and you had a lot of approvals to pursue stuff, but you didn’t have a lot of resources. In all fairness, when I left, CDC was getting more engaged directly with me from a correctional health standpoint and was looking to give me resources to expand services within the jail and other places, because they would come down from time to time and they would meet the officials that I was working with at these places, and they were excited about the relationship. They felt all I needed was the money. When I left, they literally contacted me for a good six months after I left, thinking I was still there.

TAPPE: When you left the City?

BRANNON: Yes, telling me about things. They were forwarding things like grants to me that I’d just have to do a reporting or something like that, but they wanted to give me money to buy computers and hardware that could support the program. They were really committed to helping, but I left.

TAPPE: And that money couldn’t come over here?

BRANNON: No, it didn’t translate to Harris County. I had a different role with the County. I was managing multi-service health centers. I didn’t do multi-service at Webster. I just did immunization, some basic stuff, some family planning, intake,
things like that. I was over multi-services, health center services, and that’s really kind of different from just focusing on HIV and STD testing. You’re talking about maternity and family planning, adult health, well child, things like that were going on, health education component for the whole area. My area, the part of HSA [health services administration] was about 12 or 13 of those cities, municipalities, because unincorporated areas of Harris County have about 20 cities that are out there that you are covering, so you are really kind of providing services to all those areas, so it was a little different.

TAPPE: A lot of rural too.

BRANNON: After coming up here in 1998 as a health services area manager, in 2006 my role changed, because in 2006 I came to the main office as the HIV/STD prevention program manager, so I got back into HIV directly, even though as an HSA manager I had that service in my clinic. They were doing testing, HIV testing, but it was just one of the services that as a manager I was over for the whole clinic. But when in 2006 I came to the main office, came up here to kind of start an HIV/STD program, I was directly just involved in HIV and STD at that time, overseeing that program.

TAPPE: And you were able to get the funding for that?

BRANNON: Well, we had a couple of State grants that we were getting to provide those services. One of them was testing, was HIV integration, which was to integrate HIV testing into family planning services. Another one was an evidence-based program for infected men having sex with men, as far as providing them with education to reduce the risks of spreading that infection. Then the executive director and director required us to put together a task force to look at determining
what resources we would need to build a program, which is what we did. It never really came to fruition because the resources were never really made available even though every year, they tried to do it, but there were certain things that came up to where the money just wasn’t available to do.

TAPPE: Did you try to get this money through the county commissioners?

BRANNON: No, I never had direct contact, except for my first year working here when I happened to be more engaged as the area manager with some of these community groups. Commissioner Fonteno, at the time, I think I was here two weeks and I met him. It was never dealing directly with them for the resources. The resources always came through our executive staff. The dynamics changed, because when I first came, I literally was talking to him directly about a new clinic, but I was sitting right next to him in meetings. But when it came to actually officially pursuing something, that was always done by the executive staff. Even to this day, that’s how they operate. Even if we would have interaction with them, your interaction would be more informal. The formality of requiring funding to do things, that comes from the executive staff. It always has.

TAPPE: You started the HIV/STD prevention program in 2006. How long were you involved with that?

BRANNON: I did that for four years. I did that up until 2010. That’s when I left the County.
TAPPE: Tell me about leaving the County.

BRANNON: That was a personal decision because of what my wife and I were trying to do away from here. We had started our own business, and at the time our philosophy was brought up to believe and feel that you had to put yourself 100 percent into something. I was getting older. I thought it would be my last chance to go pursue my own business, to quit working full-time, so what’s why I left. That was at the end of 2010. About a year or a year and a half into that is when things weren’t working out. To be honest with you, I didn’t even have an opportunity for it to crash, not to completely work, because the moment that we thought that things weren’t really going to work out, and I was trying to restrategize about what I was going to do, is when I got an offer that I really just couldn’t refuse.

TAPPE: This was from a company, not a government source?

BRANNON: It was from a company, yeah. I felt like it was God just trying to look out for me. I got a call from an executive employment agency with the offer that someone had recommended me for a position with the company to do a particular job. Of course, I thought it was a crank call because it just didn’t make any sense. They wanted me to just say that I was interested, and then they can tell me all this stuff. Really, at the time that they called, I wasn’t. I was conducting business that morning, so I went on about my business, and after finishing, I talked to my wife, and when I told it to her, she kind of convinced me to just call them and see what it was about, because at the time we were thinking about maybe this isn’t working out.

When I called them back and told them that I was interested, that’s when
they told me the name of the person that had given me as a reference, the name of the company, which was OraSure, and it was an accounts manager’s job to cover several states to help promote their product, which I had originally established a contract with the County for our program before I left.

[END OF AUDIO PART 1]

TAPPE: With this company?

BRANNON: Yes. I had tried some other tests. One, the company wasn’t responsive to the staff; and two, this test was nonintrusive.

TAPPE: And this was an HIV testing device; is that correct?

BRANNON: Yes, it was OraSure. It was the oral component. To me, that made it more attractive to clients. Really, to be honest with you, the moment we started using that test, we went from an 18 percent compliance rate of giving people their results to 98. Literally, before I left, it was almost 100 percent. It was so much so, we got an award from the federal government about it. It really wasn’t us; it was the test. We were normally getting blood, sending it out, then had to contact people to give them their results, which is almost impossible. We went to telling them in 20 minutes. We literally can exit people that day with their results.

TAPPE: They come in, and they get their results almost immediately. Is that device or testing still being used?

BRANNON: It still exists. A lot of people have moved away from it, which I don’t particularly agree with, but a lot of people moved away from it because it’s considered to be an old test. They’ve got a fourth generation. Now they’ve come out with a fifth generation. To me, that’s the misnomer in this. To me, when they start talking about “generation,” it gives the implication that it’s better, and that’s
not the case. That’s not always the case, just because it’s just the latest, like the latest model of cars. Whenever you go get a 1950 Chevy, you can probably ride through the freeway of 59 and hit 20 cars and not scratch it, where you’d devastate them. The test, to me, is again when you’re talking about going out in different venues to entice people to get tested and get their results, it’s nonintrusive. It’s something that can be done where they don’t have to take blood.

Now, blood is a 99, 98 percent specific test. Blood, 99, 100 percent in some cases. It’s a very accurate test, but now you’ve got a five-minute test that people can do with blood, and so that’s what I think people are looking at. Again, I still say it’s nonintrusive. Even though there are a couple of companies that have come up with an oral component, it still doesn’t match that test. It’s not as easily operated as that test. A lot of them are cumbersome. Like the fourth generation test, I think we had tried it here.

What I learned when I was working there, and it’s not just because I worked there, the fact of it is I found out, because I didn’t consider myself to be a salesman, I found out that to sell these products you’ve got to be experts on all of them. You’ve got to know them. To me — I say me as a person that’s honest, with integrity — it’s like I can’t go and say my test is the best, if there are other tests that are better. That’s one thing I admired about them, is that they really felt their test was the best, and they made sure any new test came out, that you got it. You got to use it. You knew all the information about it, because they wanted to be able to compare their test to the new test. We used to say all the time, and I was only there two years or less, but I would always say, “Why don’t we get a
fourth generation?”

We’d all say that, and they’d say, “Why? Ours is still the best.”

True enough, people would keep going away from what these supposedly newer tests are and going back to that test.

TAPPE: Not like the original. Now the testing is a five-minute blood test?

BRANNON: Well, they have an instant test that’s a five-minute test, but the setup is 15 minutes. They don’t tell you that, 10 to 15. You’ve got a 10-minute setup and all that kind of reading, and then you’ve got five minutes, so you’re 15 or you’re 20. You think you’re getting something better because it’s a five-minute read, but still the setup, you need more blood to do it. It’s more delicate to do. You’ve got to be more proficient to do it. There are a lot of other things that they’re not saying.

TAPPE: Are you able to use the OraSure here at the County, or do you do all blood tests?

BRANNON: We can. What I’ve done now is, I’ve gotten out of the business of legislating it. The State won’t say that we — because we can get certain tests through them, and then we can buy certain tests if we put it in the grant. They prefer you to use a test which you can draw blood, which you can draw blood with OraSure. It’s blood or oral, but it just costs more, so it’s like spending more to do something less. What I don’t do, since I’m the administrator now, I don’t dictate to the staff what they have to use. They tell us what’s best for them out in the field, and then we’ll buy that. Even though I support the test, I don’t support it to the point to where I will make them choose it over something else.

TAPPE: You’re not selling it to them.

BRANNON: Right.
TAPPE: If I want an HIV test performed by Harris County, how would I go about doing that? What’s the process?

BRANNON: Well, it’s a little delicate with us at this point because, remember, we just got back into the outreach HIV testing business last January when we received money from the State, and we didn’t actually start doing any testing until June, so we are literally just six months into testing.

TAPPE: June of 2016?

BRANNON: Yes. We actually test in an outreach setting. Say for instance if you came to the main office and wanted to test, we’re not really set up to test you. I’m not saying we would turn you down if you approached us about testing, but you wouldn’t be considered our target population. You’re an older white female, you’re not an MSM [men who have sex with men], so you’re not somebody that we would be out there looking for to test. You don’t seem to have high-risk issues.

Now, if you went to our clinics, they on the other hand are testing from a family planning funding standpoint, so they have their criteria. Again, it’s not a situation where you would just walk in and say, “I had some high-risk activity last night, and I want to get a test.” I’m not saying they won’t do it, but they will want to take you through their battery of tests that relates to their funding source, what they want.

For just walk-in services, that’s something that I would say we’re planning to grow into.

TAPPE: But it doesn’t exist right now?

BRANNON: No.
TAPPE: Fair enough. If I were a sexually active gay man in a bar, and you were coming in and screening, then that would be a little different?

BRANNON: Absolutely. There’s a host of ways you could tested by us, because now we’re even doing this app to where we will come to you. Yeah, there are a host of ways.

TAPPE: But it would be considered high-risk factors.

BRANNON: Yes, and outreach. It wouldn’t be like a clinic setting. It would be outreach.

TAPPE: Right. With HIV right now, what is the highest population in terms of new diagnoses with HIV?

BRANNON: I think right now, it’s African-American men. What I’m hearing recently through the team and our consultant that’s actually helping to structure the team is that heterosexual African-American women are becoming a higher risk. I don’t know if we will ever not have a situation where MSM’s are not at risk, but it’s kind of moving into the area of high-risk women as well in addition to all colors of MSM’s that are engaging in risky behavior. Women are becoming more at risk.

TAPPE: The new medication, PrEP [pre-exposure prophylaxis], are you involved with that at all?

BRANNON: No, we’re not. What they want us to do is somewhat just kind of tell people about it. We’re not really involved in it, which we don’t have any issue with being trained on that, but it’s not something that we’re engaging in even though there is some general education around it. We’re willing to get whatever information we can to promote it, and I assume that at some point everybody is
going kind of really be leaning in that direction. We’re just not there yet.

TAPPE: You’re not there yet. Well, this is relatively new for you, this testing. Six months is just a baby, really.

BRANNON: We talk about it, but very generally.

TAPPE: How did the Planned Parenthood funding shift over to Harris County? Do you know?

BRANNON: I can only speak about the facts. The fact of it is that the Department of State Health Services, for whatever reason, didn’t re-fund them, I will say, didn’t re-fund them. As a result, that money was given to a couple of agencies in this area. We were one of them, Harris County Public Health. I know Fort Bend County Health Department received some of the funding. I think Galveston County received some of the funding. I’m not sure if Bee Busy got the other funding. There were like four. But I know that those three government agencies got some of the funding. We were approached about that, and our executive staff thought it was an excellent time for us to get back into the HIV business. That’s how we got it. With Planned Parenthood not being re-funded, we got some of that funding to start our program.

TAPPE: Was the funding for Planned Parenthood strictly for HIV, or it was just Planned Parenthood money in general for women’s healthcare?

BRANNON: No. It was for HIV.

TAPPE: It was for HIV?

BRANNON: Yes, they were being funded through the State to perform HIV services.

TAPPE: Your understanding is that other women’s health services were not affected by that particular cut from Planned Parenthood?
BRANNON: I’ve never heard it phrased that way. I’m not sure. It’s never come up. It was always geared toward HIV services that were being performed. That is what was taken. That was cut. I don’t even think there was even a question of if it affected some other part of it. I’m not sure if it did.

TAPPE: And if it was strictly HIV testing?

BRANNON: I think it was, I mean, but I’m not sure if there were any other cuts.

TAPPE: Fair enough. Michael, given the political climate in the country in general and then with HIV in particular, is there any overlay with HIV prevention services? Do you see politics getting in the way, one way or the other, to support HIV? To take money away from HIV or caregiving services?

BRANNON: Well, to be honest with you, not that I’m engaged in the politics of it, but no, this is a time like no other for me in reference to HIV, because even when I had the program before, I didn’t have the resources that I’m getting now, and I sure didn’t have the support from the State standpoint, because the State was a whole lot more stringent last time. This time, they’ve been very cooperative. They’re been very supportive in the things, even the creative ideas that we’ve come up with to promote it, the testing, they’ve been very supportive for whatever reason, I don’t know, but I know they are.

TAPPE: I’m glad to hear that.

BRANNON: And that’s really God’s honest truth, they really are. We’ve been able to be extremely creative in how we operate. As a matter of fact, they even promote some of it, because back then we didn’t have the social media piece, and they’re really big on that. We have our own web page now, which I’ve got to commend our director of Office of Communications, Education & Engagement, because
she’s really strict about stuff like that. She was onboard with us having a separate page. She thought it was that important.

TAPPE: Good. That’s wonderful to hear. Through the many years that you’ve been engaged or involved with HIV on whatever level, you see a huge difference?

BRANNON: When I got back, I told them I felt like it was Christmas. And it is, because this stuff is stuff we dreamed of, the stuff that we’re allowed to do now. I can’t even wrap my brain around people doing online access. Giving out results was so protected when I was here, when I was doing it in the 1990s at the City. Everything was HIPAA [Health Insurance Portability and Accountability Act], even though HIPAA wasn’t around then. Everything was so private. When I heard that the City, before I came back, the guys were actually taking medication out to the field to give to people, “Who does that?” That stuff was so sacred back in the day.

Now you’ve got people giving out results online, and there are all kinds of innovative ways of getting information to people and getting people tested. The very idea somebody can text you a number and you go to them and test them where they are, I’m like Alice in Wonderland.

TAPPE: That’s great. I’m glad to hear it. You answered my next question, which was about funding and how it has changed.

So it has exploded compared to what it was?

BRANNON: I’m not saying it can’t be better, but compared to what it was, this is like the lottery. I used to have to run a program off of $150,000, $160,000. Imagine trying to do that. Now we get twice as much as that just to start something. They’ve been very supportive in doing it. Some people may not feel the same
way, but because I’ve been around it so long, I see just how different it is.

TAPPE: You see the difference. If someone is walking in new, they may say this isn’t
enough money, but you know you were on a shoestring before.

BRANNON: I can see them saying that. But we were different. The way that we
operate now is a lot different from the way we operated then. We generally
worked off of trying to connect with people and getting buy-in. They’ve got gift
cards they can give. They’ve got all kinds of stuff they can do as incentives now.
We didn’t have all that. The incentive was do the right thing. We’re here to help.
We’re trying to help save your life or protect your loved ones or whatever. That
was the best skill set I think they’ve ever trained me for. I thank God that I went
through that training with the City because there was nothing else to use but my
wherewithal and my innocence, my compassion. I had to literally be what I
appeared to be. People had to feel like I really cared. I had to care. I couldn’t
fake it. I didn’t have anything to help me.

They would say absurd stuff like you’ve got to get them in to get them
tested, but you can’t drive them in your car. That’s like you’re dying of thirst, but
don’t drink water. You had to make a conscious choice were you going to do
something against the rules, or were you just going to obey the rules? If that
person was off of 1960 and homeless or a prostitute, but they needed to get into
the Medical Center to get examined and treated, what are you going to do? Those
are the kinds of things you just didn’t think about. You just did it. You just did
what you had to do to get them help.

Now I think a lot of times with newer people coming into this field, they
have all this. They’ve got the phone and Twitter, and they’ve got Facebook, and
they’ve got all these gadgets around to help them make the difference. When it comes to really connecting with people, they’re missing the most basic thing, which is just caring. Not to say that they don’t, but if they don’t have to literally do it without all their stuff, then if they have a situation where they don’t have all their stuff, then it makes them less effective.

I thank God that I came up at a time where it was just about me caring about people, and just the proudest moments when I can say that when people would actually challenge me about, “No, I’m telling you nothing. I’m not doing anything. What are you doing at my door?”

“I’m here for you.”

My proudest moment was this executive that worked at Chevron or Shell or one of them, that actually brought her daughter to me. She could have taken her daughter to any private doctor, whatever, and brought her daughter to me and said she was putting it in my hands for me to get her checked out and taken care of, and she wanted me to deliver her to school, to the school nurse, when they were finished, and that’s exactly what I did.

I called the house, and the mom wanted to know who in the heck I was, and I told her I couldn’t tell her that, but I could talk to her daughter, but her daughter could tell her after I talked to her. The fact that she listened to me, she felt my spirit, she felt that I was there to make a difference, she let me talk to her. The daughter told her.

Then I said, “Then we can talk,” and so we talked with the three of us, and she just honored me. She really, truly honored me. I’m going to show you just how much.
The first time that I went to get her, I brought her in, the mom really let me bring her, and our nursing coordinator at the time, to show you the difference, refused to see her. She said it was like 3:30; they had stopped seeing patients.

I said, “But do you know what it took me to get this young lady? Her parents had to pull her out of school.”

She was like, “Well, it doesn’t matter. We aren’t seeing her.”

I begged her. I begged her, but she wouldn’t see her. Imagine that. I’m telling the mom how urgent this is. Her dad and her mom agree for me to bring her here. These are people that really had the means to just sweep this stuff under the rug and not take some City worker’s word for this, because the girl told them she hadn’t had any contact with anybody. She was like 17. But she told me she did.

Anyway, when I called her mom to tell her that I couldn’t get her seen, and I was so afraid because I had just told them how urgent it was, and I explained to her what was said to me and why they wouldn’t let her see her, but we still needed to get in. “Can I do it again tomorrow?”

That’s when the told me, “No. I’ll bring her to you.”

But she saw how much I cared about her child, and this is a clinician that didn’t. So it was an honor to get that young lady taken care of and take her to her school, her high school, and actually checked in and delivered her to the school nurse like I was told to. Those are the kind of things that we took pride in back then.

TAPPE: Do you miss working hands-on?

BRANNON: No, because I never really got away from it. I’m one of those people who
I’ve literally been blessed. Even at the prison when I was a correctional officer, I had this idea. We used to talk all the time, “When I become rank, I’m going to do this.” I’ve been one of those people that’s been blessed to actually live up to that.

My first day as sergeant, the warden insisted when I was the first person they ever pinned the sergeant’s stripes on, they asked me what was my first official act, and I said, “I’m going to give my staff breaks.”

They said, “Breaks? Of all the things, you want to give them breaks?”

We had like 50 officers, and he’s like, “Well, okay. If that’s what you want to do, Sarge.”

So that means when we turned our shift at 1:30, we had to start breaking people right away, give them 15 minutes in the officers lounge.

But that’s the way I’ve always thought. To me, even the stuff that we were doing with the consultant that we have now, I knew her back at the City. She was a coordinator supervisor then. This is what we are. Basically, we’ve been born to be public servants. It’s just what it is. It wasn’t for me to go to corporate and work a corporate job. Even though we have the wherewithal to do those things, that’s not our purpose in life.

I don’t miss interviewing 10 people a day, sitting at the county jail and doing 10 interviews on a concrete pillow and then going out for the rest of the week all over the county trying to find their contacts, unknowns. We called them unk-unks. You’ve just got a description of the person and you’re trying to find them because they hang out in an area. No, I don’t miss that.

We were just having this conversation the other day. Think about it. You’re 20 years into this stuff or longer. Now you’re in a position where you can
influence how you do stuff, when you do stuff, what you do. You’re blessed to be considered. I’m part of the team of people that they listen to my recommendations.

The fact that I was grassroots entry level has been my biggest promotion or sell because I’ve never forgotten any of that stuff. You see I’m talking about it to you. It stays with me. When I’m talking to staff, if they don’t seem to be as committed to the client or if I think they could do more and they just don’t know, that comes out. If I can do something for them, if I can — their job is to go get it. My job is to create a good working environment for them.

Certain things, they shouldn’t have to ask me for because I’ve been there, so I should know what they need. General needs. Not specific needs; they can tell me. My job is to keep trying to uplift the program and uplift them, create opportunity.

If I do it right, they outgrow me. Look what I did. I outgrew those that came before me, that taught me. If I do it right, they do ascend beyond what I’m doing. You do lose good people, but they go on and do good things.

TAPPE: Sure, they do. I think your timing with the HIV/AIDS was at the beginning, so that’s just kind of stayed with you professionally throughout.

BRANNON: Everywhere I went.

TAPPE: Well, there’s a reason for that, I think, as you’re saying.

BRANNON: I just accept it now. The only time that I wasn’t involved in it in some shape, form, or fashion is when I left to do our personal business. That was the only time, for that year, year and a half. Other than that, it seems like it started at the State, it followed me to the City, came here to the County. Even as an area
manager, I was still doing HIV in my clinics. Then it came up here being directly over the HIV/STD program, and then coming back, being an administrator now over the section that HIV is now in.

We’ve got a contracting manager again. The contracting manager, I don’t care if she’s part-time. She conducts herself like she’s full-time. She gives Dr. Haynie and myself, who is my boss, the Chief of Disease Control & Medical Epidemiology, she actually complements us and affords us the opportunity to actually focus on what we’re supposed to focus on now because we got somebody that’s come in and taken over the development of the program. We’ve got a coordinator that’s starting in about three weeks, an official coordinator for the program. We’ve got a pretty good team.

TAPPE: Well, I think the Universe must have told you when you went corporate, “No,” because it sent you back and you’ve continued on. I would say the County and the citizens are very lucky to have your services. I thank you very much for your time today.

BRANNON: Well, you’re welcome. To be honest with you, I’m the one that feels blessed. I said this to our executive director when I came back. Going away kind of let me know where I should be and where I wanted to be because all I could tell them was, “I just want to come home.” That’s just what I’m about. Until God calls me home or it’s time for me to go home, this is what I’ll be doing.

TAPPE: Well, welcome back.

BRANNON: Thank you.

[END OF AUDIO PART 2]

[INTERVIEW CONCLUDED]