Oral History # 31

An Interview With
Denise O'Doherty

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AN INTERVIEW WITH DENISE O’DOHERTY

RENÉE TAPPE: This is Renée Tappe interviewing Denise O’Doherty for The oH Project, Oral Histories of HIV/AIDS in Houston, Harris County, and Southeast Texas. The interview is taking place on April 8th, 2017, in Houston, Texas. The purpose of this interview is to document Ms. O’Doherty’s recollections concerning the HIV/AIDS epidemic in Houston.

Hi, Denise.

DENISE O’DOHERTY: Hi, Renée.

RENÉE TAPPE: Thanks for joining me today.

DENISE O’DOHERTY: I’m happy to have been chosen to be interviewed.

RENÉE TAPPE: To get started, let’s get a little bit of your background. Tell me where you were born. Tell me a little bit about your family, please.

DENISE O’DOHERTY: I was born on Long Island, New York in a town called Bay Shore and grew up in Sayville, which is on the south shore of Long Island. I grew up with both my parents and my younger brother, and that’s where I lived until I moved away to college.

RENÉE TAPPE: Where did you go to college?

DENISE O’DOHERTY: I went to the University of South Florida in Tampa for two years, and then I flew back up to New York, and I graduated from SUNY [State University of New York] at Stony Brook. Then I worked for two years and went back down to Florida, at the University of Florida, to get my master’s degree. My bachelor’s is in psychiatric nursing/adult mental health, and my master’s is in the
same thing.

TAPPE: Tell me, Denise, when did you move to Houston and why? What brought you here?

O’DOHERTY: I graduated from graduate school at the University of Florida and knew that I wanted to start a psychotherapy practice, and here I had my master’s in psychiatric nursing. I couldn’t decide whether I wanted to move to Boca Raton in Florida where it was warm and beautiful or go back to New York. I had a friend who had family in Houston and would always tell me how wonderful it was. I thought, “Well, I’ll go to Houston and work for two years and then decide where I want to live.”

I got a job at St. Joseph Hospital as a psychiatric nurse. I was one of the first people with a master’s degree to work in their mental health department. It was run by Sister Amelia, a nun from Ireland, who hired me because I was Irish and had a master’s degree. I was happy to get the job and moved to Houston. I got here in 1981.

TAPPE: How long did you work there? Do you recall?

O’DOHERTY: Probably about a year.

TAPPE: After you finished that particular psychiatric nursing position, what did you do?

O’DOHERTY: When I came here, I always had a full-time job as a nurse. I worked there, and then I moved over to Hermann Hospital, where I worked on the psychiatric liaison team with two psychiatrists. It was fabulous. It was a trauma hospital, and we went to all the units. Because it was trauma, the staff didn’t know if people were having emotional breaks because of the trauma, or because maybe they had issues prior to their recent trauma. We would go assess them and
then do a care plan and then teach the staff how to work with the patients’ emotional condition. Most were all in there for physical issues, and the staff were not prepared to deal with the emotional issues as well.

I did that full-time. It was a fabulous job, but I knew I wanted to do therapy in a counseling center, so I went to the Montrose Counseling Center. I wanted to see if they would hire me part-time to do some psychotherapy on weekends and evenings so I could develop my therapy skills and get some experience with that and meet some experienced therapists. I went there, I interviewed, and they hired me. It was pretty amazing.

TAPPE: Had you worked as a therapist before?

O’DOHERTY: I hadn’t. Only as a psychiatric nurse, so I was really excited and ready to begin. I think I was about 26 or 27 years old, and it was a very, very exciting time. The center was called the Montrose Counseling Center. It was in the heart of Montrose, the gay part of Houston. I think I was the fifth person to be hired there. One of the founders was Bill Scott. There was one other woman and then myself. There were three to four gay men therapists, and the woman therapist was a lesbian. I thought, “Well, this is great. I’m going to do this and learn what I can.”

I ended up forming a close relationship with Bill Scott, who also, in addition to his role as a founder of the counseling center, had a private practice. Interestingly, he was from New York and grew up in Bay Shore, which was the town on Long Island that I was born in. We got to be great friends, and one day I said to him, “Bill, I’d love to have a private practice like you do.”

He said, “Really? How would you like to join me? I’d love to have a
woman partner. I can rent you a room by the hour, and we’ll have an office together. Join me, it will be great.”

I just thought this was one of the best days of my life. I then joined Bill and left the counseling center after about a year. I kept my full-time nursing jobs, worked with Bill, eventually got away from a full-time day job, and then did therapy full-time. As the years went on, I specialized and became certified as a licensed professional counselor, licensed marriage and family therapist, licensed drug and alcohol counselor, and a certified IMAGO relationship counselor. I always kept my RN degree active as well. It was a very interesting time that year, year and a half that I was at the Montrose Counseling Center.

TAPPE: Let me ask you a question: Was this your first exposure to the gay community on such an intimate level?

O’DOHERTY: Yes, much more intimate. I had dated some women before that in college and spent time in gay bars. Also, growing up on Long Island gave me exposure because the town that I grew up in, Sayville, is on the south shore. And Sayville, about an hour and 15 minutes one way is Manhattan, an hour and 15 minutes the other way are the Hamptons. It’s right on the south shore where all the ferries leave for Fire Island. Growing up, every summer we would take the boat to the ferry to Fire Island. I’d go with my parents to the beach on the Island.

Well, today that same beach is a huge gay resort. We had The Pines and Cherry Grove. Growing up and riding on the boat, as a kid I would say to my mother, “Who are those people on the back of the ferry, Mom?”

She’d say, “Oh, honey, you know, those are the dancers and the choreographers and the theatre people from Manhattan, and they come out for the
summer too and stay at the beach in the beach houses.”

They always looked so colorful and happy and different. There was a very different look about these people, which I liked so much. You can imagine, when I was 14, 15, and 16, I would sit there and say, “Why am I sitting here with my parents when I should be in the back of the boat with these people that look like they’re having so much fun?” As I got older, that’s exactly what happened, and did meet friends from the beach and clubs who expanded my life. In addition to gay and lesbian people, I became particularly aware of cross-dressing and transgender issues.

I also took ballet, which I started at three years old. I can think of one teacher in particular. Her nephew did all the lifts for our center ballet work, and he never came in without eye makeup and very frilly, feminine shirts, so I was really exposed to feminine gay men and transgendered people. Most of my mother’s hairdressers were gay and eventually, by waiting for her, I became aware of various hairdressers’ lovers, friends, and activities. All of that just by watching! This was before and during high school.

I just grew up with it, so it was not foreign to me. It was very accepted by my parents. I grew up in the American dream in suburbia: big homes, white picket fences, and it was very, very open to GLBT. I think people were appreciated for their artistic contribution and very much accepted as part of the culture.

TAPPE: That’s nice to hear, and that was a while ago.

O’DOHERTY: Yes, absolutely. I will say too, when I went to Stony Brook, I think it was 1976, I took a human sexuality class. This is in 1976, and we had a guest.
My teachers were a lesbian and a gay man, and they brought in a transgender woman who came to the class to talk about her life. She was absolutely beautiful, had seven children, was married to a man, and really presented this very successful transsexual lifestyle. This was impressive, especially in 1976. I went to Catholic schools for 12 years, and a lot of things have gone down since then. I was taught a strong, positive acceptance of all people. We were taught to accept people for who they are, and that was just a big part of my life. I just thought it was great. It was very positive.

TAPPE: That’s nice to hear.

O’DOHERTY: I moved to Houston, and things were a little different.

TAPPE: What did you see different, in terms of the transitioning from a social aspect or the point of view, from New York to Houston?

O’DOHERTY: It was just so different here. Everything was different. There was more discrimination. There was more black/white discrimination. There was more antigay energy. I think it was because of the churches, the Southern churches. I just didn’t see that. Growing up Catholic, it wasn’t rigid at all. You couldn’t eat meat on Friday, and then you could. Women had to wear hats to church, and then you didn’t. Everything was flexible. If you wanted to get divorced, you couldn’t. So they made annulments so people could remain Catholic. We learned a lot about flexibility.

When I came here, there was more rigidity in terms of ethics and values is what I saw. When I was doing counseling in the beginning, I couldn't believe, working at the gay counseling center, how many people would come in with hang-ups about their family rejecting them or their religion rejecting them for who
they were. It made me feel like it was important to stay and do work in this area with our community.

TAPPE: People still to this day have to deal with those issues about family rejection. O’DOHERTY: It goes on to this day. My advice for some people is to move!

TAPPE: That’s not a bad idea.

Denise, tell me about the Montrose Counseling Center: what it was like to work there, what your clientele was like.

O’DOHERTY: It was absolutely wonderful to work there. The energy was great. It was a lot different than working in hospitals as I had as a psychiatric nurse. It was very community-based. It was a nonprofit. The counselors were very warm and friendly, but it was small. It was a small organization. What was interesting for me is that most of the clients, if not all of the clients, were gay or lesbian except for occasionally, and it did increase the longer I was there, when we would get cross-dresser clients.

The gay man therapist happily took the gay male clients, and the lesbian therapist took the lesbian clients. When the cross-dresser clients came in, nobody wanted to take them, so I did. I ended up having almost all of the clients who cross-dressed, for the whole year, year and a half that I was there. It was wonderful. It took a lot of strength and courage for clients to talk about this at that time. They were in an atmosphere where they would be safe and respected.

I ended up being a speaker at the cross-dresser monthly meetings on a regular basis. I became a friend of their national organization. After a while, I was doing support groups for wives of cross-dressers, and it really grew to be quite a thing. Then I spoke at national conferences for cross-dressers and their
wives and their families, and I met the national leaders. It grew. It was a privilege to work with these wonderful families and with other therapists doing similar work.

Not long afterwards, I began working with transgender people, watching families and couples work together. It opened up that world. We were able to de-pathologize these issues. These phenomena weren’t well known at the time. We got to see it for what it is — a biological issue and something that could even add to a marriage, but that’s a whole other story.

TAPPE: You saw people in the back of party boats when you were younger, and there
you were in counseling with them quite some time later.

O’DOHERTY: Absolutely, yes. Most of the cross-dressers weren’t on the Broadway stage, they were more oil and gas and more conservative professions

TAPPE: Hard to imagine with oil and gas.

O’DOHERTY: But true.

TAPPE: When you were first working at the Montrose Center, you said it was a part-time job. You eventually went into private practice?

O’DOHERTY: Yes, I went into private practice with Bill Scott. That was going very well, so I left the counseling center, stayed with Bill and always did that part-time because I had a full-time job as a psych nurse. As years went on, I went from a full-time psych nurse day job, to a three-quarter psych nurse day job, to a 50 percent psych nurse day job, to then doing therapy full-time.

Bill and I left our little office, and he bought a house with another therapist, and we had a big house on Graustark in the heart of Montrose. The house was great. Other therapists joined us. We had about six therapists and a psychiatrist, and we all worked out of this big house. I had the big room in the front on the right. For the house, it was a big bedroom, I guess. People walked in, and the living room was the waiting room. There was a pool in the back. People went to the kitchen and made coffee.

It was great. I met some fine therapists. I became Imago certified while I was there, which is an advanced certification you get working with couples. I was there for about 10 years, 10 or 11 years, until Miles decided to sell the house. He sold the house, and we went separate ways, but it was wonderful. Also, Bill died of AIDS at that time.
TAPPE: Tell me about your first memory when there was some sort of unexplained health issue among gay men.

O’DOHERTY: This was a pretty amazing thing. Here I was, new to Houston, working at the Montrose Counseling Center part-time. I had a lesbian client in her twenties who was coming in to do some personal work, and she had a roommate, a gay male roommate, and so she would come in weekly and we would do her work, and she often referred to her roommate, who was her best friend. He was probably about 30. Then one week she came in and said he had been pretty sick and she was worried about him.

I asked what was wrong, what his diagnosis was.

Every week she would say, “He’s still sick. He’s still sick.”

I’d say, “He’s 30 years old, a healthy man. What’s going on?”

She said, “I don’t know.” By this time, a couple of months had gone by. She said, “The doctors think it’s his immune system. It’s not working very well.” Then she came in one week and told me he was in the hospital, which was really shocking.

Then the next week she came in, she told me that he died.

This all happened within two to three months. I was shocked that her roommate died so quickly of an immune disorder. It wasn’t really an official immune disorder because she said he died actually of pneumonia. That was what they put on the death certificate.

As a nurse, I’m thinking babies die of pneumonia and old people die of pneumonia. You don’t see a lot of middle-aged people, even back then, dying of pneumonia, but that’s what they gave him.
Then just weeks later did I start hearing that more and more men were coming in with this illness that nobody knew what to call it, but it just started happening. He was really one of the first people ever that I knew even in Houston that died of what I would say now is AIDS. Men were coming in and they were ill and they were weak, and then they started with the Kaposi’s and the skin problems, and it really then started building. I remember thinking how shocking it was that people were dying so quickly and no one really could call it anything.

But then it happened, and it was a rush. It was just a rush. More and more people were getting sick every week, and the medical community was up in arms, the gay community was up in arms. People weren’t really talking about it; that it was the gay men’s disease.

I would write home about it on Long Island. Nobody was talking about it, and then it continued to grow in Houston. People I knew were getting it. My gay male friend therapists were getting it. My gay male CPA got it. It started really hitting home. People were dying. People were getting hospitalized, and it was unbelievable. It was just happening so quickly, and it was terrorizing people.

I had a friend who was a therapist, a gay man. He had just graduated. I was mentoring him as a student therapist. He said, “Denise, I think if I got this disease, I would just die, it would scare me so much.”

He ended up getting diagnosed, and he died about a month and a half later, and I think it was because it scared him so much and he was so petrified that he was going to have a horrible death, because then the death started taking longer. Then they started having some medication. So the medication, you live longer, but it wasn’t a good death. People had diarrhea for months. They took
medications. They were sick, vomiting, weak.

TAPPE: Just wasting.

O’DOHERTY: Wasting, yes. It was an embarrassment to people. It brought up a lot of shame. Everybody was afraid. “Do I touch these people?”

    My CPA invited me over for lunch. I knew he was diagnosed. I didn’t know, even as a nurse at the time, “Well, can I drink out of the same glass? Should I use the utensils from his house?”

    And then it was shaming and embarrassing to me because we were all living this and we didn’t know what to do. Then in time, information came out; and in time, medication got there. In time, the rest of the world knew about it.

    About a year later, I was asking people. What happened on Long Island was, because my parents and nobody up there really wanted to know about the gay men’s disease even though they’re not far from Manhattan and I’m sure people just kept it in their community, but what happened was, a girl that I went to high school with, her father got AIDS, and he was the superintendent of schools in a big district on Long Island. Well, that’s when the awareness came out. He had a heart attack and had a blood transfusion, and that’s how he got it. Then everybody started getting more interested and it started getting more mainstream, but until then it wasn’t.

    I remember being here thinking, “How come the world doesn’t know about this, and why aren’t organizations stepping up?”

    It was really a hard time. People stopped going to funerals because there were so many. I wrote a list of 30 people I knew who had died, which was pretty disheartening to live through that.
TAPPE: When you had friends or colleagues that passed away, did you attend their services?

O’DOHERTY: Yes, many, many, but probably not everybody. I think there are probably some, colleagues or people I knew of. I didn’t go to all, but to the people that were closest to me as well as some others

TAPPE: You mentioned that some of your fellow therapists became ill. How did you support them emotionally and physically? What was your involvement?

O’DOHERTY: It was really hard because people immediately went into loss and grief. When you go into grief, you have stages of grief.

First there’s the shock. It’s like a bad dream, and you don’t want to accept it.

Then usually there’s anger, so people are angry.

Then there’s bargaining. Well, maybe this or that.

You know, anger at, “Whom did I get this from? Who didn’t tell me?” It was a whole big thing sexually in the community. How should people change sexual mores of people now because there was this disease?

Then people would be into bargaining. “Well, maybe if I eat healthy or do this, I can get better. Or take vitamins.” There was that.

Then people go into depression. There was a lot of depression before finally accepting.

Even when there was acceptance, there was never approval. It was never okay. I think knowing that people were grieving, it was — certainly we all were grieving, but people with the illness were grieving even more. Just being there, getting together, forming groups, having people talk about it. There were support
groups forming. Churches were forming groups. Just being a part of that. Being a resource, telling people where to go, letting them know they weren’t alone. That was the most important. “You’re not alone, and there are going to be people here for you.” Especially since so many people in Houston don’t have family here, that compounded it.

Another part for me was when people were dying, what if they didn’t tell their family? A lot of family members didn’t know about it until either the person died or they were in the hospital with a week left to live. So there was a lot of family work, family involvement. There was a lot to do.

TAPPE: Did you find that for some men, that their families didn’t even know they were gay until this issue happened?

O’DOHERTY: Yes, didn’t know they were gay, absolutely. I think the churches really stepped forward, though, and the counseling centers stepped forward, and I think the community really did do a lot to be there and help people deal with their families too.

TAPPE: Did you see more community-based involvement than government-based?

O’DOHERTY: Totally community-based. The government didn’t come until, I would say, years later, years later.

TAPPE: Exactly right. When some of these individuals became ill, do you recall, since you do have a medical background, how they were treated by the medical community?

O’DOHERTY: I’m sure the medical community had mixed reactions, but overall more healthcare and support was available in designated places. People took a lot of medications back then. It was focused a lot on skin care. Diet, because you really
couldn’t eat, so what could you eat? There were cookbooks that people had written to help.

A friend of mine was in the hospital at Park Plaza dying, and I remember the doctor came in and he said, “The medication isn’t helping you anymore, so if you don’t want to take it, just don’t take it,” and he walked out.

My friend was just devastated because that to him was, “This is the end. Even the medication is not working.” I don’t think he really accepted it until the doctor said that. Then things changed. I was just there for him, to hold his hand.

It was so hard. This particular friend was in the hospital for months, probably nine months at least. People were in the hospital for long periods of time doing what you said, wasting. Wasting syndrome.

I remember going out of town at the holiday. I think, “Well, for sure I’ll come back, he’ll have died. I’ll be gone a week and a half.”

I remember taking four trips throughout the year, and every time I returned he was still in the hospital, wasting. It hurt me because every time I’d come back, he’d look more like a skeleton. Emotionally he’d be in and out. It was just so difficult. This was before the medications changed, and then there was the cocktail.

Then after years and years, probably a decade, things changed, and now people were living longer and dying shorter. That was a huge, tremendous shift, and they weren’t so ill. Now, of course, we have PrEP [pre-exposure prophylaxis], which is a medication that men take that it’s to block getting HIV. It’s not exclusive and shouldn’t be used exclusively. So we’ve seen in the last 30 years a tremendous change, and people, of course, live much longer now and die
shorter.

Of course, we still need to think prevention.

TAPPE: You’re absolutely right with that.

O’DOHERTY: That’s the case. I don’t think everybody keeps that as mindful as I wish they did.

TAPPE: I think you’re right.

When some of the men — and I say “men” because that’s the group that was hit the hardest initially — became ill, unfortunately it was a common thing for them to lose their jobs. In losing their jobs, they often lost their medical insurance.

You had mentioned, at an earlier time when we were talking, about insurance policies, what was happening. Do you recall what they were doing?

O’DOHERTY: What I do remember is that people would say, “I have AIDS. I have this much time to live,” so people would cash in on their policies and spend their money and then start living longer, and that was an issue for some people. “Now I’ve used all my insurance money, but I’m not dying.” People were running out of money and didn’t know what to expect.

TAPPE: I remember the selling of the insurance policies.

When some of the men were ill and some were not, did you notice any discrimination within the gay community itself from, for instance, this person might be HIV positive, this person was not? Did they stay away from each other, or was everyone a group?

O’DOHERTY: That is such a good question. I think people were really frightened of people who were positive in the very beginning because nobody knew, and, “How
not kiss someone? Can I hug someone? Can they breathe on me?”

So I think at first, everybody was a little bit standoffish until we started
hearing that no, that’s not how you get it; it’s sexually transmitted. That helped a
bit, but I think there was always a stigma for some people.

I think an issue that came up was if you’re positive, do you tell people
you’re positive when you meet them or have a date? That was a big issue in
therapy. When do you tell somebody? Do you tell them right away or not? A lot
of people were so ashamed, they didn’t tell people they dated, or anyone else.

TAPPE: How, as a professional, would you advise people to handle that situation
because of their ethical responsibility?

O’DOHERTY: I think people absolutely need to tell people when they have any kind of
communicable disease and be upfront about that. I think that’s only fair to the
person that you’re with, and to protect yourself as much as possible.

TAPPE: Did you or do you have clients that want to stay basically closeted about their
status, or is it a little different than it was?

O’DOHERTY: I think there continues to be shame and stigma for some people. Yet, in
general, I think people are more open about it because now things are so much
better with the medication, people are taking better care of themselves. I think
they pride themselves in that, “I’m doing so well, the way I take my medication.”
I think now it’s much less of a negative stigma, so much less that I think it’s much
better. I’m sure you’ll find some people. I don’t know. I don’t see it as much.

TAPPE: That’s good to know. I do remember seeing men, and we as a group would say,
“Oh, they have the AIDS look.” As you were saying earlier, the wasting; the
skinny, skeleton-like look; the skin issues. Every now and then, I see that today, but not very often.

O’DOHERTY: No. The clients I have now that are positive look wonderful. You’d never know. They take medication. They go to the gym, eat well. They look great. Nobody would know, and many of them don’t tell their families. They don’t share it.

TAPPE: Today?

O’DOHERTY: Yes.

TAPPE: I suppose they see no need to?

O’DOHERTY: No reason.

TAPPE: Denise, when you first moved to Houston and you were working at St. Joseph’s and you were also working with the Montrose Center, did that flow smoothly? Were there any conflicts of interest involved?

O’DOHERTY: That’s a really interesting question. When I first moved to Houston, my first job was at St. Joseph Hospital, and I was so proud to get this job. It was my first job with my master’s degree. I was so thrilled to be with these other therapists, because of course I had been a nurse for years and wanted to do therapy. They hired me to do groups and be a middle manager.

The first week I was there, we were having staffing. The whole staff meets in the morning with the psychiatrists and the therapists and the nurses, and you talk about the plan for the day and medication for each patient and what the focus was for treatment. Again, I was so happy to have this job and be here and be with these people that I felt would be so smart and so insightful and that I was going to learn so much.
So I walked into the staffing, and everybody was sitting around in a circle and they’re smiling. Actually, they were laughing and they looked happy, and I thought, “Oh, this is so great. I’m going to so love these people and this work.”

I sat down as part of the team and listened, and what was happening — prior to that I did a quick look at the patient list and the diagnosis and who was on the unit. There was a transgendered person, and I thought, “Oh, this is great. Maybe I can learn more about working with transgendered people.”

So anyway, I got to the staffing, sat down, and I see that everybody is laughing. I’m so proud, and I listen, and what I realize is the staff are making jokes about the transgendered person, just transgender jokes and comments and smirks in a very mocking way. My emotions were deflated, and I was shocked. I just could not believe it, because I was hoping I would get assigned to this person and how great it would be, but I was so disappointed that my colleagues were taking this kind of attitude that I really decided at the time that I really hope that I can work more with transgendered people in the future.

What I heard was, this person was making a transition, and as they were going, they were having second thoughts. Having worked with transgender people for 30 years, this would be something to process seriously, not something to mock and laugh at.

I was very saddened about that but kept the job for a year. By the way, I did not get assigned to that patient. Then that’s when I started working at the Montrose Counseling Center. So I did that work there.

It really opened up a door for me, and it was tolerable at the time I was working with the staff, but I was very disappointed, and I never thought that I
would see that kind of discrimination that way.

TAPPE: Did you feel comfortable saying anything to them?

O’DOHERTY: I don’t remember specifically. I was scared. I was young. That was my new job. Maybe I did, on a one-to-one, after that. Eventually, I worked at the counseling center. They knew it, so I was kind of looked at as the gay person because I got that label just because I worked there

TAPPE: Did they have a problem with you working at the counseling center?

O’DOHERTY: I think they might have had a problem with the whole gay thing. Again, it was a very culturally mixed group. There were a lot of religious people working here. I think the whole gay thing was challenging for some of the staff. I ended up leaving St. Joe’s after about a year, and I got that job at Hermann Hospital, the trauma hospital, which I had a wonderful job there, and I was still working at the counseling center part-time.

This position I had was very unique. The way they funded it came from the Medical Center. When the dean at the medical school found out I was working at the Montrose Counseling Center, he came to me and told me that it would be better that I quit there; that it was a conflict of interest. He was a very conservative person who didn’t like the idea that I was there at all. I never knew what that was about.

I was working very closely with two psychiatrists. There were three of us who worked as a team. When I told them, they said, “No, no, you need to stay. We’re a team, and we’re doing this work.” So I stayed for a little while, but then I left because I thought I don’t want to live with that kind of attitude from the dean.
Then I got a part-time day job and started doing more and more therapy and expanding my practice. I don’t only see GLBT clients. I see straight clients as well, but that’s when I started to launch that and go in that direction.

TAPPE: What was the conflict of interest?

O’DOHERTY: I have no idea. I have no idea until this day. He didn’t know me, so I thought, “Well, is it me?”

But he didn’t know me at all. Just came up to me out of the blue, said, “I heard you were working there.” Someone later told me he was very homophobic. I believe I made the right decision for me.

The whole thing was really interesting. I couldn’t imagine anything like that happening today, but you never know.

TAPPE: Well, perhaps a personal bias there on his part. I don’t know.

Denise, during the height of the AIDS epidemic, the women’s community stepped forward. Can you tell me a little bit about that?

O’DOHERTY: Yes, the women’s community stepped forward in a bigtime way. We had a thing called the buddy system for a while — I think it started actually at one of the churches — where if you had a friend or a family member who had AIDS, Kaposi’s, whatever, you could call, and they would set up a team of people that would be there for you. Say four or five people who may take care of your pet, feed the dog, take you to the doctor, pick up your groceries, clean your house. It was called the buddy system, and it was a real personal, grassroots approach towards giving support. A church had it in Montrose. The women’s community volunteered to do that, and it was very successful.

It was such a great model that years later, the women’s community
developed AssistHers, which was a model for lesbians that had chronic illnesses. A lesbian or her partner could call and get a team, and a group of women who volunteered would be there for them. It has been a very successful and wonderful healing organization that I’m very proud of. It’s been in Houston for such a long time and does so well.

So the women stepped up to the AIDS community, and then I think there was some backlash with that in that the women didn’t feel that the gay men were there for the women’s community as much. We don’t see men volunteering to help lesbians with chronic illnesses or gay men showing an interest in what’s going on with lesbian health.

The lesbians have another organization called Lesbian Health Initiative, which is another organization, which is a health fair that has services for women, and now presently we do have some men volunteering for that. Back then, AIDS was more considered — more men were affected by it; the women stepped up. But then there was some resentment that why don’t gay men step up for women’s issues? I don’t know if it’s because we weren’t organized to have places where they could volunteer and step up. I don’t know if it was lack of interest or just the situation, but it is changing, and I think that’s a wonderful thing.

There are a lot of gay organizations that are having fundraisers. They support the women’s health issues and AssistHers and Lesbian Health Initiative, and there’s much more interest, so that’s a good thing.

TAPPE: That is a very good thing. You’re absolutely right.

When we were talking a little bit earlier, you were talking about the differences in medication and how perhaps that has had an impact on people’s
sexual behavior. Do you feel that there are any concerns among the gay community about transmission now? Are the people behaving with caution, or is it lax?

O’DOHERTY: I think there are plenty of concerns and people are using precautions, but I think there are some people that it’s a very lax attitude. I think, again, now with the new medication PrEP, which I couldn’t tell you all about it, but I think it’s a way of blocking to prevent getting HIV, I hate to think there are people just relying on that.

I think there was an issue in the past where if you were positive, that you could be promiscuous because you assumed that somebody else was positive too. People would say in therapy, “Well, I’m already positive, so why do I have to take precautions?”

“Should I just be with people that are positive?” was a big question.

That was difficult because of course you should always protect yourself no matter what and protect others. There are different strains, and you have to be careful.

I’m not sure now. I wonder about the young people in their twenties, what the general attitude is. I fear that there is some carelessness going on, but I lean towards I want everybody to be safe.

TAPPE: Do you have any advice on how we can further educate the community in general, straight and gay, about HIV and its transmission? I recall years ago,
during the height of the epidemic, that there was education everywhere. In the bars, you would see posters, you would have pamphlets. You couldn’t turn around without seeing something about the transmission of HIV/AIDS. I don’t see that anymore at the same level as it used to be.

O’DOHERTY: I don’t either. I don’t know if the numbers are less because of treatment or if the treatment keeps people healthier and more active and therefore less identifiable. I don’t know.

TAPPE: In your current mental health practice, are the topics of HIV and sexually transmitted diseases discussed with your clients?

O’DOHERTY: Yes, all the time, all the time. Recently I asked a straight man, he was single, “You use protection, right?”

One said, “Oh, Denise, I don’t worry about that, because the girl was really clean.”

I said, “Okay. We know more about disease than that,” and then discussed viruses, STD’s, and transmission 101.

I had another man say, “Yes, I’m happy to use a condom, but the women tell me not to. They don’t want me to,” and that was interesting too.

These two represent others in the community.

Yes, I do talk about it all the time for prevention, because it’s so, so important. I don’t hear people so much talk about and really worried about getting AIDS.

People come in, “I don’t want to get herpes,” but herpes is an epidemic. Today I think maybe more people have it than don’t, and there’s a big fear about that because we don’t have a cure for it. People talk about that more to me.
TAPPE: About herpes?

O’DOHERTY: Yes.

TAPPE: Interesting. This is gay and straight clientele both?

O’DOHERTY: Yes.

TAPPE: It seems as if HIV/AIDS has kind of lost its punch in terms of concerns?

O’DOHERTY: I don’t see it as much, but it is something to be talked about.

TAPPE: I can’t thank you enough for your time and your input. It’s wonderful to hear your point of view from a mental health provider.

O’DOHERTY: Thank you so much. I hope it was helpful. It was very interesting to live those days and go through that and see the community come together and see how everyone reacted. It was the best of times seeing everyone come together and the worst of times living through an epidemic. I’m happy to have been part of the helping side of it. Although it was devastating for everyone, I like to think that we’ve all learned a lot from it, and I do think it brought people together in the long run, and that’s always a good thing. So I’m happy to be able to share my experiences and tell where I’ve been, and I hope that helps someone else or that someone finds it very interesting and can pick up from there and use it for the future.

Thank you for having me.

TAPPE: Great, absolutely. Thank you, Denise.

[END OF AUDIO]

[INTERVIEW CONCLUDED]

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