Oral History # 6

An Interview With
William Jones

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AN INTERVIEW WITH WILLIAM (BILL) JONES

RENÉE TAPPE:  This is Renée Tappe interviewing Bill Jones for The oH Project, Oral Histories of HIV/AIDS in Houston, Harris County, and Southeast Texas. The interview is taking place on January 5, 2016, in Houston, Texas. The purpose of this interview is to document Mr. Jones’ recollection concerning the HIV/AIDS epidemic in Houston, including children infected with and affected by HIV/AIDS.

Hi, Bill. Thank you for joining me this morning.

BILL JONES: Thank you for asking me.

RENÉE TAPPE: Would you tell us just a little bit, please, about your background: where you were born, a little bit about your family.

BILL JONES: I was born in El Campo, Texas, which is a small town just about 80 miles south of Houston, but grew up in Louise, which is ten miles further south. My father was a school superintendent. He was the superintendent of the local school system. My mother was a teacher. When my father couldn’t find a teacher, she taught everything from third grade to agriculture.

RENÉE TAPPE: Keeping it in the family.

BILL JONES: Yes. And I have one birth sibling. My sister is four years older than me, and she’s retired and lives in El Campo still. I went to high school at Louise High School, then went to Wharton County Junior College for the first year of my undergraduate education. I transferred from there to the University of Texas at Austin, and I completed my undergraduate work in speech pathology and audiology at UT.
I tell everybody I have the most education, with no advanced degrees, there ever was. I did all the course work for a master’s in special education and just didn’t finish the thesis, and then I did — from Texas Woman’s University, I completed all the course work to get a master’s in child development. We started Casa de Esperanza, so I just didn’t finish that one either. I didn’t write the paper. So I have a lot of education and years of post-undergraduate work and no advanced degree.

TAPPE: Your speech path degree is a bachelor’s?

JONES: It’s a bachelor’s.

TAPPE: And you should probably have a Ph.D., with all your work.

JONES: Yeah. Who has time for advanced degrees?

TAPPE: Apparently you don’t like writing papers.

JONES: Well, I moved from New Mexico, for the first master’s, and then we started Casa, and that took up all my time. I always thought I’d go back and do it, and didn’t. It’s been too many years now.

TAPPE: You said you were in New Mexico? When was that?

JONES: Oh, I’ve lived in New Mexico two different times in the 1970s.

TAPPE: And what type of work were you doing there?

JONES: I ran a program for adults with developmental disabilities of all kinds, not only intellectually challenged. There were also people with cerebral palsy.

TAPPE: Physical disabilities.

JONES: It was a small town, Deming, New Mexico, in the middle of nowhere, New Mexico, but I wanted to be near the mountains, so I got a job that would keep me near the mountains. And then I worked for “Southwestern Services to
Handicapped Children & Adults.” I wrote a federal grant to introduce special education into a rural county that is the most rural county, most unpopulated county in the United States. There are only three major little towns in the county. It’s very isolated and up in the mountains, in the Mogollon Mountains of New Mexico. I wrote a grant to introduce special education into those three school systems. I had a Winnebago classroom that I drove from town to town. When I couldn’t drive from town to town, I put my stuff in my four-wheel Bronco and put chains on and went up the mountains.

I worked with many Down syndrome children. The families had no desire to let them go to school. Especially in that culture, it was sort of a curse to have a child who had any kind of disabilities. So I did a lot of work just driving out to the homes and working with adults or children and trying to get the families comfortable enough to let the children come to school.

But it ended up being part education and part social work because a lot of them had medical issues that the families would not take the children to the hospital or doctor for, because of the fear of what people would think about their child. I did a lot of getting kids to dental care and getting lots of other illnesses or issues taken care of.

TAPPE: That’s a lot of social work.

JONES: Yes. I did that for three years. When I was in Deming, I worked with Children’s Protective Services a whole lot during that time, and they asked me to take a foster child. I said I don’t have the money to care for a child. But they kept talking to me, and I ended up taking a foster child, who moved with me from Deming to Reserve, New Mexico, where I lived.
CPS terminated his parents’ rights at the end of that third year, and they wanted me to adopt him. At that time I felt he needed a mother and a father. He didn’t need just a single man. Biggest mistake for him and me, probably. But I talked some of my married friends into adopting him, and I thought I could stay there and be Uncle Bill. I couldn’t move from Daddy to Uncle Bill, so I left New Mexico.

TAPPE: Because of that relationship?

JONES: Yes. I was going to school also. He needed to form stronger attachments with his adopting family, and I needed to let him go.

TAPPE: How old was he?

JONES: He came to me at 8 — he was 11. He was 11 when I left.

TAPPE: Oh, that was tough.

JONES: It was tough. It was very tough.

TAPPE: Do you have any contact with him?

JONES: No. I went back for a few years, but it was uncomfortable, and I felt it was best that I just stay out of his life.

TAPPE: I understand. And then you came back to Houston?

JONES: Came back to Houston and went to work at Richmond State School as a caseworker out in the community programs and did that for many years. That was when infant stimulation was the new thing, and I started programs in infant stim in several counties and worked with people here in Houston who actually knew much more about that than I did. I worked with PTs [physical therapy] and OTs [occupational therapy] and just set up the program correctly. And one of the women that I worked with worked for TRIMS — Texas Rehabilitation something.
I don’t remember it anymore.

Anyway, I left the state schools because I wanted to work in town and not drive back and forth because I lived here. And I worked with Tempa Weir for about six months to a year there, and then her husband hired me in the Child Life Department at Hermann Hospital to do developmental work with babies and work with families in accepting their premie child who had severe disabilities, or even surviving the long stay of a child in a hospital and kind of giving up happy ever after.

TAPPE: Kind of facing the realities.

JONES: Yeah. The normal child in the beautiful house with the picket fence, and everything was going to be beautiful forever. You know how when people kind of subscribe to that, yeah.

TAPPE: I bet that was tough.

JONES: It was tough work. Then I did some work with children who were — Hermann has a lot of children who are burned, so I worked with some burn children and some other children. I’d work in ICU, so we just picked up the kids who needed to be picked up, and we decided in the department who could work with the family the best, and I got some of them.

TAPPE: Have you always wanted to work with children, or did you just, from your college studies, find a natural niche? It sounds like it’s very much part of you.

JONES: I’ve always liked kids, yeah. I babysat when I was growing up. I always liked kids, so it’s the only life I know.

TAPPE: A natural path to follow.

JONES: Yeah, it was just a natural path. How I got here? I don’t know.
TAPPE: Well, listening to your background, it sounds like such a natural flow into Casa and the development of it. I know this goes all the way back to 1982, but I understand you started on a shoestring. How did that come about?

JONES: Well, when I came back from New Mexico and was working here in Houston, I started going to Dignity, which was at the Rice Catholic Student Center, and Kathy Foster was a sister, a nun, who was working with Magnificat House, which was a place where people who were emotionally disturbed and had difficulty making it in the world had a place to live. I started volunteering there with Kathy. They also had a soup kitchen downtown, and I worked in the soup kitchen and just worked with Kathy whenever we were needed.

She came to talk about Magnificat House at Dignity one time, and that’s where I met her. A bunch of us went there and started cutting hair, cutting and cleaning fingernails, getting people bathed, doing just anything that was needed.

TAPPE: These were all children?

JONES: No, these were all adults who resisted staying clean. We had to find ways to encourage them to do that.

They also had a program for mothers and children, and because I worked with kids, I ended up working a lot there. A lot of the women either didn’t want their babies bathed or didn’t know how to bathe them or didn’t know how to feed them. So I did a lot of that kind of teaching.

TAPPE: Teaching some parenting skills.

JONES: One of the women who was there had three kids, and she met the man of her dreams at Walgreens and moved in with him. And sadly, about three months later, she called, and he had beaten her 18-month-old to death around
potty-training issues.

So Kathy and I started asking ourselves, is there anything we could do to keep children safe? These weren’t bad people; they just couldn’t make good choices. And maybe we could help them make better choices if they didn’t have to care for their kids. We would work with them to help them make better choices.

We talked with a bunch of our friends, people from Dignity and other friends that Kathy and I both knew, and we decided that the best way to do it would be to open a program where we would take care of the kids and help the families be able to learn how to care for their kids and become stable and not have to make a bad choice. If they found Mr. Wonderful at Walgreens, they could go without their kids and then find out whether it worked or not, not taking their kids along to be hurt or killed.

We were going to do it through Magnificat House, but the woman who was the director of Magnificat House did not want to do children, so we left. And an attorney that was a friend of Kathy’s gave us a $500 check and said it sounds like a good idea; here’s the money; get started.

So we took that money and rented a house. Where we thought we were going to get the money after that, I do not know.

TAPPE: That maybe covered the deposit.

JONES: But we got it licensed as an independent foster home, and then we sent out a newsletter to — well, we even got the phone book and just wrote down addresses on a newsletter, begging for money, and sent it out to everybody, and we started getting small amounts of money.
TAPPE: From people that did not know you?

JONES: Some we knew but others not at all.

TAPPE: Good Samaritans.

JONES: We just kind of told the story, and they were good people that sent money. I think our budget the first year was under $10,000, because Kathy and I both kept our jobs. We had a woman who had worked with us at Magnificat House that would stay with the kids during the day, and then Kathy and I and some of the other sisters as well as some of our friends would spend the night with the kids. That’s how we started. Then we realized we had to have somebody full-time, so I quit my job and went to work full-time. Kathy continued to be a social worker out at Immaculate Conception Parish.

And that’s how it started, in that little rented house in the Third Ward. And actually, that’s all we ever thought it would be. We would take care of five or six kids. We would help their parents — almost none of them had a high school diplomas. They would get GEDs, and then we would do job training with them for at least enough job skills to be hired.

TAPPE: Fill out an application.

JONES: Yes, what to say or not to say in an interview, that sort of thing. We also helped them find housing. At that point there weren’t that many families that were on drugs. It was before the crack cocaine epidemic started.

But then shortly after, just two or three years after we started, it was a full-blown crack epidemic. The type of families we worked with, the issues changed quickly and were much more difficult. It was hard to keep the families involved. And what we were finding is that we were getting referrals because the
grandparents had two or three kids and couldn’t take any more. Or either they would take their daughter’s or son’s children, and then they didn’t have the legal ability to keep their child from coming in and taking the grandkids and leaving after the children had been stable for a while. The grandparents were just not willing to keep them anymore.

TAPPE: Were some of the children at that time addicted to crack or drugs when they were born?

JONES: They were born addicted, yes.

TAPPE: Which of course affects behaviors.

JONES: Yes, behaviors. And they all had withdrawal issues. They were very difficult children to manage when they were babies. They were either extremely irritable or totally withdrawn. They were failure to thrive. You had to wake them up to feed them. You had to do everything just to get them to survive.

It started out to be an offer of a month or two of care for a child. We thought we’d help the parents, and they’d go home, and they’d live happily ever after. Then we’d get the next group. The children ended up being exposed in utero to everything that you could think of: drugs, trauma, stress, poor nutrition, all of the issues. They were being born addicted, having to come to detox with us, and then deal with all the issues that all of that brought to them.

TAPPE: You got involved with something that you probably didn’t anticipate at that time, when you first started.

JONES: Didn’t anticipate in the least. We thought we would have a little house, just take the kids, keep them safe, feed and care for them, then we’d return them.

TAPPE: How did the placements come about? Through the court system or referrals?
JONES: No. We really prefer, even today, to only take children who don’t have money behind them. If CPS is involved — we do take CPS children, but usually they’re either HIV positive, HIV exposed, or have some sort of illness that does not require extensive care that’s different from just normal day-to-day living. If children do have issues that require frequent appointments and medication that have to be monitored, we get those referrals. We’re a Level 1, so we don’t do advanced medical care anymore.

TAPPE: So then your referrals are more private?

JONES: They come from hospitals, from jails, from CPS when they can’t prove that the children are really being abused or neglected to the extent that they need to take custody. They might still be working with the family, but they don’t have custody, so we’ll take those kids, because then we can and want to be involved with the family. We really feel like we’re good at working with families, and we’ve learned from that early introduction of what it really takes for somebody to be able to make enough of a change to care for their children. Soon after we began, we learned what parents needed to be able to care for their children.

We also learned how to relate to people who don’t form good attachments, with people who have difficulty staying clean and sober, who have grown up in the CPS system, or have been abused or neglected by their parents. We’ve learned these skills, and we really like to work with the families because we believe we can make a difference for that family and hopefully get that child back in the home safely.

So that’s sort of where the process evolved, to where we were finding better ways to support the kids, and the kids themselves were asking us, please
find a better way to take care of me.

I think there aren’t many programs like Casa that started because a child we knew had a need. We couldn’t find a program that would serve that need. We don’t re-create the wheel. If it’s out there in the community, we use other agencies. We want any child returning home to continue to get services and have access to what they need.

Even for our PT and OT that we do in-house, we use a company that will also go to the family’s home when the child returns home. We don’t just do OT-PT here, send the child home, and that service doesn’t exist anymore.

TAPPE: A continuum of care.

JONES: Yeah, we just want the continuum of care to be available, yes.

TAPPE: It sounds like such a natural progression from trying four or five kids, and placement back in the home, in to getting into the very serious issues that drugs brought on. I know that you were one of the first in the country to take HIV/AIDS children. Tell me how that came about and anything that you had to do differently as an agency or as individuals.

JONES: We started in 1982. In 1986 we began to hear about children who might be HIV positive, be living or surviving somehow in this city. Our interest in caring for HIV children came about because we had children who were falling behind developmentally. We had a psychologist on our staff, but we didn’t have a really good educational startup program for young kids to really get exposed to educational remediation.

A woman here in town, Eleanor Munger, agreed to do a little Montessori program for our kids that were in several of these houses. Eleanor came two
times a week for several years. She began to be interested in HIV because she went to the cathedral downtown, Christ Church Cathedral, where several of the men who attended services there were HIV positive. They were beginning to have severe health problems.

In talking with them and relating to them, she found that they were having a hard time with their families accepting who they were and their disease. She really felt like she could be a conduit between them and the parent so that she could say, “I’m not afraid of people with HIV. I relate to them.” You know, “Your child is probably going to die. Can I help you find a way to relate to your child?”

And that’s how she started working with these men in her church. And then she opened Omega House, which was the first hospice here in town for, mainly at that point, men who were HIV positive and were dying.

Someone at a hospital called Eleanor and said that there were three children here in Houston who were HIV positive and living in a hospital. So she called us and said, “Would you take an HIV positive kid?”

TAPPE: They were actually just living in the hospital?

JONES: Supposedly, yes.

TAPPE: They had nowhere to go?

JONES: They had no place to go.

So we went to our board and said, “This is pretty much what we do every day, is just care for kids. These kids probably are going to not be healthy. They’re probably going to die, some of them, with us, but we’re willing to care for them. Would you be willing to take on the responsibility and liability of
providing care for these kids?”

The board agreed to do that, and we opened the part of Casa we called the Children’s Home at the beginning. Later it just became a part of Casa de Esperanza.

TAPPE: Did you keep those kids separately, at first, from the rest of the other children?
JONES: Yes, we did. Yes, we did.

But the three that we were first told about, we did not find.

TAPPE: You didn’t find them?
JONES: Didn’t find them, and never, ever could even determine if they existed. So I don’t know whether they existed or not. But anyway, we talked to people. We asked them if they would be willing to work with children with HIV. Kubler Ross came down and did training on death and dying. And we did some training on precautions to keep you from being exposed to HIV. We didn’t know. We had no idea how you got HIV, at that point. And the staff were so afraid of caring for the children — what if they bite you or, you know, all of those issues.

TAPPE: Changing diapers.
JONES: This, you might want to edit out, but we were in a meeting, and we had this one guy who had this dry sense of humor. He said, “Oh, that won’t be a worry. They’re going to die anyway. We’ll just pull their teeth.”

It was that stupid question, you know, like why would you even worry?

They could bleed on you. They could drool in your mouth. They could do anything. I mean, why are you worried about being bitten? And he just cut to the chase, and it did help us get to the point of saying are we in this or are we not? Is there risk in it? Yes, but the children still deserved someone to care for them.
TAPPE: It’s pretty black and white in your decision-making.

JONES: Is there risk? Yes. Are we going to take it? It’s up to you. Do you want to work here? There’s risk. And so our staff decided they would deal with being bitten or whatever that happened.

TAPPE: Good. Did anyone leave because of their concerns?

JONES: No. We recruited specific staff. We just said, “We’re recruiting for this.”

TAPPE: “For this.” And they were willing to do that?

JONES: And they were willing to do it.

And then we got the house ready. We had everything ready. No kids with HIV. But Kathy and Sister Mary Patricia did go to New York, and they went to the hospitals where children really were living and dying, and they talked to Arye Rubenstein, one of the earliest pediatricians that dealt with HIV. They talked about all the issues that he was seeing with children there. He begged us to come to New York and open the program there because there was no place for children with HIV to go. They were living and dying in hospitals. He just thought that was awful.

He was the first person to really try some of the adult medicines with children, because initially there was no interest in using adult medicines with children. They didn’t know the effective levels of meds for children. So just determining the efficacy took money and time from adult studies, and nobody was really interested in doing all that. Money was needed for studies and wasn’t available for children. Arye really pushed to get all that done and really was probably one of, if not the most, influential person in making sure that children with HIV were treated.
TAPPE: What was his name?

JONES: Arye Rubenstein.

And they [Kathy and Sister Mary Patricia] also went to the Gay Men’s Crisis Center to talk about the issues of HIV.

TAPPE: In New York?

JONES: In New York.

And how had they treated it. How did they work with families. What were they seeing in the ways that HIV was being transmitted. You know, just to try to get as much information as we possibly could.

TAPPE: Because it was still the early years.

JONES: Those were the very early years, when nobody knew much about it; that it was just the gay men’s cancer, the plague. And so we came back with really, I think, the best information that was available in the country as far as how to really care for children who had HIV.

There were some programs in New York that were going on, but not with children. Nothing really much at all with children except hospitals that were just trying to take care of kids who were dying. And they didn’t know — you know, their assumption was if the mother was HIV positive, the baby would be born HIV positive, and that was our assumption too.

But anyway, we had our program, we had our house, we had our staff.

TAPPE: You were throwing a party, and nobody was coming.

JONES: Yeah. And nobody was coming.

But we got a call one night about a child who was eight years old, who was HIV positive, from Shriner’s Institute in Galveston, and she had been burned,
and Kathy took the call. Her almost first response was no, we’re taking care of children, young children, babies. That’s what we were planning. And Casa typically only admits children birth through age six. We’re licensed to serve children through age 18. But anyway, she kind of caught herself and said of course we’ll take her.

And so she came, and that was the first child, and she was eight years old. She had been burned in a home fire, and they had transfused her, and she became HIV positive through the transfusion.

TAPPE: Because of her age, it wouldn’t have been through birth.

JONES: Birth, no. It was transfusion. And that was before, of course, they stopped gay men from being able to give blood.

TAPPE: And they started screenings.

JONES: So that was the beginning and the first child. Then we began to get children pretty quickly after that.

TAPPE: Because the young adults with HIV started reproducing.

JONES: Started reproducing, yes. So if you look at the timeline, men had been HIV positive for a pretty good while, several years, not to the great extent that it became several years later. But you first started hearing about gay cancer, or you’d go to the bars and there would be signs up talking about maybe this disease is being spread by sexual activity. And that’s how I think I first began to hear about HIV, and I thought that what we were going to see in children were maybe gay men who were married or who had not accepted who they were and were beginning to have relationships with women. And we did see a bit of that, but what we didn’t realize is the majority of it was going to come from drug-abusing
people because of needle use. Early on, when we first started, nobody was paying attention to that in the least, and it became so apparent to us really quickly that the kids that we were placing, their parents were drug abusers.

TAPPE: They’re not involved with gay sex.

JONES: No, at all. So it was pretty apparent to us pretty quickly that this was coming from needles or heterosexual transmission. But anyway, shortly after we admitted the first child, we got referrals on babies, and I think the first six we admitted, we were all ready for them to die. You know, we were just falling in love, and it was going to be so horrible.

TAPPE: And you were preparing —

JONES: Preparing for the worst. And not one of them — they were all born to HIV positive mothers, and not one of them converted to HIV themselves.

TAPPE: Really.

JONES: Yes, which still today I do think there’s a lot of issues that keep a child from being HIV positive, like if the mother does take AZT during her pregnancy, if the child doesn’t spend a long time in the birth canal, the care that the mother gets prior to the birth of the child. But I also think good care and good nutrition seem to definitely affect transmission. Children who weren’t coming in to care, who were just living out on the streets, were dying. Almost everyone was converting, but we weren’t seeing that. And it’s nothing we’ve ever been able to prove, but I think that good care gives a child the best chance to survive.

TAPPE: And these moms were not being treated with AZT at that time, because it wasn’t even around, was it?

JONES: No. No, it was not.
TAPPE: So that, at that time, was not the case.

JONES: No, it was not the case then. Well, it was around, but it was around for men.

They saw AZT as the best defense of keeping HIV from crossing the cortex into the brain, you know, and that was pretty much how they saw AZT used. They gave it to everybody they could. They did not want to give it to our kids. We had to really work and beg and work and find pediatricians who would go out on a limb and do it and give our children any drug to fight against HIV.

TAPPE: Now, some of these kids lived here as residents?

JONES: Yes.

TAPPE: Did you place any in foster homes?

JONES: Well, after they started living, and then also their parents started dying, so we were taking relinquishments on children who were born to HIV mothers and were HIV positive; some of them were not — yes, we began to need to look for homes. A lot of the kids who were coming in to us were in CPS custody because we were taking HIV positive children.

CPS would not place children with men if they knew you were gay. Like in my case, CPS knew I was gay, and I had the caseworker say, when I adopted one of my children, “If he wasn’t HIV, there’s no way in the world I’d let you adopt this child.” And he didn’t convert. He wasn’t HIV positive, I’d like to tell her, and he’s done pretty doggone well, having grown up with me.

So anyway, yes, we had to look for families. We are licensed with the State, we’re licensed to license families to be foster parents. To be a foster parent and do adoption, you have to go through a certain amount of training. And so back then, we added HIV precautions, medicines, and so forth, to our training so
that we could — and then we would ask people, “Would you be willing to do this?” And I was shocked and very surprised that families who I never would have believed would take HIV positive kids did. We talked a lot about how you handled that with your extended family. By that time, much more was known about universal precautions, and we taught those.

TAPPE: Were there some issues with the extended family members sometimes that you were aware of?

JONES: If they shared, there were. I know that with some families, they were not allowed to bring the child to the grandparents’ home or to their siblings’ homes. And people made that choice to give that up. I mean, when I took my first son which was the first child that didn’t convert, I called my parents and said, “There’s two issues you need to know. One, that’s he’s African-American; one, he’s HIV positive,” because I thought he was at that time. “And if that’s an issue with you, I won’t come home. You can come visit me if you want to see me.” But they didn’t have an issue with either of those, and to go to Louise, Texas at that time with a black child in a very, very white neighborhood, that was pretty brave. I was really proud of my parents for being that progressive.

TAPPE: You should be. How did your sister respond, or do you recall?

JONES: I don’t think she seemed to have much of an issue with it. Of course, she doesn’t really, to this day, see these kids as mine — she sort of sees them as my project, the goody-goody stuff I do, but she doesn’t see them as my kids. She doesn’t see that I love them as much as she could love her kids. So she still sees me as the do-gooder who takes care of the little needy children.

TAPPE: The little downtrodden.
JONES: And you know, children of races that she thinks just take money from the government.

TAPPE: Discard, right.

JONES: And you could discard them more easily.

But yes, people did have trouble with their families. I think pretty much most of the people who decided to take HIV positive children were the kind of people who said, “I’m going to do this. You can like it or lump it,” because they were pretty strong people. There were more gay families who took HIV positive children than straight families.

TAPPE: So they did allow placements, not through CPS, but through other parts of the court system? Or did CPS start to loosen a little bit? Or did you play a role in that?

JONES: Well, a lot of people adopting were seen as roommates. One person would adopt the child, and then later, the second person would adopt.

TAPPE: The games people have to play.

JONES: The game was big. Gay adoption still remains a big issue for many in Texas.

TAPPE: It still is.

[END OF AUDIO PART 1]

JONES: There are courts who have told us, “Do not bring those people to my court, if they are married.”

TAPPE: For adoption issues?

JONES: For adoption.

TAPPE: If you’re trying to place somebody?

JONES: They’ll still do adoptions for an individual person, but they won’t do adoptions
to a gay married family.

TAPPE: And that hasn’t been challenged in court yet, has it?

JONES: No, it has not.

TAPPE: It will be.

JONES: Yes. Sadly, you have to fly under the radar because many of our funders would probably not fund us if they knew we did gay adoptions.

TAPPE: You don’t mean government funding, but you mean private donors?

JONES: Yes, I mean private donors. We don’t take government funding. All of our money is from private donors.

TAPPE: That would be disastrous.

JONES: Yes. We’ve placed children with gay families for years, I mean for years and years and years, but it’s just something that we do. It’s not something that we talk about.

TAPPE: Or advertise.

JONES: Advertise, no.

TAPPE: Certainly. Interesting, though, that people would be so willing to fund children’s programs, but would cause them to suffer because of that one issue, in this day and age.

JONES: Yes, because of a choice that we made to be fair to everyone, yes. And I will say that probably gay families have adopted children with more physical and emotional issues than straight families, over the years. Some people say, “Well, it’s just the sense that they have to take whatever they can get,” and that’s just not true, because we’ve placed absolutely normal children with gay families too. I think it’s because gay people have lived through AIDS, have lived through
discrimination, and so they’re more willing to be receptive to the needs of the kids that we have and have available for adoption.

TAPPE: I agree with you. I think there’s an empathy factor there because of life’s experiences.

JONES: Yes. So we did find foster families, and then when the parents were dying and the children were available for adoption, all of those families, when that happened, adopted the kids that they had in their homes.

TAPPE: Oh, that’s wonderful.

JONES: So they were placed in a family, grew up in that family.

TAPPE: Have you lost any children?

JONES: Yes, we have. In the early years, we had several children die here.

TAPPE: While residents or in foster care?

JONES: Yes. When we realized that we had children who obviously were going to die, we used hospice programs here in town and set up hospice, for the children — we were very fortunate. With every child that died, we had a staff person or persons who made the decision to live with that child and care for that child until the child died.

TAPPE: That’s wonderful.

JONES: So all of those kids died not with multiple caregivers, but with people who loved and cared for them and saw them as their children and loved them.

Fortunately, nobody who ever fostered or adopted lost a child. Some of our staff who had the child for years and years did lose the child, but I don’t think anybody who had legally adopted, I don’t think there’s been anybody.

TAPPE: Do you still see young children coming in with HIV/AIDS?
JONES: Yes, every day. Yes, we have two children right now who are HIV positive. This year, 2015, we didn’t have tons of children who were HIV positive. We had many children who were HIV exposed, but only a small number who converted. The year before that, we had quite a few HIV positive children.

Sadly, the youth of today, the parents of today that we’re seeing, they’re younger, having children when they’re in their early twenties, having multiple children, having multiple sex partners, who, like all young people, they just are invincible; that they’re not going to die. They’re not going to get HIV. And so they don’t take precautions. I think that it’s prevalent in the young gay community also; that you just get it, you take meds, and that’s just what happens.

TAPPE: Just a chronic issue.

JONES: Yeah, just a chronic disease, sort of like having arthritis. You just take something for it; it’s over with. But I think with young women who are getting pregnant, with HIV, they just don’t think — most people still see it as a gay disease, and even the young people that we work with today all, I’m sure, have friends who are HIV positive because they’re pretty much running in drug-abusing crowds.

TAPPE: You mean straight friends?

JONES: Yeah, straight friends out there. They’re kind of homies. But still, they don’t feel like they’re going to get it. They can have sex. And then even when they get it, they don’t think they’re going to die. We have such a difficult time getting our parents who are HIV positive to take their meds. They take it sporadically.

TAPPE: So you are taking the parents of these children and you’re walking them through the system, getting them medication, evaluated —
JONES: Yeah, getting them in some program that provides treatment and care, making sure they get their meds, going out and visiting in their homes on a regular basis, checking their meds to make sure they’re taking them.

TAPPE: So you’re trying to raise the parents as well, in cases like this?

JONES: Yes, well, in all our cases, pretty much.

TAPPE: All of your cases.

And so even though everything is presented to them, in the case of the HIV, a lot of them are noncompliant? Again, because they feel invincible?

JONES: Yes, I think that’s part of it, or they’re so caught up in the drug culture that they just live from hit to hit.

TAPPE: The addiction really takes over.

JONES: Addiction dictates how they relate to everything: their children, their life, their disease, their whatever. So we do a lot of work with drug abuse prevention, drug abuse treatment. Most all of our families go to drug treatment. We get them in treatment. Some of them stay a day or two. Some of them are never going to get treatment, and they’re very clear with you about that.

TAPPE: Have you seen some success stories in the adults?

JONES: Oh, yes, we see that every day.

TAPPE: Good. It keeps you going.

JONES: Yes, that’s the only thing, you know. Lord Jesus, or you’d want to kill yourself every night if you didn’t see a few of them. We have parents who we helped get a high school diploma, we get them treatment, we work with them to get them housing, help them find jobs, and their children have gone back with them, and they’ve done absolutely wonderful.
One of our greatest success stories is a woman who is HIV positive, who went to prison for drugs. When she came out, we worked with her. She went to treatment; she got clean. We helped her get a job. She took her children back. She’s has lupus and cancer and has never given up. She still works at her job and has her kids, and they are doing absolutely wonderfully. She lives the life of a poor working woman. There are times when she’s been so sick that she couldn’t go to work and then maybe she couldn’t pay the rent, but we’ve found people to help pay the rent. We don’t carry people ever. We don’t pay rent for months or anything like that. But if they’re people like her who are going to get back on their feet and we know it, we make sure that the house of cards does not fall because of one problem.

TAPPE: Because of a week-long or month-long illness or something similar.

JONES: Yes. It’s the luck of the womb, you know. It’s what you come out with in your life, what you got. And sadly, these families that we’re seeing now haven’t had much luck. This last year, we worked with two families with three generations of HIV.

TAPPE: Oh, my gosh, three generations.

JONES: Yes, yes. So that means they had their first child when they were quite young.

TAPPE: That’s right, counting back, but it can happen at this point. It’s been that long.

JONES: Yeah, it’s been that long. And not only are they HIV positive, they’re all drug addicted, all had children at 14, 15.

TAPPE: The pattern.

JONES: The pattern just continues unless you break that cycle somewhere. And fortunately with the third-generation child that we’re working with, she’s doing
pretty well. I don’t know that she’ll be able to raise her child, but I think she might be able to live in a program with some support and be able to get out of abusing drugs and possibly learn to work and be able to live on her own and make it. Sadly, her grandmother had nothing to give her mother, and her mother had nothing to give her, so it’s very hard. These women do not form good attachments to their children or to other people so much, so we try to help them form attachments with our agency, which is less personal —

TAPPE: Doesn’t require as much of them on the emotional level.

JONES: No, it doesn’t, on the emotional level. And so they’ll come back to us when they’re having problems. We’ll get calls like you would call your mother and say, “Hey, I got a job today.” I mean, these are people we worked with 15 years ago who are still calling us, and that’s what we want. You know, we always say once you’re in Casa, you’re always part of Casa. We also helped those families when they died, the parents of the children in the early years who were HIV positive and who were dying. We worked with funeral homes to get them buried. We helped try to get hospice into their homes. We got them into Omega House.

But awful things. One of the most awful things I’ve ever done was talk to a woman who was HIV positive and we had her child. She went to Ben Taub, had the baby, and they told her she was HIV positive. She had never known she was HIV positive. She didn’t really understand that. Since the woman was Spanish-speaking, we had a Spanish-speaking staff member go with us to talk to her. We talked to her about the placement of her baby and had her fill out the paper work to admit the baby.

We went up to Ben Taub, and there was this room, sort of, behind where
garbage was collected and stored, and it was just a little bitty room, and that’s where they had her, because back then everybody was afraid of HIV. She was all alone and nobody was coming in to see her. Nobody was talking to her. So we took this Spanish-speaking staff woman who had been with us about three months, who was straight of college, who had come here to do a year’s service of providing care for children, and we took her to translate for this woman.

So it becomes very apparent as we’re talking, the mother doesn’t understand that she’s HIV positive. She doesn’t understand she’s dying. And literally, when she had the baby, she was near death. They thought she would die within a day or two, but she didn’t.

TAPPE: She was that ill?

JONES: She was that ill. And so I had to tell her not only was she HIV positive, but we really have to talk to her about signing papers to give up her child, to give up her rights to her child so that we can care for her child and find a home for her child. I had to tell her that she was very sick and that HIV was not curable; that she was going to die and she didn’t have long to live.

TAPPE: That was a lot to fall on you.

JONES: Yes, because the hospital — the staff didn’t care, so she was pretty much just being left to die. So we got her moved to Omega House, and she died there with a lot of people caring for her.

TAPPE: Good, at least she was in an environment where she would be supported.

JONES: Where she was cared for and supported. But this young woman who had done the translating walked out of the room and burst into tears, saying, “I can’t believe we just sat there and told somebody, ‘You’re going to die, and you can’t care for
your child. And you’re in a country where you don’t have family. There’s no way we can get your body back to the country you’re from.”

But that was one of many of those sorts of things that happened, having to talk to people about dying. Sadly, with HIV we had to do that: talk about them dying and talk about their children dying, and try to find support.

TAPPE: And they didn’t have that information prior to —

JONES: Well, most of them were finding out they were HIV positive when they were delivering. They didn’t know, had no idea. And somehow, if you went to an outlying hospital, you didn’t know until you got sick. A lot of our children came in three and four years of age because they were born in a hospital where their parents didn’t know they were HIV positive, then they got sick and were dying because they got no treatment of any kind, even the limited treatment that was available back then.

TAPPE: So you had taken on every role there is, from parent, to social worker, to friend, to chaplain; just the whole gamut.

JONES: Back in those early days, that’s kind of what you had to do. And there just were no services. I mean, AIDS Foundation started, but they weren’t doing anything with kids. And rightfully so, but a lot of gay people didn’t want people taking money away from care of and research for adults, to provide for care for children.

TAPPE: It was a bloodbath, fighting over money, what little money there was.

JONES: Yes, what very little money there was.

TAPPE: Were you familiar at all with the County and the City and the ins and outs of money early on here?

JONES: No, we weren’t much involved with it. I mean, I heard through the grapevine
about that kind of stuff, but we tried to stay out of that political arena as much as possible.

TAPPE: And just do what you could manage.

JONES: We wanted to just care for the people.

TAPPE: Because the people would get lost in the shuffle with all that political infighting.

JONES: Yes, that was what we were finding, exactly. Thank god, Thomas Street opened and money became available, because then we could start taking our families places where they would get care that didn’t require money to get treatment. And I mean, treatment wasn’t available to indigent people.

TAPPE: No. I know there was a clinic at Anderson for a while that ended up closing when Thomas Street opened. There was a connection through all of that. But I’ve talked to several people that are of our age that are HIV positive, and they said that that’s where they were; they were at Anderson and then moved over to Thomas Street. They didn’t have the resources to go privately, and the private doctors told them, “You can’t afford me, and I can’t afford to treat you.”

JONES: That’s exactly right.

TAPPE: “And so this is where you need to go.”

JONES: That’s exactly right. I can’t tell you how many of my friends had to live through that, because they’d lose their jobs, and their insurance — maybe they’d have money to get a little treatment from a private doctor in the beginning. Then when it was so apparent what they had and they were sick, they’d lose their job, and then they had no money. They had no medical care except for Thomas Street.

TAPPE: You had mentioned to me earlier that you had lost your social circle.

JONES: Yes.
TAPPE: Is that not kind of an overstatement, or is that pretty much what happened?

JONES: No, that’s pretty much what happened. When I came back to town, my friends were with Dignity, and I started working with Casa, and I stayed in touch with a few of those friends. And then through another friend, a bunch of us started going to MCCR [Metropolitan Community Church of the Resurrection] and got involved in family groups there. And so I had a whole group of friends from that church that were the people I ran with. And really, that was pretty much all of them. Everybody else that I had been friends with had moved on or gone different places. And out of my covenant family, everybody died except one person, me and one other person. I lost my whole support system, the people who helped me babysit my children, people who I could call and talk to for the few minutes I got away from my kids. The people I would go do something with, have fun with. They all died. And I had, really, other than work and the friends I had through here, and a few straight friends in the world, but who didn’t know me completely or couldn’t support me in the way that gay people, gay men did, I lost everybody, and I had to re-create a whole new group of friends. And I still don’t have a huge, extended group of friends, and I don’t know if that’s just part of my current life. I don’t know that I want to go there, but I don’t know if I’m still protecting myself from losing people or whether it’s just that I’m older now and I’m really good friends with a few people. I work still, and so I just don’t have the energy to expend with a lot of other people. And I think that’s what it is. I don’t think I would be afraid of losing a friend because at my age, I’m going to lose them no matter what.

TAPPE: That’s right. We’re going to lose people close to us anyway.
When you were losing your circle, did that come about within a few years’
time, or was that spread out? Was it during the peak of the AIDS crisis?

JONES: It was during the peak of the crisis. Probably the last person died a year or two
before medicine came about. One person who was in the group but was not very
active in the group did survive, and he was able to get meds and lived. He was
more of an acquaintance, but not a close friend. It happened over a four- or five-
year period, maybe less.

TAPPE: Was there anything you could do or that you recall doing to survive that on an
emotional level?

JONES: Fortunately — we were working with HIV kids — I had a lot of people to talk
to. And I have really good support here, and I think having support with people I
work with was really helpful. But I think I was so busy at work and so busy with
them dying that I really didn’t have much time to grieve because one would die,
and then the next one would be sick, and you just moved on to the next one.

TAPPE: So you didn’t fully grieve before the next one was taken.

JONES: I don’t think so.

TAPPE: Did you help take care of some of your friends?

JONES: Yes. I went and sat with them when either their partner or their family who was
caring for them needed some time away. If I had a babysitter, I would go and sit
with them. And part of it was caregiving, and part of it was just my last chance to
be with them and close to them and hug them and tell them I loved them and
spend some time with them. So it was part caregiver and part just trying to keep
that friendship going as long as I could.

TAPPE: Because you loved them and cared about them, certainly.
JONES: Yes, yes. And my very best friend, I probably spent more time with him. He was the hardest to lose. When I first started taking the kids and adopting them, my covenant family group was my help. That’s why I think I was kind of focused on that group alone, because most other friends just kind of went away because they weren’t interested in kids. They would just say, “That’s just not part of my life. I’m not going to do that.” So they went away, and I can understand that. But Scooter was my best friend and greatest support. He babysat, he — he was alive for the first two children. Mike, the oldest, was a very difficult child, and he would take care of him. The last time he drove a car, he was to take Mike to get ice cream. He was so thin he could hardly walk. But he drove Mike to get ice cream. He never drove again. I hadn’t adopted my third child when he died, but I named him after Scooter’s real name, Joseph Randall. The person I shared all my stress and concern with; he was my sounding board. I loved him so much as my dearest friend.

Mike was such a difficult child, and we couldn’t keep him in care at Casa de Esperanza. He went to Austin State Hospital, and his family would not come and get him or make any arrangements for him to come back to them, so Austin State Hospital was calling us all the time, saying you’ve got to get this kid out of here. It’s not good for him to stay here, and can you get this family up here to get him.

And so I finally told the mother if she would go get him, I would take him until we could find a place for him to live, and I would take care of him. He came to live with me and stayed for a month, and then she came and got him and took him immediately to her mother, who was in her seventies and not able to care for
Mike at all.

Scooter and I were sitting out on the screen porch in the back of the house, and I got a call, and it was his grandmother, saying, “If you don’t come get this child, I’m going to put him out on the streets. I can’t take it any longer.”

TAPPE: How old was he at the time?

JONES: He was seven, maybe still six, close to seven. And she said, “I just can’t tolerate it anymore. He’s had knives in his hand, threatening me. He just is totally out of control,” and went on and on and on.

So I said, “All right, Carlotta. Let me just think about this for a little while. I’ll call you back.”

Hardly any client had my telephone number. Mike knew my telephone number, so that’s how she called me.

So I went back to talk with Scooter. I told him that Carlotta had called and talked about Mike, and she couldn’t manage him. And I said I can’t go get him unless I’m committing to him for the rest of his life, which means he might stay with me a month and go in and out of my family until he was grown. Can I do that? Do I really want to do that? I knew what kind of kid he was probably going to be if he went in and out of my life, but I knew somebody had to be there for him. Somebody had to commit. And if I did this, I’ve had to commit. So I’m saying all these things to Scooter.

TAPPE: Processing it.

JONES: Yes. And Scooter was just sitting there listening. And when I stopped talking, he said, “Let’s go get Mike.”

TAPPE: That’s wonderful.
JONES: And we did, in his car, and brought him home, and he never left me again until he died.

TAPPE: How long was he with you?

JONES: He came when he was seven, and he died when he was 24.

TAPPE: 24.

JONES: Yeah. He had lived out on his own some, because he worked. He was a security guard. But he had moved back with me because his girlfriend went back to live with her mother so she could finish high school. She was past the age to finish high school, but Pasadena let her go to a special program. She wanted to do it in the classroom, and they let her go back as an adult and finish, and it was really good. She was living with her mother and he was living with me at the time he died.

TAPPE: Hang on. Let’s take a break for a minute.

[A BREAK WAS TAKEN]

TAPPE: Okay. Bill, let’s finish up with Casa. As you said, you started as a very small organization with a $500 donation and big hearts, and you’ve grown into a multi-million-dollar, multifaceted organization with tremendous community support. Tell me a little bit about how you did that.

JONES: And I think from the get-go, we felt like we wanted to do a program that was based on meeting the needs of the kids that came to us. We thought, as I said before, that it would be short-term. They would return home. And then crack cocaine came around and HIV and other issues like that, which meant that more and more kids were being referred to us and more and more kids were in need. So we went around the community trying to find housing that was no cost, and we
were able to get the use of some houses from The Burkitt Foundation in the Montrose area. We used those houses for several years, and all we had to do was maintain them to be able to use them. And we realized that the individual donors that were giving us money were not going to give us enough money to support more houses and more programs. One of the kids we had admitted had pretty severe emotional problems when he came to us. About the same time, the Chronicle did an article on us, and they asked what our greatest need was. Kathy said what we need is somebody to help us with children who have emotional issues.

And a couple of days later, two young adults knocked on the door and said we’re psychologists, we’re interns at Baylor, and we would love to be able to help you.

And we said, “Well, come right in.”

TAPPE: “Here’s your office.”

JONES: Ronnie and Sydney volunteered with us for over a year. Then I wrote a grant to the Hogg Foundation to get funding to provide a psychologist to help us with the emotional needs, and we hired Ronnie and Sydney. After the next year, Sydney moved on. She got married and moved out of town.

Ronnie is still with us. He came here in 1983, and he’s still here. He is so smart and so versed in the issues of children, the developmental issues of children especially. He’s a developmental psychologist. We were able to expand to serve children with emotional needs.

I guess where I’m going with that is, we began to write grants to pay for our staff and programs. Since the very beginning, we have had young men and
women who come here to spend a year. We started out giving them $50 a month and room and board, and they took care of the kids and lived in the houses with them. Later we were able to increase the salary as we wrote more grants to support that program. We now give them $550 a month and room and board.

For all of these years, we have had the brightest and the best come and give a year at least to care for the kids. Some of the women who came to care for the kids still work for us 22 and 23 years later. Some of them now will come for a year, and then they’ll extend for a half a year, especially if they are attached to some kids and they stay until the care comes to some resolution: they’ll either go home or they’ll go to a family in six more months. They might extend six months so they can be sure that the children have somebody to care for them consistently for the whole time that they’re here. So we started writing grants for that.

And then I guess when we were about four or five years into the program, there was an article in *Esquire Magazine*. One of our member’s husband read the article about a new restaurant that was being opened here in town called Churrascos, and said we ought to go and talk to them and see if in their opening they will do something to raise money for your kids.

So two of our board members went to the Churrascos on Bellfort, way out, I think it was Bellaire-Bellfort, somewhere way out in the southwest part of town, they went out there and sat and waited for Michael Cordúa to come — he wasn’t there when they first went — and talk to them about the program. And then he
came and met with Kathy and me, and he brought his brother Glenn, and they talked about Casa, and they said that they would like to do a fundraiser. And they have done that now for 28 years.

TAPPE: Oh, that’s wonderful. Was there any particular reason that this gentleman recommended this family?

JONES: No. He just said it was a new — looked like it would be a good source of support.

TAPPE: You just winged it. That’s a cold call.

JONES: Yeah, a cold call. And so all of these years now, Michael has done the gala. He provides the food, and then we work with people to get the wine donated, and then a lot of his staff volunteer to work the gala for free. And they’ve done the gala for all these years. Now, the last two years, it’s raised a million dollars.

TAPPE: Oh, my gosh. That’s wonderful. It’s all in who they know and how big a check they’ll write?

JONES: Yes, that’s right. By the time we got to do the first gala, they were opening the Churrascos in Shepherd Square, and we did — it was a small gala. I think it made $15,000 or $20,000. But to us, that was like, my gracious, that much money all at once, it was almost hard to believe. And now it’s raising a million.

I think what we have always done is provide for the children in our care exactly what a parent would provide their children. And so we get the medical care any of them need. We get psychological care. We do whatever. And we also commit to those children for the rest of their lives.

TAPPE: What a wonderful philosophy.

JONES: We not only do residential care now. That’s probably the smallest number of
kids that we serve. When our children and our families are successful enough to be reunited and they go home, we have workers that go out into the community and visit them in their home and follow them as long as they are needed. It might be six months; it might be 17 years. For those that are long-term, we don’t go every week, but whenever they have a need, they call. We follow them very closely to make sure that they’re safe, mainly, when they go home, and that if there are some things that are breaking down that we need to help support to keep the family intact, we will do that. So we have that program.

For those families who are not able to reunite with their kids, or make the choice that they want to relinquish their rights, we do adoption, and so we’ve adopted several hundreds of kids. We provide post-adopt care because most of those kids have lots of needs, because if you look at our typical parent, they had a parent who was a drug abuser, who was probably abusive, they grew up in a chaotic situation, then they get out on their own or get in the CPS system and they come out of the CPS system with no support, or they go out into the world with no support. They get involved with drugs. They get involved with someone who very often is violent — there’s a lot of domestic violence in our population. They are constantly moving from place to place. They have very poor nutrition and a great deal of alcohol and drug abuse. They have children when they are very, very young. This is sort of the typical parent we have.

So no child that we admit has the luxury of being kept in the womb with a parent that eats the best food they can, does not drink, does not get overly excited or worked up about life, who does everything in the world they can do to make sure that that baby is as perfect as they can be. Our children don’t come from that
environment. They float around in chemicals of all kinds, and every one you can imagine. They are exposed to them in utero. Because their parents live in such stress and such trauma, all of the mother’s stress hormones are very prevalent in utero, so the hormones that help develop their brain are totally different from children who are cared for and loved in utero. In addition, they were starved a lot of times in utero.

So when these children come into the world, they will never react to the world the same as normal children. If we were to admit a child who had a withered leg, we wouldn’t expect that leg to grow normally. We would do everything adaptably that we could do to give that child the best chance. We would get braces, get PT, get whatever to help that child use that leg the best that they can. We look at the brain of our children the same way; we cannot change the effect that all the stress, poor nutrition, and drugs and alcohol had on the brain. All we can do is work as best we can adaptably to give those children the best skills that they can have to make it in life. So that’s our focus: keep them safe, keep them fed, meet their needs. Pretty simple.

And I always say it doesn’t take a whole lot to make a change in a child’s life. If you’ve got a lap, some macaroni and cheese, a good hug, children do pretty good. But if you don’t get any of that, you don’t have much chance of growing up normally.

TAPPE: And Casa’s here to provide that.

[END OF AUDIO PART 2]

JONES: And we’re here to provide that.

TAPPE: And to teach the parents.
JONES: Yes, and to teach the parents how to do that. We have the Aftercare Program. We have the Post-Adopt Program. We have caseworkers and social workers that follow the families — you know, that have to meet all licensing requirements, and work with the families. We do all the education and training and get parents into programs that will help them become good parents. So our staff now has grown a whole lot. The cost of providing the care we do has gone up. We still, I think, do it more cheaply than anybody else.

TAPPE: Do you ever fear about funding? Grants and that sort of thing?

JONES: I fear, every year, because every January we start anew. This last year, we didn’t raise enough money to meet our budget because the economy — you know, when gas prices are cheap here, it hits us right in the pocketbook, because most of our economy here is based on oil and gas. And so when foundations or individuals are not making money, they give us less money. Churches have to use more of the money that they get to run their operations, so they give less. They don’t have as much to give.

TAPPE: You said you don’t use any government money. That’s purposeful, I assume?

JONES: Yes, that is very purposeful. We took one Ryan White grant. That’s the only government grant we’ve ever taken.

TAPPE: You won’t do it again?

JONES: You almost had to hire a person to take care of the paper work. We had a three-year grant. We only took it one year, because it was just too much trouble, keeping up with the money and the paper work.

TAPPE: But you stay on top of the grant writing every year?

JONES: Yes.
TAPPE: Do you have a person that specifically does the grant writing?

JONES: Yes, we have grant writers. And we have people in development who go out in the community and form relations with people and organizations to help them continue their support.

TAPPE: Shake hands. Well, it’s working. You have a beautiful facility.

JONES: We don’t contract with CPS either, and we decided that for several reasons. As I said before, one of the reasons was that we wanted to serve kids that didn’t have money behind them. But another thing is that we didn’t want to be a hotel either, so that when one bed became available whomever CPS had waiting in the wings would be the next kid. We admit kids on need, need-based. We don’t necessarily take them first come, first served. We try to do that as much as possible, but if there’s an HIV positive kid or a kid with lots of issues, then we’re of course going to admit that kid first.

TAPPE: Sure, priority. Well, you’re doing a wonderful job.

You had mentioned to me in the past about your children, so I would love to hear the story in terms of how they came into your life and how it affected your life and how you affected their lives. How did this all come about?

JONES: Well, Mike was the first one, as I mentioned. I had committed to Eddie, my foster child in New Mexico. It was so hard to leave him, and I just didn’t know if I wanted to get involved in a situation where I’d fall in love with another kid and then give them up. But we could not find a place for Mike. They were recommending residential treatment for him out of Austin, and there was no money behind him that would get him residential treatment. I can remember exactly where we were standing, talking about him, and Kathy said, “Well, just
take him, Bill, for two weeks.” So I took him for two weeks.

TAPPE: To your home, as a foster?

JONES: Yes, as a foster child, in my personal home.

And Mike lived with me, as I said, until he died. He was not HIV positive. He had a heart attack in his sleep and died, and had been to the doctor the day he died. And it was just a fluke. But he left me with an absolutely wonderful daughter-in-law that I’m still very close to and love very much, and two grandchildren, Christallynn, who will be 14 in March, and Daniel, who is 11. And I don’t know that I could have made it without them.

TAPPE: You mean through the loss of Mike?

JONES: Yes, yes. And it’s still wonderful to know I have a part of him with me, and so that’s really great. Anyway, so you know how Mike came to me. Scooter said, “Let’s go pick him up.” That’s how Mike got there.

TAPPE: That’s right, because his grandmother was going to put him out on the streets.

JONES: The street, yes. So that’s how Mike got to me.

And then when some of the first children with HIV were admitted to the houses, Rob was born premature and he was very, very little, and he had this squeaky cry that was irritating and our staff called him Amadeus. And nobody really seemed to care for him all that much. It made me angry, so I started falling in love with him.

TAPPE: But he was a resident here, to start?

JONES: Yes. And so when CPS terminated his mother’s rights, I went to them to see if I could put him in foster care in my home, and I did, and then I —

TAPPE: And you had Mike at that time?
JONES: I had Mike. And I asked to adopt him, and they said I could. And then at that point, Family Court Services did all the home studies for CPS adoptions, and so when the social worker came out — or caseworker; I don’t think she had a social worker degree — anyway, she asked me if I had ever been in therapy, and I said, “Yeah.”

And she said, “Where did you go?”

And I said, “Baylor.”

And she said, “Can I get those records?”

And just without thinking, I said yes and signed the release paper. And of course, I talked about being gay in therapy. And so she, without letting me know or having my permission, called my references and told them that I was gay and did they know they were recommending somebody who was a homosexual to be a foster parent.

And I got calls from all of them, saying if you want to, I will go to court with you and say that this person told us this. I had never openly discussed that I was gay with my references. I’m sure they might have guessed, or surely they knew, but there was really no reason to have ever talked about whether I was gay or not to them.

TAPPE: Yes.

JONES: And so anyway, they denied me. They denied my adoption.

This was for Mike.

TAPPE: What a story.

JONES: It was with Mike.

I called a friend who was in charge of Lutheran Social Services in Austin,
and we got his mother to sign another relinquishment to them, and his father to sign a relinquishment to them, and then they terminated his rights in San Antonio and I adopted Mike in San Antonio.

TAPPE: You got out of the system here.

JONES: Yes, to do that.

TAPPE: To do that. That was smart.

JONES: With Rob, they said, “I don’t care who you are. He’s going to die.” That’s what the worker said to me. “If he wasn’t dying, I wouldn’t let you adopt this kid at all.” And so Rob, I adopted when he was two. And Rob is now 27 and has Devon, who is my two-and-half-year-old grandson that I am madly in love with too. And Rob was born to an HIV positive mother but did not convert, and he’s been healthy for the rest of his life.

TAPPE: He’s not on medication?

JONES: Oh, no, never had to be on anything, never, no.

TAPPE: Is Rob married?

JONES: Rob is not married. There is Crystal, his girlfriend. And I love her too. She gave me Devon, which is my greatest gift.

And then Kashira, Mike’s partner, she is now in a long-term relationship with another man, and they have a little girl, Evelyann, who is two years old, and I told Kashira if she had any more children, that she’d have to understand they were going to be my grandchildren too; that I couldn’t love two kids in her house and not love whoever else came along. So Evelyann is my other grandchild.

When Christallynn, the oldest one, was going to be born, Mike and Kashira weren’t married, and they were young. She was 17 or 18; 17, I guess.
And he came in to me and said, you know, “We’re pregnant. What are we going to do about it?”

I said, “Well, you should have thought of that before you got pregnant. But now that she’s on the way. What we’re going to do is love her.”

And I said “her,” all this time, and he said, “Why are you saying ‘her?’”

And I said, “Because this is okay if it’s a girl. I raised four boys, and I want a girl.”

And thank god she was a girl, and she’s had my heart from the moment she took her first breath. She is my baby girl.

TAPPE: What is her name?

JONES: Christallynn. That’s the 14-year-old. The two-year-old is Evelynn, but with two n’s. Their mother’s middle name is Lynn, so everything has two n’s, you know. When Mike died, his youngest son, Daniel, was 5 months old. He is now 11 and his grandpa’s joy. I love all of my grandchildren.

So that’s Mike and Rob, and they were my only two for several years, for about three years, maybe more.

TAPPE: A fairly decent relationship between the two of them at the time? I mean, considering all the different issues?

JONES: Yeah. There was a lot of difference in age. Mike was just difficult to be around, period, when he was young, so there were some issues around that.

We kept getting calls here at Casa about an eight-year-old HIV positive child who was living in the fellowship hall at a black Baptist church out on Lyons Street.

TAPPE: He was living in a hall at the fellowship hall?
JONES: The fellowship hall, yes. They had licensed it as a foster home, but it was pretty bleak. He had broken down all kinds of foster homes, they said. He was very difficult, and they didn’t know whether they could keep him there anymore. And I said, “Well, you know, we don’t admit eight-year-olds.” I was very clear about that when they first called. It seems like they called 900 times.

So finally we sent our nurse out to see him. Mary was our nurse at that time. She was from the Bronx. She was very hard-nosed, you know, and I thought, well, she’s going to go out there and tell them, “Just take care of this kid.”

And she called and said, “If you don’t get out here and get this kid, he’s going to die out here.”

And I brought him home covered in scabies, skinny as can be, ugly little kid, and difficult as can be, and he had broken down 22 foster homes, and he was very clear with me he was going to break me down too.

TAPPE: Oh, my gosh, 22 at the age of eight.

JONES: And he said to me, “I don’t want to be here. I broke down 22 foster homes, and I’ll break you down too.”

And I said, “Well, honey, bring it on, because I raised Mike Jones. There’s not much of anything you could give me I haven’t been through, and you’re not going anywhere. I’m going to learn to love you, and you’re going to learn to love me.” And that’s what happened. And now he is 28 years old and lives in L.A., has been with his partner for five years, and he’s a very successful physical trainer. He works for two high-rise apartments buildings in L.A., providing their training in their gyms for the residents that live in their buildings.
And then he also does private training throughout the city. But his greatest desire is to be a movie star and be famous. He has been on The Ellen Show, Ellen DeGeneris Show.

TAPPE: How did he end up on that?

JONES: Well, the gardener, you know, the muscular man that she has for the gardener, she got him a role in a movie, and so she needed a part-time gardener to come in, and so she asked for people to send in their résumés and pictures. Mark sent his in, and they chose him as one of the three that were on. And the audience had to vote for the winner. He didn’t win, but he was one of them.

TAPPE: Well, what an honor, though, and how exciting that must have been for him.

JONES: Yes, it was extremely exciting.

TAPPE: So he went from a skinny little kid with scabies to a bodybuilder —

JONES: He is a bodybuilder.

TAPPE: Well, I can imagine, if he’s on The Ellen Show, because I know the kind of fellows she gets on there. Pretty nice.

JONES: And I think what his salvation was, he’s pathologically confident. It’s the way he deals with all of his other issues, is that he just puts them behind him, and he’s just confident, and says, “I’m going to make it in the world, and that’s it.”

TAPPE: Well, so far, it’s working.

JONES: And it’s worked absolutely wonderfully, and he is really doing quite well. If I put him in a lineup of people and said, “Pick the one that’s HIV,” you’d never know it would be him. And he’s very private about it. Because this is for educational purposes, he was willing for me to talk about it. But AIDS does not rule his life, I guarantee you.
TAPPE: It certainly doesn’t define him.

JONES: Huh-uh, it does not define him in the least. And he is very clear that it never will. And he’s careful about what he does, but he is quite handsome [displaying photographs] —

TAPPE: Oh, my god, he’s gorgeous.

Just for the record, I’m looking at photos of him right now.

JONES: Yes. I mean, you would never know. Yes, he’s absolutely beautiful.

TAPPE: Well, he’s just a handsome man to begin with, and then what he’s done with his body is phenomenal.

JONES: And he is a great person, just so good, yes.

TAPPE: So you broke him down.

JONES: I broke him down. And he might have broken me down some too. I don’t know.

TAPPE: The 23rd foster home.

JONES: And he is a really good man, a very smart man. And business-wise, he’s very good at managing his business. He and his partner have been together, as I said, for five years. I’m thankful he ended up where he did because he was a difficult child to begin with. The first Christmas he was with me, I asked him what he wanted for Christmas, and he said a Selena doll, a wig, a dress, and Hocus Pocus movie, so I got them all for him, and he wore that dress and that wig for a little while, and that was the end of that. I think he just needed to get in touch with that feminine side, and also it kind of tied him to his mother. His mother died when he was five, and he was very connected to his mother and loved her very much, so it was sort of a way to get to feelings of being with her too.
But he was a star running back in football in high school. He was the homecoming king. He was the prom king. He was one of the most popular kids in school.

TAPPE: That’s wonderful. Well, good for you. Congratulations to you.

JONES: It had a lot to do with him, because he was just that type. He was going to make it in the world and survive the world.

TAPPE: Yeah, but you provided the stability and the opportunity for him, so that’s wonderful.

His identity, did you know that he was gay? Did he know that he was gay?

JONES: No. When he first came to live with me, maybe the first little while, I didn’t know he was gay, but then, you know, things began to add up pretty quickly.

TAPPE: Did you know he was gay before he knew he was gay?

JONES: I knew he was gay before he — I think he knew he was attracted to men, but he was not gay.

TAPPE: Didn’t identify.

JONES: No. You know, I was around and was able to talk to him, and I think it was good for him, and good for him being able to be who he was in the world. And I could help protect him not only from HIV issues, but from the beginning there were issues. When he was in Montessori school here, there was a trip that they were going on, and I said he couldn’t go because of medication he had to take, and the teacher was smart enough to realize what it was, and so she canceled the whole trip and blamed herself. She was a real teacher, you know. There are still real teachers around.
TAPPE: There are some, you’re right.

JONES: I think probably the hardest thing with me, ever, with him was when he realized how being HIV positive affected him. He was becoming sexually aware and knowing that he was gay and wanting to experiment but coming to the realization that he was lethal. And when he really started talking about “I could kill somebody,” that was so hard to deal with, to tell your child that your most intimate and close relationship you could ever have with another person could also kill that person and that you have to take precautions. You never can have unprotected sex.

TAPPE: How difficult for you.

JONES: It was awful for him and for me, for everybody. And that was probably the hardest of anything with him, was trying to help him through those years when he was becoming a young gay man. He came from a family that was very, very religious, and he stayed in touch with some of his family. He had their telephone numbers and stayed in touch. I took him out to visit with his family. He often visited his brother and sister. It was very hard for him to accept that he was gay, and religiously it was very hard for him for a long time. I had to work with him through that. But he was who he was. He’s not had any trouble with it ever since.

TAPPE: Do you know if he’s in touch with any family members now?

JONES: Oh, yes. He was here just a week or two ago, and he went to visit his sister and saw his aunt. It’s fine. I think he asked me one time, “Do you really care if I go?”

And I said, “I know who your father is. It doesn’t threaten me in the
And I’m very clear about that, and I still think that’s the most important thing in adoption. And I have issues sometimes with open adoption because I think the one thing you need to give your child is the sense that you are their family; that you have them totally, as their parent, and nobody else is their parent but you.

TAPPE: Clear guidelines and boundaries.

JONES: Yes. But anyway, with him, he has visited his family and it wouldn’t threaten me if any of my kids visited their biological family. Mike found some of his family. Kurt hasn’t done it yet. Rob’s girlfriend tried to find his family. They did find some family members. Rob had no interest in talking to them. He just says, “I know who my family is. I don’t want to have anything to do with them” — you know, he’s never had any interest. Mark still stays in touch, and that’s fine, because he was old enough to know all those family members. He was five, almost six when he left.

TAPPE: And eight when he came to you.

JONES: Yeah, eight when he came to me.

And then Kurt is the last one, and Kurt was one of three siblings admitted to Casa, all who had pretty severe emotional problems. His brother and his sister had been placed in adoptive placement, and he was here and had been here for three years and nobody had any interest in him. For one thing, he had a very unique speech pattern that hardly anyone could understand. I was fortunate enough to be able to understand what he was saying.

TAPPE: Well, you had the background, anyway, to understand him.
JONES: After he had been here forever, and I had always liked him, he was just so sweet and wonderful, I adopted him.

TAPPE: Now, you say he had a lot of emotional issues, but he was very sweet and wonderful?

JONES: He’s very sweet, but I don’t equate those.

TAPPE: But a lot of people do.

JONES: Yes. And he had lots of histories. He was an extremely difficult child. He has a lot of anger. And when he was so into his anger when he was young, I would hold him and I’d think my arms were going to fall off, but I knew I had to help keep him safe and hold him near me so he knew I could keep him safe; that he would not doubt that I was able to care for him.

TAPPE: What age was he when he came here?

JONES: He was three when he came. And he was six when I adopted him. He came to my house the day after his sixth birthday, and he’s 23 now. He’ll be 24 in June.

TAPPE: Is he married?

JONES: No, he’s not. He works at Wal-Mart, and he’s had the same girlfriend for four and a half years, and they’re very close. She’s goes to St. Thomas in pre-law, and she wants to become an attorney. And she went to the High School for Law Enforcement and graduated with really good grades from there, and has been able, with some help from me and other people, to get some scholarships. She’s the first generation born here in the States. She’s Hispanic, and Kurt is Hispanic too. Mike and Kurt are Latino, and Rob and Mark are African-American. And Kurt is doing very, very well. He’s doing unbelievably well for the issues that he had.

TAPPE: So you had all four children under the same roof at one time?
JONES: One time, yes, uh-huh. Yes, I did.

TAPPE: What a tremendous impact that would have on your life, and thank goodness you had a friend that was steering you in the right direction and supporting you from the beginning.

JONES: Yes, from the beginning. But he died.

TAPPE: He died early on.

JONES: He died before the last two came. But I had kind of gotten used to not having much life except kids by that time, so the last two weren’t that bad. The first one was probably the hardest because it changed my life so desperately, but the other three were pretty much — if you have two, three, four, it’s not much different.

TAPPE: Once you get past the first one?

JONES: Yeah.

TAPPE: How did the boys deal with the loss of Mike? Was it each on an individual level?

JONES: Each on an individual, and still is. Rob, I don’t think has ever cried, and he was the closest to Mike. And he doesn’t talk about Mike much at all. We were all together eating one night at a restaurant not long ago, and Mark and Kurt started talking about Mike, and Rob would put in a little into the conversation, but not much. And Kurt talked about the day Mike died — I had been at work. I went home. I stopped — which I rarely did. I stopped by and got food at Jack in the Box and went home. I lived in a small town and worked here. I moved there so that I could raise the kids outside of HISD.

I had brought food for Mike, and his door was locked into his room, and I couldn’t get him to answer, so I took the door off and went in and found him
dead. And Kurt was the only one there, and then he said, when we were talking, he said — Mike was trying to teach him how to mow the lawn a few days before he died, and Kurt was not willing to mow the lawn and not doing a good job, and so Mike kind of shamed him into getting to work. He said, “All right. Then I’ll mow the lawn, and you just shake my hand, and you won’t be part of my life.”

And Kurt said, “I shook his hand,” and he just burst into tears. And he said, “I wasn’t a part of Mike’s life when he died, and Mike didn’t love me.”

I said that was not true. I said that was just your brother trying to guilt you into mowing the lawn. It had absolutely nothing to do with his loving you. All these years he’s carried that, because Mike’s been dead 11 years.

And Mark and Mike probably argued the most, but Mark even got up at Mike’s funeral and talked about that if you love somebody, you should tell them you love them because you never know when you’re going to lose them. He’s pretty clear about his love for Mike, so it was very hard.

But it was hard on all of them, and I will admit that next morning when I woke up after Mike died, it was hard. The kids wanted to go to school. They didn’t want to just sit in the house. He died December the 9th, so it was end of school semester, testing and all, and they wanted to get that behind them. So they went on to school, and I was thinking I have to get up and get breakfast, and I have to get them off to school, and I have to get up whether I want to get up or not, but I didn’t want to get up out of that bed and face life again, really.

TAPPE: I’m sure you didn’t.

JONES: So they were helpful to me too.

TAPPE: Because you had to keep going.
JONES: I had to. And I had to keep going, and I had to deal with it, and I had to realize that life goes on.

TAPPE: What a tragic loss.

JONES: Those are my kids. Thank god, Kurt has not had any children.

TAPPE: And Mark doesn’t have any children; is that correct?

JONES: And Mark doesn’t have any children, no. He would like to adopt, one day.

TAPPE: And he may very well do that.

I cannot thank you enough for your time and your stories and for your contribution to children’s lives on your professional and personal level. It’s amazing. This has been a pleasure.

JONES: I just was open to wherever it went, and that’s all my life ever was, just trying to be open to whatever it was.

TAPPE: And here you are. You should be hopefully feeling very proud.

JONES: Well, I’m very proud of my children, and I’m proud of what Casa has become.

I believe it’s a really good program.

TAPPE: You’ve done a fabulous job. Thank you, Bill.

JONES: Thank you, Renée, for letting me talk.

TAPPE: Absolutely.

[END OF AUDIO PART 3]

[INTERVIEW CONCLUDED]