

THE
OH
PROJECT | Oral Histories
of HIV / AIDS
in Houston,
Harris County,
and Southeast Texas

*To collect, preserve and make available the experiences
of people impacted by the HIV/AIDS epidemic in
Houston, Harris County, and Southeast Texas*

Oral History # 36

An Interview With
Dr. Ann J. Robison

Place of Interview: Houston, TX.
Interviewer: Renee Tappe
Terms of use: open
Approved: RT
(Initials)
Date: 7-17-17

AN INTERVIEW WITH DR. ANN J. ROBISON

RENÉE TAPPE: This is Renée Tappe interviewing Dr. Ann J. Robison for The oH Project, Oral Histories of HIV/AIDS in Houston, Harris County, and Southeast Texas. The interview is taking place on July 17, 2017, in Houston, Texas. The purpose of this interview is to document Dr. Robison's recollections concerning the HIV/AIDS epidemic in Houston.

Thank you, Ann, for joining us this morning.

ANN ROBISON: Thank you.

RENÉE TAPPE: To get started, let's get just a little bit of your personal background.

Tell me your full name, where you were born, a little bit about your family.

ANN ROBISON: Full name is Ann Jeanette Robison. I was born in Butler, Pennsylvania, and grew up in Connoquenessing, Pennsylvania, C-o-n-n-o-q-u-e-n-e-s-s-i-n-g, my first spelling word in elementary school. My parents were John Richard Robison and Ruth Jeanette Leisie Robison, L-e-i-s-i-e. I am one of two siblings: Katherine Lee Robison Jenkins and Steven Paul Robison, and my brother is deceased. [Note: Katherine Lee Robison Jenkins passed away in August 2017.]

I went to high school in Butler, Pennsylvania, and graduated in 1974. My interest activities and clubs in high school, I did theatre costuming. That was my big after-school thing. My mother taught me to sew, and a lot of other crafty things, and I just really enjoyed that. That was a way I could be behind the scenes and participate. I also enjoyed swimming.

When I graduated from there, I went to University of Pittsburgh and got a dual bachelor's in psychology and sociology. I got married right after college to Ron Nemchek, and we stayed in Pittsburgh for another year and a half for him to get a second degree in chemical engineering. Gulf Oil hired him and brought us to Texas.

Gulf soon turned into Chevron. We lived in Port Arthur, which was an unpleasant experience. We were there for four years. While I was there, I went to Lamar University and started my master's in public administration.

I moved to Texas in 1981. I moved to Austin in 1984 to work for the state, for the Texas Department of Health, and took my remaining classes in my master's at UT School of Public Affairs. I believe it was LBJ School of Public Affairs, but I graduated from Lamar in 1986, and then moved to Houston in 1988 to take the position with then Montrose Counseling Center. I started a Ph.D. in public health at UT School of Public Health here and took my good, sweet time, 12 years.

The job always came first. The classwork was no big deal, but doing the dissertation took forever. My dissertation advisor said she was moving to Jackson, Mississippi, and I better get off my butt and finish it, so I did in 1991, I believe, August of 1991. That had a concentration. My major was in management and policy science. The minors were in biometrics, which is statistics, and medical ethics.

TAPPE: What was the topic of your dissertation?

ROBISON: That's interesting. I wrote my dissertation on whether or not behavioral health clients who are HIV positive, when they are matched to their therapist,

whether or not it made a difference if they are matched by gender, ethnicity, race, and sexual orientation.

It turns out it did not. It did not make a difference. There was no statistical significance. As far as their outcomes go, what was significant was whether or not they had any substance use history. That greatly affected their outcomes of whether or not they improved their daily living scores or their depression and anxiety scores.

TAPPE: But that didn't relate directly to their therapist, whether male, female?

ROBISON: No, it did not, which I strongly suspected in my dissertation. Dr. Hardy Lowe, at the time, was on my committee, and he said, "The answer is what the answer is. It may not be what you thought you were going to get, but it's what you got, and you've got to take it."

TAPPE: So it surprised you.

ROBISON: Yes, it surprised me a lot. I expected males to do better with males, gay men to do better with gay men, and particularly for there to be a racial and ethnic factor because we hear people feel much more comfortable with people who look like themselves and have the same life experiences. But I know from our assignment people here, the supervisors who do the assignment, is oftentimes we'll get gay men coming in and saying, "I don't want to see a gay man. I want to see a woman. In fact, I want to see a straight woman," because they don't want anybody who might be in their circle of friends, but they also want somebody who's going to be completely objective, and they think that somebody outside of their circle can be more objective. That was just very interesting.

TAPPE: So you see that same pattern in terms of preferences for some people?

ROBISON: Yes.

TAPPE: You received your doctorate from UT here in Houston?

ROBISON: Yes, Houston Health Science Center.

TAPPE: When you came to Texas, were you already involved in some social-justice issues?

ROBISON: Yes. I graduated with a degree in psychology. With 45 percent of my class having a degree in psychology, there were no jobs to be had. Nobody was interested. It was not a big seller. So I volunteered full-time at Pittsburgh Action Against Rape, which was right off campus, and I did that full-time for more than six months, both as an advocate for survivors of sexual assault, which meant going to the hospital in the middle of the night and meeting them and helping them with the police and the hospital and all of that, and emotional recovery.

But also I did a lot of education in schools, prevention education, and so that gave me some contacts, and I then had my first professional job at the YWCA and ran one of the suburban satellite centers in Pittsburgh, in the south area. It was kind of community organizing, but it was a lot of working with the women in the area, and there were a lot of cultural issues. Pittsburgh had some corporate headquarters, and so there were a lot of middle managers there, and so there were women from Iran and from Pakistan and India, and so we had a lot of cultural-exchange projects that we did there, and we also ran a food co-op. Then I continued to stay active with Pittsburgh Action Against Rape and National Organization for Women.

TAPPE: In Pittsburgh, you were working with the National Organization for Women?

ROBISON: Yes, I was, and I also did some volunteer work and activism with the

Democratic Party.

TAPPE: Where did your drive to become involved with social and political issues originate?

ROBISON: I grew up in a very, very, very small town. Connoquenessing had maybe 300 people. There were more cows and chickens than there were people. No red lights, one part-time cop kind of place, so it was very quiet, and my parents were quite conservative. But I didn't really realize that at the time, and when I went to Pitt, it just opened up all kinds of things for me because my at-the-time boyfriend



Ann J. Robison, parents' home, Connoquenessing, PA, 1989.

had a roommate who was from Iran. In my high school, there were two African-American kids and no Latinos. It was very white and very homogeneous. I started doing some things at Pitt, like I volunteered at the health center and did sexuality and birth control counseling with people there. The more I was at Pitt, the more I awakened to the liberalism that had been inside me

My mother kept saying, "How did you turn out this way? I don't know how you turned out this way."

I said, "Well, Mother, it was all those Nancy Drew books you gave me. A strong woman that was in charge, and that's what I became," and that did not make her happy to know that it was her fault.

I can remember being involved in the lettuce boycott and all of those kinds of things. This started when I was in high school, but it really solidified when I

realized I was an atheist. I felt like my drive to be a good person and to do good in the world should come from myself and from within, not from somebody outside of me telling me to do that. I probably practice a lot of the things that I learned in my Presbyterian upbringing, but I haven't been to church, except for weddings and funerals, in probably 40 years.

TAPPE: I suppose your mother didn't care for that either?

ROBISON: Oh, no. That was another odd thing in my family. My mother was Presbyterian, and we went to her church a lot, but my father was Catholic. While I'm baptized both ways, so I'm well-covered, we rarely went to church with Dad.

TAPPE: That was just an agreement, and they were comfortable with it, between the two of them?

ROBISON: Well, Dad didn't want to get the kids dressed and get them up and go to church. He went Saturday night.

TAPPE: It all worked out. Once they started changing mass and allowing it on Saturdays, it made things easier for people. That, I do know.

Did you have any other involvement with HIV/AIDS agencies or organizations when you were in Austin?



Ann J. Robison backpacking in Ecuador, 1996.

ROBISON: At the health department, there was some intersection between — because I worked in the sexual assault department. Actually, I was the sexual assault

department. I was the only person that worked on that. It was under the Bureau of Emergency Management, with all the EMS, but they were intersectioned between sexual assault and HIV, so I worked closely with them. A lot of the state workers are pretty liberal, but the higher-ups are not, and a lot of the state workers talk to each other about how to make policy happen without drawing the attention of the people above them, and so there was a lot of cross-pollination between the two departments.

When this job became available, it was a blind ad in the *Houston Chronicle* — when I ran the Rape Crisis Center in Beaumont, I had clients who were lesbian who had been raped, and I couldn't find any place in Beaumont that I felt was safe for them to get professional counseling, so I talked several times with then Montrose Counseling Center, and I think it was Jim Beecher that I talked to, and facilitated them being able to come over here for counseling.

So I knew about the center, and when the want ad said “mental health program serving the LGBT community,” it couldn't have been anything else. It was between that, and I had also applied at the Houston Area Women's Center about a year before that, and they had had a big payroll tax problem, and so they shut down their search for a year and a half, and by that time I had come here.

TAPPE: Your position here was the blind ad?

ROBISON: Yes.

TAPPE: That's just amazing.

ROBISON: And it was Rob Falletti who was chair of the personnel committee. When they offered me the job, my cat had just died, and I said, “This is going to sound stupid, but I need a couple of days to think about this because my cat just died.”

TAPPE: They obviously gave you the time to work through your grief.

ROBISON: Yes.

TAPPE: That's a big deal. I do want to talk more about the center a little bit later because there's a lot of information that I'd like to get from you about Montrose Center.

Let's step into Texas politics a bit because you have been quite involved. Tell me, prior to your work with the Montrose Center, did you work with just Democratic organizations? Texas NOW [National Organization for Women]? What was your involvement?

ROBISON: I'd been a delegate to the State Democratic Convention and been involved in precinct work since I lived in Port Arthur, and that continued when I went to Austin. I was a member of NOW and active in NOW in the Port Arthur/Beaumont area, and I still have long-lasting friends that I met through that, that still live there and other places.

Then when I moved to Austin, a woman and I — there wasn't a chapter there, so we convened one. We were the co-conveners of the Austin chapter and were co-chairs of that for the whole time I lived there, and then became a delegate to the state group, and then at some point was president of Texas NOW and was president when I moved here, and then dropped —

TAPPE: When you moved to Houston?

ROBISON: Yes. And then I dropped that when my term ended, just because it was too much to be president of a state organization and be starting this job. I was involved in Texas politics there, and it's only been in the last — actually, I went to the last Democratic convention, but I had missed a couple before then, and I

think I've done my last. It almost doesn't seem to make a difference whether you go or not. It was as much for the jazz you get out of it because once you come back from anything like that, you feel real motivated to work for candidates and help, but the policy stuff doesn't seem to make any difference whether you're there or not. You have to be very high up or very connected to get on any of the committees that make any difference.

TAPPE: And this is Texas.

ROBISON: Yes.

TAPPE: It's interesting that you said that there was a NOW chapter in the Beaumont area but not one in Austin.

ROBISON: See, in Austin, it's weird. Everybody thinks, well, it's so liberal here, we don't have to do anything, and so there are a lot of things that don't exist. There's not a community center, an LGBT community center in Austin, because they think they don't need one. We're in touch with some people now that are working on one, but because Austin is the blueberry in a red state, people there think, oh, we've got all the openness and support and everything we need; we don't have to do that.

At that time, it was like 1984 to 1988 is when I lived in Austin, there were a group of women that I had met who really felt a need for a connection, and we not only had meetings and did marches and protests and did testimony at the Capitol, but we had a good, old-fashioned consciousness-raising group that followed a curriculum that was developed by NOW and some other groups, and that was really helpful in shaping part of who I am and the things that I care about, and giving me strength to keep doing what I do.

TAPPE: So your experience in Austin is instrumental in terms of foundation?

ROBISON: Yes, because when I went up to Texas NOW, that was fine, and there's always infighting. I swear, women's organizations, it's challenging. When I became president and we went to the national conferences or conventions and National would look to me — Ellie Smeal would come to me and say, "Okay. We expect you to deliver Texas on this issue."

I'm like, "Well, we don't work that way. Everybody has their own vote, and we don't strong-arm people to do that."

They were like, "Well, you have to. That's part of your job."

"No, it's not, and I'm not going to do that. We'll discuss it, but everybody gets their own vote."

When I saw what they did, they would strategize. When certain people left the room to go to the bathroom, they'd lock the doors and have a vote because they knew they were opposition and they would vote opposed, and once you start a vote, you lock the doors. They would strategically have people placed around the microphone to jump in, in front of people, so they couldn't speak. I thought this is no better than the men's groups we complain about that make their decisions in the backrooms, smoke-filled rooms. I not only stepped down from Texas NOW, but I stopped being a member, because I was so jaded and concerned about what they were working on and how they worked.

The other thing a lot of people don't realize, that the officers of those national organizations get paid. That's their job, and so it's very competitive. The elections are cutthroat, and it's like running for public office. They cheat and they spend a lot of money, and it was just so people could keep their jobs.

TAPPE: And you didn't want to have anything else to do with that?

ROBISON: No.

TAPPE: That's the national level?

ROBISON: That's the national level. The Texas level was much more collegial. We had our fights about things. There was a big fight between the women who wanted to try to get the antipornography ordinances passed, the Dworkin-MacKinnon ordinances passed, around the state, and there were those of us who were free speech, and so there was a battle about that. Besides that, we worked together a lot better than at the national level, and we didn't have any subterfuge.

TAPPE: Were the women involved mostly Democrats, or was it a bipartisan type of organization because it was a women's organization?

ROBISON: In Austin, it was mostly Democrats, and so was it in Beaumont. That was another thing. It was a way for people to find each other that were like-minded. Nationally, I don't know. It was probably mixed nationally.

TAPPE: A little bit of both, leaning towards Democrats.

ROBISON: Yes, and it was a place to work on a lot of different issues. We worked on abortion rights and reproductive rights and lesbian rights, women's health, all sorts of things that you could do that you might not be able to do in your job. I ran the sexual harassment hotline for the state out of my apartment in Austin.

TAPPE: You were a one-woman show on many fronts.

ROBISON: Yes.

TAPPE: You mentioned some of the women's issues and the lesbian issues. I recall, when I think about NOW, there being a tendency to want to push lesbians away and not be in the forefront because it would give them a bad image and so on and

so forth.

ROBISON: Yes, that was definitely the thing at the national level. Texas did not play that game. The other thing was, if you have lesbians involved on committees or as officers, you get a twofer. Usually they and their partner participate. If you have straight women, their husbands, boyfriends aren't participating, so you had kind of bloc voting, and that was of concern on the national level too, but that didn't play out here in Texas.

Interestingly, shortly before I took this job, I had gone to a conference, the national conference in San Diego, and a lot of the workshops I went to were on lesbian health, and so when I took this job, I had cutting-edge answers for things that even some of the lesbians that were applying for the job didn't have.

TAPPE: Because you had the involvement.

ROBISON: Yes, and I didn't know about this job at the time, but it was something that interested me, and we wanted to work on some things like that in Texas.

TAPPE: So that all fell together for you.

When you came here in 1988, the AIDS crisis had already reared its ugly head. Do you recall if any of the women's organizations were involved? You were, but the organizations, did they pay attention to HIV for women's health or for the men at all?

ROBISON: Not really. I didn't see any intersection with NOW, and the biggest organization that I saw organizing care teams and doing the Thanksgiving dinner and stuff was EPAH [Executive and Professional Association of Houston], but I don't recall any women's organizations really being involved.

TAPPE: Based on what you learned about Texas politics, is there a connection between

the politics and the social services that are offered in Texas? Is there the intersection between the two?

ROBISON: There is almost no state money put into HIV care. The only thing that's put in, and this is with most social services, is what they're required to put in to match or to provide the level of effort or whatever it's called. So all the money that comes is federal pass-through money, and so it's the feds that shape what's allowed and it's the federal rules. The state has only recently even come out with standards of care for anything. We worked under the Ryan White process since — I think our first Ryan White grant was 1989 and our first CDC [Centers for Disease Control] grant was right before I came here.

So the politics, I remember one thing that happened — it was while I was here, so it was after 1988, but shortly after — there was a bill that was passed in the state legislature that required that no state funds could go towards advocating or promoting illegal behavior, and one of those illegal behaviors was sodomy at the time, and so there was this huge deal with all the agencies. It was like, could we even participate in the parade, because it was gay pride? It was a big deal. I know AIDS Foundation made the decision not to participate that first year because they were scared of losing their funding.

We, of course, did participate, but we made sure nobody was paid to be there. No funds for passing out condoms or anything were paid out of any government grants. It all came out of private donations. At the time, gay sex was illegal, so if you pass out condoms, you're promoting gay sex according to the legislature. From that also came the no needle exchange issue. There's this whole separate paraphernalia law too.

That shaped what some of the organizations were willing to do at the time, and that law is still on the books. Even just this year, I saw a caution from the state that you couldn't advocate or promote illegal behavior with state money. Now, 21.06 is no longer illegal, but it's still on the books.

TAPPE: Did you feel anyone breathing down your neck at that time for being in the parade, or was it just kind of a nonissue?

ROBISON: No. It was more each agency's internal decision and their fear of what might happen. That's one of the things, I guess, I got. I don't know when I got it. When I was in Pittsburgh Action Against Rape, the agency was run by a women's collective, and almost all of them were lesbian, and so I got part of my take on the world from that time, because I was still very young and still forming my beliefs. At that time and to this day, the way I weigh what we're going to do and whether we're going to do it is not whether or not somebody says it's illegal. It's whether it's the right thing to do, because there are a lot of things that are illegal or frowned upon by the establishment that are in the way of things that can help people, like medical marijuana. You say you don't want the government in your lives, yet you pass a law that says they're allowed to be in your bedroom.

TAPPE: That's right, or they can dictate who uses what restroom.

ROBISON: Oh, boy, yeah.

TAPPE: Or if you're allowed to use plastic bags or not.

ROBISON: Yes, yes, or fracking.

TAPPE: That's right. We could go on and on.

Just another note here on the Texas politics, in terms of social services.

Do you believe or see that other states are run the same way that Texas is run in

terms of that micromanaging and kind of ignoring and just throwing pennies at an issue?

ROBISON: Sure, we're not at the bottom, but we're close to it, and there are other conservative states. Certainly Mississippi is always down there in the gutter with us, and Louisiana and Alabama. It's mostly the Bible Belt states.

You see the more Northeastern states and California and Washington, Oregon that try to think more preventively and proactively. In other words, you put money into things that may prevent HIV. You put money into things that can reduce health costs because they catch things early, those kinds of things that we don't think about here. We just think about what does it cost today, and then make that as minimal as possible.

There are a lot of things that the conservative groups pilot in Texas and other places to see if it's going to fly. We have religious-freedom things. We have the constitutional amendment against marriage equality. We have the bathroom issue. It started in — I can't remember if it's North or South Carolina, but it really started in Houston, and that's where all of the language was developed to push these things.

TAPPE: You mean from the HERO [Houston Equal Rights Ordinance]?

ROBISON: Yes.

TAPPE: What a nightmare that was.

Are there any particular lessons or skill sets that you've learned from women in politics that you were able to bring with you when you came to the Montrose Counseling Center?

ROBISON: Just one, to listen to everybody before you make a decision, and to be tough.

It's okay. There are a lot of people outside this agency that think I am a royal bitch, and it surprises them when our staff defend me. It's like no, you have no idea what it's like to run an agency like this where you're being assaulted from all sides, and you've got to hang tough. It's just to be tough and not care what people think about you personally.

TAPPE: I was going to ask you what you meant by the word "tough." So it would be to stay focused on the business?

ROBISON: Yes, and we get lots of people who want us to do something or want us to not do something, and it's not really in the best interest of our clients. It's not in the best interest of the LGBT community, whom we serve, and so we'll say no. Or we'll say yes, we're going to do this whether you like it or not, and we try to do it in a nice way, but over the years, you get a reputation that you are a bitch, and I don't care.

TAPPE: It doesn't seem to fit you.

ROBISON: It's a badge of honor, actually.

TAPPE: That's right, and you've survived, so you must be doing something right.

ROBISON: Yes, and also working at the state health department taught me that you can say no to the government, and most of the time, nothing is going to happen.

TAPPE: That's an interesting and pretty loaded statement.

ROBISON: Lots of times, a funder will tell us to do something or tell us to do it a certain way. We'll say no, it doesn't make any sense. Sorry, it's not in our contract.

Part of that is, I hated working at the state. They muzzle you. I lasted four years and left screaming. If you stay there too long, you're stuck because the benefits are so good, but I learned how contracts are done, all the back scene,

behind-the-scene stuff, and I think it's helped me to be able to negotiate with the government because they'll send you a contract that's take it or leave it.

Okay. I'll take it, but these forms you want us to fill out, that's something you made up. Show me the guidance. Show me where it comes from in the law, from the feds, whatever. If you can't show me that, I'm not doing it, and you're increasing our administrative burden with no money, and you're just making stuff up because you don't have anything to do.

We don't do that a lot, but there are times I say no to the county, and I say no to the state.

TAPPE: And you still maintain your grant and your relationship with them.

ROBISON: Yes.

TAPPE: Good. Efficiency.

ROBISON: I mean, if it doesn't make any sense and they can't articulate a reason for it, you're just making that up.

TAPPE: Agreed. Just one more note on the Texas politics or the women in Texas politics. When we spoke earlier, you mentioned Final Friday. Would you share that with us?

ROBISON: I didn't start going to this until I moved to Houston, unfortunately, but I believe this started with *The Texas Observer*, and someone else had it before Molly. But when they stopped doing it or when they passed, Molly Ivins picked it up. She lived just south of the river, west of 35, in that nice, little hilly area there, and she had a nice, big house that was open and nice yard that looked back onto a canyon, and she would have what was called Final Friday, and that was the last Friday of every month. It was open to Democrats, ACLU [American Civil

Liberties Union] people, progressives in Texas. People came from all over. I met William Wayne Justice there. I've met Steve Fromholz. Lots of people who you look and go, "There's William Wayne Justice across the room."

They're like, "Yes, he comes all the time."

Greg and I would drive in for Final Friday. You bring a dish, and there was lots of political talk, but also some months she'd have a poetry slam, where you'd have all these young people doing all this radical poetry, which was very cool, and you'd make contacts, and you'd meet people, and you'd make plans, and you find out what's going on at the Capitol, which is harder for us, at least at that time, in Houston. There wasn't any email. Molly had her great big black standard poodle called Athena running around and entertaining everybody, but it was an opportunity to really — again, instead of NOW, it was an opportunity to be able to be around progressives.

That expanded to a group of us that went to the Big Bend area every Thanksgiving. We stayed at Prude Dude Ranch one year, we stayed at the Big Bend State Park one year, and we would have rafting trips and that type of activity. But I got to know Molly and some of the old, old guard, like Ann Richards' ex-husband Dave Richards; and Warren Burnett and his wife, Kay; and a lot of people who made some real positive changes in Texas by pressing civil rights lawsuits throughout the year, doing redistricting work.

Greg's dad had been in the legislature from 1958 to 1968 and had done the big redistricting case in Fort Worth that changed a lot of how — I wish he were around today to look at the redistricting now — but changed a lot of how we elected our local representatives, the reps for your local area, and made it so that

different ethnic and racial groups had a chance to elect representatives that looked like them, came from their neighborhood.

There was a lot of discussion about that kind of stuff, and it also parlayed into other get-togethers. We just went to Marathon for New Year's Eve this year and spent time with a lot of those old friends. We spent a week in Marathon, in the Big Bend area.

TAPPE: I bet you had fun.

ROBISON: Yes, reminiscing. Glen Maxey was there. Dave Richards was there. Molly is passed, but she was the heart of that group. Now Final Friday, I don't know if they still do it in Austin, but we do it in Houston now.

TAPPE: Do you?

ROBISON: Yes. George Barnstone, who is Gertrude Barnstone's son, kind of organizes it here.

TAPPE: And you're involved with that?

ROBISON: We go, yes. We go sometimes, not every month. It's weird. When it's in Austin, you have to plan for it, you make an effort, and you go. When it's here, it's like, "Oh, I'll go next month."

TAPPE: Because it's too easy.

ROBISON: Yes.

TAPPE: So you made some invaluable contacts, I'm sure.

ROBISON: Yes. We went to Marathon this year. We went New Year's Day to Dick DeGuerin's house in Marfa, and there were all these musicians — it was the Flatlanders. They were all there because they had a concert New Year's Eve in Terlingua, the place that has the barbecue festival. We were sitting around the

fire pit, listening to them all play guitar — Butch Hancock and Jimmie Dale Gilmore and their sons were some of them. I met a couple, a male couple from Austin, who were involved in the progressive scene in Austin, so I got to talk to them and exchange information and made a connection there. You just never know when that's going to happen. There were probably 300 people there, in Marfa, on New Year's Day.

TAPPE: That's the size of the town.

ROBISON: Yes.

TAPPE: That's wonderful.

ROBISON: That just comes from all those years of networking.

TAPPE: I'm happy to hear that didn't just die out as kind of a natural death.

ROBISON: Yes, but we're all old. There's not a lot of young people going to those things.

TAPPE: Is that correct?

ROBISON: Yes.

TAPPE: Do they not have an interest? It's just another world now? Communication is different? What do you think?

ROBISON: I'm not sure they've been invited in. I'm not sure they know about it. I'm not sure if they'd be welcome, because some of these people — I mean, we're kind of on the fringe of it, and some of these people have been getting together for 60 years. We're allowed to be there and we're included in everything, but we're not the core of it, and that's pretty clear. I don't know, but I noticed that when we were in Marathon. I'm like, man, I am the youngest person here, and I'm 60, and this isn't going to be happening for too much longer.

TAPPE: That's kind of frightening, when you think someone else isn't stepping in.

Perhaps some of the younger people have their own gatherings.

ROBISON: In a bar at the Gage Hotel, we did run into somebody who recognized me, and she came up to me. It turned out she had been Annise's aide at City, so she and about 10 of her friends had gone there. I'm not sure it was a political gathering, but it was a liberal group, progressive group that had met there to go enjoy some out-in-the-country instead of being in Houston.

TAPPE: But the core of this group that you're talking about, the Friday group, they're —

ROBISON: They're in their seventies and eighties.

TAPPE: That's frightening, especially in Texas. Are we ever going win it back?

ROBISON: Have to vote.

TAPPE: Local and federal, that's for sure.

Let's move on a bit to some of the local politics and dealing with the AIDS crisis. You have played numerous instrumental roles in that area, and we can't really discuss the AIDS crisis in Houston and Harris County without referencing the Greater Houston AIDS Alliance. Tell me when and how that started, how it came into being.

ROBISON: That was started early 1990s, very early 1990s. There needed to be a body that could accept the Ryan White funds that were coming in. There was a HRSA [Health Resources and Services Administration] demonstration project in 1989 that dealt with mostly case management, and that went through at the time in the hospital district.

When that finished, then there needed to be a conduit for the state and federal funds, and the grantee for the federal funds was the judge's office, the

county judge, and so they formed a freestanding nonprofit to be the administrator of these funds. That was the Greater Houston AIDS Alliance, which is now the HIV Regional Resource Group. At that time, the board was made up of some of the agencies, which you wouldn't have today, because if you received funding from it, you shouldn't be on the board, but there were a number of us that were funded.

TAPPE: And you were at the Center at that time?

ROBISON: Yes. And there were people from the School of Public Health, and the AIDS Education & Training Center was at the School of Public Health at that time. There was somebody from there. There were people from the county, people from the hospital district, and some other academicians that were there. That, as I said, was formed to develop the conduit to run the money through, and Sue Cooper was hired as the first executive director.

TAPPE: Who made these appointments? Do you remember?

ROBISON: That's a good question. I don't think, at the time — it was a freestanding nonprofit. I know the judge's office was very involved because Ron Dear, his lawyer and one of his advisors for Judge Lindsay, was at all the meetings, but I don't remember getting an appointment by the commissioners court. I know they felt they controlled a good bit of it because the Ryan White funds were coming through their office. They were responsible for the Ryan White funds, and so they controlled a good bit of it. I think once the initial board was put together, it was kind of a self-perpetuating board.

TAPPE: Maybe just open volunteers?

ROBISON: Yes, but I do know the judge had something to do with it because I'm sure

Sue would have consulted whether or not all these people were acceptable. That was a thing that she did very early on and throughout.

TAPPE: So her job was to run this organization?

ROBISON: Yes.

TAPPE: Her name comes up frequently when we discuss HIV and AIDS in Houston.

Tell me a little bit about her: what role she played and how some of that interaction with others panned out.

ROBISON: She was a social worker, and she had been involved in the first AIDS hospital.

TAPPE: The Immunological Institute on 45?

ROBISON: Yes, that one. She was involved with that, and she was involved with what was then FIRM [Foundation for Interfaith Research and Ministry], and did their training. She developed, I guess, an interest — I believe her motives were, initially at least, positive and wanted to do some help, but she was involved in Republican circles, and so she was tapped, probably by the judge, to do this, because there would be some control, even if they didn't officially control it.

I remember going to meetings at her house early on, before they realized I was so radical. There were people there from Planned Parenthood, Judy Reisner; Earl Shelp from FIRM; and a bunch of other people that were early on; and me. Again, it's like going back to NOW: all this strategy behind the scenes. You got invited if they thought you were okay, and they would make decisions that then would be who's going to bring up the motion? Who's going to carry this through? Who's going to do whatever to make sure that their policies get implemented?

And so I would argue with them, and soon I found myself not invited to these meetings, and then I started getting invited to the meetings that AIDS Equity League and John Paul Barnish were doing at his house, and Gene Harrington and all of those people, to try to fight what these people were doing, and I had some inside information about how they did that.

TAPPE: You did. Were they trying to control the money?

ROBISON: Definitely control the money, and definitely control the message. They didn't want all these radical activists coming to commissioners court dressed like the Grim Reaper.

There were two issues. One was, what happened to the records, the patient records from the Institute for Immunology? That was Gene Harrington's mantra. "Where are my records? What happened to my records?" I believe they got sent off to some storage area somewhere and eventually were shredded, but there were a lot of conspiracy theories about what happened to those records.

And then what was going to happen with the money? It was a lot of money, because we had gone from nothing to a lot of money. It's not as much as we have now, but there were lots of organizations that popped up because now there's HIV money, and that's the first thing they ever did, was handle a federal grant, which is always dangerous.

Then there were organizations like the hospital district, which was the only indigent caregiver at the time, the only indigent medical caregiver at the time, and they needed as much money as they could get. They had a tax base to fall back on, but at the time, costs were very high because there weren't the good meds, and if you got sick, you had a long hospital stay. So the hospital district

and the county commissioners court wanted the hospital district to have as much as possible to cover those costs, and those of us in the community wanted money.

We almost went under right before I got to this job.

[END OF AUDIO PART 1]

TAPPE: You mean the center?

ROBISON: Yes, from serving people with HIV before we even knew what it was. So we said we deserve funding to do what we're doing. Then the clinics started popping up, but that took quite a while. It was the hospital district that was the main medical caregiver, and there were private doctors who were founding these clinics for people who had insurance. Some of them spun off nonprofits to try to get the federal money for that. So it was a money grab and a message grab.

TAPPE: Was the hospital district allowed to get Ryan White money? Is this the money you're talking about?

ROBISON: Yes.

TAPPE: So Ryan White could go to the hospital district.

ROBISON: And they didn't have to compete for it. It was just an intergovernmental-agency contract, and so they got half off the top, and they didn't have to produce billings for it. We're all having to scramble to document everything and produce billings and show what we were doing, and they just got their monthly allotment.

When CPCDMS, the Centralized Patient Care Data Management System, went into effect, then everybody started billing fee-for-service, and the hospital district had to really change their documentation and their billing structure, and it hurt them for a while. We were treated differently than the hospital district, and they still got half off the top without having to prove anything up for it.

The Ryan White Planning Council, when it came into view, there was usually somebody from the hospital district that co-chaired the council to help control what was going on. First it was Lois Moore, and then King Hillier.

TAPPE: They had their money, right?

ROBISON: They wanted to keep it.

TAPPE: So they needed to keep their finger in this process.

ROBISON: There were certain abilities and power that the planning council had at the beginning that they don't really have now, that they made a lot of decisions about what happened with the money. When Charles came in, Charles Henley came in, he slowly asserted his view that the grantee made a lot of the money decisions, it wasn't a council decision. They could allocate to service categories, but they couldn't talk about agencies.

Charles in many ways was much smarter than Sue. He's also a social worker. He was a better politicker. I have no idea what his politics were, but you could talk to him and you could trust what he said. He wouldn't change his mind or lie to you or tell you what he thought you wanted to hear and then, behind the scenes, do something else. In many ways, if Sue had stayed on, it would have imploded at some point, and I think Charles saved that process.

TAPPE: Why did Sue leave?

ROBISON: There was some scandal, and I don't remember what it was. She didn't steal money or anything, but there were some improprieties about how grants were awarded or how money was handled. I don't believe she stole any money, but she broke some rules. She became such a political liability for the judge, because there were so many protests specifically targeting her and naming her.

There was an activist, Mo Jones, who got his degree at the School of Public Health as well, and it took him about 10 years to do it, and he had been president of the AIDS Alliance for a while, and he wanted to speak against Sue at a council meeting. That was the first month where they had instituted you have to sign up in advance for public comment, and we didn't know it, and so he was not allowed to speak that month. He was very sick. He had a fever the day he was at the meeting. I was there with him. Before the next meeting, he died.

When they had his service, he had lots of wreaths and lots of flowers. Four of us took one of his funeral wreaths and took it over to Sue's house and put it on her front lawn.

TAPPE: As a message?

ROBISON: As a message. Like I said, John Paul Barnish and Gene Harrington — rest their souls; they're both dead. Ed Bradshaw was the fourth. A lot of things like that happened. There was a lot of guerilla theatre around her, and she just became too much of a liability for the judge.

TAPPE: Do you think the criticism was fair?

ROBISON: Yes. She did a lot of behind-the-scenes stuff. She colluded with some of the agencies. She didn't know how to get what she wanted done and do it in a very fair way.

TAPPE: Not aboveboard.

ROBISON: Yes.

TAPPE: Not a natural politician.

ROBISON: No.

TAPPE: You alluded to the records earlier. Tell me what happened leading up to that.

How did the medical records even become an issue? What happened with the control?

ROBISON: The hospital closed, and then it kind of diffused. Park Plaza became part of the care system, and the hospital district, but it became too expensive — I think they were running studies, and when the study money runs out, you lose a lot of the money. But it became too expensive, and so whoever owned the hospital — I think it was a private hospital — shut the program down.

When they do that, the doctors and the hospital are responsible for the records. Typically, like if our agency would close down, we would be required to safeguard those records and make sure that they are around for whatever the audit period is. Typically you have to keep records for at least six years, sometimes seven, and that means financial and clinical records, in case somebody sues, in case there's an audit that's needed, and so you have to put them someplace where they're safe and protected and confidential, and then you have to destroy them on schedule.

Nobody would say where they were or what they were, and when people made requests — because usually when you change doctors, you make a request; you say, “I want a copy of my records so I can take them to my new doctor” — they wouldn't give them any. They wouldn't give them copies of their records.

That set up all kinds of red flags of like, “You can't even give me a copy of my records? Where did they go? Who's got them? Who's in charge of them? What happened to them?” That became particularly Gene Harrington's mantra, because he had been a patient at the hospital. He was a professor at TSU [Texas Southern University], a law professor, and so he had the training to be able to

press that as a lawyer, and he was tenured, so he couldn't be fired for being a public figure. He just pushed and pushed and pushed that, and it became a personal thing with Sue because Sue had been the social worker in charge of all the social services functions of that hospital, and that's who you would typically go to, besides medical records, to talk about your records.

TAPPE: That was one piece of the recordkeeping, the medical records from the institute up on 45.

Talk more specifically about the politics surrounding the AIDS Alliance and what is known as the midnight raid.

ROBISON: I think the judge felt that he could not control the AIDS Alliance board anymore and that Sue could not control it and it was causing a lot of problems. For instance, we had a vote right before Christmas one year, and I have a visual memory of it being at Thomas Street Clinic in what used to be the cafeteria, and the vote was about whether or not to recommend that condoms be passed out in the prisons. Well, we had no control over whether condoms would be passed out in the prisons, but it was a statement, and we wanted to make that, because that was a big deal then. I mean, they still don't pass out condoms in the prisons and wonder why people come out of there HIV positive.

There were the factions of the agency, the activist people; and then all the researchers — unfortunately, the researchers went on the other side — and the people that the judge controlled and got on their board. It was a heated debate, and at one point Ron Dear, the lawyer for and aide to Judge Lindsay, threw a book of *Robert's Rules* at my head.

TAPPE: Literally?

ROBISON: Yes, literally, and I remember that vividly.

And so the vote failed, but it wasn't too long after that when the judge started deciding that he couldn't control this board, and he was responsible for the money, and he was tired of the politics. For some reason, he thought that if they moved Ryan White into the county and he controlled it more, the politics would stop, which it did not.

There was an International AIDS Conference in Amsterdam. It was 1992. A lot of the activists were there, and there were only a few of us board members who were on the activist side that were in town. One was me, and one was Rob Falletti, who ran the AIDS Education and Training Center at the time. The county decided in one of these backroom meetings that they were going to take the Ryan White funding, bring it into the health department, the county health department, thus decimating the AIDS Alliance. They took the state money as well, which they didn't talk to the state about and they didn't have permission to do, and they took all the records. So midnight, in the middle of the night, they pulled up with a truck and took everything out of their offices, everything.

TAPPE: Literally physically?

ROBISON: Literally physically took boxes and boxes and boxes of records, which Sue facilitated because she had to box them all up. Took file cabinets, took everything. Didn't take the furniture, but took every piece of paper.

Rob and I were like, "Great. We're here. We've got to deal with this." We argued with the judge's office for a couple of days, and then finally I got a call at 5:00 in the morning, saying, "You've got to be down at the old Cotton Exchange," which is where they took all the records, at, like, 7:00 in the morning,

and we're going to have a couple of hours to go through the records and pull back anything that isn't Ryan White. Anything that had to do with the state money, anything that had to do with the board of the alliance, we got to take back.

Rob and I went through boxes and boxes and boxes of records and set aside things — and I'm sure they checked it to make sure we were right. I found a tablet that I had written some stuff on in a committee meeting that I had left behind in those records, in Sue's records, and it was about a budget meeting where we were concerned about how much money they were spending on staff travel and how they were doing it. She had an American Express card where she was charging all this stuff and getting reimbursed. It just looked weird. So we got to take the money back, and the state said no, you don't have the right to take the state money. That board would have to vote to do that, and we didn't.

The AIDS Alliance survived, much crippled, but it survived with just the state funding and anything that flowed through the state, so there was some Part B money.

TAPPE: Did you control the Part B money?

ROBISON: Yes, because it came from the state. I think there was some Part C money too, which is HIV early intervention stuff; and the Part B is rural and ADAP [AIDS Drug Assistance Program].

The AIDS Alliance regrouped. We had to promote the one person that was there, hire somebody that was there, so Sue, and at the time Charles was her assistant, went to the county and became county employees. Nancy Pomeroy was hired and became the executive director, but she was not able to handle that position. She was not trained or prepared for that at all. We limped along, but we

had a lot of problems. Then she left, and Michael Springer was promoted, who also was not prepared for that position. Then Yvette Garvin was hired, and she is there now.

It limped along. We changed the name to HIV Regional Resource Group, and at some point I dropped off the board. I think I dropped off the board while it was still called the AIDS Alliance, because I remember faxing that resignation to Mo Jones, who was the chair of the board, saying I've had it. I wish I had given all those records to somebody, that I had, minutes and whatever. I'm sure the Resource Group has them.

That was the midnight raid. The county denies it, but when Rob and I went there early that morning, we saw the boxes and we went through all the boxes and found stuff that they didn't have any business taking.

TAPPE: Did that struggle end once you and Rob went through those boxes? Do you recall? Or did you go back and forth?

ROBISON: Now all the agencies were funded by two entities. If you got state money, you were funded by The Resource Group or the AIDS Alliance. If you had Ryan White money, Part A money, you were funded by the county. So you had two contracts, sometimes, to do the same service. We had mental health money that was funded both ways, and so instead of having one audit, now we've got two, and it crossed those funding sources. There was still the struggle with the planning council and with Sue because that was the lion's share of the money. It was probably 85 to 90 percent of the money, and so they were still making the major policy for the area. The political struggles did not stop there.

TAPPE: There were smaller organizations that have since died off or been absorbed or

joined forces. It sounds like everyone was struggling for the same dollar, right?

ROBISON: The planning council would decide how much got into each service category, which was an annual struggle with all the agencies going and advocating for their service category. It's only been in the last four to five years, I think, that there was enough money that there wasn't that free for all. It came to a point where, as you say, a lot of the agencies stopped and that there were, stable, maybe 13 agencies that got money, and the county and The Resource Group were satisfied with their management of the money, so the administration of the contracts got a little easier for them and the monitoring visits got easier.

There were several groups that died out, some of them because they mismanaged. I know one woman paid off her mortgage and paid her car note and all that with federal funds. Another one had a company car that her daughter took to college with her, and she was paying her daughter's tuition.

TAPPE: Were these ever brought to light officially?

ROBISON: Yes, and those two agencies no longer exist. I don't know how they had money to do that, if you just don't do services. You'd have to make up records, because we weren't getting rich off this money if you were really doing the work. There was a limited amount of administrative money you could take. You'd have to really cook your books to be able to skim.

Some agencies just got tired of doing it, because they weren't getting much money and the contract management was too much. Like Family Services, they got a little bit of money for case management, a little bit of money for mental health, and they just decided it wasn't worth the trouble.

AAMA, Association for the Advancement of Mexican-Americans, they

also decided it was not worth the trouble.

More recently, things like Bering Omega got absorbed into HACS [Houston Area Community Services], which is now Avenue 360. HACS is really the only organization that was founded just to do HIV that has survived and thrived with Ryan White funds, and that's because Joe Fuentes has broadened its scope and put a lot of systems in place to support that HIV work.

There were a lot of ethnically-specific organizations that sprung up that couldn't survive because there wasn't enough money.

I guess, St. Hope. St. Hope is the other one that has survived and thrived and was founded just to do HIV work.

AVES [Amigos Volunteers in Education and Services] and Loving Arms both disintegrated.

AIDS Foundation no longer gets any Ryan White service dollars. They only get prevention dollars, so they're not even in that mix anymore, even though they survived. They get HOPWA [Housing Opportunities for People with AIDS] money, housing money, HUD [Housing and Urban Development] money, and city money, prevention money.

TAPPE: Some of the communities that you referenced that may not have been white and in the heart of Montrose, some of the Latina communities, black communities, it sounds like they had trouble getting money. Did they not have the connections or the skill sets? Were they too small?

ROBISON: Sometimes it was the personalities of the people that ran it. Loving Arms, Audrey Gassama, was one of the ones that was accused of skimming some money off, so she was shut out of Ryan White funding because there was something

going on that the monitoring visits caught.

AVES, the misspent funds weren't discovered until after Angela Mora left. She was in California and was going to be named deputy HIV czar or something, and all that caught up with her, and she had to leave under the weight of the scandal. The series of people that ran AVES after her started discovering all the financial problems, and they realized that they didn't have any reserve, and they couldn't keep it running.

AAMA is a large organization. It's just I think they were getting too little money to bother with the site visit. I mean, the site visit takes a week, and it's a pain in the butt, and all the rules.

TAPPE: That's all the monitoring?

ROBISON: Yes, all the rules and reporting, and writing the grant. We have one grant with Ryan White that's \$45,000, but it's for substance abuse treatment. We're the only provider, and it's an essential service, and we just do it because it's important. The monitoring is the same for that one as for the \$250,000 we get for case management, but we do it because it's important, and it's part of our mission. It's part of who we serve. For a lot of agencies, it was just a little part of something they did, and they got into it because they had a few HIV clients. Some of them, frankly, had trouble attracting HIV clients because they were either not in the neighborhood that people were used to going to, or they didn't have any money for outreach. Like Riverside General Hospital had some substance abuse money for a while and they weren't getting any clients, so they stopped taking it. I don't think there was any fraud with Riverside, at least not in this area. With Family Services, they weren't really able to attract enough clients.

We were getting all the mental health clients. If you're not attracting clients and you're not billing very much and you've still got the same weight of all the administrative stuff on you, you're going to turn the money back and say we're going to part ways and no harm, no foul.

TAPPE: It's not worth it.

Ann, tell me how the funding was decided, the sources.

ROBISON: The Ryan White Planning Council has a priorities and allocations committee, and they take public comments, they have a lot of consumers on the committee, they have other professionals, but there are no potential contractors on that committee, and they decide categories of service. So HRSA tells each community these are the core services, these are the core medical services, and these are the support services, and if you do fund support services, you better have supported your core services enough.

Houston was one of the cities that just stopped funding support services. We don't fund housing or food anymore. There's core medical services, like primary care, mental health, substance abuse, dental; transportation, which helps people get to these things; and we also provide interpreters for sign language and other languages other than Spanish. That's funded by the state, though. So they would decide the categories, and they would decide how much money went into each category. Sometimes there was a formula, and they looked a lot at the history of funding. Tori has been very good about putting in this system where there has to be a lot of justification for why things get moved here and there.

Then there's a series of meetings called how to best meet the needs, which looks at the service category descriptions, what the service is going to entail. That

doesn't involve the money. There's another group of meetings that talk about standards of care and outcomes. Providers can participate in those, but you can't vote on your own service category. You can speak as long as you hold up your conflict of interest card. That gets offset, and there are even increase/decrease scenarios, because this is all done before we know what our award is.

Once we get the awards in, then the administrative agent, the county health department, HIV Services, can follow those scenarios and quickly decide, "Okay. We're going to increase these categories, because that's what the counsel said, and decrease these."

Now, there are lots of rules that come from HRSA about how to manage the council and how to manage these processes, but those decisions are being made by the council.

Then the administrative agent and the purchasing department of the county sends out an RFP, a request for proposals, and so agencies can apply based on this set of standards and service definitions. Based on these questions, you apply for the money. This is kind of the same process that happens through The Resource Group. It's just there's not a purchasing department involved. You submit your application by a certain deadline, and then they have a panel of reviewers that cannot be providers and we don't know they are. Some of them are consumers. Some of them are governmental employees from other departments. Some of them are former providers. They score the applications based on a set of criteria that we get to see when we're applying, so you try to speak to those criteria when you apply for your grant. Then they give us a whole scoring spreadsheet that says this is what everybody applied for, this is what their score was, this is how much

they get.

That's pretty transparent now. It didn't used to be. It used to be even providers were sitting on those panels, and people had lots of conflict of interest, and it was kind of messy.

TAPPE: Were they voting?

ROBISON: Yes. I sat on one. The first one I sat on, we got to discuss and see everybody's proposal. Now you can't see somebody's proposal until after the awards are finished. You can go down to purchasing and ask to see it, and you can pay to have it copied, but you can ask to see it so you can see what your competitors have done any why they scored higher than you, which I've done a couple of times.

TAPPE: That sounds fair enough.

ROBISON: Now we only have to apply every five years. The money to each agency is decided by that review panel, and the administrative agent can look at the application and say you aren't eligible or you missed some key things that throw you out of the mix because you didn't meet the criteria, you didn't answer all the questions, or you didn't sign all the forms. So you can fall out that way, but because we've had a very stable group of providers for the last five, six, maybe even 10 years, that rarely happens that somebody just gets thrown out.

TAPPE: If you make an error, for instance, and you forget to hit a category or topic or answer a question, they don't allow you to come back and fix it?

ROBISON: No. You get scored down on it. There is 24-hour period when they get it that they'll check and see if you missed a form. They won't allow you to change your answers, but if you missed a form or you forgot an attachment, then you

could submit that, but you've got 24 hours to do it, and you get points off for having not submitted it in the first place. If later they find that you didn't answer the question — let's say you took the grant that you wrote five years ago and you just plopped it in there, and the question has changed, so you're not answering the question, then you get scored down on it.

TAPPE: Sure, because you're not paying attention and you're not reading.

ROBISON: You're just going through the motions.

TAPPE: Do you feel it's a fair process?

ROBISON: I do believe it's fair now, yes. I think the county and The Resource Group run a fair process.

TAPPE: When the Ryan White Part A funds were removed from the alliance and it came back under the county, what happened to the Part B funds that were awarded from the state?

ROBISON: They stayed with the AIDS Alliance.

TAPPE: That's the part that kept the alliance afloat?

ROBISON: Yes. I'm not sure how many of these were available back then, I think they were, but Part B, which was the rural and the pharmaceutical money. Part C was HIV early intervention and did a lot of stuff with women and children. Then Part D is women, children, and youth. All of those are with what's The Resource Group now, and they also have the state funding.

A number of years ago, I had mentioned, we had grants that had two funding sources. We were under the county, and we were under The Resource Group. At some point, the council lined those all up and made it so that you only have to apply to one source for each category, and so they split the categories. All

our mental health money is under The Resource Group. All our substance abuse and case management money is under the county. It still means two audits, two site visits, but I only have to write one application. The Resource Group is every two years, I believe, because the state has a biennium cycle; and the county's is every five years.

TAPPE: With The Resource Group, do they have members that serve certain terms and then leave? How does that work?

ROBISON: They do on their board, I'm sure, yes. They participate in the same planning council. They use the Ryan White Planning Council to make their category decisions on their funding, so they use the same process. There's one planning body.

TAPPE: What was the Ryan White Consortium, and what was your role in that?

ROBISON: That was the provider group where we got together for quite a long time. It was a communication vehicle, and we would also advise the planning council and The Resource Group. We didn't really have any power, and I was chair of that at some point and had been on different committees. We participated in doing the needs assessment, because there has to be a needs assessment about every three years. Particularly after the split, it was mostly advising and working with The Resource Group.

There was a vote at one point about whether or not we wanted the state and Part B, C, and D money to go to the county, and that was a big political mess. The advocates for keeping The Resource Group alive won.

The reason that was so important is, under The Resource Group, it's not a governmental agency, you don't have to deal with commissioners court, you don't

have to deal with a purchasing office, and if you need to turn the ship quickly, you can. If we find there's some new, weird service that we need because there's some new symptom or medication or whatever that the consumers need, you can do that, and they can just run it through their process and through their board, and it doesn't have to take months to go through the county bureaucracy and commissioners court. If they need to move money from one provider to another, they can do that very quickly. In fact, they can do that at the end of the contract. The county can't do that. So it was really important to have that flexibility somewhere to be able to do that.

They can pay for things. Sometimes when they're doing the needs assessment and we have to provide gift cards to the consumers that participate, they can do that easier and quicker than the county can.

There are lots of reasons to have that. It's more administration, more money for administration off the top, and it's probably not terribly efficient in that way, but it does allow things to happen faster. They have since been asked by the state to take a broader area. They cover from Texarkana down to Galveston and Beaumont and Harris County, so they've taken a lot of what they've learned here and from the Houston providers to help do technical assistance to the rest of the region. There is still some weird morph of the consortium, because there is a group that meets usually in Lufkin, like once a quarter, that is from all the areas — Galveston, Lufkin, Beaumont, Texarkana — that meets, that's kind of the same kind of things that the consortium used to do. It's a provider meeting.

TAPPE: Not officially the consortium, but they kind of act like that in terms of meeting?

ROBISON: Right. I can remember there were, like, 100 people at consortium meetings

in early times, and we would have trouble finding a place to meet that was big enough. There was some gym that we met at over in Montrose, but over by the bars, that had this huge top floor that we would meet in. And we'd meet at the Red Cross. That's another provider that doesn't do anything in HIV services anymore. They used to do all the transportation with their vans, and they dropped out. There were a lot of providers and people who wanted to be providers that met back then.

TAPPE: It eventually disbanded?

ROBISON: Yes, eventually disbanded. Like I said, it's warped into this regional thing, but there was a gap when there was nothing. There were no provider meetings at all, which made communication difficult. The county has a contractors meeting at the beginning of each contract year to tell us what the new monitoring standards are, what the new standards of care are, et cetera, what the new contract things are. The Resource Group doesn't do that, so the communication is not as good.

TAPPE: I can't believe all you have to do, with the funding.

Let's go with just one more topic here, with funding and services, and then we'll take a break and come back to talk about the center. As we know, the world of insurance is always changing in this country. How has the Affordable Care Act impacted the HIV medical and social services here in Houston?

ROBISON: When it started, it was a big bill, and there was not a lot of understanding of all the little parts to it, and it did take a while for it to be fully implemented, but it meant that a lot more clients had insurance. Since Texas did not expand Medicaid, there was still a pretty big gap of people who were uninsured, so some of the money for primary care was shifted into other services because more

people had insurance. It was shifted into paying for the premiums for people to be in the marketplace, and paying for copays for clients who had insurance, which was smart, because that was cheaper than paying for their medical care.

That was a shift that we did, I think, fairly seamlessly for the clients. They're not getting better care, because they're going to the same places. They do, however, have more choices about where to go. They can go to a private doctor if they want. They don't have to go to the clinic. But a lot of them stayed with clinics, because the clinics have the expertise and the latest information, and they keep up on it, rather than seeing a private doctor.

It did cause a problem for the providers, and it's not just us, but when you take insurance, you have to be credentialed on their panel, and every individual provider has to be credentialed on their panel. That means physicians, nurse practitioners, therapists, all that.

TAPPE: Under the umbrella of an organization, for instance?

ROBISON: Yes. I have one person whose main job is to keep our providers credentialed under insurance. You start with Medicare, and that can take six months. Now, once you submit your application, you can bill, as long as they have the right credentials.

Then you go to Medicaid, which you can't bill until you get approved. We have a lot of clients that are dual-eligible Medicare/Medicaid, so that means the only providers that are credentialed in both can be a provider.

Then you layer on top of that the HMO's [health maintenance organization], because both Medicare and Medicaid have the option of going into managed care, where you get extra services, and it supposedly costs less, so a lot

of clients pick that. Then you have to have your provider credentialed on all those private insurance companies that are doing the managed care for Medicare and Medicaid.

Even if you credential them on the commercial side — so let's say we do United Health. All of these managed-care organizations have subcontracts with groups that manage the behavioral healthcare, and so we have to credential with the behavioral health people.

We not only have to do the Medicare and the Medicaid — we do traditional Medicare and traditional Medicaid. Then we have to go and get a contract with commercial side for United Health and United Behavioral Health and the Medicare and Medicaid side, and sometimes they won't just say, "Okay. You're qualified for commercial. We're just going to extend that to Medicare and Medicaid." Oh, no, it's another application, because the more hoops they can make you jump through, then they can reduce the provider pool and not have to pay because it creates a wait list and clients can't be seen, or they get frustrated and they go in and pay a sliding scale somewhere. It really creates a bottleneck.

Ryan White created this thing called essential community provider, which all Ryan White services are supposed to be, except that that's only for physicians, and they list mental health and substance abuse as an essential service, but because we don't have a physician here, we keep getting left off the list, and every year I've got to go fight with the feds and say, "No, we had a number last year. You need to give us a number this year," which means that all of those insurance companies on the marketplace have to credential us. They don't have a choice. Every time we get a new therapist, it takes six months to get them fully

credentialed.

TAPPE: But you can bill in the meantime?

ROBISON: Right.

TAPPE: But all that work you have to do.

ROBISON: Right. We have to get them clients, we have to keep them employed, but we have to get them credentialed. What happens at a place like ours is, we take a lot of students and we train them and we groom them, and then we hire them, and then we do their two to three years of internship to get their terminal license. When you get your terminal license, then you can get on all these insurance panels, and that's when all these federally qualified health clinics and the hospital district steal our staff.

TAPPE: So you train them and groom them, and then they leave?

ROBISON: Right, so it's a constant. We had some of that before the Affordable Care Act, but it's gotten so much worse. Because a lot of the hospitals have beefed up their social work departments, they've stolen a lot of our people. The Harris Center, what used to be MHMR, stole a lot of our people. We've just kind of accepted we're a teaching institution, and we do hang onto some of them, but it can be difficult because they can pay higher than we can.

We have a lot more people coming in and getting care, so we thought — we were really in a panic. We thought, “Oh, my god, these clients are going to have choices about where they can go, and they're not going to come here. Why would they come here if they can go someplace else?”

Oh, no. We, in fact, gained clients. We have more than we can handle. We have a wait list, which we never had before the Affordable Care Act, and a lot

of it revolves around a strange insurance; somebody wants evenings; somebody wants weekends; somebody only wants a gay male over 50, which we have some of those, but not a lot. And so it has created waiting lists everywhere.

TAPPE: Because people are eligible.

ROBISON: Right, and they may not have gone in to get outpatient care before. They would wait until they got sick and just go to the hospital, which is not what we want them to do. We want them to come in for preventive and maintenance care. We kind of see our role as keeping people out of the hospital and keeping them stable, and we can't do that if they can't get in.

TAPPE: Any predictions on the current situation with healthcare?

ROBISON: Oh, boy, no idea. If they pass an ACA repeal bill, the Medicaid part won't mean anything to Texas, because we didn't expand anyway, but it could kill the marketplaces easily. If they just put in enough rules that it makes it impossible for insurance companies to provide the care, they don't give them enough subsidies, or they don't give them any guarantees, it could crash the marketplaces. Texas is in the federal marketplace, because Texas refused to do their own. I don't know whether that's good or bad. We're in the same boat with that as the rest of the country.

TAPPE: That's very frightening, and that long waiting list you have might disappear if coverage for some of these people is dropped.

ROBISON: What it will mean is, Ryan White will again have to make a shift of instead of paying for insurance premiums, they'll have to go back to paying for the care and beef up the primary care and the other core medical services, and there may not be enough money. There was actually a Ryan White savings to be able to

shift people to insurance, and if we have to go back the other direction, there's not enough money.

TAPPE: Frightening.

ROBISON: Yes.

TAPPE: Thank you, Ann. We will schedule another meeting.

[END OF AUDIO PART 2]

[INTERVIEW RECESSED UNTIL JULY 24, 2017]

TAPPE: This is Renée Tappe continuing with The oH Project interview of Dr. Ann Robison. It is July 24, 2017.

Thank you for joining us again, Ann.

ROBISON: Thank you.

TAPPE: Let's discuss a little more about your involvement with local and state politics before we move on to the Montrose Center. I understand that you were a founding member of the Texas Association Against Sexual Assault. Would you please tell me about that organization and what type of support you may have received?

ROBISON: I was at the Rape & Suicide Crisis Center in Beaumont from 1981 to 1984, and at some point in there, maybe 1982, a group of rape crisis program directors founded this organization, and we founded it after a conference where we were all together in Galveston. It's a very thriving organization now. We had no staff for the longest time, and one of the roles I played was legislative chair in those early days when we were dealing with marital rape issues, and that was also the early days of HIV and the legislature wasn't dealing with that, much, at that time.

One of the things that was done through TAASA, I think after my tenure,

was to get a bill passed that anybody who was charged with rape, the victim had the right to ask them to have an HIV test. The results were given back to her so she or he could be tested as well and have some knowledge about what happened from the rape, even before, I think, a conviction. That was kind of a breach in the confidentiality laws.

When I got here and we were starting the early days of collecting data, collecting surveillance data that the city and the state were collecting, and then the county started collecting program data, services that had been received, and putting those into the CPCDMS that we talked about last time, we were very concerned, and we sided with the consumers to make sure that names were not kept in the county's database. We had a lot of concerns and we were hearing a lot of talk about syncing up the surveillance database with the services database throughout the state and actually going after people who had been tested positive and weren't in service, and we felt that was a violation of their privacy and it was a violation of their right to determine what medical care they were going to get and where. I mean, we were thinking quarantine and all sorts of things.

TAPPE: So they felt that they were basically going to hunt them down?

ROBISON: Yes, like what we call them the sex police, the DIS [disease intervention specialist] workers for the city. We thought that was going to happen. To this day still, the county's database does not have any names in it. Now, it gets synced up to the state services database, and if they've had any services where their name was attached, it might get synced up with that, but we have still kept that there are no names in the database that the county keeps, which makes their database less vulnerable to being hacked, and it also just protects consumers' right

to choice about what medical care they get in Harris County.

That's kind of aside from the TAASA stuff, but I remember being very active in that. It was after consortium days, but I can remember being on the committee that was designing what the CPCDMS would collect, and we were adamant that there were not going to be any names.

TAPPE: No names involved. So I'm assuming that that protection for rape victims is still in place?

ROBISON: It is.

TAPPE: Are the perpetrators automatically tested?

ROBISON: The victim can ask for it, and they can get a court order to test them, yes.

TAPPE: So it's done through the system, not automatic.

In 1992 the Republican National Convention was here in Houston. What do you recall about that particular event in terms of activism and politics?

ROBISON: Queer Nation was very involved, and ACT UP was very involved. That was still a time when there was not anything on the federal government level. There was not any discussion about AIDS, or very little discussion, and they were hiding from it.

Reagan was elected in 1980, so he had two terms, so 1988. So that was to be the second term of George Herbert Walker Bush, I believe. That was his convention. We had had a little bit of mention, finally, from Reagan, but still not much, and so ACT UP and Queer Nation were trying to disrupt the national convention that was here. I was not in town, but I do know a lot of our staff were involved, and the police were using horses and just about trampling people. A number of our staff got arrested, and they were very worried about whether or not

their license to practice behavioral health services was going to be revoked because of this protest. We had a number of them that were beat up.

My partner, who is a criminal defense attorney, was also on call to help get people out of jail for a number of different protests that happened at that time. That was probably the biggest Queer Nation/ACT UP action in Houston that ever happened here. It all happened outside the convention, and I don't know how much the people inside the convention knew about it, but there was press, nationally and internationally, about it.

TAPPE: You were not in town during the convention?

ROBISON: No. I was in Europe, and I was watching the national —

TAPPE: There must have been a piece of you that was disappointed.

ROBISON: Yes. I was watching the convention. I was in Prague, and I was watching the convention on International CNN, and you had to do it in the middle of the night to do it, to watch, and there was no mention of anything going on with the protests in all the speeches and all that. There was no mention of that.

TAPPE: In the speeches from the politicians, you mean?

ROBISON: Yes, from the candidates.

TAPPE: But the CNN International, they were covering it?

ROBISON: They were covering it, yes.

TAPPE: I don't recall the exact date, but the NAMES Project Quilt was over at St. Thomas University. Tell me about that.

ROBISON: I'm not sure I can help you with the exact date. It would have been the early 1990s. I know I had two quilts that I had made for two board members in that, so it was after that time, so it was probably early to mid-1990s. Before 1996,



NAMES Project, St. Thomas University, Houston, TX.

definitely. The NAMES Project was a national group that collected these quilts for people who had died of AIDS. They would have exhibits — they had several on the Mall in Washington. They had one at George R. Brown here.

This one was not the first one in Houston, but it was then at St. Thomas, and we found out after this was all arranged and as the providers were getting their booths together, because we would have an information booth there, that they wouldn't allow us to pass out condoms. We understood, because that's a Catholic university, but we even tried to get The NAMES Project to move the project, and they wouldn't because it was already half set up. We tried to negotiate with the diocese, and there wasn't any movement there.

So a lot of us got together and decided we want to use this as an education opportunity. At the time, one of the big things was colored condoms, so I made earrings with colored condoms on them, and also a necklace with condoms on them. You couldn't take them off and hand them to people, but you could talk about them and show them. It was not the early, early days of HIV, but it was still a time when people were not listening to prevention messages, and so it was very important to be able to have that teaching moment when you had people that had some interest in the subject. We did a little minor disruption, and they weren't happy about it, but we said, "It's jewelry and we're not handing them

out.”

TAPPE: Did people come to you and ask you about —

ROBISON: Yes, because it was very visible. I had shortish hair and they were hanging below my hair, so you could see them. People thought it was funny and it was a hoot, but it gave you an opportunity to talk to them about prevention.

TAPPE: Do you recall, in terms of the people that came to see the quilt, was it mostly people in the gay community? Did you also have a number of students there from St. Thomas?

ROBISON: Yes, I believe there were a lot of students from St. Thomas. That was one of the arguments with The NAMES Project, is that this could be an opportunity to get the quilt to a different audience, because the Catholic system would let their parishioners know. Even though George R. Brown was a whole citywide project, this almost lent an endorsement of the project from St. Thomas, as long as we didn't pass out condoms, but to tell people that this was important. So yes, we did have people coming down wanting to know what was this about and what were they going to see?

In each exhibit, there were always some of the famous people who had died. I don't remember what the time frame was, but Rock Hudson's quilt and Liberace's quilt, and everybody wanted to see those, and they would have a map of where everything was. You could look up people that you knew, because they tried to have local ones as well as national ones that were well-known.

TAPPE: The panels you created, were they at the display here?

ROBISON: Yes. I did one for Dwayne Wells, who was board chair right before I started, and he stayed on the board. He was an architect. I was creating his quilt

while he was still alive, and he was directing me as to what he wanted. It had two roman columns on it, and then it had some thread that was multicolored. One of the columns is leaning, broken. Like I said, he was an architect. His mother found out I was doing this project, and she sent me a little box of spools of multicolored thread and asked me to use some of them in the quilt, so I did. I still have that box. She was from out in West Texas. I don't think I ever met her, but that was just very touching to me, that she wanted some of her threads in his quilt.

Then the other board member, who died right before Dwayne, was Michael Borland. He was a *Star Trek* nut, and his said "Beam me up, Scotty," and his had the threads on it.

I really actually am a quilter. It's something that I picked up from my mother, so it was an easy project for me to do, a different project. I mostly do pieced quilts, but these are more appliqué quilts. I have pictures of their quilts. Dwayne also helped me design the one for Michael as well. At the time that I was doing Dwayne's quilt, he was blind. I still maintain that this disease often takes from people what is most important to them. As an architect, he needed his eyesight, and he lost his eyesight. I had another board member who was an accountant, and it took his mind.

TAPPE: Devastating.

I remember seeing that. I went to Washington for one of the projects when it was on the Mall. It was in the 1990s.

ROBISON: It's very dramatic to see the pictures of that all laid out in a large area. I think when we had it at St. Thomas, they were kind of hanging. There's a way to get the project now to have it hanging, but you have to have so tall a ceiling to be

able to accommodate four of them. A lot of people don't remember or don't know that the quilts were 3 by 6 because that's the size of a grave.

TAPPE: I didn't realize the connection.

ROBISON: Yes, that's the size hole you dig when you dig a grave, and it's 3 by 6.

TAPPE: When the panels are laid out, it's overwhelming.

ROBISON: Yes, it's stunning. Some of them are quite beautiful, and some of them are very basic, but seeing them all laid out and from all over the country, rural areas and urban areas, and the fact that at that time, a lot of families didn't want to have anything to do with their mostly sons who were dying of AIDS because sometimes that was the first time they found out they were gay. They were afraid of catching something, and they were ashamed and they were embarrassed, so to have people, whether it was their family or their family of choice, to do a panel for them was very important to acknowledge their life.

TAPPE: It was a wonderful idea.

Let's move on to the Montrose Center. It's a big part of your life, a big part of the community. I'd like for you to, please, give us a short history of the center: when it started, how it started, why, who was involved with it, and what some of the programs were prior to you coming.

ROBISON: It was founded after the town hall meeting in 1978 that was a product of a protest about Anita Bryant when she, the orange juice queen, came to an American Bar Association convention as the entertainment. She was very antihomosexual. She was from Florida and had done some antigay discrimination clauses or ordinances in Florida and was promoting that all over the country. There was an impromptu and quite large, I think, protest while she was here, and

that was, as Ray Hill would say, our Stonewall.

That turned into what was then Town Hall Meeting I, and there were a lot of groups that broke off and discussed what was needed in the community, and there was a group on health and human services and just services for the community. So out of that grew the Montrose Counseling Center and Montrose Clinic at that time. We were incorporated on December 18th of 1978, and I think the clinic was in 1980 or 1981, but they functioned before that, before their incorporation.

Some of the people that I know that were on that original board: One was Marion E. Coleman, and I'm told that a lot of those first meetings were held in her living room and that she was quite a catalyst for the Montrose Center and several other organizations; and then Bill Scott, who was a social worker; and John O'Donnell, who was a psychiatrist; and then there are a couple of other names that kind of show up. There's debate at this point about who was actually on the first board, and I take Marion's word for it because she was there and she's still alive.



Ann J. Robison with Marion E. Coleman
Leather and Lace Party, 1993.

It was founded primarily as a mental health clinic. We were the mental health and Montrose Clinic was the STD clinic. We had basically a collection of part-time counselors who had a part-time director so there was a safe and

affirming place for people to come who needed mental health care because the word that this group that founded it had been getting was that people go to other agencies, and they either ignore or focus on their sexual orientation, so either they don't want to talk about that, that's not important, that's a side issue, or that's the reason you're depressed is because you're gay, or they want to make you stop being gay.



This was to be a place that that's part of your life, and we'll explore all of it, and we're not going to tell you you need to be gay or you shouldn't be gay. It just was an affirming place to be. That first location was at 900 Lovett. It was an old building. I think there used to be a gay bar on the bottom floor of it, Dirty Sally's or something, at some point.

TAPPE: I remember Dirty Sally's.

ROBISON: Yes. As we grew, we took over more and more and more of the space over there. The services were primarily just mental health, and then at some point substance abuse treatment services were added, and that wasn't licensed until 1986, but I had seen records that show that it was functioning that way long before that.

There was a lot of financial difficulty in the beginning. I understand that Bill Scott's mother, Stella, put up the first \$10,000 to open the doors, and there

were lots of fundraisers. I know that the Montrose Activity Center gave a big check once when the doors were about to close.

When I came here in 1988, they had on the books what was called a leasehold improvement, so there had been a grant from the City of Houston, a community development block grant for \$10,000 that improved the condition of the suites we were in, and so they negotiated with the landlord to knock off \$10,000 in back rent that was due, so that kept the doors open. There was a lot of that going on back then, because it was really difficult to raise money.

Then when I came in 1988, there was a grant that we had through the City of Houston, which was a Centers for Disease Control grant that was doing some support groups for HIV. One was for people who had an AIDS diagnosis. One was for people who were HIV positive but not ill, and we called that the Worried Well Group. And then there was a Family, Friends, and Significant Others Group.

The moment I got here, I had to start arguing with the city because they were going to cut off that money because they said we weren't doing what we were supposed to do with it. It was supposed to be prevention money. I just got here, and so I had to make that argument. We got to keep it for the rest of the year, but then we dropped it for a number of years and just really went back and applied for it in the last few years. We had such a bad experience with the city health department.

TAPPE: Do you recall the size of that grant?

ROBISON: It was a hundred and something.

TAPPE: Over \$100,000?

ROBISON: Yes. Then we had a sub under the AIDS Foundation for a while to do the same thing, but we didn't start getting money again until after 2000. There were several other organizations that were founded out of that town hall, and I'm sure I won't get all of them, but Pride Band was one. I think there was an early chamber. EPAH was one. There were at least five, because when we turned 25, the chamber honored all five groups. The Pride parade was around then. I think the first Pride parade was in 1979. I've seen pictures of that. J.D. keeps sending me pictures of things with Montrose Counseling Center in it, and I remember seeing like a big Cadillac convertible or something with our name on it.

The only AIDS services organizations back then were us, the clinic, and the hospital district. The clinic and us were going under with how much service was needed and there was no money. This was before Ryan White money, before any money. They did a little bit of prevention money before they did anything else. We had some pharmaceutical money to produce and distribute a free HIV and Nutrition book in English and Spanish in collaboration with the AIDS ETC and did the first Living with HIV in Houston conference for a few years in the early 1990s also in collaboration with Rob Falletti and AIDS ETC.

Staff from the clinic and the counseling center got together and formed what was then called the KS/AIDS Foundation, and Kaposi's sarcoma was the KS. KS was one of the really terrible opportunistic infections that was a cancer, a skin cancer that the victim had all sorts of really visible, red sores on them, all over their body, which meant they couldn't hide that they were positive. We both went together and founded that. I know one of the people from our agency that founded that was Jim Beecher, and later one of the housing projects that AFH did,

AIDS Foundation Houston did, was the Beecher-Wilson project, and he was the Beecher from that.

Pretty much when I started, we had mental health, outpatient substance abuse treatment for adults, and some HIV groups, and we had 13 employees.

TAPPE: Keeping your head just above water.

ROBISON: Just above water, yes. We had three administrative staff: me, a bookkeeper, and a receptionist. The receptionist was a retired teacher, and I was at the time married, so if we didn't have enough money for payroll, the two of us held our checks back because we didn't have to have them immediately, especially the receptionist, because he had his teacher's pension, and we made sure we emptied the Coke machine and ran to the bank and put all the money in from the Coke machine because when you have government grants, even if they look good on the books, they don't often pay very quickly, and they can be sometimes 60 days, 90 days behind. When you start a new one, you've got an outlay. Sometimes they allow you to have advances, but not always.

TAPPE: When you're living on a shoestring, you need everything at that time.

ROBISON: Yes. When I started, as I said, we had 13 employees, and our budget was \$385,000, so a good bit of that was what was then called TCADA, the Texas Commission on Alcohol and Drug Abuse, for our substance abuse treatment. That was \$278,000.

TAPPE: It's a good thing you expanded into the drug treatment.

ROBISON: Yes. Then the rest would have been some donations and the prevention grant. Then we had fee for service for people who had income. Some of the things I instituted along the way were, first, we started billing insurance. One of

the things that allowed us to do that is that Bill Scott got appointed to the board of the Texas Department of Health by Ann Richards. He was the first social worker to ever be appointed there, and he got social work included in the Medicaid billing, which opened it up to everything else.

We started applying for and getting credentialed for insurance billings, which is a very labor-intensive process, but that gave us another source of income. So we've been billing insurance long before most other programs have and before we were required to. Now all the grants say they have to be the payer of last resort; you have to bill insurance. But we've been doing that since probably 1990.

We had a women's program that did what we called Women's Network, and so once a month there was an educational/social time for women, and one of our counselors coordinated that. We had a supervisor who coordinated women's services, and at that time, it was still pretty separatist. We had women's staff that didn't want to be in meetings with male staff. I'm like, "You're going to have to. If you want to work here, you're going to have to be in meetings."

Also when I came, they used to have their supervisors meeting at Mary's. I said, "No, we're not going to have our supervisors meeting at Mary's."

They wanted to smoke during the supervisors meeting. "No, you're not going to smoke during the supervisors meeting." That was a big thing.

It wasn't until we moved to the Richmond location where I got smoking out of the entire building, which was not easy, because the 12-step groups that met there just, "Oh, we can't. We have to be able to smoke. We can't give up everything all at once."

“You’re here for an hour. You can give up smoking for an hour.”

TAPPE: That was before there were laws or ordinances, so you were a pioneer with that.

ROBISON: Well, I cannot stand cigarette smoke, and we had counselors who were complaining because they’d have to have their clothes dry-cleaned all the time because they wreaked of smoke. We instituted that, at least not in meetings. Now our whole campus, you can’t smoke anywhere on the campus, and you can’t smoke in the car if you’re traveling with another employee.

The other things we’ve added along the way, in 1996 we started noticing that we had enough clients who had been crime survivors that we needed to have some coordination around the services we were providing. We were already providing behavioral health services, mental health services, but we had a client who came in who had been set on fire right in front of his home because somebody thought he was gay. They didn’t know, but they thought he was gay, and he was set on fire.

We considered that a hate crime. I started researching, because having been a rape crisis director, I knew about the funding for crime survivor support, and the job I had had at the Texas Department of Health right before I came here was coordinating all the sexual assault programs in the state. I started meeting with the state people and looking at all the funding, and we pulled together pieces that gradually came on, which is now about a \$400,000-a-year program from about seven different funding sources to do kind of a comprehensive sexual assault, domestic violence, hate crimes, and then the most recent, human trafficking services, including outreach and housing for domestic violence. So we added that.

Then in 2005, we became aware of a federal grant for mental health services for seniors, and we were concerned. I had spent a lot of time with Jack Jackson, and he was a very strong-willed South African man who would never ask for help. He was older, and he was getting more frail, and he had to do dialysis three days a week. EPAH put together a care team of people to take him and pick him up and get him to and from dialysis safely, because he shouldn't be driving after doing that, and they asked me to be one of his care team people, so I picked him up every Tuesday and had conversations with him on the way home. All the other people were guys. They'd say, "You need to find out how he is, because he won't talk to us," so I kind of did a little assessment every week on the way home.

He wouldn't let them in his house either, so I got into his house and saw that things were not the way they usually were and that at one point when I took him home, his air-conditioning was out, and it was July. I'm like, "What is going on?"

He said, "Oh, they're coming. They're coming."

I said, "Well, I can't leave you here."

So there was some concern on my part that we had seniors in the community that weren't getting the care they needed, they weren't asking for it, and if they went to other service providers like a regular senior center, that they might not either be welcome or they might just not be willing to go, so we applied for this mental health grant and got it, and there were only, I think, 13 of us in the country that got it.

TAPPE: This was for the elderly, or aging?

ROBISON: This was for seniors, yes, 60 and older.

So that started our SPRY [Seniors Preparing for Rainbow Years] program, and so we did that for three years. Then we got another grant that was to deal specifically with alcohol use, suicide prevention, and prescription drug misuse, and so we did that for another year or two. By that time, we were kind of rolling with it and we were able to bill Medicare. We had some support groups. Working with the seniors so closely and in a coordinated way is what brought us to wanting to do senior housing.



Ann J. Robison with Jack Jackson, 2006.

TAPPE: Tell me about that.

ROBISON: Chris Kerr and I had the privilege to go to the American Society on Aging conferences a couple of times while we had this mental health money because they wanted us to present there, so we got to go to these. We started talking to some of the other groups. There were other LGBT programs that were there, and so we kind of had a caucus and were listening to what they were talking about, about doing housing.

L.A. [Los Angeles] was the first. Chicago was working on one. Then SAGE [Services & Advocacy for GLBT Elders], which is the national group that's kind of a TA group, and they're out of New York. We started collecting information and researching, and then when we came back home, we toured some places that were senior housing, just general senior housing, affordable senior

housing. I had an opportunity to go to L.A. with my partner when he had a National Lawyers Guild conference in L.A. I just got a car and went and visited the L.A. one and talked with them.

So they say this is about a 10-year process, and we're probably four to five years into it, from the thinking stages, to the research stage, to getting the board to buy in, and then starting to raise money and dealing with the city and getting land. So we're hoping that we'll be able to close on the land, the tax credits, and the construction loans, in January of 2018 and then be able to start construction sometime in the spring, and it takes about 18 months to build.

TAPPE: That's great. Tell me a little bit about the funding. I know you're trying to raise private monies. Do you have government money involved?

ROBISON: Yes. The property is being donated by Midtown Redevelopment Authority, and that's thanks to both Annise Parker and Garnet Coleman. It is a large lot in Third Ward at 2222 Cleburne, so it's at Cleburne and 288. That is kind of considered government money, because that comes from the tax increment reinvestment zone that Midtown manages, and that property is now worth about, at last appraisal — it's probably worth more now, but it was \$3.265 million.

TAPPE: That's great. That's a gift.

ROBISON: Yes, it is, and that's the biggest gift at this point. The city has put in \$2.5 million.

TAPPE: Of cash?

ROBISON: Yes, of cash. The tax credits that we'll be able to apply for, which we should be applying for in the fall, will be around \$7 million, and that's an IRS [Internal Revenue Service] thing where corporations and individuals can buy in to

basically prepay their taxes at a discount, and then they take it off their taxes every year for 10 years.

The first foundation that came in was Hollyfield at \$150,000. Then we got \$100,000 from Brown Foundation, which was a big deal. We had gotten program money from them before, but never capital. Then we got \$755,000 from the Lewis Cloverdale Foundation, which Terry Baggott coordinates, and that was a big deal because we have these milestones in our options agreement to keep the land, and that came in at a time that it put us over the top for the second milestone. Then we've just raised a lot of private money from individual donors.

We have some other foundations that are about to commit, and then there will be a loan for the construction, and then a permanent loan that is paid out from part of the proceeds of what we take in for rent.

It's 112 units. Probably half of them are two-bedroom, so it should house at least 150 people. Those two-bedrooms, one of the things about other low-income housing is they will often not allow you to live together if you're not married, and so for this, we insist that people either in a one-bedroom or two friends in a two-bedroom because they can have a bigger living area and they can have support of each other, even if they're not a couple, in two bedrooms. That's one unique thing about this project.

TAPPE: What did you say about the one-bedroom?

ROBISON: If a gay couple that's not married wants to live there, they can do that.

TAPPE: They can do so. Okay.

ROBISON: Of course, when we started this project, same-sex marriage wasn't legal, at least not in Texas, and so that was even a bigger thing then, but it will allow

unmarried people, straight or gay, to live together, if they want to, to share expenses.

TAPPE: This is, I'm assuming, geared towards the gay and lesbian community?

ROBISON: That is our reason for doing it.

TAPPE: But can you actually market it that way?

ROBISON: We can market and do outreach to the gay community. Because the property is in Third Ward, and because there is some federal money involved so we have to follow Fair Housing, we cannot restrict it, and we are going to have people on our outreach committee that are in Third Ward, and they're going to do outreach to seniors in Third Ward, because part of this for us was, we have so many seniors that have been in services, and then they can't afford to live inside the Loop or in Montrose anymore, and they have to move outside. They don't drive, they've never taken the bus before and they're afraid of it, they don't even, in some cases, want their friends to come visit them because they don't want the neighbors to know that they're gay. We wanted a place to aggregate people so they could be near services and have a community instead of being isolated and going back into the closet because they were concerned about their healthcare givers.

This will be an affirming place. It will not be exclusively LGBT, and none of the programs across the country are, but we're going to work real hard to make sure that there's a cultural exchange between the gay community and Third Ward community.

TAPPE: For the people that know you're coming into the neighborhood, how has the project been received so far?

ROBISON: Mixed. There's a Change.org petition against us, and there were some signs against us, and it got to the media before we were ready to get to the media, but City Council Member Dwight Boykins has helped do some negotiations with the neighborhood.

The thing is, there's no neighborhood association where this property is because it's always been commercial property, and so the nearest one is Washington Terrace. They're not even adjacent to the property, but one of the people there has been the loudest opponent of it. We've also had town hall meetings where Annise came and spoke about it and allayed fears and explained what it was going to be about, and I had people come up to me afterwards and give me their names, saying they want to live there.

I think it will be okay, and I think we've gotten through a lot of that, and we have done a lot of work over the last two or three years to work with people in Third Ward to help them to be comfortable with us and know us. We have supported things that Project Row Houses has done and the Emancipation Park has done, so we're trying to be good neighbors.

TAPPE: Create that relationship.

ROBISON: Yes, we're trying to be good neighbors. Some of the protest was more about they wanted single-family homes on that property, but it's the largest open space. We don't have to displace anybody, don't have to tear down any houses to do it. It was a bus depot, so that meant there were diesel tanks underneath, and a lot of that had to be reclaimed and mitigated, which Midtown did, so it's not really an appropriate thing to have young families with children on it.

TAPPE: Some of the concerns, do you know where they were coming from? Was it a

religious-based concern from churches because of the gay/lesbian issue?

ROBISON: We didn't get any organized church opposition. It was mostly individuals, and I think part of it was they also thought that the white community was coming in and taking over the neighborhood. There's a lot of community development corporations which do low-income housing in Third Ward. There's a whole lot of them, but they don't have any resources, and so I think a lot of them thought that they should get the property to develop.

TAPPE: I see, but you're working on those relationships.

ROBISON: We are, and we got the property because we asked for it and because we had political connections.

TAPPE: Well, it's an exciting time for you. I know that.

ROBISON: Yes.

TAPPE: And a busy time.

ROBISON: Yes, it's wild.

TAPPE: Keep finding that money.

ROBISON: We've gotten programs two ways. We've developed them, and then we've taken them on. There have been some small programs that have been in the community that where either the volunteers couldn't handle it anymore because they were all volunteer, or they were having trouble raising money, the board didn't want to do the administrative work anymore.

I think the first one we took on was the Gay & Lesbian Switchboard, and that was kind of strategic. We had a staff member that was on the board and a former board member that was on the board, and so we approached them and said, "Look, we think this is a valuable service in the community," and we needed a

hotline for our anti-violence services in order to qualify for all this money, and so it didn't make sense to have two, and people already knew this number, so we approached them about taking them on. At the time, they had one volunteer that only was on the line Friday nights, and other times you had to leave a voicemail and they might call you back. Listening to those voicemails was heartbreaking. People in crisis, people suicidal, people needing substance use services, so we took them on around 2000 and made them part of us.

The second group was HATCH. At the time, HATCH stood for Houston Area Teen Coalition of Homosexuals, and everybody pretty much at that time decided that was a limiting name. First of all, "homosexuals" is not a term you use in everybody vernacular. It's more of a research, academic term, and it didn't speak to the kids, the youth.

HATCH was founded in 1987, and one of the main people was Dr. Bob McLaughlin, who was an adolescent psychologist and does a lot of work with adolescent sex offender treatment. He designed the program, and it had a board, and they had two staff at the time, but they were unable to keep it going, and so they approached us, and in 2002 we brought them on as a program, and one of the staff. One of the staff decided she didn't want to come with us, but Deb Murphy has been with us, and she was with HATCH before we took them over, and so they've been a program.

We've added a lot to Youth Services. We do some things in the schools, and in most of the HISD [Houston Independent School District] high schools, we do a drop-in anonymous support group with a counselor. Our HATCH program that's in this building is a three-hour, three-evenings-a-week program where the

youth come. The first hour is social. The second hour is some sort of program, either history in the gay community or some prevention or something they've asked for. It can even be having some of the activists come in and talk to them. Then the last hour is a support group that's a peer support group, but we do have adult facilitators that are in there to kind of watch over and help them.

Because Houston is so spread out, it's been difficult, for all the kids that want to come, to get here, so we've done some things in schools, far-flung schools, kind of an in-school HATCH that's abbreviated, that's just a support network.

We also support the gay and lesbian student associations, the GSA's, and we do training every August for teachers and students that want to either found one or keep one going, and we have a contract with HISD to do technical assistance with the GSA's.

Two years ago, Housing and Urban Development and the US interagency homeless coalition came to True Colors, basically, and said they wanted to have some pilot projects in the country, so they picked Houston and Cincinnati. The Coalition for the Homeless was the lead group. There was no money that came for it, so it was all finding money where we could. They asked us to take on the planning process, and so we conducted an extensive planning process where we sent up an ambitious plan to HUD about what we thought needed to happen. The theory was that if you can crack the LGBT homeless youth issue, then you can apply those issues to all homeless youth because this is the hardest group to help.

True Colors, which is Cyndi Lauper's foundation, has a project called 40 to None, and their premise is that 40 percent of homeless youth are LGBT. That's

vastly disproportionate to the number of LGBT youth in the community. What we've found here, there's a point-in-time count done every year by the Coalition for the Homeless and school of social work, and they found it's more like 25 percent here.

We're not sure why. We've got a lot of youth that quad up and rent an apartment together, or they're able to couch surf, or maybe it's that we've just been so good at prevention, because one of the things we do on the hotline and we do with HATCH is, when a young person tells us that they're considering coming out to their parents, we talk to them a lot about how their parents are going to receive that, and we encourage them, if they don't think it's going to be good, to try to stay in the house until they're 18. Once they're 18, they can sign a lease, and it's easier to get a job, and there's a lot more things we can help them with, and so we've really pushed that, and so that could also be why there's less homelessness here.

[END OF AUDIO PART 3]

TAPPE: 25 percent is still a high number.

ROBISON: Right, but if you consider that there's all sorts of studies, and who knows how accurate they all are, but between 2 and 5 percent of the population is LGBT, at the least that's five times what it should be.

Through NEST, we've pulled together — and we actually had what we called an LGBT Homeless Youth Summit three years before NEST. That's the other reason the coalition came to us. We were able to pull people together really quickly because we've worked with the HISD Homeless officers, Juvenile Justice, some of the medical providers, the churches, and some LGBT organizations and

just were able to pull together a lot of people quickly to start working on this. We also work with the Kinder Shelter, which is the CPS [Children's Protective Services] shelter, and we work with CPS.

The stage that that's at now is, we've kind of broken the plan up, and the Coalition for the Homeless and the Continuum of Care group is handling the housing and the shelter part, and we're handling all the cultural competency part amongst all the providers, especially the governmental groups like CPS and the Juvenile Justice people and the behavioral health part, of course, and stuff in schools.

Out of that, one of the things that's come is a Youth Rapid Rehousing project that's funded by HUD, and so the Salvation Army, Covenant House, and us are the three contractors for that. While we can't demand that they give us all the LGBT youth, we're encouraging them that even if they think we're full, to give us the LGBT youth or to at least offer that to them so they can make a choice. That is for 18 to 24, so that's another reason why we tell youth to stay in the home if they can, because none of that housing support starts until you're 18 unless you want to go into a shelter, which even Covenant House at this point does not have under-18 shelter. They did for a long time.

TAPPE: I didn't realize that.

ROBISON: I think there was an inspection, and they found that there were parts of the campus where they mixed the youth and the adults, like in the eating hall and some other parts, and they said you can't mix them, and so they had to do some building changes to make that work, and they still have not gotten that under-18 license back. I know they have a new director now, and that's another one of

their big pushes, but it's been difficult to not have a good shelter, and so that leaves CPS, and the youth are often afraid of that or they just don't want — I mean, it feels like they're being locked up, and they don't want to go by the rules. But I'll tell you, the shelter is pretty cool. They've got individual rooms with individual bathrooms, so it's perfect for trans youth because there's no issue about where you're going to house people.

Then we just get called upon now and again to help other organizations, like in Galveston there's the GPY [Gulf Pride for Youth]. It's their HATCH version. We helped start the one in Austin, which is Out Youth Austin. We helped start the one in Dallas, and we've had calls from other parts of the state.

TAPPE: Taking on that little program turned into a big project.

ROBISON: Yes, and I think early on too just with Montrose Counseling Center, we were the first in the state, and so we helped found Waterloo Counseling in Austin, and there's a program in Fort Worth, and one in Dallas that has turned into the Resource Center.

I think one of the reasons we have survived and been successful is that when HIV money came along, we aggressively went after it, and some of the other cities didn't do that, and so they left a void for other organizations to pop up and fill that void. We are basically the only funded mental health and substance abuse treatment project for HIV in Houston and Harris County and actually as far away as even Beaumont. We are the only original case management project that's had uninterrupted, continuous money for case management.

That helps pay the overhead. We do that on a cost allocation basis, but every grant picks up their portion, and that makes every grant's portion a little bit

less, because you've got all your fixed costs of your building and your accounting and reception.

I think a lot of the substance use disorder projects and the HIV projects — and some of those kind of intersect — have helped us to survive because we've got a lot of HIV outreach from a number of sources.

We even do some work with people getting released from prison who are HIV positive and helping them get connected to medical care and to their medications, to the AIDS Drug Assistance Program at the state. We have staff that go into the prisons and the jails and meet with them before they get out to kind of help them get lined up so that when they get out, they don't miss medications.

In fact, I've got a meeting with the new sheriff on Wednesday to talk about the transitioning of people out of Harris County Jail. It wasn't until we had a Democrat as sheriff, which would have been Garcia, that we actually got into the Harris County Jail. We were in all the prisons around here, but we couldn't get into Harris County Jail until we had a Democrat.

TAPPE: Interesting. What was their excuse, or did they just ignore you?

ROBISON: I think they don't like having anybody from the outside come in because they have to have security to move the prisoners, and they have to have space for you to be there, and they don't want to admit that they have any needs. Unless it's another government entity like the Harris Health System or the Harris Center for Mental Health and IDD [intellectual and developmental disabilities], they don't want to bother with you.

It took having Garcia in there to recognize that there was a void here and

they couldn't do it. They have an HIV medical clinic, and they're able to do some education about it, and they do testing, but the transition to the outside was not working. We had some things that were working under Garcia that kind of got dropped under Hickman, and now we needed them to come back in under Gonzalez.

It's amazing, especially out of the prison, when they've been in for a while, when they get released, they take their underwear and socks and recycle them to the next guy, which is kind of creepy, and they have a couple of days' worth of meds and maybe a prescription on them, so they have to come see us the moment they get out to be able for us to help them transition to a medical clinic and get a prescription and keep their meds going, and we keep on hand underwear to give them when they come out.

TAPPE: That's amazing. They recycle their underwear?

ROBISON: Yes.

TAPPE: I don't know what to say to that.

ROBISON: Yes. Probably I would guess in the laundry there, you put in your laundry and you don't necessarily get back the same stuff you put in.

TAPPE: It just goes through.

ROBISON: Yes, you just get your size.

Let me think what other services we have. Our women's program kind of fell apart at some point, and so we've recently reconstituted that. There's a couple of reasons for that. One is that we have some women's services in the SPRY program. We have women's services in our Anti-Violence program. We have some women's support groups.

Then we had the AssistHers founding mothers approach us probably almost two years ago now about what we could do to collaborate. As the discussions went on over about an eight-month period, as you know, the decision was made to become a program of the center. That happened in July of 2016, so we've been through a year of that.

Around the time we were about to take AssistHers on full-time — we did a long transition period so we could learn the services and the processes — Kindred Spirits came to us and said that Marion Coleman — it was named after her bar that she had; that she was the board president — was unable to continue, and other board members weren't able to run it, really, without her force. That was a much quicker process. We assisted with the dance last year, and we're doing it primarily this year, but with Marion's direction because you can't not have her direction. Then about the same time, we had discussions with Lesbian Health Initiative, which has been around since the early to mid-1990s but has had several different configurations. In the most recent time, they were doing health fairs twice a year to do mammograms and well-woman exams and prevention stuff for lesbians who were low income. As the time has gone on, it hasn't been just lesbians anymore. In fact, it's been predominantly not lesbians, and because of the Affordable Care Act and more people have insurance, the health fair didn't seem to be the right way to do things anymore, so we had discussions with them and took that project over in February of 2017.

Now we have these three projects that are women-centered, that are lesbian-centered, and so we've pulled together a group of community women under the leadership of one of our board members, Kandace Klinger, and they're

going to do some recommendations and advise us about how this new women's project with all these services and the other services we already had can work together and maybe if we should have an overarching name for it and just what services we should be providing and how we should be interacting with the community. That report should be out probably early 2018.

TAPPE: Good. So you've revived the women's part that you lost a number of years ago?

ROBISON: Yes, but I don't know that we could have done that without the trust and the confidence that these three organizations have had in us. There was some crossover in some of the board members and some of the issues, but the Lesbian Health Initiative, there wasn't much crossover. It was very, very different than AssistHers. But there are some common themes in some of the services, like AssistHers wants to do education to lesbians about their health, and that's something that LHI wants to do too, so we cannot have that duplication. LHI wants to do and has done education of healthcare providers about lesbian health issues, and so that's another common interest.

We hired one staff person to be able to manage all of that and do the lesbian health aspect, which is access to care, advocacy, and education, and then to also run Second Saturday for AssistHers and the care teams and do the intakes for new clients and keep up with the volunteers and the clients.

TAPPE: That's a big job.

ROBISON: Yes, it is.

TAPPE: You mention people having trust, but I think your track record through the years and your reputation in the community, both your reputation as well as the

center's, is sterling. I think people feel very confident.

ROBISON: I appreciate that. One of my interests and one of my minors in my doctorate is ethics, and that's very important to me. That probably comes from my Protestant background as a child going to the Presbyterian church, but we follow the rules. We certainly have no problem arguing with the state when we don't think the rules are right or that we think they're applying them wrong, but we manage the money appropriately, and we highly respect the confidentiality and the autonomy of consumers in participating in their care, and directing their care even, and their treatment and service planning and making sure that they are not only aware of what's going on, but that they have a voice in it.

TAPPE: It shows and is very much appreciated.

ROBISON: Thank you.

TAPPE: When you first started as the new director with the counseling center, you're a straight woman walking into an organization that is basically based in the gay community. That's where it all came from. How were you received, and what was it like? Was it open arms? Did you have some issues, or did they have issues with you?

ROBISON: I'm not sure anybody knew right away. I'm not sure if the board knew. I think I had said I had been to a conference on lesbian health issues through NOW before I came, so I had a lot better answers than a lot of the people that were interviewed. There was an interim director who had been the substance use program director, and he was not happy, and a lot of the staff pretty much treated me like I had killed the former director, who died of AIDS, like this was not appropriate. I ignored that and just pushed on, and there were some things that

they were doing that I didn't allow them to continue doing, like when the auditors were coming, tracing clients' signatures on forms that they hadn't gotten. That just really did not sit well with me, so we stopped that.

TAPPE: There's your ethics coming out.

ROBISON: Yes, I'll take the finding if we missed a client's signature before I will let us forge client signatures. That's just not okay.

Eventually I became the person here with the most tenure.

TAPPE: You outlasted them.

ROBISON: That's how you do it, yes. I'm pretty tough, and you can attack all you want, but I just ignored it.

TAPPE: Good. And you came out on the other side.

ROBISON: Yes, and there are some people from back then who don't like me still, but we're still here and we're still doing a lot of good. I still do get comments about people who think this is a big, plum job in the gay community, and it is, and that it should be run by someone in the community.

I have some sympathy for that, but I also think that I'm one of the ones who got us here — and not just me, but our staff and boards have done all kinds of things and made a lot of sacrifices to get us where we are and to keep us where we are. I sometimes think maybe it's time for somebody else to have some new blood and new vision. I've been here 28 years. Then I think I've got a lot of unfinished things.

TAPPE: You at least have to see that housing project finished, and that's another couple of years.

ROBISON: Yes. I'm 60, and I wasn't planning on retiring until I'm 67 at least, and the

housing should be done and rock solid way by then. We've used some reserve money to help get this started, so I've got to get that back in the coffers to make sure our cash flow is —

TAPPE: Is on solid ground.

ROBISON: Yes.

TAPPE: All right. You are going to be around for a while.

ROBISON: I don't sense any of that from the current staff or the board. Some of them tell me they appreciate how stable we are; that we hear of other agencies that they can't pay their payroll. Their payroll bounces, and that makes people nervous. Or they shut down without much notice. We are kind of boring and just rock along, but that's what keeps them employed and allows them to do their work.

TAPPE: And feel solid. It's a solid foundation.

ROBISON: Yes, and I would say most of the people who work here are here because of the mission, because they don't get paid a lot. I mean, they get paid okay, but they could probably make more other places, but they care about the mission and the clients we serve.

TAPPE: Yes, and that's how you create the atmosphere that you have here, is because people do care. No one goes into jobs like this for money.

ROBISON: No.

TAPPE: Ann, let me ask you: When HIV was kind of at its height in the crisis and you were working in the community, were there people that you collaborated with? You mentioned earlier some of the different agencies or grassroots organizations. Were there people that you worked closely with, and how did you and the other organizations help each other through that time?

ROBISON: Probably our longest and strongest partner has been Montrose Clinic, now Legacy Community Health. We would share information about funding sources. That's a big thing. We try not to compete on funding and are very careful that they do this and we do that and so we're not really competing for much money and we can help each other. We give letters of support to each other. One of the big things is intel on the funding source and what the quirks are and the things that are coming down the pipe, what rumors we've heard.

At the time when I came on, Ralph Lasher was the director of Montrose Clinic, and so we worked with him some. The person who took over after him was not a big collaborator, so we kind of had a period where we didn't work with them very much. Then when Katy Caldwell came on, she and I had been friends, and she had been on our endowment board, so we picked that back up again, and it's been great.

It makes me concerned because so much of agencies' collaborating together can really just hinge on the relationship between the directors. Certainly, even if you have a bad relationship between the directors, your line staff, your direct-service staff, can still talk to each other and work things out, but we set the atmosphere and the tone. If you don't set a tone of wanting to collaborate, then that can all fall apart pretty quickly.

In the early days, we also worked with FIRM, which was the Foundation for Interfaith Research and Ministry, Earl Shelp, and worked with him some. Now, he was a big supporter of Sue Cooper, so there was kind of an arm's length relationship. We worked some with Planned Parenthood, with Judy Reiner, and she was also a Sue Cooper friend.

Then there have been organizations that grew up just because of HIV, so what used to be HACS, Houston Area Community Services, now Avenue 360, Joe Fuentes worked here for a piece as a case manager, so we've stayed in touch and have stayed close and collaborate.

Sometimes when you collaborate, you put in a federal grant together, where one of you is the lead and the other one is the subcontractor, so that if you can't fill all the needs of the federal grant separately, you do it together, and then you both win and the clients win. But that really requires you to trust each other and work together, and whoever is the lead has to trust that the money is going to be done appropriately by the sub because they're held accountable for whatever the subs do.

Right now, I'm a member of The Network of Behavioral Health Providers, so we collaborate a lot with other behavioral health programs, like Jewish Family Service, we talk to them a lot. We have on occasion worked a lot with Family Services of Greater Houston, but again, they've had a change in leadership, and so I don't know the new woman, and our collaborations have fallen off. We don't have a bad relationship. I just don't know her yet.

We work with The Center for Success and Independence, Robert Woods, who's the director and founder there. They do adolescent substance abuse treatment, but they do a lot of HIV projects, and we're now a subcontractor of them to do some HIV outreach work.

We are actually working with Change Happens, which Dr. Leslie Smith is the founder of that, and they have the navigation grant for signing people up for the Affordable Care Act Marketplace, and so we're a subcontractor of them. We

have a navigator and a part here.

Some of those early programs kind of disappeared. We do work a fair amount with the City of Houston Health Department and the housing department, not only as subcontractors, but the health department has started some — it's a state of emergency for the African-American community and HIV, and so we've participated in that and in a lot of mass testing projects to get young people tested. They've done hip-hop concerts, and the way you get a ticket is you have to be tested.

TAPPE: That's a clever idea.

ROBISON: Yes. Then we've worked with them on a hepatitis C project.

Then we've worked some with AIDS Foundation. Again, that's been off and on. There was a period of time in AFH's history where they probably had 10 directors in eight years, and it didn't look like they were going to survive, and they had an embezzlement, and so they've kind of been at arm's length distance for a while. The director now, I know and work with, and I think she's a good person. We just haven't had a lot of opportunities to collaborate.

TAPPE: It sounds like the business/personal relationships are really important.

ROBISON: Well, they are because you have to be able to trust people, because if I'm going to give intel that I have to somebody, I want to make sure they're not going to misuse it; that they're going to keep it confidential, not tell anybody where they got it, and not use it for evil.

TAPPE: Right, or turn around and snatch something from you, in terms of funding.

ROBISON: Right. Yes, I don't want them to screw us because they had information they wouldn't have had otherwise, so I'm careful about that, and I'm careful who

I give policies and procedures to.

There's a close group of people where we share. If there's some new government requirement and one of us has managed to figure out the policies, we share it with each other.

We belong to national networks too. We belong to a national network of gay and lesbian community centers, called CenterLink, and we share things amongst ourselves and information about what's going on on the national scene and each state. We belong to the National Anti-Violence Programs, which is the gay and lesbian mostly sexual assault, domestic violence, and hate crimes projects.

Then we belong to several state organizations that are not specifically LGBT, like we're still a member of TAASA [Texas Association Against Sexual Assault], and we're a member of the Texas Council on Family Violence, so there are collaborations that happen across that.

One of the groups we collaborate with that's outside the LGBT community is Houston Area Women's Center. I've known Rebecca for a long time. She used to work at United Way, and so I had a relationship with her when she was there, and so we share intel on what's going on with housing money, and we provide support for each other.

One of our collaborations right now is, part of our sexual assault funds require that we do volunteer training, and it's very onerous. It's like 40 hours, and you have to have a certified program. For us to be able to do that, we have to have a volume of volunteers that want to go through that, and we just don't, so they're training our volunteers for us, and we do the LGBT part of it, so we don't

have to duplicate that process for the few volunteers we do a year for the hotline.

TAPPE: I'm sitting here looking at you, thinking that filing cabinet of yours is just pretty phenomenal, your mental filing cabinet.

ROBISON: Yes. I describe it as we have our feet in a lot of coalitions. Because we do a lot of issues that wrap around a specific community, that means we have to be involved in HIV circles, substance use disorder circles, homeless circles, youth, seniors, mental health, and so that's a lot of meetings to go to and a lot of lists to be on. I think one of the reasons sometimes the government comes to us and says, "Can you do this?" is because of that intersection of all of those issues, is that we can see past some of the tunnel vision that people get when they're just dealing with their single-issue agency, and can see how other things line up.

I think when we write grants, it gives us a broader way to show that we can help. We can bring in a lot of resources. When we do a housing grant, I can say, "Well, we have this substance abuse disorder treatment and mental health treatment for them," which is often a big issue in people that are homeless and with the housing opportunities for people with AIDS.

Then when we do a substance abuse outreach grant, we can say we've got this recovery coaching that we can do, and we've got treatment that we can do, and so a lot of pieces can complement each other, but it does make for a lot more administrative — I don't want to say burden, but it's like dealing with a matrix.

We probably have four site visits this month from government entities, different government entities, and so that takes a lot, and all have different rules, and we have to keep track of that. Some of the grants are very small, and some of them are very large, and the small ones have the same number of requirements as

the large ones.

It can take a lot to try to write policies that address everything, so we try to write so that we write to the most restrictive policies, and if we can, we'll leave a loophole for a particular program that doesn't need that. But when we do staff training for annual, required training, we kind of blanket it and say everybody has to do everything just in case we end up putting you on a little piece of this grant and then go back and find out you didn't have the proper training.

TAPPE: That's right, cover all your bases up front.

ROBISON: Yes, and we have 20 policy manuals, and they're not short.

TAPPE: It's a good thing you have the building you have to house everything.

ROBISON: And then you layer on top of that the Joint Commission accreditation, which we've had since 2003. That kind of gave us a process and a structure for having our programs. One of their principles is, it doesn't matter where the money comes from, every client is treated the same. So somebody with Medicaid, somebody that has a really good insurance policy, they have to be treated the same in their services.

Then the Certified Community Behavioral Health Clinic that we just got in 2016, that adds on a lot of trauma-informed care and recovery-oriented care and really making sure you don't miss other vulnerable populations like veterans. Particularly for us, that's a big deal because the Veterans Administration hasn't always been real receptive to the gay community. I think it's better now. We have two board members that work there, and they're trying their best.

You layer those things on, and it gives us a structure of a way to do things, and it allows us to brag about some of the things that we do and we've been able

to achieve.

TAPPE: Bragging rights, that's important.

ROBISON: Yes.

TAPPE: I know that you have very hardworking staff members as well as a hardworking board. Back when you were first here and I guess for a number of years after your initiation in 1988, your board and your staff were facing challenges dealing with HIV/AIDS. How did that impact the organization or the board members? Their decision-making? It was a whole different world.

ROBISON: Yes, and we rarely had a full complement of board members because there was often someone who had died, and it's hard to fill their spot right away because it's emotionally hard, and it was a time when a lot of the people that you would want to be on the board were sick. We've had several deaths while people were on the board and right after they were on the board, and part of that meant that when I become close to them, and it's hard not to when you work closely with people, I've become caregiver for some of them, and they were friends. That's very difficult, and to know when they're starting to go downhill and it's time for them to step off the board because maybe they're not cognitively able to do it anymore. We've had to have some gentle interventions there.

TAPPE: I'll bet that was hard.

ROBISON: Yes, it's very hard. A lot of times, people acknowledge themselves or they realize they've got to concentrate on their health, and so they step down, and we try to keep a close connection with them anyway so that they have that support system, because when people go on our board, it often becomes a little second family, especially back then. We had a lot of board members. The board

members were in charge of our parade entry. That's not the case anymore, but it was very important to them that we have that visibility and have that contingent there.

The other thing, almost regrettably, is that some of our building has been paid for with insurance policies from dead board members. They leave us in their will; or their insurance, they name us as a beneficiary. I think we paid off 701 Richmond when Rob Falletti died, and I didn't even know he put us in his insurance policy, and we got enough to pay off the building. That's real mixed feelings.

TAPPE: Bittersweet.

ROBISON: Yes, you feel good that they trusted us and felt strongly enough to give us those resources, especially when they may have had a partner that needed them or could have used them, but that they had to leave us for that to happen.

TAPPE: Do you recall if any of the mission of the board or your organization changed because of HIV, or did it just kind of all roll together?

ROBISON: Our mission is pretty broad. We've had some wording changes, but the "LGBT" has always been in it; never, never, changed. The articles of incorporation talk about being "a behavioral health support for the community," and it's broadened a bit now too. We've added "community center" to that.

I think everything we did fits in that because our part of HIV is outreach, prevention, and behavioral health treatment, and the things that support behavioral health treatment, like case management. I don't think there's ever been anything that we've chased that the board felt didn't fit into our mission and that we had to change our mission for it. We've been pretty focused in that.

The board has kind of empowered us that if there's a grant, I don't have to go ask their permission to do it. It's just I let them know we did it, and I may answer questions at the board meeting about how that fits in our mission.

TAPPE: But there's a level of trust there that you've developed through the years.

ROBISON: Yes. Every two years, the board and the senior staff have a retreat, and we look at strategic planning. The first thing you always do in strategic planning is look at the mission. We've tweaked the wording a little bit, and we added a vision statement about probably eight years, nine years ago, but the thrust of it has never changed.

TAPPE: On a more personal level, what is your earliest memory of there being a health issue among gay men?

ROBISON: It was probably when I was in Beaumont, when I ran the Rape Crisis Center there. I had friends who were in the gay community there, and we started seeing people dying, didn't even know what they had at the time, and there wasn't any treatment. There wasn't much that they could do for them.

Then when I went to the health department, because I went there in 1984, there was a very early department there mostly around trying to figure out what to do with the blood supply, and then working with the CDC about testing and that sort of thing. That was the first response, really, to HIV, was to figure out how to protect the blood supply and how to get people aware of their status.

Again, I gravitated towards a lot of the gay men that worked at the health department, and that serves you well, because they're everywhere and usually have a lot of behind-the-scenes power. There was a guy there that was in charge of the graphic design and printing area, so I always got my projects through really

quickly and the way I wanted them, and we always kind of conspired to be a little out there on the design. That kind of freaked out the rest of the department and some of the rural areas that we pushed it out to.

TAPPE: Good, but you had fun with it.

ROBISON: Yes.

TAPPE: Besides your work as an activist and director with the Montrose Center — you had alluded to this earlier — on a personal basis, how did you support some of your HIV friends? I have to imagine you knew a lot of people that were ill.

ROBISON: Yes. I did some hospital visitation at Park Plaza, definitely. I did some care-team work. There was one board member whom I'd gotten particularly close with — I was single at the time — and we attended fundraisers together, and he was single. His partner had died. And we traveled together. We went on ski trips together, we went to Vegas together, and so we were pretty close. He was having some cognitive problems, and so there were times where I stayed over at his house just to keep an eye on him because his medication was making him hallucinate. I did some caretaking there and talked with the doctor to give them feedback about what was happening over the weekend, when he was on a new medication.

Then there's planning funerals and speaking at funerals and trying to make sure that the family honors their wishes, if they predeceased a partner, that the partner was recognized as a partner. Sometimes I was at the hospital with them when they died.

TAPPE: How did you deal with that? That's a lot of loss, not just the deaths themselves, but the stages of the loss of the person. They lose their cognitive. They lose their

physical. How did you deal with all that grief?

ROBISON: That's a good question. It kind of layers on top of itself, and it doesn't happen all at once. There were times, though, when we were going to funerals once a week. The memorial services helped, because almost always you would be able to go up and say something about the person, and that kind of helps. I ironically never got counseling. I didn't do that. I'm just a pretty tough old broad. I've had some personal losses in my family too that you cry and you talk about that person, you spend some time honoring that person. Part of it too is doing their quilts. That helps, to do their quilt. Some of the guys have left me little mementoes, not anything of much value, but I got a teddy bear that one guy gave me, a pillow another one gave me. Another one gave me coasters from Barcelona because it was important to him.

TAPPE: It must have meant something to him.

ROBISON: Yes. Another one gave me prints of irises that are just beautiful, that I had reframed and put in my house, and now they're here in one of the group rooms.

And then it just makes you angry, and I'm more of a person that gets angry than depressed, and so it just makes you work harder.

TAPPE: And there was a lot to be angry about.

ROBISON: Yes.

TAPPE: All the ignoring of the issues.

ROBISON: Right. I think having been through that, though, when my mother died — she died of ovarian cancer, and it was kind of a sudden diagnosis, and then not too long after that, she had surgery and died — so needing to support my family, because they had never been through any of this before. My father had had his

mother die, but I had to do a lot of support with my father and really had to step in and make decisions about my mother, which I was comfortable making because I had made them before. I had been people's power of attorney, and I'd said, "This is enough. This is enough treatment. They're done. Here's where it says they don't want this." So I had to help my dad and siblings get ready to pull the plug on my mother, and that was sad, but I was at peace doing that, and I think a lot of that prepared me for that.

Then not too long after that, my brother, who's had an alcohol problem all his life, ended up having a seizure and was in the hospital for a while. Dad called me, and I had to go up there and knock some sense into him, but I was able to walk into that hospital and start negotiating with the nurses and stuff when I didn't even have a power of attorney. I'm comfortable talking to medical professionals and have done it a lot, and so I guess because I do it with authority, they listened to me.

Like, "Who are you?"

"I'm his sister."

"Okay."

I was able to get him out of his ICU [intensive care unit] room in time to watch the Steelers in the Super Bowl, which was the carrot.

[END OF AUDIO PART 4]

TAPPE: What could be more important?

ROBISON: Yes, that was the carrot. But then he died a year later from alcohol abuse. I think that, besides having to deal with that personal stuff and trying to talk with him over the years about his substance use, that early stuff with HIV has made it

easier for me to process that.

TAPPE: You're so aware of the process of dying.

ROBISON: Yes, I've seen death. I know it can be peaceful. I know that it can be a relief to both the people who are ill and the people who are caring for them because it's painful to watch somebody suffer so much. It is painful to watch them have illness after illness and drugs that don't work and terrible side effects from drugs. Steroids make you stay up all night, and some of the drugs make you bloated and give you terrible gastrointestinal problems. Some of them say, "I'm done. That's it," and so you help that happen for them.

My father, who is 88, has said to me — and I'm his power of attorney — that he's had a long life and he's at peace, and if it's time to go, it's time to go, and he's fine with that. I am fine with that too. I don't want to lose him, but I am fine with that. My sister can't handle it. She says, "He's going to die."

I'm like, "Yes, he is going to die someday, and he's okay with that, and I am too, and you need to get okay with that, because he's 88 and he's got pains."

TAPPE: That is indeed part of life. You can't avoid that forever.

ROBISON: Yes, and so I think I'm much more pragmatic about death and dying because of that experience to have your peers, people your age, dying young, in their thirties and forties.

TAPPE: Decades too young.

ROBISON: Yes.

TAPPE: Some of the folks that are ill or were ill are now long-term survivors of HIV. Tell me how you view or maybe what they've told you about how they view being a survivor. Are they relieved? Is there guilt? Does it just depend on the

person?

ROBISON: We have a Long-Term Survivors Group here of men, and some of them 25 years of being HIV positive, and we have some staff that have talked openly to our staff about that. There is a lot of survivor guilt. They weren't supposed to be here. They've lost sometimes multiple partners. There's some guilt.

I don't know about relief. I think there was relief when the new meds came out in 1996 that allowed them to be healthier and be more stable in their health, but there's a lot of anger. There's a whole lot of anger and bitterness that those meds didn't come in time for their loved ones.

There's a lot of people who went on disability or they spent not only every cent they had, but they were in big debts on credit cards because what the hell? They were going to die, and they didn't have any heirs, so the credit card company was going to have to eat that. And then they didn't die, and they're like, "Now what do I do?" I've had friends that have to go through bankruptcy.

Then I have friends who have gone on disability because they were ill enough that they couldn't work, and then the question is, "Do I now come off disability? If I do, can I go back on it if I get sick again?" There's a lot of concern about that, and that's kind of even a little cottage industry of helping people decide that.

The other thing that was a big thing in the early 1990s were viaticals, which were you sell your life insurance policy to this company and they give you cash, but they give you less cash than it's worth, and you have to sign over your life insurance to them. It's kind of like a reverse mortgage, only for life insurance. People did that.

Those salespeople were aggressive, and they kept coming to us trying to get us to advertise for them. We don't advertise for any for-profit. We don't allow that in the building. You can't put out your flyers. You can't make a speech to our groups.

We had people who did that, and then they didn't die.

They would even check their medical records to see how sick they were, because they don't really buy policies unless you're within about six months. I think that industry collapsed after the new medications became available.

Another thing that has changed a lot is the hospice. People would go into hospice, and they would be within six weeks of dying, and they would do palliative care. Now the people that are going into Omega House are usually people who have been in the emergency room and found out they were HIV positive, they had an opportunistic infection because they never got tested, and this is the first time they're finding out, and they're sick. That's the reason they went to the emergency room. When they release them, they have no place to go because they were probably homeless, and so they put them in Omega House for rehabilitation. It's really more rehabilitation than hospice now.

TAPPE: Which was not the case.

ROBISON: Right. They do rehabilitation, but then they've got to figure out where to put them when they don't need that intensive medical care anymore.

We still have clients that die in hospice. Omega House is just down the street. But that's not the case much anymore. It's usually people that need rehabilitation after coming out of the hospital, and they get well, and they leave well.

TAPPE: I didn't realize that about Omega House. I think I just made an assumption that the clients that go there die, as they have in the past.

ROBISON: Not necessarily.

Bering Omega merged with HACS, and that's when they changed their name to Avenue 360. Don't ask me what that means, because I still don't understand it. They're working on changing that to more of a rehab center because that's what it's become.

TAPPE: The building?

ROBISON: Yes. And that building is not handicap accessible, not totally handicap accessible, so they can't take Medicare or Medicaid money, so it's all Ryan White money.

TAPPE: Then it will need to make some changes on that front.

ROBISON: Yes.

TAPPE: The group you provide for survivors, is it a group support?

ROBISON: Long-Term Survivors Support Group, yes, and most of them are on Medicare because they're on disability, and we have somebody who's also a long-term survivor that facilitates the group.

TAPPE: Good. So who would better understand?

ROBISON: Yes. They called themselves the DIVAS for a while. I can't remember what that stood for. It does not work well to mix people who have been long-term survivors and people who are newly diagnosed in the same group because like I said, the long-term survivors can be bitter and angry, and they scare the new people, and so we have separate groups for people who are newly diagnosed.

TAPPE: Have you seen a change in the sexual behavior in the community with the onset

of PrEP [pre-exposure prophylaxis], for instance?

ROBISON: Oh, boy. I've even talked to staff members who are on PrEP, and they've told me that there is a certain age group, the twenties and thirties now, who don't want to use condoms.

I said, "Well, you know you're still supposed to use condoms with PrEP."

"Yeah, but nobody does."

Then they said that even some of the people that they know that are on the hookup sites, their profiles say they're on PrEP. Apparently that's a question now, "Are you on PrEP?" to put on your dating site, and they lie and say they are. PrEP is pretty darn expensive. If you don't have good insurance, it's about \$1,500 a month. If you have to meet a deductible first, you're going to suck it all up in the first probably four months, with PrEP.

We've heard throughout the years that there was condom fatigue, and there are groups that do a lot of barebacking, and that's what they're going to do, and you can't tell them any different, and they're not going to change. It doesn't matter how much prevention talk or motivational interviewing you do with them. There are still circuit parties, and some use condoms and some don't.

We had heard from younger people that, "Well, what's the big deal? I'll just take the pills." That's why we have that art project down on the second floor that has people with their hands with the amount of pills they had to take every day. Some of them had like 30 pills they had to take every day. Now, a lot of them have been combined, and so you don't have to take as many, but there are still a lot of pills, and they have got nasty side effects. It's not a pleasant thing to take pills, and it's expensive, even if you have insurance.

We try to do a lot of work with the Hatch Youth about why it's not okay to just say, "Well, if I get HIV, I'll deal with it."

We had another thing that came up where some people who were negative would talk about, "Well, these HIV-positive people, they get so many services. They get housing. They get bus passes. I feel left out," and people, yes, trying to get HIV positive on purpose so they could get into the Ryan White system, which it didn't matter what you'd say to them. They'd say, "Well, all my friends are positive, and they get all these things."

TAPPE: That's beyond my comprehension.

ROBISON: Yes. It's scary, and it's so shortsighted, and it's just that thing of the peer group. They don't want to be left out.

TAPPE: Of course, they haven't had the opportunity to see people walking around with lesions on their face or the wasting disease.

ROBISON: Right. Or the lipodystrophy, the relocation of fat in your body. You get the very, very thin faces and the little bellies.

TAPPE: The belly, that's right.

So it's invisible to them. It's like arthritis.

ROBISON: Yes. Another thing we've learned by working with seniors is, the gay community, at least the gay male community, is very body-conscious. Lots of people hook up at gyms. The thing to have is a buff body. Once you start to get a certain age and you can't do that anymore, or you don't want to do it anymore, or people who just have never gotten into that, they're invisible and they're not really welcome at parties. They're not welcome sometimes at fundraisers. We started doing a discount for seniors over 60 because they said, "I get a discount at

McDonald's. I don't get a discount at an HIV fundraiser or a gay fundraiser. I deserve a discount."

"Well, you're right. You do," so we give them a discount.

Even people who can afford to pay more pay the discounted price because it's, "I earned this." They're not the ones that people are going after at the party and pinching their butts. They're sometimes the ones doing the pinching.

TAPPE: I have seen that.

ROBISON: Yes, so have I, and they need to stop pinching my staff. But there's kind of a "We're done with you" thing.

TAPPE: It's interesting you used the term "invisible." That's a very powerful word and a very powerful image. You're absolutely right. I think it's much stronger in the male community.

ROBISON: Yes. I don't see that as much in the women's community, and there is a lot more camaraderie and unity amongst the older-women's community, with LOAF [Lesbians Over the Age of Fifty] and with some of the other volunteer organizations and just social groups, that there's a lot more support for the women than there are for the older men.

TAPPE: No question.

ROBISON: Yes, and the body image thing has never been as big a deal in the women's community.

TAPPE: No, and for as far back as I can remember, and I assume before I was even born, body image in the male community seems to have been a priority.

ROBISON: Yes, and another thing that's interesting that's kind of an aside, but not really, is when we do our domestic violence services, we find that if a woman is

being battered by her female partner, the women's community takes care of it. They come together and help the one who's being battered, help them get away from that person, and even if the batterer stays in the social group, they protect that woman, and they need less services from us because the women's community wraps around them and takes care of them.

The men's community does not, and most of our housing for domestic violence goes to male and trans consumers.

TAPPE: Let's say there's a male couple; one is being battered. What do their friends do? Ignore it?

ROBISON: Pretty much, yes. It's mutual battering, or it's just when they're drinking.

TAPPE: Is that a male thing? A mind-set?

ROBISON: It's a macho thing that that man might not tell anybody.

TAPPE: But if they're aware, it's not that it's accepted, but it's not dealt with.

ROBISON: Yes. We're also seeing, in that 40-plus age group, suicides in the male community. We had a rash of them last year, and some of the bars have reached out to us about training the bartenders to watch for that and what to do.

TAPPE: Why do you think that is? Is that isolation again?

ROBISON: Yes, I think it's isolation, and I also think it's being rejected.

TAPPE: Because you're not 20.

ROBISON: Right, and if they have a breakup, it's like the end of the world when they have a breakup. Even people that have partners, we've seen have committed suicide. We have some men who have survived HIV, they are long-term survivors, but now they're having heart attacks and other things. We lost John Danielson and we lost Rene Weaver to heart attacks within a year of each other.

TAPPE: Tony.

ROBISON: Tony Carroll, yes. People who either were negative or were long-term survivors are getting hit with the usual things that men get hit with in their fifties and sixties. That's been devastating to the community because that age group is thinned out anyway because of HIV, so there are a lot less people in their fifties and sixties in the gay male community, and so when you lose one, it kind of brings back up the HIV deaths, because we're going to funerals again.

TAPPE: That's right, and the circle is smaller and smaller.

I have spoken to some men that have talked about the impact of social media on their lives. There was a time when going to the bars or out to eat in restaurants was the social life. Now, especially with the younger people, the older ones are left out as everything is hooked up online.

ROBISON: Online. The gay bars are starting to disappear because they're not getting as much business because people think all the problems are solved, and that's not as much of a gathering place as it used to be because that used to be the only safe place, really, for people to get together.

There are a lot of brunch crowds, but those are the young ones that still do a lot of drinking. Yes, there is the do you swipe left, or do you swipe right? I'm sure some of that goes on in this building. When they come into the waiting room, it probably lights up. I have access to our Facebook page so I can post, but whenever anybody checks in at the Montrose Center, I get a notice and see that.

I have a lot of friends on Facebook that are gay or lesbian, and I see a lot of that. Again, I see the women are having pool parties and private parties and dinners out, and especially the older women. I see a lot of that. Those are who

I'm friends with on Facebook. The men, there are a lot of lonely men that talk about isolation —

[BRIEF INTERRUPTION]

TAPPE: Ann, you have worked tirelessly through the years with scores of people, truly, on dozens of issues, and I'm wondering two things: if you wish you had done anything significantly different, and/or is there one accomplishment of which you're most proud?

ROBISON: One of the things that I'm never going to do again is, when you hire consultants to help you do something, that has never worked out for us, not in capital campaigns, not in — you hire somebody to help you design a logo, we usually end up having to design it and give it to them, so that doesn't work out well for us. Partly, I think it's because they just don't get us. There are too many services. It's too broad. If they're not in the community, if they're not gay or immersed in the community, they just don't get the hot-button issues and they don't get the things they should avoid. We have just never had a good experience with that.

Let me think if there's anything else I would never do again. No. I mean, this senior housing thing has been very risky, and the board knew that going in, and we have, as I said, used some of our reserve to get that going, but I think I would have done it again. I would have done it. I think it will be worth it and we'll even out in the end.

My biggest accomplishment, oh, boy. I think just behind the scenes, holding this place together for 29 years, because there's a crisis every day, and we have staff come and go, and we don't have a lot of bandwidths that we have

multiple staff doing the same thing so that we have a lot of crossover, and so every time we lose, particularly a supervisor or administrative position, it's a loss to us, and it's a big effort to turn it over.

I think just, we're still here.

TAPPE: I would say Montrose Center is quite an accomplishment. Congratulations on that.

ROBISON: Thank you. You know, when I did the Paul Broussard thing at KUHF, the town hall afterwards, and Ernie Manouse asked me, do we still need a community center, that just pissed me off so bad, and I realized later, when I talked to him later, he said he was just doing that to get the question out there.

I said nobody would ask whether we still need a Jewish community center. Nobody would ask, do we still need an African-American-centric something or a Latino-centric something?

I get that from United Way groups all the time when the volunteers come through. "Do we still need a special place for the LGBT community?"

It's like, "Yes, and here's why."

TAPPE: Absolutely.

ROBISON: Yes, here's why: because there are a lot of vulnerable people in the community, and they need a place to look up to, to come to when they need help, to get their information from. There are a lot of roles that we play, and after Pulse, I stopped getting that question, because it was the community center in Orlando that everybody went to, to get help, and that's where everybody rallied around, and that's where the money went through, and whether they were ready for it or not, that is — we're the hub of the community. We're the heart of the

community.

TAPPE: That's exactly right, and we still need a — “we,” and I don't think it's really AIDS-related — but we still need a sense of community. As you said earlier, you're working with young teens, all the way up through elderly men and women.

ROBISON: I think it's important for those teenagers to see the seniors and know what they went through for them, know about the raids in the bars, and know about the arrests, and know about losing their jobs, and about HIV, and to know that history so they'll respect it and respect the community, but also so, hopefully, they won't make the same mistakes that we all did.

TAPPE: You don't want to have to go out and reinvent the wheel to try to survive.

ROBISON: Yes.

TAPPE: Thank you so much for everything.

ROBISON: Thank you.

TAPPE: It was great fun.

ROBISON: Good.

[END OF AUDIO PART 5]

[INTERVIEW CONCLUDED]

* * * * *