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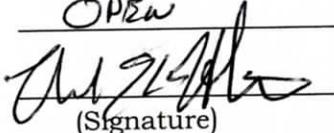
OH16

An Interview with Robert King Hilliard

Place of interview: Houston, Texas

Interviewer: Sarah Canby Jackson

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Oral History Transcription
OH16 – Robert King Hillier
December 17, 2014

Tape 1 Side A

SARAH CANBY JACKSON: This is Sarah Canby Jackson interviewing Robert King Hillier for the Harris County Archives Oral History Program. The interview is taking place on December 17, 2014, in Houston, Texas. I'm interviewing Mr. Hillier in order to obtain his recollections concerning Harris County's response to the HIV / AIDS epidemic.

Could you please describe your family?

ROBERT KING HILLIER: I am single and I have a sister and her husband and both my parents are deceased. I was born in Odessa, Texas, in 1959 and I was a product of a dad that went up the corporate ladder and lived in Tennessee, New York and Bermuda and then back to Tennessee and to undergraduate / graduate school and then to Houston to the Harris County Hospital District in 1984.

SARAH CANBY JACKSON: You went to school in Georgia?

ROBERT KING HILLIER: I went to graduate school in Georgia, yes.

SARAH CANBY JACKSON: Georgia Tech?

ROBERT KING HILLIER: I went to Georgia Tech.

SARAH CANBY JACKSON: Where did you do undergraduate?

ROBERT KING HILLIER: I did undergraduate work at the University of Tennessee, Knoxville.

SARAH CANBY JACKSON: Then you just went down the road. [laugh]

HILLIER: I just went down the road and I had a wonderful opportunity to go to work for the Harris County Hospital District right out of graduate school and worked there until 1999. I went for a year down to University of Texas Medical Branch-Galveston, and then Judge Robert Eckels asked me to come back in 2000 to work for Commissioners Court and created the Office of Legislative Relations.

JACKSON: What was your major in graduate school?

HILLIER: Master of Science in Health Systems.

JACKSON: And with just a BA degree you were hired by the Harris County Hospital District?

HILLIER: No, I actually worked a year after I got out with my Bachelor's in Business Administration and I worked for National Cash Register and one of my clients was a hospital in rural East Tennessee and found out about a program with Georgia Tech called Health Systems Analysis or Health Systems Administration in the School of Industrial Engineering. After I got my Master's at Georgia Tech, I interned for a software company of which Harris County Hospital District was a vendor. And that created the opportunity . . .

JACKSON: That was the connection.

HILLIER: That was the connection, that is correct.

JACKSON: There aren't many people with bachelor's that just start with them . . .

HILLIER: No, no.

JACKSON: Moving all the way to Houston.

You grew up in public schools, you had a public education but all over the place.

HILLIER: Yes.

JACKSON: Was that difficult?

HILLIER: No, not at all.

JACKSON: You enjoyed it?

HILLIER: I enjoyed it. I spent one year in Catholic school in 11th grade in Bermuda.

JACKSON: In Bermuda.

HILLIER: That was a choice of the naval base school or the Catholic school for US college prep and I was there for one year.

JACKSON: Bermuda that must have been cool.

HILLIER: It was, it still is nice. I am actually going back in February for the school's 125th anniversary.

JACKSON: I wish my school had anniversaries in Bermuda, but that'll never happen.

Okay, so you're hired in January of 1984 is that correct?

HILLIER: That is correct.

JACKSON: By the Hospital District as Director of Cost Programs and Budgets. Explain those duties.

HILLIER: We were basically doing Medicare and Medicaid cost reporting and compliance.

JACKSON: Wait, let's stop a minute. Describe what the Harris County Hospital District was in 1984.

HILLIER: In 1984 the Harris County Hospital District was the largest public hospital system in the State of Texas. It was in the top ten large public hospital systems in the nation, which tracks with where Houston is in its population. At the old 18,000 live births annually in one facility. So, it was a great challenge to go to

work there and, of course, we have a great legacy there with the Baylor College of Medicine and the University of Texas Health Science Center now known as UT Health-Houston as our academic partners, and a world class trauma center. As I said we were also a pioneer in infectious disease as well as pioneering as I said in trauma.

JACKSON: Now had LBJ or Ben Taub been built then?

HILLIER: Yes, at that time there was Ben Taub General Hospital which was on the site of the current Ben Taub at the Texas Medical Center. Then you had Jefferson Davis Hospital which was on Allen Parkway.

JACKSON: Right.

HILLIER: And then you mentioned LBJ. LBJ was a replacement for Jefferson Davis.

JACKSON: Okay.

HILLIER: Jefferson Davis Hospital was a WPA project when it was built, I believe in the mid-1930s. Whenever I came on board there were plans for the replacement of that facility. The fire marshal had, at that time, basically said we had to have plans for the replacement facility for the Jefferson Davis and the Ben Taub. And so as another reason why I was brought on, we were doing feasibility analysis and working up bond projections for the replacement facilities.

JACKSON: That must have been incredibly interesting. You were just thrown in the middle of it.

HILLIER: I was thrown into it and I was just twenty-four. I had a fabulous CEO, Dick Durbin, and Lois Moore was the Administrator of Jefferson Davis Hospital. Those two were my mentors. That really got me involved into the community

activities. Lois was very big with March of Dimes. At the time it was a major issue and still plagues us here in Harris County -- the high incident of infant mortality and maternal mortality in our community. Unfortunately, we were ranked in certain communities here in Harris County with many third world countries.

JACKSON: And so you were dealing with that too.

HILLIER: Dealing with that and dealing with the homeless. The Hospital District is really interesting in that it was a pioneer of community based health care. In the mid-1960's, I don't know who the administrator was at the time, but they had the vision to say let's move outside of being hospital-centric and get health care out into the communities. And so, whenever I came on board, there were approximately eight to nine community health centers already within the Harris County Hospital District System, now Harris Health. Today we are in excess of approximately twenty clinics. We are doing well over a million outpatient visits a year and you have seen us really shift from an inpatient orientation to an outpatient orientation.

JACKSON: That's good because that philosophy obviously impacted the way Harris County dealt with AIDS and HIV. It is very important.

HILLIER: It was very pioneering.

JACKSON: What were your duties when you were Director of Cost Programs and Budgets?

HILLIER: Basically formulating the budget. At that time our budget was approximately \$375 million which was in 1984 dollars. . .

JACKSON: Was that for the entire district or just the hospital?

HILLIER: The entire district. Then today, we are in excess of 1.5 billion dollars and it is just how the system has grown. But I suppose it was my responsibility to develop that budget which really gave me insight to operations. I was a young kid and had very little encounters other than having my tonsils out and an appendectomy that was the extent of my experience of hospitalization or hospitals and health systems. But then we were able to during that budget process to get in there and work with all the directors and assistant directors and know how the systems really operated and what the issues were.

JACKSON: And so part of that of course is Medicare and Medicaid funding.

HILLIER: Right, and then my other duties were to all the federal and state reporting requirements for Medicare and Medicaid.

JACKSON: And you did have a staff.

HILLIER: I had a staff of one clerk.

JACKSON: I am just thinking of the paperwork involved. Pre-computer.

HILLIER: Back in those days, there were no computers. I did 18 column paper and a calculator and at that time, sadly, I have to say I smoked, which I wish I didn't. But you could always tell my work papers, there was a coffee stain and cigarette burn. [laugh]

JACKSON: Been there, done that. So, I know what you are talking about.

HILLIER: It was just that you just sit there, and many nights working till two or three in the morning. I was trying to push out all that paperwork.

JACKSON: It is amazing. What we did without in the old days. [laugh] So, tell me when were you aware of AIDS on a personal level as opposed to the hospital becoming concerned.

HILLIER: It became an issue whenever I was at Georgia Tech that was 1981 or 1982 when I was there. There was a lot of activity regarding this issue on campus. I participated in those first vigils, AIDS walks. So I knew about it, I hadn't been personally touched until I came to Houston. Within Houston, this was in 1984, there was a lot of discussion amongst administrative staff, medical staff about this phenomenon that was going on, back then it was called GRID -- Gay Related Immune Disorder.

JACKSON: Okay.

HILLIER: We were just seeing all these young men coming in and a few women at the time, but not as many as gay males, and I was charged in I believe it was 1985, late 1985 or early 1986, to start looking at cost projections and just what was the impact going to be.

JACKSON: Now at that point, 1984 or 1985 when you came here, was the private AIDS hospital open?

HILLIER: Yes, it was open and it closed quite shortly after that, someone else could probably give you a good fact date on that, but it sat on I-45. Now it's Citizen's Hospital or something like that. And, I think that was really whenever they were talking about how that facility was not going to make it and there was concern that all this was going to come in on us. And MD Anderson was only providing care with Kaposi Sarcoma and what we were primarily doing . . .

JACKSON: Pneumonias.

HILLIER: About that time there was a city county panel on AIDS started by Judge Jon Lindsey and Mayor Kathy Whitmire and I believe that was in 1986 or 1987.

JACKSON: So you are here, it is 1984, 1985 and especially the administration of the hospital is beginning to be concerned.

HILLIER: We were concerned and also we were founding members of the National Association of Public Hospitals in Washington, DC.

JACKSON: Okay.

HILLIER: And of course that membership included New York Health and Hospitals, the LA County System, Chicago Cook County, Harris County, and Dallas County Parkland. So we were all at the center facilities and we were all seeing it and so it was, I remember the CEO's coming together and having specific meetings just on AIDS.

JACKSON: How was it impacting the hospital, in what way?

HILLIER: It was, you know, number one it was operational. You would have an infectious disease. It is very . . .

JACKSON: And they didn't know then how it was transmitted.

HILLIER: Exactly, I mean you know, what is really . . .

JACKSON: And we do need to talk about that because people are not aware. Okay.

HILLIER: Yeah, Yeah, right, it is very synonymous with the recent Ebola outbreaks.

And the reactions of the professional community are very similar to what I remember we were doing with the HIV epidemic in the very early days of 1984 and 1985. I mean, people were scared and if somebody did not know, we

suspected how it was transmitted but all the research wasn't out. There was a lot of paranoia. There was paranoia amongst our staff.

I often tell there was a very dedicated nurse who retired just recently that was there from the very beginning in the old AIDS unit at Jeff Davis. She would go home at night and her husband would make her strip down and wash her clothes in the garage and of course she couldn't even come into the house. So you have these people that were so dedicated and then even go home to that, but they stayed dedicated to taking care of these patients.

JACKSON: Okay, so you were worried about being physically overwhelmed with patients.

HILLIER: Yes, definitely. That was, you know at that time, our numbers were low in comparison of today but they were just coming, it was like this wave coming and you don't know when it is going to stop. At that time too there was no treatment. When this was prior to AZT and people just basically came in and they died. If it weren't for in particular Dr. Bob Awe, and he's incredible, his staff and the dedicated staff at Jeff Davis, they kept the calm. But then it was just the growing numbers and then the other thing that was happening to us. Numbers grew and Jeff Davis was a tiny hospital, it was a small hospital. The reason why AIDS sort of got centered there was because there was our pulmonary department, chest clinic with TB, was located there. So, what you had was this awful collision of two patient populations -- people with TB and people with an immune compromised situation with HIV/AIDS in the same clinic.

So that's whenever we were saying okay now we need to really sit back and rethink all of this. That's getting back to, and I guess we can get into this later, that a decision was made to create the first ever free standing HIV clinic out at Thomas Street Clinic. We also were constrained, as is today, with a facility such as Jeff Davis was delivering 16,000 to 18,000 babies annually so that the OB service was 100 percent occupied. The pulmonary service was full. Ben Taub was always over 100 percent occupancy and people say, "How can you do that, when you have people in beds, you have people in the halls?" So we didn't have the inpatient capacity.

We also had, due to the fact of fire code regulations and what not, we had to close down certain number of beds. So, we were really constrained and we also knew that the new facilities number one we had to pass the bond issue but number two from the day you make that plan of a new facility it is five years out before that facility is going to open up. We knew no relief was in sight until 1989 and 1990 and here we were in 1984 – 1985 and then you have this epidemic that we have of unknown proportions.

JACKSON: And the private hospitals weren't taking up the slack, or were they?

HILLIER: No, you can't really say that in that the problem that we had and still have in the State of Texas is that we have one of the lowest eligibility criteria for Medicaid. What happens whenever you have such a disease such as AIDS which renders you disabled, in states with a higher level of Medicaid eligibility, Medicaid picks up for the first two years before your Medicare benefit kicks in under the disability rules. Well, in Texas that wasn't happening. Texas, even to

this day, if you are rendered disabled under Social Security then, Medicaid disability in this state is set at 76 percent of poverty. Seventy-six percent of poverty back then is if you got a disability check in excess of \$600 per month, you are over scale for Medicaid. When this was happening to a lot of young professional men that were in their thirties, forties, and fifties and worked long enough and they were getting a \$1000 per month in Social Security. They were ineligible for the Medicaid services. So what was happening is you have people, and we didn't have laws in place such as COBRA, that people were being terminated because of their HIV infection. There was no protection, no Americans with Disability Act (ADA), so you just had people that were uninsured and the private hospitals just cannot sustain that. And, I think there was one AMI, it is one that tried the experiment out at the AIDS hospital and it just was not a financially viable model in this state.

JACKSON: You have to pay the bills.

HILLIER: You have to pay the bills, exactly right. And at that time too there was very limited federal response. You had a Reagan administration that was basically not until the second term they didn't even acknowledge this. Thank goodness for C. Everett Coop, and a lot of good folks within the Health Services Resource Administration (HRSA), Senator Kennedy in particular, and Congressman Waxman. These were all players at the time.

JACKSON: And you had these celebrities too that decided to speak out like Elizabeth Taylor.

HILLIER: Elizabeth Taylor and Rock Hudson. Rock Hudson was like the turning point.

It really started . . .

JACKSON: Yes. Do you remember when he died? I don't remember.

HILLIER: Mid-1980's.

JACKSON: Mid-1980's, yeah. But that was the difference.

HILLIER: The Doris Days, the Elizabeth Taylors they were the Hollywood machine and AMFAR and then, oh gosh, the doctor, I think she was Swedish, Matilda, I forget. She was phenomenal. But until then, we were on the local levels and we were out there by ourselves, on our own and there was no real relief.

JACKSON: Okay, so Jeff Davis becomes the hospital of last resort.

HILLIER: That's correct.

JACKSON: For these AIDS patients, they had nowhere else to go.

HILLIER: They had Jefferson Davis or Ben Taub depending upon their medical conditions. . .

JACKSON: But it was the Harris County Health System.

HILLIER: It was the Harris County Hospital District was the provider of last resort.

That is true.

JACKSON: And y'all recognized that.

HILLIER: And we knew it was on us and I got to say you know it is something funny I was told whenever I came in, "Make it five years at the Harris County Hospital District, we got you for life." And I will say I did leave for a little while, I came back. It gets into your blood and it is a very dedicated group of employees, from

the administrative side but also in particular it is those on the frontlines treating those patients.

JACKSON: That's great. Okay, so at that time there was no drug treatment for AIDS.

HILLIER: It was very limited. You know you had AZT and then you had the pentamidine treatments and the KS there just really was not a cure for it and it was basically make people comfortable with the variety of different disease states that were manifesting themselves. You know, it was awful.

JACKSON: It was bad.

HILLIER: Yep.

JACKSON: Okay, so let's talk, before we talk about specific government response, what was the community response or were they aware or were they just trying to ignore it?

HILLIER: You know I think there was a lot of frustration in the community. There was a perception that elected officials and other individuals in the community of stature really did not want to deal with it. And that was so far not the case. It was really not the case. I was privileged to be in meetings that everyone was just trying to figure it out, sort it out. Then you also had a very active gay community in the Montrose. Which were really thorns. They came off the Stonewall and whatnot and were more and more politically active.

JACKSON: There were what about twelve to fifteen years after Stonewall?

HILLIER: Right

JACKSON: Yeah.

HILLIER: But you had, you know, I remember being in meetings with our current mayor. She was a community activist. A couple of city council members that have now term limited out. I think there was a frustration because everyone saw their friends dying. Why there wasn't a more immediate response? And then you also had the whole homophobia aspects in the community. You had a candidate for mayor at that time that got caught, thought the cameras weren't rolling, and just kept on going and said, "Shoot the queers." You know that was the thing was setting some of the agenda that was out there. I think, you know, the other thing, you know, people hadn't been touched yet by HIV/AIDS.

JACKSON: Right.

HILLIER: And now there are very few people my age, I'm 55 that have not been touched in all walks of life.

JACKSON: Exactly.

HILLIER: I have seen it happen and I think as the face of HIV/AIDS has changed it is no longer the white gay male. I mean everybody is at risk.

JACKSON: Sure.

HILLIER: You can say that everyone is at risk and I think that we as a society have become a lot more compassionate on a lot of planes, not just HIV.

JACKSON: I think you are right on that too.

HILLIER: Society has changed on that.

JACKSON: So the gay community was facing discrimination, definitely, and my guess is, I was not living in Houston at the time, my guess is that the discrimination was "justified", "Well, they could have AIDS."

HILLIER: Right

JACKSON: "I am protecting my family."

HILLIER: Right. Discrimination in housing and you know people were, there was a big case where there were people fired in health care jobs that should not have been fired. And they ultimately won in court but.

JACKSON: But still have to go through that.

HILLIER: They had to go through it and Texas is a conservative state.

JACKSON: Very conservative and a lot of people probably agreed with the mayoral candidate quite honestly. What about the religious community?

HILLIER: The religious community was quite remarkable here.

JACKSON: It seems almost counterintuitive doesn't it?

HILLIER: It really does. I mean, you know, Bering United Methodist Church along with St. Thomas More. I don't want to list all, there were so many churches, I mean the religious community really really was out there including the Catholic Church. I forget who the Bishop was at the time, he was quite active.

JACKSON: Was it Flores?

HILLIER: I think, I think that is correct and Catholic Charities was highly involved from the get go. So was the Episcopal Diocese, the United Methodist Church. So you had the mainstream churches really stepped up to the plate.

JACKSON: Good.

HILLIER: In my opinion.

JACKSON: Well it is good to hear. Okay, so medical treatment in the beginning, there was no treatment.

HILLIER: Right.

JACKSON: Just make a hospice kind of situation, make them comfortable.

HILLIER: That's correct.

JACKSON: So they could die.

HILLIER: Then in the late 1980s or early 1990s we had AZT and mid-1990s we had protease inhibitors and that is when, probably the inhibitors when really things started to turn around. That's whenever, I don't know if you want to go into where we were as far as, we were seeing the numbers rise. Only thing we had was AZT and that is another thing I remember the associative administrator at Jefferson Davis Hospital he was over, one of his responsibility areas, he was over the pharmacy. And he had one of the first little, ah, desktop commuturs and Allen had this little Lotus spreadsheet on AZT and it was just projecting out what the AZT budget was going to be at that time. Oh my goodness, at one point we could have a twenty-six to thirty million dollar budget just for AZT. So that started the Board of Managers of the Harris County Hospital District saying we got to do something. Well you saw this one disease with low numbers in comparison to whole health system thing will really begin to chew away at that budget.

JACKSON: Yep.

HILLIER: And so we were seeing that the HIV/AIDS budget was consuming 10 to 15 percent of the overall budget at that time for a small cohort of patients. So that's when we got to think smarter, you got to provide this service but we got to go forward and seek out and do it in a better way number one and number two begin pleading our case to the state and federal government.

We began talking to legislators in both Austin and Washington, DC. And I was just going with my CEO and I was just a number crunching kid and that is how my job function really started to evolve moving away from the finance side of the house into general administration and to public policy and government relations.

JACKSON: Okay, so in the mid-1980s though we had the city county panel.

HILLIER: And that was a start.

JACKSON: And that was Kathy Whitmire and Jon Lindsay.

HILLIER: Jon Lindsay. And that was a panel and we would have to do the research on it, it was a room full of people that was thoughtfully pulled together. The chairperson was Mr. Bill Teague.

JACKSON: T E A G U E

HILLIER: Bill was an awesome man, a good, good man. He was over the Gulf Coast Blood Center. And, of course they had a big issue with the state because the whole blood supply was at risk. But this was a man a very good Christian man I have to say, he just really knew the local politics and he played the good ole boy game but he had a heart of gold. And he saw what was going on in the community. So, his leadership and then with his position he pulled in the Texas Medical Center, he pulled in the River Oaks crowd. I mean then you have Carolyn Farb as one of the first ones on the scene. Carolyn's a fabulous lady. What all she has done for this community and we talk about celebrities. She was banging the drum long before a lot of other people would bang that drum. Then

you had city and county health departments, you had a couple of people from the big oil companies in town.

Tape 1, Side B

So we had, as far as members on the city county panel, you had a lot of corporate Human Resource (HR) types. Of course they had the issues that they were worried what their HR costs were going to be. They also cared for their employees. So you know there wasn't that many folks, i.e. consumers that participated in the panel.

JACKSON: So the gay community wasn't really represented?

HILLIER: They were there but it was just perceived that as . . .

JACKSON: Token.

HILLIER: As was the minority communities.

JACKSON: Okay.

HILLIER: And that set the stage for a lot of many years of confrontation and angst and many years of what I call misguided energies that really caused a lot of strained relations between communities, between the community and government and false perceptions. It was just, it took some peacemakers to really calm the community down, "Let's get to the table, let's roll our sleeves up, let's figure this out." We were the first ones that really came up with the first strategic plan that we presented to the city county panel on AIDS on what was the public hospital response. Let the community do what we needed to do. And we created the first blueprint.

JACKSON: And that blueprint was?

HILLIER: The blueprint was a community based response. You had what we were looking at. We needed to minimize the inpatient utilization. We needed to create a community based system of care that would emphasize all the psycho-social needs of the patient as well the clinical needs of the patient and looking at the full spectrum and continuing with care, whether it is day care or home care. You had to have dental. You had to have hospice.

JACKSON: Is this the first time people were looking at AIDS more than just a disease that you have like a common cold, but looking at it the entire function to the individual, the family, the community.

HILLIER: It was, it really was.

JACKSON: Especially medicine likes, "Okay I cured you of pneumonia, now go."

HILLIER: And they couldn't do that with this. And I think in particular whenever we saw in particular in the mid to late 1980s you started to see women with children, the mother is sick, the children are not. Maybe a child is sick too. The whole of the family response, you had to deal with the other issue that was really difficult was within the community is discrimination. You had in particular in the Hispanic community. Hispanics aren't gay, they were just having sex with men and they were shunned. You don't talk about it. The women don't use drugs, but they do. There was a lot of shame.

The same with the African American community and the responses with the churches. That is an interesting question you posed earlier, mainstream churches you know, downtown Houston and suburbs, they were sort of there but the ones that really had to come along were in particular in the African American

community, the small community churches, there was a lot of discrimination there. People didn't want to be associated going to a clinic because that means they have some AIDS in their communities. So that the other thing we heard as a public hospital that people wanted a clinic that they could go to that is not necessarily in their community.

JACKSON: And could go anonymously.

HILLIER: Could go anonymously. A lot of that still exists today in certain communities, particularly in the minority communities. To a certain extent in the Caucasian community too.

JACKSON: Sure. Okay, so this county city partnership what did they do? Did they accomplish anything?

HILLIER: Oh they did, they did. We met; it was one or two meetings a week. These were splitting into various different committees. You know, a lot of them, got into the committee level, there was a lot of social workers. Social workers love to process. Everything has to be processed.

[laughter]

JACKSON: You want to get something done.

HILLIER: You had some of those like me with this business background and you go to a meeting and get it done. Hospitals, you have a set agenda, you do it, you do it, you do it, you're done. I take it back and process it, but I think what was important was that it set the stage for in my opinion; it set a baseline for all chronic disease.

JACKSON: Okay.

HILLIER: This model is now used everywhere. You know it takes some time. You do need to process because a lot of times you think you go in and do a, b, c to get to d. But sometimes you need to go a, b, c, f, z and we will get back to d. In order to make sure you really have done it, made a holistic plan to meet the needs of the patient you are seeing and the disease state that you are witnessing. So, yes I think it was an exercise. I think it also probably had some people that were appointed to that council that were dragged into the process but then they became the big leaders in the community. They probably never sat next to a gay person.

JACKSON: Knowingly.

HILLIER: Knowingly, and thought they never would. And then they learned they are just people. I think it was a necessary process and I think this process occurred everywhere in the country. It wasn't just a Houston thing, it wasn't just a Texas thing, this was going on nationwide, even in the most liberal parts of this country. There is still a lot of discrimination. Boston, New York, and the horror stories up there were very similar. I think too about what we did, I am very Houston proud.

We said, "That's fine what you are doing in Los Angeles."

"That's how we do it up in Dallas."

So we need a Houston solution. We really have two great leaders in Kathy Whitmire and Jon Lindsay. Jon Lindsay was an interesting county judge. He had, he always had a big interest in health care delivery. His county judge term was from 1976 to about 1994 to 1995.

JACKSON: 1994 I think Robert Eckels came in.

HILLIER: He really had major emphasis on building up the Hospital District, building up the Public Health Environmental Services Department of the county. The thing that is interesting about Jon Lindsay, his mom was an old public health nurse and I believe they were from New Mexico. I heard stories about her and she was literally one of those public health nurses on the back of a horse. So he grew up with this passion for it. I will never forget one day, things were very contentious and he was on the plane and we sat together going to Austin and he just started talking and said, "We got to get this solved, too many people are dying." That is a passionate side, people didn't see it, as county judge he had to be stern sometimes, but you know when you have get to the private side of these people and Kathy Whitmire was the same. She had strong support in the gay community and she had friends. Judge Lindsay also had people on his staff that had friends in the community dealing with this. We had El Franco Lee, a county commissioner. He was very involved from the get go with HIV and AIDS. And of course his constituents were quite heavily impacted by the disease.

JACKSON: Were the other commissioners supportive or...

HILLIER: I think they have all been very proud of the response that Harris County had to...

JACKSON: Even people like Raddick who hate the Hospital District?

HILLIER: Steve Raddick, Commissioner Raddick has been very supportive of the Thomas Street Clinic.

JACKSON: Great.

HILLIER: Steve Raddick he is a very compassionate guy.

JACKSON: He wouldn't want you to know that though. That would really mess his ...

HILLIER: No, but he is really there as far as the commitment for us to expand in communities of need.

JACKSON: Okay, so the same time we have this city county council trying to figure something out, the Hospital District is basically starting the Thomas Street Clinic from your proposal to move it to outpatient.

HILLIER: What we did is that was going on and then, do to all the infighting in Houston, and once again this wasn't just HIV, this got into areas of infant mortality, getting federal funds in, and infrastructure money. Houston is notorious for not working collaboratively and what was happening with HIV, we had submitted, what they called service demonstration program grants. In every major city and county in this country that have the majority of the cases, I think the threshold was they accounted for about 70 to 80 percent of all AIDS, reported AIDS cases, except for Houston. And Houston tried three times, three different years to apply for grants. So in 1989 I was asked to work with John Arrendondo who was the city health director in either 1988 or 1989. We pulled together with the help of a very fine gentleman, his name was John Krezmien. He was dispatched by the Public Health Service due to there was a lot of congressional influence to be heard to say, "You need to get Houston some money." So John Krezmien came down here and we created the first advisory council, which I chaired that, which was prior to city county panel on AIDS...

JACKSON: So that was even prior to that. Okay.

HILLIER: No, but the city county panel was going and it was out of that but that's when everyone said, "Okay." Kathy Whitmire had John Arrendondo. They put me and Lois Moore to work with John Krezmien. And we are going to get some sort of service demonstration money into here. And this when we first started the advisory council that transformed and evolved into the Ryan White Planning Council.

And we created a medical committee, a psycho-social committee, and case management committee. And then we created a Minority AIDS Coalition. And it was over a million half, a million eight, is what we got. What I call all the pigs came to trough to feed. [laugh] And it was hard, you know we can't do everything for everybody, but we have got to with John Krezmien's help, we got into a more organized planning capacity. There is one thing to have a city county panel on AIDS but to have a services demonstration grant ...

JACKSON: Now was this a direct federal grant or is this the one that was administered by the state.

HILLIER: Okay, there were state funds. Then there were service demonstration grants that came to cities that were high impact. So it was New York, Boston, Chicago, LA, San Francisco.

JACKSON: And should have been coming to Houston.

HILLIER: And finally Houston got one. So that, that really started and the feds basically said you these are the types of people that should be on this because there were a lot of complaints from the community that the panel on AIDS really wasn't truly representative of the community. There were a lot of white folks I have to say

that. There wasn't an awful lot of minority representation. It really set the wheels in motion. People became much more successful at drawing down funds. Now the state funds that came in, those were primary they had like eight service regions so those would be services that weren't necessarily in Harris County but would be on the surrounding counties and there were certain types of services that would be eligible within Houston and Harris County.

JACKSON: So just funding alone had to be complex.

HILLIER: It was very complex.

JACKSON: And I am surprised you have hair. [laugh] You must have had implants.

HILLIER: It's grey. Yea, it was very complex. And but the thing too was, that was happening was there was very limited funds. You had the disease changing and transforming different populations. You had the traditional providers at the AIDS Foundation Houston, Montrose Clinic, Montrose Counseling Center, those were the three pillars in the beginning. They traditionally received all, a lot of moneys from the foundations, but HIV was now growing outside of its traditional neighborhoods, people didn't want every service to just be in the Montrose. And they also didn't want to be gay male centric. It needed to be more racially diverse as far as funds distribution. And there was still a lot of racial unrest in this community. It's still there.

JACKSON: Sure.

HILLIER: But it was even more profound then. These were communities that were being just really hit hard with very limited resources and the need was so great.

JACKSON: So tell me about Thomas Street.

HILLIER: Thomas Street was originally the Union Pacific Railway Hospital built, I believe, in the 1920s or 1930s. And then somewhere along the line it changed hands and it was purchased by MD Anderson and MD Anderson had it as a rehabilitation facility. The Harris County Hospital District and Harris County had property located in the Texas Medical Center. It was called Center Pavilion and, really basically there was a building on it but it needed to be leveled and MD Anderson was just in its very early stages of its expansion in Houston. And they wanted that property. Our board of managers named Dr. George Alexander and our current chairman Elden Franklin and El Franco Lee and Jon Lindsay. Those four were pivotal in brokering a deal for the Thomas Street Clinic facility by swapping. The county attorney made us a \$1 country agreement and so that is how the site was established.

We were then able to get an approximately 500,000 to 600,000 dollar renovation grant from the Health Resources Service Administration. So, we went in there and the county put in funds, I think all totaled there was a little over a million dollars that went into the facility in renovation to get it ready. And what we did, once again I can't thank them enough, but the medical leadership of the two medical schools came to the table. And the Hospital District administration and we took what the community was telling us and we knew as I said earlier, we needed to have a facility that would be state of the art and really be cutting edge and really pushing the limit. So we were going to do that.

We had created treatment rooms where normally even if you had insurance you would be admitted to the hospital. Go back to the beds. We didn't

have beds. So we had treatment rooms, we did treatment procedures on an outpatient basis. We became nationally known. People from all over the country were coming in, even internationally coming in to look at the best practices that we created there. And the community really embraced that too. No one wants to go to Ben Taub. I mean you are sick, you know, and I should say into any hospital, you don't want to go.

JACKSON: Right

HILLIER: And you can go get your treatment and you can go home. We opened the Thomas Street Clinic, it was in the spring or summer of 1989. I think even to this day the community embraced the Thomas Street Clinic. There is an ownership of the patients. It's their clinic. So that was really the inception of it and we just celebrated our 25th anniversary.

JACKSON: Yes, I noticed.

HILLIER: Just seems like yesterday. It was sort of bittersweet looking at photos of the people that are still with us and the people that are not. That is, you look at that and you look at those pioneers that were out there, those activists, those professionals that really made that dream come true.

JACKSON: In the beginning, what was your daily patient population? How many people were you seeing?

HILLIER: We were at ...

JACKSON: Just roughly I am not asking ...

HILLIER: Yeah, at the heart of things, we were averaging, the average daily census in the hospital was approximately thirty to thirty-five and of course it would go up or

down, but it was averaging about thirty to thirty-five. Outpatient about 100 encounters a day.

JACKSON: So you were seeing basically 100 people a day at the clinic.

HILLIER: Right, and those numbers now are still up there and there wasn't the capacity of the communities that there is now. We have partners now. Legacy for example is out there. I mean Montrose Clinic was small at that time, but now it is a FQHC it's a major FQHC with multiple sites. You also see HIV treatment occurring in some of the other Federally Qualified Community Health Centers that have opened in this community. So there has been somewhat of an off loading and we are very proud at Harris Health Hospital District that as these providers came online we have been working under very stringent HIPAA guidelines how we can share information with one another. The other big partner in all of this too, ah, has been the Sheriff's Department.

JACKSON: Really.

HILLIER: And we have had, every Sheriff that we had since the inception has been really good on this issue.

JACKSON: And what have they done?

HILLIER: Well, you've got a general population that ...

JACKSON: High risk, yeah.

HILLIER: Early on the medical staff at Harris Health and the Sheriff's Department got together and said, "You know, we need to identify someone that is HIV. We would like to get them the information so whenever they are released we can get them into treatment." Instead, what was happening we had a lot of people that

were released from jail, had no meds, and crashed and ended up at the Ben Taub Emergency Center or the old Jeff Davis, or at the LBJ Hospital now. And so we all had a vested interest. There was also the need. The sheriffs took the leadership that the deputies need to be educated. And there was some big fear.

JACKSON: Sure.

HILLIER: Those deputies were working in a very high risk environment and there is a lot of opportunities for exchanges of bodily fluids. And there is, as I told you, even amongst our health care workers there was fear. The same thing happened there. So the sheriffs have been proactive and,

JACKSON: So, by being proactive does that mean everyone who was booked was tested for AIDS?

HILLIER: No, ah ...

JACKSON: You can't force that?

HILLIER: I don't believe, I can't speak to that ...

JACKSON: Okay.

HILLIER: I don't think you can be forced to be tested, I don't think you can do that, but I will say that I believe that it was Sheriff Klevenhagen. He actually had two workers that were public funded AIDS positions, the counselors in the jail. This was early on, this was like in 1987 – 1988. And there were a lot of places weren't even dealing with it, but our sheriffs did.

JACKSON: I would see that it's just perfect a perfect Petri dish for an epidemic to take over, you know.

HILLIER: I mean, the worst thing that can happen, HIV was a cake walk, we didn't think it at the time, Ebola that's a whole different story. If you get an Ebola case in a county jail you've got a mess. And another thing is, let's go back to the Houston highly transient population. There are a lot of foreign nationals with a high risk of tuberculosis so the jails have always been on alert historically.

JACKSON: For health problems.

HILLIER: For health problems, TB in particular. So I think that there is some precedence there, you know. You had the county Commissioners Court were all sympathetic to the issue so I think that trickled down through county government.

JACKSON: The elected officials.

HILLIER: The elected officials.

JACKSON: Okay, so we've got the Thomas Street Clinic starting and soon after that Ryan White comes on board.

HILLIER: Okay, that, Ryan White in 1991. All this starts happening...

JACKSON: All about the same.

HILLIER: It was like all the stars came aligned. What happened was the city county panel on AIDS basically dissolved itself and they created the Greater Houston AIDS Alliance which was a joint city county appointed committee. When it got started, it was initially chaired by Bill Teague and then Bill Teague, once everything got rolling, he handed the job over to Lois Moore.

JACKSON: Okay.

HILLIER: Who at that time, she was moving from chief operating officer to CEO of Harris County Hospital District. Lois was pivotal. If you know Lois, when she

enters a room, a certain calming feeling comes across. She also demands a lot of respect in her presence and she was African American and I think that was having a minority woman chairing with very maternal instincts. And yet, she also commanded respect and she had compassion. So she was able to in the really rough beginnings try to keep the politics out of it and help keep people focused. She is an incredible CEO. I mean she grew the hospital system from a half a billion dollar operation to a billion dollar operation, replacement of two major hospitals, and expansion of the community health program. I mean she was a good business person. She always had very clear objectives of where she wanted to be and how she wanted to get there. And so with that she was able to, and with the respect of the community had for her, that, you know really helped us move forward.

I will never forget we were working on one of those Service Demonstration Grants and this is like 1987 and AIDS Foundation Houston had the lead on it. And I said, “Why don’t you talk to Lois Moore? She is the administrator at Jeff Davis.”

“Oh she would never come talk to us.”

“Hold on.” I picked up the phone, “Lois would you come talk to some folks?”

And she said, “Sure.” And she got in her car and drove over to the AIDS Foundation and blew them away.

I said, “All you have to do is ask.” And she was there giving full resources.

The only time I ever heard the woman cuss was whenever I gave her the first projections and I won't say what she said but she saw the numbers and it was like an "oh my goodness" moment. And certain things were said, but it was just that was the reality to her and it was a compassionate thing. She had people dying in her hospital, young men and it was killing her. And she saw the pain and the agony. And there was nothing she could do. She is a nurse by training.

JACKSON: That makes it even worse, yes.

HILLIER: I can't help this person, you know, but anyway with her guidance we got that started and then after she got it kicked off they handed the chairmanship over to me and then I was there from through 1992 through 1996.

JACKSON: Okay, but Ryan White comes in 1991.

HILLIER: Ryan White came in at that time and then there was also contention, a lot of community issues on that, a lot of distrust. People trusted me, I chaired the Service Demonstration Program and I told the people, I said, "We are not going to give up this money." But the Greater Houston AIDS Alliance needed the money. They were a 501c3 and they needed those federal funds to justify their existence. People thought I was going to get fired because I stood by my council and I said, "You are not going [to get the grant]." The Board of Managers supported me to keep the grant.

"That's King's grant."

"Not, it's not King's grant. It's Houston's grant."

I did write it. We were all summarily called. There was a big meeting where the big dogs came in and they just said, "King you're going to give that

grant up. It's going to go to the Alliance. Lois was told you're to give the grant up."

And so we gave the grant up and it went over to the Greater Houston AIDS Alliance and then our advisory council dissolved. At the same time they put Lois in as chair and then Lois got a lot of those advisory council members involved and ultimately got them on to Greater Houston AIDS Alliance Board but then what happened you have the Ryan White Care Act passage

JACKSON: And this is all at the beginning of Thomas Street too. . .

Tape 2, Side A

JACKSON: Where were we?

HILLIER: We were on a roll there. . .

JACKSON: The pot was boiling.

HILLIER: Ah, [inaudible] the pot was boiling, we had, well, lost my train of thought.

JACKSON: Okay, we had the Greater Houston AIDS Alliance, we had contention, they got your grant.

HILLIER: They got the grant and then you saw the actual passage of the Ryan White Care Act. This stipulated that you, the Greater Houston AIDS Alliance cannot administer, you can be the administrative agent, but you cannot make the funding decision and make the planning decisions. That's all subject to the Ryan White Planning Council that was all mandated by statute.

JACKSON: Let's talk about Harris County's role in developing the provisions of Ryan White.

HILLIER: There was also a lot of political goings on between the city and the county. Ah, John Arrendondo, Dr. Arrendondo, who was the city health director wanted to be in control. We had the Hospital District in Harris County saying we have the most at risk, we want control.

JACKSON: We had the patients we were paying for.

HILLIER: That's right. So, because the thing is with the Ryan White it can be administered by a not-for-profit but the monies are awarded to, at that time it was chief elected official, and the way the initial definition was it really would have gone to the mayor. So what we did, we worked with our lobbyists in Washington, DC, Waterman and Associates, and NACO and we got the bill changed. We amended the legislation to say something to the effect that the chief elected official who expends the majority of the dollars, something like that, so basically in Texas that meant that the dollars would go to the county judges. Now, that's a little bit different because you go to New York Health and Hospitals and the city runs that.

JACKSON: Right, but Houston has no city hospitals.

HILLIER: But then the way you did the chief elected official has the most financial risk that got it, and that's when we got broad support amongst the mayors and counties, the cities and the counties in DC to do that. Because it would go to those that have the most financial risk.

So here we go and let's move forward, got that changed, so we settle that debate between Jon Lindsay and Kathy Whitmire. And the monies are coming to Harris County. There was an interest amongst the court for the survival of the Greater Houston AIDS Alliance but then you have a lot of the community activists working with John Krezmien and [inaudible] are saying, "No no no ah, we still have to have that bridge under the county." So that's when they moved it all under the Public Health and Environmental Services and it was Dr. Tom Hysolp who was the County Health Director at that time.

JACKSON: But then we moved part of it over there.

HILLIER: Right, right, and then it ultimately moved from there underneath the county judge's office which is still housed under the, Tori works under the auspices of the. . .

JACKSON: Right, so.

HILLIER: And you got the administrative arm still under Public Health and Environmental Services.

JACKSON: Right, because I mean it is one thing I talked to Charles about was when they moved the records out of Thomas Street, which was huge and the county was accused of midnight raids and stealing records and it was just massive and contentious. I have also read the transcript of Commissioners Court meetings for two months prior to that, yeah, a lot was going on. So at that time, though y'all moved over to the Cotton Exchange Building and they are just kind of there and even more so they got to split it. The county judge's office only deals with the

Planning Council basically and the finances are dealt with over with public health.
And I think that has worked well. Don't you?

HILLIER: Yeah, it has.

JACKSON: No one can be accused of having more influence than the other.

HILLIER: That's it, that's it. You hit the nail on the head. There was just a lot of mistrust. I very much respect Sue Cooper, who got a bad rap, but I think Sue brought some of that on her own, but as far as you can't really totally blame her, also there was another gentleman prior to her and he was just a disaster. We finally got rid of him. But that started the ball rolling and Sue reported to him so she sort of had that taint if you will. In a lot of ways she was handed a raw deal. She had to deal with the cards she was handed and there was the midnight raid and I've forgotten all that stuff. I don't remember.

JACKSON: But when I type Charles's transcript you will have to read about it, you know.

HILLIER: So yeah those were some very contentious times but I think, you know, I think the good thing is that whenever Robert Eckels came in, it was time for me to go. I mean that was a long time and I was tired.

JACKSON: You were fifteen years or more dealing with that.

HILLIER: It was a hard thing because you had friends and it was just awful. And plus I wanted to grow my career in a little bit of a different way and so I successfully

passed term limits and amending our by-laws and made it so I cannot serve any longer.

Jon Lindsay kept on saying, “You got to stay on.” He wouldn’t let me off.

[laugh]

“I’m out of here.”

I had a lot of respect for Robert Eckels. He came in there and saw we had problems. That’s when Modelle Brudner came in. Still to this day Modelle is just really good. There was a lot of contention and the players had been around such a long time it was time for new blood, new thought.

JACKSON: That’s really important when things are so personal.

HILLIER: And that’s you know, I don’t miss going to council meetings. I have gone to a few though now that they are not as contentious at all and they really get in there. It’s just how we have grown.

JACKSON: Well, and part of the thing too is that I think it is one thing that you were talking about with the Thomas Street Clinic is the decision was made early on to be cutting edge and to be the forefront. I think that happened with Harris County’s administration of the Ryan White funds. Just the database that was created is a national standard now.

HILLIER: It’s like we were all starting and there was nothing anywhere that you could use as best practices. We were all, every community across the country, we were

starting from scratch. And then what also didn't help is we had a couple of project officers that got too emotionally involved with the community and ...

JACKSON: And I am not sure I understand that.

HILLIER: Well, not emotionally involved. They wouldn't listen to, they would take what community activists were saying and then you're local government so we're bad. That type of thing and we're not listening to the people. You know I can tell you some of the people they were listening to, really were not good people, and they were using offices for their own gain. Unbeknownst to those folks, they'd fly in to DC. We were there living with these folks so we knew what was going on. And Sue was taking some considerable bad raps and there was stuff with criminal investigations going on and things I knew as chair but we couldn't say anything. And decisions were being made and so the perception since you couldn't really share certain issues and I'm still not going to share some of the issues they there we were perceived as

JACKSON: The bad guys.

HILLIER: The bad guys, yeah and so you know ...

JACKSON: Obstructionists.

HILLIER: Yes, so you know, ah ...

JACKSON: Or the current term – nontransparent.

HILLIER: Nontransparent there you go, we were nontransparent. [laugh] So, but a lot of that has changed and what is interesting when I run over my career in particular I

saw Dick Raycraft after 9/11 and my good friend Robert Eckels had me listening to all the crazy people that were coming in to meet with him, I had to meet with them.

JACKSON: What did he do to you?

HILLIER: Ex-CIA people were coming in because they thought all this federal money was going to be thrown at homeland security and all that ...

JACKSON: Yeah, Yeah.

HILLIER: So there were all these conspiracy theorist types, ex-CIA people were coming in with ways to monitor folks and all this other stuff. But it is a phenomenon when there is federal money out there people come out of the woodwork...

JACKSON: Oh sure.

HILLIER: And that did and a lot of them are just flimflam artists.

JACKSON: Let me get my black helicopter.

HILLIER: Yeah, exactly.

JACKSON: I got a fleet of them in my garage for you. [laughter]

HILLIER: But that was what was happening with HIV and AIDS, people that had tried to make it in the community in running day cares and couldn't do it, they saw federal funds for day care, "Well, I will switch my program model back to dealing with people infected with HIV infection," and they had absolutely no business...

JACKSON: That's right.

HILLIER: This type of stuff but we were the bad guys. “King’s white. He’s discriminating against me.” I got that told so many times it’s just...

JACKSON: But didn’t the Ryan White Planning Council deal with a lot of that? I mean one thing Charles said they were able to because they established parameters of care, they were able to cut out a lot of outliers over a period of time.

HILLIER: It was over a period of time. The problem was getting there. In the early days, “You can do that,” is why Sue got in a lot of trouble, because Sue was a trained clinical social worker. Out of MD Anderson, she knew, Sue knew her business. And she saw through these people. And Sue had been in this community, she knew a lot of these players.

JACKSON: And they were all in there trying to get the funds.

HILLIER: And they were all trying to get their funds. So that’s why I say to go back, there were a lot of bad raps. Truth be known, there was a core of us way back, that we would go spend our evenings at Sue’s house before there was any funding, anything. It was community activists, community Hospital District, folks from county health department, city health department on our personal time. We were dedicated and people from Bering Omega and what not. I still shake my head these days sometimes and it was that process of just getting there. People had red paint thrown over their front porch, blood. You know there are great people. . .

JACKSON: Yeah, I have heard that and I also heard that clinically she was fabulous, but the problems were with the administration.

HILLIER: Well, and it's like whenever I had, the only time I had to break a tie vote and that was whenever I voted on the side of women on funding issues. I had to break a tie vote, well the next thing I know three days later I get a phone call. It's from Sue, "Go stand by your fax machine." Someone had sent out a letter to every elected county official in the Harris County delegation in Austin and in Washington and to Judge Lindsay, my boss, commenting about my sexuality. My promiscuity in Austin that I was basically going to Austin having sex with all these little high school boys in a certain park that to this day I still do not know where it is at, it was awful. It was personal and needless to say I stood up. I still have that letter. I read it publically. I know who did it, who is now deceased. But it backfired. Here you just had to stand up to people, you really did.

JACKSON: And I am sure those people said okay so let's continue.

HILLIER: People were saying, "How dare you do that to King!"

JACKSON: Okay, so people were at not even ignoring it they were actively...

HILLIER: Yeah, we were just like, you know, don't do that to King.

JACKSON: So this guy signed the letter or not?

HILLIER: No, never signed it. No, I just know.

JACKSON: Yeah.

HILLIER: On his death bed he apologized. But, you know, it was that type of thing.

JACKSON: To get personal and just destroy you anyway that they could.

HILLIER: And the thing is that it did backfire is that I had the state health director call me, the park commissioner call me, Ann Richards called me. [laugh] You know.

JACKSON: Wow that is horrible to have to go through that.

HILLIER: But it's part of it. That was during the height of Act Up. There was a time and a place, I understood, I totally understand that. I understood their frustration.

JACKSON: But they were going to out you in the worst possible way.

HILLIER: Right.

JACKSON: Well, that doesn't. . .

HILLIER: Well, it was one of those growth experiences. [laugh]

JACKSON: I wouldn't know if I would call it a growth experience. Anyway, it's a drinking experience. Let's talk about one of the things you talk about are the HIPAA requirements and the problems with sharing information. Obviously this database shares information and maybe we should describe the database.

HILLIER: Well I think there are enough parameters in federal guidelines and also the standards do apply to it.

JACKSON: Because there is a unique identifier.

HILLIER: Right.

JACKSON: That no one can trace back to a person's name.

HILLIER: Right, right.

JACKSON: But the advantages, everybody on the database knows what this person is getting and the services.

HILLIER: Exactly right. That's right. As I said early on, whenever I was in college I was a desk clerk in my hotel. I worked for Holiday Inn. I got there and when we first started all these clinical social workers were all talking about all this stuff about case management system data, I said, "Dumb it down." I said, "Let's do a Holidex system." [laugh] Get all the service providers of different hotels and you plan your trip. At that time there were old telex machines. You just dialed the number and typed it in and I said that is what we need. So don't give me all these little tirades, just make it simple. And the smarter people want to do the nuts and bolts, the ones that actually created that and it's a phenomenal system. I mean it is the standard.

JACKSON: And I understand it is the only one that is going to meet all the federal requirements.

HILLIER: Yep.

JACKSON: I mean it is just amazing.

HILLIER: Charles Henley, Sue brought it to a certain level. Sue got to a point she couldn't take it anywhere else. Then Charles stepped in and Charles really brought it to where it is today.

JACKSON: He has that mind. It blows me away.

HILLIER: Oh yes.

JACKSON: So, what would you say Harris County's response was? What has the county done?

HILLIER: Well, as far as financial response, we have now reduced expenditures for HIV. HIV has been a sacred cow within the budget for the Board of Managers as well the Commissioners Court. I think there's the commitment. What's interesting about Thomas Street is that if you look at our staffing ratios, it has the richest ratios of any of our clinical enterprises.

JACKSON: Is that because of federal funds?

HILLIER: It's because of the federal funds but we could have very easily just applied what normal staffing standard are but there is an understanding now there is a community standard that has to be met.

JACKSON: Okay.

HILLIER: But in the early days they could have done it but did not do it. I think you know Thomas Street Clinic has been there for twenty-five years and I think it will be there for another twenty-five. I think there is a commitment of the medical schools. It is the only facility within our system in which you have both Baylor College of Medicine and UT Health under one roof.

JACKSON: Wow. Talk about contention.

HILLIER: That is huge...

JACKSON: Yeah, I know that is huge.

HILLIER: The right wing is Baylor and the left wing is UT and you do not cross that line. [laugh] You don't.

JACKSON: It's so funny.

HILLIER: But it is true. It is so true. But anyway they do work very collaboratively out there. But it is just their research and stuff and we have two medical schools and the only other place that that is very similar is at Grady in Atlanta, where you have more house memory and the same type of contention.

JACKSON: So what do you see, I mean you are talking about Thomas Street for another twenty-five years?

HILLIER: You know Dr. Giordano, he gave a talk at the World AIDS Day at the Twenty-fifth Anniversary and there is no cure on the horizon.

JACKSON: No matter what the *Chronicle* says.

HILLIER: There are therapies that are going to get out there and a vaccine someday, maybe. But a cure, I doubt it. But you know it may happen, but it is going to be down the road. So I think for the foreseeable future for as long as you know we are around Thomas Street Clinic is going to be around. That's the interesting thing. What happens with ACA, that's going to have an impact on Ryan White funding. What kinds of funds would be expendable? Will healthcare funds be a priority in the funding stream? That can change some of the dynamic out at Thomas Street. In theory we would need to probably need to become for this product or this clinical line we could be a provider of choice. I think that is due to the research that goes on with those faculty members. And this population, in

particular the population that we are treating now at Thomas Street Clinic, they're very comfortable going there. They don't want to go elsewhere. But the ACA could have some implications, overall implications on all of our system. I said whenever the ACA passed, I said, "Well, King, you did it. Twenty-five years ago you lobbied yourself out of a job." Wouldn't that be great? To me that would be great. But I will say the AIDS patients that we see, the Harris Health System, they're real, real sick.

JACKSON: Cause you no longer have to see everyone. I mean private doctors can deal with AIDS.

HILLIER: And then the thing is we get them on a good pharmaceutical regimen. They just need monitoring. But those that don't, that are noncompliant they get real sick just like they did in the old days.

JACKSON: And those are the people you're seeing.

HILLIER: That's who we see and we will continue to see those folks. And another thing that just scares the heck out of me is you look at the statistics of new infection and it's coming back in the old populations and people think, well, all I have to do if I get it, I just take a pill.

JACKSON: That's right it's no big deal.

HILLIER: But they don't understand what this pharmaceutical regimen does to you. I mean it destroys your liver.

JACKSON: It makes you sick. It's chemo.

HILLIER: It's chemo, yeah exactly. So it's, you know, there's still going to be a demand as long as that mindset is out there.

JACKSON: Yeah, and the young folks are not thinking it's important. They never had anyone die and they never saw the fear in the community and they never saw a reason to avoid it, you know. Do you take your flu shot? Well, if I do or I don't it doesn't matter.

HILLIER: The other thing that's in all this stuff is working at different strains of infections that become resistant to treatment. You know it is not only HIV/AIDS it's in anything that is immune compromised, so there is a far road ahead of us. This is not the end, we're not out of it. But I think that Houston and Harris County and the Harris County Hospital District, I think the community is here and I think we've got the standards in place that we can use.

JACKSON: Do you think that the funding or that is not what I mean, ah, let me see if I can shape this question. Back in the days when Carolyn Farb was beating the drum and doing things no one else would do, people were taking this on. You had these big galas. They don't seem to exist anymore, not like they were.

HILLIER: Not like they were...

JACKSON: And you know it is like, oh well, it's the chronic disease now.

HILLIER: Well, it is that and then that group is aging out. I mean ...

JACKSON: That they are, they are dying of old age, yeah.

HILLIER: They're in their seventies, they're slowing down and as you eluded to earlier, I mean the population coming up that used to take that really seriously, it is in the history books now. They haven't experienced it and that's how you can see, I think if Ebola would have hit like it hit probably like HIV/AIDS in 1980, early 1990s, mid-1990s the panic wouldn't have been as bad. But we have gone this period now, almost 20 years, "That's something, oh my God." And you got these young people out there who studied about AIDS and the epidemic in their textbooks and then they also know the effective counter practices are but it wasn't that, it is one thing to be actually confronted with it...

JACKSON: Yeah, yeah, and to not know anything. To not know how it is being transmitted. To not know anything about it was scary. It was scary for everybody. Okay, can you think of anything else? I think we covered it.

HILLIER: I think we covered it all.

JACKSON: Thank you very much for doing this.

HILLIER: Thank you.

JACKSON: I appreciate it.