

[MUSIC PLAYING]

- Can I tell you what the gay movement's about? After I got elected, I got the phone call I knew I'd eventually get. I got quite a few of them. One was from a 17-year-old child in a small town in Minnesota. And the boy is handicapped. And the boy's peers found out he's gay, and they want to put him in an insane asylum. And that boy needs help.

And the gay movement is about the letter I got from Southwest Africa, where you read about a gay person getting elected here, and that person has hope. And that 17-year-old kid in Minnesota has hope. And we have gay leaders not understanding that and are more worried about their own personal power. They're not gay leaders. They're offensive.

- Harvey, do you have a few words for KPFA?

- Come on out. Join us. Bring a friend.

- What do you think about the turnout so far?

- Well, it's never enough, never enough.

- We must destroy the myths once and for all-- shatter them. We must continue to speak out. And, most importantly, most importantly, every gay person must come out.

[CHEERING]

As difficult as it is, you must tell your immediate family. You must tell your relatives. You must tell your friends, if indeed they are your friends. You must tell your neighbors. You must tell the people you work with. You must tell the people in the stores you shop at.

[CHEERING]

Once they realize that we are indeed their children and we are indeed everywhere, every myth, every lie, every innuendo will be destroyed once and for all. And once you do, you will feel so much better. And I ask people all over this country could do one thing-- come out. Come out, America! Come out.

[CHEERING]

[MUSIC PLAYING - MARIAH CAREY, "THERE'S GOT TO BE A WAY"]

I ask people all over this country to do one thing. Come out. Come out, America. Come out. I ask people all over this country to do one thing-- come out. Come out, America! Come out.

We must destroy the myths once and for all-- shatter them. We must continue to speak out. And, most importantly, most importantly, every gay person must come out. And I ask people all over this country to do one thing-- come out. Come out, America. Come out.

[CHEERING]

- Now!

- What do we want?

- Gay rights!

- When do we want it?

- Now!

- What do we want?

- Gay rights! When do we want it?

- Now!

- When do we want it?

- Now!

- What do we want?

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- When do we want it?

- Now!

[MUSIC PLAYING]

- I want you to say it so they can hear you at the Capital. For love and for life, we're not going back. For love and for life, we're not going back.

- [INAUDIBLE]

- They don't understand something. We are not talking about crotch politics. This is not a movement from the waist down. We are talking about our right to love and to choose and to live. And I don't care about straight tolerance and I don't care about straight understanding. You better hear me in Washington. We are demanding-- we are demanding our civil rights!

- Say it so they can hear you it in the Capital. For love and for life, we're not going back! For love and for life, we're not going back!
For love and for life, we're not going back! For love and for life, we're not going back!

- I think that's [INAUDIBLE] on the stage.

- When do we want it?

- Now!

- What do we want?

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- When do we want it?

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- We must destroy the myths once and for all-- shatter them. We must continue to speak out. And, most importantly, most importantly, every day person must come out. And I ask people all over this country to do one thing-- come out. Come out, America! Come out.

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- When do we want it?

- Now!

- "The Good Homosexual" by James Carroll Pickett.

"The Good Homosexual accommodates himself, checks fantasies, behaves properly, purchases good taste, practices impeccable hygiene, begs respect from oppressors.

The Good Homosexual reads only what is recommended, attends all the Westwood cinema, obtains season tickets to the Music Center, votes the straight GOP slate, retires from controversy, amasses financial security no matter the social toll, finds AIDS embarrassing-- but donates \$50 a year anyway, anonymously.

The Good Homosexual subscribes to *GQ*, laughs the loudest at fag jokes, laments the demise of *After Dark*, prefers porno in brown paper bags, browses Crown Books-- where he purchased *After the Ball*-- displays *National Geographic*, misses *Dynasty*.

The Good Homosexual restrains impulse, sustains racism, objects to "gay" as too frivolous, refers to himself as a bachelor, contains passion, remains invisible, maintains there is nothing amiss.

The Good Homosexual swallows bigotry, suppresses ecstasy, drives the family sedan just like ole dad did, kisses with a dry mouth and closed lips, wears a condom on his tongue-- just in case.

The Good Homosexual nurtures propriety, derives morality from TV shrinks, believes there might be something to inanity, shushes all profanity, insists on anonymity, despises sodomy, fails to see why dykes have to be so pushy.

The Good Homosexual drinks Coors beer, as advertised in good homosexual publications, keeps up appearances, longs for the cops to crack down, engages a female for social occasions, relishes assimilation, irons crisp creases in casual jeans.

The Good Homosexual quells excess, attacks radical fags, experiences madness in discrete little doses, waters down intensity, embraces mediocrity, reaps his own self-righteous vanity, does not grasp why silence necessarily equals death.

The Good Homosexual kills queer."

- Yeah, something inside so strong. I kind of felt that way the other night. You want to say hello? It's Kirk.

- I'm here.

- Hi.

- Hi.

- He's queer too.

- Yeah, he is.

- I went and saw a play the other night-- actually, last night. Did you? It's called "PS Your Cat is Dead."

- I've heard about that.

- It was put on by The Company We Keep. It's a gay group.

- And they're doing it out at Stages.

- They're doing it at Stages. A cast of four-- fun play, and a very interesting Italian man who's in it.

- Well, Jimmy, from what you were saying earlier--

- Yes?

- --premidnight--

- Yes?

- I don't know that you were impressed by the man's acting.

- Oh, I was.

- Jimmy.

- Well, you see he kind of gets-- he plays the gay burglar who gets caught and he kind of gets tied over the sink, and the guy who apprehends him--

- Sort of a Glenn Close Fatal Attraction type thing.

- Oh, yeah-- cuts off his jeans and his underwear.

- And his underwear?

- Yes

- How early in the play is this?

- Oh, he's in that position for a good half of the play.

- So let me get this straight.

- Yes. It's not straight at all. He's gay. [CHUCKLING]

- OK, let me get this correct. For half the play or so, there is an attractive--

- Very attractive.

- Italian butt facing the audience--

- Yes, it certainly is.

- --for all of the world to see.

- And let me tell you how good this play is because you still know this, that it's a fun play and it's great acting and terrific characterization.

- Are you sure you just weren't drawn to the butt?

- No, no, no, it's really good, actually. [LAUGHTER] Is this supposed to be a play review here?

- There was more to it than the butt?

- There was more to it than the butt. It's [INAUDIBLE] the play, "PS Your Cat Is Dead"

- Is there a picture of the butt in here in the playbill.
- No, no, no-- was written by James Kirkwood. He's also a co-author of A Chorus Line.
- Oh, I've seen that.
- Yes. He was an actor, a novelist, stand-up comic, and openly gay, and he died in April of 1989, but we still have this play. And it's fun, it's incredibly professional, and thoroughly enjoyable, and it's playing every Friday and Saturday night through July.
- Through July?
- Yeah. For tickets--
- Call Stages, probably?
- Well, actually, no, The Company We Keep--
- Don't call Stages.
- --at 523-9000. That's Lee Harrington's group.
- I've heard that name before.
- Yeah, he's the producer of the play.
- Well, no, I mean before that. I don't know why, but it seems that I have.
- Well, he's past president of HGLPC.
- Well, that may be it. That may very well be it.
- And now he's a producer--
- Well, there you go.
- Putting on very good gay plays.
- Life is good. So let's get back to the budget. Vito is the character.
- Vito is his name. See, what happens-- this poor straight man has this horrible New Year's Eve.
- I would like to point out right here, though, just looking at the credits, and under production staff, the gentleman listed as prop master is the same person playing Vito.
- Oh, and can't you just see him in those boots and the whip being that prop master?
- No, I think he was in charge of getting the props and in charge of putting the props in the proper position.
- Oh, they were in the proper position. [GIGGLING]
- Why do you do this to me. So anyway, it's a really bad New Year's Eve.

- It's a really bad New Year's Eve, this poor guy-- I mean, he loses his job. He loses his girlfriend. His cat's in the hospital and they call on New Year's Eve to say, oh, and guess what, your cat died--

- In the hospital.

- In the cat hospital. And in the middle of everything, he gets burglarized, which is the third burglary he's had in the past year. But he catches the thief, and the whole play revolves around his relationship that he builds up with the thief.

- A relationship.

- A relationship-- they get to know one-- well, you know.

- Does he ever untie him?

- Toward the-- well, I don't want to give it away. But they kind of conspire and get back at the girlfriend. And it kind of leads you to believe that there might be a relationship between the two of them in the future, which is a great lead in for the next song. But I'll repeat that after you've had what you had to say.

- Thank you. No, we've reached we've reached the segue point, the talking to music segue point. So let's just get on with it. Let's hear the segue once again.

- And after that, we're going to have a tape.

- Directly after this?

- Yes, we're running that at 2:30.

- Oh, and that would pretty much bring it to 2:30. That's right, and it's the Sharon Stone interview, the full-length interview. We did a little bit with her last week.

- Got her back this week. Frank is going to be talking to her.

- Yeah, Frank, you were in on this.

- Yeah, I was talking to her about the Lambda Care at Stafford Meadows Hospital. It's a pretty good interview.

- OK, so we're looking forward to that. But like I said, at the end of the play, you might get the idea that these two guys might have a relationship going, and this is the song I thought about as the play ended.

- Ah yes.

- So let me get this correct here. You thought of this at the end of that?

- I did because they do develop a very close relationship and I just--

- While tied to the sink?

- Oh, he's untied by then. [LAUGHTER]

- You're going to give the whole plot away.

- I know, he's asking me questions.

- Here I thought that I was some sort of mutant, and this--

- You are. Get out of me.

- But this guy becomes physically attracted and apparently emotionally attracted to the man who has tied him to the sink.

- You just have to see it. And you can.

- You just had to be there.

- How can you see it?

- At Stages. And call The Company We Keep for tickets at 523-9000. And now, coming up, we've got that tape from Sharon Stone and the Lambda Center, which is now at, where Frank?

- Not the Lambda Center, Lambda Care.

- Stafford Meadows, OK.

[MUSIC PLAYING]

- Tonight, we have a special interview from the Lambda program at Stafford Meadows Hospital. With us, tonight, we have Sharon Stone, the executive director and founder, Rusty Smith, the program director, and Dr. David Franklin, the medical director. Welcome.

- Thank you.

- I really enjoyed you last week. It was very good to have you here on Gay Pride Week. Tonight, though, I wanted to get a little more in-depth with what we were talking about. I'm really interested in the program at Stafford Meadows, the Lambda program, which I guess you founded it, right Sharon?

- Yeah.

- OK, when did you found this program and how did it come about?

- Well, you said about four years ago, I had been, for about seven years, been a volunteer for the AIDS Foundation. And it was so difficult to find treatment anywhere in the whole city of Houston at that time for one of my buddies, and I got very frustrated.

And as I was flipping through *Ms.* magazine, I happened to notice an ad for one of the treatment facilities in Minneapolis. And I called them up and said they needed me as a representative here in Texas because they had nothing to offer here. In fact, this fellow-- the only thing they did was ship him off to Austin State Hospital and keep him for 10 days and detoxing and send him back. And he on my doorstep in 10 days, even after a commitment order. And so the moment the word AIDS was even mentioned, everybody was just not interested.

So subsequently, I became a marketing person for that particular facility here in Houston, and it was a little bit frightening because no one had ever done any marketing for anything gay ever in the state of Texas. And I didn't know how this was going to affect my career. I didn't know how I was going to be received. I had none of that knowledge by me.

- Were you out at that point?

- I was out--

- --before you were out?

- No, I was out as much as people in the culture are out, but I had never been out professionally, ever. And so here I am in a relatively new profession to me because I had come out of the real estate industry before I got into the chemical abuse industry. And so it was very scary because I knew on one level that I would be guilty through association and that it may ruin any career opportunities up the line. I had no idea how I'd be received.

But as it turned out, it was really an interesting experience because A, in the city of Houston, people just don't-- they don't acknowledge that this is the fourth largest gay community in the United States. It's like we don't exist. We don't want to talk about it. And I was the first person that most of the mental health professionals knew that was out, that they could talk with. So my phone started ringing, and people were asking me questions. And everyone was telling me that they knew that there was a need for this specialized treatment.

Well, subsequently, this other treatment center decided to use 800 numbers and decided they weren't going to have me anymore as a representative. They had one in New York and one in Chicago at the time too, and we were all told on the same day we didn't have a job. And I thought, well, great, that's no problem. I'll just put this program in a hospital here in Texas. I mean, naively, I thought that this was going to happen just right overnight. I thought everybody is going to just want this.

So a lot of shoe leather and three years later, I finally was able to get a hospital to take it-- I mean, I had no support from anyone to continue on as it was getting towards three years. Everyone from my lover to my therapist was telling me why don't you forget this, Sharon? You've got a thriving practice. I own my own private practice, Sharon Stone Associates, and they say, you've got a private practice that is going. Why don't you just let go of this and quit trying. But sometimes there are things that push you beyond what you're able to even-- you don't even know why you're being pushed, but you just keep going.

So a hospital did take it, a little over a year ago. And then we found it an exciting venture to start this. And then, of course, it became very clear that we really needed to have our own unit, that we couldn't be on a unit that was mixed because it defeated--

- When you mean mixed, it was heterosexual--?

- Well, we were mixed in with a heterosexual population and I said our population-- the gay population is great if you've got two or three homosexual people on the unit, and they're behaving themselves with 25 heterosexuals, and they can say, well, we really like you even if you're gay.

But when you're standing head to head and toes to toes, then the heterosexual people aren't any more expecting the gay people there, and they didn't come to deal with their homophobia either. They came to deal with their chemical dependency. So it became very evident that we had to find a hospital that was going to let us have our own unit and we didn't have to deal with those kinds of things.

And that's what Stafford Meadows provided us. And so we were really excited. The program that we're developing out there is even far more exciting than we've been able to have in the last year. Everything kind of comes in increments as people get more comfortable with it.

- So that's why you did it.

- Absolutely, that's why.

- I know, personally, several people, men and women, from your program. I've met them at different meetings throughout the city here. And it seems that they are getting a good foundation, that the programs there build a firm foundation to go out into the world because it's basically what you're doing, isn't that-- you're trying to prepare them?

- Absolutely. What we're trying to do is give them the tools to reintegrate back into the world. I think, generally, what we find is that when we even talk about the idea of being out-- well, that, in itself, is real shame-invoking-- I mean, the fact that we are a population that have to be either out or in, or hidden. And so what we try to do is give them the tools, the 12-step basic recovery tools to go out in the world and live, reintegrate back into the world.

- Interestingly, you mentioned it, that this was the first time you had been out professionally. And now you're talking about being out. There's an interesting story about Glenn Maxey who was recently elected. The first time he ran for office, he was closeted and he lost. The second time he ran for office, he was out, and he won. And I mean, that's the way it's going, and it's wonderful. It's an exciting thing.

- But even as you say that, I mean, I think one thing you've just indicated is honesty, and that's what we learn in 12-step recovery. Honesty is empowerment. And when we, as gay and lesbians, come out, I think we're empowered.

- Yeah. This program also deals with HIV, from my understanding last week.

- Yes.

- And I'd like to just let Dr. Franklin talk about that a little bit because that is a major concern. We know that alcoholism and drug addiction is treatable. You know it's a chronic fatal disease, but if it's treated, you have a pretty good chance. How do you deal with HIV?

- Well, you can look at HIV-- basically, I look at it in three different stages. You'll have the gay individual or the individual who's worried, he's either worried well or worried about being infected or worried about being positive. That creates a lot of anxiety, a lot of stress, often requires treatment for that, counseling for that. The second sort of population that we see are the newly diagnosed HIV positive. Again, very traumatic event for the person and requires counseling and advice and medical advice and psychological counseling as well.

The other population that we deal with are people who are infected with HIV who are having direct psychiatric or psychological consequences from the infection itself.

- You're speaking of dementia?

- Dementia is one, but people don't often appreciate that other psychiatric illnesses can be the direct effect of HIV. In what would normally be seen as sort of a regular depression could be the direct effect of HIV or an anxiety disorder or a panic state can be the direct effect of HIV. Also, any opportunistic infections that affect the brain or the nervous system as a result of HIV can manifest with psychiatric symptoms. So we're very attuned to that, and we take a real close look at that. If necessary, we call in specialists to help us make those diagnoses and make the appropriate treatments.

- Great, so you're not saying that-- you're saying that if someone does have a physical problem, neurological or whatever, you will get the required treatments and help.

- Clearly.

- That's wonderful. Well, what do you see happening with the Lambda program at Stanford Meadows? It's growing. We know it's growing. We see people coming more and more to meetings. So what's your plans for it?

- Every day there are new plans for it. That's probably one of the most exciting things about it. One of the things that we haven't mentioned here is that there are a lot of areas that we have to touch on that a lot of people aren't aware of. A, there are a lot of-- probably about I'd say a good 40% of our population, men and women both, have been either sexually or physically abused, so we have a lot of work in that area that we do.

We work with sexual addictions, which are more commonly found among men, but we find them with women too. A lot of the compulsive types of disorders will include eating disorders along with chemical abuse. So there are just many phases of this that we get involved with. And Rusty's done a really good job of pulling our program together. Maybe if I missed some of those, you could talk a little bit about--

- When we talked earlier, I asked the question about the family counseling-- why would a gay person need family counseling? And I was thinking of it in a traditional sense, and maybe you can explain that, Rusty?

- Sure. What we find is in the gay and lesbian community, we have what is known as the untraditional family. We have an extended family-- our friends, the people that have cared about us. And what we've tried to do in our unit is to recreate a functional family. And in really doing so, we've tried to recreate a family that is open, honest, communicates openly, is supportive, and also, take into mind that we are not just recreating a straight world into the gay community, but we are taking what is our family and trying to recreate a healthy family model within that family. That's real important.

We have, in many ways, been being called a tribal community. We are a subculture, not just taking what we know is the straight world, but taking what is ours and making it better, make it healthier. And that's what we try to do in treatment.

- There was a reading today-- I went to a memorial service for someone that had passed on from complications of AIDS-- and they did a reading from a book called *The Color of Light*, and it's a meditation book put out by Hazelden. And the reading was about the Indian Hirokawa. I don't pronounce that probably correctly. But what they are the people who do things backwards. And the tribes had these people because what they did is they challenged society. They challenged society to look at things differently, to see that their ways are not-- their ways are not set.

And it went on to say that gay people are the-- they were known as clowns too. And gay people are the modern day clowns. When we were faced with AIDS, when people were trying to handle it the same way as they handled everything else, organizations just sprung up and started handling the problems in new and different ways. And so I see this as being another one of those things. I'm not calling you a clown, but I think you're doing it. You're looking at it and taking a new and innovative approach to this, and it's so important.

- Well, when you're taking any kind of-- when you're taking chemical dependency or any kind of psychiatric illnesses, you've got to address the cultural basis of this. I mean, we're finding that there are differences in a lot of areas, like in the Black areas as far as their crack cocaine abuse, there's language and whatnot that is different than is in the white-- and there are a lot of different areas that you cannot use a middle class, mainstream, white heterosexual approach to treatment.

And this is very much like-- on our unit, for example, a lot of camp is being used, especially in therapy. I mean, laughter is really promoted on our unit because as much as we need tears and we need emotions to come out, we also have to be able to laugh and to find things-- lighten things up a little bit. And those are things that, when we're not in a specialized place, we're not safe to do that. I mean, how many heterosexual settings can a guy sit down and say, girl, move over? I mean, you just can't do that. And so it's very stilted for gay people not to be able to be themselves and to be natural.

- I've been out at my work now for four years. I've never been like closeted, but in the last four years, that has been the most freeing because I can be myself. And before, I was never able to do that. And it was rough. It was rough at first because I would get scared when I would-- if somebody would make a homophobic joke and I would have to say something because I was always saying something when it was a sexist joke or a racist joke. I'd say that's not funny.

And I had this experience, and it was one of the major traumas in my life was to-- a table was just laughing hysterically at this joke, and I said, that's not funny. And they just tried to rationalize it, and I said it wasn't funny. And before I was done, they were all quiet.

And it's like I don't know, necessarily, if I'm looking for acceptance. I don't believe I am looking for acceptance. But what I do want is the respect. And that self-respect comes from dealing with what's going on. And I think if you're in an anesthetized state, be it with drugs and some altered consciousness, you cannot process your feelings and emotions.

- Exactly.

- Do you believe that.

- [INAUDIBLE]

- I think that's clearly the case. In the environment that we're providing in this program, it's not so much an issue of being gay. Being gay is more or less taken for granted. In other words, the person in treatment is automatically past that point, and then they can address the issues that they've come to us with, be it chemical dependency or an eating disorder, an anxiety disorder. It's very freeing, as you said. It's freeing for those of us who work there too. It's freeing for all of us, professionally, to be in an environment where it's OK for us to be gay and we can touch and hug each other as we would like to do and talk to each other in our own language, if you will. So it is very freeing.

- Well, that's good that you get that out of it. Sharon, what do you get out of it-- I mean, other than the incredible salary, I'm sure. What are your rewards? [LAUGHTER]

- Well, just watching people get well-- see, I've worked in the traditional settings. I had to before I was able to-- before we could have this kind of a program. And when I was watching them coming out of that other one in Minneapolis, they were coming out and staying sober and they weren't-- and they were getting well and they weren't in traditional settings because they had to sit there and be quiet.

I can't tell you how many times I've talked with men who told me that I was told when I went into treatment, A, I couldn't talk about the fact that I was gay because that had nothing to do with my addiction, and, B, I couldn't talk about my HIV status, but I was supposed to go out and be sober. And, I mean, only the major things that affect your life you're not supposed to speak about in treatment because you might upset the heterosexuals. And that is just-- they want the dollars in most of these treatment settings, but they don't want to provide anything that is going to help with the problems that these people come for.

- And that's institutionalized homophobia is what that is.

- Absolutely.

- We run a tape here from a comedian and she talks about that gay people shouldn't be so blatant-- as the women talk about their little black panties that they bought to seduce their husband. But gay people shouldn't be blatant. And she just goes on with all this. And it becomes institutionalized. In The Chronicle, I believe it was last month, they said that homophobia is acceptable. It is an acceptable discrimination. And it's incredible. And that's what people are up against.

- Of course it is. And, of course, even drinking and drugging, they usually go out in order to act out sexually. People go out and get blasted. So what we have to do is we have to deal with-- break through the denial that people are even homosexual when they come off the booze and drugs.

- And with the denial, that's also what the basis of what alcoholism and addiction is, is denial.

- And so that's why you find it so much higher in this community is because in order to get around all that shame and guilt and whatnot, they've had to really get crocked in order to be who they were because they've had to pretend all day long.

- Well, plus we've grown up being experts at denial. We've lived a life of denying our own sexual preference, many of us, for most of our lives. And so we become experts on how to deny our existence.

- Yeah. The program that you've developed there, I notice that you do travel into town and you bring people and socialize them. What's the point of doing that?

- Well, I think key to addiction is isolation, and what we have to learn to do is come out of isolation and integrate. That's recovery. And two aspects are very important to, I think, recovery within the Lambda program at Stafford Meadows is recovery and discovery. And that's just real key because we all know that that's what means going beyond being sober. And that's what we do. We move outside. We move outside of ourselves.

- We're almost out of time for this interview. Sharon, would you like to say anything to the people out there who are still suffering from the disease of alcoholism and addiction and any words of hope for people?

- Well, all I can say, if there are people-- and I know there are many out there who are suffering from it-- that life is an incredible experience not having that in the way. Being gay is an absolute exciting, wonderful thing when we can get in touch with that, and I encourage anybody to give us a call if they feel like they have a problem and would like to do something about it. Stafford Meadows is at 240-2626, and we certainly would encourage anyone to call if they feel like they are--

- Can this number be called at any time--

- Any time, day or night.

- So there'll be somebody there to talk to?

- You bet.

- All right, that's wonderful. I really appreciate you taking the time to come over because it's very late and it's been a very hectic weekend. But we thought that this program was valuable and that's why we wanted to have you on. And we've been listening-- we've been talking with the people from the Lambda program at Stafford Meadows Hospital, and that's in Stafford, Texas. And you can reach them at 240-2626. Call any time if you have a problem.

[MUSIC PLAYING]

- This is Frank White with Afterwards. Next week on *After Hours* at 2:30, an interview with Annise Parker, candidate for Houston City Council District C. She'll discuss her qualifications for the seat and the plans for her campaign. So join us on *After Hours*, right here on KPFT Houston.

[MUSIC PLAYING - RAY CHARLES, "IN THE HEAT OF THE NIGHT"]

- In the heat of the night, we have blues for you. On 90.1 FM KPFT, Houston, Texas, 4:00 AM, Sundays.

- News for you. I love that car.

- They sound so sexy.

- I know. That's coming up at 4 o'clock.

- And they's already dragging in too.

- And at 3 o'clock, we'll have another BBC update.

- At 3:00.

- At 3:00.

- In less than five short minutes.

- In less than five short minutes. And then between then--

- We have rambling to do, by god.

- Yeah, I like that thing with Frank, and I think it's going to be something we're going to do every week, try to have in-depth interviews with people.

- As Frank just told us, we've got an Annise Parker, a full-scale, blown-out party kind of interview with Annise Parker. Oh, yeah balloons, cake--

- Hey, terrific.

- It's a party interview. It's a get down on it interview.

- Well, speaking of party interviews or party affairs, did you know what you can do on Sundays? Careful-- be very careful.

- Well, you left it so open.

- Well, Sundays are just kind of lost days.

- I hate Sundays. They just ought to take Sundays off the jukebox of life and smash that sucker up.

- Uh-uh, baby, there's some fun stuff to do on Sunday.

- There's fun stuff to do on Sundays?

- Yeah, and you don't have to actually do it.

- Well, then what's the point?

- It's softball.

- Oh, softball?

- Softball tournaments, every Sunday at Hearn Park. That's around Wall and Memorial area. Wall. It's a fun thing to do. Just go out and watch--

- Watch the softball games.

- Now who's playing softball?

- Let's see-- today, we've got Miss Kitties against JRs and the Voice against Gentries, and there are other teams. I think those are the real teams, and then they have the fun teams, the people that don't really take softball seriously and just play for funsies.

- So there are four--

- It'd be like people like me playing softball, OK? It's fun. It's a good crowd.

- You want me to hit it?

- They sell drinks and all that. That's a nice place to meet new guys or new women.

- What a deal.

- Now see, I could go for that.

- Every Sunday. Tomorrow, it starts at 10 o'clock. I know I wouldn't be there at 10 o'clock, but a little later in the afternoon.

- Are you getting this hiss on your headphones the same way I am?

- No, I just don't have anything on my headphones.

- Nothing in between them either.

- No, someone pulled them out. It's a tournament that's there tomorrow and it's the final game of the tournament.

- Oh tomorrow?

- Oh, is that right? Oh, I see.

- Well, there you go.

- So this isn't for fun. This is for blood.

- Well, I've watched them many times, and it's really a lot of fun. They don't really play for blood. I mean, they're serious softball players--

- So there's no actual blood?

- No, no, no.

- So it'll be fun and it'll be a good time, and so on and so forth.

- Speaking of new things, something that Buddy and I talked about, which is very exciting and we've got to talk about it real quick--

- Why don't we save it till after the news?

- We can save the news.
- So we don't have to just gloss over it as if it weren't important because, in fact, it is not. It is terribly important-- vital information.
- It's not that important, Jimmy.
- Yes.
- Oh, well that made that noise go away.
- Oh that's what that was, OK.
- That was a [INAUDIBLE].
- So in the last hour of Afterward--*After Hours*. Oh, we already did Afterwards--
- It's almost 3:00?
- Yes.
- Holy macanoli. In just 15--
- Time's flying.
- --seconds we've got the BBC coming up, but we've got stuff to talk about, what some of the bars are doing, and all kinds of good stuff coming up in the next hour. But now it's time for the BBC.
- This is KPFT in Houston.