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virus, people, drugs, hiv, t cells, disease, viral load, protease inhibitor, t cell count, called, lymph nodes, question, big, areas, talking, houston, true, days, muscles, tonight



00:07

The following program contains language or images of a frank or sensitive nature which may be considered objectionable by some listener discretion is it Bye? Oh yes, you've tuned into after hours a continuing tradition on KPFT Houston 90.1 FM. The crew of after hours is ready to bring you news, interviews and music geared for gay, lesbian, bisexual and transgendered people. Hear it after hours, we may be diverse, but we have one thing in common. We are all out of the closet and urge everyone to come out of their closets. That means standing up for yourself, taking responsibility for your own life and being proud of who you are. Realistically, we know not everyone can do that because of a job or frame of mind. That's okay. We're here for you too. So sit back, relax, and enjoy this week's edition of after hours. Welcome to after hours. I'm Jimmy Carper. And before I Oh, I don't know I just want to be on control. Because when Howard takes over there is no control. Power to Jim to know where



02:22

to turn this thing. What do you mean no control. It's just controlling you got to see me in a jockstrap, you want to see control. That's like control. Seeing you when a girl is controlling



02:37

a girl that control



02:39

see what I mean? I mean, I rest my case.



02:44

Month has gone by I know. Why does it go by so fast? I don't get it either.



02:49

It's just been a month since we have that great psychic.



02:52

Remember her? She's still out in the parking lot. reading or writing



02:57

some entire trip?



03:01

She she has a new kind of thing. Is that the gravel up front? Yeah, if you spin reverse for a second and then forward, it's how the rocks land behind your car. Sort of like TVs on a big screen.



03:14

It's got a parking lot tea leaves.



03:17

hasn't left here. lost 60 pounds and she's down there reading rocks



03:22

and smoking cigarettes.



03:25

Yeah, well read these rocks. And looking



03:27

for a lesbian lover. Oh, she's not a lesbian. I didn't know that. Yeah, she is it? No, you're kidding me.



03:34

What would I do? I thought she was your mother but she is

WHY WOULD I EVER I THOUGHT SHE WAS MY MOTHER IS BUT SHE IS.



03:39

If I had you, I turned lesbian to.



03:43

Hey, Oh, no. What do you think I'm lesbian sport and I'm not your mother. If you look like my mother, I've met her. She's a



03:53

wonderful woman. Now she has breasts like mine.



03:55

She's got a bigger mustache.



03:58

I know. Our hair on my chest and she does.



04:05

Her husband y'all cruel. And you know, because this reminds me the olden days when everyone used to pick on me remember,



04:10

we started at the minute we walked into your attire. It's looking back. He didn't know what he was wearing. He had went into the



04:19

closet without his glasses on. I was trying to make a fashion statement this evening. Oh,



04:23

I mean, you did? statement you made his ugly dress in the dark.



04:29

Oh, people who live in glass houses shouldn't dress in the basement. I'm



04:33

in all black with Uncle Basie pearls.



04:36

So slenderizing Thank you.



04:38

I got them vertical stripes. Big Why do you think



04:45

you know what? With all this without we gotta get serious and quick. We did a show last month fun. It was psychic. It was about the mind. Yes. And now we're on a roll and we decided to do some hot senior roles. Oh, see my roles girl. My cinnamon rolls my dough now we're doing this show a



05:08

nice pair of nice pair collages you got there?



05:13

I haven't seen this puppy or French curlers. What are you talking about?



05:17

Now? What are we? What are we doing with the body this month? We're doing



05:20

we're doing a show about we did mind last time mind last night and maybe we'll do spirit next week. Who knows? We have a very special guest very special guest Yes, yeah. Dr. Jim Garner, Dr. Jim Gardner. We are going to be discussing gardener gardener.



05:35

I said gardener I know. But do you remember all my children? Jenny gardener. Go ahead in her mind, please was the seventh she dated herself back in the outfit? dated her? Anyway?



05:47

That's where I've seen that outfit.



05:49

That's where we've seen it. 1956 I remember it well. Hey,



05:54

that tube of denture cream and hearing dates You wench. Don't even start I don't have to. You will be more



06:05

popular than I am now.



06:07

No, honey, you're more popular when you take those things



06:13

rid of the teeth at the back end.



06:17

You would know that



06:19

oh, that's embarrassing and there's a message anyway.



06:22



06:23

Maybe doctor can help you maybe prescribe some what is it we prescribe doctor for vaginal It's



06:32

the strangest thing the strangest thing about the human body is that it twitches when you least expect expect it tell me and sometimes you get itches and scratches and places that you don't understand why oh, why No, you know what I mean? Yes, it's like I've had do men have yeast infections? They can Yeah, in fact, okay. Because I mean, you know, I work in a public and I'm walking around all day and all of a sudden had a clear blue sky. I can twitch and melody starts itching and it has no place to go Mr. Happy is he is itchy and I



07:03

go we have special things we put on those I'm sure Dr. Water you tonight. We could start with that but maybe some Xover x let's see what else what is the body? It's like that well steam room



07:25

oh, that would help it it this all bleach. I



07:27

know



07:28

exactly what but that's the highest



07:32

speed in there. No. I get this. You know. I do hope put toes in anywhere. But sometimes I get in an embarrassing itch somewhere, don't you?



07:43

Yes, I do. Oh, yeah. And



07:45

he's going somewhere. Where's it going?



07:50

To the toilet? But anyway, the thing I'm trying to say is that yeah, when you get these embarrassing niches What are you supposed to do? Go scratch it wear and pop? Excuse me restroom



08:01

and closed the door which you I know you never do. You can do that and go better now that I



08:07

you know, I just tell people about that way when it's I don't feel bad. You know, I say Oh, I have an embarrassing light coming on right now. Sort of like burping in public.



08:17

Anyway, deal with Dr. Gardner?



08:19

Nothing but you know, Howard when he gets on it. And controllable.



08:23

Well, you know, I bought some of that cream. That antitrust cream and go no, no, no, no, seriously. And it says it's non prescription strength, which I never understood. That means it doesn't



08:35

do anything. It's worthless.



08:39

Aloe vera, what's that? It's cream. stuff called.



08:42

quack doctor intonono? What is that? It's cream called? You know? How's it clear this guy and

quack doctor intervene! what is that? it's cream called: you know! how's it clear this guy and it never works? Hmm. Maybe we maybe we could issue him some valium or something tonight? Maybe that would

08:55

help. Goodner I'd go for a wine enema. Honestly, but anyway,

09:02

what are we we focus outward for we

09:05

are going tonight to places of unknown obscurity. Only for you. Danger Danger. No, we're not lost in space today. What we have here, there's a lot of things in the news. Jimmy and Jim, Big Daddy and little daddy. A lot of things news about some breakthroughs on some medicines that are floating around the HIV and AIDS community. Oh, yes,

09:27

I know. Several. And

09:30

the most interesting thing about it is that I know that I haven't heard it on the radio. And I haven't heard people talk about it. And I have a lot of questions that I would like to ask about these new drugs in the mark. Because finally it seems that somewhere along 14 years, 15 years into this madness, we have a tad bit of good news. And whether it's good news, or whether it's bad news, or I don't know what's cooking, but we have a doctor tonight in the house and he's going to talk about some of these things. Oh, uh huh.

09:56

It's about time we got updated and figured out what's cooking and we figured a lot of people But there might have some questions and some things I've heard and some good information and maybe some bad information that needs to be straightened out. And so if they bring an expert in the booth,

10:11

bring an expert. That's a good idea, you know, and because because they're just watching, and remember, we kind of want to talk a little about about the new drugs in the market, what they do, how they work. And remember that a lot of our audience are sitting at home younger, and

so, how they work. And remember that a lot of our audience are sitting at home younger, and we want to talk about a little prevention tonight a little we need

10:27

to because the statistics statistics around and HIV on the rise with the youth of America. Yes. And that is a scary thing.

10:41

In the mornings, kind of scary to wow. Yeah. So that's where we're gonna go tonight. So

10:46

let's go to a patient music and then we'll come back and discuss this Hey,

10:49

well, you know, what I think we should do before we go to the piece of music. What? That's just an idea. You don't really have to if you don't want to, but I think she's, she's starting again. Yeah, the radio audience. It's about time somebody Roger started at, for the radio audience, maybe we ought to introduce our guests first and have him tell a little bit about themselves. So the people out there could have a chance to now they know what the topic is gonna be. We're gonna talk about HIV, latest, latest medical developments and whatever, whatever. Okay, and so they can begin to formulate some things. Oh, you know, I realize when to ask the, and we give them a chance to do that while the music plays.

11:21

So maybe we give up the phone number. And we can do that. That would be so pushy, doesn't she?

11:28

Oh, it's got to like that

11:31

girl. We know you ain't a top girl.

11:33

2

Your mind went with your dress off the wall. So Dr. Jim better, rather than s introduce you and tell us about and telling us telling you about all us telling me? Why don't you just tell us what you do, where you practice and your levels of expertise.



11:53

Thank you, Jim. Thank you. My name is Dr. Jim Garner. I'm the director of the Northwest Health Center for Early intervention in Houston for the Harris County Hospital District. And I'm the Assistant Director of Thomas Street Clinic for the Harris County Hospital District. Our Northwest program is primarily for early intervention, and for treatment of people who are walking Well, the Thomas Street Clinic is more for the acutely ill. And I function as the assistant in that capacity. Wow,



12:28

great. And that really covers a lot of what we're talking about tonight, the walking people you said, will cover a great deal of this audience, which we find to be 18 to 25 that may have some really interesting questions about. So, you know,



12:41

does that include me?



12:43

Are you walking?



12:43

Well, I mean, I've had AIDS officially official diagnosis for over a year now. And without any opportunistic infections. Taking all the drugs I can find that I can afford that I can get my hands on. So I'm one of the walking well, is that it?



13:01

That is correct. Okay. Okay, good. Good.



13:05

And so I just think it'd be great because this will cover the people that are that have a lot of questions, mostly young people that who know people and who may need to get in touch with, like specially getting tested in and finding out because, correct me if I'm wrong, doctor, but

isn't it true that the early diagnosis and being on top of every situation is far better than letting it go?



13:29

HIV has been one of the strangest diseases in infectious disease history. In one aspect. It's been a disease that we have primarily waited till people got almost sick to start treating them. The old dictum was your T cell count had to fall to 400 or 300, or you had to get an opportunistic infection, et cetera, before any antivirals were prescribed, was some of the new findings coming out of the scientific conference of virology in Washington DC in late January. All of these notions are essentially being rethought and at night, and presently, the experts in the country are going over new criteria for new cut offs for treatments for early intervention. So it may end up at the end of this year, we may advocate people with 1000 T cells, who are totally asymptomatic, being on either one, two or three drugs.



14:33

So basically, what we're seeing is that this crazy virus has just still a secret to us still a stranger, or maybe not a stranger, but just Are we are we that far off?



14:48

It's my opinion, that in the mid 80s, with the advent of AZT, there's a lot of complacency that came into the scientific In the medical communities that we had our magic bullet that was going to knock the virus out. Well, we found out rather quickly and the patients found out faster than we did that this was not true. It's turned out to be a cage your virus than the others. And however, I do feel that infection with HIV will end up being a chronic disease that is manageable with chronic medication, and hopefully allowing an individual to maintain a normal lifespan. Hey, that's



15:34

our topic tonight. And you're in the house with the Dr. Jim Garner. Big Daddy little daddy and Jimmy Carter up front. Hey, give him the phone number and we're gonna take a little break here. We'll talk a little music and we'll be back with the doctor and we're going to find out what's cooking



15:47

address Howard during this.



15:49

It's the number is 26573852 6k T ft. You're listening to after hours queer radio with attitude on

KPFT Houston and ke O 's College Station. Yay, band. I'm gonna play a group now that's going to be in town next week group called garbage. No, they're not queer. But they do a song by that name.

16:13

Oh you can touch me you don't like to hear it outside Jimmy for the day some Frankie Goes to Hollywood. You gotta tootin Back there might Yeah.

16:28

Wouldn't that be clever?

16:29

I've got a lot of I've got some new stuff you haven't even heard? Well, you don't

16:32

you don't come that'd be great. What we love nice. Is Lawrence walk off there. Hey.

16:38

subnuclear music out of New York.

16:39

Oh, yeah, a lot of queers coming out of New York these

16:42

days. Y'all in radio land will be happy to know that during that little musical interlude, we took Howard out, redressed him in jeans and a muscle shirt and shoved a tube of preparation. He was bent. So he's all fine. Now. We're ready to go.

16:55

And I'm ready to go. Who said cabbage was moving? If he's ready,

17:04

we I think should have I was hearing something about all this new talk about protease inhibitors and good news stuff, good news kinds of things about

17:17

how about first of all, what is a protease inhibitor? Why presumed hearing I keep hearing the term and I don't know what

17:24

it means. Sounds like someone jumps in your car and tries to steal it. What's that called? car jacking?

17:31

I'm not going down that. Tell you what that is. Okay. I get serious here. I would presume that he was going to tell you what that was prior to any Oh, okay. I can look. Yeah,

17:40

she's getting pushy again. Yeah, well,

17:43

somebody's got it. Okay. Go ahead, Jim. You're glad with that pushy with the preparation age.

17:49

The protease inhibitors, you have to kind of divide the anti AIDS drugs into two categories. Now. You have to divide them into the AC T's DD C's DD as D 40s. Three T sees that family of five drugs is known as the reverse transcriptase inhibitors. they inhibit the reading of the genetic code of the virus. Now that's on the left hand of the cell. On the right hand in the T cell, there is the little sort of a protein manufacturer site that makes a coat for the virus. If that virus is not coded properly, it's extruded into the environment and dies. The protease inhibitors inhibit that manufacture of that coat. So you've got two different sides of action for the five conventional drugs, and the one other drug called the protease inhibitor.

18:50

So what what we're saying is, we started we kind of started off with the AZT, the DDI, the DD, whatever, whatever DD D 14. And now we're kind of evolving a metamorphosis here into a better drug. That's



19:04

very true. The protease inhibitors are only the second class of drugs that didn't come along. Right now in the VA here in Houston. A lot of work is being done on the anti sense codon therapy, where false genetic information is directly inserted into the replication of the virus. There are also a lot of experiments going on with the sort of a parallel drugs and I classified with this, the hydroxy ureas. And all the other drugs that were discovered along the way that had sort of moderate benefit, not anything spectacular. So what we're in up doing is probably hitting the virus from three or four sides. If this sounds familiar, this is why cancer is treated. Cancer is treated by hitting the cell as it divides in 123 or four days. front sights at different times with different medicines, et cetera. It's not it's not done all with one magic drug.



20:10

As we look back, do you think it's taken the 15 years to find the drug? Do you think it was forthcoming? Did you think that we've wasted too much time getting here? And you think maybe in two or three years, this will be completely obsolete?



20:25

Well, hopefully, this will be obsolete for a spectacular one drug. That's it, it's over. Let's go back to what we were doing. But I don't think that's going to be true. I think there was a lapse in the development of basic medical research that occurred in the late 80s. And I think there was a lot of, of complacency about the fact that we had this this virus, if not linked on the way. Well, it turned out to be a lot trickier than was thought it's going to have to be a three or four draw drug approach now to to knock it out.



21:01

Are there any viruses known to man that we can completely eradicate throughout throughout the history of medicine,



21:08

I can give you examples of ones that you cannot eradicate. There is a virus thought to cause Alzheimer's disease is usually gotten in sometime in childhood or in early adulthood, there is herpes, which all we all know all too well, it tends to come back every month, two months, four months, etc. For the rest of our lives. People with HIV know that herpes comes back in the form of chickenpox and shingles. It's their, the virus that they've had living with them, since they were eight and seven years old. Most of something even thinking that multiple sclerosis is a slow virus. So there are many, many ones that we cannot eradicate, that the human body has learned to live with to long age.



21:57



21:57

And do you kind of think that maybe that's what our hope is with aids that it would be something like herpes that might pop up every few minutes and treated. And then we just learned to kind of live with this sort of like,



22:08

that's what's that's what's hoped for. It's also hoped that maybe this, if you look at all plagues, are all catastrophic diseases that have happened to humanity. Let's take that wonderful example of American history of when our forefathers introduced smallpox blankets into the Indian population. Well, what happened was that there was a immediate death of about 95% of the Indian population. But the 5% survived, and on and on and on until they became equal immunity to the European population. That's essentially what's happened with HIV. Most of our most susceptible individuals have died early or die quickly after the disease comes on. And the ones that are still around still taking medications that are still around for the ladder therapies have either an attenuated form of the virus or has some sort of a natural immunity by natural selection.



23:13

So basically, the virus is a matter of choice. I mean, it knows whether I find that so basically, what we have enough time where the virus will just we'll just all become immune to it, because they'll just wear down.



23:29

A good good infectious agent is not one that kills its host, exactly. Bola virus is not very functional, because it knocks everybody off before they can have a chance to give it to somebody else.



23:43

Well, the definition of a virus is something that would live off the host Correct,



23:47

correct indefinitely. If you're a successful parasite, you're going to live in harmony with your host, rather than kill your host. Exactly. So eventually, what will happen is that the population will learn to live in harmony and may not naturally this may occur in centuries. But we're hoping to get it the disease attenuated to where we can knock it down with drugs until that happens



24:10

.....

is that is that kind of the way we fight like syphilis, gonorrhea or diseases like that? I mean, because you, you never get rid of it. But you control it is that isn't that how it works?



24:27

Syphilis is another one of those perfect example and the fact that I have people that had come to me with the incredible syphilitic titers, and they were all exposed once in their lives. And the reason is, is their T cells aren't functioning anymore to keep the treponemal syphilitic antibody down. So one of our therapies to raise T cells for people with syphilis is to keep treating them and keep treating them until we get the syphilitic component under control, allowing T cells to go play elsewhere and to defend against other diseases,



25:01

I was at a workshop one time it made this, the entire workshop the whole day was was comparing polio and HIV is there.



25:12

That's that's a good comparison. But the polio virus was extremely easy to develop vaccines are about and didn't have this hiding behavior that HIV. When someone gets HIV, we're not talking about just being in the blood, we're talking about getting into the lymph nodes into the central core of the one of nodes, ceding the lymphatic tissue or in the chest. Getting into the brain area and the mononuclear cells getting into the muscles getting into the joints getting into the entire body. Polio itself had a proclivity only for the nervous system itself. And was an easier one to develop a vaccine without, I don't hear too many people talking now about functional vaccines against HIV.



25:58

What isn't isn't were polio was was the was the one that attacks the muscles, a virus attached to muscles, what was that called? I'm going off on a tangent, I'm sorry. So so basically



26:12

ends up affecting the muscles because it was the nerves destruction. What tell us about, we were talking about protease inhibitors, and you kind of told us about what they were. And tell us about how they're being used now in conjunction with things and when those kick in and when you shouldn't, and you're talking before about I know, I've been doing HIV stuff for about seven years, and, and don't pretend to even have a handle on it all. But around the beginning, it seemed to me that the people and the friends that I've cared for and, and the ones who live the longest had a mental attitude, as well as doing everything they could medically like they own their disease, they were they worked in conjunction with their physician, plus, they had a mindset about thinking more about others about themselves. I mean, they had a whole different focus. They didn't just like, oh, you know, here we go. And they, they, they took some

medications and did some things. But at that point, it was like, you know, like you say, there was a 200. And then if you had to have this and that, and then they changed the staff and said, okay, and then we had this big number increase, I remember I was working in an agency then and our, you know, stats went up crazily because they changed the numbers. And then that's when they said, Okay, you have to be 200. And this and we treat that and we do this, we do that. Go back and tell us a little bit about when and what you might be looking for. If you're working as a partner with your physician, the questions you need to be asking, what you should be looking for when what you need to look at in your body and symptoms approach or when you should be checking things out?



27:52

Can I ask one question and also to use just about 15? I'm confused, I missed the first one. You said the virus actually gets inside the muscle inside the brain inside the the inhibitors? Does it remove? It stops the virus in the brain and noids in the glands. Does it stop it there?



28:15

If you'll follow me through this explanation? Gonna get to that question. This the end of this statement here in December, and New York University of New York, a study was published that showed combination therapy of AC T, three TC and the protease inhibitor a new one called amid severe stopped the virus. Now what did they mean by stop the virus? What they meant was the viral load of the body had gone to zero. Viral load means the number of particles of replicate, replicate, click active debris that is present in the blood. In other words, there's little pieces of mRNA and pieces of RNA at cetera, et cetera. When the virus replicates, when the virus does not replicate, there is no load. These three drugs stopped any viral load from occurring. So what does that tell us? That tell us that since T cells completely turn over every four days, and we have around 10 to the ninth turnover per day, we can safely say that infections out of the blood, we can say that any feeding of that infection is coming from reservoirs in lymph nodes in lymphatics tissues, and from sequestration or hidden areas in brain, lung, colon, et cetera. Et if the three drug therapy is keeping these areas relatively sterile of the virus, we can hope we have it encapsulated and sequestered off. So have we stopped it? No, in the purest sense, but have we stopped it from hurting people in their bodies? Yes. It's still there. Now, during this conference in DC, the magic word cure was actually used for the first time in probably 10 years at one of these conferences. And is thought that if one can keep the viral load at zero, for five years, the natural attrition of the cells inside nodes inside hidden areas will allow the body to be HIV free. The first time this has been mentioned in recent memory.



30:53

Okay. up pops the question boom, magic bullet. The three drug therapy, which in maybe five years, it might be three more different drugs, correct. We



31:08

hope that in fact this summer we're hoping to have a drug called Rite ton of beer out. Rite ton

hope that in fact, this summer, we're hoping to have a drug called Ridacon of beer out, and con of beer is superior in its structure, and in his action, over Sequana. They're the first protease inhibitor coming out, we will have an amended bid in meta Vir by the end of the year. So I hope we will have completely new drugs better next year, all three turned over,



31:33

I want to remind everyone that you're listening to KPFT 90.1, here in Houston. And Nyan what's the que es



31:42

89.1 Taking



31:44

down my little mo station, and where you're speaking to Dr. Jim Gardner and big data and little data, and we're just talking about viral loads tonight



31:53

and the phone number if you'd like to call in with a question as 5295 paper two?



32:02

What is it again? Still?



32:04

Yes, I know it's trying to give out the switchboard phone number 526526 KPFT. Okay, go ahead. And well, we're jumping along. I



32:13

just wanted to ask one little quickie question about in the beginning, everybody was really into like, T counts, T counts, T cell counts. And now it's they're talking viral loads. What? Tell us a little bit about this. What's the test? What is the viral load test? What uh, you know, is people just talk about a p 24. And that it is that the same thing or not? Same thing? And what do you do and what is what's the, the numbers that plays in and



32:39

the P 24 test for the presence of a certain antibody in the blood, and the T

the P 24. just test for the presence of a certain protein antibody on the HIV virus vary the T cells as I have alluded to turnover every four days. Therefore, you can just think if if the turnover four days how can they be such a good indicator indicator of your viral activity with that much of a massive turn. And what we found is that it is indeed the particles of debris from replicating viruses, the viral load, that is really our best indicator because if that level is zero, the T cell count has nowhere to go but up T cell rise or fall is a secondary phenomenon to viral load, increase or decrease

33:32

what and so what would be considered like low range, I mean, getting to zeros on but what's low range 30 30,000

33:39

to zero is considered excellent. Zero is considered superb. The problem with the viral load testing is no one knows exactly what to make of the area between 30 and 120,000. In parallel with T cell counts, if somebody has a 60,000 viral load and a dropping T cell count, we're not sure if you know quite if we need to change therapy, we need to change drugs if we need to hold tight then that's the reason the FDA has not come out and approved the viral load testing as much most of you know for Medicaid or Medicare reimbursement it is not approved. So, the answer that is the best is zero and greater than 120,000 means significant viral reproduction.

34:32

Doctor if if these drugs are bringing the reducing the viral load, okay. Does that mean that the immune system the your T cell count should go back up? Should should the response the immune system also pick up?

34:50

Yes, yes,

34:51

yes. Pick up wrong word. I'll pick up

34:55

think about it if you if you're getting a billion viruses produced per day and your T cells are all turning over and dying every four days. That's what 4 billion T cells, and your body is putting out a whopping load of T cells for 1215 20 years, constantly. It's just the amount of virus it's eating them up, increases or



35:18

decreases. Where did T cells come from?



35:21

Their thymic cells, they can, they're mainly produced in adults by the lymphoid tissue, which is the lymph nodes, the areas under the chin, under the neck, behind the ears, behind the neck, under the arms in the mid abdominal area, and in the femoral the inguinal areas.



35:41

So they, they're scattered through the body. So so say like, if I remember seeing a point where healthy HIV positive people have swollen lymph nodes, now, I've heard protel doctors say that that is the that is the immune system working against the virus Correct? Is this correct? It's great.



35:59

It's best to have that little virus encapsulated in and being neutralized by the body's own cytotoxic antibody, CTA is in those lymph nodes than running around causing havoc. So when I have patients coming in, and I do every every day, say, Oh, my God, I've got this node here, it hurts, blah, blah, blah and dying. The clinicians have known for a long time that it is the disappearance of those nodes, that is a very bad prognostic factor, not the appearance of them, and it's swelling up barring a bacterial infection. Hmm.



36:35

Interesting. That's kind of weird, isn't it?



36:37

What is what is your opinion? We've been talking very, like heavy duty medical sorts of things. And, you know, realizing there's a lot kick in, what about would you offer any thoughts on the mind. And it's working in conjunction with other medical things like what kind of a What kind of a personality profile you need to really beat this thing?



37:04

Well, as I was telling Howard, my patients who do the best, even those with severe diseases, such as CMV, retinitis, which require catheters and require IV medications daily, usually only offer maybe 30 minutes to 45 minutes, max a day to doting on their disease. I have people with catheters that work. I have people with recurrent PCP pneumonia UPS Klebsiella pneumonia is

that we're working, they're doing fine. People with bad peripheral neuropathy that are doing fine. And it's the ones that don't dwell on it constantly. The other thing that I see is a big factor is depression. If depression is treated and recognized and treated early, people do a lot better. Depression is completely it's concomitant with this disease, it runs with



38:01

satisfied sex life. It's depressing



38:04

now. I wonder why. I said outfit. Anyway. The before we got to some music, what about some really, we have a fairly young audience, a lot of times, we have some really wild, crazy shows, and we do love lines and colons and find your boyfriend and all these kinds of things. And we've talked a lot, you know, we had a lot of wild people to call and a lot of them are very young. What is some advice from the professional arena, directed to some of the younger people today that are out there that are just discovering their sexuality that are figuring out what's going on? And why? And there's a lot of experimentation and things



38:48

exactly. Because there are some friends of mine who I do have some young friends, believe it or not. And they've told me they said, well, we don't really care about catching HIV, because it should be there should be a cure by time we get sick. Do you see what I'm saying? Is this the Well, the first batch are gone already. And the second batch are already infected. And we're out here and we may get infected tomorrow, but we've got 10 more years. So there's got to be something coming on. What's cooking with this device here,



39:18

invincibility is a characteristic of this age group. I mean, nothing's gonna stop them, including, you know, cars or jumping out and illustrators, or cocaine or god knows what else. However, if I were one of those people who had this genetic, lack of ability to fight HIV at all, and had a downhill course within six months to one year to two years, I would certainly not bank on a cure by the turn of the century. So you're playing odds there?



39:56

What's your advice for some of these young people that are you know, learning about their sexuality, their intimate about learning what they are and who they are and experimenting and doing things?



40:05

Well, it's it's it's an incredibly difficult situation, you know, gay youth coming out has always been an incredibly hard thing to accomplish. And then, you know, a sort of a How can I say at a burst of sexual activities, usually characteristic, most of my patients that I'm caring for now are 30 years old, that says that 12 years ago, they were going at it big time. That's true. Exactly. And that's my current population group that is, is the highest 2832 over 35. There's not many of us left.



40:44

You know, it's real funny. I was out the mining company a couple of days ago, well, last week, and I was standing there next to this guy. And and he looked over at me and I said, Hi. And he said, Hi, we started talking. And he said, and I asked him how old he was only because that's, that's basically what I do. And he looked at me, and he said, I'm 25. And I said, Oh, he said, Well, how old are you? And I told him, and he said, you're still alive. And he goes, You shouldn't be having a haircut like that. You're much too old for it. And it's true. It must be true longer, and you won't have to worry about Oh, listen, I'll shave my legs. Okay. It's true that the younger the younger people and, and my age, I'm 38 now, and it's true. There aren't many people out there anymore, who are 38 anymore who are over 35. And wow, that's kind of scary. That's



41:43

your I noticed that for the first time two years ago when I went to San Francisco. And there's a large crowd of people under 30. And then there's a bunch of people over 50 and in between there isn't anybody



41:57

that's correct. There's there's a group that's 55 over that we have as patients now, but as for that Vietnam era group is gone. I



42:06

know I'm the last of the breed.



42:09

Here I thought we missed the Vietnam War. Look what we got ourselves into, and was played in high school going Oh, please don't call me. We hit the other war. A bigger bomb. Whoa. Do you want to do some music while we?



42:25

As a matter of fact, Leslie, Sugar Land, oh, called in a request. She wants to dedicate this to all the people who have died and or who now have HIV and AIDS.

the people who have died and/or who now have HIV and its