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## SUMMARY KEYWORDS

azt, drug, talk, ac t, tc, virus, t cell count, t cell, viral load, question, study, ddr, hiv, count, galveston, years, therapy, jim, find, cell

## SPEAKERS

Peter, John Benoveve

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00:00

I dedicate this to all the people who have died and or who now have HIV and it's one of my favorite songs by Michael Callen who's called



Peter 00:12

before you do your phone number again to so they can call in if they have an idea or a question or want to talk about what's safe and what's not or that's



00:19

5265738 and this Michael Kellen song requested from Leslie is loved don't need a reason



00:42

if you're hard always do what a normal heart should do if you always play apart instead



01:05

so instead of



01:11

instead



01:15

me show you why not



01:29

always love



01:47

always believed all the madness that we are taught



02:01

how are they?



02:03

Oh, it's not right. It's just another way



02:17

to the end with my friends love y'all



02:34

love



02:41

what we do



02:47

I have time forever. I will stand by God to start with



03:22

love



03:29

what we do what we do



03:51

the late great Michael Kalin love don't need a reason. Thank you, Leslie for requesting that. But let's pick it up a little bit with something new from a group called vibe tribe from out music. It's I don't know you might kind of something like we're talking about now. metamorph advice



04:20

Oh, yeah, my tribe



04:21

from out music that's headed up by Jeff crasner. We've been playing some of his music on after hours. We'll be playing more later. But now, back to Howard and Jim and Dr. Garner,



04:35

Dr. Garner.



Peter 04:36

We had a call in the Dr. Garner might want to address during the musical interlude.



04:42

And that was some music too. Wasn't it? Wasn't my generation going to



Peter 04:48

your generation on it? Gone generation we ducked



04:54

said generation and the wagon trains across Oklahoma.



Peter 04:59

You Out of those ones who brought them smallpox blankets. We talked about that. Remember our Thanksgiving? Yeah, yeah, that was our question. What did the what did the the Pilgrims bring to the dinner?



05:10

And you said smallpox almost blew them to dinner



Peter 05:15

to free dinners that night. Over the right answer. They brought booze and infected blankets. Everybody else brought dinner.



05:23

They got we didn't invite into our dinner. Well, we that night. I was there where we were probably at the mining company. I said that last dinner. Are you at the Last Supper? I was there. I didn't bring any blankets the Last Supper?



Peter 05:37

They didn't wear blankets.



05:38

What did they were? Not what I'm wearing, right? I know.



Peter 05:43

Nobody would bring Doctor answer that question that somebody called it because I'm couldn't get it all straight?



05:53

Well, that question was from Mr. Randy Hughes. He's one of the permanent fixtures at the BRB and he is looking for love and all the wrong places. Randy, for you. What he was asking was essentially AZT, DDC, DDR D 43, TCP, all act on the left hand of the cell in the diagram. And they inhibit the replication of the DNA or the RNA. Actually mitochondrial RNA, they differ in potency, AZT, probably being the most potent if you consider the most side effects, three, etc, probably being the most benign, it has very few side effects to it, and the others are intermediate. If we look at the right hand of the cell, where the protein factory that is manufacturing, the coat for the virus is being inhibited by the protease inhibitor. The first drug

that was developed was Sequana. Vir, that one is already out on the market. It is a drug that has very poor bioavailability such that if you took 100 grams of it, you would only absorb five grams of it. So in terms of a good effective drug for the volume taken is not very good. We anticipate ritonavir to be a superior drug coming out in July and emitted Vir in probably August or September. I might want to add something that I don't think most people have heard of this study. I haven't seen it in a little telegrams that come from the H CRN. But it appears that Sequana there and ride tanah Vir together have extremely potent antiviral activity. And when combined with two of the other drugs, AZT and three TC may make a very, very formidable drug combination. In other words, quadruple therapy. Now, this is something I would like to talk about the cost of these drugs. Currently, AC T is around 140 \$160. A prescription people can get three TC at approximately \$260 prescription subquantum beer costs 570 to \$600 per prescription per month. Yeah, that's



08:25

what I want to say this is a per month, right



08:27

per month or per month, right ton of there will probably be more. The problem we are encountering right now is that the drug program for the state of Texas is bankrupt. They have run out of money, they have not even been able to fund three TC for our programs at Thomas street or at Northwest hearings on three TC had been delayed until March and this isn't a drug that has been approved for primary therapy in December. As for the protease inhibitor, that's kind of a never Neverland, because there's no way that they're going to fund that if they can't even find three TC. So if there is ever a point where activism, and the activist of the community can make a very, very strong dent into health care, it would be to find some way to lobby for increased funding for our drug program. These are for people who have no money and who need the drugs and who can have drugs that do benefit them. So I urge people to speak to their people in Austin to speak to King Hilliard, to speak to others in the community that can get our voice heard about this serious situation. Good point.



09:53

Good. Good boy. Good point. It's



09:54

true. It's true. I have no insurance. And it's costing me between four We're in \$500 a month for, for drugs and I get I'm on a on a on a thing for three TC so I get that for free right thing and clinical trial. Yeah. But you know, AC T. 's over x die flu again Bactrim you know, it's all coming out of my pocket.



Peter 10:25

Wow. That it is it's just incredible

wow. That it is it's just incredible.



10:27

Yeah. You're flicking rents \$20 a pill?



10:30

Yes, yes, it does. Fortunately, I only have to take a half a pill every other day.



10:40

That's the austerity plan.



Peter 10:47

Wow. That's words of info.



10:49

Doctor, when do you think that the price of these are going to come down? Are they ever



10:55

AZT when it was released in 86, and 87, was originally 1200 to \$100,000 per month. If you remember our little gay history here about the demonstrations that were held at the drug companies? Oh, yeah. In upstate New York, I can't remember that time. The cost has gone down. The AZT was an orphan drug, it was a product of Richard Nixon's war against cancer one of those kind of a parenthetical drugs that didn't really have any use, it had already been developed.



11:32

Yeah, it was, it was, it was a cancer drug. Yeah, and was on the shelf, and it was on the shelf, you know, it was just a matter of just give me this r&d cost.



11:41

So there was no r&d cost AZT whatsoever. Now, you can understand it when they're talking about DDR, D 40, or even three TC, but three TC was also an anti cancer drug. Proteus inhibitor, you can understand a little more, but what can I say? Eventually the cost will go down it his price? I don't know.



12:06

Do devastated you do personally think and this is this is gonna be one of those personal questions, Doctor, do you kind of feel that somewhere down the line? This might be a good excuse to keep the drug drug prices high because we're going to kill off poor people, homosexuals who don't matter, who probably aren't, in some people's word, positive for society.



12:36

Last time I heard that was during the Reagan administration, it was attributed to our ex President Reagan is one of his comments about the HIV situation in 1984 83. In terms of cost benefit, I think it's now becoming apparent that we have to put our emphasis on treating people, everyone at the front end of this illness, it may be worth using \$8,000 worth of drugs for 10 years to avoid \$1 million worth of hospitalizations within a six month period. So in terms of economics, we better start front loading the system rather than back loading.



13:24

Did the people who run the system know this now? They know this now? Okay. We got a call coming in. We got Dr. Put your phones on.



Peter 13:33

Chuck. from Galveston on line seven. Check us.



13:39

Yeah. Can you hear me? Yes. The question I had is I was diagnosed HIV positive two years ago, and my T cell count has been usually above 1000. And what I was wondering is, so they have started some kind of therapy only anything, I mean, being as two years because all that happens now is I take my blood every six months and they give me a T cell count. That's it. You know, it's like if they're just waiting for something to happen, you know?



14:09

You have a very good question. The answer to that is not now we would have said before December before the rotten I mean for the amount of air AC T three T study came out that you're you needed to drop to 400 before anything because actually not too much can be done to retard the virus till the lower levels. Now that we do have therapy, it probably is because it come imperative to treat people with higher T cell counts. Where that cut off is no one has any

idea. And like I said at the first part of the program, the experts in San Francisco were meeting in late February about this exact issue. So the information is been since December about the trading You've early T cell counts. I mean, how T cell counts?



15:02

Doctor, would you suggest some kind of antiviral for a T cell count over 1000?



15:09

There again, it would depend on what the viral load was. If the viral load was significant, I would definitely think that that would be indicated.



15:17

Chuck, have you taken a viral load test?



15:20

They haven't suggested anything like that. When I go to UTMB in Galveston under Dr. Pollard, out there, Dr. paler



15:27

has some active research on day 40 And DDR going on right now. I'm sure maybe one of his studies there, you could get a viral load done.



15:37

Word can I get information when actually like ADT DDR, and all that kind of stuff, because out here, there's really not a lot of places I can get information like that.



15:45

I have some of my patients who are essentially internet fanatics, and they bring me the latest thing off of the computer immediately. So that's my first suggestion to you. The State of Texas does find a rather massive a library over there in Galveston that has has pretty good resources. Well, listen,



Peter 16:08

these are questions answered Chuck. Yeah. Good. Good. Read to call that man. Oh, I





16:13

don't have any more. I'll call back. Hey, all right.



16:15

Thanks. Good luck to you, Jack. All right. That's a question arises that we had spoke about earlier, where, when do when do we actually start? Well, when



16:25

two years ago, my T cell fell below 500. And that's when my doctor said, let's start doing stuff. He said 500. That was two years ago. And it seems to be changing



16:36

man or Jackson thing. Sure, if you will bear with me about this. 500 was the level because studies were done with AZT with higher T cell counts. And it was shown that there was a little more morbidity with treating people at high counts with just a Z T, there was benefit. Yeah. Now, if we have one virus, our initial virus that was was caught. And it replicates that around 10 to the ninth 1 billion times a day, there is a mathematical certainty that you will have AC T, DDR, D 14, et cetera, resistance strings there, you put AC T into that system. And what happens you select out for az t resistant viruses. So within 30 days to excuse me two months, three months, you have a predominant AC T resistance in the blood. Now, if we add three T c into this, we have reduced the amount of active viruses in the blood from 10 to Binhai, to 10, and that six was solo AZT to 10, to the third with AZT, three TC. Now, even though we have 10, to the third 1000, verses have begun, we still have significant viral activity. And it may not take very long, it may take a year, 15 months, etc, we are going to get genetic combinations that are AZT and three TC resistance, there's somewhere down the line. So we add in the protease inhibitor, all of a sudden our viral load is zero. Where is our resistance going to come to a triple strength, we hope greater than five years, and that's where the five year figure comes from.



18:38

So it's almost looking like somewhere down the line, we're gonna lick this thing, somewhere



18:43

under control. No one claims to have a cure for herpes, no, but



18:51

under control, which I'd like to be under control. Control. So So somewhere along the line, this virus has got to be somewhat dysfunctional, but isn't it



19:03

to be certain to be to survive in nature, it has to kick quit killing off its host before it can reproduce. I mean, it can't go through populations just like wildfire and still survive as a functional, you know, parasite, it will come into balance eventually, at what cost and that's the problem.



19:24

And I want to ask you this question, because I know it's kind of a real broad based question and probably you're gonna laugh and I asked you this, but people are still dying. Obviously, big time. Okay. With all these new drugs coming out, has it been slow? Is it slowing the process down?



19:43

It's been my opinion, that since the widespread availability of three TC I have seen a lowering and the morbidity of my patients in other words, the tendency to get sick that tendency to get pneumonia is the tendency to do all of other things. A higher T cell count in those patients, I cannot say I have a lessening in the death rate. I can't tell you that for sure. But that morbidity is less that people are slightly healthier. I know that



20:17

we're living. We're living longer.



20:20

It's very definitely true. Yeah.



Peter 20:23

Well, that's, that's, you know, what keeps me in business. There's so many people that need housing in that interim time when they come off one of those things and that's how come we have waitlist for people that just their money is living longer. So we're trying that's why Stephens trying to explain and you know, because we there's more people that need



20:43

and if anyone knows anything about expanding is me.

P Peter 20:50  
That expands is

20:50  
one of my one of my new primary goals is to keep people's count above 100. When I found them getting below 100 I see the CNV coming the K is getting bad that infectious diarrhea is getting horrible, the wasting starting in if I can have some ages, it'll keep that count above 100. We've got a lot of this under control. It's just when we get down to 8040 6020 zero then we got a big problem.

P Peter 21:19  
It's an interesting thing a friend of mine had you know two T cells for as long as I can remember he named a mutton Jeff Rainey and meany are some of them. And he lived for I mean, just forever. I mean, 567 years with that it was just incredible. And the one thing that I thought was his reason for life was that like I said he was that kind of person you talked about that. Didn't spend more than 10 minutes a day wallowing in self pity agree for going Oh, God would not, you know, I'd say hey, Phil, and I say oh, I feel awful the day and I say well, you know take a day off and then he'd get up at two o'clock in the afternoon concert. Hey, well, I went where I feel a little better now let's go to lunch to any you just thought so much more about other people than about themselves at all meditation man and he did this he did that he was always out helping other students and tutoring and caring I mean phenomena person and it was always focused on having something to do that day or project you want to accomplish little something

22:13  
else and and being needed any Yeah. And

P Peter 22:17  
he would pour his medicines for the day in a local candy dish. I don't know how he ever demonstrate. And he go putz around in there. I've been going to today be nothing left in the morning, it'd be all filled up. And this just rolled right along. And this person left for five or six years. Yeah, incredible person I ever knew in my life, you know, my bestest buddy. I mean, I just was amazed. And I think and I just watched that. And I said, you know, now that is why and that's why, you know, I really push this holistic approach, you need the medicines, you need 3d, you need all these studies need to be aware, you know, Chuck needs to go to that library and look it up and get familiar and get knowing it. And then he needs to,

22:56



22:56

you need that network of people around you to Yeah, that's very important.



Peter 23:01

Get the body positive nature letter read up, go to, if you're new, get into the 10 week thing, there's a ton of stuff going on out there. And just find a group that you're comfortable with. And, you know, a place you can talk or friends or whatever, and do it.



23:20

So the weird thing, though, is having a t become them, you know, there's us and them, and you go from I was HIV positive for years, I found out 1987. And, you know, when everything was fine, everything was fine. And I was still part of us. And then when it went below 200, then all of a sudden I became them. And that was it's it's a funny thing to feel that way.



Peter 23:54

Yeah, it is. Yeah. So I can understand being pregnant.



24:00

I think that's exactly it. Yes.



24:03

Well, I thought you had your tubes tied anyway. So so we're headed, we're headed finally docked in the right direction.



24:10

Most definitely the basic research has been done and is being done right now in terms of how HIV works, where it hides, what its lifecycle is where the damage occurs. There's a second chapter to this little story here. So I was talking about sequestering or hiding getting the virus encapsulated into lymph nodes so that it doesn't spread. You'd have to get that lymph node after it's free of HIV to regenerate again, because you're essentially taking a tail dive spin downwards to a T cell count of 50. And no one wants to live the rest of their lives with a count of 50. They want to get it back up somehow to 500. So we're talking about the other half of this problem is reconstituting immune system Uh Yeah.



25:02

And what's, what's some of the the theory as some of the research that's going back into

rehashing the the immune system is it out there?



25:13

Quite honestly most of is going on the other part of the the cycle yet. The the party lifestyle regeneration is difficult, and at best, if it occurs, it is embryonic in best. What we're hoping for is some drug such as a Neupogen, which stimulates Whitesell cannot formation, or epogen which stimulates red cell to somehow find something you will stimulate T cell.



25:44

But let's talk a second about the the gentleman in San Francisco with a baboon immune system. I mean, it brings a smile to your face. Well, it's



25:53

funny because I've read articles that say, Oh, it's a failure and articles to say, oh, it's it's a big success. So what's the deal?



26:00

Yeah. The lightest I've heard about that was on the cable. And the cable announced it and in red are glowing terms, that this individual had no Babin cells left in his blood. Well, that implies that the marrow transplant didn't work that it didn't take. So it was a failure. So that says, I'm reading Well,



26:27

yeah, it's just that he feels good. And he's doing this and he's weightlifting. And he's never felt better and blah, blah, blah. So what's the deal?



26:36

He essentially had radiation of massive proportions plus chemotherapy, to wipe out all of his marrow. So he is operating essentially on no immunity at this point. Wow. My girlfriend, the bubble boy. Oh, boy.



26:51

Yeah. So it's just it's like almost a matter of time.





26:56

He has no immunity.



26:58

Okay, Doctor, let's let me ask you another question. Because I have lots of them. Let's take, for example, a person HIV positive T cell count 500, the viral load, we don't know, okay. Somewhere along the line, that person is saying, well, maybe I can live longer, maybe I'm going to be living longer, these new drugs are coming out, maybe I won't abandon all hope, because of the fact that the maybe I'm in that generation or in that timeframe where I missed the bad part. And I'm going to get into the good part. Okay. The information coming through, maybe as we're all looking for something that's going to say something positive. The advice to that person in the middle of the road, that 500 T cell count right now that might live for 10 more years and might live for two more years. Is there some kind of worldly advice their



27:58

study done in San Francisco year and a half ago, 2000 gay men. Of those 2000 gay men followed, the longest was 20 years 20% of those men all all were exposed to HIV, all. And once certain 20% were exposed over and over and over and over. They were your your your bathhouse peoples of San Francisco. Sure. 20% of those people remained negative. No one knows why. The next 20% converted to positive, but maintain their count at 1000 and are still at 1000. The next 20% converted, dropped their count to 400 500 200. stabilized and are at that level now. The next 40% had a rapid downhill course. Now which group does that person fit in? I don't know.



29:07

And plus, plus, plus, it also asked the question that we forget as human beings that were going to die, no matter what, whether it's lightning act of God, of viral disturbance, age old age drive by shooting, re driving through Miami. I mean, it's just the fact that in Miami, this is going to happen. And I think we forget that this is just a part maybe this maybe this has been here forever and it's mutated because the ozone layer is depleting and the rainforests are being



Peter 29:40

shut down. You know, shuttles up it's destroying the ozone. You want to knock off that hairspray dog talk to me about hairspray Myrna Oh,



29:49

please Hey, and, you know, we're, we're I want to thank Dr. For being here tonight, Dr. Garner and big data and we're gonna wind it down with it here because we're almost out Hear, believe it or not,

P

Peter 30:01

you know, what if it would this be a good consensus moment that if you had to give some advice that went across the board would be to know your disease, have a very positive attitude. Don't hide and practice safe sucks.



30:18

I might add one or two things, it would be very smart of an individual to not only be tested but to be tested in facility where they could get a count done. So that at least know that when further advances come out this year, and when therapy is advocated for her T cell counts, they know it's time and that going on therapy does not mean a death sentence. It is something to pervert preserve life.



30:44

I resemble that remark.



30:49

I want to thank everyone for being here tonight. Big Daddy Jim and little daddy Jim and Howard



30:56

we got a lobby full of leather man. Oh, I can already wait to get out and women who are going to entertain you handcuffs. Oh my god.

P

Peter 31:07

I just I was at the venture league outside it was hot and wild and screaming and more fun. I can imagine I've



31:12

been with you driving. It's an adventure. This had been with me last night. I want to I want to thank everyone. Dr. Jim, thank you for being here tonight. And you've been a joy and you've taught something to a lot of this town. And I appreciate it and we say goodnight till four more weeks from now Jim. At least hey thanks Bobby mindset we always bring the most interesting guests do you LOVES YOU CANNOT Houston



31:39

now we're gonna go to Jeff crasner like I promised earlier and he does a male version of a song that you love. It's Son of a preacher man



31:59

you are listening to KPFT 90.1 Houston. Ke O 's 89.1 College Station. This is Stacey and this is John we are here after Louis. We kind of in between in between Louis Yep. This is Louis weekend less entertaining weekend sponsored by the Houston Council of clubs. So at this point, I beg your forgiveness if us in some of our guests have a small speech impediment, which is very hard to say at this point.



John Benoveve 32:29

And to all those people who are in from out of town are welcome to use them



32:33

and enjoy the warm weather. Enjoy our summer weather at this point. Okay, well,



32:41

I know that several of them enjoying the warm weather on the patio of Gentry is this afternoon? Yes, yes.



32:48

Oh my



32:49

and the misty warm weather on the patio at Pacific Street.



John Benoveve 32:54

Nose interesting which over serving what was that?




32:57

I believe it was grapefruit juice, orange juice and vodka. It was a prevalent mix.






 John Benoveve 33:04

Well, I'm surprised if you have Corvo. Anna, she couldn't find me. Well, I guess we'll start off with introducing who we have with us today. I'd like to start off by introducing Mr. Don Gill. Oh, John. I'm sure everybody knows who you are. I'm not sure about that. And to his immediate left we have Mr. Larry Arbo from Dallas.

 33:27


Okay, so now everybody just kind of close your eyes and picture this is a round table.

 John Benoveve 33:32

And someone bring me more coffee.

 33:37

They're going goes Jim

 John Benoveve 33:39


Cole. Cole. Cole.

 33:40

What else is a producer supposed to do? That's

 33:43

true. That's true.

 John Benoveve 33:45

Bottom producer. I guess what I want to start out with a while back Don