

- Thanks so much for listening to the first hour. Now, we are in hour number two. Like I promised you last week, I have some extremely, extremely talented people in the studios here. And you would see very soon what I'm talking about because once we start talking, the talent is going to come through, and in fact, really get to you.

Let me start off by saying that for most people the disease, AIDS, and I think that's the stage that you get to, it starts with the infection called HIV. And then it moves to ARC, I think that's the sequence. Then it moves on to the disease itself, AIDS and finally, the terminal aspect of it.

But we are not going to be talking about the medical nuances of this disease. Because if you have been keeping up even minimally with what is going on with the politics of AIDS, you probably know a lot more about what retroviruses can do and what they can't do. But what is of interest to me, and I suddenly look at the panel that I have assembled here tonight, what is of interest to them and to me is the fact that here is a disease that is ravaging the human population. The human population has never been decimated so much by one disease as this one is now decimating it.

It started out as a disease that, for most people, they said, well, it was a homosexual disease. Therefore, why worry about it. But the truth of the matter is it is now on the decline in the homosexual community and on the increase in the heterosexual community. If you look at it, most of the news stories that you had when this disease was first enunciated was directed at the continent of Africa per se.

That in fact AIDS is an African disease that started in the jungles of Central Africa, Zaire, places like that. And in fact, that the green monkey which unfortunately has now carried the burden of bringing a whole disease that it's wiping the human population out, it carries that burden.

Then of course, Dr. Gallo with the NIH and Louis Montagnier of the Pasteur Institute in Paris, France espouse this theory that a green monkey beat the buttocks of one person and that translated into the serious problem of AIDS as we know it today. Well, there are other theories, and we're going to be talking about most of these theories. But before we do that, let me go ahead and take care of one business and we'll be right back.

- The following program contains language or images of a frank or sensitive nature that may be considered objectionable by some. Listener discretion is advised.

- OK. Well, let's go back now here. And let me start with my panel introducing themselves. Let me get all these microphones all packed up, and we can suddenly move in there and get them. These are pros at radio, so I don't really have to worry myself too much. Gentlemen, welcome.

- Thank you, Matthew.

- OK. Well, let's start with you, Ray Hill.

- I am Ray Hill. I do the prison program on radio station KPFT. I want to first thank Matthew for the opportunity to have some access to his audience because *African Kaleidoscope* is one of my favorite programs on KPFT. I listen to it regularly. My interest in AIDS comes the very most difficult way. I have lost over 200 friends to AIDS. As a matter of fact, I stopped counting at about 200 because that activity became so morbid that I couldn't even continue it, being basically a morbid kind of person.

But there is-- let me describe how personal it is to you. And the organization of the March on Washington in 1979, the 1st March on Washington for Lesbian and Gay Rights, there was a committee organized, basically made up with a group of Black and White men together, and myself as chair of the executive and the coordinating committees.

There were 25 of us on the committee scattered all over the country. And of that 25, I am the sole survivor. There's a panel in the quilt containing the other 24 names. My name is the only name missing from a nationwide committee.

So AIDS is not only a political issue of to me are not only a medical issue, which I have concern, but it is a deeply personal issue. And one of the concerns I have about the discussion of AIDS is the frequent lack of candor. I am a stickler for accurate information, be that personal or political information. And will probably play a role here today to keep this discussion as accurate as possible.

- OK, Thank you there, Ray, and we'll come back to Ray. Our next panelist is Mr. Anthony Rios. Anthony, go ahead and introduce yourself and what you do, and your interest in this disease.

- OK. My name is Anthony Rios. And I work for the city of Houston Health Department in the Bureau of HIV/STD prevention. And I got involved in HIV work, similar to what Ray is saying, by losing many, many friends to HIV disease. I've been working for the city now since 1989 as a health educator.

And my job is to literally go out into the community and deliver accurate information about HIV in schools and churches and civic organizations and businesses. Wherever the community is asking or requesting it. We've been into hospitals and nursing schools all over the place. So that's my primary function with the city of Houston.

And in my spare time, I'm also a board member of the People with AIDS Coalition here in Houston. And I'm now very active in what's called the Federal AIDS agenda, which is a grassroots organizing effort to get more and more people involved in AIDS policy making at the federal level, and that in turn, impacts us here locally.

- OK. Thank you, Anthony. And our other guest on the panel is Mr. Jim-- Carper?

- Carper.

- Carper. Suddenly, I hope by the end of the night, I'll be able to pronounce it properly.

- It's always been Jimmy all these years.

- Yes. It's always been Jimmy, and you'll find out pretty soon as soon as we start doing this. Jimmy, your interest.

- Yes. I'm Jimmy Carper, and I produce *After Hours*, the program for gays and lesbians, and bisexuals that follows *African Kaleidoscope*. So Matthew and I and Judy have known each other for a very long time. The reason that I have an interest in this is because I am an HIV positive person and have known such since the beginning of 1987.

The only reason I ever got tested is because I had been let go from Tenneco after working there for 19 years. And I thought, well, I need to know this because if I go job hunting at another large corporation, they're probably going to take that HIV test, and I'd rather know that information than them.

So I got that information and decided when I found that out, well, it won't be another Tenneco or Exxon or Shell, I'll just do something else. And that's something else ended up being here, working at KPFT, working at the Gay and Lesbian Switchboard, devoting myself to the cause, you might say.

- OK. Well, gentlemen, I think your introduction just-- I mean, it's a wealth. Let me start off this by asking, what is the history? Let's give a little bit of a history lesson to this disease.

- Matthew, before we get in the history. There's a lot of confusion about exactly what AIDS or HIV is. What is the virus?

- OK.

- And I'd like to spend a few minutes talking about that.

- Sure. Go ahead. Go right ahead.

- We're not talking about a bug. We're not talking about something like the poliomyelitis germ that infected and crippled children all over the world for a long time. What we're talking about is a virus. And basically that is a few shreds of genetic material. It doesn't have a life of its own. It's not like bacteria and germs or microbes in bad water that are cells that absorb nutrients and excrete waste.

If you looked at it under a microscope, it looks like rust on some other cell. And its life is the life of that other cell. It cannot exist without some kind of attachment. I mean there's no such thing as mistletoe trees. But if you live in Texas and you look in trees, you see mistletoe. It's like parasites. And as the tree is weakened by the mistletoe, there is more mistletoe until ultimately, the mistletoe kills its host.

- OK.

- Which is what HIV is. It is a parasite. It can only be spread when infected cells come in contact with uninfected cells.

Be that in a single host body or be that by the exchange of fluids from one host to another. A lot of people think of HIV like it was some tuberculosis germ or bacilli. It is none of that. It is a parasite way down on the cellular level. And the body knows it's there.

The way we know people are HIV positive or negative is we don't test for the virus because it's extremely difficult to test for the virus, because it is so small and really insignificant except to the cell that infects. We test for the antibodies that the body creates to fight the virus. Unfortunately, even those antibody cells are attracted or attractive to the virus. So the very entities that the body creates to kill it, actually wind up feeding it.

- OK.

- That's a great analysis, Ray, about the mistletoe tree thing.

- Yeah. And idea so many times people looking at me like we're talking about some kind of germ or something. But since we're only talking about, really, under the most powerful microscopes shreds of genetic material. Not whole cells at all, but just shreds of material. And we always have difficulty understanding something we can't see, so I try to paint pictures so that you can look at it.

- Well, that's the beauty of radio. You try to paint a picture of what you're talking about. But now that you've laid that type of groundwork though, I want to go back to the history of this disease. There's a reason for that. Because in the development of this disease, the historical background of this disease created a problem-- the problem of deceit, if you will, from the authorities as to--

- Well, excuse me. These fellows can jump in every time they want to, but do you understand that I've been doing radio for a long time?

- I know you do. You just have to jump in.

- There is a great deal of discussion about the HIV virus. And I have looked at all of those theories, and I don't have any preferable theories over others. Either HIV virus has been around for an awfully long time and it has not always been in its current very fatal form.

- Right.

- Or the HIV virus was created in a sociopolitical kind of atmosphere and specifically activated on a certain population, to wit, a population in the African nations that border South Africa to the North. You understand that the one only nation in the world from which we do not get-- well, there are only two nations of the world in which we do not get good accurate government official AIDS information. One is South Africa and the other is Cuba.

- No. I was not aware of that.

- Yeah. We get good accurate AIDS figures from every place else in the world sponsored by the World Health organization's cooperating with health services within those countries, except for South Africa in which we just don't get good cooperation from the South African officials. They attend the conferences. The doctors are there, but they are there to get information, not give information.

And from Cuba, there is some difficulty getting-- now, there are other places in the world where the health information is not of the kind of quality that it is in this country or in countries where the French have actually imposed information gathering information. And the French have actually gone down to Africa and did all of that, that statistical data stuff.

- The parts of Africa that have been decimated by this disease the most, French speaking Central African nations. Maybe that's why [INAUDIBLE].

- And those nations coincidentally or happened to border South Africa to the North.

- OK.

- When you talk about the histories, are various histories and different ways you could look at it.

- OK. Yes. This is Anthony now. Anthony.

- Right. In the United States and in some of the Western European countries, AIDS has been primarily, at the initial onset of HIV, in the gay population. So in the United States, France, the Dutch, Great Britain, like that. Then when you get to Africa, again, that's a whole different story, a whole different history, where the primary route of transmission is through heterosexual sex.

- Right.

- So you've got-- when you talk about the history, you have two different types of history that are deal with HIV.

- So Anthony, does that necessarily mean that's two different types of HIV or two different types of AIDS?

- Well, there are--

- There are two different types.

- --different types of HIV. Some reports I've seen have said there are only two or three. Other reports that I've read said there are many more than that. In the United States, if I'm not mistaken, the most prevalent is HIV-2.

- Two. That's the correct one.

- And Africa is HIV-1, right.

- Excuse me.

- I've heard that. There's all different kinds.

- HIV-1 is the primary United States disease. There is some HIV-2 in the United States. It's not as virulent as a strain.

[INTERPOSING VOICES]

- I think we got it backwards.

- And in Africa, there is both HIV 1 and 2. In most circumstances, HIV-2 is not as virulent as HIV-1. However, there is some resistance that goes like in the Ivory Coast.

- Ivory Coast-- Ivory Coast and Senegal.

- Similar characteristics of HIV-1.

- Right. Those are the two countries that the NIH actually sent researchers, and they isolated the HIV-2 virus in the street population, the prostitutes.

- I want to throw in some resistance to the green monkey biting somebody on the ass and starting the whole thing. Because actually the growth of AIDS in African nations is not consistent with the one-on-one spread theory. There, obviously, in African populations was a mass exposure of some kind, and it's ticklish talking about it, but that is generally presumed by many people to be associated with the polio vaccine that was created.

- Yes. The polio and the smallpox vaccine.

- That was created from livers of other primates that carry HIV or SIV, a very near kind of disease and thousands-- hundreds of thousands of people were inoculated with what well may have been tainted vaccine. Now the World Health Organization is not fond of talking about that because they're also charged with preventing other kinds of epidemics around the world. And I certainly appreciate that responsibility.

It can either be assumed that there was something sinister in the way that happened or it can be assumed it was one of the incredibly dumb things that happen from time to time in world medicine. I don't have an opinion on whether it's sinister or whether it's stupid. But to continue to deny that the infection patterns in African nations was one person going to another person going to another person to have this kind of rapid rise in those infections is just icing on the cake because the reality is too many people were infected over too short a period of time for that kind of thing.

- What about this long gestation period? How does that affect?

- The long gestation period.

- We can affect a whole lot of people if you have a 10 to 15 year gestation period, and then before any outward signs of the disease shows.

- But Jimmy, there are 7 and 1/2 million infected people in those African nations and probably an equal number of people who have already died. And that kind of rapid, if we're talking about something that shows up on the medical charts, and medical charts are just not-- this is not just happenstance kind of stuff, I mean, with professionals.

My doctor, your doctor are looking for things that create problems or scare people. And that's been going on for a long time. But in over a very short period of time, you went from no one being worried, no question, to hundreds of thousands of people infected. And now we're talking about seven million. We've lost that many already. So we're talking about something that even though the long gestation probably, maybe it took it years to surface, but suddenly all of this surfaced.

- And in a few months, and people began to get sick and dying. And it was so sudden that they didn't have time to create cultural institutions around it.

- And the history of the disease in this country is quite different then.

- Yes.

- Because we started out in mid-1981, as I recall, with--

- A handful of cases.

- Oh, sorry.

- Yeah. Just hold it right there, and we'll talk about history when we come back. Let me go ahead. And a lot of our listeners, tonight's discussion is going to really be hitting in on some very frank aspects of the disease and what it is, the politics of it. So if you have a minor that you don't really want that minor to listen to us tonight, I think we can understand that, too. But it is certainly a good idea that we try to educate everybody in turn. We'll be right back.

[MUSIC PLAYING]

- The name Africa conjures up numerous images in the minds of many people. One such image is of a continent that is dependent on the West for the survival of its people. But there is more to Africa and its diverse peoples than this type of stereotypical image. Africa and peoples of African descent have made valuable contributions to world development that you don't often hear mentioned on other news and entertainment programs.

To find out about Africa's contribution, strategies for development, and innovative approaches to solving old problems, tune us in on Saturdays from 9:00 PM to midnight when *African Kaleidoscope* brings you music news and discussions that will entertain and enlighten you on African issues. That is *African Kaleidoscope* every Saturday night on World radio 90.1 FM.

- Yes. I have with me in the studios, Mr. Anthony Rios from the city of Houston Health Department, Mr. Ray Hill who does the prison program here, and Jim Carper followed as *After Hours*. Our topic tonight is AIDS and we're going to be talking-- it's really a free for all, if you come down to it.

That's what it's going to boil down to. But I'm going to try my level best to direct this discussion, so I could get educated as much as you are there listening to us. It's difficult to preach to the choir, so if you're part of the choir, bear with us. We want the congregation to understand what is going on. So some of the questions may not seem appropriate for you, but the members of the panel have assured me that no question is dumb enough, OK?

- True story.

- OK. Now, one of the things that I found out in doing this research before I got you guys in the program here was the fact that when the United States celebrated the bicentennial, the gays and lesbians marched down Fifth Avenue in New York in full view of everybody. At this point, they said it was almost like we are no more going to be accepting the labels that other people have given to us. We are who we are, and you have to accept us as such.

And that in the minds of some theorist created the animosity that when this disease actually hit the San Francisco area and again during the Reagan administration, most people said, well, it's them. Let it take care of them. And I gave Jim an article that I got from one other source that talks about how the World Health Organization was actually involved with the US Army at Fort Detrick in concocting this particular virus.

So there are so many theories. Historically though, one thing that is interesting is that, as you said earlier on, Ray, this disease must have either been here for a very long time. But not recognized or we just did not pay attention. Because looking at the literature, you can see that there was a Scottish sailor whose tissues tested, when we developed the proper methods of testing, whose tissues tested for this HIV virus. And then there was this young Black guy in Missouri Kansas City, Missouri in '68, whose tissues also tested positive for this disease. So it was not a 1980s phenomenon. It was something far back then. But why has the politics of it changed so much?

Let's look at it first from the gay community's perspective. This is a community to most of our listeners that is something that they are not familiar with. How have the people in the gay community handled this disease? Ray, you've told me, you've told all of us that you've lost a lot of friends. Jim you are now personally suffering from this disease.

- I'm not really suffering. That's the point.

- I'm sorry.

- Well, the gay and lesbian community, I think it's reacting exactly the way the heterosexual community is reacting now. At first, we didn't want to believe it.

- First of all, with all this talk about where did it come from, and how did evolve that we had sick and dying people to take care of.

- Yes.

- We still do.

- We still do. We're still doing that.

- As a matter of fact, we're nearing the point where, I believe, we've lost twice as many people to AIDS than were killed in the Vietnam War.

- Is that right?

- Yes.

- Majority of those people in this country have been gay males. Those statistics are changing, unfortunately. What I am so pleased with is to hear the people at the AIDS Foundation and the other social service organizations continuing to pledge that when the last person, who is gay who is going to die of AIDS has done so, we're going to still be in the business for the people who are not gay that still have AIDS.

- As a matter of fact, they're seeing more people that are heterosexual.

- We just don't ask that question when people appear for services because that's not an important issue. The important thing is, can we help people who are sick?

- One of the things that had to be done in response to the same question was education efforts because there wasn't any such thing as federal funding for broad education programs. So the gay community had to literally invent programs, safer sex programs, general HIV information.

- That the government kept throwing away.

- At bars and people's homes, all over the place. Have some very, very effective models that have been developed that came directly out of the gay community.

- What about this-- again, it may just be misinformation, but what about this particular aspect that they say, well, it's their lifestyle that's killing them? How do you react to something like that? I mean it may sound stupid, but how do you react to it? You live in that community, you know what a community is about, how do you react to such a statement?

- Well, in the very beginning, certainly there were behaviors in the gay community and in the non-gay community that placed people at greater risk than were necessary. Back when I was still manager of this radio station, a group of people came to me from an organization called Shea Houstonians or citizens for human equality organized by Steve Shiflett, who has since died of AIDS, and a group of friends after he served as president of Houston Gay Political Caucus, now Gay and Lesbian Political Caucus.

And they said we want to put out a pamphlet to help people reduce their risks. Now, this was way back when we thought maybe poppers and all kinds of stuff had something. And I actually wrote the copy for the first safe sex pamphlet published in the country. That was in Houston, Texas.

- Interesting. And we couldn't even get the City Health Department at that time to put it into folders for conferences coming to town. We had passed out the same folder they did, but it had our pamphlet in it. Health departments are not hostile places. Health department wants to help keep people healthy. And sooner or later they got on the bandwagon and even the Surgeon General of the United States sent everybody a letter about what they did. But we started that within the community, and we were motivated because of our friends.

It first started in Houston with the Kaposi Sarcoma Foundation, which later became, after they coined the term AIDS, the KS-AIDS Foundation, which is now AIDS Foundation Houston.

- Now the Kaposi's sarcoma is one of those diseases that people with this-- one of the opportunistic--

- A form of skin cancer.

- --skin cancer that was originally very common in the Mediterranean, but it's now prevalent in the population that suffers from this disease.

- Kaposi's sarcoma generally shows up in people, who because of their age or because of their personal habits, or because of the existence of HIV, have decimated immune systems.

- Anthony, before we came on board, I was telling you about this *Los Angeles Times* reporter that wrote a book, *The Drum?*

- *The Band Played On.*

- Right. Interesting book. I have not read the book myself, but I saw a literature review of the book. And it interested me how the federal government under the Reagan administration saw this disease, not for what it was, not as a pandemic, but as a disease that was much more focused on quote "the wrong type of people." They looked at it from a moral perspective.

- That's been the mistake of government since the beginning of the epidemic is basing the response to HIV and how we, as a community, handle it or we, as a nation, handled it, looking at it from morals and particular communities and risk groups. And we don't say risk groups anymore. Early on we did.

And when you look at the people that were being infected with HIV early on, you had the gay population, you had IV drug users at the same time. And there still is no way. There are a few places now in this country that do needle exchange, very controversial subject, but the political climate has not allowed the American people really to respond to HIV the way they should.

- Yeah. The Dutch government has experimented very efficiently and in fact, it's now law in Holland to dispense syringes, isn't it?

- This is true, and they've been doing that for a while.

- They've been doing that in Houston. It's just that we had to do it illegally.

- And we're still doing it illegally.

- In New York it gets done, and it is illegal but it does get done.

- OK. Now personally, let's go around the table, as we talked in the introduction you all mentioned the fact that, Ray, in your case, you've lost over 200 and you stopped counting. So is Anthony and so are you, Jimmy. How has that affected you personally? Now I'm talking here in terms of your personal association, and how do people react to you when you show up and say, well I'm Ray Hill and I'm with such and such an organization? Or you, Anthony?

- They're not as frightened as they once were. (LAUGHS)

- Well, that's good to know. But I mean, for a population like the one that I am. I mean, again, like I told Jimmy at the beginning, for me, this is an education because this is something that is seen as in a different planet from where one exists.

- Well, I think that we all have a tendency to avoid or try to avoid dealing with scary things, I can imagine. I have to go regularly to San Francisco for political cronies getting together and any kind of thing. And San Francisco has been the city most devastated by AIDS, most visibly devastated. Probably more people have died in New York than in San Francisco, but they're dispersed over a larger population.

San Francisco has like communities of people that now have vacant apartments. Whereas, you used to have to have \$1,400 to rent a one bedroom, you can now get it much cheaper. Not quite as cheap as you can get in Houston. But you go to San Francisco, and you see the missing chairs around the table. In each of those cases, it's people with special talents because we've been a movement that encouraged people to specialize in knowing certain political and economic and social things. Our archivists are a handful of people scattered across the country that barely cover the need.

- You raise an interesting point. In fact, one of the things that I found out as I was doing this research was the fact that 97% of people that fall within the gay or lesbian community are your middle class and upper middle class people. This was something that was totally new to me.

- Yeah. We probably are the greatest reservoir of disposable optional income of any country.

- Absolutely.

- That's why the big push right now is to organize our economy, so that it works for our politics, which is the project that I and others are working on.

- Since you made that point, for me, as a Latino and watching the epidemic from a gay Latino perspective, one of the things. Because all the emphasis in the last four or five years on the really strong emphasis on the decaying public health system, and how can we take care of people when public hospitals had had to bear the brunt of taking care of gay white men that previously had insurance, but didn't have insurance anymore and had to go to a public hospital for the very first time in their lives.

And they saw the deplorable conditions. They were outraged. And that really brought it to the forefront of the American people to see the conditions in public hospitals. Prior to that, people of color were the ones who were always in the public hospitals, and no one raised a stink because they weren't going to ever have private insurance anyway, and that was that.

But, really, in the last probably six or seven years, we've seen that kind of focus on we've got to take care-- we've got to put that structure, that foundation in for public health care or we'll never, ever be able to take care of the indigent populations.

- The interesting thing about that is like, yes, the minority populations in this country have actually been suffering a lot more for a very long time under the ravages of this disease. In fact, the decimation is very high in that population. And yet, it is only when, and again, here I have to be really sensitive to people like Magic Johnson or your Arthur Ashe, when high profile people like that become infected or die from the disease, then it becomes, well, it's still a problem for the minority community. Ray, as a White gay person, what kind of alliance is there?

- The interesting thing about being White and gay is that you're never quite white enough, (LAUGHS) because you're gay.

- That's exactly right.

- And so I may not be able to speak for the majority population, but I can tell you something. I am going to take know pleasure in the shock on the faces of White middle class America when it is their teenage daughters. I do not wish what I have experienced vis-a-vis my friends and people that I love and care for very much watching them get sick, watching them waste away.

And I am not going to get five seconds of pleasure watching White middle class and upper class Americans going through the same thing. And that is where we are headed. And we are headed there as directly as anything in the world. People say, well, the people at greatest risk are women of color of childbearing age. That is true. But you don't have to be of color.

And it's the behavior of White males, who think that they are somehow immune to this disease, and they're going to spread it to a teenage, upper middle class female population and it's not going to be easy for AM radio talk show hosts to deal with this when it is in their own family.

- It's a very candid admission on your part to raise that to that level.

- Oh, Matthew, for years now, the entire gay community has been saying please, please government do something about this before it gets into the heterosexual population. And now it's there. We've seen it come to fruition what we dreaded all along.

- Again, the history of this disease points to missed opportunities by governments all over the globe. The French government, the Belgian government, when those people started coming in from Zaire, from Central Africa, never really paid attention to it until the French White population started dying.

- Having been involved in health education and going to so many schools and churches over the last four or five years now, for the longest time, the main word was abstinence from middle class America. And that just isn't going to work when we have the highest rates of teen pregnancy. Here, in Houston, we have the highest rate in the country of teenage pregnancy.

- Anthony, from a Latino perspective, it must be particularly difficult because the Latino community is one that is close knit. It's Catholic. And there are all of the implications that go with being Catholic.

- Well, that is very true in the Latino community. And also my experience in the African-American community of the religion getting in the way of delivering accurate, sound public health information.

- Right.

- And when you base it in abstinence is the only way, no sex outside of marriage. And when you're told by churches, you can come into my church and you can talk to my congregation, but you can't talk about condoms. You can't talk about sex outside of marriage. You can't talk about homosexuality at all. That doesn't exist here.

- That is not just a problem.

[INTERPOSING VOICES]

- It's not just a problem with the African-American community. I was talking to a professor the other day and he's trying to put together something on the African community. And he said a lady came up to him and actually said, look, I know you're a professor and I know all of these things. But here's my problem, how would you expect me to take a condom home and tell my husband, here, you got to use a condom?

- Exactly. My companion at the time that I wrote that pamphlet was a political exile from Chile. And so I went home and in my broken Spanish and his broken English, we had this conversation about using condoms-- both of us using condoms within the context of our relationship. And Patricio looked at me like I was talking about the abstinence from sex altogether because somehow with a condom, it wasn't sex anymore.

I'll tell you what worked on him. It was a wonderful line that I got from Germaine Greer in 1977. As a reporter from this station going out covering the International Women's Year Conference, we were talking about sexuality and feminism, and she said, there's got to be more to sex than all that dreadful poking, which is one of the best lines I have understood.

I have used that line. I've always given her credit on one of Joseph Biden problem here, but in reality in sexual communication, kids, boys and girls, mothers and fathers, understand that there is a great many wonderful things you can do without exchanging body fluids.

- OK. With that we'll be right back, and we'll talk some more with Ray Hill, Anthony Rios, and Jim Carper.

- The following program contains language or images of a frank or sensitive nature that may be considered objectionable by some. Listener discretion is advised.

[MUSIC PLAYING]

- Issues, controversies, understanding, and yes, sometimes disagreement are just some of the ingredients that go into the provocative yet informative open line Houston segment of the expanded *African Kaleidoscope* program every Saturday night from 10:00 to 11:30 PM on World Radio 90.1 FM. We may not always agree on all of the issues, but we certainly have an opportunity to express our varied opinions.

Freedom of expression is a power that we hear on World Radio believe is a right of every man, woman, and child. As we listen to you and you in turn listen to us, we learn about this Earth and its diverse peoples and cultures. So pick up the phone and be a part of this maturing phenomenon called talk radio. Go ahead you can do it. Don't just sit there and expect others to express your views. They may not. That's open line Houston on World Radio 9.1 FM right here in Houston, Texas.

- Yes, indeed. Our topic tonight is one that I'm sure is going to create-- I want it to create a level of understanding in my listeners just as much as it's creating in me here.

Gentlemen, let's talk now about the politics of AIDS. Ray, I'll start with you and then I'll go around the table. Let's make it as graphic as you can. In the city of Houston, let's come down to the local level, Ray, at the local level, how has the political machination destroyed the fight against AIDS?

And before you answer, let me go ahead and give a phone call. We're now going to start taking phone calls 526-5738 is the number. 526-5738, if you have any questions, we'll take our phone calls now. Yes, Ray.

- Just as AIDS was beginning to have the kind of impact in Houston that had preceded us in San Francisco and New York, about 1985, we had people with AIDS but the dying had not really progressed very far. Whereas, the dying was full swing in San Francisco before that. We had a referendum in the city on gay and lesbian employment.

And it was a feeding frenzy of fundamentalist, extremists. Bible thumpers came out of the woodwork. People raised and spent, oh, my god, 3/4 of \$1,000,000 in that campaign against us. Every myth that had ever existed about gay people, they brought nuts from all over the country to do that. And so one of the problems we had in Houston was that the gay community had become the political pariah, just as the statistics in the need of addressing AIDS within the gay community.

So for the first several years, we had to literally do it ourselves without significant city help. It was not politically astute for City Health Department, politicians wouldn't ride the heat. We went to several health directors that were good and wonderful people, but they were constrained by the elected politician bosses they have.

That egg has gone through the snake now, and now the city is being more responsible to it. Anthony's being here. The city began to hire the appropriate people to do the appropriate things and begin to put some of the appropriate mechanisms. But there will never be enough.

- Well, OK, now that we've talked about a local level, let's go one step to the political level, at the National level, I should say.

- I'm glad you skipped the state because that's a circus.

- Well, I'm going to come back to the state, but I want to focus in on two issues at the National level. Issue number one is that of gays in the military. Issue number two is that of the so-called reversal of the Clinton administration's promise on the Haitian refugees.

- The Haitian refugees is specifically an age related situation. The gays in the military gays in the military, the only thing that has to do with AIDS is smoke and mirrors. And gays are already in the military.

- Yeah, they've been there.

- But instead of wasting a lot of time on gays in the military because of the situation, that's just excess male insecurity, emotionalism, being spewed off. But now the Haitian situation, letters have been published this week from a Democrat and a Republican, both of them state representatives from Houston, who talk about the dangers to America for people from Haiti with AIDS who are being held, as I understand it, in a military base and denied basic medical treatment.

- Yes. The one at Guantanamo Bay.

- Those people are being allowed to suffer and die. I can think of no other reason other than they are Black. If these were Germans or Irish people, there would be a whole different national policy on this. They'd be welcomed with open arms into this country and treated well. People from Europe with AIDS come into this country and leave this country for treatment for AIDS.

- You are not saying all is or do I sound an implication here that the US policy toward Haitians is actually racially motivated?

- It is so obvious to me that I can't understand how anybody could reach a parallel conclusion. I carry a Black friend of mine to the airport the other day to meet a European friend of his who come over here to get treated for AIDS. And there's no problem at all with his crossing. That's getting through customs at Intercontinental Airport. Whereas, a person coming from Haiti could not literally go through the same lane, get off the same plane, go through the same customs without interruption. It's racism.

- Anthony, from the city's perspective, I know this is politics, but you are on the front line there, too. Is there a policy that actually looks at the needs of the minorities that are afflicted with this disease-- afflicted with this disease?

- There are needs assessments that are done. And from their treatment policies are set educational policies, things like that. So it's all based on needs assessment. One of the unfortunate things about needs assessments is that many times they're targeted. And they go after, for instance in the Hispanic community, they'll go after certain populations and ask specific questions. Well, many, many people are just reluctant to answer those types for HIV related needs assessments because they're personal questions.

It's just not appropriate in the Latino community to be open about your sexual history. That's just as an example. Same thing in the African community. If we went to Fiesta or whatever, instead of a big table and say, we want to ask you five questions. They all deal with your sexual behavior. Not too many people are going to sit there and answer.

- Absolutely.

- Only at Mary's, I'd say.

- Gentlemen, can we go to the phones? Go to the phone lines?

- Sure.

- OK. All right. Let me say this up here and let's go to the phone lines. Let me see. Hello, you're on the air.

- Yes, please.

- How are you doing?

- OK.

- Good.

- Yeah, my name is Henry Parker. I like to make a little correction in the recording that was played. The continent of Africa doesn't depend on the West for the survival of its people. The West depends on Africa for the survival of its people. If you going to remember, the scramble for Africa--

- Wait, wait, wait. Let's not go into history here.

- I'm a lover for history. I just wanted to call the mistake.

- OK. No. Are we going to be talking-- Are we going to be talking about-- OK. Are we going to be talking about the--

- Yes, I'm talking to that.

- OK. Sure. Go ahead.

- Right. Then clue is I brought you up for the survival of the US. OK. Now we come to AIDS. First of all, let me ask a question. If scientists were successful in making a chemical that dissolves everything, do you know the problem he was left with?

- Which is?

- He didn't have anywhere to store it. So I want you to look at AIDS that way. The virus like of AIDS, when you look at a virus, it's not a plant. It's not an animal.

- Do you have a question?

- It is a chemical that is capable of reproducing itself.

- Do you have a question?

- Well, I actually, I'd like to respond to that.

[INTERPOSING VOICES]

- OK. Go ahead.

- I'd like to respond to that because AIDS, I mean, there's something wrong with looking at AIDS as a chemical. AIDS is a highly reproductive-- it's all it is RNA. It is genetic reproductive material. There's no other element to it.

- [INAUDIBLE]

- OK. So what's your point?

- OK. I'm just making it come. I'm just expressing my own opinion. I have a document on this from *London Times*, OK? That's it was injected in the African country of Uganda and die to control the population of Africa because Africans are economically improvident. United Nations, March of Dimes, Red Cross are spending a lot of money just to feed and take care of the Africans. I have a document on this from *London Times*.

- I have those.

- And then, the two parts of the world that were really targeted were the Haitians and the Africans. But you know what? It's not only Africans that are groaning under the yoke today. Everybody is groaning under the yoke. That is all I have to tell.

- OK. Thanks. OK. 526-5738 is the number. Hello, you're on the air.

- I'm Hai. The gentleman that just spoke before him, I think, was saying that Uganda was infected purposefully?

- Well--

- Well, let me say something. I have a feeling he's correct. For years I've been saying that AIDS is biological warfare. I've had several friends in the Houston area around the United States die of AIDS. Mostly highly intellectual, very well-educated people. I myself am infected and I found myself in the most precarious situation because I lost my job here in Houston through homophobia at a major engineering firm.

Not only that, but I've outlived it for two and a half years. And now I'm at Thomas Street, which is an incredible joke. I'm outraged. And on top of that, and this is the truth, about a month and a half ago, a Saudi Arabian female psychiatrist diagnosed me as a homicidal homosexual. I'm a child of the '60s. And I have never even touched a gun, much less own one.

I called Thomas Street enraged and wrote a report to them. The director called me and talked to me for 30 minutes and apologized, and said that wasn't on my record and I misread it.

- OK.

- As of yet, I have not received a copy of the fine document I was forced to find when I was there. I was upset.

- OK.

- I mean, it's like what is going on?

- OK. Fine. I'm still healthy. I have a low T cell count, and I refuse to take the poison. I'm doing alternative methods, but I mean, it's like it's a zoo.

- Yeah. The point is well taken and I appreciate what you said about the situation at Thomas Street Clinic.

- Now, let us define that for people who are not familiar.

- I want to sort this out because we have somebody from City Health Department and you say, Thomas Drake Clinic and other things.

- Yeah, it's confusing.

- Thomas Drake Clinic is actually a form of County agency.

- It's part of the hospital.

- Yeah, part of the Hospital District. And I am there frequently because I have some friends who get treatment there. And it is mass produced treatment at what you would expect mass produce treatment to be. And it has no direct connection with the city of Houston Health Department or things that enter.

However, considering the caseload that they have and the facility in which they are in, which is some kind of real estate deal having to do with the County judge, I don't know exactly. But considering all of those circumstances, I think the people that work there do a remarkable job of trying to provide.

- Well, they do. They do an outstanding job. And it is a facility that's dedicated solely to the treatment of HIV.

- And Thomas Street, that's here in Houston?

- Here in Houston. It's part of Harris County Hospital District. And what I can remember reading their reports from '91, I think they were averaging about 2,000, 2,500 visits per month. All indigent.

- Is this the one that came as a result of the closure of a facility on I-45 sometime back?

- Well, it kind of. That I-45 facility was a private hospital effort. And the theory was that if they opened up a hospital that all of the doctors who were treating patients with AIDS, who had insurance, would rush them over and give them away, give their insurance away, and that did not prove to be the case.

You've got to realize that health care system in this country is a very precarious balance between available resources and the greed of the people providing services. And so while the theory was is we will specialize in AIDS and we will treat, not just people with insurance but everybody else, because we will make profit off of those with insurance. And so we can afford to treat people on whom we will lose money.

- Let me bring this down to a very personal level, Eugene.

- Yes, me. I wanted to mention that because Anthony talked about people at Thomas Street being indigent. And I can foresee in the future where I may be going there my own self. I am now paying \$200 a month for hospital insurance, which I'm not using. But it is not unusual for people in my case when I have to use it that after the first claim goes in, my insurance rates would be doubled, tripled or quadrupled.

- Or canceled.

- Or canceled.

- We don't love you anymore.

- We don't love you anymore. Go away. So while I wouldn't be exactly indigent, it's just that I could not get insurance.

- On a personal level, how have you-- now, Jim, again, I have worked with Jim at this station for a number of years. And it came to me totally out of the blue last time I spoke with him when he told me Matthew, I'm HIV positive. And I could not believe it because the face of AIDS as we have been told is this monster out there.

And yet here is a gentle, very nice person that you could-- I mean, you would be the last person in the world I would have thought of. How have you lived--

- That's the whole idea and that's why I want to be out of the closet of being HIV positive. Because there are millions of me out there. Millions.

- And there are people in my situation where if someone were to ask me, are you HIV positive or negative, it is irrelevant what my answer to that question would be. Because I am simply not going to live in a community where there is some kind of barricade, elitism or I'm positive and you're not, or I'm negative and you're positive. That kind of divisiveness in a very small contiguous community like the gay and lesbian community is unconscionable and cannot be tolerated.

- Jim.

- Yes.

- How have you lived with this disease in terms of your friends, in terms of, obviously, you told us lost your job, in terms of your social life, if you have any? How have you lived with this disease? What are some of the drawbacks of having this disease?

- Well, first of all, when you find out, you kind of reassess your life, and you're forced to look ahead and see that the normal drop off point, if your life were maybe in the '70s, '80s or '90s is suddenly come a lot closer in. And so you're going to want to live as much of your life as you can because you realize that the advantage you have over other people in that respect is you know that you're not going to be there a very long time.

Other people may get hit by a car, but you know your life is shortened.

- And what has that done for you? That knowledge.

- It's changed my life entirely.

- How has it changed it, and in what direction has it changed it?

- It changed me from a yuppie, little queen working at a, yeah, at a conservative oil company to saying, what do I want to do with my life? And just shucking everything and deciding now it's time for me. I'm going to do what I want to do when I want to do it.

- We've had some remarkable role models.

- Oh, yes.

- From Arthur Ashe.

- Yes.

- Who died with as much dignity as one can in this society to Magic Johnson, who in the face of people literally refusing to get on the court with him, carrying himself with dignity, and honor.

- Absolutely.

- Rock Hudson coming out of the AIDS closet and setting the example. On this radio station, sitting at the controls where you were, Mike Mitch literally did the Walden Stein program for the last four years of his life even when he barely had the energy to come to that table.

- Yes.

- I thought, since I was the controlling factor there, that it was important for the listeners to KPFT to hear and experience Mike's struggle. And they got it, and it was sometimes pretty raw and pretty ragged. But this community, speaking of Pacifica, and my larger community, speaking of the gay and lesbian community, and even the community that is created by the Prison Show are people who are well aware of the depth of the meaning of what it is to have AIDS, and what it is to live with AIDS, and what it is to die with AIDS.

- Let's go to the phones and then, Anthony, I want to--