

- Let's go to the phones and then, Anthony, I want to talk to you about-- you say you are on the board of people with AIDS here in Houston, and you are working on some federal-- what's it called now? The federal--

- Federal AIDS Agenda.

- AIDS Agenda and how that's going. We have somebody on the line here. 526-5738 is the number. I'm made to understand that people in the audience are not probably picking up the phone calls. I don't know what the problem is. Hello, you're on the air.

- Hi, yeah, my first question is, well, first of all, I'd like to know if you have a specialist on. Somebody that's well versed in how AIDS got started or where? I just tuned in kinda late--

- Yeah, we've been talking about that for the last hour or so.

- Well, I think all of these folks are experts. Trust me.

- Experts, OK. First question is why did Magic Johnson quit the AIDS Commission?

- Because the AIDS Commission--

- Anybody know?

- Because the AIDS Commission under George Bush was--

- Hello?

- Hello, can you hear him?

- Because the AIDS.

- I can't hear him.

- Because the AIDS Commission under George Bush was a forum.

- Hello?

- Can you hear him?

- No, I can't.

- We must really be having some problems because we can hear you fine.

- OK, well--

- Can you hear me?
- I'm going to turn the radio up a little.
- OK, you can't hear us enough?
- OK.
- Now, I can--
- Don't turn it up too loud. You'll get some feedback, but the answer to your question, why did Magic quit the commission because the--
- Stay away from your radio, Rod. That way, you won't have feedback. Move away from your radio a little bit and just--
- Because--
- OK, is that far enough?
- That's why he quit.
- Because of what?
- And it wasn't doing anything.
- OK, it wasn't doing anything. OK, and are you familiar with Dr. Stricker's--
- Yes.
- OK, memorandum, and how about the testing that's done with the Immunex and that Barbara Justice, Dr. Barbara Justice, and Ali Muhammad is doing with the alpha interferon.
- Yeah, well, I'm familiar with all of those alternative treatments. As a matter of fact, I have gone through some of those with myself and my friend. Let me tell you something. At this point, the medical establishment, and you understand that the gay and lesbian community agrees with the medical establishment on a lot of things. But the one place that we break with agreement with the medical establishment is in the treatment alternate-- access to alternative treatments.
- Caller, you need to move away from your radio because I'm getting this terrible feedback in my ears.
- OK, how's this?
- OK, all right.

- OK, and before we break, is in that kind of access to experimental drugs and alternative treatments, my advice to anyone with AIDS is to try anything and everything you feel comfortable trying. Inform your doctor that you're doing it but don't necessarily take orders from your doctor.

Get in control of your health care. Make the decisions concerning interferon and other things for yourself. Don't let somebody else make those decisions for you. Because the one element here that I have found that keeps people alive is their mind.

- OK, and we know now, especially the gay community, I've done a lot of reading on this that the gay community seemed to be aware that if you take the AZT, then you will die.

- AZT is poison.

- Right, so then your first caller that I heard--

- However, AZT and DDI and E-I-E-I-O in combination may actually mutate the virus as a young doctor-- what's his name? Ho?

- It looks like that's where things are going these days. The combination therapies. No one thing is going to knock it out, but the combination--

- But AZT in and of itself has killed more of my friends than it's saved.

- Is the toxicity level so high that it--

- It is an extremely toxic drug, and it is an extremely deteriorative drug. It causes anemia in the worst form.

- And incredible muscle atrophy.

- Right, and it is responsible for as much wasting as anything having to do with--

- OK, and my last question is, are you familiar with Jack Builder? Who was a biochemist who worked for the military, and he has written a book to suggest that the AIDS virus is germ warfare, was created in a Fort Detrick's Maryland laboratory, and taken to Africa and injected into the women and children. And during this period of injection, the Haitian people, some of the Haitian people, were in portions of Africa at the time. And this is how a lot of the Haitian people became infected.

- The thing about the Haitian-African connection is Cuba is the key to the Haitian-African connection. Because Haitian people themselves do not do a lot of migration. Some people have the wherewithal to go back and visit, but people from Cuba were sent by the Cuban military over there to get war.

Part of the theory that AIDS was germ warfare, and please understand again, don't confuse AIDS with germs, but the AIDS virus was part of warfare is the infection of a large number of Cubans. And a large number of Cubans came to this country when the Maryknoll boat people-- remember that kind of situation?

I was one of the four people in the United States that got a call from the Jimmy Carter White House that said a lot of these people are gay, and they need to be assimilated in the gay community. And we took 60 such people in Houston at the time. Three of which survived.

- OK, so do you have any information as to the laboratories in Fort Detrick's Maryland creating this virus?

- God only knows what they've got in Maryland in the CIA compound. Do I doubt that there's such a laboratory? No.

- Do you have any information on this?

- I don't have any information.

- Jim.

- Yes?

- Jim-- Jim has a folder there. You can give them the name of that article because that article talks about what this caller is talking about.

- Yes, it's called Who Murdered Africa by William Campbell Douglas M.D.

- Yeah, and you can-- this was--

- Reprinted from the September 1987 issue of Health Freedom News.

- Right.

- But the thing about it is that--

- Thank you, dear caller.

- OK.

- The thing about it is that I don't think CIA has any particular interest in Africa, but I think some of their friends in South Africa probably have a lot of interest in the population of Black Africa. And let me tell you something else, I mean, here I am, an almost middle class white American.

Again, I'll never be white enough because I'm gay. But here I am living in a world in which I am so damned sick and tired of people's ignorance and prejudice having a major impact in factors of my life. I am sick of it. I'm up to my ears about it, and you're going to make me a radical if you don't behave.

- Richard, what--

- The other thing is, since we're up to our ears in AIDS, some of us who's been living in it for a long time are, like, feeling, who cares about how it started, when it started. Let's get rid of it and then deal with how it started.

- We'll let the historians--

- Richard, you are on the board-- a board member for people--

- Anthony.

- Anthony, sorry.

- No problem.

- --with people with AIDS. Now, what is it that this board does, and how do you go about the functions of this board?

- Well, we--

- And who are the people who are board members? Are they all going to have to be homosexuals, or are they going to be--

- Well, the People with AIDS Coalition has been in Houston since 1986. The board, it's a volunteer board. Their job is to manage the organization itself. Now, the organization does have paid staff, which deal with the day-to-day operations. The majority of clients-- I would say 90% of the clients of the Coalition are indigent people living with HIV. Lots of women and lots of children. Our work deals with information and referral.

The most highly utilized program at the Coalition right now for the last three years has been the warehouse program. We call it New Beginnings, and many people have to relocate or move out of an apartment because of eviction or loss of income or something like that or move back in with their parents or something. And we provide them with free furnishings and household items. So it's one of the many social service agencies here in Houston.

- Any of-- anyone amongst you-- all three of you can answer this.

What are some of the laws that protect people with AIDS in this state?

- AIDS has been incorporated in the National Disabilities Act. And now, they can fire somebody because they're gay without any legal impunity at all, but you can't fire somebody because they have AIDS without legal impunity. And that has been a long, tedious struggle, and we're having almost as much trouble with the bureaucracies who enforce it as we've had getting this far, but it is the law.

People with AIDS are included and covered by the National Disabilities Act, and those of you who think as, at one time Randall's thought, at another time other groups and employers in the city thought, that just because somebody has AIDS, him because they are afraid of them because of their ignorance, they can find them. That is no longer true.

- That also applies to not only employment but housing issues, access to services, such as just simple things like going to the dentist or the eye doctor.

- Now, we have over the years had sensational stories, of course. Stories about this doctor in Florida that infected the young lady, Vigano, and things like that. Obviously, some of these laws were laws that were passed in history, but how do you react to the Supreme Court decision on a case that came out from Houston here on a gentleman, I think, who lost his insurance coverage?

- The McGann Insurance?

- Right, right. What kind of impact has that had on--

- Well, let's understand who the Supreme Court is. The Supreme Court is in the business of protecting the economic establishment of the United States. I mean, as one who has actually won Supreme Court cases, I mean, *Rohill versus Houston* is on the books. And the Supreme Court's job is to protect them-- protect that which them that God has.

- Confusing.

- Yeah, no, it's really not confusing at all. If you think the Supreme Court of the United States, which basically are with the sole exception in my lifetime of Thurgood Marshall, extremely successful lawyers from extremely rich families and understand who they are and where they came from. Now, the one exception of the court is Justice Thomas, and I would not say that Justice Thomas' loyalty is to the poor Black community from whence he came.

His loyalties are obviously elsewhere and look at his decisions and say, you can count on this Supreme Court protecting the economic interest. And if Mutual of Omaha, he's going to lose big bucks to people with AIDS, then either Supreme Court is going to stop that or change the rules so that they could raise all of our rates to the ceiling. Because Mutual Omaha is going to be protected by the Supreme Court of the United States.

- The scary thing about that whole case is that they've now set precedent to segregate people by disease.

- Absolutely.

- And right now, the only disease they're doing that with is HIV. They're not doing it for cancer. They're not doing it for heart disease or anything else. They don't do it for sickle cell. They don't do it for all the other catastrophic illnesses, for lack of a better word.

But they've set a precedent for employers to become self-insured, and therefore, limit the amount of coverage they'll offer their employees. I know of a few companies here in the Houston area that have recently become self-insured and have reduced their cap on HIV coverage from \$1,000,000 down to \$50,000, \$100,000 coverage.

- Is that enough money to treat somebody?

- For a 21-day stay for PCP, which is pneumocystis carinii pneumonia, the average bill is anywhere between \$25,000 and \$40,000 for a 21-day stay.

- 21 day stay, and how much?

- Hello, Matthew.

- \$25,000 to \$40,000.

- What is basically outpatient surgery? Four hours in the operating room at Methodist Hospital is \$6,000.

- Oh my goodness.

- So this is a very expensive disease, whichever way you look at it.

- It's not the disease. It's the health care system we have.

- How is this all going to play into this new thing with Hillary Rodham Clinton's national insurance?

- Well, let me say something about that because the Federal AIDS Agenda is something that I've been working closely with since the weekend after the Federal Election. This did not exist before November 4th, whenever the election was. But the very weekend after the election, it's called the Federal AIDS Agenda, and it's made up of national AIDS organizations. Gay Men's Health Crisis for New York City, AIDS Project Los Angeles, AIDS Action Council, National Minority AIDS Council, National Association of People with AIDS.

Their job is to bring together grassroots leaders from around the country to develop this agenda. And what we've done since November-- we've met twice in Washington DC-- is to develop what we see as key areas for the new administration to tackle, if you will, to come up with a plan to deal with HIV from a national perspective to put the money into a Manhattan type project for research access--

- Now, Manhattan type project, obviously, you're referring to the development of the bomb.

- The atomic bomb, yes, to put that kind of money--

- The best and the brightest together at the same place.

- This brings the question of who pays--

- For?

- All of these things that you recommended. I mean, just the figures you've thrown out at me for the kind of surgery that one person is going to pay, those are high dollar figures. And, Jim, if I can come back to you.

- Yes.

- It is particularly disturbing, wouldn't you say, when monies like that would have to be spent on just keeping somebody with the disease alive.

- Absolutely, because I can foresee that after my first bout with PCP, my insurance will be canceled.

- Yeah, and the situation is--

- And is it legal for them to do that?

- Quite, they can raise your rates. All kinds of stuff.

- I'd like to point out something that it has nothing to do with AIDS that the health care system is so expensive.

- That's true.

- It is to do with the greed of the health care system in this country. The health care system fought Medicaid tooth and nail when it came in and immediately turned it into a boondoggle where they get extremely rich off Medicare system and the Medicaid system in this country. What we are dealing with is a bunch of runaway professionals.

I mean, and I know some of these people. I know some of these doctors, and they are incredibly wealthy. And they have gotten incredibly wealthy off of Medicare and Medicaid and insurance companies, and there is a feeding frenzy in the health care industry to get all of our money.

- I have seen, on a couple of occasions, I saw a piece on *60 Minutes*, the original and the repeat, of this one doctor in-- I think in San Francisco General that wears all these space-like suit--

- No, you're talking about Miss Lane.

- Yes.

- Yes.

- Let me tell you, I have been on many programs with Miss Lane and her nicer sister, Lois, is even more real-- this woman makes crap up in the middle of a sentence. She will-- and then a few minutes later, she'll come up with this whole other conspiracy.

She believes-- now get this, listen-- that every gay and lesbian person in the world, every agency of the United States government, every physician in the American Medical Association, every executive of every hospital in the world, every public health official right down to the smallest caseworker and up to the doctor theorists that run it are in this massive conspiracy to lie to you about AIDS. And the publisher of her book is Lyndon Larouche.

- Ha, ha, what a publisher, huh?

- That is who Dr. Lane is.

- Now, the homosexual community is going to be planning a second march on Washington, and you were there, as you said, for the first one in 1979.

- I was fortunate enough to be called upon by my community to be chair of the executive committee and the coordinating committee of march on Washington in 1979, went back in '87 where AIDS was an issue. AIDS is such an issue now, and we were planning march anyway.

We were going to go educate our members of the House of Representatives and Senate about the importance of AIDS-related issues and gay and lesbian civil rights issues. And we thought we were doing pretty good until the gays in the military came up, and that doubled our attendance.

- Now, here's a question that's completely from left field, but I need some discussion. How do you react to groups like ACT UP and some of the militant groups?

[KISSING SOUNDS]

- Love them.

- Do they-- do they--

- They get your attention, don't they?

- Well, they certainly do.

- That's the whole point.

- They certainly have raged a good many people. I'm so glad to see them coming because they have relieved me of the burden of being the town radical. They've given me a quieter job, and I certainly appreciate that. Let me tell you, we would not be where we are today with AIDS. We wouldn't be half of the way. We would not have survived the Reagan Bush era had it not been for ACT UP.

- I tend to agree with Ray because that type of activism and that type of tactic is very, very necessary to keep people awake to the fact that there is this monster out there. Because one of the things that happens more often than not in mainstream media and in the press is they keep referring to HIV as fatal, as fatal, as fatal. Well, there are more people--

- Surprise, I'm still here.

- More people with HIV that are living without any symptoms whatsoever then there are full blown AIDS diagnosis. So that--

- Just for a brief overview, from the point of the infection, what is the marginal window of opportunity. What is the lifespan from the time you acquire the disease to the time--

- Well, it started out like 18 months from the time you were diagnosed with AIDS. Then they started finding out about HIV, and it was like, well, maybe there's a gestation period of about three years here. Then it went to five then to seven, to 10, and now 15 to 20.

- It's gone up to--

- As a matter of fact--

- Because we're taking better care of ourselves.

- As a matter of fact, with knowledge and awareness of the kinds of things to look for that might create problems, we may well be talking about people infected with AIDS now having a manageable condition such as one with diabetes.

- That's right.

- For the foreseeable future.

- Again, let's say from--

- The early '80s. OK. In the early '80s, I mentioned that from the time of diagnosis of AIDS, most people were given 18 months. Today, there are people-- there are lots of people who have lived 10 years with this disease.

- 10 years?

- Yes.

- They've never been sick. They've never been sick.

- Is this as a result of education or better--

- Well, and it also could have something to do with the virus itself and the body's natural abilities to deal with the virus. You know, viruses mutate 10,000 times faster than full organisms because there's so little to them. And early on, that was causing some concern in the medical profession because they're saying, wait a minute. This is HIV 1. This is HIV 2. Obviously it is mutating and all that, and it is. It's mutating constantly.

- Is it a scare when people say, well, I won't eat in a restaurant if somebody with AIDS is--

- Oh, give me a break.

- Well, not unless you have unprotected sex with the waiter. I guess--

- Yeah, well, I mean, if you're going to be hunching around on people between the tables, then that may be something to be worried about. Or if you want to get into a real bloody knife fight with the cook, that may be some concern. But peop-- 10 or 12 people have died in these arms. And when a person dies, they release fluids from everywhere. And that's just the nature of that transitional experience.

I am not going to die from AIDS because of what fluid I got holding someone in those last valuable moments on this planet. And people who are more afraid of AIDS than I am, if you understand the realities of your jeopardy, which is virtually nil unless you're exchanging needles, engaging in some kind of blood brotherhood, sisterhood exchange ritual, having unprotected sex, then you're cool.

- Unprotected sex. And what we mean is--

- Exchanging body fluids.

--exchanging bodily fluids, blood and semen mixed together.

- Vaginal fluids.

- Vaginal fluids.

- Vaginal fluids. Mm-hmm. One of the things, though, also with this is the resurgence of TB with the HIV epidemic. We thought that TB was eradicated. We didn't have to worry about it anymore. And here we have it again, coming up--

- Is it not a very interesting phenomena? Every time there's a resurgence of a disease that some group is going to be blamed. I remember reading in the papers two, three years back that the resurgence of TB in this country was to be attributed to the Haitian-- not the Haitians. The Asian population.

- I remember that. Yes. Yes.

- Interesting because--

- Well, Matthew, think about it. In San Francisco, the major minority is not Black. It's not Hispanic, but Asian. In San Francisco, there was probably the largest by population percentage exposure to AIDS on the planet. And about the time those stories came out, what was really going on in San Francisco? So how quickly the medical authorities jumped to conclusions, and then they have to ride that horse back into the stable.

- Oh, let's talk for a few minutes here-- I don't know if Anthony or Ray or Jim, if you've read this book, because I'm really interested in reading the book. And Jim was telling me it's this thick.

- What, Randy Shilts' book?

- Yes.

- It's a pretty scary volume. Actually, it rambles on a great deal. Randy is really a fine journalist, and he does this enormous composite of book of everything that was available journalistically at the time he'd come out. And two or three times in there he gets, I think, a little-- Randy's a friend of mine. He gets a little pompous and journalistically pompous and draws broad conclusions that there's no evidence in the book that those conclusions are right.

But what he did really was he opened up for me the legitimacy of a lay analysis of all of this. We turn large sections of our lives over to doctors and lawyers and other professionals, and we don't afford ourselves the kind of analysis that we do about other things. And as a result, we get politically and socially and economically pushed around for that. Whereas if Randy Shilts opened up for me permission to read and draw conclusions from the facts-- I don't necessarily agree with all of his conclusions.

- What about this history of-- I'm sure you folks would know this, Patient Zero?

- Yeah, that was Patient triple zero. Right. The airline attendant--

- Yes, from Canada.

- You know, that's very possible.

- He was still really busy. How did he ever have time to work?

- It was really busy, and I'm sure you get a lot of time off whenever you work in the airlines business. But in reality, those people that I helped distribute in gay communities all over this country from Haitian-- Haiti, those Haitians, good, wonderful people, deserving people, the first call I got after MCC group took in several was, this person is not gay, but he's Haitian and he's willing to mess around a little bit.

Well, look at it this way. If you're in a concentration camp somewhere in South Florida and somebody says, all right, we want all of you gay ones over here so that you can go to Houston, Dallas, San Francisco, and New York and live in nice houses and the rest of you stay here, what would your decision be at that point?

- Not much of a choice.

- Yeah.

[LAUGHTER]

And the fact of the matter is the federal government of the United States was very hush-hush about a lot of that. And along about the mid '80s when I begin to wonder, because these people were getting sick and dying, these people that we had adopted here from Haiti were getting sick and dying, and that worried me. And so I tracked down, what happened to the rest of the people that were in the concentration camp? And a lot of them were sent to a little state prison that was rented by the federal government in Fort Smith, Arkansas.

- Arkansas, yeah.

- And I drove to Fort Smith, Arkansas, and was told by the people that lived there that most of those people had died and that the rest of them were shipped to Atlanta. And you remember when Atlanta prison broke open when the Haitians got tired of living in the prison.

The fact of the matter is most of the people sent to Fort Smith had died in that institution, and those deaths were credited to some sicknesses related to changes in their diet. And I wondered what they were feeding federal prisoners at that point if it would cause them to die in large numbers.

- No, the experience of the gay, lesbian community with this disease has actually-- it's one that I think the heterosexual community should emulate. What are some of the things that you think can be translated from the homosexual community in terms of prevention into the heterosexual community? Anthony?

- Well, one of the main things is going to be talk-- just being willing to talk openly and honestly with each other about how this is transmitted and how it's not transmitted. That's one of the biggest mistakes I think that I've seen so far in the heterosexual population is the unwillingness to talk about sexual activity. And exactly what kind of sexual activity are we talking about? We're not talking about masturbation. We're talking about actual penetration where there's orgasm and exchange of body fluids.

- I think sometimes, because I live in the Montrose, I feel like with all the bombardment that we've had in the Montrose, say, for sex information, I feel like this must be what goes on in the whole world. And how come everybody doesn't know this?

- Yeah, and who's responsibility is your safety? It's your responsibility.

- Well, of course.

- It's not your partner's responsibility to bring the condoms.

- Right.

- Everybody brings condoms to make sure you've got enough.

- It takes two to tango.

- And don't bring one condom. Things can get awful excited, and that's when you're going to have a blowout, right?

- That's right.

- OK? And how do you put that sucker on in the first place?

- That's right.

- That's right.

- There's a wrong way to do that and a right way to do that.

- And maybe you want to double wrap sometimes.

- Absolutely. The double wrap is not an unreasonable thing.

- Exactly.

- It takes more time maybe, but let me promise you, that's one of the rewards.

- How about having your partner put it on for you?

- Right.

- Or talking about other sexual activities that don't even include penetration--

- That's exactly right.

- --where people can get their pleasure and be satisfied the whole nine yards.

- Hey, the whole idea of redneck foreplay is over. You've got to do something better than, hey, when'd you awake?

[LAUGHTER]

- That's redneck foreplay.

- That's redneck foreplay. Hey, when'd you awake?

[LAUGHTER]

- I have to let you all go on with--

- But I think-- but I think that is going to be one of the biggest areas to deal with is just education.

- But it is not an impediment.

- No, it's not an impediment.

- My sex life-- I'm 52 years old. My sex life is better now because of all of these rules than it ever was. I don't masturbate with other people's bodies.

- That's exactly what we used to do.

- I did a lot of that. In the first place, there's no sex until there's something to communicate in that process, and then that is worth the investment of time and gentleness and sharing. And it's a much more rewarding experience--

- It's because we're talking about it.

- I feel like an adult at 52.

- Exactly.

[LAUGHTER]

- Oh, heaven forbid.

- Jim?

- Yes?

- Again, how has your HIV status affected your relationships?

- Oh, I hate to say this because it's hardly affected it at all [LAUGHS] except for the insurance thing.

[LAUGHTER]

Which is, you know, a biggie. But surprisingly, my friends did not up and leave because I'm out in the open about being HIV. They did not up and leave. Neither did my family of choice get up and leave. It was no big deal.

- I think we'll see more of families up and leaving or friends up and leaving in the heterosexual population than what we've seen in the gay community.

- In the beginning. In the beginning, until people realized that this is not a big ogre.

- Right.

- Gentlemen--

- That's why I want to be open about it.

- Sure. We've seen those television documentaries of doors being locked, and they're not letting-- Fabian Bridges couldn't get in to see his mother and that sort of thing. But let me tell you--

- But there are people today, kids-- we hear about it all the time. 14, 15, 16-year-old kids that are kicked out of the house just because their parents find out they're gay.

- Or having sex.

- At this point, there's a television commercial that is particularly poignant. It says, if you don't know somebody with AIDS right now, in another five years you will.

- Oh.

- Yes, absolutely.

- That's a very scary picture.

- And I'll bet you if you don't know somebody with AIDS, it's because they haven't told you.

- That's right.

- And we have begun to get on the downside of the curve.

- Advice for the African community. Here is a community like the Hispanic community that is extremely sensitive about its sexual prowess and things like that. How do you get the message to them that, in fact, AIDS is not a disease that is going to affect just the homosexual population?

- Matthew, two weeks ago in the lobby of this radio station I read a Black newspaper publication that was talking about AIDS being a white problem, and so the Black community did not have to worry about it.

- That-- in this agent?

- Yes. Two weeks ago, and it scared me.

- Yeah, I want to talk to Black women because I mean, you're the first line of defense. And you're also-- it is much easier for you to get the virus from a male than from the male to get it from you.

- We have somebody here on the line-- let me get this person on the line and then we'll talk. Ray, I don't know. My phones are not working. Maybe tomorrow when you show up, they'll be working.

- Yeah, well, they're doing working here. I mean, the transfer from there to in here.

- Oh, well they are not hearing me over there too out in the real world. Anyway, let me go to the phones here. Hello, you're on the air.

- Yeah, hi, Matthew.

- Hello.

- Hi, Matthew. This is Lorraine.

- Hi, Lorraine. How you doing?

- OK. I called before because we can't hear the callers when they call in to you.

- Ah.

- You guys very well, but we can't hear the callers at all. So people are not following what people are calling--

- I have been wondering because I know the lines will usually be pretty busy, and yet we can't-- and I'm plugged in on the right--

- Yeah, we can hear the discussions that are going on with the panel, but we can hear the callers when they call in, so people cannot call back with a rebuttal or in response to what you're saying.

- This happened last weekend. It's happened again. I'm going to have to leave a note because everything is supposed to be in the correct slot.

- Anyway, I was calling also about something. Maybe that's why people are calling or maybe this is such a touchy issue in the African community that people choose not to address this.

- But Lorraine--

- Pick up on--

- --the thing that really bothers me is what you just said. It is such a sensitive issue that people don't want to bother with it. It bothers me because if we don't get the necessary information and be educated about it, our population is very small around here and it could be-- it could be devastated very easily.

- Well, sure. OK. Even in fact, I think it was *Newsweek* magazine that just recently has something in it. And in fact, it had something about Liberia and Ghana in relation to the issue and all of that.

- Well, let me just-- let me just talk to--

- And coupled with this with some colleagues--

- Let me talk to your point, because one of the things--

- --and they were saying that just how they are stigmatized. The people of Haiti in the early '80s is how they're now with the disease on the continent of Africa.

- OK, can you hear me? Lorraine?

- Yes?

- OK. I think Anthony wants to address you. Can you hear him?

- Can you hear me, Lorraine?

- Yes, I can.

- OK, good. This whole thing about--

- Well, I can hear him because of my--

- You have your radio.

- OK. Well, this whole thing about being a sensitive issue, that is a part of it. One of the things, though, that the African community just like the Hispanic community will have to deal with is how we educate ourselves, because what worked in the white gay male population may not always work in the Hispanic or African communities. Whereas we can get together as adult gay men in a group and talk openly about sexual practices and no one blushes, that may not be so for the Hispanic or African community.

And it may be-- in the Hispanic community we had to look and see, how do you talk to Hispanic women that were raised not to talk openly about sex? You know, and they never talk about it with men. They have sex. They just don't talk about it with their lovers or husbands or whatever. So same thing in the African community. What are some of the cultural nuances that we could utilize to educate people in an environment where they feel safe and comfortable?

- And Lorraine?

- Yes?

- I hate to put you on the spot here, but since you called as the first African woman, let me just-- is it a problem to talk about sexuality in the African community, period?

- Mm-hmm.

- It is?

- Yes, it is. I mean, I agree to an extent it is, but I think also when it comes to a disease as grave as this-- and I work with it every day. Only difference is I work with babies that are born with the virus. And I think once it has come to this point, people have to go a little bit beyond this being a stigma or stigmatization. They keep saying, oh, now they're trying to pin it on us.

But we have to think. We're not beyond this disease. Nobody is, OK? And when I saw this thing in the *Newsweek* magazine, they had the continent of Africa with the most predicted number of people that would contract this virus by the year 2000.

- Yeah, I think they have 75 million.

- Yes. And it makes you feel like, oh my god. You know, they've--

- No, total after-- by the end of the--

- The decade?

- Yeah.

- A decade.

- That's going to be heterosexual transmission.

- Heterosexual transmission. 75 million people on the continent.

- [INAUDIBLE] start feeling like, oh my god. They're picking on us.

But then you have to sit back also and think about, what if this projection is true? What if-- you know, what if? There are a lot of--

- Your name is Laurie, right?

- --and we need to--

- Lorraine.

- Yeah?

- So Lorraine, one of the things about that, though, is in the African community then, people are going to have to look and see, OK, what do we need to-- what barriers do we need to overcome so we can talk about prevention and how you stop transmission? Because unless-- until the African community is willing to be totally upfront about preventing the transmission of this virus through heterosexual sexual activity, then that projection will come true because it doesn't--

- But Anthony--

- Yes?

- --what kind of programs do they have for the African community? Because I've been asking these questions for a long time. They have programs for every community. And when it comes to Africans, we are all lumped on the other. And as long as you are on the other, programs are not there. I've looked. I'm the only HIV counselor in the city really working in that area. They have the DIS who does that too.

But can you tell me where Africans can go, particularly if they need anything done in that area? Because I know some are out there. They may be infected, but they are not covered.

- The trouble is-- the trouble is we may have people in our community who are infected who are not aware of it, and therefore they are a greater risk to everybody else.

- And the services are not there because it came to my mind that if you are on a visa and you have HIV, Harris County doesn't give you a gold card, so you are out there on your own. No services. Is there anywhere they can go for help?

- Yeah. So I mean, that creates a problem for our community--

- Coming out, even going out to be tested because they know if I'm on a visa and I go out there and test and I'm positive, nobody's going to be there to help me and I may stand to be deported.

- One of the things-- that's why it is important, especially for people with immigration concerns, that we have available the anonymous testing.

- Anonymous and confidential.

- Well, see, confidential, you can get confidential--

- OK, but you know what, though? People with visas, the reason why we fall into that special category is because I think with all the political situations that are going on at home, people come over here either for school or something like that with the fullest intent of going back home. And before you know it, there's a war at home or something takes place that causes that person to stay here, and the paper cannot be changed. You know, that visa cannot be changed like that.

But they're working, and they're paying taxes and doing everything that they're supposed to do. I think that there should be some stipulation for those kinds of people.

- Well, see, it's actually a very simple process.

- Thank you. Thank you, Lorraine.

- It's actually a very simple process. Unfortunately, the whole thing about HIV status and immigration has found its way into the US Congress. The president can sign an executive order. He doesn't need to consult with anyone. All he needs to do is get it typed up and sign it, and it'll lift the ban on travel for HIV-positive immigrants. You know, that simple.

- And that was destined to happen with this administration in any case.

- Right.

- And it got--

- To our listeners who are out there, to our listeners who are out there, can you please give them any information where they can go if they are positive for any kind of help?

- Well, sure. I can give you that information. For HIV information, referral, case management services, which are social workers that are assigned to people with HIV, you can go to Over the Hill, which is on Dowling, and the telephone number is 520-9554. They can call-- the NAACP has an HIV program, and the number at the NAACP is 526-3389. That's their HIV program.

- OK, gentlemen, we have one more person on the phones. And let's see if we can get--

- Let me give you one more phone number real quick. And-- well, let me see if it's in here first.

- What about testing?

- It's the SHAPE Community Center on Almeda also has a program with HIV information. As far as testing, Montrose Clinic, the city of Houston clinics, Harris County has clinics.

- Planned Parenthood.

- Planned Parenthood offers testing. And all of these are free of charge except the clinic has a sliding scale. There are early intervention programs for people who are HIV-positive without any symptoms of illness where they see doctors and get complete physicals and blood work done at no charge. The blood work is how we measure the strength or weakness of a person's immune system.

- OK. Let's go to the phone here. Hello, you're on the air.

- Yes. When I heard the lady asking where can some of the African go if they need information about AIDS, and I was under the impression that most of the Africans who come over here are reasonably well-educated people. And couldn't they start something themselves to help themselves? Or do they have to sit around and depend on somebody else to do it for them?

- Well, certainly-- certainly the health services at Texas Southern University, University of Houston, Rice University, the campuses-- the health services on those campuses are very much in tuned in the network. There is really quite an elaborate network of people concerned about providing services and assisting with people with AIDS.

And even in those areas that you would think there was nothing going on, if you read this coming week's This Week in Texas, you'll find an article about AIDS inside prisons and institutions which will be valuable information for you to learn. A young man in prison has written an article and I've commented on it for print. But we all have an obligation to educate and support one another.

- Yes.

- And the lines that have previously existed between us-- straight-gay lines, Black-white lines, cultural lines and economic lines-- well, those things are not just that damned important anymore. We need one another in this struggle. And I can assure you that I have every confidence that my community is going to be as concerned about AIDS as it occurs in the African community, in the Hispanic community, in the Black community, and in the Asian community as we are about our own people. And I would hope that we can share that mutual concern and build a better world.

- Gentlemen, let's get a wrap up, and we start with you, Jim. Where do you see this disease, and how do you see the politics of it changing by the end of the century?

- Well, I'm very hopeful with our new president that something good is going to happen. And I'm very, very glad to see people like Anthony Rios here tonight, that things are happening within our own community. And I know that the gay and lesbian community has been fighting this for a very long time, and there's just a limited amount that we can go. I'd like to see more into research. I'd like to see if not a cure, then certainly some sort of-- help me, Ray.

[LAUGHTER]

Just as we were talking before that we may not ever cure it, that it might just become manageable, and I'd like to see us go toward that.

- Anthony?

- OK. Again, the same thing with the new administration. I think everyone is very hopeful about the changes that'll bring about and the Federal AIDS Policy and how that'll impact us here locally. And the other thing is for people to keep putting pressure on elected officials to come through with the resources-- I mean hard core dollars-- to put programs into place, education, prevention, and treatment programs into place to take care of people with HIV.

- Ray? With you--

- On a global stance, I'd like to point out that the one thing that exacerbates AIDS and other kinds of diseases is wars and poverty and the insensitivity of one population toward another, the political jealousy. I think peace is probably one of the most hopeful cures of AIDS.

- With that, Ray, Anthony, and Jim, I want to say thanks to you for coming. It was very informational, very educational. We should do this some time later on. Thanks again.

- Great.

[MUSIC PLAYING]

- Yes, we listened to a discussion there with Ray Hill of the prison program, Mr. Jim Carper with *After Hours*, program that's going to be coming right after mine, and Anthony Rios from the City of Houston Health Department. They've been wonderful. And Judith, that's been down your alley.

- Yes, it's down my alley. And I wish we can be talking more. I hope we'll be talking more about this because our community needs to be informed about HIV and that we have the problem in our community. If you need any more information, you can call the HIV hotline, the AIDS hotline for the city. And if you need to talk to me personally, I will give you my number too.

- Great. And it's really a nice thing. At least I'm going to try and tell the station somehow we have to figure out why the callers were not hearing us, because I think a lot more people would have reacted to this programming. But we'll get a rebroadcast of this so we can continue to educate people on it.

- Yeah, I'm also glad that Lorraine is working in the same program because now I know who to talk to when I need to talk about it.

- Great. Great. Yes.

- We need more women involved in the program so we can all help each other out.

- For all of us here on African Kaleidoscope, I want to thank you so much for tuning us in this week. And hey, next week the Liberians are going to be in here, and Akena Phillips and Mr. Reynolds are going to be in here, and we're going to talk about Liberia. Until then, bye bye, and stay tuned for the BBC.

[MUSIC PLAYING]

- This is London.

[BEEPING]

[MUSIC PLAYING]

- Sitting on my shelf. And at some point, I will get back to it because I think that there's publishable material in it. But I basically rewrote that same book about eight or nine times, and really learned to write with it. And I brought that painfully acquired experience to *Curious Wine*.

- Well, there's somebody who has told me that *Curious Wine* has certain elements of autobiography. Barbara has said that.

- I really don't think so. I would describe myself as someone who I-- there are writers who definitely mine their life for their material, and I think I do to some degree. I don't know how you possibly cannot. But I would say that I write an awful lot out of my imagination. All sorts of filaments and ingredients come together in a book.

Sometimes characters in my novels are suggested by people that I've known, but eventually they acquire an entire identity, a life of their own. And I really don't think that books work unless that happens, that they become sort of living entities kind of marching around in your brain.

- Do your characters actually lead the way for you? As some people say, well, my character had to do this, and I didn't want them to, but they did.

- [LAUGHS] I don't think so. I sort of had-- envisioning some writer behind a typewriter just chasing your characters around the room. Come back here and sit down and behave.

- [LAUGHS]

- But I think that sometimes they do do things that surprise you, and that's a wonderful indication that you have a characterization that really works, that you have a three-dimensional person because I really don't care who it is in your life. You don't know everybody entirely. And even people that you are terribly familiar with continue to surprise you. It's one of the delights of life, I think, and one of the delights of writing fiction.

Amateur City was a novel that I almost fell into. Well, I did fall into it. I had no thought that I would ever write a police procedural when I started with that book. I was going to write a novel using my background in the business world.

And a character by the name of Ellen O'Neil was to be the central character in that book until the investigating detective came on the scene. And Kate Delafield so captured my imagination and was so much the type of woman that I was looking for to write about in terms of a contemporary life and a high-- and a woman in a high-visibility, high-profile profession, and how she dealt with her lesbian identity.

And so all of a sudden, I'm working with a police procedural. And I did everything I could do to help myself, read everything I could find about women in law enforcement, and made umpteen calls to LAPD to get information.

And after I had the manuscript finished, I went to one of the gay organizations in the city and asked if they could help be locate a gay or lesbian cop to look at the manuscript. And they did locate five, none of whom would talk to me. And with that-- what that indicates, of course, very, very clearly is the homophobia and the intense fear at LAPD, which I proceeded to write into the entire series because it's there. It's existing. It's continuing.

And anyway, the book came out, and two weeks later I got a letter from Detective Supervisor Mary F. Otterson in Madison, Wisconsin, who is Kate's exact equivalent-- she is a homicide detective of Kate's rank-- complimenting me on the accuracy of *Amateur City*. And of course, I was just enormously relieved.

And we began a correspondence. This is back in 1984. And we have become very, very close. And she has-- I've had additional input into the books, but Mary has been really a very prime source, and I've gotten an awful lot-- not only technical detail, but kind of the spiritual makeup and just the qualities required from someone who does the kind of work that she does. She's an extraordinary woman.

- Probably most people would agree that not everyone reads your books for accuracy and police procedures. Your erotic writing has gotten a lot of accolades from lesbians around the world. How do you do your research for that?

[LAUGHTER]

- Most fun part of my work.

[LAUGHTER]

- Let you get volunteers too.

[LAUGHTER]

- Really, I can answer that actually seriously a couple of ways. I think that one of the reasons that my love scenes work as well as they do is the fact that it's the way that I approach them as a writer. I'm not the one who's making love in my love scenes. It's my characters who are. And by the time I get to those love scenes, I know those women so well.

Curious Wine, for example, when I started the central love scene in that book, it began as like-- I don't know-- like a paragraph and a half or maybe a page and a half. And the more that I knew those two women, the more I knew about them, the more that scene lengthened out.

And as far as I'm concerned, the love scenes are just an unparalleled opportunity to characterize. I think that you can say things about women in those scenes that you can literally say no other way.

Again, I can use *Curious Wine* as an example. Lane in that novel comes off as someone really rather cold and remote. That's the way the rest of the women in that cabin see her. But yet when she's with Diana, there's a tenderness and a protectiveness and the gentleness, and all of those other things that come out in her, in just the way she makes love with Diana.

And that's true in the rest of the books. I really feel that women bring something to their love making that no other combination of two does. I mean, I just say this sort of out of instinct, and I think that the quality that we bring is a healing quality that we bring to each other. And I think that that's in all of my scenes. I think it's overtly in the Delafield series. There have been-- there was one woman in *Amateur City* who helped to heal Kate, and Kate has done her own healing in some of the other books.

And I would also say that I love to write them because I think women are just very, very beautiful together. And it's something that I love to celebrate in my work, simply the rightness and the beauty of our love and why we pay the price that we pay for our relationships.

- I was thinking about why your love scenes are probably different than most of the others I've read, and there's a purity about them where setting aside all the daily grind and the discrimination and the problems that lesbians face, there's this immediacy of very much in the now kind of quality to it where I think a lot of us have a very hard time putting aside all that from our daily lives and going home. And then all of a sudden, everything's OK and you make love. And so that's why for me, it's a very special time in your books.

- Thank you. That's a wonderful observation to make. And of course, I think that that's one of the functions that fiction does. After all, fiction is sort of a distillation of our lives. And certainly, our love making is-- I mean, that's kind of a distillation of the joy and the beauty. I think that Kate Delafield really personifies the way that a lot of lesbian women live and continue to live in this country, that they