

**RICH** And what they do, what their role in, and with the legislative session in session now, what their role is in HIV **ARENTSCHILD**:funding. We also talk about funding at the county level, what the Harris County Health department does. We had the lead administrative agent come and speak to our class. We talk about how the purchasing system works here.

Interestingly enough, a lot of people don't know this, the system for purchasing toilet paper at the Astrodome is very similar to the situation for purchasing HIV services and goods here in Houston. The process is the same. What we do is we go into that process.

Once we talk about the funding streams, we then talk about how is funding accessed, how can organizations like the Houston Buyers Club access money. And those are done through things called RFPs in Houston, Texas. If you ever work with a non-profit organization, you'll hear a request for proposal. What that is the Harris County is putting out a proposal saying, we have this much money for case management, or for transportation, or for food pantry, and we encourage organizations to apply for that funding.

So we talk about that application process. Let me back up a bit, we talk about how the needs of the community are determined. Have you ever heard of the needs assessment or anything like that from the Ryan White Planning Council or the Title II consortium?

**HOST 1:** I heard of it but I don't know what it is or what it does.

**RICH** The needs assessment, it's a complicated plan. It's part of the comprehensive plan and needs assessment for HIV **ARENTSCHILD**:services in Houston Harris County. And that's a long and complicated process of determining, OK, in this community, what are the specific needs of folks with HIV in this community? How are they ranked and prioritized?

And that's important because that takes place in every community in America because the needs in different parts of the country are different. So you can't just say, OK, this is how the pie is going to be broken up in the country. Every, what it's called, eligible metropolitan area, that's a HRSA term, has a specific needs allocation and priority setting process.

**HOST 1:** And is it different because non-government agencies provide some care in some way? Like in Houston, we've got-- oh, God-- Bering has dental clinic and they this and they that.

**RICH** That does have a bearing on-- pardon me, pardon the pun. That does have a bearing on how the service **ARENTSCHILD**:structure in a community looks. In other words, some place like, let's say, in Houston. Houston is geographically much more spread out than in other metropolitan areas, say versus Philadelphia, or New York, or Baltimore.

So obviously, transportation is going to be more of a barrier to care here in Houston than it would be, say, hypothetically, in New York, or Philadelphia, or Washington DC. So what happens in this community is that the pie, what I call the HIV dollar pie, is split up differently here and that we would probably allocate more money to transportation than a more centralized urban situation. That's just a hypothetical example but--

**HOST 1:** I understand your point there.

**HOST 2:** Very much, it very much-- when I hear the phrase needs assessment, I, automatically, am thinking of all the times when I've had to go to an agency, and in order to sign up for them, I have to fill out-- there's a list of these things. Which of these do you need? Which of these do applies to you? It's like a smaller version of what you're talking about here.

**RICH** And the planning process for goods and services for folks with HIV is very complicated and pretty well thought out in Houston. We have a comprehensive plan, which is usually a three to five-year plan about what is happening in HIV in this specific community. And we look at epidemiology, which is the science of how a disease moves through a population. We look at service gaps and barriers, barriers to service.

There's no sense in having great medical care if you don't have transportation to get to it. So what we're trying to do is give people the knowledge necessary to understand how the services are determined. So we talk about how the needs assessments are done in this community.

We then talk about how-- once the pie is allocated, so to speak, we then talk about how organizations access that how the requirements for service are determine, who sets what are called the standards of care so that if you have case managers to perform basic functions the standards of care in their simplest form say, OK, these case managers need to be licensed they need to have a certain amount of education or experience so that clients get the best possible care available.

So we talk about how organizations access those funds. We talk about how grants are written because we're basically-- categories are given a certain amount of money. There's \$200,000 for, say, case management for folks with HIV. Organizations can then apply for those funds. We talk about how that application takes place.

We talk about how grants are written. We spend eight Hours on how to write a good grant proposal. And that's the key. I say to my folks in class, I say, your grant proposal is your key to money because it's all about writing an effective grant and getting your message, telling your story, differentiating your organization from another organization.

And the Buyers Club went up against some pretty big players in this application process, and they received a chunk of funding. So I have to tell them, I'm very proud of Fred and his board president, who I think is Carlos Navarro. Part of what they learned in class they put into action, which actually contributed to the viability of that organization.

So we talk about how grants are written. Then we move one step further. We talk about the review process for grants. Interestingly enough, people in this community don't realize that when applications are made for funding, guess who reviews them?

**HOST 1:** I have no idea.

**RICH** Just guess. You would think that service professionals and people with degrees and peopel involved in--  
**ARENTSCHILD:**

**HOST 1:** Well, I would like to think that but I'll bet not.

**RICH** Well, actually--

**ARENTSCHILD:**

**HOST 1:** Bureaucrats or--

**RICH** It's better than that. You know who reviews grants for applications for funding?

**ARENTSCHILD:**

**HOST 1:** No?

**RICH** People like you and me, ordinary people. Not that you or I would ever be considered to be ordinary.

**ARENTSCHILD:**

**HOST 2:** But I don't think there's anybody in this room who qualifies.

**RICH** And one of the interesting things is and one of the points what I call a point of entry for our folks who graduate

**ARENTSCHILD:** from this program is we want them to be what are called external reviewers, because those are the folks that review the applications for funding. They score them. And then awards are made based on those suggestions, those recommendations.

It's the most pivotal point, in my opinion, where one person can be involved in the process to determine which agency provides goods and services for clients with HIV. So a lot of people think that that review takes place in a smoke filled room, and there's all this secrecy about it.

**HOST 2:** This great mysterious counsel.

**RICH** It's really not. It's a group of consumers. And when I say consumer, I mean HIV positive person. What we want is

**ARENTSCHILD:** we want HIV positive folks to be reviewers for applications for funding because they can see the services, they can see how they look, and they can determine who does what and where money goes. So we talk about how grants are reviewed. We talk about how they're written, and then we talk about how they're reviewed.

Then we move-- we're still not done with the curriculum. Then we move into HIV and its specific needs in different communities. Because one of the things that we've learned in the last 15 years is that when dealing with HIV in different communities, it's necessary to use different approaches and tactics. So we talk at length about HIV in the African-American community, HIV in the Hispanic community.

We talk about HIV and youth. We have a wonderful session from the folks at UT Pediatrics. They do a session on HIV women and kids, which is fascinating. We talk about HIV in the transgendered community. Brenda Thomas does a wonderful presentation for us.

**HOST 1:** I'll bet she does.

**RICH** Brenda and I have known each other for quite some time. We've worked together for a fairly long time. This year

**ARENTSCHILD:** I told her, I said, Brenda, I want pictures. I want pictures I want folks to see what a transgendered individual goes to go through to be able to express themselves finally as their chosen gender.

And so we had a very revealing slideshow from her about certain surgical procedures and that kind of thing.

**HOST 1:** So it's mind boggling.

**RICH** It's amazing. So we talk about HIV in the transgender community. We talk about HIV in the incarcerated community. We had someone from Harris County Sheriff's Department here. And then we also talk about how to work in an organization. We talk about a section which I call organizational development.

There are a couple points of entry for folks who graduate from this program. And one of them is to be a member of a board of directors of an AIDS service organization or a community-based organization that deals with folks with HIV. So we talk about what it means to be on a board of directors, what your responsibilities are, what's appropriate in that situation the differences between boards and staffs and how they work, and a little bit of what I call nonprofit organizational theory.

So we investigate that, we spend four hours there. We also talk about nonprofit management. We talk about how to manage a nonprofit, how to take care of finances, how to manage personnel, how to make sure that you stay consistent with your vision statement and your mission statement. So we talk about-- if you're going to be involved in a nonprofit, we talk about how that happens and all of the different forces that enter into there.

We also spend one whole session on organizational communication, how to work in a meeting, how to reach a consensus among a group of disparate individuals. You sit at the table of a Ryan White Planning Council, or the TBH Health Care Consortium, or your board of directors. How many times have you sat at a table and you have 15 people with 15 different views? One of the things we work on in this project is we teach you how to sit at that table and at the end of the day, reach a consensus decision that everybody can live with. So that in a nutshell, in 10 minutes or less is Project LEAP.

**HOST 1:** Well, actually, listening to it I know where the focus of all this is but I'm thinking I could use that information in other areas of my life, other groups I'm involved with.

**RICH** Right, exactly. So this curriculum is not for the faint of heart.

**ARENTSCHILD:**

**HOST 1:** Yes, see that. It's tough.

**RICH** One thing is, when you're involved in this curriculum, you need to be there and what I call being present in what **ARENTSCHILD:** is happening. This is not like class in school when you used to sit in the back row and sleep. We want people that are motivated and that are committed. Like I said, they don't have to have extensive knowledge about all this stuff because I will teach them that. This program has been so refined and so successful that we know how to impart this information to individuals.

**HOST 1:** How often-- well, I want to know, do you have these classes at night, or during the day, or what? When?

**RICH** Great question. We have two classes. Over the last two years, we've noticed a real rise in the number of folks **ARENTSCHILD:** with HIV who are working 9:00 to 5:00. And because of that, a couple of years ago, we instituted a night class, which meets, this year, Tuesday nights from about 6:00 to 9:30. And then we have a Wednesday class, which meets from 10:00 to 2:00. So there's something eve-- there's a time space for everybody.

One of the things that we try to do is we try to make this class as diverse as possible. So we want people from every corner, from every spectrum, from every walk of life, from every ethnic background, from every educational background, because our feeling is that advocacy, the need for advocacy exists in every corner of our community. And also one other thing, we find that affected folks, family, members, brothers, sisters, mothers, parents of HIV positive folks make excellent advocates.

**HOST 1:** I bet.

**RICH** So we do have a limited number of spaces for folks in the affected community.

**ARENTSCHILD:**

**HOST 1:** Is there a fee for this.

**RICH** No, it's absolutely free. This is funded through what we call Ryan White Title I. The interesting thing is the

**ARENTSCHILD:** Planning Council which is the deliberative body, what I call the deliberative body associated with about \$17 million in HIV funding, they determine where-- pardon me-- where that money goes. They have the foresight to sponsor this program because what they want, they want educated folks involved in the process.

So we are one of the-- I think we're probably one of the few planning councils, maybe the only one that gives the support to training individuals with HIV. Let me talk a little bit about training in this class. One of the things that we elected to do when we applied for this grant the last time was we expanded this into a capacity building program.

In other words, what we did was we took the most salient points of this program primarily related to funding and needs assessment and grant writing and review, and we condensed it into a four-hour what we call board of directors seminar. What we were able to do is in four hours, we can tell a given board of directors the most important points about the funding and access of funds for services with HIV. And we've shopped this around to eight service organizations.

And actually, a few months ago, we went to Austin and actually trained their planning council. We provided the orientation for their new planning council in Austin. And I got a call last week from the folks from the Las Vegas Planning Council. They heard from the folks in Austin that we have this condensed training and they would love for us to come out and talk to their folks.

So if there's anybody out there that's on a board of an AIDS service organization or a community-based organization that needs information and training on access to funding, on organizational theory, on board of directors memberships, on any of these components, what we're able to do is take bits and pieces of this curriculum and customize. Say, Jimmy, that you ran an AIDS service organization, and you said, my board really has no idea where my money comes from.

When I talked to executive directors, and I've been involved in HIV in Houston for about 15 years, when I talked to executive directors, the number one thing they tell me is, Rich, my board has no idea where my money comes from, where the federal funding comes from, where the state funding comes from, where the county funding comes from. They need to know this. And that's the number one thing, because boards of directors, they meet once a month. They have all this information, and then they leave.

So what we've offered to the Houston community is we will train your board of directors just on a Saturday morning from 10:00 to 2:00. We'll train them so that they know the terminology, and the lingo, and the basics of funding. They don't need to know every detail but they certainly need to know the difference between Ryan White funding and/or federal funding and state funding. They need to know what the CDC does, what the National Institutes of Health does, and what HRSA does.

**HOST 1:** I don't even know what-- I don't know what they do.

**RICH** Well, let me tell you what they do. It's divided, basically, into three categories. Primarily, most of the information, **ARENTSCHILD**: most of the money that comes through for HIV comes from HRSA, the Health Resources and Services Administration, which is a federally funded agency. They fund primarily services for people with HIV. So I tell folks, when you hear HRSA, you think services.

Then you have the National Institutes of Health, which is another a federal level agency. They primarily do research. They are the research arm. So funding for research in HIV and AIDS comes from the National Institutes of Health. The last player, the last major player is the CDC in Atlanta, which is the Centers for Disease Control. They do prevention. They fund prevention.

I don't know if any of you've heard of the Community Planning Group here in Houston. Well, the Community Planning Group is the deliberative body that determines how the moneys for prevention in Houston are spent. So you have HRSA, you have the NIH, and you have the CDC, services, research, and prevention.

And then it all buckles down from there. So that you know-- it's important to know who the players are, what we call funding streams, where are the funding streams from, and in most cases, it comes from top to bottom, just as you would expect. And one of the things is few years ago, this knowledge was held by very few people.

It's part of the demystification of this process. Stephen Bradley and his vision, and he's no longer here, but in his vision, he said, let's demystify this process. Let's let people know where all of this happens, and then let them come to the table, and let them make the decisions, rather than some bureaucrat that works for some governmental entity, let's say.

So what we try to do is we try to get folks into this process, because it's like voting. If you didn't vote, you can't complain about who's in office. And I hear people bitch and moan, and pardon my French. I heard people bitch and moan about services in Houston Harris County, Texas. And my question to them is, what are you doing to be part of this process?

And the process is very, very consumer oriented. One of the new mandates that came down with the new Ryan White Care Act, which was just recently authorized under Clinton. Thank goodness. It was reauthorized before he was out of office. One of the new mandates is that planning councils have to have a certain number of HIV positive folks on them because they want consumer representation.

And so to anybody out there that has had problems accessing services, or more importantly, anybody that has seen someone else with problems-- sometimes, there are a lot of folks out there that won't speak up, a lot of folks out there that won't speak up, especially in the minority communities, especially among women, among youth, among the incarcerated populations, we do this for them. So if you're interested in helping them, come through this project. It's a great time. It's a lot of fun. You get to listen to me blab on for hours and hours and hours.

**HOST 1:** Actually, you're quite good.

**HOST 2:** We could listen to this for hours, and hours, and hours.

**RICH ARENTSCHILD** And we talk about a lot of things. We spend the first part of each class just we spend 15 or 20 minutes talking about treatment issues. I know a lot about treatment. And we really try-- people will say in class, you get a group of HIV positive folks in a room, and they're all saying, oh, I have this to deal with, or I had this to deal with, or I started this new regimen, or yada, yada, yada.

We talk about things like drug resistance. We talk about drug holidays. We talk about side effects management. A lot of times people who will read things in the news, they'll come into class, and they'll say, Rich, what do you know about this? And if I don't know the answer, the great thing about being involved with this project for so long is that if I don't know the answer, I'm one phone call away from probably one of the best professionals in the United States. So it's a great project.

We'll be starting in the next couple of weeks. So if you need information, you can access [projectleap-houston.org](http://projectleap-houston.org). There's an application there.

**HOST 1:** I'm writing this, project--

**RICH ARENTSCHILD** [projectleap-houston.org](http://projectleap-houston.org), and there's an application there. You can actually print and mail or fax in. You can access the people with AIDS Coalition website, which I believe, I should know this, is [pwdach](http://pwdach.org)-- People with AIDS Coalition Houston-- .org You can call me, and I would be happy to talk to anybody at 7135225428.

Just ask for Rich. My last name is Arentschildt, but you don't need to know that too. You have to know that in order to graduate from the curriculum. That is a test question.

**HOST 1:** It took me a while to pronounce [INAUDIBLE]

**HOST 2:** You know something? There's something that's been stuck in my head, and this is going to sound like the most bizarre segue from our earlier segment. But that book that was reviewed earlier, the point was that just because something is a part of you doesn't mean you know everything about it. the same thing I think applies here. Just because we are people living with AIDS doesn't mean that we know everything about [INTERPOSING VOICES] and that there are and how to deal with the system that attempts to deal with us.

**RICH ARENTSCHILD** The other thing is that with the treatments changing so quickly and with the new medications and the new side effects, it's almost impossible to stay up with everything that's happening. And one of the things we try to do is stay abreast of what's happening in the field.

**HOST 1:** It's almost impossible for one person to do that, though.

**RICH** So there again, I think we should probably, one night, maybe have a treatment-oriented show. And I know quite a few docs in town. I think any one of them would be happy to be in front of these mics for an hour or so. But the great thing about this curriculum is you hear the phrase patient empowerment or client empowerment, and this is a case where it really does happen.

People use that phrase over and over and over again. But this is a case where it really does happen. And you really see people grow through the six months and graduate. Our graduation ceremony is always a phenomenal event because people have come in with very little knowledge about this and they leave with an extensive body of knowledge about funding and services.

So like I said, you need only two things to be part of this curriculum. You have to be passionate about helping folks with HIV and AIDS, and you have to make a commitment to complete the entire curriculum. Other than that, we will teach you everything that you need to know, and we'd be happy to do it.

So have folks give me a ring at the People With AIDS Coalition. They can contact you, Jimmy, here at the station, and I'm sure you'll refer them to me. And as always, Jimmy, I thank you for this opportunity to be here. It's so much fun.

**HOST 2:** It is. And I want to keep my mics open to you.

**RICH** Well, you do a great service to the community, and we all thank you for it.

**ARENTSCHILD:**

**HOST 2:** Thank you. Thank you.

**HOST 1:** OK, I'm going to go to a piece of music now. And we're going to come back with Chris and talk about I don't know, whatever Chris got to talk about. I think he's got a movie review. Anyway, this is Bob Hartman. I haven't played him in a long time. And he's got an album of really good music. It's called *Very Sexual Man*. And it's upbeat stuff. And this is my favorite. I've got, let's see, four, five on here that I really like. But this is my top favorite. It's called--

**HOST 3:** How many of those can be played on the air?

**HOST 1:** All of them. Yes, it's called--

**HOST 3:** Wonders never cease.

**HOST 1:** It's called *Coming Out*. And you're listening to it on *After Hours, Queer Radio With Attitude* on KPFT Houston and KEOS College Station.

**RICH** See you all later.

**ARENTSCHILD:**

**HOST 1:** See you, Rich. Thanks for being here.

**RICH** OK, good night.

**ARENTSCHILD:**

**HOST 1:** Chris.

**HOST 3:** Yes.

**HOST 1:** Hi.

**HOST 3:** I'll admit, I mean--

**HOST 1:** Did you like that music better?

**HOST 3:** Yes. I was really quiet during that because it was very interesting, especially--

**HOST 1:** It was amazing, isn't it?

**HOST 3:** --especially coming from with my own organizations that I'm with of where some of this would apply into us. We actually got a caller from a homeless advocacy group who was very interested in that and was going to be talking to his people on their next week about it, because that's a whole area of that's-- especially the number of HIV patients that they have in that group of a great potential for crossover.

You're dealing with HIV. And you can carry some of that information a lot into homeless advocacy. And so at least, we had some people out there who found it very interesting. And I did too. I just was sitting back listening to it and going, you know, I mean, I'd love to try and get a bunch of the organizations out there and put them see about going through that four-hour seminar for organizations, just the basics of funding, especially when you're dealing with groups that don't get who--

**HOST 1:** Even the gay and lesbian switchboard, we've always kind of shied away about trying to get any AIDS money. But we're talking to folks, we're talking to people about AIDS, we're talking about prevention, we're talking to relatives and friends of people who have AIDS and explaining to them what the person's going through. And we do a lot of that. I was thinking, boy, maybe if I were still on the board of that group, be that would be really helpful. And actually, I'm on the board of another group, and I don't know. It's just, I can do it.

**HOST 3:** It would be helpful with some of these organizations just to know what it is. With my position on the board with Q-Patrol, we don't follow the rules. Robert's rules of orders, what's that?

**HOST 1:** Exactly. Well, when you're small enough, you don't have to but--

**HOST 3:** Our last board meeting was online.

**HOST 2:** Hey, y'all get creative these days.

**HOST 1:** You do.

**HOST 3:** And it was one of these things it sounds like something that we really help with a lot of organizations who get stuff together. So if we're going to move to something fun real quick.

**HOST 1:** Yeah, what?

**HOST 3:** Well, we can probably do two. We're going to start with a movie real quick, then we'll get into penis size. Last Thursday, I got to see a screening of *Hit and Runway*. We were giving them a ticket.

**RICH** Yes, and I couldn't go. I had prior commitment. And actually, I've had an email from the people who provided the **ARENTSCHILD**:tickets wanting to if we wanted to interview the director.

**HOST 3:** Director Christopher Livingston, son of actress Nancy Olson.

**HOST 2:** So maybe I'll put you on that.

**HOST 3:** Wow. Good. It was a fun movie.

**HOST 2:** What's the premise of the movie.

**HOST 3:** Basically, it's *Kiss Me, Guido* with a twist. What it is is there's an Italian-American Alex who is scrubbing dishes in his family's cafe to make earn money. Well, he wants to be a screenwriter. His dream is to make this movie called *Hit and Runway*, about an undercover narcotics agent who is a male model trying to figure out how the models are smuggling drugs across international borders. So the only problem is this, he doesn't know how to write.

**HOST 1:** And he wants to be a screenwriter.

**HOST 3:** Yeah, so fortunately for him, working in his cafe is Joey, who is a gay performer. He performed in a play called *Bottoms Up*, in the movie. He was described as the third jockstrap from the left. That's a typical description in gay theater.

**HOST 2:** Actually, *Bottoms Up* is the name of a real show.

**HOST 3:** And well, he's being hit upon by Elliot. Basically, Elliot. Is the love child of Wayne Allen and Bruce Vilanch. He gets his looks from his dad and his personality from Bruce. So it's a scary mixture. He's a gay Jewish screenwriter.

And he drops off a play which Alex sends off as a premise because he has a relative in the business. And so they start collaborating on this, only on the basis that Alex can get Elliot and Joey together on a date. Well, fortunately for Elliott, Joey has a predisposition to something of Elliot's, a very interesting fetish, which I never heard of before. He's attracted to Jewish men. Hey, so that's--

**HOST 2:** Maybe it's the circumcision.

**HOST 1:** That's my husband.

**HOST 3:** Basically with the movie, it's just good fun. It's a lot of comedy in there, and it doesn't deal with-- it's not like one of the traditional gay movies where you go out and you're feeling you learn something, or you had to feel something. This is just for fun.

**HOST 2:** I just want to know why these movies always have to have some queen named Elliot.

**HOST 3:** But the cutest part I like about it was in the screening, there was not that many gay people in there. There was a lot of older people. And there was this one group that came in. It was a mother and two daughters, and they showed up late. And they went walking up, and they were sitting about five rows behind me. And when that gay man kiss appeared on screen, I hear this little girl going, ew. And within a minute, they were out of the theater.

**HOST 2:** You're kidding me.

**HOST 3:** It was good. But I did enjoy it. Like I said, it is just pure fun. And it's over at the Angelika Theater. It's rated R and just check the times in the paper, or you can go to houston.citysearch.com and look at the movie times on there. But it's a real fun movie.

**HOST 2:** And very quickly on the penis thing.

**HOST 3:** Penis size, men of the world rejoice. The average length of an erect penis is shorter than you probably think. A study by lifestyles condom company shows the average length of the male sex organ is 5.877 inches

**HOST 2:** Oh, no. The average is smaller than that.

**HOST 3:** Oh, wait, wait. They explain how they got this.

**HOST 2:** He's happy about that.

**HOST 3:** According to the survey, about 2/3 of the 300 college-aged men ranged between 5.1 and 6.2. Now that size of 5.87 inches is about the size of a Knisley Butterfinger candy bar, unwrapped, or a grand cup of coffee at Starbucks with the sip lid. Most men vary in size between a Twix bar and a Peter Paul mounds with the wrapper extended. When the Kinsey Report in the '40s did it, they gave men stamped postcards and they told him to line up their erect penis and mark how long it was.

**HOST 2:** Well, let me tell you I've seen at least 6,000 of them and around 5 inches is going to be average.

**HOST 3:** Well, here's how they tested this. The company, Lifestyle Condoms, went to Cancun, Mexico during spring break. And they hope to get 1,000 guys to drop their trousers, get aroused, and allow a team of nurses to measure them individually. The guy's got to--

**HOST 2:** How do I get on that nurse's team?

**HOST 3:** The guy's got into a private tent outside a nightclub where they found girly magazines and other items to put them in the mood, then came in a doctor and two nurses.

**HOST 1:** I can be a fluffer.

**HOST 3:** Each penis was measured by two of the four nurses. It was a highly professional operation. Now the funniest part about this, the funniest part about this story is that I found it originally on the Channel 13 website.

**HOST 1:** What?

**HOST 3:** This was linked-- there was a link on the Channel 13 website going to the abcnews.com website. So the network that brings you Peter Jennings and Sam Donaldson wanted to make sure you knew that the penis is smaller.

**HOST 2:** And Marvin didn't live for crying out loud.

**HOST 3:** That made his wig stand on it. Now the important part there, the girth is 4.972 inches. So they say this is very important research for them. But it is the top of the hour, and it's time to shift again.

**HOST 2:** I know. It is time for early morning grooves. It's in there. It's ready to go. You have been listening to *After Hours, Queer Radio With Attitude* on KPFT Houston and KEOS College Station.

And we'll see you next week. In the background is Jeff Krasner with *110 in the Shade*, which is it's going to be in the next few weeks if it keeps on like it is. We'll see you next week. Thanks for being here.