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📅 Thu, Dec 22, 2022 3:43PM ⌚ 38:49

SUMMARY KEYWORDS

protease inhibitors, people, drugs, houston, years, infected, side effects, talk, aids foundation, hiv, doctors, ac t, azt, aids, good, tc, ddi, call, conference, heard

SPEAKERS

Speaker 2, Peter, Jimmy Carper, Jim Griffith, Howard McHale, Speaker 1

S

Speaker 1 00:02

The first day act protested. Drug companies did this. Well, that was the second day the first day they post has protested during the opening ceremonies. They turn their back when the Canadian Minister of Health spoke because Canada's having a lot of budget cuts and it's it's drastically affecting the monies that go to AIDS. And they were pretty vocal. The second day, they were crawling all over one of the drug companies displays putting, like bumper stickers up saying drug profiteers and blowing whistles and disrupting a lot of things. And we kind of felt like they were preaching to the converted. I mean, there's, there's a point to that, and they have important things to say, but this might not have been the place to do it. And picking on the people who are standing there representing the drug company, they can't change the prices. So we kind of felt like, maybe it should be directed somewhere else. Take it to Washington.

H

Howard McHale 00:53

Don't you feel that that some noise is better than no noise.

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Speaker 1 00:55

Yeah, I think it's important, and I think they definitely have something valid to say. And the last night at the closing ceremonies they had it wasn't really a protest, it was coming up on stage and kind of making a statement, a man was wheeled up in a wheelchair, and he was holding flowers. And he talked about living with AIDS and kind of how it's affected him and we need to change and, and that to me had a lot more effect than, you know, I don't know, crawling on the drug companies and shouting at the participants who are the converted. So I think that type of display was a lot more effective.

H

Howard McHale 01:29

Did you get to see any of the city?

S

Speaker 1 01:32

Yeah, a lot of the city. We went a couple of days early state a couple of days later, I went with a couple of my co workers and we got to sightsee. It was real nice. I had been there years ago, but real pretty.

H

Howard McHale 01:40

Real person who from Houston went and the Houston delegation,

S

Speaker 1 01:45

Actually quite a few people. There were quite a few people from Park Plaza, a lot of the doctors. Dr. gaffed. Few of us from Rita Well, the Center for AIDS. That's the Houston treatment newsletter. Amy Dorfman and myself from AIDS Foundation. Gavin Williamson, from Texas Children's MD Anderson.

H

Howard McHale 02:09

Scott Sawyer was there.

S

Speaker 1 02:11

Lot of the doctors, a lot of doctors Nevada was there. There were quite a few few scenarios a-

H

Howard McHale 02:17

Little tough to find a doctor. I bet all the major shakers and movers were there. Let's get on to the I'll change it again. In the United States right now. At this conference, and getting back to what you were saying, Where's where's the best place in the United States right now to get treatment for HIV? Is it San Francisco is in New York. Because I know when I go to conferences in San from Houston, that kind of look really dawned on me and go, Oh, God, that cattle Baron cactus flowing town? Do you have the same the Bubba image from Houston?

S

Speaker 1 02:55

I think maybe because I've been doing the education for a while. I see the people who don't have the resources. They're not Magic Johnson and they don't have the big bucks to go to the private hospitals. And as I said earlier, it's not easier, but it's there. And I don't think Houston is the worst on Earth. We have a lot of problems. We have a lot of faults. But we also have the entire medical center, which gives us an advantage. And we have some incredibly good

physicians in this city who have devoted their lives to looking after this problem. Yes, true. So I think compared to some other places where we're not too badly off, I don't know New York or San Francisco just because they're bigger and have a bit more, but I think Houston's pretty good.

H

Howard McHale 03:34

I remember in the early segment of the epidemic, people would walk in and wear masks, and they were afraid as that attitude changed.

S

Speaker 1 03:42

For the most part, every once in a while you'll hear of someone or the hotline will get a phone call or somebody's asking, can you get HIV from cheese dip or that type of question? I think for the most part, it's changed, people are pretty enlightened. They know how you can and can't get it. They probably haven't changed their behavior. But that's another story.

H

Howard McHale 04:02

So so obviously, being an education and outreach coordinator, you feel that your education has been educating?

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Speaker 1 04:09

I think so. Okay, I think so with limited results.

H

Howard McHale 04:12

Okay what results would you like to see?

S

Speaker 1 04:15

We'd like to see everyone do the right thing and stop putting themselves at risk and doing what they need to do to protect themselves from getting infected. Okay, but in an ideal world.

H

Howard McHale 04:24

We all have that until it until they find a cure. Do you think they're gonna find a cure?

S

Speaker 1 04:29

I think that will be a very long time coming. Not because they don't want to we don't know how

to cure viruses. It's that simple. We don't have the technology or the science to do it. We'll have the pills and the combinations and the therapies to make it a treatable disease. And I think like diabetes, exactly. And I think we're there I think after this conference, it really feels like we're there. Pretty much. I mean, there's still a lot of unanswered questions, but people don't have to do I from AIDS the way they used to anymore. And it, even if someone becomes infected, the prognosis is a lot different. You're not being told you're going to be dead in two or three years or even five years.

H

Howard McHale 05:11

I think that's true. I mean, the majority of the people like coming in out of Steven's house is they're getting their own apartments, they're there to like, kind of get rolling, get better, get healthy, put on a few pounds, enjoy a little, you know, break from the stress and whatever, and little community and then, you know, they're ready to do their thing. And they're longer, they're feeling better. They're, and they, you know, that's our, that's our thing in our first six months or first year, that wasn't the case. Now, you know, everybody moves and gets live in the apartment and does wonderful. And, I mean, I do so one of our past residents today, Mike. I mean, and, you know, it's kind of new boyfriend, my God, how does he do it? I don't know, I hear when you can get one take note. You know, it was like.

J

Jim Griffith 06:07

It's wonderful. Wonderful. I want to just one more thing about women. Is there anything very significant about women and HIV that you picked up at the conference or whatever? I mean, it's such an the percentages are going up like crazy. It's just what is the deal? I mean, what did Vancouver have to say about women and HIV?

S

Speaker 1 06:30

I think really, they didn't have anything that knew to say. The stuff about gynecological issues, we knew for the most part, they talked a lot about perinatal issues transmission to infants and the whole AC T study where we think we can reduce the rate to almost zero so that positive women can now maybe consider having babies, which is a whole different thing from even a couple of years ago, if we can give the mother and the infant AZT and other drugs that the infant will not be infected. So that was that was probably one of the bigger things. We kind of knew that beforehand. Here in the US, I don't think there was brand new news for us.

H

Howard McHale 07:10

Here's something I've ever heard. And we've talked about the pre natal aspect of it. But what about the the fornication aspect the sperm to to, to a male to female? Can they block that, without without the mother becoming infected, or?

S

Speaker 1 07:24

They don't know how to do that. I have heard of studies that are going on in Europe where they're trying to do things called sperm washing. So they would be able to take the sperm, cleanse it, get rid of the HIV and then artificially inseminate the female. But it's not going on here. As far as I know-.

J Jim Griffith 07:42

Did I hear anything about a woman, for example, they discovered the fact that there was some HIV going on or whatever. And they began the ACT therapy, and then deliver the child by C section as opposed to vaginal delivery, that it was even better. Is that true?

S Speaker 1 08:00

Yeah, you might avoid the risk of infection because they think that it probably transmission probably occurs during the birthing process. When you have a vaginal delivery, you have a lot of bleeding and tearing on the part of the mother and the newborn. And that's probably when mom's infected blood gets passed on to the baby. And that's probably when, of course now, because if it wasn't all babies should be infected. And that's not what was happening.

H Howard McHale 08:24

With it, then maybe there's some kind of hidden material in that cord that protects the child. Wow, a doctor sock better call me.

J Jim Griffith 08:34

Was passed on. But what about a sock and the new vaccine? I have a couple of friends that are on that trial study right now. I know there's one doctor here in Houston that's responsible for sure.

S Speaker 1 08:50

That was probably one of the other big things there are actually quite a few vaccine trials that are going on are being started and salt is one of them. Lots of them and we don't hear much about them. They're mostly therapeutic. So how to treat someone who's already infected rather than preventatives preventing someone from getting infected. But there's quite a few studies going on. And I know there was that salt one, and there's a few doctors in the city who are running them. Yeah. So.

J Jim Griffith 09:18

What's that going to do? I mean-.

S

Speaker 1 09:21

It will just be another approach to fighting the virus. So you've got your nucleosides like AZT and DDI and then you got the protease inhibitors and this would be kind of yet another type of soldier if you want to look at it that way.

H

Howard McHale 09:35

Okay, remember you're listening to big daddy and little daddy here on KPFT Houston, after hours or queer radio with an attitude in the house tonight we have Donna Donna Roche with AIDS Foundation Houston, an education and outreach coordinator. We're gonna take a little break here we're gonna be a little music for one little song from Jimmy take a little break. We haven't problem the telephones tonight. So facts your facts event tonight the-.

J

Jim Griffith 09:59

Then what is the problem with the telephone?

J

Jimmy Carper 10:02

It's just not working well this evening just not working you know it's just tired it's you can understand that Jim.

J

Jim Griffith 10:11

Oh, baby can I understand the tired, girl. Anyway you're listening to this thing in this room I push them buttons that make me-.

J

Jimmy Carper 10:19

College Station radio station okay we're going to Jimmy Somerville little tune called dare to love.

S

Speaker 2 10:42

What do you think of the gay liberation movement? At the gay the gay Oh as a gay of right right right at this is I think a person I think I mean I think first of all we're gearing up in the bill in the constant in the in the bill of in the Pentagon Papers so I'm gonna summon some important Doctor there's it's a I mean there's there's something there's a passage of men about men about men about to has an inalienable right you know has the has the right to be to be I mean, I think that includes being rare means you should be able to do any cut you should I think that has to do with if you want to practice your own prefer in whatever any place I mean, wherever the effect takes. I think that should that certainly is your I mean, what I mean what is what is freedom of speech, what is freedom of speech, I mean without without, without


freedom of freedom of sex. I mean, not not much to speak up, I assure you and personally in my I think there's there's in my view, the I mean after I mean after all, pervert pervert the pervert. I mean, it's in the it's in the eye of the beholder.

 Jimmy Carper 11:44

You like that? Lily Tomlin? Like that's the sputtering woman.

 Jim Griffith 11:50


That was fabulous. That reminds me of the gal that just ordered the 15 Yeah, no kidding. Oh, seven and seven. The beautiful blonde.

 Howard McHale 12:02

Thank you for that rendition. Who will be on Murphy Brown next season. Lily Tomlin.

 Jim Griffith 12:08


Is that a fat?

 Howard McHale 12:09

Yeah, that's a fact. I totally need somebody with a razor razor.

 Jim Griffith 12:15

Anyway, that's great question for Don.

 Howard McHale 12:17

Okay, well, first of all, let us do our incoming promo. I do okay. You are listening to Big Daddy and little daddy here on 90.1 KPFT, Houston. And when in the house tonight we have a lovely lady Donna Roche. From AIDS Foundation, Houston. Our topic this evening is protease inhibitors at the Vancouver AIDS conference. And this is what we're gonna get into now. Go ahead, Jim.

 Jim Griffith 12:42

I was just gonna say, we're having no trouble. The phones, however, are astute. Operator, we'd be happy to take your calls. If you would like to call five to six KPFT 5265738. And just ask him the question that you want answered and write it down. He'll write it down in hieroglyphics of

some sort of rather.

H Howard McHale 13:04

I showed up a catch up on the thing he's always eating over there, pass it on-.

J Jim Griffith 13:09

And then we can ask it because we're having some trouble patching people in live. But if you want if you've got a question we'd really like you to call in. just spell it out. They'll run it in here and breakneck speed course of mistaking an offer but breakneck anything. But work next speed, and we'll have it the answer.

H Howard McHale 13:29

And of course, remember that on the fourth Saturday of next month, we won't be here. Well, I won't be here. Oh knows. I may. They may offer me a big spa. That's right big daddies. So I will be here next month. I'll call in Oh, pleased to call in I may be phones won't be working either. Guess what? I've got every brown man in town now. Howard's gone. You could have my data. I'm gonna tell each everyone you said

J Jim Griffith 13:57

now we're gonna jump it down. Donna. I'm back. One question before we get into protease inhibitors. Actually, this is what you do for a living, correct? Yes. Okay. You could have your background is in nursing.

S Speaker 1 14:14

Diverse, no. medical nursing. Don't you want me to start 100 years ago?

J Jim Griffith 14:19

What it was, I want to find out what drives you what would take a woman, intelligent, articulate, heterosexual and come across? I just outed you. I'm sorry. I didn't know that. And why would you? What drives you to you have to take a personal effect and all this. There's something personal inside of you that motivates you to be an outrage education counselor. I mean, you obviously want to see some good well, what what drives you to this what gives you the strength and the power?

S Speaker 1 14:53

I want to see it change. Maybe if I talk to a whole lot of people one or two will get the message

And they'll do something to either protect themselves prevent themselves from getting infected or keep themselves alive for 20 or 30 years instead of getting sick and fading away.

J Jim Griffith 15:09

Because, you know, you were at probably one time a housewife out there in Pasadena, which reminds me I was I was driving in today, and I, you know, in the medical center with all that traffic, routing that road, I got behind a pickup truck going five miles an hour and had a Gillies bumper sticker and says, like Pasadena, I swear to God. So here you're a housewife out there in Pasadena, and you decide that was a Pasadena?

S Speaker 1 15:36

No, it was Northwest Houston.

H Howard McHale 15:39

Do you say, I'm gonna, I'm gonna go change the world.

S Speaker 1 15:42

I was a student at University of Houston. I was a graduate student in anthropology that's related. And I had a professor who was doing work in AIDS, Dr. Norris Lang, who's still there. He's the chairman now. And I was his teaching assistant. And he suggested I volunteered at AIDS Foundation to learn about it so I could help him. And that was eight years ago, and I'm still there.

J Jim Griffith 16:02

We're glad you're here. What? Oh, I had, we had Bartlow, as you're on the show a couple of years ago. And we won't talk about what we talked about earlier about part because i He'll call me tomorrow. But he turned to me in a word, Bart turned to me and on the radio, and he said, he said to me, he said, you know, Howard, he said, Thank you for being such an educator. And it's true, what little work we do we educate, and that's why we're here. And-.

P Peter 16:28

Thank you. Speaking of educator, I want to find out about the protease inhibitors. Yes. So tell us what they said about protease inhibitors. I know there's three currently on the market that supposedly have passed all federal, whatever, whatever-.

S Speaker 1 16:42

Is there on the market, you can get them and-.

J Jim Griffith 16:45

what did they come up? I heard I've heard stories from some guys about quantum error, which was the first out I think, or something, having a lot of side effects and then went to ritonavir. And then that was supposed to be a little bit of a robot and then Crick's Yvan came together. And what did they really say there? Is anyone better than other is or this or that and what's coming up on the horizon that that's gonna get approved quickly.

H Howard McHale 17:10

Why are there side effects? That's why I want to know Yeah, good. You know why? You don't have some people have side effects with aspirin. I know that Yeah. Some people have side effects with penicillin,

S Speaker 1 17:20

because they're really strong drugs and they really bang the immune system.

H Howard McHale 17:24

But isn't doesn't doesn't it bang it in a positive way though?

S Speaker 1 17:28

Yeah, but it still has an effect and it's still a foreign substance in the body. So it's gonna have some foreign substances in my body.

J Jim Griffith 17:41

Okay, so back to the Steam Room at the local Bally's.

H Howard McHale 17:46

Donna, talk about protease inhibitors. Would you please rescue him? Donna?

S Speaker 1 17:50

I want to talk about Bally's.

H

Howard McHale 17:51

Oh no, I knew you registered in Chicago, by the way. Go ahead. Okay.

S

Speaker 1 17:58

Um, side effects, nausea, vomiting, mostly the same as the other drugs. Dizziness, rashes. They can be more severe kidney stones. That's one of the special side effects from Crick's Yvan. Get around by drinking a lot of water.

H

Howard McHale 18:13

Inhibitor with the least amount of side effects right now. Probably Crixivan is the probably the most expensive no doubt right now. That's the cheapest isn't actually surprisingly, what you want to have the best results with out of the three protease inhibitors that have been let out by the FDA.

S

Speaker 1 18:30

Pro, I would say Crixivan again, the thing about the conferences, when you go to those meetings and you listened to those those scientists talk, most of them have had their research paid for by whichever drug company, they're using the drug. So you have to remember that when you're hearing them extol the virtues of drug A, B, or C, who paid for it. So a conflict of interest? Well, it doesn't mean it's not valid, it just means you have to consider it all and weigh it all and decide what's best for you and talk to your physician and kind of like kind of try it and see what works.

H

Howard McHale 19:04

Probably because some drugs obviously don't work for everyone.

S

Speaker 1 19:06

Yeah it might work great for one person who might be miserable and toxic for someone else. So bottom line is you're gonna.

H

Howard McHale 19:14

Talk about someone HIV positive for several years at T cell con, let's say 500. They're looking at a substance where they're not ready for a protease inhibitor yet. Okay? That's let's go there on antivirals. Azt DDI. Okay. Let's talk about do you think would you suggest maybe a three TC until a better protease inhibitor comes along? I mean, we've seen good results with the three TC-.

S

Speaker 1 19:40

Three TChas had really good results. But I don't think I'd say and I don't think any physician would say without sitting down talking to person finding out what's going on. And-.

P

19:51

Actually, there are a lot of people who cannot afford these drugs. who say, Well, I want to wait two, maybe a year, year and a half. down the road. So can I have something to get me can keep me somewhat until I can get there.

S

Speaker 1 20:05

You can start with them. Okay, bottom line is they're still going to have to try one and see what works. It's like what works better for you Advil or Tylenol and you try it and figure it out. Getting the money, there's ways to do it. As I said before, you know, Medicare, Medicaid insurance companies, some of the drugs that are not approved yet have those compassionate use trials, but usually those are for people who have much lower T cells.

H

Howard McHale 20:33

Let's talk about what what goes on. So I'm about to, there's also a boxwood herbal drug SPB 30, I know that doctors have auto pushed. What are the results of that?

S

Speaker 1 20:43

I've heard good things about it from people who take it, they just feel like it gives them a little more energy makes them feel kind of all round better.

H

Howard McHale 20:49

Medically, what do you think?

S

Speaker 1 20:51

Probably works, I think it makes a lot of sense to realize that natural remedies are going to work in conjunction with with Western medicine with chemicals, and help the body. And I think that's probably one of the better-.

H

Howard McHale 21:06

I know I know a box of SPV 30 A month supply cost through a house and a living house or

I know, I know, a box of SPV 30 700 million supply cost through a house and a buying house or what pretty Street Market here in Houston at \$46. And there are they seen the same results as a protease inhibitor with the boxwood drug-.

S

Speaker 1 21:24

Know that the alternative therapies are going to work. And they're going to have an effect. And I think they're important for people to consider. But they have to be really careful. Some of them are wacko, you know, using cucumber rind or whatever came out of China last year, a couple of years ago, SPV 30 is one of the better ones, there's different ones. But the the Western medicines, the drugs that we're talking about that unfortunately cost a lot of money, are attacking the virus. And what the alternative therapies do is generally help the body and help the immune system and kind of make you feel better, which is good.

H

Howard McHale 21:57

So So an herbal with Western medicine works really well.

S

Speaker 1 22:00

Yeah, I'd say it does. And and again, it's try it see what works fine when that works for the individual.

P

Peter 22:05

But we just had a question, come through the lines, when they're talking about AZT and DVI and DDC and this and that even, you need a retro Vir. And then they the three drug combo thing, somebody was confused about protease inhibitors, three TC, and then AC t, which is a retro Vir. And where does the three Ds Where does three TC fit in? What is it.

S

Speaker 1 22:36

Three TC is the same kind of drug as AZT, same, the same classic drug it's a retrovirus I mean, nucleoside analog?

J

Jim Griffith 22:45

Yeah. So why would somebody be on a few AZT, some DDI? Some three TC and rd isn't ever. Yeah.

H

Howard McHale 22:56

Why does the body need all that? Probably.

J Jim Griffith 23:00

I mean, why couldn't you get by with AC T and DVI and leave the three GC out or?

S Speaker 1 23:05

Well, what you can do is give someone lower doses of AC t so it's not so toxic that we were talking about earlier. And then give them DDI and it might have different side effects. So maybe AC t causes nausea, and maybe three TC causes dizziness, but they kind of balance each other out, you stay on the drugs long enough, their side effects will probably go away. Yeah. And then the drugs are just more fighting the virus. So even though they do the same thing, they're just kind of coming at it in a slightly different way because it's a different drug. But it's the same class of drugs AC T, DDI, DTC three T, C, and D four T are all nucleoside analogs.

H Howard McHale 23:45

which is the most potent of those drugs. There is ACT

S Speaker 1 23:49

T three TC.

H Howard McHale 23:51

would you say? Okay? I know I know you're pushing the protease inhibitor, and I know that's that's where it's going to be at. But like I said earlier, can somebody take AZT three TC and wait for a while until it comes? Oh, sure. The protease inhibitors till the price comes down. Oh, sure. He's good results with three TC and add-.

S Speaker 1 24:13

The circumstance that you mentioned before where somebody has a good T cell count and they're healthy and they're not having problems? I don't think I think most physicians would tell them to wait for taking protease inhibitors because they're still very new. Yeah, they're great. They look like they're doing wonderful things. But we don't I have for how long? costs a lot of money, of course. What kind of resistance problems you're gonna have, if you take it now when you're healthy. And then two years from now you're sick and you need something stronger and better? Well, maybe the produce that you took now caused resistance that makes that drug two years down the road completely ineffective. And that's some of the questions that they're looking at and asking So, know if someone is still healthy. Don't start-.



H

Howard McHale 24:58

With a viral load count is? Why is it important?

S

Speaker 1 25:01

Viral load counters the new way that they're in. This is another big thing that came out of Vancouver. I think we kind of knew that here too, in the States, but they talked about it a lot at the conference, looking at viral load as a different way of looking at a person's immune system and their health and seeing how the drugs work and seeing how the disease is progressing. So instead of only looking at AT T cell count, now you've got this other marker, as it's called, what was happening is that we only looked at T cell count. You had some people who had very high T cell counts, but were getting really, really sick, which was kind of weird. Yeah. And then you had some people who had really, really low T cell counts, but were amazingly healthy. And we thought they should be dead. So the question was always well, what's happening? Why is this the case? If the T cell count is supposed to be the all important marker, why aren't these people following the pattern. And what they've realized is that viral load probably has a lot more to do with it. Viral load is how much virus you have actively circulating in your body. So if you have a lot, that's not good, and you want to get that viral load count down. So somebody who has a high T cell count, and is sick, probably has a high viral load, because it's like, lots and lots of guns, killing off all your soldiers. And so your body has no real way to fight. So the viral load being high as a bad thing.

J

Jim Griffith 26:25

Where should your viral load be? I know it should be at zero.

S

Speaker 1 26:28

Well, it should be zero, anything under 10,000 is considered really good. 100,000 is bad, but they have with all the drugs now in the combination ways to get it down. And people are seeing pretty dramatic reductions over a year or two.

H

Howard McHale 26:42

Okay. Say for example, someone with 100,000, viral load count. Okay. Hypothetically speaking, of course, their viral load after three months goes down to 24. Okay. Is this adding any more life? Probably years to their life? Probably. Okay.

S

Speaker 1 27:01

Again, this is kind of like the really scientific answer would be they don't know, because they haven't been studying them that long, the disease is only 15 years old, we've only been studying it that long protease inhibitors are only a couple of years old in terms of being studied.

So really, truly, they don't know. But logically, it seems to be the case, if you can reduce the viral load, which is the bad guy, okay. And there's no virus actively replicating and destroying the immune system.

H

Howard McHale 27:30

So viral load goes below 10,000. Does this CD for konkola? It does does the-.

S

Speaker 1 27:36

Probably, but not that much.

H

Howard McHale 27:38

Well, well, how come you you're telling me that the immune system is getting better? There's no viral there's nothing to attack? And so why doesn't the body turn on.

S

Speaker 1 27:45

Sometimes it's hard for the the immune system to replenish itself to the point where the T cell count actually goes up? It doesn't mean the person is--.

H

Howard McHale 27:53

The person who who has a high T cell count should get on the protease inhibitor and keep it there, correct?

S

Speaker 1 27:59

No, because of the stuff that we talked about before with resistance and side effects, and they're, well, there's still a limited amount of protease inhibitors available. So probably they would be told to wait.

H

Howard McHale 28:11

That's what I wanted to ask you. The last national conference that I went to. The big question was, when do you really start this people with 500 and some odd T cells because you know, the nation kicked into thing with a 200 T cells means you're okay, you're you have HIV and blah, blah, blah, and you got AIDS, and it's full blown. And if you have to, oh, wise and Baba, that 200 came across with this big, mean moment? Well, but then I was half the people were saying 500, and some, some are saying seven. Some are saying start drug therapies at seven and eight. And some are saying no, five, some are saying no, the government's forcing us to wait till two. I

know here, you have to have a 500 account before Thomas Frieden some is going to give you anything. What was the latest out of Vancouver on when the start this or is there still as much disagreement, as I heard at the last, last national conference I went to-.

S

Speaker 1 29:08

There's still a lot of disagreement. But I think out of Vancouver, more people are saying start early.

J

Jim Griffith 29:16

And early and early is a number of-.

S

Speaker 1 29:18

Early years. As soon as you find that you get infected. Like I said, that's still under debate. And some people will tell you to wait till 500 or or lower. But there are some Doc's who are rethinking that saying well, as soon as you get infected with the virus, it's in there, it's affecting your body. It's damaging your immune system, do something. If you have a headache, you're going to take a pill to make it go away. You're not going to wait until you have a migraine. So you want to do something right away. But then there are the other the other school of thought that says Well, yes, it's actively replicating or not so much actively replicating but in there, it's not doing that much damage. You're still healthy. The drugs cause side effects. Next, we don't know what the long term effects are. There's not that many drugs. It's a lot better than it used to be. So you don't want to blow your chances later down the road. So you should wait a little while. Yeah.

P

Peter 30:11

And so basically what what I'm hearing you say, is the same thing I heard two years ago, when all this stuff was hot. And everybody said, Well, we just don't know when to kick it in. Yeah, I think the difference is seven and some are say in three into-.

S

Speaker 1 30:28

I think the difference after this conference is more people are leaning towards start early. Fight early and fight hard, I think is how it was phrased. Very interesting.

H

Howard McHale 30:39

I'll listen, we're almost out of time here. I want to thank Donna for being here tonight. We've always strived to educate, inform, enlighten and entertain.

P

Peter 30:49

Oh, baby, we have done and we have done what's the news? Thank you for having-.

H

Howard McHale 30:54

Howard's bantering or No, we've had our banter. We've had Howard's constant. No, we've had Howard's-. travel logs of the latest shepherds Street,

J

Jim Griffith 31:10

This talk about that here. But now we got five minutes left. So we need to talk about saying goodbye. Do we Yes. Because I know but I need I need my hours needs closure. Brown.

H

Howard McHale 31:26

One of the reasons why I got involved in all this is because I think that sometimes there are people out there who who don't read but only listen and there's some people who don't listen but need to be told. And that's why I've always done this. And that's why I've always grabbed Jim to come along even though he's been a noxious over the years. Who loves you. And two, I just, I just want to say thank you. What happens like I found out being coached over the 1996 Lesbian Gay Pride Week. 1996 is that sometimes we don't say thank you to people who do things for us that we don't know they're there. And what happens is that a lot of people, I forgot to say thank you at the pride committee. And there are some people on the committee who treat me real bad. And I won't say thank you to them. But what I will say is, thank you for being a part of all this mess. Because through through your conjuncture through your spunk, the word is out. And and that's so important. And that's, that's the sad, that's why we all do this. That's why we all are educators. If one thing I've learned in Houston, and it's given me a lot of opportunity, it's the fact that I've been able to touch some people sometimes whether it be through marching down a parade, because walk walking the pride, because there wasn't a car supplied by my own committee, or Oops, oh. But that's, that's the reason why we do this. That's the reason why we march. That's why some of us do radio. That's why some of us work at AIDS Foundation. That and the sad thing about us, some of us were in Stevens, there's just the problem is that the people in our community only think that doing something means going on a Friday night and picking up a twit. And the to me, what I've tried to bring into my life is a little part of Houston into me and a little just a little fun. And thank you and thank you everyone in Houston, who has been and made me a part of something, I felt very special. I'm leaving, and I leave with regret. But it's something I have to do. You will always be forever in my heart. And there is a big parking spot that says Houston on that heart. In Jim, thank you for being one of the best co hosts with me.

J

Jim Griffith 33:40

Oh, honey, we had too much fun we've had, I would have to say, you know, being that we're good friends and whatever, and walking daily with you up and down your journeys of life projects.

H Howard McHale 33:50
And there's many-.

J Jim Griffith 33:51
You really did work hard. I mean, I heard lots and lots of stuff about your pride and how, but I really, you know, because I was with you today and all the stuff you asked me to do and be involved in and whatever. I mean, I know how hard you work. So if you know, I know that the city and the gay community owes you a great deal. And you and Terry, both your co chair I mean, I know from from working with you all and stuff and then carrying on and going on how hard you really did work. And yeah, the thing is, is not only that, I mean that could be just somebody's one thing, but being the director Stevens house we're in the process of building this original building we're renovating when we got to August one deadline that's killing us and whatever but you know how it has been over every single day, pounding nails, dry Walling, sheet, rocking, mudding, floating, taping, doing all my journeys, ugly, dirty, dog ugly, do really dirty work, you know, and you'll notice this week in the the voice than to anything we're begging for people to do because we have this horrible deadline to me. But you know, that's somebody that not only does All the stuff out there that, you know, we all see and the glitz and the glamour and the whatever. But when push comes to shove, really kicks butt and comes in and gets real dirty and real sweaty and worked in days when there's no air conditioning and whatever and I mean, so I think that's released people were there. I'm gonna miss these-.

J Jimmy Carper 35:18
People who are the real heroes of our community. Yeah,

H Howard McHale 35:20
I mean, I'm gonna miss him a lot. I mean, we have this, we were over there working today. And we got into this little tippy, tippy bat thing, and it's how you pitch. But I mean, you know, being the fact of my degrees and not in anything else. I said, it's separation anxiety, and I, you know, I hate to see him go. Because the community needs people that will stand out there and say and talk and do and be and put their money where their mouth is, you'd like the right hills. And all the people that stand up and go, Hey, you know, so what's cookin? You know, the, the guys are out there and Q patrol. I mean, we have a ton of people that are really doing incredible stuff. Yeah. And I think you know, they need the thanks. You know, I'm sure there were a lot of people, I do a lot of gay pride stuff. It was wonderful. There were a lot of people that probably need thanks. And there's a lot of people who probably were in it totally for Glitz. And so cool. But a lot of us really know who are the backbone, and the people that work hard and take names later. And, you know, don't do it for because no one in God's happy green earth would ever know that. You know, Miss Brown love here would be over sweat and her little bump. She doesn't have much left. To really work on. I mean-.



Jimmy Carper 36:35

That's cool. We're really gonna miss you.



Jim Griffith 36:37

You know, I'm gonna miss y'all. I do want to say goodbye. Everybody has a free place to stay in Chicago.



36:44

I do want to in my whole life, I've never had the opportunity to be close to a lesbian. And ah, over the last two years, I got to work with my co chair for this year, which was Terry Vega.



Jimmy Carper 36:56

Oh, I wish I wish we had time to because I would like to hear you go on for about 15 minutes to a half hour on on how important it is for gay men and lesbians to be friends.



Jim Griffith 37:07

Exactly. Oh, honey, I could go on for half hour about that.



Peter 37:10

I have the most fabulous friend in Michigan.



Jim Griffith 37:13

Okay, girl, well, the next month when you leave, you can tell about it. Okay. Anyway, getting back, getting I never had the opportunity to become close to a lesbian because through our, through our culture, we're gay men and lesbian women are very segregated. And I actually had the opportunity to become so close with someone every day working with her on Pride Week, that I'm just gonna miss her immensely awesome. And what people don't know is that the things that this woman did, there were several things that almost didn't take place this year because she went out and did a Malone. And she worked her tail off. And to the people who said we didn't do anything. Let me tell you see in Chicago ride baby. Yeah. Good night to everyone. I'll miss you all. It's been a lovely journey. I won't forget anything that's ever happened in this town. And remember, be proud, be happy. And remember, always be in pride.



Howard McHale 38:16

Free places day in Chicago. Houston, how-.



Jimmy Carper 38:20

You are listening to After Hours queer radio with attitude right here on KPFT Houston and KEOS College Station. We're gonna go to a piece of music right now by Melissa Etheridge. And this is especially for an incredibly breathtakingly beautiful man. He just walked into the studio and said, Oh, I like this song. And he's been listening to after hours for years now. So Steve, this is for you.