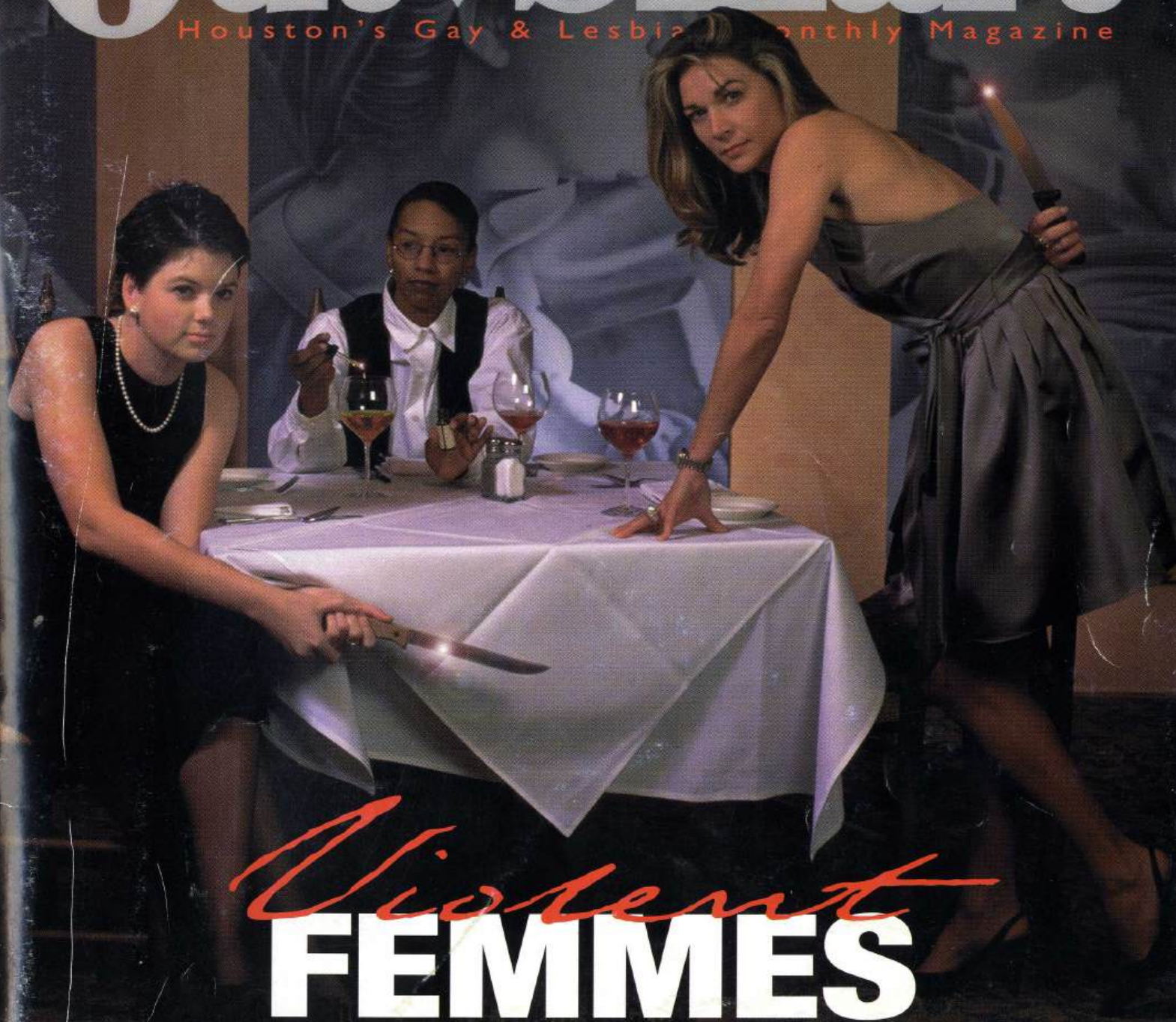


OutSmart

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Houston's Gay & Lesbian Monthly Magazine



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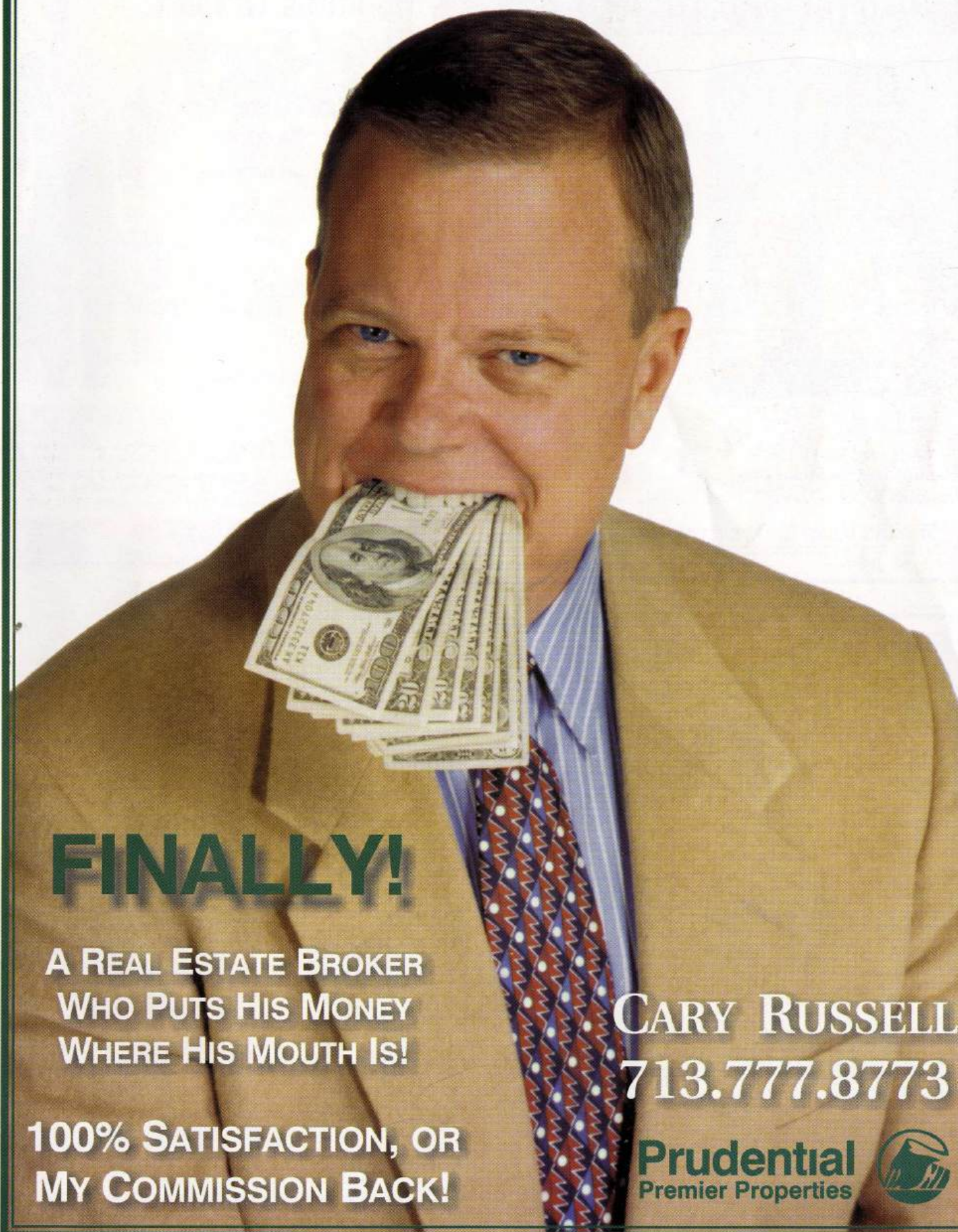
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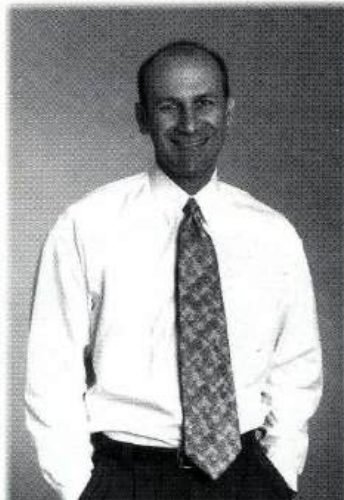
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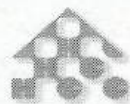
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VOL. 5, NO. 1

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The Cover Amy Nelson, Martina Cartwright & Lisa LaVelle have a killer discussion.
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This Page HBO presents Angelina Jolie in GIA, the story of an HIV+ lesbian supermodel.
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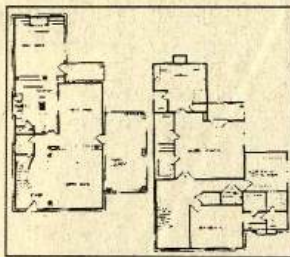
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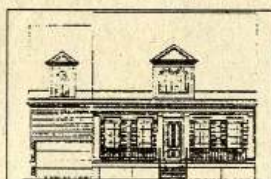
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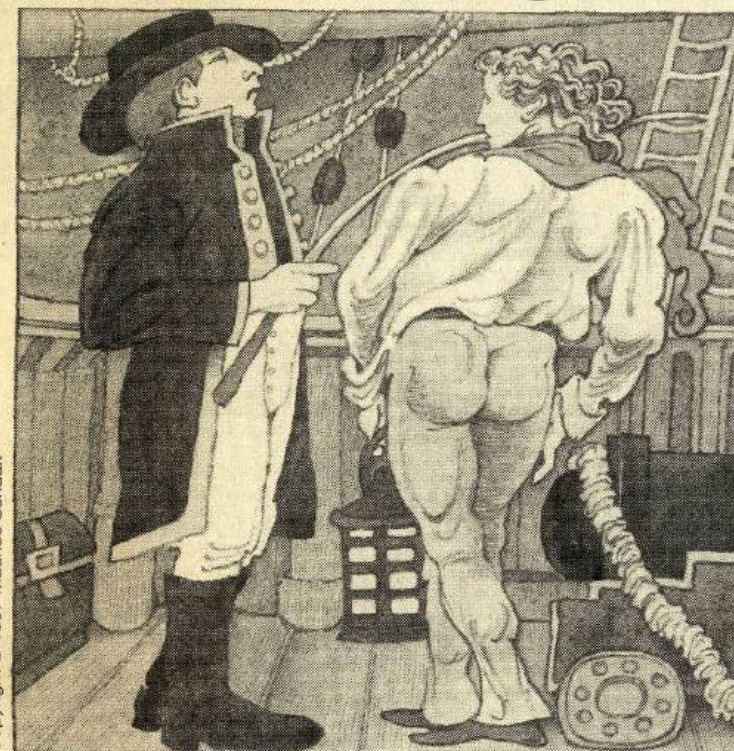
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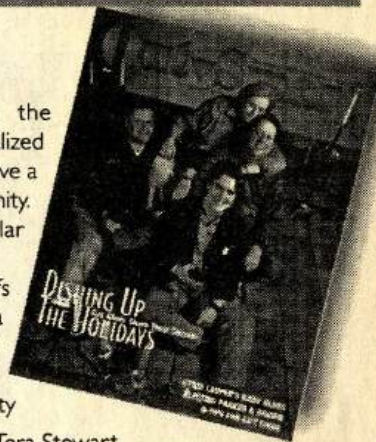
Letters

GOOD EATS

While thoroughly enjoying the December issue of *OutSmart*, I realized how lucky we are in Houston to have a first-class magazine for our community. I am not sure that there is a similar magazine in the whole country.

The interview with the gay chefs was great fun, and I have to give a thumbs up for the "Rack of Lamb" recipe from Tom Williams. It won rave reviews at a recent dinner party I hosted.

—Tera Stewart
The Woodlands



POSITIVE THANKS

I want to thank you for the wonderful article you wrote about my work and the Body Positive Wellness Center [November 1997]. Your magazine was the first one to open its doors to me three years ago and still continues to be the main media supporter in Houston. Your belief and trust in our work has meant a lot to us. Informing the HIV-positive community about ways to stay healthy is our common goal. You have made it so much easier for us to accomplish our mission.

Because of your article, we are getting lots of calls daily about the Wellness Center. Our waiting list for clients now has over 65 names!!! We signed the lease today and will begin remodeling soon. Hopefully, we can open by early February.

Thanks again for your support, trust, and caring concern. You truly have made a difference in the lives of many HIV-positive people!

—Nelson Vergel
Director, Body Positive Wellness Center
Houston

SEX ADS OUT

I would like to recognize you for the outstanding quality of a magazine that you produce. It is so nice and refreshing to flip through the pages of a gay magazine and not be overwhelmed by the sexual advertisements and "stud offerings" so common in other gay magazines that I have so often seen. Please do not get me wrong. Sex is a big part of everyone's life, but it is great to know that you can be resourceful without having sexual advertisements, page after page after page.

—Chris Mendoza
Via the Net

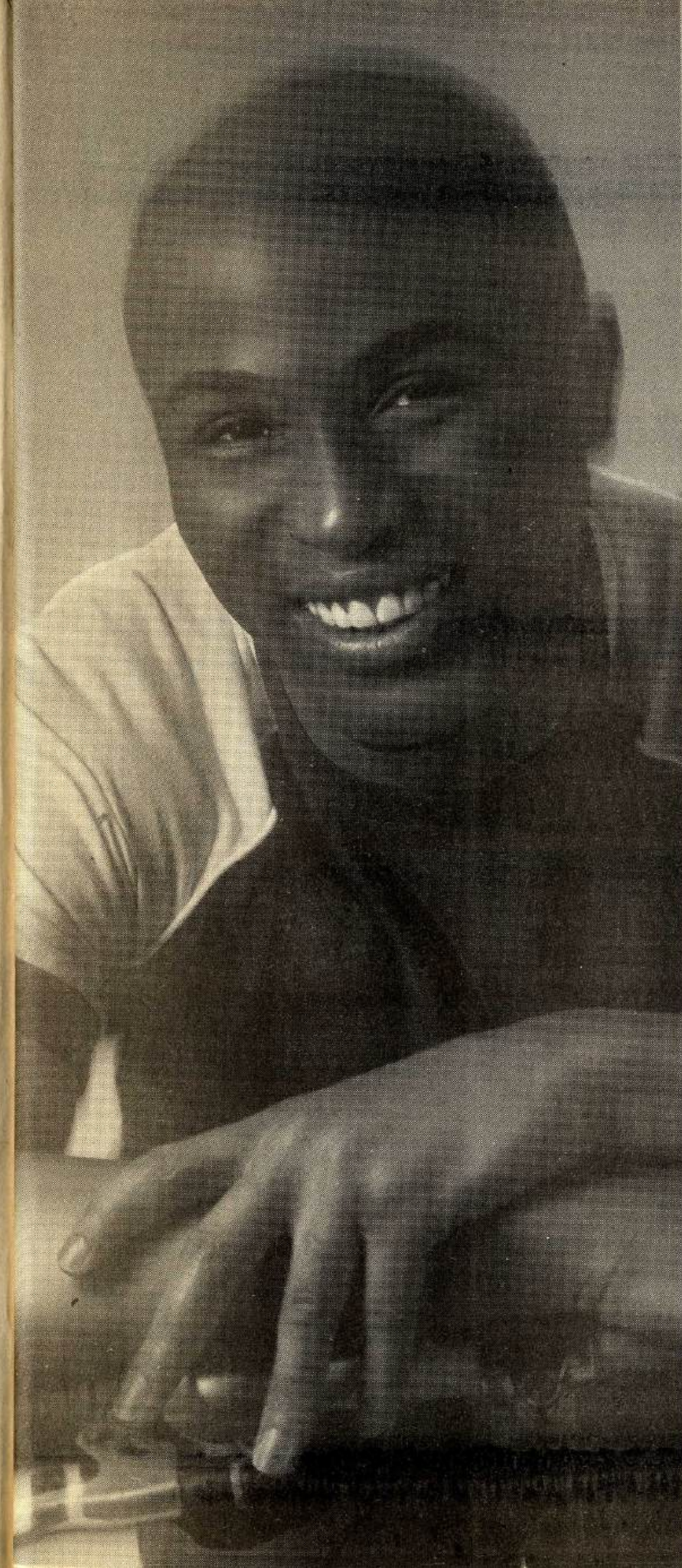
NOT NECESSARILY BETTER LATE THAN NEVER

I have been a subscriber for almost a year now and enjoy your magazine very much. However, I have one complaint—I have been receiving my monthly magazine at the end of the month that it is for. For example, the October issue was received on the 22nd of October, when all the activities had come and gone. Although I enjoy your articles and will continue to, I would like to know in advance the activities for the month. Is this just a problem of mine, or have you received numerous complaints?

—Marcia Latigue
Spring, TX

Editor's note: Our mail person here at *OutSmart* has been shot and killed and replaced with a highly efficient robot made by the nice folks at Saturn. We assure you your subscription will now come in a more timely fashion.

Send letters and comments to *OutSmart*, 3406 Audubon Place, Houston, TX 77006. Fax: 713/522-3275. Email: Letters@OutSmartMagazine.com. Please include a phone number for verification.



PUT SOME FREEDOM INTO YOUR HIV MEDICATION SCHEDULE

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ZERIT is approved for the treatment of HIV-infected persons who have already received prolonged AZT therapy. However, there is no cure for HIV infection. People taking ZERIT may still develop infections or other conditions associated with HIV. Please note that all HIV drugs cause side effects. ZERIT has been shown to cause tingling or pain in the hands or feet in 13% to 24% of people.

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Brief Summary of Prescribing Information, 10/96. For complete prescribing information, please consult official package circular.

INDICATIONS AND USAGE

ZERIT (stavudine) is indicated for the treatment of HIV-infected patients who have received prolonged prior zidovudine therapy.

The duration of clinical benefit from antiretroviral therapy may be limited. Alteration in antiretroviral therapy should be considered if disease progression occurs while receiving ZERIT.

CLINICAL STUDIES

Study A1455-019 was a multi-center, randomized, double-blind trial of ZERIT Capsules vs zidovudine for the treatment of HIV-infected adults with CD4 counts of 50 to 500 cells/mm³ who had received at least six months prior zidovudine treatment. ZERIT was administered in dosages of 40 mg BID for patients weighing ≥60 kg, and 30 mg BID for those weighing <60 kg. The zidovudine dosage was 200 mg TID.

The study enrolled 822 patients with a median baseline CD4 count of 235 cells/mm³ (range: 10 to 735 cells/mm³), and a median duration of prior zidovudine treatment of 88 weeks (range 11 to 356 weeks). Fourteen percent of subjects had AIDS at baseline, 50% had HIV-related symptoms and 36% were asymptomatic.

Table 1 gives the Kaplan-Meier estimates for the time to disease progression.

Table 1 -- Incidence of Disease Progression		
	First AIDS - Defining Event or Death*	
	ZERIT	zidovudine
6 months	4.4%	5.7%
12 months	10.4%	14.1%
18 months	18.5%	23.3%
24 months	26.6%	31.8%

* Kaplan-Meier estimates; the overall difference between stavudine and zidovudine was not significant.

CONTRAINDICATIONS

ZERIT is contraindicated in patients with clinically significant hypersensitivity to stavudine or to any of the components contained in the formulation.

WARNINGS

The major clinical toxicity of ZERIT is peripheral neuropathy. This complication occurred in 19 and 24 percent of the 11,784 patients with advanced HIV disease who received the two dose levels of stavudine in the Parallel Track Program. In patients with less advanced HIV infection in the zidovudine comparative trial, peripheral neuropathy occurred in 13 percent of ZERIT-treated patients as compared to 4 percent of zidovudine-treated patients.

Patients should be monitored for the development of neuropathy that is usually characterized by numbness, tingling, or pain in the feet or hands. Stavudine-related peripheral neuropathy may resolve if therapy is withdrawn promptly. In some cases, symptoms may worsen temporarily following discontinuation of therapy. If symptoms resolve completely, resumption of treatment may be considered at a reduced dose.

Patients with a history of peripheral neuropathy are at increased risk for the development of neuropathy. If stavudine must be administered in this clinical setting, careful monitoring is essential.

PRECAUTIONS

Information for Patients

Patients should be informed that ZERIT is not a cure for HIV infection, and that they may continue to acquire illnesses associated with HIV infection, including opportunistic infections. Patients should be advised to remain under the care of a physician when using ZERIT.

Patients should be informed that the most common toxicity of ZERIT is peripheral neuropathy. Symptoms of peripheral neuropathy usually include tingling, burning, pain, or numbness in the hands or feet. Patients should be counseled that this toxicity occurs with greater frequency in patients with a history of peripheral neuropathy. They should be advised that these symptoms should be reported to their physicians and that dose changes may be necessary. They should also be cautioned about the use of other medications that may exacerbate peripheral neuropathy.

Caregivers of young children receiving ZERIT therapy should be instructed regarding detection and reporting of peripheral neuropathy.

Patients should be informed that the long-term effects of ZERIT are unknown at this time. They should be advised that ZERIT therapy has not been shown to reduce the risk of transmission of HIV, to others through sexual contact or blood contamination.

Patients should be informed that the Center for Disease Control (CDC) recommends that HIV-infected mothers not nurse newborn infants to reduce the risk of postnatal transmission of HIV infection.

Laboratory Tests

Mild to moderate increases in AST (SGOT) and ALT (SGPT) occurred commonly in clinical trials; these did not interfere with continued therapy.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term carcinogenicity studies of stavudine in animals have not been completed. Stavudine was not mutagenic in the Ames, *E. coli* reverse mutation, or the CHO/HGPRT mammalian cell forward gene mutation assays, with and without metabolic activation. Stavudine produced positive results in the *in vitro* human lymphocyte clastogenesis and mouse fibroblast assays, and in the *in vivo* mouse micronucleus test. In the *in vitro* assays, stavudine elevated the frequency of chromosome aberrations in human lymphocytes (concentrations of 25 to 250 µg/mL, without metabolic activation) and increased the frequency of transformed foci in mouse fibroblast cells (concentrations of 25 to 2500 µg/mL, with and without metabolic activation).

* The parallel track program (STUDY A1455-900) treated 12,551 HIV-infected patients with CD4 counts <300/mm³ who had failed, were intolerant of, or had contraindications to other therapies.

In the *in vivo* micronucleus assay, stavudine was clastogenic in bone marrow cells following oral stavudine administration to mice at dosages of 600 to 2000 mg/kg/day for 3 days.

No evidence of impaired fertility was seen in rats with exposures (based on C_{max}) up to 216 times that observed following a clinical dosage of 1 mg/kg/day.

Pregnancy

Pregnancy "Category C." Reproduction studies have been performed in rats and rabbits with exposures (based on C_{max}) up to 399 and 183 times, respectively, of that seen at a clinical dosage of 1 mg/kg/day and have revealed no evidence of teratogenicity. The incidence in fetuses of a common skeletal variation, unossified or incomplete ossification of sternbra, was increased in rats at 399 times human exposure, while no effect was observed at 216 times human exposure. A slight post-implantation loss was noted at 216 times the human exposure with no effect noted at approximately 135 times the human exposure. An increase in early rat neonatal mortality (birth to 4 days of age) occurred at 399 times the human exposure, while survival of neonates was unaffected at approximately 135 times the human exposure. A study in rats showed that stavudine is transferred to the fetus through the placenta. The concentration in fetal tissue was approximately one-half the concentration in maternal plasma. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, stavudine should be used during pregnancy only if clearly needed.

Nursing Mothers

Studies in lactating rats demonstrated that stavudine is excreted in milk. Although it is not known whether stavudine is excreted in human milk, there exists the potential for adverse effects from stavudine in nursing infants. Mothers should be instructed to discontinue nursing if they are receiving stavudine. This is consistent with the recommendation by the U.S. Public Health Service Centers for Disease Control and Prevention that HIV-infected mothers not breast-feed their infants to avoid risking postnatal transmission of HIV.

Pediatric Use

Use of stavudine in pediatric patients is supported by evidence from adequate and well-controlled studies of stavudine in adults with additional safety data in 115 pediatric patients and pharmacokinetic data in 25 of these patients.

Stavudine pharmacokinetics have been evaluated in 25 HIV-infected pediatric patients (age range: 5 weeks to 15 years, weight range: 2 to 43 kg) after IV and oral administration of 0.125, 0.5, 1, and 2 mg/kg as single doses and as BID regimens. The mean ± SD absolute bioavailability was 76.9 ± 31.7% (n=20). Peak plasma concentration (C_{max}) and area under the plasma concentration-time curve (AUC) increased in proportion to dose after both single and multiple doses.

Following intravenous infusions (n=21), the mean ± SD volume of distribution was 18.5 ± 9.17 L/m². The distribution of stavudine into cerebrospinal fluid (CSF) was assessed in 8 pediatric patients after 12 weeks of multiple oral dosing. The concentration of stavudine in CSF samples ranged from 0.008 to 0.105 µg/mL at times ranging from 2 to 3 hours post-dose (dose ranging from 0.125 to 1 mg/kg). CSF concentrations ranged from 16% to 125% (mean ± SD of 59% ± 35%) of the concentration in simultaneous plasma samples.

The terminal elimination half-life after oral or intravenous administration of stavudine was approximately one hour. The mean ± SD total body clearance after intravenous infusion was 247 ± 94 mL/min/m². The mean ± SD apparent oral clearance was 333 ± 87 mL/min/m². The percent of the dose excreted unchanged in the urine was 34.5% after oral administration.

The clearance of stavudine is related to both body surface area and body weight. When dosing according to body weight, the recommended dosage for pediatric patients weighing less than 30 kg is 2 mg/kg/day in divided doses. Pediatric patients weighing 30 kg or greater should receive the recommended adult dose.

ADVERSE REACTIONS

The major clinical toxicity of ZERIT (stavudine) is peripheral neuropathy (see "WARNINGS" section).

Adults: Peripheral neuropathy is dose related (see Table 2). Modest elevation of hepatic transaminases was also observed commonly in controlled trials.

Table 2 Peripheral Neuropathy Leading to Dose Modification				
	%			
	Study A1455-019 ZERIT (40 mg BID) (n=412)	zidovudine (200 mg TID) (n=402)	Parallel Track Program ZERIT (40 mg BID) (n=5905)	ZERIT (20 mg BID) (n=5879)
Peripheral Neuropathy				
Grade 1-2	11	3	20	17
Grade 3-4	2	1	4	2
Total	13	4	24	19

Selected adverse events that occurred in adult patients receiving ZERIT in the Phase 3 controlled comparative trial (Study A1455-019) are provided in Table 3.

Table 3 Selected Clinical Adverse Events in the Phase 3 Controlled Clinical Trials ¹			
Adverse Events	%		
	ZERIT (40 mg BID) (n=412)	zidovudine (200 mg TID) (n=402)	
Headache	54	49	
Chills/Fever	50	51	
Diarrhea	50	43	
Rash	40	35	
Nausea and Vomiting	38	44	
Abdominal Pain	34	27	
Myalgia	32	35	
Insomnia	29	31	
Anorexia	19	22	
Allergic Reaction	9	8	
Pancreatitis	*	*	

* This event was reported in fewer than 1% of patients.

¹ Includes all clinical complaints.

² Median duration of stavudine therapy = 79 weeks; median duration of zidovudine therapy = 53 weeks.

Laboratory abnormalities reported in the Phase 3 controlled comparative trial (Study A1455-019) are shown in Table 4.

Table 4 Controlled Clinical Trials; Incidence of Adult Laboratory Abnormalities ^a		
Lab Tests (units)	%	
	ZERIT (40 mg BID) (n=412)	zidovudine (200 mg TID) (n=402)
AST (SGOT) (≤5.0 x ULN ^b)	11	10
ALT (SGPT) (≤5.0 x ULN)	13	11
Bilirubin (>5.0 x ULN)	2	2
Anemia (<8.0 g/dL)	-	3
Neutropenia (neutrophils <750/mm ³)	5	9
Thrombocytopenia (platelets <50,000/mm ³)	3	3
Amylase (>1.4 x ULN)	14	13

^a This abnormality was reported in fewer than 1% of patients.

^b Data presented for patients for whom laboratory evaluations were performed.

^c Median duration of stavudine therapy = 79 weeks; median duration of zidovudine therapy = 53 weeks.

^d ULN = upper limit of normal.

Pediatric Patients: Adverse reactions and serious laboratory abnormalities in pediatric patients were similar in type and frequency to those seen in adult patients.

OVERDOSAGE

Experience with adults treated with 12 to 24 times the recommended daily dosage revealed no acute toxicity. Complications of chronic overdosage include peripheral neuropathy and hepatic toxicity. It is not known whether stavudine is eliminated by peritoneal dialysis or hemodialysis.

HOW SUPPLIED

ZERIT® (stavudine) Capsules are available in the following strengths and configurations of plastic bottles with child-resistant closures:

Table 5				
Product Strength	Capsule Shell Color	Markings on Capsule (in Black Ink)	Capsules per Bottle	NDC No.
15 mg	Light yellow & dark red	BMS 1964	60	0003-1964-01
20 mg	Light brown	BMS 1965	20	0003-1965-01
30 mg	Light orange & dark orange	BMS 1966	30	0003-1966-01
40 mg	Dark orange	BMS 1967	40	0003-1967-01

ZERIT for Oral Solution is a dye-free, fruit flavored powder that provides 1 mg of stavudine per mL of solution upon constitution with water. Directions for solution preparation are included on the product label. ZERIT for Oral Solution is available in child-resistant containers that provide 200 mL of solution after constitution with water (NDC No. 0003-1966-01). US Patent No.: 4,978,655

Storage: ZERIT Capsules should be stored in tightly closed containers at controlled room temperature, 59° to 86°F (15° to 30°C).

ZERIT for Oral Solution should be protected from excessive moisture and stored in tightly closed containers at controlled room temperature, 59° to 86°F (15° to 30°C). After constitution, store tightly closed containers of ZERIT for Oral Solution in a refrigerator, 36° to 46°F (2° to 8°C). Discard any unused portion after 30 days.

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National Briefs

NJ GAYS WIN RIGHT TO ADOPT

NEWARK, N.J. (AP)—Adam is like most two-year-olds—quick, curious, scurrying here and there. Unlike most, his adoptive parents are both men—whose successful fight to keep their boy won the gay movement a step toward equality with heterosexuals, activists said after a landmark court settlement.

The struggle began soon after Jon Holden and Michael Galluccio began caring for Adam, then three months old. Recently, they won a settlement that gives gay and unmarried couples in New Jersey the right to jointly adopt children, like married couples. It only affects children in state custody.

Adam Holden Galluccio, blond-haired with rosy cheeks, scurried before the news cameras.

"This is a victory about goodness and equality," Holden said.

Conservatives, already fighting efforts to legalize same-sex marriages, were diametrically opposed.

The settlement is "a victory for homosexual activism and a defeat for children already bruised in life and in need of an intact, committed husband-and-wife family," said Robert Knight, director of cultural studies for the Family Research Council in Washington.

"I think it's a sad commentary," said state Assemblywoman Marion Crecco, Republican sponsor of a bill banning same-sex marriage that has not yet made it to the Assembly floor.

"I think every child deserves to grow up with a mother and father. It's a very natural thing," she said.

The agreement by New Jersey authorities came in a class-action lawsuit brought in June by gay and lesbian families with the assistance of the American Civil Liberties Union. Holden and Galluccio won the right to adopt Adam on Oct. 22.

In about half the states, including New Jersey, each individual in a gay or unmarried relationship could adopt a child, but the "second-parent" adoption required an additional petition, taking more time and money.

Florida and New Hampshire bar adoptions by gay and lesbians. The rest allow individual adoption by gays and have not been tested for second-parent adoptions by a gay partner, said Michael Adams, a staff attorney with the ACLU's Lesbian and Gay Rights Project.

Under the settlement, New Jersey must scrap its policy barring joint adoption of its wards by gay or unmarried couples.

"The settlement guarantees that all couples

seeking adoptions will be judged only by their ability to love and support a child," said Lenora M. Lapidus, legal director of the state ACLU.

The state may deny consent only by applying the same standards it applies to married couples, including "considerations such as the stability of the prospective adoptive couple's relationship," the settlement said.

In addition, it allows any gay or unmarried couple who believe they are denied joint adoption based on marital status or sexual orientation to ask a state judge to enforce the decree and award them legal fees.

Activists said the settlement will put more foster children in permanent homes.

Wendi Patella, a spokeswoman for the state Division of Youth and Family Services, said the agency now has custody of about 100 children who are eligible for adoption. In 1996, 687 children in the agency's care were adopted, she said.

The agency said there are currently 15 unmarried couples seeking to adopt children in state custody.

Kate Kendell, executive director of the National Center for Lesbian Rights in San Francisco, estimated there are 8 million to 13 million children being raised by gay or lesbian parents in the United States.

AIR FORCE ISSUES ANTI-DISCRIMINATION POLICY

WASHINGTON—In one of her last acts as secretary of the Air Force, Sheila Widnall issued an anti-discrimination policy stating for the first time in writing that the Air Force would not discriminate against civilian employees based on sexual orientation.

On Oct. 29, Widnall issued a memorandum reiterating the Air Force's equal opportunity policies, which she called "straightforward"—"zero tolerance for any kind of unlawful discrimination against military members or civilian employees based on color, national origin, race, religion or sex, and in the case of civilian employees, also age, sexual orientation or disabling conditions." Widnall retired from the Air Force at the end of October.

"As every worker knows, it is far more powerful when an employer is willing to place such policies in writing for all to see," said David M. Smith, the Human Rights Campaign's senior strategist. "This is especially true of policies against sexual orientation discrimination because there is no federal law protecting people against this kind of unfairness."

Continued on page 12

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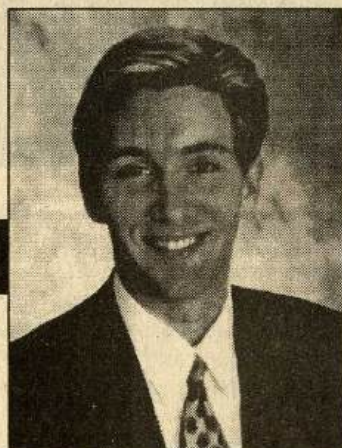
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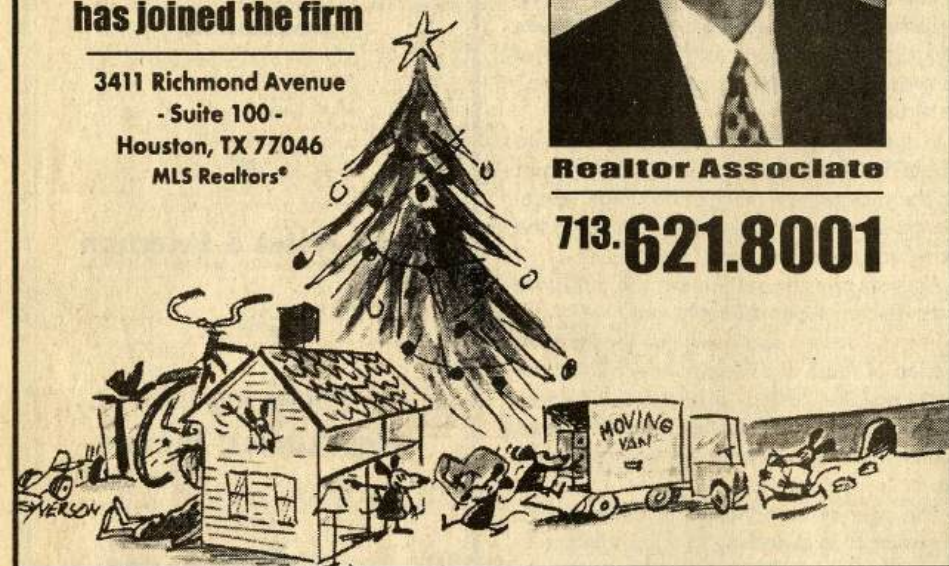
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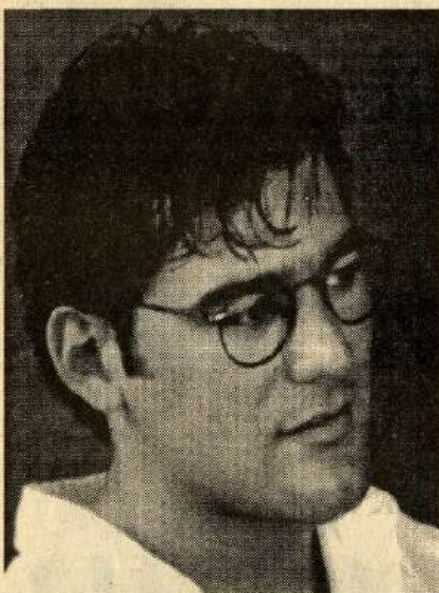


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National Briefs

continued from page 11

"That Sheila Widnall issued this written policy as one of her final acts as secretary underscores her recognition of the importance of creating such a document."

The Navy has also established in writing that it will not discriminate against civilian employees based on sexual orientation.

In 1993, President Clinton interpreted an executive order issued by then-President Carter as protecting all federal workers from job discrimination based on sexual orientation. He instructed all Cabinet-level agencies to amend their non-discrimination policies to explicitly add sexual orientation.

ACLU HONORS ELLEN DEGENERES

BEVERLY HILLS, Calif. (AP)—Out of the closet and onto the podium, Ellen DeGeneres picked up an award for furthering gay rights with her TV show.

"From the beginning, I said that I didn't want to become a spokesman for gay rights. But here I am," she said at a dinner.

The American Civil Liberties Union of Southern California gave her its Bill of Rights Award for advancing "the cause of gay rights 100-fold" when she came out of the closet on Ellen and in real life.

"There's still a lot more to do," she said. "There's a warning label on my show sending a message that there is something wrong with me."

DeGeneres has been fighting with ABC to remove the parental guidance warnings at the beginning of the show.

NY RECRUITERS UNDER FIRE

NEW YORK (AP)—The military recruiting station in Times Square has been a fixture since 1946, drawing a few good men and women from the tide of tourists, hustlers, stragglers and working people rushing past each day.

Now the station is under attack.

Businesses say it's an eyesore in the sanitized new Times Square and gets in the way. And a city councilman angry over the military's ban on gays says the station has no right to occupy city land rent-free.

Tom Duane, a gay City Council member who heads a subcommittee on land use, just wants the recruitment center off city land.

"This is another step in finding out how the military is allowed to be there for free while it continues its policies of discrimination," Duane said.

Homosexual activity is barred in the U.S. military. Under the Pentagon's "don't ask, don't tell" policy, recruiters and superiors can't ask about sexuality but can investigate leads. In fiscal 1996, 844 people were thrown out of the military under the policy.

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TEXAS AIDS NETWORK EFFORTS BRING HOPE

State allocates \$4.1 million for drug assistance

by Tom Jackson

"If an HIV-positive teacher makes \$25,000 a year and his medications cost him \$12,000 per year, he can't keep teaching. If we can pay for his medications, he can keep working. Our concern is to make the system work," says Carolyn Parker, executive director of the Texas AIDS Network. With this idea firmly in mind, Parker succeeded in getting \$4.1 million in funds appropriated to the AIDS Assistance Drug Program.

While the Texas Legislature has not increased funding for AIDS programs since 1991, and attempted to slash the state's budget for AIDS funding by \$32 million in 1993, money can be appropriated from funds that have not been used during the course of a budget year. The department of health happened to have extra money and Parker wanted it.

All looked hopeful in June of last year as the house appropriations committee and the senate finance committee both recommended \$5 million in appropriations. But when the legislators came out of a conference committee, Parker's proposal was no longer on the list of approved expenditures. Refusing to take no for an answer, Parker joined forces with the bureau chief and the commissioner of health and said, "Where's the money?" With the pressure mounting, legislators were suddenly able to find and allocate \$4.1 million in funds to the drug assistance program.

One exciting new part of the AIDS Assistance Drug Program is the Health Options to Promote Employment program (HOPE). "Many people taking protease inhibitors are feeling much better, but there is no incentive for them to go back to work," says Parker. An HIV-positive person who returns to the job may lose his Medicaid benefits, which means he loses his access to protease inhibitors or other beneficial drugs. "How do we fix the system? How can people go back to work and keep their medications?"

HOPE's mission is to support those with HIV who plan to return to the workforce. Several forms of assistance will be offered from paying for a person's medication to paying insurance company deductibles. The organization will offer job training and will pay expensive insurance premiums for clients who are in high-risk categories and would otherwise be uninsurable. Private funding will provide much of the

continued on page 17

City Councilwoman Parker!

Houston's First Openly Gay Elected Official Sets Up Shop

by Kyle Young

Annise Parker emerged from the Dec. 6 runoff against Don Fitch with 57.9 percent of the vote. As City Council's At-Large Position 4, Parker will be Houston's first openly gay elected official. She attributes her success to building a broad-based coalition.

"I could have run a very gay-centric campaign and the media would have enjoyed that," says Parker. "If you read the *Chronicle* or looked at the TV coverage, the fact that I'm gay was always mentioned. I tried very much not to talk about it because it wasn't the purpose of this campaign. I think the voters of Houston knew who they were voting for. It was certainly out there. It really makes a statement about Houston, about the maturity of the voters of Houston."

With the campaign behind her, Parker is now faced with pulling together a staff while transitioning out of her nearly 17 years' career at Mosbacher Energy. While she is excited about the historic victory, Parker says she has little time for celebrating with less than a month between her election and the Jan. 2 inauguration.

Parker plans to hire three to four people for her staff. She says she is looking for "experienced City Hall insiders," and she wants at least one person on staff who is fluent in Spanish. Parker says some people expect her to have a "gay staff."

"If it happens, it happens. It's not a criteria," she says.

Most of the people she's interviewed so far are straight women. She has told prospective staff members that many people will assume they are gay.

"Most of them have thought about that and had to process that information," explains Parker. "I guess if it bothered them, I wouldn't have their résumés."

Parker expects that her office will have a lot of contact with the gay community.

"I assume, looking at what's happened to other minority councilmembers, that calls from the gay,

lesbian and transgendered community will come through my office whether or not they have a district councilmember to represent them," explains Parker. "My staff and I are going to do our best to perform those constituent services."

In the past, Parker says, gay people were not "adequately represented" on City Council. While she plans to work on issues important to the gay community, Parker says some may be disappointed by her approach.

"I know there are people who want to see me go in and start pounding the conference table and demanding certain things," says Parker. "It's never been my style, it's not what I campaigned on, and folks are going to have to realize that I'm going to have to do things at my own pace. One thing that I feel comfortable in saying is that I will never embarrass our community."

She says her presence itself is an agent for change.

"The city is having to deal with gay issues immediately," smiles Parker. "I've already gotten

to inform them what my spouse's name is and how I want her referred to when she's officially introduced at functions. [I've told them] that I'm not single despite the fact that legally I am, and I expect that she'll be accorded the same honorific as any other councilmember's spouse. So, there's small changes that take place immediately."

Parker's spouse, Kathy Hubbard, will be at her side as City Councilwoman Parker is sworn into office. There is no doubt that Parker will soon become Houston's most visible lesbian.

"What constantly is floating at the back of my mind is the awareness of what a responsibility I now have," says Parker. "Almost 2 million people are my constituents. I represent more people than any other lesbian that I know of in the world. It's an awesome responsibility."

Annise Parker will be sworn into office on Friday, January 2 at 10 a.m. at the Wortham Center. The ceremony is open to the public.



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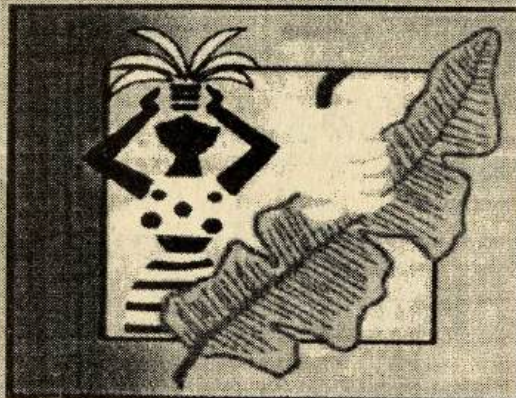


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REPUBLICANS FIGHT THE RIGHT

The Log Cabin Republicans of Houston, a group that works for gay civil rights within the GOP, is gearing up to win grassroots party offices, known as precinct chairmen, in the March primary. A similar effort in 1996 succeeded in electing more than two dozen gay and gay-friendly GOP precinct chairmen. Those chairmen then used their political muscle to oust an anti-gay party leader from his office as senate district chairman. That defeat for the religious right sent shock waves through the Harris County GOP.

"A lot of us complain about the far right but don't really do anything," commented Log Cabin-Houston President Ben Whittle. "This is our chance to fight the anti-gay radicals on their home turf. The precinct level is where politics in this country begins. It's the foundation. By organizing at this level, we can help return the Republican Party to its historic commitment to limited government and individual freedom for all citizens."

BLACK TIE BRINGS IN BIG BUCKS

The total raised at November's Black Tie Dinner came in at \$97,000. The Lambda Legal Defense & Education Fund, a national organization received \$15,000 from the event. The remaining \$82,000 went to local groups including PFLAG, AssistHers and Montrose Counseling Center. The annual Houston Black Tie Dinner is a gala affair which includes nationally renowned speakers, awards to community leaders, a silent auction, dinner and dancing. This year's keynote speaker was Dr. Joyclyn Elders, former United States Surgeon General.

PAST TGRA PRESIDENT HONORED

Michael Gaitz, former president of the Texas Gay Rodeo Association's Houston chapter, was honored at "A Toast From the Heart." Organizer Don Gill says during the three years Gaitz was local TGRA president, the chapter raised more funds for people with HIV/AIDS than all the other Texas chapters combined. "This event was to honor his dedication and hard work to unite this wonderful chapter to heights never seen before in [our] fund-raising," says Gill. The event at the Venture-N raised over \$2,000 for TGRA.

PWAC SALUTES VOLUNTEERS

The Bill Napoli Award for Outstanding Volunteer Service to the PWA Coalition was presented to Perrie Dolph and Alec Smoke at the organization's annual holiday party. Smoke has volunteered at Thomas Street Clinic since 1994. Dolph also volunteers with the Names Project and is a member of the Thomas Street Clinic Citizens Advisory Council. Others at the event included Dignity Award winners Gurrola Reprographics, Bering Memorial United Methodist Church and Daryl Hickman of Tiburon Systems.

TEXAS AIDS NETWORK from page 14

support for HOPE, which is currently receiving money from area planning councils. The councils are pledging leftover money from the Ryan White fund, with Houston offering \$300,000 and \$50,000 coming from Dallas. The American AIDS Foundation, a Texas organization, was recently started to raise funds for the HOPE project and put together public relations efforts.

Final passage of the organizational rules for the HOPE project will take place in January, and the program could begin as early as February of



Carolyn Parker
Texas AIDS Network

this year. An offshoot of the project is the HOPEPLUS program which will focus on studying employer receptivity to persons with AIDS returning to the workforce and HOPEPLUS will also examine the quality of health-care providers. Parker says, "I've heard all types of rumors. Some of the doctors

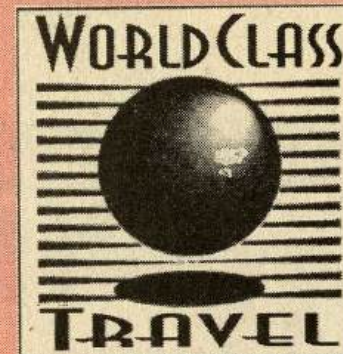
don't know of all the types of protease inhibitors, or they switch them around in a patient, which can create problems. Are the doctors familiar with the guidelines for taking these medications? Do they know what the optimum therapies are? Do we need AIDS specialists?"

The Texas AIDS Network was founded in 1987 as a coalition of AIDS services and a "non-gay" voice to lobby for funding at the state capital. Currently, the organization has expanded to include public agencies and private individuals who are interested in joining. Though the individual members have traditionally been professionals such as physicians or lawyers, Parker is trying to change this by offering \$5 individual memberships.

"The Texas AIDS community needs help pulling it together. If we have to ruffle some feathers, so be it," says Parker. She hopes to go into the next legislative session with a very large number of members because both the House public health committee chair and vice-chair have recently stepped down, creating a "vacuum" for the next session. "Right now, we're very vulnerable. We need many, many more voices all over the state."

LGRL TO HONOR DANBURG

The Lesbian/Gay Rights Lobby of Texas will present State Representative Debra Danburg the Naylor Lifetime Achievement Award at a Jan. 22 fund-raiser. "Debra has spent a lifetime fighting for the equal rights protection that gay Texans need and deserve," says LGRL executive director Dianne Hardy-Garcia. "Her experience and dedication continue to be an invaluable asset to us within the Texas Legislature." At press time the location for the event had not been determined. Call 713/861-8238 for more information.



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Pro-Life Gays Challenge "Unthinking Conformity"

DARING TO DISAGREE

by Tom Sena

I think it was Gilbert and Sullivan who wrote in the lyrics of one of their Victorian musicals, that every one of us is born a little liberal or a little conservative. The implication—if not the explicit assertion—is that one's political and philosophical beliefs are as unchangeable as one's skin color: determined if not at birth, then not very much thereafter, and held uncritically from that time on. Some political commentators of a more recent vintage than G&S (though without the constraints of light opera to excuse their error) seem to agree. They suggest that on the really big issues, people's minds do not change, and the only purpose of argument and discussion—particularly on deeply controversial subjects—is to harass and belittle one's opponents.

But that is not the case, at least with me. My beliefs about abortion changed radically.

In the fall of 1988, NOW threw a rally on the National Mall here in Washington, D.C., trumpeting abortion and its many benefits. Much of the media picked up their tone, lionizing NOW in glowing and congratulatory terms. One newspaper that joined in the general brouhaha was *The Washington Blade*, then the capital city's only weekly lesbian and gay publication. Its front page cheer for NOW caught my eye and finally gave me the impetus to rebel against the myth that if you're homosexual, then of course you are for abortion.

I had moved to the District of Columbia only three years earlier from South Carolina. I had never lived in any city that might qualify as "big" and never become part of an actual gay community. These years were filled with adapting to a

new life, not only in a "big city" but in a community of people like me. It was astonishing. It was heaven, and I desperately wanted to fit in. Almost unconsciously, I absorbed the manners and mores of the people around me, including what seemed to be their unanimous consensus on this or that burning political topic (and when, in Washington, are burning topics not political, or political topics not burning?). Inevitably, abortion was among them. Any *Blade* article mentioning abortion included a blatant sneer at pro-lifers and explicit hoorays for the champions of "choice." Bar conversations, when the subject came up, did exactly the same. And so, in time, did I. After all, this is what we all thought, right? Could we all be wrong? So I learned to sneer and hooray on cue with the best of them. Let the arbiters of gay opinion ring that bell, and I was ready to drool on demand.

The problem was that I was not really sure that we were right. My uncertainties persisted no matter how many arguments I marshalled in my mind, to allay my doubts and coax me into full agreement with gay dogma. This was not hard to do. I was able to find excellent reasons to favor abortion rights with very little trouble. Relying on them would give me an effortless coast right into abortion activism, with the bonus of feeling that my place in the lesbian and gay community, my community, was approved and secure. And most of all, I could stop wondering about whether or not we were right. I would never have to think about it again—at least I would not have to think for myself. I would simply be part of the group mindmeld, and there would be simple answers at last.

All these enticements and all my reasons for settling in the pro-choice camp faded like a dream when, in all intellectual honesty, I forced myself to look at the central problem: the life and humanity of the unborn child. In being truthful with myself, I had to acknowledge that her life is a fact. It does not rely on any philosophical preference, and one never needs to drag the Bible or religion in by the hind legs to try to prop it up. I researched the biological facts of her body: that her heart has begun beating by the time she is three weeks old, she emits brain waves after little over a month, by 10 weeks she is sucking her thumb, and so on. She is alive. There is never a time after her conception when she is not. This is indisputable to the inquiring mind.

But surely her body, such as it is, isn't really her own? Can there be any doubt that, develop though she may, she is fundamentally part of her mother's body and without a life and rights of her own? I asked such questions hopefully; but again, I had to be honest. The "product of conception," as abortion advocates euphemistically describe her, has from her very beginning a new and unique combination of genetic codes, fundamentally different from either of her parents. These codes determine her gender, her features, the colors of her skin and hair and eyes, so many of her essential characteristics, possibly even including her sexual orientation. In short, she's a separate human being, different from her mother. What other "part of the woman's body" has its own genetic code? None. She is her own person with her own body, and her body has its own rights. Realizing this clinched it for me.

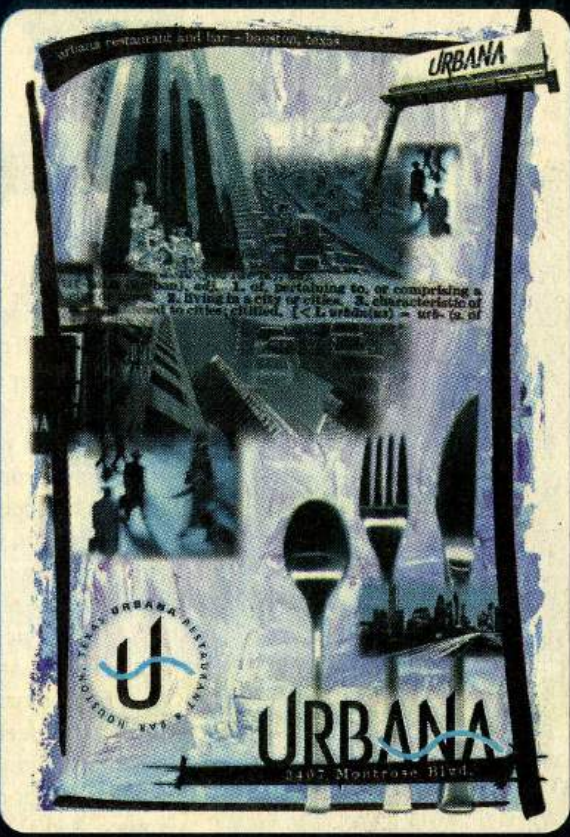
I threw up my hands and said, "I give up. I am pro-life."

Almost immediately, I remembered our community's monolithic image on the issue, and it seemed as though I were in the closet all over again. In both gay and straight media we all came across as speaking with a single voice, not a note of dissent to be found. I had never seen or heard a real live homosexual dissenting from that voice either in private or, at greater risk, in public. It was as if all of us were born to be "pro-choice."

But there is another explanation. As separated, isolated individuals, people are reluctant to differ from the rest of the pack. Putting oneself on a seemingly different line than everyone else's can be frightening and even dangerous, as I now knew from experience. Since the *Blade* was both the primary way of communicating within the Washington, D.C., lesbian and gay community and a major reinforcer of bias toward abortion, I had begun writing letters to the editor and even an occasional article about being gay and pro-life. These were published and provoked no small reaction. More than once I would pick up the newest *Blade* to find myself torn to shreds in print. I would be told of overheard conversations in which I was damned as a traitor, a woman-hater, and so on. But even if I persuaded no one, at least a different view was getting out there and being talked about. This by itself was a victory.

Lesbians and gays have struggled too long with the demand for conformity in sexual matters to turn around and wield that same oppression against those who threaten community solidarity by daring to disagree out loud with our leaders. Lesbians and gays do not have the luxury of an unthinking conformity among ourselves. Thinking for yourself is vital, both for our communal and personal good, especially when the authority you challenge is that of your own community. It is the only viable course lesbians and gays can take as honest and thoughtful people.

Tom Sena founded the Pro-Life Alliance of Gays and Lesbians (PLAGAL) in 1990. The organization has over 800 members with active groups in Boston, Philadelphia, Washington, Cleveland, Los Angeles and Seattle.



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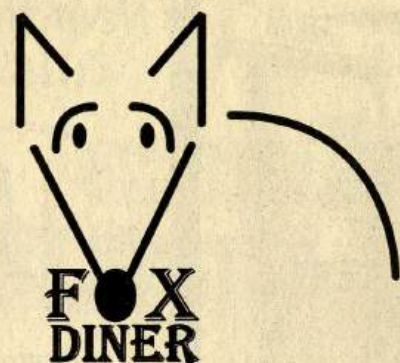
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LeftOut

Looking For the Next Annise

by Daryl Moore

I was surprised at how much Annise Parker's election to City Council affected me. Not until I actually read of her victory in the newspaper did I accept that Houston had elected an openly gay or lesbian candidate for the first time in the city's history.

Perhaps it was that our community suffered from "battered spouse syndrome." That is, we had been beaten so repeatedly that we had come to expect it. Simply recall the loss of the anti-discrimination referendum in the '80s, Annise's loss two years ago, and the uninterrupted increase of self-professed gay-baiters and haters to state, local, and judicial offices across Texas.

Annise's victory was difficult for me to accept because I did not believe that Houston voters were ready to elect a well-qualified woman who just happened to be a lesbian. How righteous it feels to have been so wrong.

Annise didn't just win, she won big. She got 40,000 more votes than her opponent in a race that drew about 250,000 voters. And she did so even though her opponent made a last-ditch effort to gay-bait, running radio ads in which he referred to himself as a "family man and grandfather," and referred to Annise as "a gay activist who is single."

Maybe his efforts were simply too little, too late. Or, maybe it was that the electorate was finally fed up with the hate-mongering. After all, this was the same election in which Lloyd Kelley was trounced by Sylvia Garcia after he referred to her as his "gay opponent" while pandering to a group of fellow Republicans. And, it was the same election in which Rob Mosbacher lost after offending progressive supporters early in his mayoral bid by pronouncing himself the only true conservative in the race who opposed special rights for gays and lesbians.

Or, maybe it was that Annise is a woman, and that many heterosexual males simply found her less threatening than they would have an openly gay man.

Or, maybe it was that Annise is incredibly well-qualified. That she had good name identification from a previous race. And that she had a well-organized campaign that was financially able to compete with her well-funded opponent.

Most likely, however, it was a combination of the above and that Annise was in the right place at the right time. She was well-qualified, well-funded, and well-suited for a citywide election that triggered heavy voter turnout in the black, gay/lesbian, and fiscally conservative/socially progressive Caucasian community. Whatever happened, the

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Daryl Moore is a lawyer in Houston. He has a general practice and is board certified in civil appellate law.

OutRight

Home For the Holidays

by Dale Carpenter

December 6, 1997—a date that will live in religious right infamy—was the day gay men and women in Houston returned from the political exile into which the voters sent us almost 13 years ago. In January, 1985 the voters of Houston voted by a margin of four-to-one to repeal an ordinance protecting gays from discrimination in city employment. Effectively, they told us to go away.

That referendum reversed the upward trajectory of gay political influence in Houston that had begun in the late 1970s and early 1980s. Back then, gays were widely considered an important constituency in city politics. We were seen as having provided the margin of victory to Kathy Whitmire in the mayoral race of 1981. The major newspapers regularly featured endorsements by the gay political caucus with full-blown stories, not just two-paragraph summaries. *Newsweek* even ran a story entitled "Gay Power in Macho Houston" that hailed gays a force that every city politician needed to court. Gay support meant dozens of campaign workers for a candidate.

After the referendum, things changed dramatically. Politicians who had been friendly to gays now shunned us. An endorsement by a gay group was seen as more a liability than an asset. The gay caucus itself fell into nasty internal bickering and lost members, becoming politically irrelevant. Mayor Lanier hardly ever acknowledged that we existed. And about the time of the referendum the pace of deaths from AIDS grew. Caring for the sick meant taking money and volunteers away from the political groups, which further depleted our resources.

Meanwhile, all around the country cities were passing non-discrimination ordinances and granting domestic partners benefits to municipal employees. Austin elected Rep. Glen Maxey (D) as the first openly gay elected official in Texas. Then Dallas elected an openly gay city council member, then two. This year, Dallas even elected an openly gay Republican to city council—the ultimate insult to the pitiable achievements of the gay civil rights movement in Houston. The stench of failure hung over us. Houston, it seemed, was The Town That Gay Rights Forgot.

On this page almost three years ago, I suggested a four-part strategy for an openly gay candidate to win a city council race and nominated Annise Parker as the person with the best shot at doing it ("Breaking the Election Barrier, Part 2," *OutSmart*, March 1995). I concluded: "To be sure, there is no guarantee of success. We must still have the

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Dale Carpenter, a Houston attorney, is state president of the Log Cabin Republicans. The opinions expressed in this column do not necessarily reflect the views of Log Cabin.

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QueerScience

Gay Rights In Romania

by Simon LeVay

"Those who refuse to have children are deserters, who seek to escape the laws of national continuity." Thus spoke Nicolae Ceausescu, the Communist dictator of Romania until the revolution of 1989. Gays and lesbians ranked high on the list of these treacherous non-breeders: They were ruthlessly persecuted by the state police, and gay culture was invisible.

I recently had the opportunity to assess what changes may have happened since the revolution, when I participated in a conference about homosexuality at the University of Cluj, in the northern province of Transylvania. The meeting was organized by psychologists Bill Hirst, of the New School for Social Research in New York, and Mircea Micula of Cluj. The event was a public-relations success and a notable first for Romania. Particularly remarkable was the participation of the fledgling Romanian gay-rights organization, ACCEPT.

In spite of the revolution, in which Ceausescu and his wife were executed, liberalization has come slowly to Romania. Grinding poverty, and the generation-long repression of independent thought, seem to have left an inertia that invites renewed governmental repression. Not just gay people, but all minorities are still treated badly. Fortunate are those, like the Jews and ethnic Germans, who have had the opportunity to emigrate. The Roma (gypsies) are literally marginalized: On the outskirts of Cluj, one Roma community lives in cardboard shanties and survives by scavenging from the city dump. The mentally ill, and orphaned children, suffer a malign neglect.

According to ACCEPT, 114 men and one woman are currently incarcerated (convicted or awaiting trial) for offenses against "paragraph 200," the Romanian sodomy statute. This statute criminalizes sexual acts that arouse "public scandal," or the promotion of such acts. Thus the ACCEPT activists risked arrest simply for participating in the meeting.

The Council of Europe is putting pressure on Romania to repeal its sodomy statute and to treat gay people better. Unless it does so, Romania will not be able to join the Common Market. (It's sobering to reflect that, if the United States applied to join the Common Market, it would run into the same stumbling block.) On the other hand, conservative forces inside Romania are adamantly opposed to such liberalization. Chief among them are the Romanian Orthodox and Catholic churches. One evening during the meeting, a televised discussion of gay issues was broadcast. The Romanian Orthodox archbishop of Cluj, impressive in flowing beard and black robes, denounced us in thundering tones. We were trying to "normalize the abnormal," he declared. One member of the American contingent, Christian

Huygen, countered with a casual but charming pitch for the gay lifestyle.

That these issues can even be discussed by the Romanian media is of course a mark of progress. A call-in radio show, devoted to the conference, went on for several hours beyond its scheduled time slot. One caller, a male nurse, described how he had recently witnessed an attempt to "cure" a man of homosexuality by means of electro-shock therapy.

Isolation is still the dominant experience for gay and lesbian Romanians. Not a single gay-positive book has been published in Romania, and foreign books on the topic are unobtainable. Cluj has no gay-identified bar or cafe, although a corner of the city park serves its time-honored function after dusk. At the conference, only one of the Romanian participants admitted to being gay, and his coming-out was greeted with a collective jaw-dropping.

On one free morning, a history student took me on a guided tour of the city. In the watery fall sunshine, the ancient churches and the baroque-period commercial buildings lent a very European charm to the place, and the hordes of students bustling to and from their classes provided a sense of optimism for the future. It was ironic, though, to see the many archaeological sites at which the remains of the Roman imperial city of Napoca had been exposed to view, for that 2,000-year-old culture was far more accepting of sexual diversity than anything that is likely to develop in Cluj today.

As I took the white-knuckle Tarom Airlines flight back to Bucharest, I felt a distinct sense of accomplishment. Not so much for having delivered my usual lecture about the hypothalamus and gay genes, as for having been able to visit this hostile little corner of the world and stand up and say "I'm gay."



Simon LeVay, Ph.D., is well-known for his research on the "gay brain." He is the author of the biomedical thriller *Albrick's Gold* (Richard Kasak Books, 1997).

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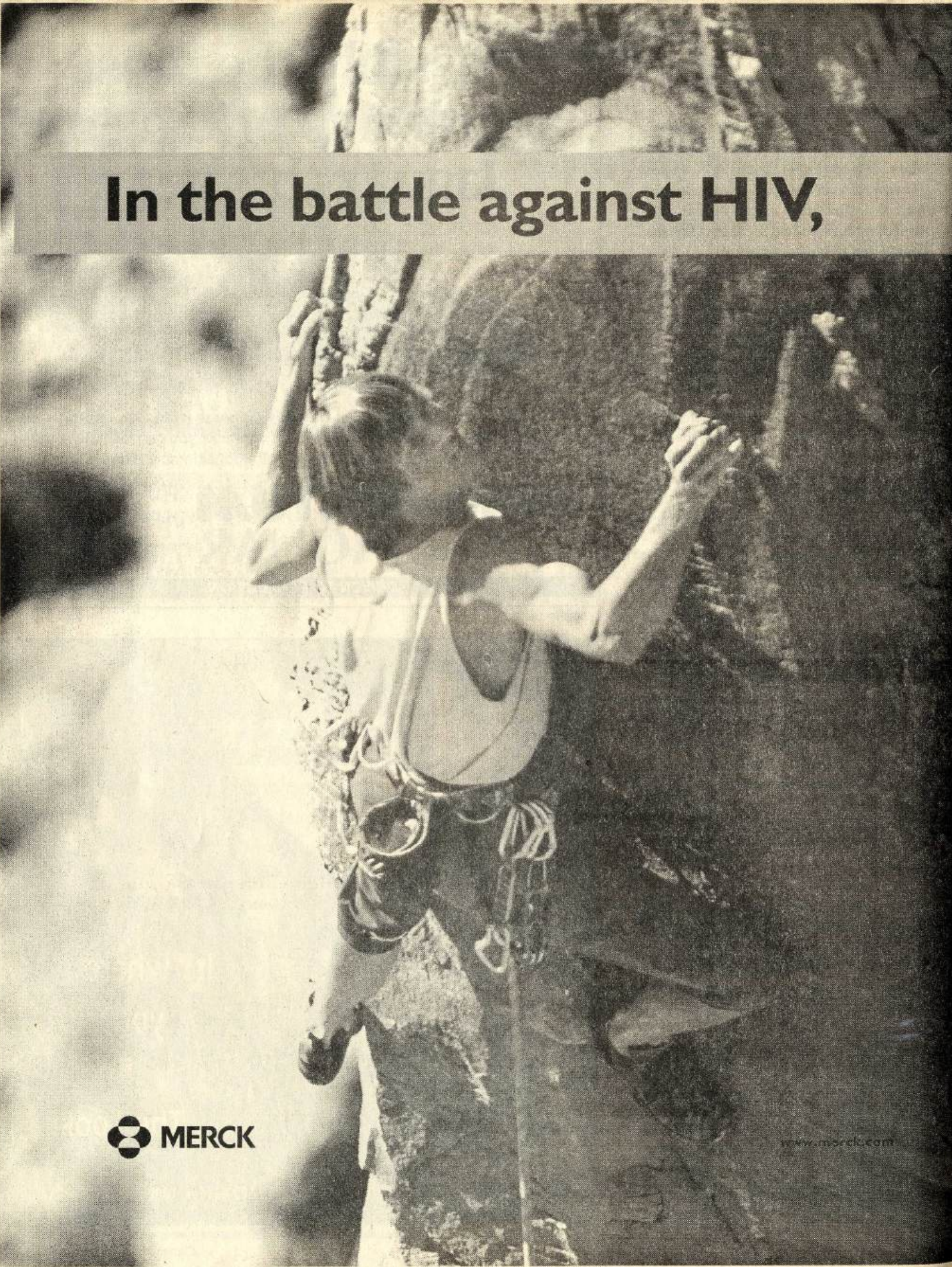


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CRIXIVAN is a protease inhibitor that provides powerful HIV suppression in adults when antiretroviral therapy is warranted. In most patients, CRIXIVAN has lowered the amount of HIV in the bloodstream to levels undetectable by available testing. (Note: The clinical significance of changes in serum viral RNA measurements during treatment with CRIXIVAN has not been established. Also, the virus may still be present in other organ systems.) With less virus to repel, the immune system produces more disease fighting CD4 T-cells. While CRIXIVAN is not a cure for HIV or AIDS, and it is too early to say whether CRIXIVAN will extend your life, ask your doctor if CRIXIVAN is a better choice for you.



there's a change in outlook.

Over 80% of patients taking CRIXIVAN in triple therapy have held viral load down to undetectable levels.

These results were shown after 24 weeks in an ongoing landmark study — over 80% of the 22 patients receiving CRIXIVAN, AZT, and 3TC triple therapy reduced their viral load to undetectable levels and kept it there.

CRIXIVAN is generally well tolerated and is the most widely prescribed* protease inhibitor medication.

There are side effects associated with protease inhibitors in general and CRIXIVAN in particular. Some patients treated with CRIXIVAN may develop kidney stones. In some of these patients this can lead to more severe kidney problems including kidney failure. Drinking at least 6 glasses of water each day may help reduce the chances of forming a kidney stone. Other side effects reported include rapid breakdown of red blood cells, liver problems, increased bleeding in some patients with hemophilia and, separately, increased blood sugar levels or diabetes. Please read the following page for detailed information on side effects.

People taking protease inhibitors may still develop infections or other conditions associated with HIV. Also, there are some common medications and some AIDS-related medications you should not take with CRIXIVAN. Make sure you discuss these issues and all medications you are taking or plan to take with your healthcare provider.

Every day is an opportunity to fight back.

Educate yourself about nutrition, fitness, and treatment developments that can help you lighten your load and manage the virus.

Please read the following page for more information on CRIXIVAN.

(* IMS America, 3/96 - 8/97.)

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Please read this information before you start taking CRIXIVAN. Also, you should read the information included with CRIXIVAN each time you receive your prescription, just in case anything has changed. Remember, this information does not take the place of careful discussions with your doctor. You and your doctor should discuss CRIXIVAN when you start taking your medication and at regular checkups. You should remain under a doctor's care when using CRIXIVAN and should not change or stop treatment without first talking with your doctor.

What is CRIXIVAN?

CRIXIVAN is an oral capsule used for the treatment of adults with HIV (Human Immunodeficiency Virus) when therapy is warranted. HIV is the virus that causes AIDS (acquired immune deficiency syndrome). CRIXIVAN is a type of HIV drug called a protease (PRO-tee-ase) inhibitor.

How does CRIXIVAN work?

CRIXIVAN is a protease inhibitor that fights HIV. It may help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count.

CRIXIVAN is usually prescribed with other anti-HIV drugs such as ZDV (also called AZT), 3TC, ddI, ddC, or d4T. CRIXIVAN works differently from these other anti-HIV drugs. Talk with your doctor about how you should take CRIXIVAN.

CRIXIVAN has been studied in adults. It has not been studied in children and adolescents.

How should I take CRIXIVAN?

There are six important things you must do to help you benefit from CRIXIVAN:

1. **Take CRIXIVAN capsules every day as prescribed by your doctor.** Continue taking CRIXIVAN unless your doctor tells you to stop. Take the exact amount of CRIXIVAN that your doctor tells you to take, right from the very start. To help make sure you will benefit from CRIXIVAN, you must not skip doses or take "drug holidays." If you don't take CRIXIVAN as prescribed, the activity of CRIXIVAN may be reduced (due to resistance).
2. **Take CRIXIVAN capsules every 8 hours around the clock, every day.** It may be easier to remember to take CRIXIVAN if you take it at the same time every day. If you have questions about when to take CRIXIVAN, your doctor or health care provider can help you decide what schedule works for you.
3. **If you miss a dose by more than 2 hours, wait and then take the next dose at the regularly scheduled time.** However, if you miss a dose by less than 2 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of CRIXIVAN at any one time.
4. **Take CRIXIVAN with water.** You can also take CRIXIVAN with other beverages such as skim or non-fat milk, juice, coffee, or tea.
5. **Ideally, take each dose of CRIXIVAN without food but with water at least one hour before or two hours after a meal.** Or you can take CRIXIVAN with a light meal. Examples of light meals include:
 - dry toast with jelly, juice, and coffee (with skim or non-fat milk and sugar if you want)
 - corn flakes with skim or non-fat milk and sugar
 Do not take CRIXIVAN at the same time as any meals that are high in calories, fat, and protein (for example — a bacon and egg breakfast). When taken at the same time as CRIXIVAN, these foods can interfere with CRIXIVAN being absorbed into your bloodstream and may lessen its effect.
6. **It is critical that you drink at least six 8-ounce glasses of liquid (preferably water) throughout the day, every day. CRIXIVAN can cause kidney stones.** Having enough fluids in your body should help reduce the chances of forming a kidney stone. Call your doctor or other health care provider if you develop kidney pains (middle to lower stomach or back pain) or blood in the urine.

Does CRIXIVAN cure HIV or AIDS?

CRIXIVAN is not a cure for HIV or AIDS. People taking CRIXIVAN may still develop infections or other conditions associated with HIV. Because of this, it is very important for you to remain under the care of a doctor. It is not yet known whether taking CRIXIVAN will extend your life or reduce your chances of getting other illnesses associated with HIV. Information about how well the drug works is available from clinical studies up to 24 weeks.

Does CRIXIVAN reduce the risk of passing HIV to others?

CRIXIVAN has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

Who should not take CRIXIVAN?

Do not take CRIXIVAN if you have had a serious allergic reaction to CRIXIVAN or any of its components.

What other medical problems or conditions should I discuss with my doctor?

Talk to your doctor if:

- You are pregnant or if you become pregnant while you are taking CRIXIVAN. We do not yet know how CRIXIVAN affects pregnant women or their developing babies.
- You are breast-feeding. You should stop breast-feeding if you are taking CRIXIVAN.

Also talk to your doctor if you have:

- Problems with your liver, especially if you have mild or moderate liver disease caused by cirrhosis.
- Problems with your kidneys.
- Diabetes
- Hemophilia.

Tell your doctor about any medicines you are taking or plan to take, including non-prescription medicines.

This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep CRIXIVAN and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, contact your local poison control center or emergency room immediately.

This provides a summary of information about CRIXIVAN. If you have any questions or concerns about either CRIXIVAN or HIV, talk to your doctor.

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Can CRIXIVAN be taken with other medications?*

Drugs you should not take with CRIXIVAN:

SELDANE® (terfenadine) HISMANAL® (astemizole) VERSED® (midazolam)
HALCION® (triazolam) PROPULSID® (cisapride)

Taking CRIXIVAN with the above medications could result in serious or life-threatening problems (such as irregular heartbeat or excessive sleepiness).

In addition, you should not take CRIXIVAN with rifampin, known as RIFADIN®, RIFAMATE®, RIFATER®, or RIMACTANE®.

Drugs you can take with CRIXIVAN include:

RETROVIR® (zidovudine, ZDV also called AZT) BIAVIN® (clarithromycin)
TAGAMET® (cimetidine) isoniazid (INH)
DIFLUCAN® (fluconazole) ORTHO-NOVUM 1/35® (oral contraceptive)
EPIVIR® (lamivudine, 3TC) ZERIT® (stavudine, d4T)
BACTRIM®/SEPTA® (trimethoprim/sulfamethoxazole)

VIDEX® (didanosine, ddI) — If you take CRIXIVAN with VIDEX®, take them at least one hour apart.

MYCOBUTIN® (rifabutin) — If you take CRIXIVAN with MYCOBUTIN®, your doctor may adjust the dose of MYCOBUTIN.

NIZORAL® (ketoconazole) — If you take CRIXIVAN with NIZORAL®, your doctor may adjust the dose of CRIXIVAN.

Talk to your doctor about any medications you are taking.

What are the possible side effects of CRIXIVAN?

Like all prescription drugs, CRIXIVAN can cause side effects. The following is not a complete list of side effects reported with CRIXIVAN when taken either alone or with other anti-HIV drugs. Do not rely on this page alone for information about side effects. Your doctor can discuss with you a more complete list of side effects.

Some patients treated with CRIXIVAN developed kidney stones. In some of these patients this led to more severe kidney problems including kidney failure. Drinking at least six 8-ounce glasses of liquid (preferably water) each day should help reduce the chances of forming a kidney stone. Call your doctor or other health care provider if you develop kidney pains (middle to lower stomach or back pain) or blood in the urine.

Some patients treated with CRIXIVAN have had rapid breakdown of red blood cells (hemolytic anemia) which in some cases was severe.

Some patients treated with CRIXIVAN have had liver problems including liver failure. Some patients had other illnesses or were taking other drugs. It is uncertain if CRIXIVAN caused these liver problems.

Diabetes and high blood sugar (hyperglycemia) have occurred in patients taking protease inhibitors. In some of these patients, this led to ketoacidosis, a serious condition caused by poorly controlled blood sugar. Some patients had diabetes before starting protease inhibitors, others did not. Some patients required adjustments to their diabetes medication. Others needed new diabetes medication.

In some patients with hemophilia, increased bleeding has been reported.

Clinical Studies

Increases in bilirubin (one laboratory test of liver function) have been reported in approximately 10% of patients. Usually, this finding has not been associated with liver problems. However, on rare occasions, a person may develop yellowing of the skin and/or eyes.

Side effects occurring in 2% or more of patients included: abdominal pain, fatigue or weakness, flank pain, feeling unwell, nausea, diarrhea, vomiting, acid regurgitation, loss of appetite, dry mouth, back pain, headache, trouble sleeping, dizziness, taste changes, rash, upper respiratory infection, dry skin, and sore throat.

Other side effects occurring in 0.5%-2% of patients included: sleepiness, fever, indigestion, excessive gas, muscle pain, leg pain, anxiety, depression, decreased skin sensation, itching, and painful or difficult urination.

Side effects occurring rarely, in less than 0.5% of patients and also considered serious, included: gall bladder inflammation, liver cirrhosis, pneumonia, and swollen kidneys due to blocked urine flow.

Marketing Experience

Other side effects reported since CRIXIVAN has been marketed include: abdominal swelling; inflammation of the kidneys; increased fat appearing in areas such as the neck, abdomen, and back; change in skin color; severe skin reactions; hair loss; crystals in the urine; and allergic reactions.

Tell your doctor promptly about these or any other unusual symptoms.

If the condition persists or worsens, seek medical attention.

How should I store CRIXIVAN capsules?

- Keep CRIXIVAN capsules in the bottle they came in and at room temperature (59°F-86°F).
- Keep CRIXIVAN capsules dry by leaving the small desiccant "pillow" in the bottle. Keep the bottle closed.



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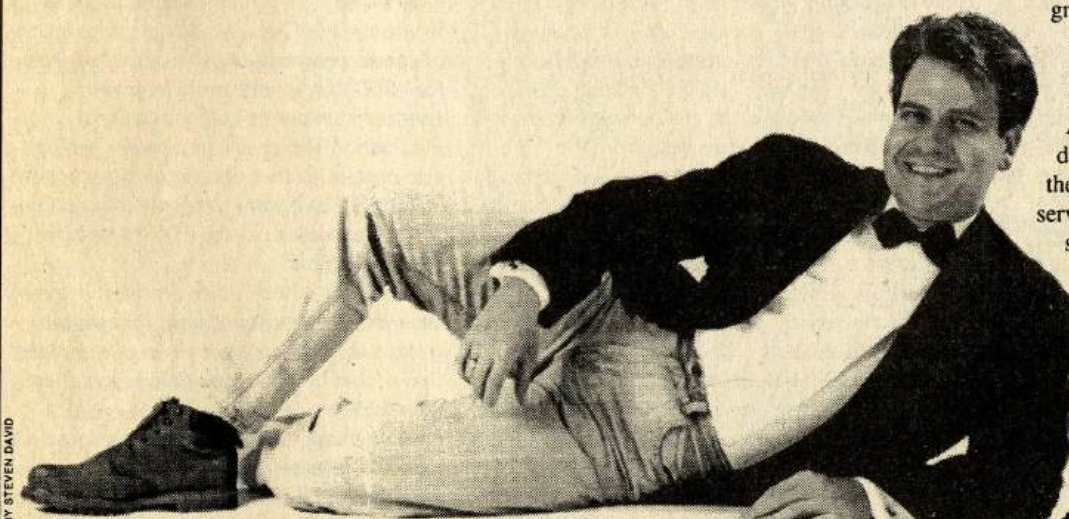
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PHOTOGRAPH BY STEVEN DAVID

Managing HIV & Managed Care

Medicaid's Move to HMOs Brings Changes for Houston's HIV-Infected

by Harry Livesay

An interesting study is currently going on in Harris County. This study should be of concern to people living with HIV disease. A new protease inhibitor? A new anti-retroviral? No, but the results of this study will change the delivery of health-care services for roughly half of all the adults and more than 90 percent of children living with HIV—those who depend on Medicaid during some stage of their illness. Simply stated, Medicaid consumers will now become "managed care" consumers and will be asked to select one of six HMOs (health maintenance organizations) to provide their health-care services. What does this mean for persons living with HIV who receive their health-care services from Medicaid? How will this affect the clients of the Thomas Street Clinic? Which HMOs will be targeting Medicaid consumers with HIV? This process of understanding managed care can be scary, especially for persons who need early access to experienced health-care providers in the course of their illness. This two-part series will attempt to answer these questions and look at why persons with HIV, their advocates and caregivers need to be informed consumers of managed care.

THE NEW PROGRAMS

Recent laws passed by Congress to reform welfare programs (i.e. cut costs) have resulted in more activity by states to reduce spending for programs such as Food Stamps and Medicaid. In Texas, where Medicaid spending is already ranked 48th in the nation, this has meant looking for a method to cut health costs even further while providing "quality care." To meet this need, two models of care have been developed by the Texas Department of Health, based on managed care principles. These are the STAR Program for consumers of Aid to Families with Dependent Children (AFDC) programs, and the STAR PLUS Program for all consumers of Supplemental Security Income (SSI).

The STAR Program will serve approximately 225,000 women and children in Harris County and the surrounding counties of Brazoria, Fort Bend, Galveston, Montgomery and Waller. It will be a mandatory program for all those receiving AFDC services. It will consist of traditional

Medicaid services such as medical checkups, dental checkups for children, inpatient hospital services, lab and X-ray services, family planning, ambulance services and home health care. HMOs can also offer "value-added" services (i.e. added services) as an inducement for enrollment with that HMO. The STAR Program also allows for a non-specific number of prescription medicines each month as defined as "medically necessary and appropriate under managed care." The list of HMOs offering the STAR Program for Harris County are ACCESS Health Plan, Americaid Community Care, AmeriHealth HMO of Texas,

This process of understanding managed care can be scary, especially for persons who need early access to experienced health-care providers in the course of their illness.

HMO Blue, MethodistCare Star Health Plan and the Harris County Hospital District's Community Health Choice.

The STAR PLUS Program will serve approximately 65,000 adults and children in Harris County who receive SSI and SSI-related Medicaid benefits. For the current time, it will be offered in Harris County only. It will be mandatory for all SSI-eligible Medicaid consumers who are not in a nursing home or who currently receive services from the Mental Health/Mental Retardation Authority (MHMR). People who have both Medicaid and Medicare coverage are eligible for the STAR PLUS Program, but are not required to enroll. Available services include all standard Medicaid services (as listed above) and long-term care services such as nursing home care. Value-added services are also available. The STAR PLUS Program also allows for a non-specific number of prescription medicines each month. Additionally, those with both Medicaid and Medicare may receive unlimited prescriptions. HMOs offering the STAR PLUS Program include ACCESS Health Plan, Americaid Community Care and HMO Blue.

SELECTING AN HMO

While trying to make sense of these new changes in Medicaid coverage, it may help to remember that the majority of Medicaid consumers living with HIV will be dealing with the STAR PLUS Program. This will limit the selection of HMOs to only three (ACCESS Health Plan, Americaid Community Care and HMO Blue) and will allow us to focus our discussion on important "shopping tips" in selecting an HMO.

The first thing to know is that an enrollment packet (to be made available in multi-lingual versions) will be mailed by the Texas Department of Health and Human Services to all Medicaid consumers in Harris County. The packet will contain a letter informing the consumer of the switch to a managed care HMO model and information on how and when to enroll. Consumers will be asked to enroll by February 1 in order to "pick" the HMO of their choice. After that date, a provider will be assigned for the consumer.

Review the enrollment packet carefully. Along with the information on enrollment, the packet will contain some information on the three HMOs offering the STAR PLUS Program. A comparison chart will provide a short overview of each HMO, where their care is provided, the hospitals where the HMO is used, a short description of special programs or value-added services for HMO consumers, and a "member services" number to call for additional information. The enrollment packet should also contain a list of doctors who participate in each HMO. If you want more information (and you should), call the HMO's member services number.

Choosing a health-care provider is one of the most important decisions that we can make. Listed below are a series of questions that should be addressed before you select your HMO:

Choosing a Doctor—For persons living with HIV disease, choosing a provider with expertise in HIV/AIDS care is most important. HMOs will ask you to choose a primary care physician who will be the primary provider of your health-care services. The primary care

physician (PCP) will also be the "gatekeeper" for your care. This doctor will be responsible for ordering medical tests and/or referring you to specialty care services if needed. Are there experienced providers in the HMO? Can you choose a HIV/AIDS doctor as your primary care doctor? Can you change your primary care doctor if you are not satisfied?

Choosing a Hospital/Emergency Access—With which hospitals does the HMO contract? Do these hospitals have expertise in HIV/AIDS care? What about emergency health-care services? What process/procedures must be followed before you can receive care? Who determines if emergency care is needed? Does the HMO cover all emergency services, even those services that may not be provided by the HMO's hospitals or clinics?

Benefits and Services—What services will be covered by the HMO? Medicaid requires that care providers provide a list of primary and secondary health-care services. Additionally, STAR PLUS providers must provide long-term care services such as community-based care and/or nursing-home care. However, it may be a good idea to ask about services such as investigational/experimental treatments, medical equipment, OB/GYN services and mental health services. Are there annual or lifetime limits on what the HMO will pay for specific benefits and services?

Value-Added Services—HMOs can offer incentives to consumers for signing up with them. These services can include adult dental care, vision care, preventative health programs, prenatal care and other related health-care services. Value-added services may include referral relationships with community-based organizations to provide social support services for consumers and their families. Some HMOs have even offered gifts or prizes to consumers for maintaining a particular course of treatment. What value-added services does the HMO offer? Do they offer particular value-added services for persons with HIV and/or their families?

Access to Prescription Drugs—Of all the benefits and services covered, this is probably the most important area that needs to be addressed when shopping for your HMO. Under both the STAR and STAR PLUS plans, Medicaid consumers with HIV are being promised "as many prescriptions as medically necessary and appropriate under managed care." While this sounds like an improvement over the past three-prescriptions-per-month limit, you will want to ask the HMO which medications are considered "necessary and appropriate" for persons living with HIV. Does the HMO have a specific list of drugs or "drug formulary"? Are protease inhibitors included in this list? Are "off label" drugs (drugs approved to treat one condition but frequently prescribed for another) included in the list? Is the list (formulary) flexible enough to cover newer and more effective drugs as they come on the market? Does the HMO have a way to provide patients with information regarding new HIV/AIDS drugs and new treatment protocols? Do their providers offer clinical trials?

Referral Procedures—How do doctors and other providers of the HMO refer patients for specialty treatment? Are doctors discouraged from referring their patients to specialists? How can consumers be sure that they will get the care they need through the HMO?

Patient Costs/Co-payments—Are there any co-payments or deductibles charged to patients by the HMO? If so, ask for a list of co-payments to be charged.

Complaint/Appeal Procedures—Does the HMO have a procedure for appeals and/or complaints about services or staff? If you are denied a service or access to a particular specialist or AIDS-related drug, what are the steps to appeal such decisions? Is there an independent or external appeals process? Providers in the STAR and STAR PLUS programs are required to refer Medicaid consumers to an independent ombudsman or advocacy program to review complaints

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and consider consumer appeals of the HMO's decisions.

Consumers Input—Does the HMO keep information on patient feedback about their care? What impact does this have on the HMO's health outcomes (i.e. how they provide services)? Does the HMO keep information on the health outcomes of chronically ill or disabled persons, like people with HIV/AIDS? How does the HMO get consumer feedback? Do they have a consumer advisory group?

Enrolling in the HMO—All enrollment for the STAR and STAR PLUS Programs must take place with an "enrollment broker," a company contracted by the state to provide consumer information and enrollment activities. MAXIMUS, Inc., a national consulting group with expertise in welfare reform and managed care in over 45 states, has been selected as the enrollment broker for Texas. MAXIMUS was awarded a \$29 million contract to provide enrollment services during a 27-month "roll out" period.

Under the terms of their state contract, MAXIMUS must provide Texas Medicaid consumers with a statewide call-in center, a systems (i.e. computerized) interface, and on-going outreach and education efforts about managed care and the enrollment process. To this end, MAXIMUS will be working with local

community-based organizations in scheduling enrollment activities with specific Medicaid groups (parents and children, seniors, persons living with HIV, etc.).

In their attempts to maximize Medicaid managed care enrollment, MAXIMUS is providing outreach to Medicaid consumers in a number of ways:

Enrollment Presentations—A series of multilingual (English, Spanish and Vietnamese) enrollment presentations have been scheduled with the Texas Department of Human Services throughout TDHS offices in Harris County. A list of these presentations with dates, times and locations is contained in the enrollment packet. Medicaid consumers can call 1-800-964-2777 to confirm an enrollment presentation and/or learn about additional enrollment sites.

Community-Based Organizations—MAXIMUS has also entered into contracts with local community-based agencies to provide outreach and education events for Medicaid consumers. To reach the 225,000 women and children enrolling in the STAR program in Harris County, MAXIMUS has contracted with the Houston Independent School District (HISD) as a community partner in notifying and enrolling the majority of these Medicaid consumers. Since the 65,000 STAR PLUS consumers will include a

wide-range of chronically ill adults and children, it is hoped that MAXIMUS will work with a variety of community-based agencies, including HIV service agencies, in order to reach as many Medicaid consumers as possible.

Telephone Enrollment—MAXIMUS will also utilize an Austin-based, multilingual, telephone enrollment center to provide assistance for those wishing to enroll in STAR and STAR PLUS over the phone. By calling 1-800-964-2777 (TDD line 1-800-267-5008), Medicaid consumers can speak to an outreach worker for assistance with the enrollment packet. The enrollment center helpline is available from 8:00 a.m.-9:00 p.m., Monday-Friday.

Personal Outreach Efforts—To enroll as many Medicaid consumers during the 27-month period, MAXIMUS has also promised to provide personal outreach efforts to assist consumers with the enrollment process. Within 15 days of the mailout date of the enrollment packet, MAXIMUS will provide mail and phone reminders to Medicaid consumers about the need to enroll. If the consumer is not enrolled within the prescribed time and/or cannot be contacted by phone, a MAXIMUS enrollment worker will provide a "drop-in" visit at the client's home to assist the client with enrollment.

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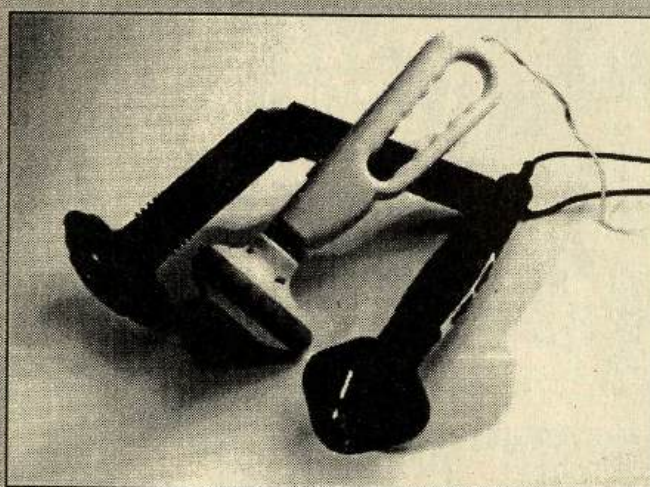
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PICKING A PROVIDER

Persons with HIV who are consumers of the STAR and STAR PLUS programs should carefully review all the information in their enrollment packet and enroll with the HMO of their choice as soon as possible. At the present time, it appears that all of the participating HMOs are trying to include a variety of experienced HIV physicians, clinics and hospitals within their health-care networks. However, within a managed care system, physicians are allowed a specified number of patient slots or "panels" that the HMO will serve. That is why it is very important that persons living with HIV find out the following information:

- 1) Which HMO(s) list(s) my doctor as a provider?
- 2) Which HMO(s) will allow me to select my doctor as my primary care physician (pcp)?
- 3) Which HMO(s) list(s) my doctor as a specialist? (Which may require you to obtain a referral from another primary care physician.)
- 4) Which HMO(s) list(s) the specialists, clinics or hospitals that my doctor refers me to for other health-care needs?

Although physicians cannot (and should not) make the enrollment choices for their patients, it is very important that persons with HIV consult their doctors to find out which HMOs they work with.

While the participating HMOs are continually expanding their list of care providers, there is the chance that you may not be able to get the doctor you want. Your doctor may have reached the limit of patient panels given to her/him by the HMO. Your doctor may decide to stop doing business with the HMO you've selected. That is why the Managed Care Enrollment Form asks you to pick a first and second choice for your HMO and your primary care physician. Keeping this in mind, your selection of a second choice should be just as important as your first choice.

As previously stated, if Medicaid consumers do not enroll in a managed care HMO by February 1, a provider will be selected for them. According to MAXIMUS, this default selection will be based on several factors including consumer zip code, consumer health-care needs, and physician/provider availability. Even if the enrollment agent is attempting to match Medicaid consumers with the most appropriate providers, it is still a selection that must be made with careful consideration. Additionally, if we accept that one of the primary goals of the managed care experiment is to give Medicaid consumers more choices in selecting their health-care providers, then it is imperative that they make the choice. In the case of persons living with HIV who need experienced and knowledgeable providers to assist them in making the best decisions in their treatment and care, this selection should never be left up to others.

It is also important to know that if you find that you don't like the HMO you have selected, you can change. In fact, STAR and STAR PLUS consumers can change their HMO every 30 days. All the Medicaid consumer has to do is contact MAXIMUS at their toll free number to change to another HMO. However, if you want to continue to work with your doctor, make sure you switch to an HMO that includes your doctor in their network. If for some reason the Medicaid consumer wishes to change doctors, they can do so every six months. This too can be done over the phone with MAXIMUS enrollment personnel. Although this information is changed immediately within the system when you call, it may take up to 30 days (or more) for these changes to be reflected in your records.

In next month's issue we'll examine the HMOs themselves, their providers, and their value-added services. In doing so, we hope to provide persons living with HIV with important information in making their health-care selections within the Medicaid managed care arena.

Harry Livesay, LMSW, is the advocacy project director for the Bering Community Service Foundation. He can be reached at 713/529-6071, ext. 102.

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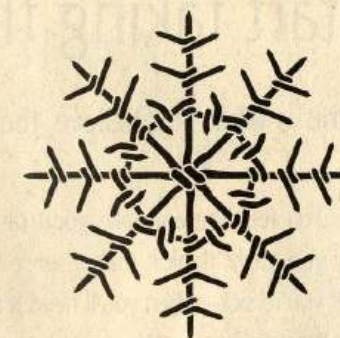
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VIRACEPT is a powerful new protease inhibitor now available for the treatment of HIV infection when anti-HIV drug therapy is warranted. VIRACEPT is generally well-tolerated, is taken three times a day with your normal meals or light snacks, and requires no special dietary restrictions.

Most importantly, VIRACEPT is effective. In many people, VIRACEPT lowered the amount of HIV in the blood to levels below the limit of detection of the test used, and substantially increased CD4 cell counts after 24 weeks of triple combination therapy. And in laboratory studies, HIV obtained from five patients that became resistant to VIRACEPT was not resistant to other protease inhibitors. (The clinical significance of laboratory studies of

protease inhibitor resistance and changes in viral RNA levels in blood has not been established for VIRACEPT. The virus may still be present in other organ systems.)

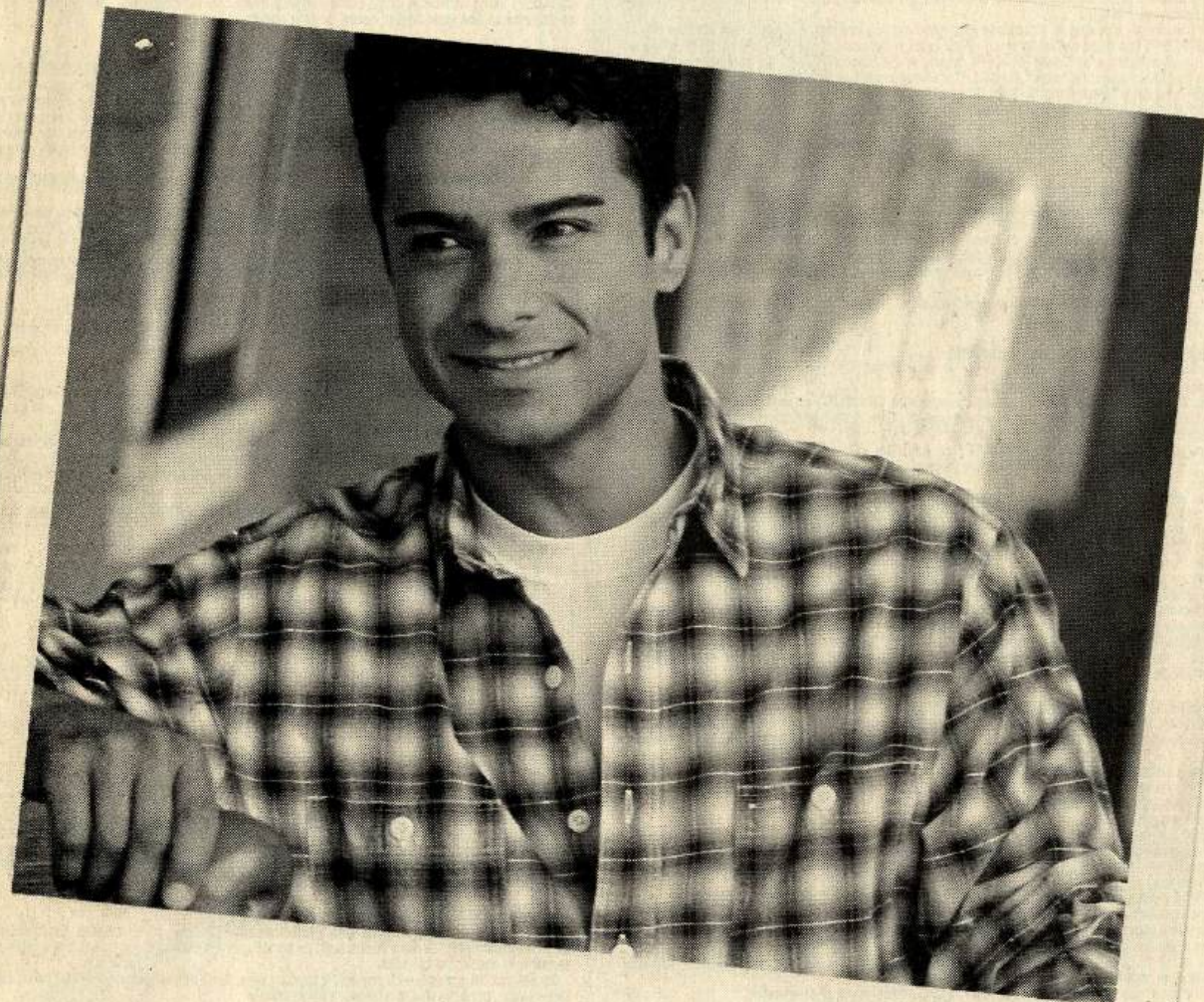
People treated with VIRACEPT may experience some side effects; the most common is diarrhea in approximately 20% of people in clinical trials. There are some common medications and some AIDS-related medications you should not take with VIRACEPT. It is important to discuss with your doctor all other medications that you are taking.

We still can't make any long-term promises, since it is not yet known whether taking VIRACEPT will help you live longer or reduce the number of infections or other illnesses that can occur with HIV. But we can tell you that yesterday's HIV beliefs are quickly becoming today's myths.

Talk to your doctor about VIRACEPT, and begin to consider something new. Or for more details, call toll free **1-888-VIRACEPT** or visit **www.agouron.com**.

VIRACEPT
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Refer to the important information on the next page.




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VIRACEPT[®]

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Information for Patients About VIRACEPT[®] (VI-ra-cept)
Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. You should be aware, however, that the effect of VIRACEPT on HIV in the blood has not been correlated with long-term health benefits. Patients who took VIRACEPT also had significant increases in their CD4 cell count.

VIRACEPT is usually taken together with other antiretroviral drugs such as Retrovir[®] (zidovudine, AZT), EpiVir[®] (lamivudine, 3TC), or Zerit[®] (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. The long-term effects of VIRACEPT are not known at this time. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

It is not known whether VIRACEPT will help you live longer or reduce the number of infections or other illnesses that may occur.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Drugs you should not take with VIRACEPT:

- Seldane[®] (terfenadine, for allergies)
- Hisman[®] (astemizole, for allergies)
- Propulsid[®] (cisapride, for heartburn)
- Cordarone[®] (amiodarone, for irregular heartbeat)
- Quinidine (for irregular heartbeat), also known as Quinaglute[®], Cardioquin[®], Quinidex[®], and others
- Ergot derivatives (Cafergot[®] and others, for migraine headache)
- Halcion[®] (triazolam)
- Versed[®] (midazolam)

Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.

Rifampin (for tuberculosis), also known as Rimactane[®], Rifadin[®], Rifater[®], or Rifamate[®]

This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with:

Mycobutin[®] (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

- Phenobarbital
- Phenytoin (Dilantin[®] and others)
- Carbamazepine (Tegretol[®] and others)

These agents may reduce the amount of VIRACEPT in your blood and make it less effective.

Oral contraceptives ("the pill")

If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

- Retrovir (zidovudine, AZT)
- EpiVir (lamivudine, 3TC)
- Zerit (stavudine, d4T)
- Videx[®] (didanosine, ddl)

If you are taking both Videx (ddl) and VIRACEPT: Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase Inhibitors (NNRTIs):

When VIRACEPT is taken together with:

- Viramune[®] (nevirapine)

The amount of VIRACEPT in your blood may be reduced. Studies are now taking place to learn about the safety of combining VIRACEPT with Viramune.

- Other NNRTIs

VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

- Crixivan[®] (indinavir)

The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

- Norvir[™] (ritonavir)

The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

- Invirase[®] (saquinavir)

The amount of saquinavir in your blood may be increased. If used in combination with saquinavir hard gelatin capsules at 600 mg three times daily, no dose adjustments are needed. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium[®] A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include abdominal pain, asthenia, nausea, flatulence, and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. The light blue VIRACEPT Tablets should be taken three times a day. VIRACEPT should always be taken with a meal or a light snack. You do not have to take VIRACEPT exactly every 8 hours. Instead, you can take it at normal times when you are eating.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 through 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily

Body Weight		Number of Level Scoops*	Number of Level Teaspoons†	Number of Tablets
Kg	Lb			
7 to < 8.5	15.5 to <18.5	4	1	-
8.5 to <10.5	18.5 to <23	5	1½	-
10.5 to <12	23 to <26.5	6	1½	-
12 to <14	26.5 to <31	7	1½	-
14 to <16	31 to <35	8	2	-
16 to <18	35 to <39.5	9	2½	-
18 to <23	39.5 to <50.5	10	2½	2
≥23	≥50.5	15	3¾	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication should be used for measuring VIRACEPT Oral Powder.** Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do not mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do not heat the mixed dose once it has been prepared.

Do not add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

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Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

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The "L" Word

As the Suzannes and the Dykes (and the Dales) battle it out whether they're gay or lesbian, the real war is waged in the quiet of every girl's heart—and, yes, Mr. Gay Man, this affects you. *Big time.*

I don't like to put "the writer" in the story, but I feel I have to preface this particularly challenging piece. These are women's issues (aren't they?). What the hell is a guy doing here? Well, clearly, lesbians (and gay women) are all too familiar with the topic, while most gay men seem content to remain clueless. The boys need to ask some questions, so here I am representing my gender.

In many ways the importance of these terms centers around men—the need to be distinguished from or the desire to be unified with. And while the discussion can cause heated debate among women, there seems to be clear consensus that sexism (along with racism and classism) are alive and well in the gay community.

As the five panelists met to discuss the issues, I found myself enlightened, informed, inspired, even humbled. For though I am very out, some of the facts unveiled during the discussion, frankly, didn't make me very proud.

This conversation was wide open and we at *OutSmart* hope you see it that way—and that you open up your mind, your heart, and your eyes.

by Steven Foster
Photos by Michelle Grinstead

OUTSMART Let's just jump right in. Do you consider yourself a gay woman or a lesbian?

NELSON Lesbian.

RENERIA It depends on what's convenient and useful to me.

CARTWRIGHT It doesn't matter to me. I kinda got into a discussion like that with my family. They asked me how I define myself and I just said "dyke."

LAVELLE I think I'm just Lisa. I'm a person. There's not a label or gender bias attached to me.

PARKER I like what Lisa said about just being a person. I don't focus my identity around being a lesbian, but if someone wanted to get specific, I'm a lesbian.

OUTSMART The Texas Lesbian Conference had a women-only policy, which reignited a debate that involved gay woman-lesbian terminology and accusations of sexual separatism. [*OutSmart* columnist] Dale Carpenter and [community activist] Suzanne Anderson practically spilling blood on the pages of this very magazine. What's your take on the TLC catalyst?

CARTWRIGHT I was on the planning committee. Careful.

RENERIA Yeah, it was exclusive, but it was promoted as a safe environment for women. So, in my opinion, it was appropriate because it didn't pretend to be other than a conference for women, run by women, and involving women.

CARTWRIGHT Genders tend to be separate, anyway. The way that we deal with things are very much gender-identified. I just think it was a safe space for lesbians to discuss issues that are inherently tied to our gender and to our sexual orientation. I mean, I don't have time to sit down and explain to [some man] why I feel this way. I think it has a lot to do with the utility of being in an area where you can discuss things openly, to communicate effectively, to be heard, to be understood.

LAVELLE Think about when you're growing up on a playground. It wasn't a matter of are you gay. If you were excluded, your feelings did get hurt. I think sometimes in the male attitudes, if you will, are like, "You left me out of your girl club!" It was a matter of them really appreciating us girls and respecting us and wanting to share our thoughts. You

know, how we *feel*. Because in some regards, he feels the same way. There's something that attracts one person to another, male or female, and they want to be included with that group. A shared ground, a basic commonality, whatever it is.

PARKER I like the things she's saying. [But] it's not about wanting to exclude. I think it's just a matter of us just wanting to get in touch with who we are. But I think part of the fear that men have about being left out is because maybe they are so in touch with their feminine side. And I think another component, too, is that any time a particular gender is in control, they're empowered. I mean, the white male is maybe threatened when women come together and get empowered and get in touch with who they are and there may be some fear that we're gonna rise up and take over the world and that's not what this is about. And I think the more secure men are, the more they will let women seek those avenues to get in touch with who they are and not be threatened by that.

RENERIA I want to comment on that Dale Carpenter-lesbian ton-of-bricks thing. Which is, I didn't really see a lot of gay men beating down the door to try to get in that were denied. I have nothing against gay men. I don't really see that they wanted to get in to the TLC, so to that degree, I don't think it was separatist. And that point I'll just leave there. But in terms of which term is convenient to me, the word is appropriate, useful. It's a way to define yourself completely independently of men. I, myself, don't feel the need to do that. I think that we're much more powerful as a community. That we're banded together as The Gay Community.

PARKER Regarding the term "lesbian," from my perspective, from a religious perspective, as I read the Bible, I'm just really tired of the patriarchal language of "men" and "mankind" and, by the way, women are included in that term, the sidekick in the language of the Bible. I think that in society we need to be *intentional* in our inclusion. Humankind involves men and women. In the straight community, it's male and female, man and woman. In the gay community, gay, lesbian, bisexual, transgendered...I like all of those terms.

CARTWRIGHT The queer community. **RENERIA** It's the utility of terms. I think there's one aspect that hasn't even been mentioned. The word "lesbian" is not lyrical, it's not musical, it's not a pretty-sounding, comfortably-saying word, so there's a lot of people who think that sounds like a disease.

CARTWRIGHT Lesbian, I think, is more of a cultural, emotional, sexual, all-encompassing word. That's just arguing for the word itself. It doesn't matter to me what someone calls me. Actually, I use the term gay woman and lesbian interchangeably.

OUTSMART Suzanne Anderson has said that's insulting.

NELSON Well...

CARTWRIGHT That's Suzanne's opinion.

LAVELLE Yea, Suzanne for having an opinion!

CARTWRIGHT She is entitled to her opinion. And this is America. And that is Suzanne's opinion. The lesbian community is not monolithic and no one woman speaks for any of us.

LAVELLE Exactly. I think there again it comes down to why put a label on anybody, first of all?

CARTWRIGHT It's kind of interesting, the history of the term "gay." Before it really denoted gay male, now all of the sudden it's inclusive? Since when? You look at the Seventies, the communities were very separate. I think it was really AIDS that created this cohesive community, all of us fighting for an issue, fighting against an issue, or fighting against a disease that became an issue associated with us, and then you find the inclusivity. But before, these were two very different, very disparate, very distinct communities. Gay males stayed with themselves, lesbians stayed with themselves. Now, all of the sudden, it's umbrella terms. It's iffy for me. But my partner, however, gets really funky if you call her a gay woman. "Grumble grumble grumble, I'm a lesbian!"

OUTSMART Have any of you been treated in a sexist manner by a gay man?

CARTWRIGHT It's very pervasive in the gay and lesbian community. I mean, I went to JR's and I try to stay close to the walls because I've gotten my toes stepped on. I've gotten "Bitch, step outta my way."

NELSON I remember the first time I went there, I was really taken by the lack of women there. You go to a straight bar and there's a decent balance of men and women and you can tell the women are all out to find a man and the men are all out to find a woman, so the men treat the women with respect. And even though you may pass a man and you know you're not going to exchange numbers or whatever, he's still going to treat you with some courtesy. The first time I went to JR's I remember thinking, *I'm dirt!* [laughs] *I'm dirt here. There's no purpose*

or need for me whatsoever. And the respect was completely gone. "Why are you here? If you weren't occupying this space, another guy could be here, why don't you go away?" I mean, my God!

PARKER I want people to treat me as if I'm just this human being. I'm not asking for special treatment. Are people really going to the bars because a man wants to find a man or a woman wants to find a woman? Is it not the socializing place that it used to be? No, you're there for a purpose and a woman isn't going to fulfill a man's purpose and vice versa. So maybe that's why it's not the socializing scene. Maybe we can find a different place, a different venue, that's more accepting. "Oh, I'm glad to see you!" when you walk in the door versus when you're in the bar and "Not the one I'm lookin' for. Get outta my way, you're interrupting my agenda here." So maybe it's about more than that "We don't want you here."

RENTERIA You fool yourself if you think there isn't sexism or racism or homophobia in every community. There's a bell curve of humanity and there's assholes who are bigots and there are saints and then there's the rest of us in the big middle. And to believe that because we're all gay, we have no sexism, we have no racism, is foolish. It *does* exist. It will exist because we're Americans. And that's the way it is in America.

LAVELLE Now, you see, I've had a good

time at JR's every time. I've gotten on the pool tables and danced and they've bought me cocktails and I've rapped with these people and I go to the lavatory and this man in there says "Ooh, I love that lipstick, can I use it?" and I say, "You can keep the tube!"

CARTWRIGHT Can I make just a quick distinction here? The difference between public place and private place. One that's open to the public—a business—versus a private space where you have the TLC. That is an entirely separate situation. You can be a gay male and go into the Ranch



"I think as long as we have a question like this, 'Is it gay or is it lesbian?' the collective group, as a whole, is damaged."

and they are not treated any differently than, say, another woman who is there to buy beer, play a little pool, and just generally enjoy the shitty company.

[ALL LAUGH]

RENTERIA It's not black and white. It's not like women can't walk into JR's and have a good time, we can. I mean, Debbie [Renteria's partner] and I love to go to Mary's. We used to go there with our friend Thomas. I'm perfectly comfortable in Mary's. You can't say it's always one way, but it does exist. It is there and we *do* feel it. And I think just in terms of sheer numbers, I think there are more gay men than there are gay women in the world. Population numbers, demographics are that there are more numbers, for whatever reason.

CARTWRIGHT Maybe they're more out?

RENTERIA Demographics have shown that.

CARTWRIGHT I think lesbians are less visible than gay males.

NELSON Is it possible that gay men already came out? Like 10 years ago men came out and just now that women are just now getting around to it.

LAVELLE Well, 15 years ago, they were having a party and there was just shit *happening*. It was the drugs, the sex, the rock-and-roll. It was just a party. It wasn't that "he" liked to have parties with "his" club more than the girl club, it was just people gathering with a common thing. It wasn't truly a label, per se. The labels

grew out of that. The mindset was not "gay" or "lesbian," it was "these are my friends and we share some common ground here," whether it's sex, drugs, or rock-and-roll. It's the same commonality that I share, whether it be with a guy or with a woman. We just come together on common ground of information.

RENTERIA A good friend of mine who's a very prominent figure in the gay community says "I don't want to be separated from my gay

brothers." I think everybody's multicultural. I'm Hispanic. I'm a woman. I'm gay. I'm a business owner. I was a musician for seven years. I can go into any of those cliques. I love that about myself, that I can get into any of those cultures and enjoy myself and have fun and be accepted and be who I am.

NELSON To me, it's not a separatist issue. It goes back to what Janet was saying. But even on a more factual level, to me, "gay" means men and "lesbian" means women. I don't mind people referring to the "gay" community instead of spelling it out.

CARTWRIGHT If you use the term "gay," it's not the same as "lesbian" because you're clear...

RENTERIA ...that you're talking about a gay woman.

CARTWRIGHT Right. It's going back to the utility of terms.

RENTERIA I agree. And "community" implies an integration of peoples. As an overall encompassing term, I do not believe that the term "gay community" is negative or insulting.

NELSON Me, either.

CARTWRIGHT But to me the argument is sounding like one is more insulting than the other. Or that one is more preferential than another. Really, for me, my preference is, when terming me, lesbian fits me better because it not only defines my orientation, it defines my gender.

LAVELLE I think as long as we have a question like this, "Is it gay or is it lesbian?" the collective group, as a whole, is damaged. But, again, I don't want to be put in a position where you're either gay or a lesbian. To make me choose either one, that's not right. It's stereotyping me with stigma that's shit and gear that no one's responsible with.

NELSON That's why I'm saying it's evolution. But I would certainly agree with you that labels aren't necessary at all.

RENTERIA Talking about stereotypes...frankly, we need stereotypes.

CARTWRIGHT We're lazy.

RENTERIA Right. As I'm sitting here, I'm being bombarded by the air currents, the light, the music, the voices around me, the colors, the people who are talking to me. So when someone walks in and, in the background [of my mind], I just say

"woman," click! It gives me a way to categorize and to handle this constant onslaught of information that I am getting. The problem is when I only define them by that category. The challenge is to be free enough to redefine woman every time you meet one. So you do need it to just roughly deal with all of the constant input that you're getting. Just do not let that define who they are for you.

NELSON But it's important what you said, that you redefine every time, who you meet and that you always keep the door open. I'm wondering, would you all agree that it's almost easier and, certainly in middle class America, it's more acceptable for men to be gay than it is for women to be lesbians?

CARTWRIGHT Yeah.

RENTERIA No.

CARTWRIGHT Actually, after Ellen, I think it's hard to say.

OUTSMART We've already established

there is sexism. Would you say that there's a greater level as a straight woman or a lesbian?

RENTERIA As a straight woman.

NELSON Both.

RENTERIA Because I don't feel constrained anymore to play the role of a heterosexual woman. And because of that I'm more comfortable with myself and for some reason, I guess it has to do with inner confidence, people tend to respect you more.

CARTWRIGHT And that came with your lesbianism?

RENTERIA Well, as I became more comfortable with myself, yes. Absolutely.

NELSON For me too. I remember coming out when I had this corporate job, I would feel a certain way around men who were younger and were more flirtatious with me and once I came out, I never consciously thought about it, but I had this new backbone and this new sense of self-confidence and I'm not going to feel the same sort of unease...

RENTERIA The predatory response.

NELSON Yes...that I used to. Because they don't know that I'm out of their realm of their little radar scope but I know I am and I've mentally moved above that and I just feel stronger. It's weird. I feel much more comfortable now, stronger than when I was living as a straight woman.

CARTWRIGHT I think men are still predatory to me even as a lesbian.

RENTERIA Straight men?

NELSON No, I mean in my mind. They were the same, I was different.

OUTSMART Gay men are quite reticent to admit any sexism on their part. Do men just not get it? The woman thing?

RENTERIA Yes.

LAVELLE What's "the woman thing"?

CARTWRIGHT They'll get it when they're women. [Nelson laughs.] No, seriously, I had a friend who was a post-op transsexual and he...or, excuse me, *she* did not really get it until she was a woman. A lot of things that she missed as a man, she saw as a woman. And, I mean, I had some of my *own* "male-curious" questions with that. You're a post-op transsexual gay male lesbian? I just don't get it. Explain it to me. But things like guys opening the doors for her now, questions about stalking, or even the ways guys are more condescending that

she didn't notice as a man. But I do not think men will ever get it.

NELSON It's the same between whites and African-Americans, don't you think?

CARTWRIGHT Right.

NELSON You're just not gonna get it.

RENTERIA If you're of color, of a different culture, then it's very difficult to understand.

CARTWRIGHT You can sympathize, but you can not empathize.

OUTSMART Lesbians have been very loving—with both their hearts and their checkbooks—to gay health issues, namely AIDS. And, almost, as a disrespectful "thank you," many gay men persist in having unsafe sex.

RENTERIA I was going to raise that very point. It's just stupid.

LAVELLE Exactly.

RENTERIA It's also disrespectful of our loss.

LAVELLE Any human loss. Like I read in the paper, some putz at Rice University said the Holocaust never happened and it's like Jesus Christ! But things do happen and why people put that blinder on scares me. I agree with you.

RENTERIA Circuit parties! That whole thing.

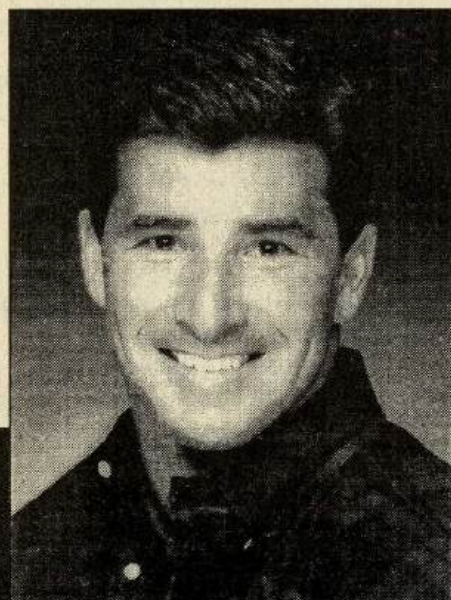
LAVELLE That is so bullshit!

CARTWRIGHT That's what put us into this in this situation in the first place. A friend of mine always talks the '70s... "Oh, wow, those were the days!" Anyone who wants to go back to that, any disease you get, you've brought it on yourself. You know the risks associated with unprotected sex. Back then, they could plead ignorance. That is no longer a valid excuse to have unsafe sex. I have a friend on the Quilt commission and [with the Quilt], you go out there and see the devastation for yourself. After seeing this and knowing this, how can you go out there and be such an asshole and play Russian roulette with your life?

RENTERIA I think we're out of patience with it.

CARTWRIGHT I am.

RENTERIA And we're weary. I think it's a maturation in the community as a whole. If you consider Stonewall, and not to minimize gay history before 1968, but we're almost 30 years old as an out, civil rights, community movement. So it's time for us to grow up. What are we going to do now?



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LAVELLE I think the age of where it is, 30 years, is really the growing belt. There seems to be some commonality the gay...I hate to say that, let me rephrase that...let's just say "people" have come together and said this is an issue that's facing and challenging just this one demographic section, for some reason, harder than everybody else. But it is time at the age of 30, you have to have learned something. It's time to grow up.

RENTERIA We had our young, wild adolescence.

LAVELLE We sure did.

RENTERIA We had out one "defining moment." We handled it pretty well. Now what do we do? I think there are several positive sides. We're more confident, we're more out, we have our own television shows, we have our own families. Any time you have all that, you're gonna have a backlash. In the time we were out and radically sexing it up, there was a backlash of church and family values and that kind of thing.

CARTWRIGHT Like they were saying, "A-ha! You got what you deserve!"

RENTERIA We have now taken those very same values and taken them for our own. Marriage, children. *Now* fight with me. Those are my values, too. That's a very positive sign. That shows a growth in who we are, that we're free to also be conservative and to have values and children. That will get people's attention.

OUTSMART Back to the health issue. Many gay men don't even know what a pink ribbon stands for. How does that make you feel?

RENTERIA I'm really worried. I think what [Martina] said earlier was very critical. In the '70s, it probably was quite separatist. And then AIDS happened and we all sort of banded together because we had to. We had to fight this disease. And we did sort of become a collective community as a result of that. There was a major cultural change in the gay male world. There has been an integration of men and women, as a community. I think we're in danger of losing that if we don't see an interest in the gay male population in funding breast cancer issues. Show up when we have pink ribbons worn and come to our marches and donate for our causes. If that doesn't reciprocate, I think that would be a crime. It would be devastating. And I think this time is almost like a test. Where will go now? Do we separate now? Or do we go together? I don't know.

LAVELLE This issue gets very convoluted and confusing to me. Having two people in my family die of AIDS, it hurts inside. Now, then again, we're amongst "the girls" here, you're a gay male, only you know where your focus of the male populous or the male gay community really feels about issues affecting women.

Whether the gay community—male, if you will—chooses to sponsor anything dealing with women and health issues where the female populous has banded to the male populous when AIDS came out and said, "Well, this is our family," fabulous! It can't be separatist—the male, the female, gay, lesbian, and the rest of the world. Let's work together for those common goods because it affects this little baby here [Parker's cooing infant daughter] at the end of the table—all of our actions today.

Special thanks to La Mora's Lynette Hawkins Mandola, who graciously opened her beautiful restaurant to us for the photo shoot; Toopees Coffees for the comfortable atmosphere in which to sit for this conversation; and, of course, to our panelists for their honesty and openness in discussing this issue.



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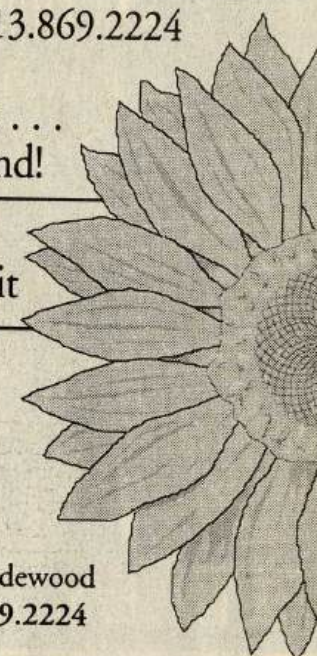
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Blacks and Gays

(The Advocate, 12/9/97, John Gallagher)

"In the past several months, [Alveda] King has been making appearances around the country condemning gay rights. While she said during a Seattle appearance in September that she was not representing her uncle [Martin Luther King Jr.], she added, 'I am very familiar with how he felt about the Bible and the standards of the Bible, and he upheld those.' Gay people, Alveda King said, lack the 'innate and immutable' characteristics of racial minorities."

"...There are a whole gang of black conservatives out there," [playwright Brian Freeman] says. As for Alveda King, he adds, "She's the LaToya Jackson of the King family."

"...Unfortunately the efforts of pro-gay African-Americans fail to garner much attention. Coretta Scott King, widow of Martin Luther King Jr., has endorsed both federal nondiscrimination legislation for gays and same-sex marriage. Other black leaders, including the Rev. Jesse Jackson, have been equally supportive. 'Who has the best voting record on gay rights in Congress, 100 times better than the next group?' asks Freeman. 'The Congressional Black Caucus.'"

Ani DiFranco

(The Advocate, 12/9/97, Achy Obejas)

Achy Obejas: [T]he music industry has given some special currency to women who come out as lesbians that it doesn't give to male stars who are sexually ambiguous like, say, Michael Stipe. Ani DiFranco: Well, the straight male superstructure is just that much less threatened by the idea of girls. Look in the jerk-off magazines: The thought of girls together can be very titillating to men. If they can keep the power, they can entertain some space for those funny little untouchable girls. For the homophobic straight male, the idea of a gay man... Well, if you're insecure, the last thing you want to see is a mirror.

Sarah McLachlan

(Details, 1/98, Brantley Bardin)

Brantley Bardin: Okay, so were you a lesbian?

Sarah McLachlan: I wasn't really, but I've always been open to falling in love with a woman. I've had crushes on them and I've kissed my fair share, lemme tell ya, but that's as far as I've gone.

Never to the bedroom?

No, though there was a broom closet one time with a cute little bartender in Boston.

Ellen DeGeneres

(TV Guide, 12/20/97)

TV Guide rated Ellen DeGeneres as #3 in their top 10 performers of the year: "...DeGeneres's sitcom broke long-held taboos; it made TV history and became the first prime-time network series with a gay lead character.... 'I'm a happier person,' says DeGeneres. 'We've hit our stride, but it's the letters I get, not just from gays but from heterosexuals who write to say that I've made the world a better place for their children. That makes me happier than anything.'"

In the same issue of TV Guide, celebrities were asked to recall TV's most unforgettable moments in 1997: Tim Allen: "Ellen's coming-out episode—and I'm not saying this to be politically correct. I felt from day one she should have done this, because I think it's a more interesting character and makes for a much funnier sitcom. I didn't like the media circus, however." Robin Williams: "I think Ellen's coming-out episode was pretty wonderful."



Compiled by Blase DiStefano

Greg Kinnear

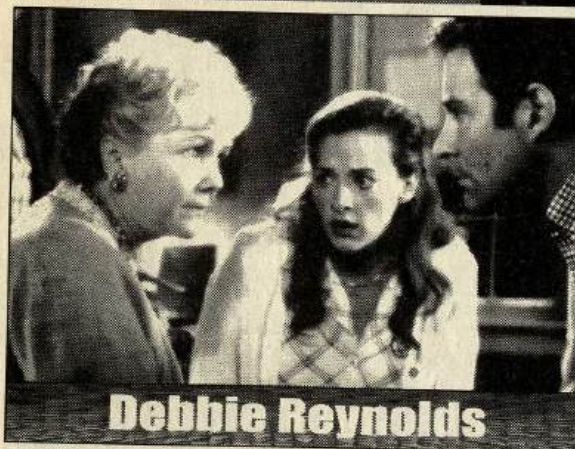
(The Advocate, 12/23/97, Alan Frutkin)

Alan Frutkin: Now that you have some distance from the film [As Good As It Gets] and some perspective on it, did the filming of this project change any views you might have on what it's like to be gay and what homophobia is, exactly?

Greg Kinnear: Well, I consider myself a pretty nice guy, and I try and be decent to everybody, but, boy, it certainly was a reminder for me of how any minority—in this case it was gay people—that is subject to those sort of day-to-day persecutions is always fighting an uphill battle.

Final question: It's a variation on a Barbara Walters theme: If you were gay, what kind of gay man would you be? I'd probably have a much better wardrobe.

Debbie Reynolds (l) with Joan Cusack and Kevin Kline in the recent In & Out: Did Debbie ever date a man who wasn't gay?



(Premiere, 12/97, Sean M. Smith)

"[At the New York premiere of In & Out] Debbie Reynolds discussed how hush-hush homosexuality was when she first arrived in Hollywood. 'No one ever said the word,' she said. 'But other than two men, practically everyone I dated in the '50s and '60s was gay.'"

Women's Basketball

(The Advocate, 12/9/97, Michelle Kort)

"The issue of lesbians in the stands [at professional women's basketball games] parallels that of lesbians on the court. The unspoken pact not to mention the lesbian presence in the WNBA [Women's National Basketball Association] is familiar in all women's sports. On highly competitive Division I college basketball teams, lesbianism is often treated as a family secret. 'It's something everyone on the team knows, and it's fine, but no one wants the lesbian players to be public because that would affect the team's image,' [Pat Griffin, author of Strong Women, Deep Closets: Lesbians and Homophobia in Sports] explains. 'It's much more OK to be a woman athlete now but no more OK to be a lesbian publicly. Heterosexual women athletes now talk about how they won't be intimidated by homophobia, but you don't hear from the lesbian players. Lesbians are still expected to be mysterious, in-the-background people.'"

Metropolitan Community Church

(Out, Dec/Jan/98, Michelangelo Signorile)

"[Rev. Elder Nancy] Wilson underscores a dramatic fact that distinguishes MCC from every other Christian denomination: MCC offers to members a clergy of whom nearly 100 percent are gay, lesbian, bisexual, or transgendered, and of whom fully half are women. Nothing is more powerful for a young Christian coming to terms with his or her sexuality and spirituality than a pastor—a spiritual guide and role model—who has walked in the same shoes."

Greg Kinnear in the recent As Good As It Gets: If he was gay, what kind of a gay man would he be?

Roseanne

(Acceptance Speech, American Comedy Honors, FOX TV, 12/2/97)

"...I'd also like to thank my five children who think I'm the funniest person on earth, which is really about the most awesome present you could give to your parent, because all my children are like excessively brilliantly funny, so...when they laugh at me that makes me happier than anything else.... I'd like to thank the 35 lesbians in Denver who came to all my shows way back in 1980 and cheered me on. I'd like to thank my best friend, Alan Steven, who I've known since 1980, who came to Denver when I was a comic and they weren't letting me on stage because I was a girl, and girls weren't funny, and Alan said, 'Hey, you oughta put that chick on, she's funnier than all of you,' which was pretty cool for a guy, you know?... And to everybody everywhere, I'd like to leave you with this thought.... God never closes a door without opening another. Thank you for letting me say that, and thank you for this [award]."



Roseanne: Why did she thank 35 lesbians?

THE FARMER BROWN

by Blase DiStefano

The acclaimed novelist, poet, feminist, orphan, humorist, nuclear activist, screenwriter, lesbian, animal lover, farmer—Rita Mae Brown—dishes the dirt about truth and lies, gay women and lesbians, Republicans and Democrats, taking stands and flying Flaggs, and her home on the range.

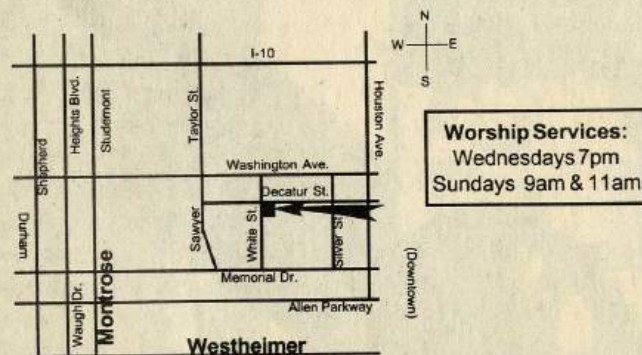
In the '60s, she was part of the civil rights movement and the anti-war movement; she helped start up both the women's movement and the Student Homophile League, the first gay group on any campus in the United States; and she participated in the Stonewall Riots ("one of two women, I expect," she says). In 1969, when the National Organization of Women (NOW) was still in its infancy and not open to the notion of lesbianism, Rita Mae Brown blurted out at one of the meetings, "I'm tired of hearing everyone moan about men. Say something good about women. I'll say something good. I love them. I'm a lesbian." When I comment that that was a very courageous remark, she says, "Yeah, well, I'm a bad liar, so I might as well tell the truth."



ORIGINAL PHOTO BY BERNARD VIDAL

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Ah, the truth. You can certainly depend on Rita Mae for the truth. When reporter Liz Smith asked her, "Why do you have to tell people you're gay? What purpose does it serve?" she answered that it was wrong to lie. Smith replied, "Keeping quiet isn't lying." Rita Mae: "It's lying by omission."

The only omissions in her recently released autobiography, *Rita Will—Memoir of a Literary Rabble-Rouser* (Bantam Books), are legal ones: "[L]ibel laws are so strict that there's a great deal you can't say even if you witnessed it," she says in the introduction to the book.

Only four years after announcing her lesbianism to NOW, she was brought into the spotlight with the publication of her first novel, *Rubyfruit Jungle* (one of 16 novels written to this date). The book is about a young girl who is open and OK with her lesbianism, a novel idea at the time, and gay people couldn't get enough of it. Twenty-five years later, it's *still* selling. "*Rubyfruit Jungle* brought me notoriety," she says in *Rita Will*, "a ton of hate mail, numerous threats on my life including two bomb threats, increased outrage from the conservative wing of the feminist movement and scorn from the radical dykes. Straight people were mad because I was gay. The dykes were mad because I wasn't gay enough."

She was getting it from all sides, as usual. Being true to yourself can garner respect, but it can also be a pain in the ass.

When I tell Rita Mae about *OutSmart* columnist Dale Carpenter's article in which he stated that it was discriminatory to exclude men from The Texas Lesbian Conference, she says that she sees his point very clearly. "But what he isn't factoring in—and it's very difficult to factor this in—is that while he suffers or endures a certain kind of oppression because he's gay, he still has the privileges of being a man," she says, "and that it is important sometimes for people who are discriminated against to gather with one another if for no other reason than to reinforce the fact that they're worthwhile."

Though it shouldn't be that way, for certain people it is. "I think the key words are 'for certain people,'" she continues. "Some people need more reinforcement than others."

On the related subject of *OutSmart's* letters to the editor, one in which a woman objected to Carpenter's "ignorance and insensitivity" in using the term "gay woman" rather than "lesbian," she says, "Poor guy, he's getting it from all sides. I think they're being real picky. I don't think he was being terribly insensitive by saying 'gay women,' I really don't. To me, it's a nonissue. I worry about jobs, money, will you be allowed to walk down the street. I don't give a damn what you call me."

She also doesn't give a damn about the Republican and Democratic parties. The difference between the two parties, she says, "is the difference between syphilis and gonorrhea. Neither one of them has a very compelling program for America. They don't question our whole

economic base," she says, "and I'm not talking about being socialist or anything like that. What we need to look at is whether our economy is safe for the earth."

Simple stuff, right?

"Real simple stuff," she continues. "They don't understand that all of the issues that we're facing now often get back to how we use and allocate resources. So they accept the status quo, and in fact, they're owned by the big industries, etc. So they don't really represent the American people. I don't think either party does."

What about us? Who represents us? In her book, she writes, "Nobody cares about gay people. Black folks don't want their queers, white people can't stand theirs. Rich people send theirs to psychiatrists. Poor people kick theirs out on the street. Nobody wants us. I want us. We've got to stand up for one another."

She has stood up for us for decades, during which time she has endured the wrath and criticism of many, especially after her breakup with tennis star Martina Navratilova and her subsequent relationship with Martina's ex, Judy Nelson. She helped them through their breakup, which almost wound up in court. "The compelling reason for me to work so hard to keep this [lawsuit between Martina and Judy] out of court and off the public record," she says in her book, "was what it would do to other gay people. We'd worked so hard for our gains. All we needed was a messy, sleazy sex scandal."

By the time they settled out of court, "Judy had decided she was in love with me," she continues. "I knew she wasn't but she thought she was. . . . I began to enjoy the attention entirely too much."

Neither was upset when the relationship ended. "I'm grateful to her for allowing me to learn I can't be in a relationship where ethics differ," she says, "nor can I abide being controlled. As for Martina, she has never once thanked me for helping to keep her out of court, for going that extra mile."

Before the Martina debacle, Rita Mae had traveled to Hollywood, where she made a name for herself as a screenwriter. She was nominated for an Emmy in 1982, and she won the Writer's Guild award that same year for Best Variety Show, Television. The show was "I Love Liberty," produced by Norman Lear. She wrote five screenplays and two teleplays, including the one which received the awards.

For you trivia buffs, one of the screenplays was *Slumber Party Massacre* (originally titled *Sleepless Nights*), directed by B-movie-meister Roger Corman. And let's not forget her four-hour mini-series, *The Long Hot Summer*, starring Don Johnson ("He had a lot more inside him than the networks thought he did.") and Cybill Shepherd ("Everyone wrote off Cybill Shepherd, thinking she was there for her beauty. She fooled them.").

While in Hollywood, Rita Mae went to a party hosted by Marlo Thomas to support the Equal Rights Amendment. It was there she met Fannie Flagg, a '60s comedian and

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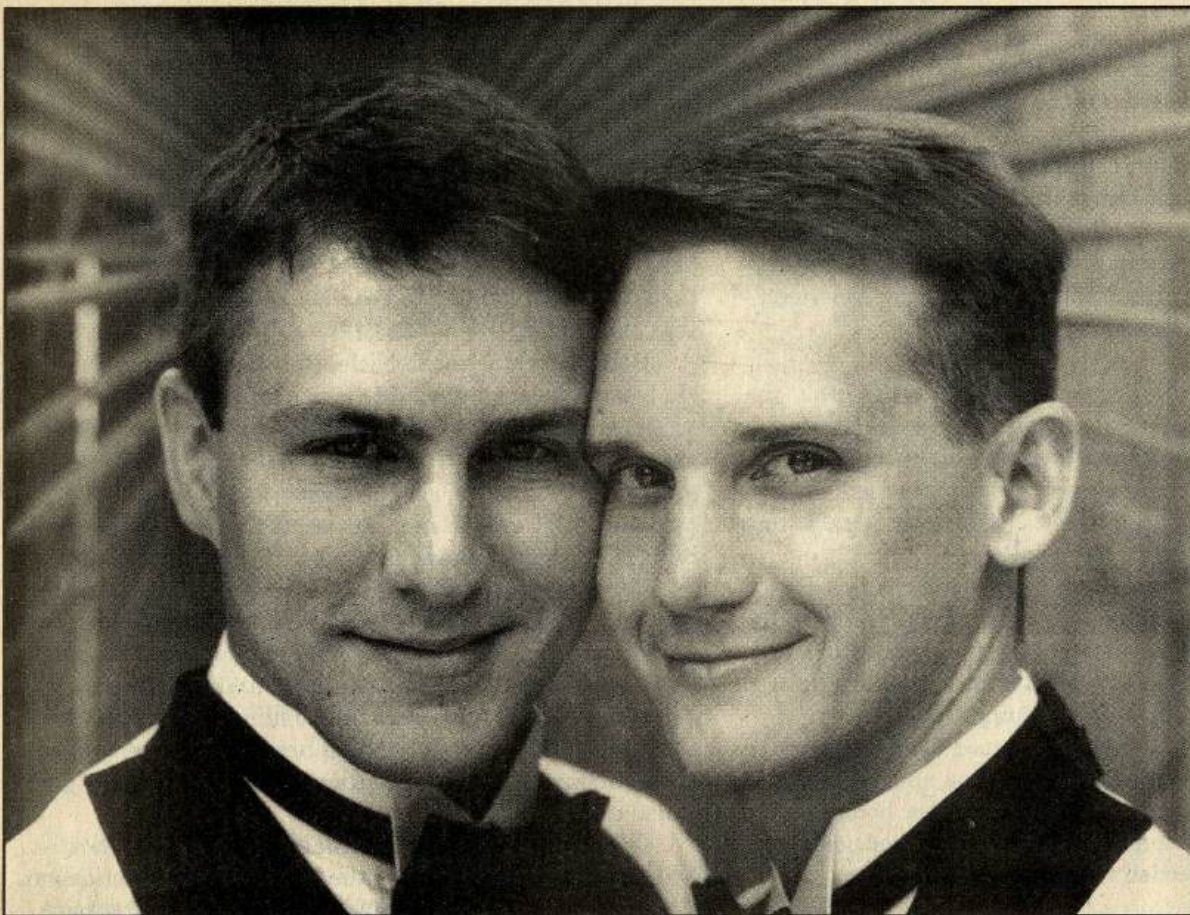
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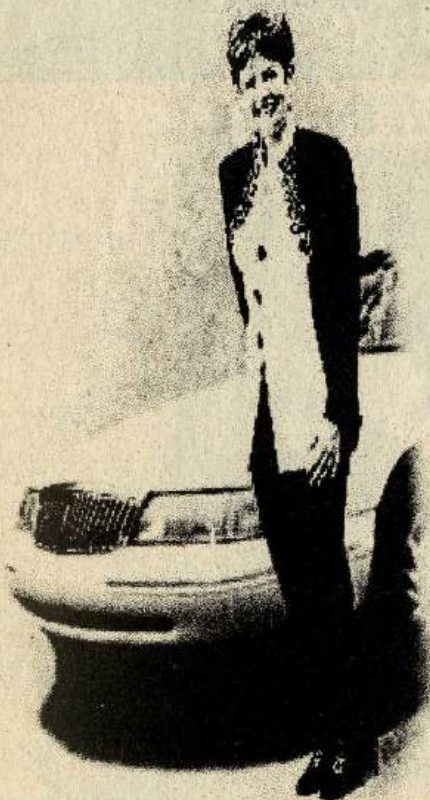
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later the author of *Fried Green Tomatoes at the Whistle Stop Cafe*. She fell in love with her "at first sight." Sadly, it didn't work out, because Fannie's "just so homophobic," she says. "Well, you know, Fannie's almost 60, and it's just a different generation's outlook. They were already getting established in their careers when we were in our teens and struggling with the Viet Nam War and civil rights. There's a grand canyon between us," she continues. "It doesn't mean we don't love each other, [it just means] we will never see the world quite the same because of our tremendous losses and disillusionment and then the realization that *Oh my God, we gotta fight back.*"

Between 1979 and 1987, Rita Mae lost Fannie (the love of her life), Martina, Baby Jesus (her cat and the other love of her life), her mother, and Jerry Pfeiffer and Herb May (lovers for 14 years, both died of AIDS). She had been close friends with Pfeiffer for 28 years.

"They couldn't get anyone in the county to pick up [Jerry's] body since it was Saturday [when he died] and, more to the point," she says in her book, "he had died of AIDS [in 1985]. No funeral parlor wanted him either."

After considering burying him on her farm, an undertaker who would take the body was finally found. At Pfeiffer's service, of the "hundreds of acquaintances" and "twenty or twenty-five good friends" that he had, only two gay friends attended. "No other gay person wanted to go to Jerry's funeral because he died of AIDS," she says.

Because Jerry had died the week before, she had to cancel an engagement in Dallas. In a letter to those attending the fourth annual Black-Tie Dinner, she wrote, in part, "Grief is like a boomerang. You throw it away and it comes back and hits you. This is so fresh for me, plus I am so exhausted that I can't control my grief and I burst into tears. I don't think it would be a service to the community nor to myself for you to see me this way. Also, people are

accustomed to me being entertaining and I just can't be funny for a time. Everyone heals. I will, too." Even in her grief, her words are truthful: "I ask you not to hate people who treat you badly. . . . This is easier to write than it is to live but there are ignorant people. Only a few are truly malicious. Hate is a poison. It can spread through your system. Forgive them if you can. Forget them if you must."

So how did she get through it all? "I do have a lot of stamina," she says. "And I do have faith—if you read the book, you know I had a very strict God-fearing mother and father. I also think living in the country gives you faith. All you have to do is get up and look at the mountains and look at the other animals to realize that your problems are mostly made up or exacerbated by humans. But human life isn't necessarily life. There's so much more out there."

What's out there for Rita Mae, besides her writing, is her farm in Charlottesville, Virginia, where she has lived for 20 years. "I know this will bore everybody [reading this], but I do

grasses experiments—I grow different combinations of grasses on different pastures. I just love doing this. When I'm 60, I wanna go to ag school." She turned 53 in November, so expect to see this determined woman to be in ag school in the year 2004.

Imagine that living and working on a farm and writing doesn't allow much time for extracurricular activities, so I ask the farmer Brown if she watches much TV. "Very little," she says, "but I will creep in for a football game."

Since my knowledge of football is geared more toward the uniforms rather than the game itself, I ask if she's ever seen the show *Ellen*. "[Ellen DeGeneres] called me before she did the coming-out show," Rita Mae says, "so I watched it, and I think it's a good show."

So, though it appears that Ellen DeGeneres may have taken over as this generation's out and outspoken gay icon, she has actually joined with our original truth-sayer —Rita Mae Brown.

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Calendar of Events

Please note the Calendar deadline for OutSmart's February issue is 5 p.m., Thursday, January 15.

January

14 Gardening in the South. Katy Moss Warner, Disney World director of horticulture, will discuss various aspects of gardening unique to the South, and will relate some of her experiences from over 20 years with the Disney organization. She will give particular emphasis to "magical" elements for the landscape, such as topiary, hanging baskets, and bedding plants. Currently responsible for all horticulture activities at Disney, including the Magic Kingdom, Epcot Center, the Disney-MGM Warner Studios, 15 resort hotels, three water parks & other resort properties, Warner directs a staff of nearly 600 horticulturists who maintain more than 3,500 acres of gardens & landscapes. Free & open to the public. The lecture, sponsored by The Garden Club of Houston, is set to begin at 10 am @ the Houston Museum of Natural Science, 1 Hermann Circle Drive. More info: 713/626-7908.

16 The Preservation Hall Band are the creators of "Basin Street Blues," "When the Saints Go Marching In," "Tiger Rag," "Bourbon Street Parade"—classic numbers of the New Orleans jazz style, & no one knows and plays them better than the musicians who created them. Normally, you would have to travel

to New Orleans to hear New Orleans jazz played with such style, such authenticity and soul; but at 7:30 pm, Society for the Performing Arts brings the living tradition to Houston's Jones Hall, 615 Louisiana. Tickets (\$12-\$37) are available at the Houston Ticket Center in Jones Hall & Wortham Center as well as all Ticketmaster locations. To charge by phone: 713/227-ARTS.

17 Linda Lou sings for you. She rocks at 8:30 pm @ Toopees, 1830 W. Alabama, 713/52-AROMA.

17 The Wonderful World of Horses. "A Symphony in White," stars the world-famous Royal Lipizzaner Stallions. For centuries, this noble breed has been the aristocrat of the equestrian world, the stock of nobility. The stallions were trained for battle; their great leaps & caprioles struck fear into the hearts of foot soldiers. The gentle, intelligent white mares became the coach horses of the elite. Today, these magnificent animals perform equestrian feats beyond belief, including the demonstration of battle maneuvers, "Airs Above the Ground." 2 & 7:30 pm @ the Compaq Center (was the Summit), 10 Greenway Plaza. Tickets: \$14.50 & \$18.50. More info: 713/627-9470.

18 FIELDAY, a festival of new and risky short works in the disciplines of dance, theater and performance art, as well as film and video, by local artists, will be presented by Several Dancers Core. Performances will run from 6:30-9:30 pm @ The Duplex Center, 1924 Brun. Seating will occur on the hour. Admission is \$5 per person for the entire performance. Reservations are not necessary; tickets are available at the door. Tickets entitle audience members to come and go each hour. More info: 713/520-5530.

20 PFLAG Houston will hold a mid-month discussion group for those members who would like to meet more than once a month or are unable to attend the Sunday meetings (which are held on the first Sunday of each month). These groups will have a facilitator and will focus on small-group sharing & discussion; they will be held on the third Tuesday of every month, 7:30-9 pm @ Church of the Epiphany, 9600 S. Gessner @ Bissonnet. Directions/more info: 713/867-9020.

21 "Mandy Patinkin is in the business of showstopping. He is a musical force of nature," says *The New Yorker*. In 1995 he won an Emmy for his role in *Chicago Hope*, but now in 1997, the star of stage, screen and television will perform his critically acclaimed theater concert in Jones Hall, 615 Louisiana. Tickets (\$15-\$50) to his 8 pm concert with pianist Paul Ford for Society for the Performing Arts are available at the Houston Ticket Center in Jones Hall & Wortham Center as well as all Ticketmaster locations. To charge by phone, call 713/227-ARTS.

23 Harlem Globetrotters. For more than 70 years, these "Magicians of Basketball" have entertained more than 100 million fans (so, if the 10-percent thing is true, the Globetrotters have entertained 100,000 gay people!) while bringing innovations and their spirit of goodwill to the game. From artistic & acrobatic slam-dunks & their magical competitive play, to sidesplitting comic skits, their team mascot Globie, theatrical lighting & special effects, a hard-driving music score, & more, you should find that there's something for everyone. 7:30 pm @ the Compaq Center (was the Summit), 10 Greenway Plaza. Tickets range from \$9.50 to \$17. More info: 713/627-9470.

23&24 José Greco II continues the tradition of his legendary father José Greco. As the world's most prestigious Hispanic dance ensemble, the Greco company crisscrossed the U.S. in more than 35 tours. Society for the Performing Arts is proud to present the Houston debut of the next generation in combustible elegance: José Greco II Flamenco Dance Company at 8 pm @ Wortham Center's Cullen Theater, 1600 Smith St. Tickets (\$22-\$32) are available at the Houston Ticket Center in Jones Hall & Wortham Center as well as all Ticketmaster locations. To charge by phone, call 713/227-ARTS.

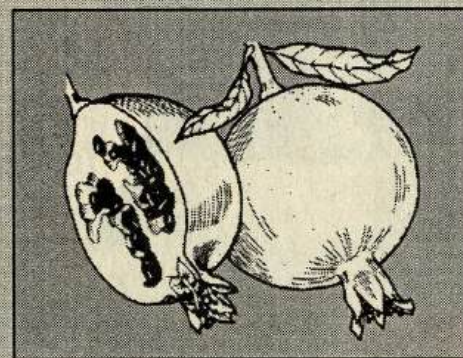
23-25 Texas Home & Garden Show features various exhibits for home improvement, home furnishings, fixtures, hardware, wall coverings, doors, windows, gardening, kitchen & bath, flowers, and landscaping products. It also includes the "Texas Home Computer Pavilion" and "Vacation & Leisure Show," which host various exhibits in emerging home computer technology and vacation & leisure planning and activities that

Pomegranates & Ellen

Looking for something to do on Wednesdays? You have a choice—you can do it with Ellen DeGeneres or with pomegranates. • Every Wednesday at Toopees is "Ellen Wednesday," where you can enjoy watching Ellen clumsily make it through another day. The show starts at 8:30 p.m. Toopees is located at 1830 W. Alabama, 713/52-AROMA. • Every Wednesday at Boulevard Bistrot is "Pomegranate Wednesday," where you can go to lunch or dinner, and they will donate one percent of their total daily sales to organizations dedicated to gay and lesbian health issues. Boulevard Bistrot is located at 4319 Montrose, 713/524-6922.



Ellen DeGeneres (above) & pomegranates



have become an intricate part of today's lifestyle. Tickets \$7 adults; children under 14 free. Friday 2-9 pm, Saturday 10 am-9 pm, Sunday 11 am-6 pm @ George R. Brown Convention Center. More info: 713/529-1616. Website: <http://www.texashomeandgarden.com>.

30 Elton John—The Big Picture Tour. If you haven't gotten tickets for this concert, you're outta luck—it was sold out in the latter part of November! However, we just want to let you know what you're missing. On August 25, 1970, Elton John made his American premiere at the Troubadour nightclub in Los Angeles. The next day, Robert Hilburn of the *Los Angeles Times* proclaimed, "He's going to be one of rock's biggest and most important stars." Not only was that prediction correct, it was enduring. Three decades later, with more than 150 million albums sold worldwide, the Academy Award-winning superstar remains one of the most popular and successful recording artists of all time. And to top it off, he's openly gay! (In case you're gonna buy a ticket from someone else, he or she should have paid \$49.50 or \$37.50 plus service charge.) 8 pm @ Compaq Center.

31 Fine Arts 5K. The Museum of Fine Arts will hold its annual 5K run through the museum district; all proceeds will benefit the operating budget of the museum. Participants can choose to enter either the 5K race or the noncompetitive 5K walk. Immediately following the race will be a party with food, drinks, prizes, live music, and the awards presentation. The event begins at 7:55 am @ the Children's Museum, 1500 Binz. For more info: 713/639-7585.

31 American Cowboy (1997) presents a lively look at the gay rodeo circuit in Texas. This 52-minute film was directed by Kyle Henry. Admission \$5. 8:30 pm @ The Museum of Fine Arts, 1001 Bissonnet, 713/639-7515.

31 Absolutely Fabulous & Off The Wall is an annual benefit for AIDS Foundation Houston. The gala, at JAGS in the Decorative Center, will honor Jesse H. Jones, founder of Houston Endowment, Inc. Evening highlights will include honoring Jones' legacy of community support and philanthropy, fine foods, dancing, live entertainment featuring Austin's Memphis Train and Twin Connection, the "funkiest" silent auction in Houston and the next generation of The Living Wall. For more information or tickets, contact Teri Prat or Gregory Perrin at 713/623-6796.

31 & Feb 2 Houston Masterworks Chorus is proud to present a concert by the Houston Masterworks Chamber Choir. This chorus of 40 voices will offer well-known chamber works such as Brahms' *Liebesslieder Waltzes*, the Rossini Quartet's *Follies of My Old Age* and Debussy's *Trois Chansons*. The Chamber Choir will also present pieces by Gesualdo, Monteverdi, and Frank Martin, as well as common English madrigals. Tickets \$20. For location and time or for more information, call 713/529-8900.

Planning Ahead Feb/Mar

Feb. 6 PFLAG Night at the Opera. Now's your chance to experience a light, exciting opera in English at the Wortham Center and, at the same time, know that half of your ticket price will be going to PFLAG! It's Houston Grand Opera's *Billy Budd*, by Herman Melville (for story details, see next page). Seats are on the orchestra level, sections C & A in the middle of the section. Reception to follow in the theater district or in the Wortham Center. Ticket cost is \$67. You may order by mail at Woodallen Photography, 3505 Louisiana, Houston, TX 77002, or you may go by the studio

Continued on page 55

Staging Ascendancy

AIDS play returns to Houston, this time with a finished script.



Last February, New York playwright Gary Bonasorte spent a week at Stages Repertory Theatre re-writing his new play which is set in an HIV/AIDS clinic.

Gary Bonasorte

With the assistance of artistic director Rob Bundy and a talented group of Houston actors, Bonasorte fine-tuned *Ascendancy*. The workshop culminated in a public reading of the play. This month, a full production of *Ascendancy* makes its world premiere at Stages.

Bonasorte, whose past works include *The Aunts*, *Killing Real Estate Women* and *Reinventing Daddy*, says the workshop in Houston got him away from the distractions of his busy life in Manhattan.

"It was so wonderful," he explains. "We would rehearse in the afternoon from like 12:30 to 5:30 and I would have the whole evening and the morning to do my re-write. When I was there, a whole new ending came to me because I was so open. I wasn't under pressure, and it was just a real free-flow kind of thing. I would do it again in a second, and I would advise any playwright that gets this opportunity to have that workshop experience away from home."

Although numerous plays have dealt with an AIDS theme, Bonasorte says that *Ascendancy* has a unique focus.

"I've always wanted to write a play about AIDS from the perspective of a clinical trial, people actually putting their lives on the line to test a new medication," says Bonasorte. "No one has ever written about that, and being HIV positive myself and having undergone four different clinical trials, I found that it's a very emotional experience. It's a very lonely and painful experience, but it's also fulfilling if things start happening for you in a positive way, and I just wanted to bring all those emotions to play in my work."

Bonasorte, a co-founder of the Community Research Initiative on AIDS (CRIA) in New York, says his experience as volunteer coordinator had a major impact on the direction of the play. Three years ago, the clinic lost 12 volunteers to AIDS within a year.

"It was such a dark, dark time," says Bonasorte. "Then suddenly, a couple of these drugs started to kick in and started to help people and I could see that the hard work was starting to pay off. There's still a lot of work to do, and everybody knows that, and I'm still losing friends and friends are still in the hospital, but there was a transformation in AIDS around '95 which I guess really motivated the play."

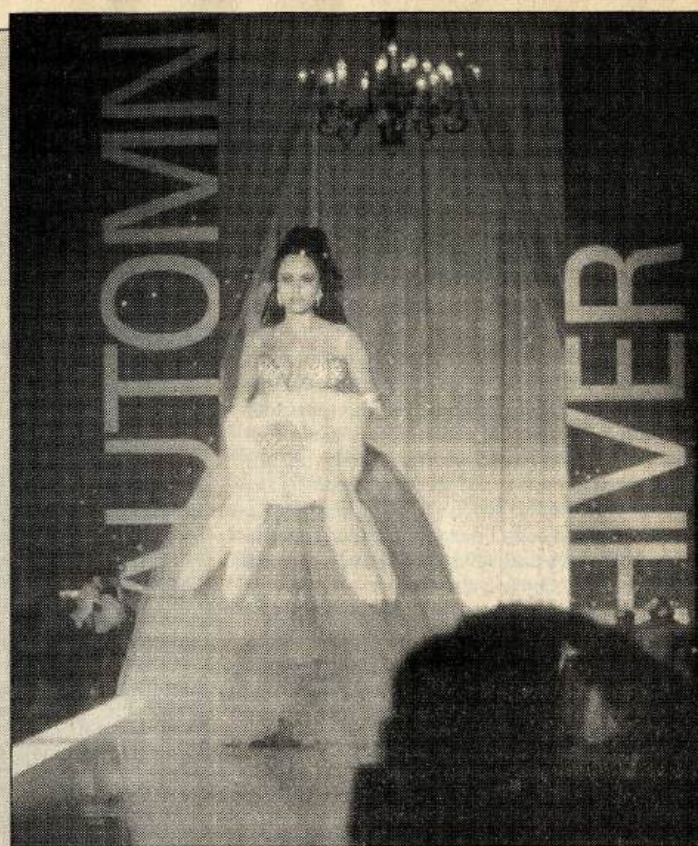
Under the direction of Bundy, the cast from last year's public reading of *Ascendancy* will return for the full production. It runs January 22-February 15, Wednesday-Saturday at 8 p.m. and Sun. at 3 p.m. For tickets, call 713/527-0220.

—Kyle Young

Gia Gets the Girl

Before there was Cindy, Naomi, or Claudia, there was Gia. And though the worst thing that ever happened to the '90s "it" girls was forming a concept restaurant, '70s supermodel Gia Carangi met with a decidedly more heart-wrenching fate. Continuing their track of worth-the-price-of-cable made-for-TV movies, HBO brings *GIA* to the small screen—with some decidedly big screen names attached. Succumbing to AIDS at the shocking age of 26, Gia's life was a horror story set in the stormy world of high fashion. Like so many seventies-era tomes of late, *GIA* heats up the screen with sexuality that's both saving and sinister (a la *Boogie Nights*) and set in a landscape as emotionally frigid as Ang Lee's brutal *The Ice Storm*. *GIA* offers another turn by Angelina Jolie in the omnisexual title role. Like papa Jon Voight, Jolie's been in some awful vehicles. But unlike Voight's skin-crawlingly bad caricature in *Anaconda*, Jolie's been the best thing going in cinematic crap like *Playing God* and *Hackers*. This is the role actresses kill for, and when you consider the company of other actors like Mercedes Ruehl and Faye Dunaway in the film, you wonder just how many she-thespians were sharpening their MAC-colored manicured claws. *GIA* also marks the directing debut of Michael Cristofer, who won both the Pulitzer and the Tony for his sublime masterwork *The Shadow Box*. This could be one of HBO's best. *GIA* debuts Saturday, January 31 at 8 p.m.

—Steven Foster



Angelina Jolie stars as the supermodel Gia Carangi in the HBO movie *GIA*, which captures her life, her loves, her obsessions, her addictions, and, eventually, her death to AIDS at age 26.

In the Navy



The British battleship *HMS Indomitable* is the setting for *Billy Budd*—the Brown Theater stage will be turned into an abstract version of the ship, complete with above-deck and below-deck views. The set and costume design were created by Alison Chitty.

Toss Herman Melville (minus *Moby*) together with some *Mutiny on the Bounty* and a liberal dose of homoerotic libretto, and you've got a pretty good idea of Houston Grand Opera's production of *Billy Budd*.

This classic by Benjamin Britten, which some say was his best work, features the HGO debut of Danish baritone Bo Skovhus, one of the most sought-after singers in Europe. The production has already wowed critics and audiences alike at Covent Garden, where it won an Olivier Award for best new production, and Opéra Bastille, where *Billy* bagged the Grand Prix Critic's Circle Award for best opera production. Taking place aboard the ship *Indomitable* during the French wars of 1797, *Billy Budd* is essentially the tale of a young stud who, cursed with both a stammer and a bad temper, is charged with murder, accused of mutiny, and executed. Though the events were all sent into motion by the evil master-at-arms Claggart, the true sorrow of the tale (opera's supposed to bring you to tears, remember) is how the ship's now-aged captain looks back on his failure to save the doomed sailor. Classicists can swoon over the richness and variety of the orchestral score. Opera queens can delight in the libretto, loaded with innuendo—Claggart urges the ship's corporal to sabotage Billy and "tangle up his hammock, mess his kit, spill his grog"; Claggart owns up to a lusty hatred with "would that I never encountered you"; and, regarding Billy's fate, even Captain Vere laments, "I could have saved him. He knew it. But he has saved me. I was lost in the infinite sea, but I've sighted a sail in the storm, the far-shining sail...." *Billy Budd* premieres at 7:30 p.m., January 30.

—SF

Continued from page 53

between 8 am & 5 pm, M-F. The studio is at the corner of Holman (Hawthorne) and Louisiana. Seats are assigned on receipt of payment.

Feb. 25-Mar. 1 Ski Weekend presented by IGLOO (International Gay and Lesbian Outdoor Organizations). For \$55 plus your airfare and accommodations, you can enjoy a welcome wine and cheese party, a T-shirt, two evenings of entertainment (comedy acts, live music, dancing), a pajama party, ski races, ski pass discounts and activities for all levels of skiers. Accommodations for four nights range from \$100-\$260 based on double occupancy. If this sounds like fun, you can call your local organization, Houston Outdoor Group (HOG), at 713/KAMP-OUT, or direct your e-mail to IGLOO@tiac.net for more info.

Mar. 3-15 Rent, the play that has singlehandedly reinvigorated Broadway, makes its Houston debut. It is a joyous, heartbreaking and often breathtaking musical that celebrates a community of artists as they struggle with the soaring hopes and tough realities of today's world. The success of *Rent* is tempered by the death of its creator, Jonathan Larson, who died unexpectedly of an aortic aneurysm on the morning of January 25, 1996, just hours after *Rent*'s final dress rehearsal Off-Broadway and 10 days before his 36th birthday. *Rent* has become the most honored musical since *A Chorus Line* in 1976, winning the 1996 Tony Award for Best Musical and Best Musical citations from the New York Drama Critics Circle, the Drama Desk and Outer Critics Circle. *Rent* is only the seventh musical to win the Pulitzer Prize for Drama. Tickets \$35.50 to \$55. More info: 713/629-3700.



Counter-clockwise from bottom right: Jennifer Doctorovich, Marie Singerman, Bill Hargrove & Hal Core (as the sexually confused Romeo) in *Good Night, Desdemona (Good Morning, Juliet)*, now playing at New Heights Theatre.

Theater

• **Absurd Person Singular.** Why is it that everyone ends up in the kitchen during parties? This wild comedy of behind-the-scenes disasters at Christmas parties should answer this question with plenty of laughs. We visit three couples in their three kitchens on the Christmas Eves of three successive years. In this play, Alan Ayckbourn, one of Britain's most successful playwrights, walks the line between comedy and farce with uproarious hilarity. Through January 17, @ The Company Onstage Theatre, 536 Westbury Square, 713/726-1219.

• **Angel Street** evokes the noir atmosphere of 1890s London, where nightfall is cover for vice and corruption under the gaslight's fragile glow. Also known by its other title *Gaslight*, this Victorian thriller by Englishman Patrick Hamilton tells the story of the Mannings of Angel Street. When her sanity is questioned by her husband, Bella Manningham must fight her way out from under the shadow of her own mother's slow descent into madness and unravel the truth about the mystery of a long-ago murder. Tickets (\$31-\$46) are available at the Alley Theatre box office or by calling 713/228-8421. January 14-February 7 @ the Alley Theatre, 615 Texas Avenue.

• **Big—The Musical** is the story of 12-year-old Josh Baskin who makes an impulsive wish to be "big" to a carnival genie named Zoltar—and unexpectedly gets his wish! January 27-February 1 @ Jones Hall, 615 Loui-

siana. Tickets (\$39.50-\$45.50) are available at all Ticketmaster locations; to charge by phone, call 713/629-3700.

• **Das Barbecü** is a hilarious tongue-in-cheek rendition of Wagner's "Ring Cycle." Whether an audience has a cultured appreciation for opera or knowledge limited to Elmer Fudd warbling "Kill the Wabbit" in *What's Opera, Doc?*, they are sure to love *Das Barbecü*. It opens with a musical prologue explaining the history of two families, an evil narcoleptic dwarf and a cursed gold ring. Five actors portray a boisterous cast of 30 characters amidst the off-kilter country-western lyrics. Through January 4 @ Stages Repertory Theatre, 3201 Allen Parkway @ Waugh. Tickets range from \$10-\$28 and may be purchased by calling 713/527-8243.

• **An Enemy of the People.** When Dr. Stockman learns that his town's medicinal spring waters are poisoned by pollution upstream, he is urged by all the interested parties to say nothing. He believes he's saved the town and will be justly feted, but the authorities, including his own brother, the mayor, disagree. They try to stop him from spreading news of the contamination and turn his friends, supporters and, eventually, the whole town against him. Tickets \$12-\$17. January 8-February 8 @ Main Street Theater, 2540 Times Blvd., 713/524-6706.

• **A Fertile Holiday** is the 13th annual production of this holiday comedy about the Fertle Family's trouble-ridden reunion in Dumpster, Texas. Champagnes, wines, beers, cappuccino & munchies are available throughout the show. Admission is \$14. Through January 17 @ Radio Music Theatre, 2623 Colquitt, 713/522-7722.

• **Four Dogs and a Bone** is a comedy by John Patrick Shanley that mixes a middle-aged movie producer, a seemingly guileless actress in need of that one big part, a scheming ingenue and a naive young writer with a hit, then turns them loose on each other. The beautiful people are at it with enough lies and backbit-

ing for a cast of thousands as these four dogs go after their bone. January 7-February 15 @ Theater LaB, 1706 Alamo. For tickets/more info: 713/868-7516.

• **Good Night, Desdemona (Good Morning, Juliet)** follows the misadventures of Constance Ledbelly, lowly college instructor & perennial graduate student as she pursues the source material of Shakespeare's *Othello* and *Romeo and Juliet*. A bit of necromancy from the Elizabethan era sends Constance hurtling through time, space and garbage cans to a Twilight Zone of her mind, where she meets the characters of her favorite plays. But they are nothing like Shakespeare wrote them: *Othello* is no Moor, *Desdemona* is a would-be Amazon, *Juliet* a bit of a nymphomaniac, and *Romeo* seems very confused sexually. When Constance interferes to prevent tragedy, she does more than change two classics. She becomes *Othello*'s mentor & *Desdemona*'s ideal until the embittered Iago pours poison in her ear. Fleeing *Desdemona*, she travels to Verona disguised as a boy and prevents a double suicide by telling Tybalt that *Romeo* is his homey. But complications ensue when the disenchanted newlyweds both fall for "Constantine, the Greek boy." It's an irreverent & ribald romp through an unlikely Shakespearean world. Tickets are \$10 and \$15. Through Feb-

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January 7 @ New Heights Theatre, 339 W. 19th St. For more info/reservations, call 713/869-8927.

• **Lady Be Good**, by George and Ira Gershwin, is the third in Main Street Theater's series of concert musicals. The musical, a 1924 romantic comedy, should be familiar to many from the film featuring Fred Astaire and the song "Fascinating Rhythms." Tickets \$12-\$17. Through January 11 @ Main Street Theater at Chelsea Market, 4617 Montrose Blvd. For tickets or more info, call 713/524-6706.

• **Madame Butterfly**. Houston Grand Opera begins its winter repertory with acclaimed director Francesca Zambello's new production of Puccini's *Madame Butterfly*. This elegant and richly symbolic presentation of the classic stars Russian sensation Ljuba Kazarmovskaya as the naive young geisha. It will be sung in Italian with English surtitles. Tickets (\$21-\$176) are available at both Houston Ticket Center locations and at all Ticketmaster locations, or by phone at 713/227-ARTS. January 23-February 15 @ Wortham Theater Center's Brown Theater, Texas Avenue @ Smith Street.

• **The Sisters Rosensweig** is a captivating portrait of three very different sisters reuniting after a lengthy separation. We see them coming to terms with their differences while finding respect and love for one another. This Pulitzer Prize-winning author—Wendy Wasserstein—has given us a play that is both funny and observant. In this gem of a comedy, the laughter is all but continuous. Tickets \$5-\$10. January 30-March 7 @ The Company Onstage, 536 Westbury Square, 713/726-1219.

• **Tuck Everlasting**. Winnie Foster had no idea who was living in the woods next to her grandmother's house until the day she stumbled on the Tuck family and heard the amazing tale of the enchanted spring water that made them immortal. Learn what Winnie discovered at this Main Street Theater's Young People's Theater production, which is most suitable for children in grades 4 thru 8. Tickets \$5. Saturdays at 2 pm, January 17-February 14 @ Main Street Theater at Chelsea Market, 4617 Montrose. Tickets: 713/524-6706.

Radio/TV

• **After Hours** (Radio) Saturdays, midnight to 3 am. Featuring the QMZ (Queer Music Zone) with Jimmy Carper. KPFT 90.1 FM.

• **Lesbian & Gay Voices** (Radio) Thursdays, 7-8 pm. Features, news, music, interviews, reviews, and commentary. KPFT 90.1 FM.

• **AIDS Talk Houston** (TV) Access Houston Community Television (AHCT): showtimes are listed in local television guides under AHCT channels (Warner—Ch. 17; TCI—Ch. 41; Phonoscope—Ch. 72; Optel—Ch. 07).

• **Montrose 77006** (TV) is a fresh mix of gay & lesbian comedy, politics, and on-the-scene reports of activities in the Montrose area. For further information or to advertise your group activity, organization, or business: 902-2231 (24-hr. voice mail). Access Houston Community Television (AHCT): showtimes are listed in local television guides under AHCT channels (Warner: Ch. 17, TCI: Ch. 41, Phonoscope: Ch. 72, Optel: Ch. 07).

Art/Photography

• **Art Classes for People With HIV: The Art League of Houston** is offering free art classes for people with HIV. The ongoing course meets every Thursday & Friday from 1-4 pm at the Art League, 1953 Montrose. Mixed media projects for the artist and non-artist. Constructive art-making in a relaxed atmosphere. Focus is on the healing power of art. For information, call 713/523-9530. **The Museum of Fine Arts Houston** is offering free art classes for HIV-positive individuals at the Glassell School of Art every Friday from 1-4 pm, 5101 Montrose Blvd. Lunch is provided. For information, call Patrick Palmer at 713/526-1118.

• **The Body of Christ in the Art of Europe and New Spain, 1150-1800** assembles works by such acclaimed artists as Giovanni Bellini, Sandro Botticelli, Albrecht Durer, Peter Paul Rubens, Jacopo Tintoretto, Paolo Veronese and Francisco de Zurbaran and by less well-known masters and anonymous craftsmen. The exhibition brings together approximately 75 objects in diverse media—paintings, sculptures, illuminated manuscripts, prints, metalwork, textiles, that address the meaning and devotional function of the image of Christ. Through April 12 @ The Museum of Fine Arts, 1001 Bissonnet, 713/639-7300.

• **Théophile Bra** was a renowned Romantic sculptor in 19th-century France. Unknown to most, he also created thousands of visionary drawings that expressed his dreams and mystical experiences. These drawings were discovered by Jacques de Caso, a professor at the University of California, Berkeley, in the municipal library of Douai, the city in northeastern France where Bra was born. The exhibition is the first to show Bra's drawings and will feature approximately 40 of these remarkable works of art. Through March 29 @ The Menil Collection, 1515 Sul Ross, 713/525-9404.

• **Classical Sensibilities: Images by Alain Gerard Clement and George Dureau** explores each artist's unique work from the like context of classicism. Both artists use classicism as a springboard for contemporary photography—classical themes ground Clement's experimentation with an alternative photographic process, while Dureau's male subjects become idealized figures of classical beauty. January 8-March 8 @ The Glassell School of Art, 5101 Montrose. More info: 713/639-7500.

• **The Dark Mirror: Picasso and Photography**. The Museum of Fine Arts is the only city in the United States to showcase the rarely seen photographic works of Pablo Picasso. The Houston exhibition combines three separate presentations of these works. This is the first time these works have been displayed together and the first time many of the works have been seen outside of Paris. Through February 1 @ The Museum of Fine Arts, 1001 Bissonnet, 713/639-7300.

• **Deck the Walls** is John Cleary Gallery's annual holiday exhibition presenting some of their favorite photographs, as well as photographs from their inventory that have had limited exposure in the gallery. Through January 10 @ John Cleary Gallery, 2635 Colquitt, 713/524-5070.

• **Kaph** is an exhibition of the work of Ann Hamilton, an internationally acclaimed artist known for her poetic, material-laden installations in which the art itself requires the viewers to participate through their imagination & senses. "Kaph," meaning the palm of one's hand, is a site-specific installation created by Hamilton for the Contemporary Arts Museum's 9,000-square-foot Brown Foundation Gallery. Through January 25 at the CAM, 5216 Montrose Blvd., 713/284-8250.

• **The Naturalist's Journal: An Exhibition of North American Fauna** is an exhibition of works by renowned nature and wildlife photographer Stephen Kirkpatrick. If it swims, flies, slithers, or runs on four legs, he's probably photographed it. This exhibition features stunning photographs of colorful snakes to ferocious grizzlies, waterfowl to killer whales, white-tailed deer to rare blue frogs. Through January 4 @ Houston Museum of Natural Science, in Hermann Park. For more info: 713/639-4629 (Spanish 639-4603, TDD 639-4687).

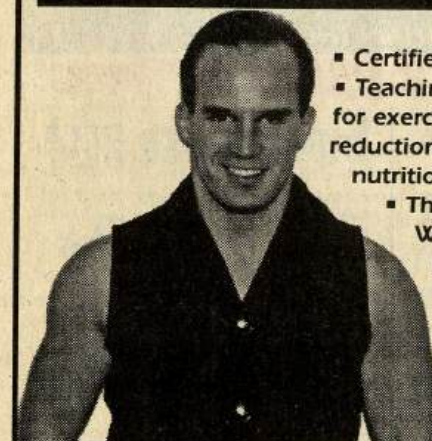
• **Surrealism**, a movement that flourished in Europe and America in the 1920s and '30s, explored the irrational world of dreams and produced some of the century's most memorable works of art. This ongoing exhibition features more than 75 works by the Surrealists and their followers, including Salvador Dali, Marcel Duchamp, Max Ernst, René Magritte, Man Ray, Pablo Picasso, and Dorothea Tanning. These Surrealists' works are on exhibition @ The Menil Collection, 1515 Sul Ross. For more information, call 713/525-9400.

• **Toyzenus** is sculpture by H.J. Bott, made from children's toys—everything from Play-Doh and bubble gum to plush collectibles like Beanie Babies and sheared rabbit fur to diverse construction kits like K'nex and Erector. It is serious art colliding with the plentitude of playfulness. Through January @ The New Gallery, 2639 Colquitt, 713/520-7053.

Calendar deadline
for OutSmart's February issue
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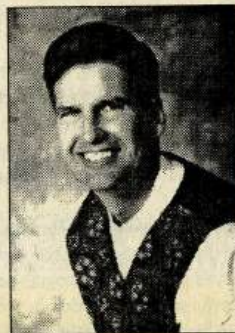
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Community

• **Adoption.** The Great Wall China Adoption, a nonprofit 501 (c)(3) agency dedicated to finding a loving home for the thousands of orphans living in China, will sponsor free monthly workshops on how you can help through adoption. Single men/women and couples from 25-60 years of age can adopt. Please call Barbara at 713/249-5941 (24-hour phone line) for the next free workshop.

• **AIDS Equity League.** a nonprofit organization dedicated to insuring equitable treatment of the gay and lesbian community in local HIV/AIDS decision-making. 2nd and 4th Tuesdays, 12 noon, Charlie's Restaurant, 1100 Westheimer, 713/524-9966.

• **An Uncommon Legacy Foundation** is a nonprofit lesbian foundation established in 1990 to promote lesbian visibility and enhance the well-being of lesbians today and in future generations. Legacy supports the lesbian community by making grants to projects that help meet the social, cultural, health and educational needs of lesbians. For more information: 713/520-1142.

• **AWARE** is a Southwestern Bell Corporation employee organization comprised of current and retired management & nonmanagement employees of SBC Communications who are lesbian, gay, or bisexual & their nongay supporters. AWARE is dedicated to creating a workplace free of harassment & discrimination. It offers support & visibility to its members and serves as the official point of contact between its membership & SBC Communications. Partners are encouraged to attend & participate. 3rd Sunday of every month at 6 pm. Call 713/235-7929 for location/other info or to be added to the mailing list.

• **The Center for AIDS (CFA)** is a storefront information center that provides the latest treatment information on HIV & AIDS. CFA produces the treatment information newsletter *Research Initiative/Treatment Action!* or *RITA!*; the *RITA! Fax Newsletter* that goes weekly to doctors & researchers; & community forums that focus on treatment issues. CFA acts as a voice for Houston's HIV community in the national dialogue about research & clinical trials. For info: 713/527-8219. Web site: <http://www.neosoft.com/~hainita>.

• **Dignity Houston** is dedicated to the welfare of gay/lesbian Catholics and their friends, and meets Saturdays at 7:30 pm, 1307 Yale, Suite H, 880-2872.

• **EXXON Gay & Lesbian Employees (EGLE)** meets monthly at the Montrose Library to discuss workplace issues, empowerment, social events, etc. For more information, call 713/522-6212.

• **Gay & Lesbian Switchboard Houston (GLSH)** is a nonprofit all-volunteer organization offering the community information & referrals to businesses, legal and medical professionals, and a variety of organizations. It also provides information on HIV/AIDS, coming out, etc. P.O. Box 66496, Houston, TX 77266-6469, 529-3211. GLSH also operates the Hate Crimes Hotline, 713/529-9615.

• **Gay, Lesbian, & Straight Educators Network (GLSEN).** The goal of GLSEN is to make schools safe for everyone—straight and gay. All interested persons are invited to attend the meetings every 3rd Wednesday @ 7:30 pm, First Unitarian Universalist Church, 5200 Fannin @ Southmore. For updates or more information: write to GLSEN-Houston, P.O. Box 541871, Houston, Texas 77254. Call 713/529-4571 or e-mail: GLSTNHou@aol.com.

• **Greater Houston Gay & Lesbian Chamber of Commerce (GHGLCC)** fosters & promotes the economic development & vitality of gay, lesbian, & supportive businesses and professional organizations in the greater Houston area. The chamber facilitates the exchange of ideas, resources, information, & networking opportunities for its members. Promoting a positive change of the diversity of gay & lesbian citizens, and to further strengthen our position in society, the chamber provides opportunities for the personal, professional, & social growth of its members. Membership in this organization in no way infers sexual orientation, preference, or gender identity. Meets the first Monday of each month. For more info: 713/523-7576.

• **The Homeless Pet Placement League** is a nonprofit animal welfare organization that rescues and rehabilitates stray and abandoned cats and dogs. Volunteering, foster care, or adopting: 862-PETS.

• **HOPE Project** (HIV Outreach, Prevention, and Education) provides HIV/AIDS information to the African-American community. Board meetings are held every second Wednesday of the month. Contact the HOPE line at 713/587-6914 for more info.

• **Houston Area NOW** meets the 2nd Thursday of each month @ 3217 Montrose Blvd. (near Westheimer, in the Interfaith Min-

istries Bldg.). Free parking accessible from Lovett Blvd. Social time @ 6:30 pm & program/business @ 7 pm. For more info: 713/665-8669 or P.O. Box 540548, Houston 77254-0548.

• **Houston Gay & Lesbian Film Festival.** The first-ever festival in 1997 was a great success—over 6,000 people attended, and over \$13,000 in advertising from many sources was donated to the cause. Volunteers are now being sought to help make the 1998 festival even bigger and better. For more information or to volunteer: Sarah Gish at Landmark Theatres 713/850-0217 or Liz Jenkins at Southwest Alternate Media Project 713/522-8592.

• **Houston Gay & Lesbian Political Caucus.** 1st Wednesday of each month, 7:30 pm, Lovett Inn, 501 Lovett Blvd. For more info: 713/521-1000.

• **Houston Pride Band** provides musical entertainment for the lesbian and gay community. They are seeking musicians of all skill levels and instrumentation. Rehearsals are held at Dignity Houston, 1307 Yale on Wednesdays from 7-9 pm. Contact Russell at 713/524-0218 or e-mail HousTxBand@aol.com.

• **Houston Reconstructionist Havurah (HRH)** is an inclusive Jewish community. Core tenets of Reconstructionism are maintaining a supportive community & taking social action to repair an imperfect world. Newcomers describe the remarkable level of acceptance & warmth they encounter, regardless of background or initial level of Jewish education or observance. Info: 713/728-0478.

• **Kolbe Project** is an ecumenical outreach to gays, lesbians, & other sexual minorities modeled after the ministry of St. Francis of Assisi. Potluck & community-concern programs, first Thursdays, 7 pm. Healing Service, second Thursdays, 7 pm. Spiritual Direction by appointment; HIV/AIDS hospital chaplaincy. Info: 713/861-1800.

• **Log Cabin Republicans.** 4th Monday of each month, 6:30 pm (social), 7 pm (meeting), Renata's, 2006 Lexington, 713/529-9100.

• **OutVote.** a nonprofit organization dedicated to registering, educating, and motivating our community to vote. For more info: 713/520-VOTE or 522-9837.

• **People With AIDS Coalition-Houston (PWAC)** is a nonprofit 501(c)(3) organization of, by & for people with HIV/AIDS that promotes independence & self-reliance so that they may live with dignity, self-esteem & acceptance. This is achieved by providing short-term crisis intervention & long-term referrals; creating opportunities for active participation as a member of the PWA community; & providing public advocacy for the needs of PWAs. While committed to ending the epidemic, PWAC endeavors to respond with love, caring & compassion to the unmet & changing needs that arise with PWAs. 3400 Montrose Blvd, Ste. 106, 713/522-5428, fax 713/522-2674.

• **Pride Committee of Houston** is an energetic group of people who meet year-round to develop & organize 10 days of Pride Week activities for our community. Meets 7 pm, 1st & 3rd Tuesday of each month @ the Metropolitan Multi-Service Center, 1475 W. Gray. The board of directors meets 7 pm, the 2nd Tuesday of each month @ 811 Westheimer. Houston Lesbian and Gay Pride Week 1998 is June 19-28; the parade is Sat, June 27 @ 9 pm. For more info to get involved: 713/529-6979 or fax 713/529-6929.

• **Q-Patrol** is dedicated to the prevention of hate crimes against gays & lesbians, patrols the bar areas in Montrose, & is always looking for volunteers. If you have at least one Friday or Saturday night per month, please call 713/528-SAFE (7233).

• **Rice GALA** (Gay and Lesbian Alumni Association) seeks gay and lesbian alumni of Rice University. Contact Neal Tannahill at 713/526-6718 for more information.

• **Roundtable—The Houston Philosophy Forum** is open to anyone interested in civilized & open discussion on topics of the day. 6:30-7 social time, meeting 7 pm, 1st & 3rd Wednesdays of the month @ Café Express, 1422 W. Gray. Info: Jackie @ 779-8620.

• **Second Chance Pets** is a nonprofit organization that helps stray, abandoned, & unwanted animals find permanent homes. We provide medical care & an adoption site for the animals. The animals live in foster homes during the week. We need foster homes (especially for cats), volunteers for adoption days, publicity & fund-raising, and adoptive homes. For more info: 286-3535.

• **Texas Human Rights Foundation.** a statewide, not-for-profit legal agency, advocates on behalf of the lesbian, gay, and HIV community and publishes the booklet *AIDS and the Law: Know Your Rights*. If you feel you have been discriminated against on the basis of sexual orientation or HIV status and need legal advice or attorney referral, call their toll-free number, 1-800-828-6417.

Counseling/Support

• **AIDS Alliance of the Bay Area.** support group for those infected and affected, Tuesdays, 7-8:30 pm, 17511 El Camino Real, #159. For more info: 488-4492.

• **AIDS Foundation Houston, Inc. (AFH)** relies on volunteers to help meet the needs of its more than 3,500 clients. Choose from over 14 direct and indirect client volunteer programs. You'll join a pool of more than 450 talented volunteers in Hotline, Information & Referral, Buddy, Helper, Art Therapy, Stone Soup & many other programs. Whether you can commit to 4 hours a month or 40 hours a week, AFH needs your time and talent. Volunteer department: 713/623-6796. Website: <http://www.aids-houston.org>.

• **Astro Rainbow Alliance for the Deaf.** general meeting every 2nd Friday of the month, 7:30 pm, Montrose Clinic, 215 Westheimer, 869-2287 via Texas Relay 1-800-735-2988.

• **Centergy** — Rediscover the joy, the joy of releasing the energy at your center. Reclaim your emotions. Identify & verbalize your feelings & desires. Face & release your blocks to living freely. Create the life you want. Centergy offers weekly programs for anyone willing to face additions: individuals, pairs, families, groups, organizations, business relations. Groups meet weekly: Women — Tuesdays or Thursdays, 6-8:30 pm; Mixed — Wednesdays, 7-9:30 pm. Southwest Recovery Place, 4726 Yoakum. Call Jackalyn Rainosek, Ph.D., @ 942-7181.

• **Child Advocates** needs volunteers to help serve the nearly 3,800 children in Harris County who are in foster care because of severe, life-threatening, soul-threatening abuse. To help get these children into homes that are safe, loving, & permanent, please call 713/529-1396.

• **Crisis Intervention of Houston** needs volunteers for 24-hour crisis-intervention & suicide-prevention hotline that requires 53 hours of training & a commitment of 4 hours a week; cash contributions for hotline & counseling programs. P.O. Box 130866, Houston 77219, 713/527-9864.

• **Crossroads** is a support group for gays & lesbians who are currently in full-time church work, have been in the past, or are pursuing their calling. Not exclusively for pastors—is open to chaplains, administrators, musicians, or music-, youth-, and educational-directors. 3rd Saturday of each month & socials throughout the month. Call 681-9082 for dates, time, and place.

• **Empowerment for Living.** a weekly HIV-positive and -negative support program and potluck supper, Tuesdays, 6 pm, MCCR, 1919 Decatur. For more information, call 861-9149.

• **Gay & Lesbian National Hotline (GLNH)** is an all-volunteer, nonprofit organization, providing information, referrals and peer-counseling to the gay, lesbian, bisexual and transgendered communities. Information is also available for those concerned with gay-related issues. The services are free and anonymous. The hours are 5-9 pm (M-F) and 11 am-4 pm (Saturdays). The toll-free number is 1-888-THE-GLNH (1-888-843-4564).

• **Gay & Lesbian Switchboard Houston (GLSH)** is a nonprofit all-volunteer organization offering the community information & referrals to businesses, legal and medical professionals, and a variety of organizations. It also provides information on HIV/AIDS, coming out, etc. P.O. Box 66496, Houston, TX 77266-6469, 529-3211. GLSH also operates the Hate Crimes Hotline, 713/529-9615.

• **Gay Fathers of Houston** is a support group of gay men who meet every Monday, 8-9:30 pm at Grace Lutheran Church, 2515 Waugh, to discuss problems gay fathers share. More info or directions: 861-6181.

• **Gay Male Survivors of Childhood Sexual Abuse.** Montrose Counseling Center is offering a therapy group designed to provide a safe environment for men who share this type of experience to work together to resolve the impacts of the trauma on everyday life. Services are provided on a sliding scale basis, and insurance is accepted. Certain restrictions apply. For further information, call Shane Henessey at 713/529-0037.

• **Gulf Coast Transgender Community** meets 2nd Saturday of each month (cross dressing required). Open discussion 1st & 3rd Thursday of each month (cross dressing not required). P.O. Box 66643, Houston, TX 77266-6643, 780-4282.

• **HIV/AIDS Treatment Mixer.** open forum for sharing information. Men's mixer: 3rd Tuesday of each month 7-9 pm. Women's mixer: 4th Wednesday of each month, 6-8 pm. 1407 Hawthorne, 527-8219.

• **Houston Area Teen Coalition of Homosexuals (HATCH)**

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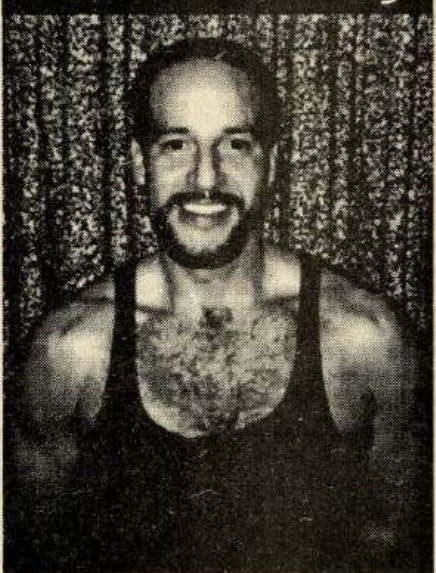
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is open to gays and lesbians, age 13-20. Fridays, 7:30-10 pm & Sundays, 6:30-9 pm. Call 942-7002 for location and information.

• **Houston Area Women's Center** offers two programs, among others. The Rape Crisis Program offers support groups to girls (ages 7-12), female teens (ages 13-18) & family/friends of teen survivors of sexual assault. Groups meet weekly & are free. More info/meeting times: 713/528-6798, ext. 256. The Family Violence Program offers a support group to female teens involved in violent dating relationships. 6 pm, Tuesdays at Houston Area Women's Center, 1010 Waugh, & is free. More info: 713/528-6798, ext. 247.

• **Houston Gay & Lesbian Parents** (HGLP) support group meets to discuss issues pertaining to today's gay families. If you have children or plan to have children, this support group can help with issues like coming out, ex-spouse problems, step relationships, etc. Meets at Grace Lutheran Church, 2515 Waugh Dr., 2nd Tuesday of the month, 7-8:30 pm, 284-4939.

• **Jewish Family Service** offers individual, couple & family counseling to individuals of all ages regardless of sexual orientation. Our professional counseling staff have received training in working with gay, lesbian, bisexual & transgender issues and can help individuals deal with interpersonal problems, relationship conflicts, dealing with families, HIV/AIDS-related concerns & other issues frequently facing sexual minorities. Services are offered on a sliding-fee-scale basis. To make an appointment or for more info: 713/667-9336.

• **Just For Us (JFU)** is a social and support group for youth in the 6th through 12th grades who have gay or lesbian parents. Sponsored by Houston Gay and Lesbian Parents, 284-4939.

• **Lambda Center A.A.**, 1201 W. Clay, Houston, TX 77019. For meeting times, call 521-1243.

• **Living in Process Groups.** Ongoing mixed group for men & women 3 Wednesday evenings per month. Ongoing gay men's group 3 Thursday evenings per month. Call Eric Mayo at Living in Process Southwest for more info: 622-7250.

• **Living With HIV Support Group.** For anyone whose life is touched by HIV. Meetings include a relaxing meditation, information about community resources, & occasional speakers. The group meets Thursdays, 7-9 pm in room 117, Unity Church of Christianity, 2929 Unity Dr. For more info: 782-4050.

• **Male Survivors of Sexual Assault** is a support group designed to provide a safe, confidential environment for men to talk about their experience and their struggles in society around the issues of male sexual assault. Call Diane Williams at the Houston Area Women's Center, 713/528-6798, ext. 246, for more info. All services are free of charge and confidential.

• **The Men's Network** is for gay & bisexual men to come together in a safe & supportive environment to learn & share about issues that affect them. A donation of \$3-\$5 is requested; however, all men are welcome, regardless of their ability to pay. The 2nd & 4th Tuesdays of every month, 7:15-9 pm @ Montrose Counseling Center, 701 Richmond. 713/529-0037.

• **Montrose Counseling Center** offers numerous counseling groups, including groups for men & women living with HIV, people in recovery, lesbian survivors of cancer, survivors of sexual abuse, lesbian survivors of domestic violence & more. The center needs office furniture, equipment & interested citizens to serve on boards. 701 Richmond. For more info (24 hrs): 713/529-0037.

• **Muscular Dystrophy Association.** Houston/Gulf Coast, provides monthly support groups for adults with neuromuscular diseases, for people with ALS (Lou Gehrig's Disease), for parents of MDA children, and Spanish-speaking groups. For the most current info on these ongoing groups, call the MDA office at 713/522-3941.

• **Overeaters Anonymous (OA).** For information about OA's 70 regular weekly meetings, call 973-6633.

• **Parents, Families & Friends of Lesbians And Gays (PFLAG) Houston.** General meeting with small group discussions. 1st Sunday of each month, 2-4:30 pm, Christ Church Cathedral, 1117 Texas Ave. PFLAG Houston Helpline: 867-9020.

• **Parents, Families & Friends of Lesbians And Gays (PFLAG) Galveston County** — 3rd Sunday of each month, 2 pm, @ The Health Merchant, 27th & Broadway, 409/744-3200 or janetextas@aol.com.

• **Parents, Families & Friends of Lesbians And Gays (PFLAG) Woodlands** — 2nd Sunday of each month, 2 pm, Northwood Unitarian Church, 1370 N. Mill Bend Dr. For more info: 713/867-9020.

• **Project CAESAR** is the Gay Men's Health Initiative at AIDS Foundation Houston. By providing the latest information & education to the gay community, Project CAESAR intends to slow HIV infection rates among gay & bisexual men in Houston. Through self-esteem, motivational & relationships topics, the program helps uncover healthy paths buried under the pressure of everyday life. It also reaches over 20,000 men a year in the Houston area through its outreach team, The Legion. To attend a workshop, volunteer for The Legion or find out more info, call the Project CAESAR staff at 713/623-6796. E-mail: education@ids.houston.org.

• **PROTECT** (People Respecting Ourselves Through Establishing Community and Trust), an HIV-negative support group, provides

a safe place to share experiences, strengths, & hopes in an effort to remain HIV negative. Tuesdays, 7-8:30 pm, Bering Church, 1440 Harold. For info: Marty at 713/520-7870.

• **Rape Crisis Program.** Volunteers are needed in the rape crisis program of the Houston Area Women's Center. Volunteers answer hotline calls, counsel survivors in hospitals and at the center, and help with clerical support. The Women's Center offers extensive training for volunteers who work with survivors of sexual assault. Call 713/528-6798, ext. 273.

• **STEPS** is a transitional living facility for homeless young adults between the ages of 18-21. Services include free housing, GED preparation, independent living skills training in money management, housekeeping, apartment search, nutrition, HIV/STDs, drug & alcohol awareness, job search, on-site case management, counseling & referrals. After completion of our 6-8 month program, clients will be referred to independent housing. STEPS Program provides culturally competent services to gay, lesbian, bisexual, transgender & heterosexual young adults, 40-60% of our clients are HIV positive. HOPE Center, 3118 San Jacinto, 713/524-1992.

• **StreetWise Houston** is a drop-in/educational & support center for homeless, street, & lesbian youth, ages 13-22, located @ 202 Tuam. We provide HIV support groups, drug intervention, housing case management, & GED classes. We are seeking donations of hygiene products (deodorant, tampons, toothpaste, etc.), canned foods, furniture (beds, sofa, dining table), new socks & underwear, dishes, linens, & bus tokens. Also seeking volunteers who would like to teach life skills and/or be mentors to our young clients during afternoon or evening operating hours. For more info: Michelle @ 713/524-5575.

• **Support, Equality, and Awareness, at Shell (SEAShell)** is a Gay & Lesbian Employees Group whose mission is to provide support for members & co-workers, promote equality for employees regardless of sexual orientation, and create awareness in management of issues & concerns affecting people in a diverse workplace. Info: Becky @ 713/245-1960 or Rick @ 281/544-7098.

• **Tau Chi Chapter of Tri Ess** is a local support group for heterosexual male crossdressers and their wives or partners. For info: Brandi @ 409/856-6759.

• **Texas Association for Transsexual Support (TATS)** is a peer support group devoted to serving the emotional, social, & educational needs of transgendered persons, their partners, families, & friends. For more info, call 827-5913 or write to TATS, P.O. Box 142, Bellaire, TX 77401.

• **Texas Commerce Bank's P.R.I.D.E. Team** welcomes you to be a part of equality. P.R.I.D.E. stands for People Recognizing Individual Differences Equally and is the bank's gay & lesbian diversity team. Our mission statement: "To support the inclusion of all employees regardless of sexual orientation and gender identification as valued employees of Texas Commerce Bank & to encourage an environment of equality, celebrating the individuality & diversity of each person. We will work to create an awareness within the organization & community—building opportunity & self-esteem—which will lead to equality." Meets every 3rd Wednesday, 5:30 pm. Paula Andries 216-6961 or Richard Bielec 655-5423.

• **The Women's Network** is a support group established to serve the lesbian & bisexual women's community of Houston; any woman who is sensitive to & comfortable with lesbians is welcome. The network provides an opportunity to discuss women's issues in a safe environment, network with other women and socialize with old & new friends. A donation of \$3-\$5 is requested; however, any woman is welcome regardless of her ability to pay. 2nd & 4th Wednesday of each month, 7-9 pm, Montrose Counseling Center, 701 Richmond, 713/529-0037.

Health

• **AIDS Housing Coalition Houston** runs the nonprofit TLC House program, a 90-day, gay-positive, emergency house for PWAs in transition. For more info about joining, call 713/521-1613.

• **AssistHers** tries to help women live as normally as possible while coping with a life-threatening or debilitating illness. Eligible for service are women whose emotional, social, or sexual relationships are primarily with other women who have a debilitating or life-threatening disease, illness, or condition. Assistance may extend to a woman's partner, caregiver, or family. Services are provided regardless of ability to pay, & regardless of age, race, ethnicity, or economic status. Volunteers are trained & supervised in the provision of direct care such as emotional support, meal preparation, shopping, hospital & home visits, pet care, plant & lawn maintenance, transportation, & other assistance. Volunteers work as members of a Care Team, which is assigned one client, so it is realistic to expect 2 visits/week from volunteers. PO Box 131605, Houston, TX 77219-1605, 713/521-4628.

• **AVES** (Amigos Volunteers in Education & Services) provides social & healthcare services to HIV-positive individuals. Volunteer

wish list: 1) fluent, or at least functional, in English & Spanish; 2) comfortable discussing sexual matters with total strangers; 3) comfortable with various ethnic & sexual cultures; 4) able & willing to commit at least 2 hours a week; 5) able to staff the hotline during office hours; & 6) willing to make at least a 6-months commitment. 4126 Southwest Frwy, Ste. 1717, 626-2837 or 1-800-981-2837.

• **Bering Community Service Foundation** provides five programs free of charge for persons living with HIV/AIDS. The Dental Clinic provides comprehensive dental care (713/524-7933); the Bering Care Center is a licensed adult day-care center (713/520-7070); the Bering Financial Assistance provides comprehensive budget planning, financial counseling & financial assistance (713/524-5327); the Bering Support Network provides support groups (713/526-1017); and Bering's Sentry Program for in-home care visits (713/524-9638). Please call for further details.

• **Camp Hope**, for children living with HIV/AIDS, needs sleeping bags, snacks, suntan lotions, insect repellents, toiletries, minor medical equipment (e.g. thermometer), toilet paper, toiletry kits, camper duffel bags, bed linen, fruit juices, soft drinks, and so forth. For more info: Mecie Hardin or Mike Mizwa, 623-6796.

• **Casa de Esperanza** needs clothes, sizes birth to 14; shoes; socks & underwear; children's videos; diapers & diaper wipes; food; art supplies; & toys for the shelter that serves abused & HIV-infected children. P.O. Box 66581, Houston 77266-6581, 529-0639.

• **The Center for AIDS (CFA)** is an information & advocacy organization working to accumulate knowledge and to share information regarding the latest medical treatments & scientific advances in the field of HIV/AIDS. The CFA advocates both locally & nationally for better treatments & better access to care for persons living with HIV/AIDS and strives to keep the Houston medical & affected community informed, updated, & involved in the search for a cure. The CFA holds monthly, informal meetings for persons with HIV/AIDS & other interested persons to discuss treatment options. For more info: 713/527-8219.

• **Family Hospice** is dedicated to serving people experiencing the final phases of life & those who care for them. We provide comprehensive services through our commitment to the highest standards of care. Volunteers can assist in a variety of tasks: patient care, nursing home volunteer, respite or relief visit for the caregiver, bereavement phone calls/visits, office work, assist during training seminars, delivery person, crafts volunteer or other activities. To inquire about volunteering, call Kevin Phillips @ 713/290-1746.

• **Lesbian Health Initiative (LHI)** is a nonprofit organization working to improve the health of lesbians & bisexual women in the Houston area. 1st Tuesday of each month, 7 pm, Montrose Counseling Center, 701 Richmond. Volunteers needed to help with computer work, fund-raising, direct healthcare services, organizing projects, phone trees, & publicity/advertising. Info: Pokey Anderson @ 526-7828 or write LHI, POB 130158, Houston, TX 77219.

• **Milam House**, a residential center for people living with HIV/AIDS, is in need of sincere individuals to offer friendship and support. In the safe, comfortable setting of Milam House, volunteers and staff strive to address residents' physical, emotional, and spiritual needs. As a home for people who are moderately ill and no longer able to provide housing for themselves, Milam House provides a safety net of assistance when needed. Most of our volunteers prefer one-on-one work with the residents—like lending a helping hand, a listening ear, and a companionship to count on. However, some volunteers provide clerical and general office assistance as well as planning and execution of fund-raising events. More info, call 713/520-9248 or e-mail ahvlntr@neosoft.com. You can also visit at <http://www.neosoft.com/~ahvlntr/MilamHouse/>.

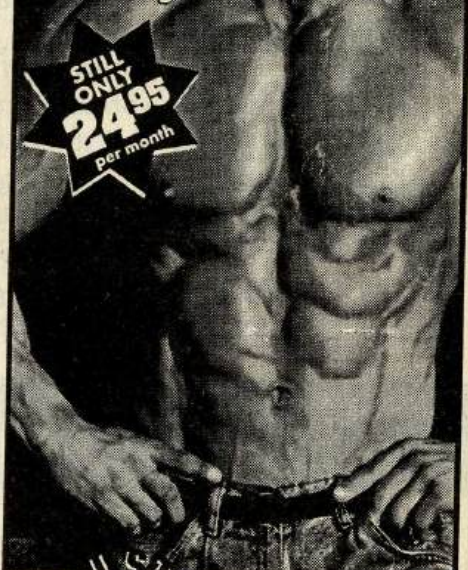
• **Montrose Clinic/Houston Clinical Research Network** is a community-based, nonprofit agency that provides low- or no-cost health, social, educational, and research services; specializes in treatment of sexually transmitted diseases and HIV/AIDS care. Needed: cash gifts for indigent-patient care and capital campaign; volunteer time from general and specialty physicians or lay persons interested in HIV counseling/office support. 215 Westheimer, 713/520-2000.

• **Next Step** is a free confidential program of information and medical testing for persons who are HIV positive. Provided by Montrose Clinic. Call 713/520-2000 for schedule and to register.

• **Omega House** provides a homelike environment for persons with AIDS needing hospice care. We do not charge a fee for our services, thus we serve persons primarily who do not have traditional medical resources. Omega House is always in need of volunteers in all areas of our program. Also: donations of soda, bleach, laundry detergent, kitchen serving utensils, universal remote controls, talented musicians to share their talent with our residents, general office supplies. Financial gifts are also always welcome. Joanne at 713/523-7110.

• **Steven's House** provides intermediate care in a homelike environment for people living with HIV/AIDS. Needed: soft drinks, laundry detergent, baking pans, bed pillows (new), basic cleaning supplies, office supplies, a new bicycle, an extension ladder able to reach 2nd story, outdoor furniture & a new umbrella for table, a chest of drawers, small desk & chair, 2 comfortable reading chairs,

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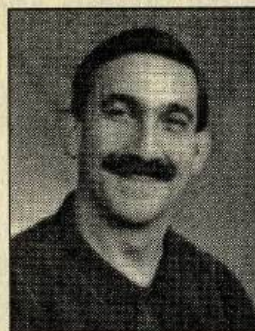
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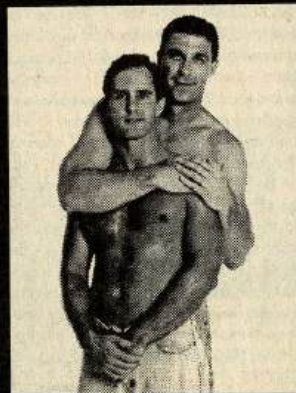
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• **Tobacco-Free Greater Houston** provides a list of smoke-free restaurants in the Houston area and works to promote health through the reduction of youth access to tobacco & promotion of a smoke-free environment. For free guide, send SASE to Tobacco-Free Greater Houston, POB 890769, Houston, TX 77289-0769.

• **Thomas Street Health Center Council** is an elected advocacy group that advise the hospital district on matters concerning Thomas Street AIDS Clinic. Meetings open to public comment & participation, 2nd Wednesday each month, 2 pm, 3rd floor conference room, 2015 Thomas St. @ Paschall, 793-4000.

• **Women's Clinic.** Montrose Clinic offers a women's health clinic. Visits include complete examination by gynecologist, lab work, medication, & referral if needed. Fee \$40; but no one turned away, Wednesdays, 5-8 pm, by appointment only, 713/520-2000.

• **Yoga.** Free yoga classes. Yoga benefits the individual by providing stress relief, better health & a clear mind. This is achieved by a combination of physical postures, mental exercises, breathing techniques & improved diet. Free yoga classes are Mondays & Wednesdays at 7 pm and Fridays at 6 pm @ Devanand Yoga Center, 3115 West Loop South, Ste. 21, 713/965-9642.

Social

• **20 Something** is a caring, informative, social community for lesbian/gay persons & their friends coming together in a safe & positive atmosphere to share, learn, & build friendships. For more information, call 315-6786.

• **BiNet Houston** is a social/support/educational group which is open to bisexuals & bi-friendly individuals. More info: 467-4380. It is best to call 6-10 pm most evenings; otherwise, leave a message, & a representative will return your call utilizing utmost discretion.

• **Bluebonnet Young Democrats.** As a member of this lesbian/gay/gay-friendly group of young Democrats in Texas, you will have a chance to make a great impact. Possible projects in the future include trips to Austin, community forums, and other fun activities. Voice mail is 632-9974 and pager is 786-0493.

• **The Chain Gang Cycling Club** provides friendly cycling opportunities for members & friends of the gay & lesbian communities in metropolitan Houston. To join/more info: 863-1860.

• **Classic Chassis Car Club (CCCC)** is a group of gay men and lesbians who enjoy having, talking or being around people who have old classic cars and exchanging ideas about them. We have one eat-out and one happy-hour gathering each month, as well as some impromptu get-togethers. For locations and dates: 713/960-9613 or write P.O. Box 981102, Houston 77098.

• **Garden And Yard Society (G.A.Y.S.)** is a gay gardening club for women & men. Bring your gardening friends and supporting partners. Meets the 2nd Friday of each month at 7 pm. More info: 713/661-6378, 713/520-1066, or 713/869-8245.

• **Gay Alumni Noon Group (G.A.N.G.)** Gay men & women who are 40 or older and their friends and other persons who might be interested in addressing the concerns and exploring the interests of older gays @ the Montrose Library, 4100 Montrose. For more info: Jim @ 713/622-6918 or Robert @ 713/665-6446.

• **Gay & Lesbian Health Professionals** meets monthly, providing socials, speakers, networking, and practitioner referral line. For information or a referral, call 713/523-4700.

• **Gay Men's Chorus of Houston** rehearses Thursdays, 7-10 pm @ Grace Lutheran Church, 2515 Waugh. Formal music training is not required, and singing & non-singing members are welcome. For info, leave message @ 713/521-SING.

• **Heartsong Women's Chorus** rehearses monthly at varying locations. New & former members welcome! Info: 947-1488.

• **Houston Area Bears** is a social organization for "bears" (hirsute men) of all sizes and their admirers. Their monthly social is held on the second Saturday of each month at the Venture-N, 2923 S. Main, 8 pm. For further info: The Grower Line, 867-9123.

• **Houston Area Motorcycle Society (HAMS)** is a new lesbian & gay motorcycle club for everyone who owns a motorcycle and wants to go on organized rides with other family members. All rides are free and open to the public. For more info: 713/523-7347 or write P.O. Box 981025, Houston, TX 77098.

• **Houston Outdoor Group (HOGS)** is a social group for gay men & lesbians who enjoy the outdoors. Activities include camping, hiking, horseback riding, canoeing, etc. We have day trips, weekend trips (typically a 2- to 4-hour drive from Houston), usually in state parks or private campgrounds. Local social events include Saturday morning breakfasts & once-a-month social potluck dinners. Call 713/KAMP/OUT for info or your complimentary newsletter, or write to P.O. Box 980893, Houston, TX 77098.

• **Lambda Rollerskating Club** invites all ages to join in the fun every Wednesday, 8-10 pm, @ Starlite Skating Rink, 8075 Cook Rd. @ Beechnut. Admission is \$5 (+ \$1.50 for skates). For information, please call 933-5818.

• **Lesbian & Gay Potluck.** The Lesbian & Gay Unitarian Universalists (LGUU) cordially invite you to bring a dish & join them on December 19 @ 7 pm, First Unitarian Universalist Church, Crane Fireside Room, 5200 Fannin. Info: 713/526-5200.

• **LIB,** a lesbian empowerment group, promotes lesbians, jobs, networking and businesses. 3rd Friday of each month, 7:30 pm, Bering Memorial United Methodist Church, 1440 Harold St. LIB's hotline: 713/529-0077.

• **Lone Star Nudist Group.** For gay or bisexual men who wish to share nude experiences. Singles and lovers welcome. Monthly meetings. Nude social events, massage group, and out-of-town gatherings. Call 866-8847 for more information.

• **Outrage, Inc.** is a nonprofit social group raising funds for Houston area HIV/AIDS charities by producing special events including the annual Halloween Party & the Pride Party. Meets 2nd Tuesday. Other events include beach parties, Austin splash & other socials. More info: 713/706-2508. Web site: outrage.org/~outrage.

• **Prime Timers Houston** promotes social activities for the older gay and bisexual male. Some of the activities they participate in are theater, dining out, movies, potluck dinners, card games, and weekend daytrips. For more information, call 867-3903.

• **Rainbow Fishing Club.** To get on the free mailing list for the new fishing club for gays and lesbians, call John @ 713/523-6381.

• **Rainbow Ranglers,** a gay country & western dance club, teaches beginning level dance every Thurs. at 8:30 pm & advanced level dance every Wed. at 8 pm at Brazos River Bottom, 2400 Brazos. Dance classes free & open to the public. More info: 880-0670.

• **Rainbow Riders** is a bicycling club for womyn. Meets every Sunday morning. All womyn are welcome regardless of ability & experience. More info: Cookie Davenport @ 713/869-1686.

• **Scriptwriters/Houston** is a stage-and-screen writers' support and networking group. Meetings are the 1st & 3rd Mondays of every month, 7:30 pm @ Jones Theatre at the University of St. Thomas, Yoakum @ Alabama. Free. For info: 707-5194 or 523-9291.

• **Sisters** is a social/support group for African-American lesbians & friends. Meets 2nd Sunday of the month, 5-8 pm. Call 713/801-4254 for meeting location.

• **Southern Country Houston** provides country and western dance lessons, exhibitions, and charity events to benefit service organizations. Free dance lessons are offered every Friday, 7-9 pm, at The Ranch, Plaza 9200, 9200 Buffalo Speedway. Call 713/226-2228 or write to P.O. Box 1502, Houston, TX 77252-1502.

• **Texas Medical Center Lambda** is an association of bisexual, gay, lesbian, transgendered, & gay-friendly faculty, staff, & students at Texas Medical Center. One community service or social event per month plus meetings the second Monday of each month, 7:30 pm @ Toopees, 1830 W. Alabama. Info: page @ 284-7206.

Sports

• **Good Sports.** College football/basketball fans. 713/523-9000.

• **Houston Tennis Club,** an affiliate member of the Gay and Lesbian Tennis Association, welcomes men and women of all ages and skill levels. They meet Wednesdays & Fridays from 7:30-9 pm & Sundays from 9 am-12 noon at Memorial Park Tennis Center. To join, call 713/692-2703.

• **Houston Women's Flag Football League (HWFFL)** is a nonprofit sports organization open to all women, ages 18 & over. We have two divisions—competitive & recreational. You can join by bringing in your own team. For more info: 713/981-6753.

• **Houston Women's Softball League (HWSL)** is a nonprofit organization for women who enjoy the sport of softball. For more information, call Trish Jarvis, 713/688-9468 or write P.O. Box 70666, Houston TX 77270.

• **Lone Star Volleyball Association** is a nonprofit sports organization for persons interested in playing recreational, competitive or tournament volleyball. League play is played at the Univ. of St. Thomas on Sundays, 4:30-9:30pm. First-time visitors play free! For more info about league play, call 281/878-4629.

• **Team Houston for the Games, Inc.** is a nonprofit organization to educate & inform all people about gay/lesbian sports competitions & to encourage participation in the Gay Games and Cultural Festival. The next Gay Games will take place in Amsterdam, Aug. 1-8, 1998. More info: Team Houston, P.O. Box 66405, Houston, TX 77266-6405 or call 935-1060.

• **Texas Gay Rodeo Association** is a nonprofit organization, with chapters in Austin, Dallas, Fort Worth, San Antonio, and Houston, that promotes and stages an annual rodeo event as well as engaging in fund-raising activities throughout the year. For more information on the Houston chapter, write to P.O. Box 130585, Houston, TX 77219-0585 or call 777-1444.



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Author: The Dating Dance

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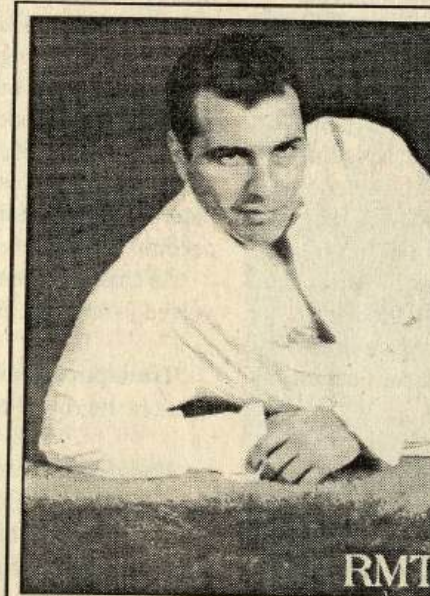
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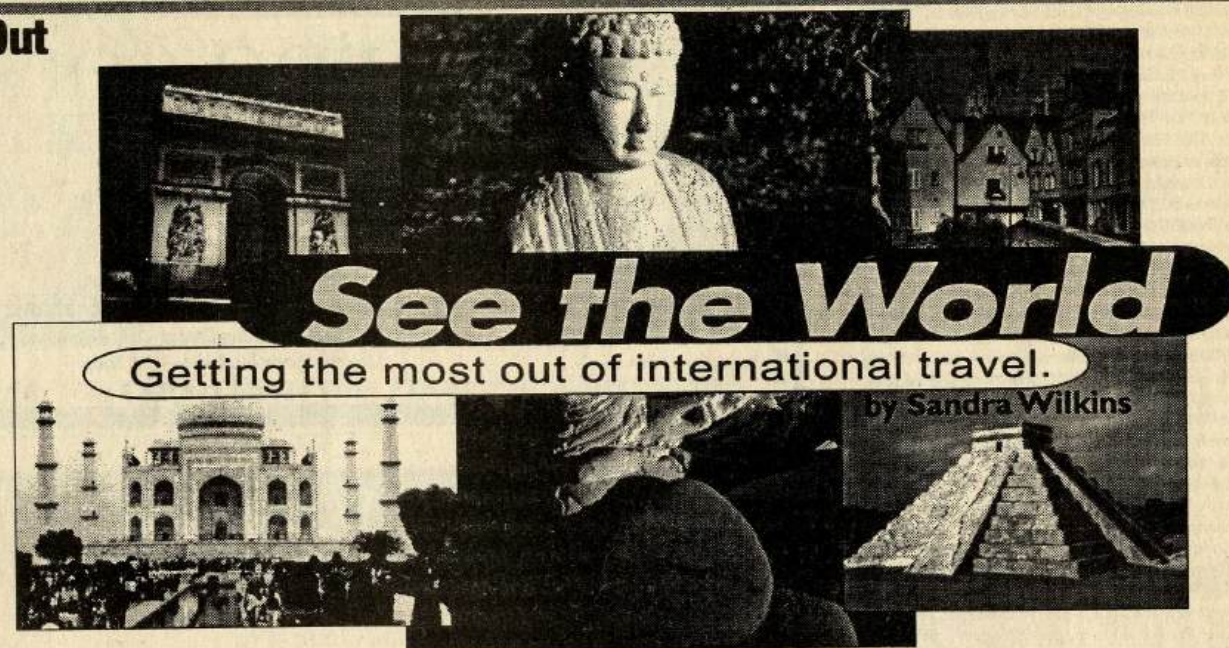
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Last month we discussed the joys of frequent flyer points and why everyone should have a valid passport. Passport in hand, now comes the homework before that big international trip. It should be a labor of love to decide where in the world you want to go. First, consider your personal interests and how you most like to spend your leisure time. Make a list of these things. That's the first bit of advice I always offer to folks who call and moan, "I'm stressed to the max and have got to take a vacation, but I don't know where to go." What looks like fun to you? What do you most enjoy doing when not working? It hardly makes sense to go to Switzerland if you like sunshine, palm trees and beaches. On the other hand, Switzerland is a grand idea if you like mountains, hiking, skiing and fondue.

Information abounds on endless "special interest" destinations. Based on your own personal interests, you'll be able to choose from an enormous variety of places in which you may indulge them around the globe. It has been joyous to discover the depth of information about foreign destinations on the Internet. Many countries have elaborate home pages, with Web links to cities, sights and activities. Gathering information from the Web, library or bookstore will enlighten you about your destination and help you organize your time on your vacation.

Generally speaking, it's wise to have one big guidebook, and two or three specialized references. Everyone has their own preference for general guides. Steve Birnbaum is best for general overview stuff. I like his style of writing, and he tends to include some colorful information about history and cultural customs. The *Insight Guides*, published by APA Productions, are a must for the obsessive/compulsive traveler. The sheer depth of information about the country and its culture and history is amazing. However, the *Insight Guides* do not list hotels, restaurants, or museum/gallery opening times. They are a great adjunct to the more general tourist guides.

Now you've chosen your destination in a reasoned manner, and possess more information about your spot that you will ever use. What next? Budget and time. Some of us have plenty of time, not much money. Others have more money than time, and many

of us have very little of either. Unfortunately, how long you can be gone frequently determines, or certainly should, where you can go. I'd never recommend trying to visit Australia, New Zealand or other South Pacific areas in less than 20 days. You spend a full four days getting there and back, and another two suffering debilitating jet lag, so the travel itself eats up a week of your vacation. Similarly, it's hard to do Costa Rica in a meaningful way in less than a full week. Although Costa Rica is relatively nearby, most of the flight schedules almost demand a forced overnight in San Jose on arrival and the night before you return, leaving a mere 5 nights to savor one of the most magical places on earth. I've lost business more than once by flatly refusing to plan a trip to Europe for folks who want to see Paris, London and Rome in a week. It's totally ridiculous. You don't remember anything that distinguishes one from the other. It's important to consider the time factor carefully, then work with the budget to accommodate the length of time you can spend.

As a rule, remember there are a number of given costs involved in any trip, anywhere:

Transportation: How do I get there? Car, train, plane, ship. What is the round-trip cost from my home to my destination?

Lodging: Where will I stay? Hotel, guesthouse, bed & breakfast, hostel, tent. How much will it cost per night, including wretched foreign tax and service (often 15-25 percent on top of the accommodation itself).

Food and drink: How much should you budget per day for sustenance? This is a somewhat controllable cost, depending on your budget and palate, but on average you should plan on \$30 to \$60 per day, per person, including tips, without alcoholic beverages included.

Local transport: Rental cars, taxis, rail, rail passes, ferries, subways, other air flights. Most cities are big places; that's why they're cities and not towns. Getting around in Mexico City,

Hong Kong, Paris or Kiev often requires more than your feet, so you'll need to budget for local transportation.

Admission fees for various sights: Museums, galleries, zoos, parks, historical houses, movies, theater tickets, dance, opera, etc. These too will add to your costs, so investigate carte blanche passes when possible, and know ahead of time what to expect to pay for a movie or play.

Incidentals: Postcards, stamps, tips to bellboys, three coins for the fountain, tokens for the rest room.

More than likely your budget will include all of the above. What is not included is any shopping you may do, so after the essentials are covered, what's left is for shopping sprees! That brings me to a wonderful memory, and reminds me of delighting in small things like the Mexicans do. A few years ago my dear friend Jim and I went to Italy for two weeks. We spent the bulk of our time exploring the incredible northern lake district and the incomparable countryside of Lombardy and Tuscany. Finishing up this trip, we curved up to Lake Como for a night, then headed back toward Frankfurt for our return flight to Houston. Leaving Como, we entered Germany, and after an hour of driving and frantically searching for any radio station not broadcasting in German, I looked at Jim and said, "Take the next turn left. We have got to get into France so we can get this unpleasant language off the radio and listen to French instead." Thirty miles later we were in France and decided to spend the night in Nancy, leaving us a two-hour drive to Frankfurt the next morning. By this time we were almost broke and didn't want to navigate city center, so we opted for a tacky suburban motel. Think Tom Bodett/Motel 6 and you've got the picture. Well, we were in for an unexpected treat. Across the street from our motel was the biggest K-Mart equivalent I'd ever seen in my life. I couldn't wait to get inside, and once there, we spent three hours rolling our carts (filled one, went back for another) up and down every aisle, howling with laughter at all the silly little do-dads and surprises we'd be hauling home to our friends. Thank God they took MasterCard, because I think we spent \$500 between the two of us. I still have French-made spiral notebooks and two naughty bras as delightful reminders of that last afternoon.

Finally, after all of the budgeting and planning, one of your richest resources on any international trip is fellow gays and lesbians. We gay travelers have a resource other visitors miss: a built-in international community of our own. Gay-dar is alive and very well around the world. Gays worldwide share a rich culture, which is your culture too. Walk into a gay bar or area in any country, and you stand a very good chance of walking out with a new friend. You'll find that we all share many of the same concerns and interests—coming out to parents, children, AIDS, politics, lovers, ex-lovers. You may be a foreigner, but you won't be a stranger.

Ciao and a bionto!

Sandra Wilkins is the owner of The Travel Partnership.



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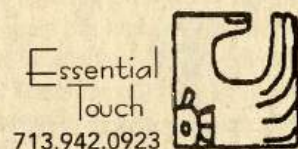
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WorkOut

A New Year, A New Attitude!

LEARNING THE NEW LANGUAGE OF GOOD HEALTH.

by John Aaron

The aerobics and jazzercise craze of the 1980s sent many of us into a sweating frenzy as we bounced, stepped, turned and grape-vined to the crooning of Olivia Newton-John's "Let's Get Physical." Clad in the latest designer gym-wear with color coordinated sweat-bands & leg warmers, we held firmly to the belief that you could never be too rich, or too thin. Well, here it is, the late 1990s. It's nearly the end of the millennium, and to say that we have put away our faith in vanity and wealth would be an outright lie. Billions of dollars are spent every year on the

The new language of good health focuses on things other than weight loss: healthy eating, regular exercise, positive self-esteem, and perhaps most importantly, self-acceptance.

obsession of thinness equating the apex of success and happiness. And for what? Are we any thinner or happier? The fact remains that a recent study conducted by the offices of the American Surgeon General indicated that one out of every three American adults is now considered overweight. Not surprisingly, this corresponds roughly to the number of Americans (nearly 65 million) who are dieting at any one time.

Despite the promises made by all those fancy fitness gadgets demonstrated on late night infomercials, and the potions, powders, ointments, lotions and artificial sweeteners (we've even gone so far as to scientifically create a fat-free fat—Olean), it seems that little has been done to address the real issue—one's self-esteem. This approach has been largely ignored by traditional avenues to fitness and weight loss. However, a new generation of researchers, physicians and health promotion specialists, such as personal trainers and massage therapists, are diligently working to change this by promoting what they call the new language of good health.

BE CAREFUL WHAT YOU ASSUME

At the foundation of this new approach to good health is a change in assumptions. For most of the 20th century, people have simply assumed that thinness is essential for both good health and happiness. And those who are not thin are also assumed to lack willpower and either eat too much or not exercise enough. The solution to being overweight, then, is to simply eat less and exercise more.

Clearly, as statistics bear out, it's not that simple! Diets rarely work. Those who have tried them—and failed—know this, and now physicians and weight researchers are acknowledging it as well. Factors such as genetics and physiological mechanisms are finally receiving due credit for their roles in determining body shape and size. In mathematics there is a term called the limiting factor, the components that dictate the scope of an equation. The same term could be applied to one's genetics—it is the limiting factor in how far the body can be manipulated to suit a particular idea.

It's ALL ABOUT LIFESTYLE

The new language of good health focuses on things other than weight loss: healthy eating, regular exercise, positive self-esteem and, perhaps most importantly, self-acceptance. Being healthy has less to do with a number on a scale than the ability to balance and nurture all aspects of one's life: the emotional, mental and spiritual, as well as the physical. The following is a breakdown of the old assumptions and alternative solutions according to the new language of good health:

Old: Restricting calories is the best way to lose weight.

New: Healthy, relaxed eating in response to hunger and satiety cues is the key to developing a comfortable relationship with food and avoiding eating disorders.

Old: Exercise is necessary to lose and keep weight off.

New: Exercise is an excellent way to improve one's health and enhance quality of life.

Old: People need to be thin in order to be healthy and happy.

New: People naturally have different body shapes and sizes, and need to accept themselves for who (not what) they uniquely are.

The key to making positive changes—which may or may not include weight loss—is to consider all the different areas of one's life. Dropping a dress or pants size will mean little if constant fatigue from restricting calories leaves you unable to enjoy your life, family and friends. Disordered eating patterns caused by pressures to be thin can result in zero self-esteem. And constantly rating yourself against some Calvin Klein-ish model "ideal" offers little more than a lifetime of dissatisfaction and frustration.

This new language of good health is not likely to gain speedy acceptance in a culture that values vanity so highly. However, the choice to be healthy and happy by selecting self-acceptance rather than an enforced ideal is yours and yours alone. Learn the new language of good health. And once you have, spread the word.

John Aaron is a nationally certified personal trainer, member of the International Assoc. of Fitness Professionals, and owner of Muscle Mechanics, a personal fitness training and nutritional guidance facility.



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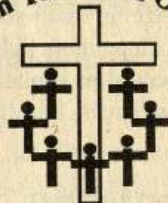
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OutRight continued from page 21

right candidate at the right time fighting the right battle. But it can be done; it will be done. It is for us to say when."

On December 6, the openly gay Annise Parker beat Don Fitch in her at-large race for City Council by 58 percent to 42 percent. Thirteen years of frustration, anger, disappointment, and failure were dissolved in Parker's victory. We're politically acceptable again. The achievement is many times more significant than winning a city council race in a place like Dallas, where the population base is a third smaller, all the districts are single member, and it is possible to win with just a few hundred votes. Parker represents a larger constituency—at 1.7 million people—than all but two other openly gay elected officials in the nation. That alone highlights an important fact about this election: Gay voters did not elect Annise Parker. The whole city did.

There will be time enough to ponder all the questions that Parker's victory raises. Questions like these: How much should she devote herself to specifically gay issues, like another non-discrimination law, during her first term? Should we even push for another such ordinance, risking a bad defeat in another referendum? Or have Houston voters, by their overwhelming support for Parker, and by the spanking they gave Lloyd Kelley, shown that they have outgrown anti-gay prejudice? How about pushing for domestic partners benefits? Or an official proclamation recognizing gay pride month in Houston? Parker will be under a microscope for the next two years, at least. Both her friends and her enemies will watch her every move and listen to her every word. I predict a much nastier and more explicitly anti-gay re-election fight for her in 1999. It's not fair to Parker that she now has the responsibility that comes with being the First Openly Gay Elected Official in the City of Houston, but the burdens of power and history are rarely fair. How will she hold up?

There will be time enough, too, to wonder where the religious right was during Parker's race to the finish line. Where was the last-minute hate mailing we have gotten so used to seeing every time a gay or gay-friendly candidate runs? Where were the cries of "abomination" and "Sodom"? Where was Steven Hotze, the anti-gay leader who cut his teeth on the 1985 referendum? Has he been so beleaguered by lawsuits from his family members, ethics investigations, and

district attorney inquiries that the wind was taken out of his sails this year?

These questions can wait. For now, let's bask in the glory of this accomplishment. It's a great victory, of course, for Annise Parker personally. She has done the menial and boring tasks, as well as the grand work, of the civil rights movement over the years. She has carried herself exceptionally well so far and there is every reason to believe she will continue to do so. Her name will be there prominently when the history of our struggle for equality in Houston is written.

But this is, of course, more than a personal victory for a single candidate. It is a victory for everyone who stuffed envelopes, licked stamps, organized demonstrations, wrote letters, spoke out at forums, walked neighborhoods for candidates, gave money, or did anything else to advance the cause of equality in this town over the past two decades. It is a victory for those couples who wanted to hold hands in the restaurant but were afraid to do so. It is a victory for all those gay women and men who came out to their parents and were promptly kicked out of their homes. It is a victory for anyone who ever endured the taunt of "queer" or "faggot" or "dyke." It is a victory for those gay men who have been beaten and bludgeoned and stabbed to death in this town in recent years. It is a victory for that gay kid sitting in her room, alone, afraid, crying, wondering if her life is worth living. It is a victory for all those wonderful, talented, creative, beautiful people who didn't make it this far with us because they died of AIDS. It is your victory. Savor the moment.

After 13 years, Houston has welcomed you home.

LeftOut continued from page 20

gay and lesbian community should congratulate itself and Annise on her election. It should take a short break. And then it should get to work identifying and encouraging other qualified gays and lesbians to run for office.

Because, while Annise's election to City Council is certainly something to be proud of, it will galvanize those who disdain us to work harder in the future to make sure a victory like hers doesn't happen again.

But it has to. One Annise Parker is not enough. And the March primaries are coming up.

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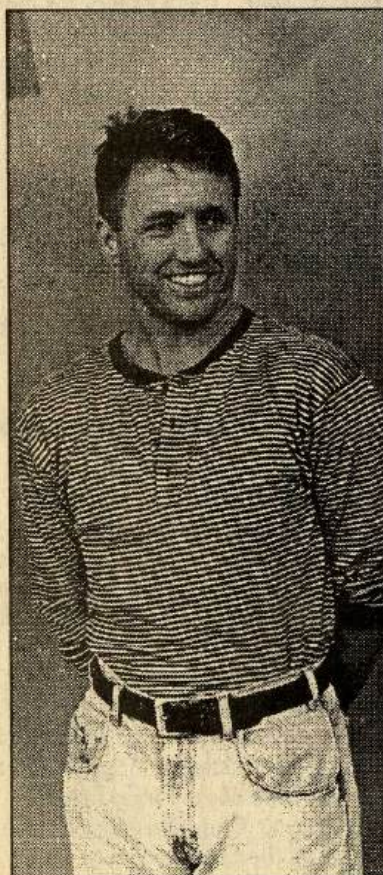
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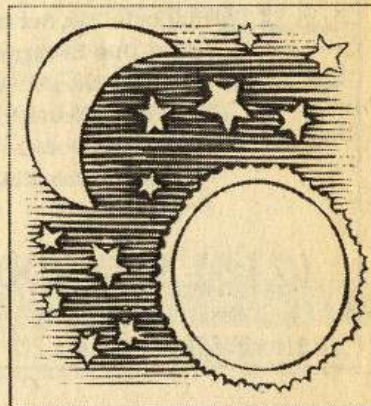
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SignOut

by Madilyn Stein

Your Horoscope For January

Everyone in the universe is affected by certain mutual planetary movements. People ask me, "Is Mercury in Retrograde?" Mercury is not the only planet that drives humankind. This article is to let you know that the year '98 will be a mixed bag of contradictions so you will have to stay even more focused on your own actions and reactions. This is the year of reality. Indulge yourself in flowers, good smells and Rogaine.



AQUARIUS (JAN. 20 - FEB. 18)

Revolt, go ahead. It's not unusual for Aquarians to like eating without utensils, wearing odd combinations of clothing and speaking their truths. Declare your freedom and rip into the prickly people who say you're not refined or too abrupt. They just don't understand that "we hold these truths to be self-evident"... besides, they're just jealous.

PISCES (FEB. 19 - MAR. 20)

Jupiter will be in Pisces for almost the entire year. Jupiter rules expansion and joy. When Feb. 4 rolls around, many good kudos could evolve if you've done the usual hoarding-fish stuff. So get ready for financial windfalls. Spit shine your crystal. A new concept for Pisces is to ask your friends to serve your delightful attitude with hope and happiness, because you rarely present punch in paper cups.

ARIES (MAR. 21 - APR. 19)

Place yourself on the top of a mountain, sit on its highest point, project pureness of heart and hang loose. New projects aren't good this month because basically you're a loner, and no one wants to help you rise to the top. Concentrate mostly on aligning yourself with coworkers. Alienation doesn't look good in an overstuffed chair.

TAURUS (APR. 20 - MAY 20)

You're always talking about the overview and total results. Give it up. The second week of February will have resolution by the tail. Immediate goals are too limiting and the entire picture needs your steadfast visions. The full moon in Scorpio will inject your stubbornness and persistence with pure simplicity. Open your communication to others so they can fuel the future.

GEMINI (MAY 21 - JUN. 21)

This year will bear fruit in your professional arena. The month offers help from everyone, so inject your sudden insights and let the dreamy side of your head do the polka. Others will offer money, gifts and supply your path with hearts of palm. Take advantage of three planets in Aquarius, meaning put your multi-flavors and desires on your finest china.

CANCER (JUN. 22 - JUL. 22)

Jupiter says, "I'll bring you good times if you break from your routine and do something outrageous." Don't turn off or tune out when someone asks what you think. You're so good at undermining your own effectiveness by riding shotgun on others that fill in for your unwillingness to change. For best results, wear hot pink ruffled underwear and paint red hearts around your private parts.

LEO (JUL. 23 - AUG. 22)

Hold on to your enthusiasm because the wind will carry you along and allow your choices to become reality. This is a time to let your hair down. Uranus will help you change your structured signs of success. Do something out of character, like drag-racing down Westheimer in rush-hour traffic, or put a false tattoo in the middle of your forehead. Opposites are a diversion.

VIRGO (AUG. 23 - SEP. 22)

Peel away that defensive layer and get a grip. If you focus on all of your relationships, both intimate and casual, you will find great relief and a seat on the Starship Enterprise. Realize that others aren't mind readers and the pulse of life changes with the weather. Get more protein and less fat in your diet because your load has gotten too heavy.

LIBRA (SEP. 23 - OCT. 23)

Whistle while you work because that's your task for the month, and a puckered mouth is most appealing. Recognize your dreams, for they will be your next reality. Compassion will enlighten even the most mundane situation. Sing to the world, "I want to be loved by you." The world will truly become your oyster if your attitude adjusts.

SCORPIO (OCT. 24 - NOV. 22)

Lucky you. The planet of expansion, Jupiter, will make magic for the year, as of this month. You owe it to yourself to go out with fun people. Spend time refreshing the parts of you that you consistently give to your work and others. Plan a good massage and feathering for the weekend.

SAGITTARIUS (NOV. 23 - DEC. 21)

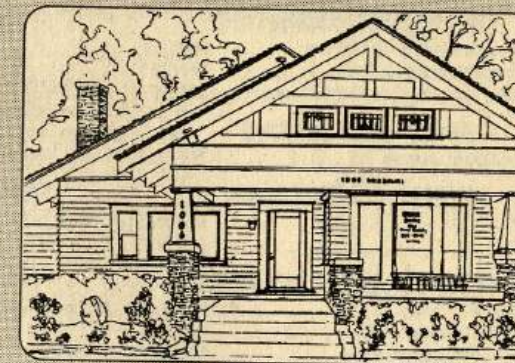
"Oh, was that me," says most Sags. Pluto is in your sign for many moons and is giving you all kinds of new adventures and reasons to redecorate. Be careful not to financially overextend. Push up barbells or run through the park three times a week wearing rubber short-shorts and become the energetic captain on the block.

CAPRICORN (DEC. 22 - JAN. 19)

Venus and Jupiter will give you the high sign this month and you can have it all. Get your social roller blades ready because both love and good fortune can come your way. Pay Attention. You've been relieved of the "keeper of the world syndrome."

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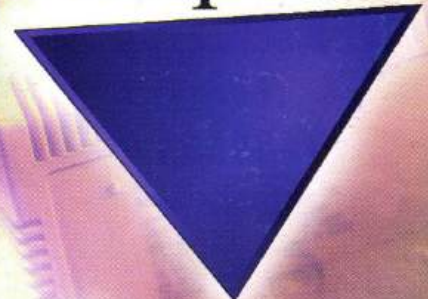
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