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# Same-sex domestic violence

The case of Wanda Jean Allen, put to death last week for murdering her girlfriend, is just one example of the violence that sometimes occurs in many gay relationships

*Editor's note: This week, Houston Voice begins a two-part series on same-sex domestic violence by examining the extent of the problem among GLBTs and the resources available. Legal issues related to gay domestic violence will be explored next week.*

by KAY Y. DAYUS

"I never thought it could happen to me; not in a relationship with another woman," says Eva. "I guess I always thought it only happened in straight relationships."

Eva is talking about being physically abused by her partner—another female.

"She literally floored me with a hit to the side of my head," adds Eva. "As I got up, she hit me again, and I fell down again. I was terrified."

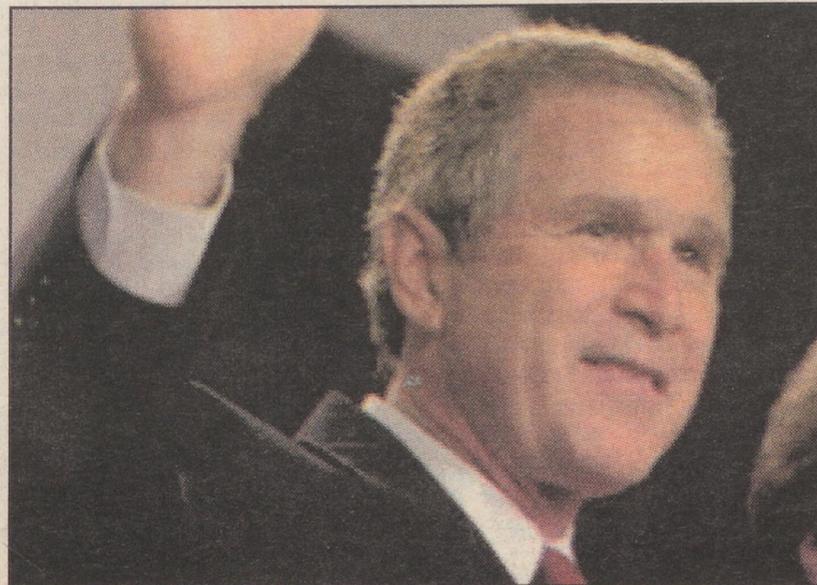
Eva was lucky. She survived the assault and left the relationship. Others are not so fortunate. Most abused women do not leave the relationship, says Michelle Ostrander, vice-president of community education at the Houston Area Women's Center.

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**Wanda Jean Allen was put to death last week for shooting to death her lover, Gloria Leathers, after a fight that began over money. Gay men and straight women may be at most risk of physical violence, one study shows, while community programs report a spectrum of violence—from emotional abuse to battering—within gay relationships.**

# Bush promises gays fair shake in White House jobs



**'I believe that someone's sexual orientation is their private business,'** President-elect George W. Bush said in an interview with the *New York Times*.

**Gay groups rally against attorney general nominee, but Log Cabin decides not to take a stand**

by ERIC ERICKSON

President-elect George W. Bush promised this week he would give openly gay applicants equal consideration in hiring for top administration positions, even as gay rights groups joined growing opposition to his selection of John Ashcroft as attorney general.

In an interview published in the Sunday *New York Times*, Bush said a decision by an applicant to be openly gay would not affect whether that person would be appointed to even the highest posts in the Bush White House.

"The analysis would be based upon whether or not the person could do the job and whether we share a phi-

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## Issue 1056

# houston voice

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Houston Voice  
500 Lovett Blvd., Suite 200  
Houston, TX 77006  
713-529-8490

# Caring with patience, love and passion

## AssistHers celebrates anniversary, growth, success in helping lesbians with health concerns

by KAY Y. DAYUS

Last Saturday, AssistHers not only celebrated its fourth birthday but also its growth from 25 to more than 100 volunteers, caring for 46 clients and increased education in lesbian health care.

About 80 of those volunteers showed up to partake in a program dedicated to AssistHers' "Past, Present and Future" and to hear how the organization got started, where it is today, and where it plans to go in the future.

Tori Williams, a founding mother, former president and current executive vice-president, was the mistress of ceremonies. Williams said that when she and other lesbian friends helped gay men during the AIDS crisis, they realized that there were lesbians out there who needed help with health problems as well.

So, in 1996 when all the help groups were in place for HIV/AIDS, the women turned their thoughts and energies toward helping lesbians who were ill and had little or no support.

"We wanted to improve the health of our lesbian community," Williams said. And they wanted to accomplish their goal with "...patience, love and passion."



Board members of AssistHers gathered Saturday to celebrate the group's fourth anniversary and hear a report on the progress the organization has made in assisting lesbians with health concerns.

In the beginning there were 25 volunteers dedicated to helping lesbians who were ill. But their aim was not just to help the sick; they wanted to educate lesbians about their own health issues and to educate the doctors who treated them.

"We realized that lesbians issues were chronic, long-term issues. They were not dying like with AIDS," says Williams.

The group also realized that many lesbians were not getting the health care they needed and that there were many reasons

for this. Fear of outing themselves, homophobia in the health care industry and discrimination were, and still are, some of the reasons for neglecting health care.

The financial burden is another reason, says Williams.

"There was no domestic partner insurance. Now that more companies are allowing domestic partners, they can get insurance and health care."

But, unfortunately, because of hostility  
➤ Continued on Page 12

# New AIDS Action director visits Houston

## Appointment of Claudia French welcome news to local AIDS activists

by ELLA TYLER

Claudia French, the newly appointed executive director of AIDS Action, was in Houston this week to confer with Houstonians who serve on the national groups' board of directors.

AIDS Action was founded in 1984 to be a national voice on AIDS. It represents all Americans affected by HIV/AIDS and the organizations that serve them. Its 45-member governing board includes Houstonians Ken Malone of the Assistance Fund, Katy Caldwell of Montrose Clinic and Bill Kersten of Bering Omega Community Services.

Caldwell is chair of the public policy committee. Also, John Michael Gonzalez, Montrose Clinic vice chairman, is chair of the AIDS Action Foundation board and Gary Teixeira is a member of the board.

French said has mixed feelings about President-elect George W. Bush's cabinet appointees and their attitude toward AIDS.

"I'm hopeful about Tommy Thompson (Department of Health and Human Services cabinet appointee), but we are concerned about [John] Ashcroft (attorney general appointee)," French said that her attitude about Thompson is based on his record on AIDS issues as governor of Wisconsin.

"The Wisconsin AIDS agency is on our board, so that gives us a connection to him," she said. "Appropriations will be a big issue for this congressional session. There's Ryan White Funding, but we would like to see an expansion of Medicaid funding and of funding for HIV prevention.

"One focus will be to be sure that communities of color, which are frequently left behind, are given equitable treatment in federal AIDS programs. We are active in the international drug pricing issue" French said.

"As the national group that deals with AIDS in every area, including civil rights, we never

know where the next issue will come from. The Supreme Court recently heard a case involving the Americans with Disabilities Act and AIDS, and we filed an amicus brief in that case.

"Several years ago, we were involved in the successful effort to keep the military from kicking out HIV positive members.

Never before has an AIDS Action executive director been backed by such a spectacular track record

—John Michael Gonzalez, vice chairman, Montrose Clinic

"We represent 3,200 community-based AIDS service organizations," French said, "and we spend a lot of time networking back and forth. Prevention and care are still issues for us, and we are working on some forums that let service providers share what they have learned about what prevention program

➤ Continued on Page 13



Claudia French

# Mission Accomplished!

Introducing  
New Videx **EC**



Ask Your  
Doctor!

**VIDEX<sup>®</sup> EC**  
(didanosine) delayed-release capsules  
enteric-coated beadlets

Please see following page for brief summary of prescribing information, including boxed warnings.

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## VIDEX<sup>®</sup> EC (didanosine)

VIDEX<sup>®</sup> EC (didanosine) Delayed-Release Capsules  
Enteric-Coated Beadlets

Brief Summary of Prescribing Information, 11/00. For complete prescribing information, please consult official package circular.

### WARNING

FATAL AND NONFATAL PANCREATITIS HAVE OCCURRED DURING THERAPY WITH DIDANOSINE USED ALONE OR IN COMBINATION REGIMENS IN BOTH TREATMENT-NAIVE AND TREATMENT-EXPERIENCED PATIENTS, REGARDLESS OF DEGREE OF IMMUNOSUPPRESSION. VIDEX EC SHOULD BE SUSPENDED IN PATIENTS WITH SUSPECTED PANCREATITIS AND DISCONTINUED IN PATIENTS WITH CONFIRMED PANCREATITIS (SEE WARNINGS).

LACTIC ACIDOSIS AND SEVERE HEPATOMEGALY WITH STEATOSIS, INCLUDING FATAL CASES, HAVE BEEN REPORTED WITH THE USE OF NUCLEOSIDE ANALOGUES ALONE OR IN COMBINATION, INCLUDING DIDANOSINE AND OTHER ANTIRETROVIRALS (SEE WARNINGS).

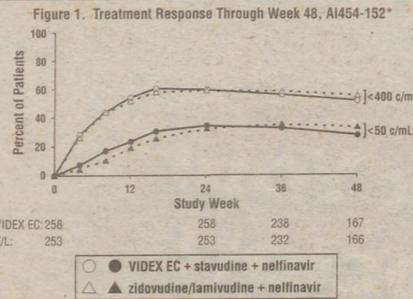
### INDICATIONS AND USAGE

VIDEX EC in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection in adults whose management requires once-daily administration of didanosine or an alternative didanosine formulation. (See Clinical Studies, PRECAUTIONS: Frequency of Dosing, and DOSAGE AND ADMINISTRATION.)

There are limited data to date to support the long-term durability of response with a once-daily dosing regimen of didanosine.

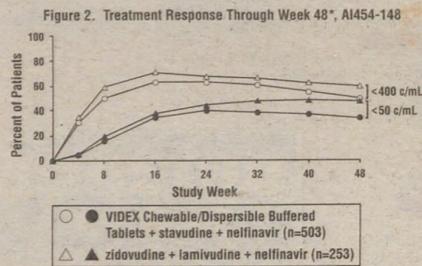
**Clinical Studies:** Once-daily dosing of didanosine produces a pharmacokinetic profile that is substantially different from that observed with twice-daily dosing of didanosine (see CLINICAL PHARMACOLOGY in full prescribing information). Further, VIDEX EC and the VIDEX (didanosine) buffered formulation produce substantially different pharmacokinetic profiles when dosed once daily. Therefore, controlled clinical trials were conducted with both formulations to evaluate the safety and efficacy of once-daily dosing of didanosine. There is no evaluable long-term clinical information that directly compares the efficacy of the two once-daily didanosine formulations. A small clinical study that was conducted to address this issue was not interpretable due to the small number of patients who completed the study.

**Once-Daily VIDEX EC Study:** Study A1454-152 is an ongoing, 48-week, randomized, open-label study comparing VIDEX EC (400 mg once daily) plus stavudine (40 mg twice daily) plus nelfinavir (750 mg three times daily) to zidovudine (200 mg twice daily) plus lamivudine (150 mg twice daily) combination tablets plus nelfinavir (750 mg three times daily) in 511 treatment-naive patients, with a mean CD4 cell count of 411 cells/mm<sup>3</sup> (range 39 to 1105 cells/mm<sup>3</sup>) and a mean plasma HIV-1 RNA of 4.71 log<sub>10</sub> copies/mL (range 2.8 to 5.9 log<sub>10</sub> copies/mL) at baseline. Patients were primarily males (72%) and Caucasian (53%) with a mean age of 35 years (range 18 to 73 years). The percentages of patients with HIV RNA <400 and <50 copies/mL and not meeting any criteria for treatment failure (eg, virologic failure, discontinuation for any reason, or AIDS-defining event) through 48 weeks are shown in Figure 1.



\* This analysis includes all randomized patients through Week 24 and after that point is restricted to patients whose randomization date allows for 36 or 48 weeks of follow-up. The number of patients at each point is indicated below the figure.

**Once-Daily VIDEX Buffered Tablet Study:** Study A1454-148 was a randomized, open-label, multicenter study comparing treatment with VIDEX Chewable/Dispersible Buffered Tablets (400 mg once daily) plus stavudine (40 mg twice daily) and nelfinavir (750 mg three times daily) versus zidovudine (200 mg twice daily) plus lamivudine (150 mg twice daily) and nelfinavir (750 mg three times daily) in 756 treatment-naive patients, with a mean CD4 cell count of 368 cells/mm<sup>3</sup> (range 80 to 1568 cells/mm<sup>3</sup>) and a mean plasma HIV-1 RNA of 4.69 log<sub>10</sub> copies/mL (range 2.6 to 5.9 log<sub>10</sub> copies/mL) at baseline. The percentages of patients with HIV RNA <400 and <50 copies/mL and not meeting any criteria for treatment failure through 48 weeks are shown in Figure 2.



\* Percent of patients at each time point who have HIV RNA <400 or <50 copies/mL, are on their original study medication (except stavudine-zidovudine switches), and have not experienced an AIDS-defining event. For the differences between treatment groups at 48 weeks, p<0.05 by Cochran-Mantel-Haenszel test.

### CONTRAINDICATION

VIDEX EC is contraindicated in patients with previously demonstrated clinically significant hypersensitivity to any component of the formulation.

### WARNINGS

#### 1. Pancreatitis

FATAL AND NONFATAL PANCREATITIS HAVE OCCURRED DURING THERAPY WITH DIDANOSINE USED ALONE OR IN COMBINATION REGIMENS IN BOTH TREATMENT-NAIVE AND TREATMENT-EXPERIENCED PATIENTS, REGARDLESS OF DEGREE OF IMMUNOSUPPRESSION. VIDEX EC SHOULD BE SUSPENDED IN PATIENTS WITH SIGNS OR SYMPTOMS OF PANCREATITIS AND DISCONTINUED IN PATIENTS WITH CONFIRMED PANCREATITIS. PATIENTS TREATED WITH VIDEX EC IN COMBINATION WITH STAVUDINE, WITH OR WITHOUT HYDROXYUREA, MAY BE AT INCREASED RISK FOR PANCREATITIS.

When treatment with life-sustaining drugs known to cause pancreatic toxicity is required, suspension of VIDEX EC therapy is recommended. In patients with risk factors for pancreatitis, VIDEX EC should be used with extreme caution and only if clearly indicated. Patients with advanced HIV infection, especially the elderly, are at increased risk of pancreatitis and should be followed closely. Patients with renal impairment may be at greater risk for pancreatitis if treated without dose adjustment.

The frequency of pancreatitis is dose related. In phase 3 studies with buffered formulations of didanosine, incidence ranged from 1% to 10% with doses higher than are currently recommended and 1% to 7% with recommended dose.

### R ONLY

#### 2. Lactic Acidosis/Severe Hepatomegaly with Steatosis

Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of nucleoside analogues alone or in combination, including didanosine and other antiretrovirals. A majority of these cases have been in women. Obesity and prolonged nucleoside exposure may be risk factors. Particular caution should be exercised when administering VIDEX EC (didanosine) to any patient with known risk factors for liver disease; however, cases have also been reported in patients with no known risk factors. Treatment with VIDEX EC should be suspended in any patient who develops clinical or laboratory findings suggestive of lactic acidosis or pronounced hepatotoxicity (which may include hepatomegaly and steatosis even in the absence of marked transaminase elevations).

#### 3. Retinal Changes and Optic Neuritis

Retinal changes and optic neuritis have been reported in patients taking didanosine. Periodic retinal examinations should be considered for patients receiving VIDEX EC. (See ADVERSE REACTIONS.)

### PRECAUTIONS

**Frequency of Dosing:** VIDEX EC should only be administered once daily. There are no data on the use of VIDEX EC dosed more frequently than once daily.

There are limited data to support the long-term durability of response with a once-daily dosing regimen of didanosine. Therefore, the preferred didanosine dosing regimen is twice daily with a VIDEX (didanosine) buffered formulation. Once-daily dosing with VIDEX EC should be considered only for adult patients whose management requires once-daily administration of didanosine or an alternative didanosine formulation (see Clinical Studies). Consult the prescribing information for VIDEX buffered formulations and Pediatric Powder for Oral Solution for information on twice-daily dosing.

VIDEX EC should be taken on an empty stomach.

**Peripheral Neuropathy:** Peripheral neuropathy, manifested by numbness, tingling, or pain in the hands or feet, has been reported in patients receiving didanosine therapy. Peripheral neuropathy has occurred more frequently in patients with advanced HIV disease, in patients with a history of neuropathy, or in patients being treated with neurotoxic drug therapy, including stavudine (see ADVERSE REACTIONS).

#### General:

**Patients with Renal Impairment:** Patients with renal impairment (creatinine clearance <60 mL/min) may be at greater risk of toxicity from didanosine due to decreased drug clearance (see CLINICAL PHARMACOLOGY in full prescribing information). A dose reduction is recommended in these patients (see DOSAGE AND ADMINISTRATION).

**Patients with Hepatic Impairment:** It is unknown if hepatic impairment significantly affects didanosine pharmacokinetics. Therefore, these patients should be monitored closely for evidence of didanosine toxicity.

**Hyperuricemia:** Didanosine has been associated with asymptomatic hyperuricemia; treatment suspension may be necessary if clinical measures aimed at reducing uric acid levels fail.

**Information for Patients (see Patient Information Leaflet in full prescribing information):** Patients should be informed that a serious toxicity of didanosine, used alone and in combination regimens, is pancreatitis, which may be fatal.

Patients should also be aware that peripheral neuropathy, manifested by numbness, tingling, or pain in hands or feet, may develop during therapy with VIDEX EC. Patients should be counseled that peripheral neuropathy occurs with greatest frequency in patients with advanced HIV disease or a history of peripheral neuropathy, and that dose modification and/or discontinuation of VIDEX EC may be required if toxicity develops.

Patients should be informed that when didanosine is used in combination with other agents with similar toxicities, the incidence of adverse events may be higher than when didanosine is used alone. These patients should be followed closely.

Patients should be cautioned about the use of medications or other substances, including alcohol, that may exacerbate VIDEX EC toxicities.

Patients should be informed that the preferred didanosine dosing regimen is twice daily with a VIDEX buffered formulation because there are limited data to support the long-term durability of response with a once-daily regimen.

VIDEX EC is not a cure for HIV infection, and patients may continue to develop HIV-associated illnesses, including opportunistic infection. Therefore, patients should remain under the care of a physician when using VIDEX EC. Patients should be advised that VIDEX EC 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 long-term effects of VIDEX EC are unknown at this time.

**Drug Interactions (see also CLINICAL PHARMACOLOGY: Drug Interactions in full prescribing information):**

Drug interactions that have been established based on drug interaction studies are listed with the pharmacokinetic results in CLINICAL PHARMACOLOGY: Drug Interactions (Tables 3-5) in full prescribing information. The clinical recommendations based on the results of these studies are listed in Table 1.

**Table 1**  
Established Drug Interactions Based on Studies with Buffered Formulations of Didanosine and Expected to Occur with VIDEX EC

**Coadministration Not Recommended Based on Drug Interaction Studies (see CLINICAL PHARMACOLOGY: Drug Interactions, in full prescribing information for Magnitude of Interaction)**

Drug	Effect	Clinical Comment
allopurinol	↑ didanosine concentration	Coadministration not recommended.

**Alteration in Dose or Regimen Recommended Based on Drug Interaction Studies (see CLINICAL PHARMACOLOGY: Drug Interactions, in full prescribing information for Magnitude of Interaction)**

Drug	Effect	Clinical Comment
ganciclovir	↑ didanosine concentration	Appropriate doses for this combination, with respect to efficacy and safety, have not been established.
methadone	↓ didanosine concentration	Appropriate doses for this combination, with respect to efficacy and safety, have not been established.

↑ indicates increase.  
↓ indicates decrease.

**Coadministration of VIDEX EC with drugs that are known to cause pancreatitis may increase the risk of this toxicity (see WARNINGS: Pancreatitis). Predicted drug interactions with VIDEX EC are listed in Table 2.**

**Table 2**  
Predicted Drug Interactions with VIDEX EC

**Use with Caution, Risk of Adverse Reactions May Be Increased**

Drug Class	Effect	Clinical Comment
Drugs that may cause pancreatic toxicity	↑ risk of pancreatitis	Use only with extreme caution. <sup>a</sup>
Neurotoxic drugs	↑ risk of neuropathy	Use with caution. <sup>b</sup>

<sup>a</sup> Indicates increase.

<sup>b</sup> Only if other drugs are not available and if clearly indicated. If treatment with life-sustaining drugs that cause pancreatic toxicity is required, suspension of VIDEX EC is recommended (see WARNINGS: Pancreatitis).

<sup>c</sup> See PRECAUTIONS: Peripheral Neuropathy.

**Carcinogenesis and Mutagenesis:** Lifetime carcinogenicity studies were conducted in mice and rats for 22 and 24 months, respectively. In the mouse study, initial doses of 120, 800, and 1200 mg/kg/day for each sex were lowered after 8 months to 120, 210, and 210 mg/kg/day for females and 120, 300, and 600 mg/kg/day for males. The two higher doses exceeded the maximally tolerated dose in females and the high dose exceeded the maximally tolerated dose in males. The low dose in females represented 0.68-fold maximum human exposure and the intermediate dose in males represented 1.7-fold maximum human exposure based on relative AUC comparisons. In the rat study, initial doses were 100, 250, and 1000 mg/kg/day, and the high dose was lowered to 500 mg/kg/day after 18 months. The upper dose in male and female rats represented 3-fold maximum human exposure.

Didanosine induced no significant increase in neoplastic lesions in mice or rats at maximally tolerated doses.

Didanosine was positive in the following genetic toxicology assays: 1) the *Escherichia coli* tester strain WP2 uvrA bacterial mutagenicity assay; 2) the L5178Y/TK+/- mouse lymphoma mammalian cell gene mutation assay; 3) the *in vitro* chromosomal aberrations assay in cultured

human peripheral lymphocytes; 4) the *in vitro* chromosomal aberrations assay in Chinese Hamster Lung cells; and 5) the BALB/c 3T3 *in vitro* transformation assay. No evidence of mutagenicity was observed in an Ames *Salmonella* bacterial mutagenicity assay or in rat and mouse *in vivo* micronucleus assays.

**Pregnancy, Reproduction and Fertility:** Pregnancy "Category B". Reproduction studies have been performed in rats and rabbits at doses up to 12 and 14.2 times the estimated human exposure (based upon plasma levels), respectively, and have revealed no evidence of impaired fertility or harm to the fetus due to didanosine. At approximately 12 times the estimated human exposure, didanosine was slightly toxic to female rats and their pups during mid and late lactation. These rats showed reduced food intake and body weight gains but the physical and functional development of the offspring was not impaired and there were no major changes in the F2 generation. A study in rats showed that didanosine and/or its metabolites are transferred to the fetus through the placenta. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

**Antiretroviral Pregnancy Registry:** To monitor maternal-fetal outcomes of pregnant women exposed to didanosine and other antiretroviral agents, an Antiretroviral Pregnancy Registry has been established. Physicians are encouraged to register patients by calling 1-800-258-4263.

**Nursing Mothers:** The Centers for Disease Control and Prevention recommend that HIV-infected mothers not breast-feed their infants to avoid risking postnatal transmission of HIV. A study in rats showed that following oral administration, didanosine and/or its metabolites were excreted into the milk of lactating rats. It is not known if didanosine is excreted in human milk. Because of both the potential for HIV transmission and the potential for serious adverse reactions in nursing infants, mothers should be instructed not to breast-feed if they are receiving VIDEX EC (didanosine).

**Pediatric Use:** The safety and efficacy of VIDEX EC in pediatric patients have not been established. Please consult the complete prescribing information for VIDEX (didanosine) buffered formulations and Pediatric Powder for Oral Solution for dosage and administration of didanosine to pediatric patients.

**Geriatric Use:** In an Expanded Access Program using a buffered formulation of didanosine for the treatment of advanced HIV infection, patients aged 65 years and older had a higher frequency of pancreatitis (10%) than younger patients (5%) (see WARNINGS). Clinical studies of didanosine, including those for VIDEX EC, did not include sufficient numbers of subjects aged 65 years and over to determine whether they respond differently than younger subjects. Didanosine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection. In addition, renal function should be monitored and dosage adjustments should be made accordingly (see DOSAGE AND ADMINISTRATION: Dose Adjustment).

### ADVERSE REACTIONS

A SERIOUS TOXICITY OF DIDANOSINE IS PANCREATITIS, WHICH MAY BE FATAL (see WARNINGS). OTHER IMPORTANT TOXICITIES INCLUDE LACTIC ACIDOSIS/SEVERE HEPATOMEGALY WITH STEATOSIS; RETINAL CHANGES AND OPTIC NEURITIS; AND PERIPHERAL NEUROPATHY (see WARNINGS and PRECAUTIONS).

When didanosine is used in combination with other agents with similar toxicities, the incidence of these toxicities may be higher than when didanosine is used alone. Thus, patients treated with VIDEX EC in combination with stavudine, with or without hydroxyurea, may be at increased risk for pancreatitis, which may be fatal, and hepatotoxicity (see WARNINGS). Patients treated with VIDEX EC in combination with stavudine may also be at increased risk for peripheral neuropathy (see PRECAUTIONS).

Studies of VIDEX EC and a buffered didanosine formulation yielded comparable safety profiles for both formulations. Selected clinical adverse events that occurred in clinical studies of didanosine dosed once daily in combination with other antiretroviral agents are provided in Table 3.

**Table 3**  
Selected Clinical Adverse Events from Combination Studies of Didanosine Dosed Once Daily

Adverse Events	Percent of Patients*			
	A1454-152 <sup>b</sup> VIDEX EC+ stavudine+ nelfinavir n=255	A1454-152 <sup>b</sup> zidovudine/ lamivudine+ nelfinavir n=250	A1454-148 <sup>c</sup> VIDEX Buffered Tablet+ stavudine+ nelfinavir n=482	A1454-148 <sup>c</sup> zidovudine+ lamivudine+ nelfinavir n=248
Diarrhea	54	56	70	60
Nausea	21	35	28	40
Headache	20	16	21	30
Peripheral Neurologic Symptoms/Neuropathy	20	8	26	6
Vomiting	13	18	12	14
Rash	10	10	13	16
Pancreatitis (see below)	<1	*	1	*

\* Percentages based on treated patients.

<sup>b</sup> Median duration of treatment 43 weeks in the VIDEX EC+stavudine+nelfinavir group and 39 weeks in the zidovudine/lamivudine+nelfinavir group.

<sup>c</sup> Median duration of treatment 48 weeks.

<sup>d</sup> Zidovudine/lamivudine combination tablet.

\* This event was not observed in this study arm.

In clinical trials using a buffered formulation of didanosine, pancreatitis resulting in death was observed in one patient who received didanosine plus stavudine plus nelfinavir, one patient who received didanosine plus stavudine plus indinavir, and 2 of 68 patients who received didanosine plus stavudine plus indinavir plus hydroxyurea. In an early access program, pancreatitis resulting in death was observed in one patient who received VIDEX EC plus stavudine plus hydroxyurea plus ritonavir plus indinavir plus efavirenz (see WARNINGS).

The frequency of pancreatitis is dose related. In phase 3 studies with buffered formulations of didanosine, incidence ranged from 1% to 10% with doses higher than are currently recommended and 1% to 7% with recommended dose.

Selected laboratory abnormalities that occurred in clinical studies of didanosine dosed once daily in combination with other antiretroviral agents are shown in Table 4.

**Table 4**  
Selected Laboratory Abnormalities from Combination Studies of Didanosine Dosed Once Daily

Parameter	Percent of Patients*							
	A1454-152 <sup>b</sup> VIDEX EC+ stavudine+ nelfinavir n=255		A1454-152 <sup>b</sup> zidovudine/ lamivudine+ nelfinavir n=250		A1454-148 <sup>c</sup> VIDEX Buffered Tablet+ stavudine+ nelfinavir n=482		A1454-148 <sup>c</sup> zidovudine+ lamivudine+ nelfinavir n=248	
	Grades 3-4 <sup>d</sup>	All Grades	Grades 3-4 <sup>d</sup>	All Grades	Grades 3-4 <sup>d</sup>	All Grades	Grades 3-4 <sup>d</sup>	All Grades
SGOT (AST)	4	40	4	17	3	42	2	23
SGPT (ALT)	4	39	4	20	3	37	3	24
Lipase	3	18	<1	8	7	17	2	11
Bilirubin	<1	7	<1	3	<1	7	<1	3

\* Percentages based on treated patients.

<sup>b</sup> Median duration of treatment 43 weeks in the VIDEX EC+stavudine+nelfinavir group and 39 weeks in the zidovudine/lamivudine+nelfinavir group.

<sup>c</sup> Median duration of treatment 48 weeks.

<sup>d</sup> Zidovudine/lamivudine combination tablet.

<sup>e</sup> 5 x ULN for SGOT and SGPT, ≥2.1 x ULN for lipase, and ≥2.6 x ULN for bilirubin (ULN = upper limit of normal.)

### Observed during Clinical Practice:

The following events have been identified during postapproval use of didanosine buffered formulations. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to their seriousness, frequency of reporting, causal connection to didanosine, or a combination of these factors.

**Body as a Whole:** abdominal pain, alopecia, anaphylactoid reaction, asthenia, chills/fever, and pain.

**Digestive Disorders:** anorexia, dyspepsia, and flatulence.

**Exocrine Gland Disorders:** pancreatitis (including fatal cases) (see WARNINGS), sialoadenitis, parotid gland enlargement, dry mouth, and dry eyes.

**Hematologic Disorders:** anemia, leukopenia, and thrombocytopenia.

**Liver:** lactic acidosis and hepatic steatosis (see WARNINGS); hepatitis and liver failure.

**Metabolic Disorders:** diabetes mellitus, elevated serum alkaline phosphatase level, elevated serum amylase level, elevated serum gamma-glutamyltransferase level, elevated serum uric acid level, hypoglycemia, and hyperglycemia.

**Musculoskeletal Disorders-** myalgia (with or without increases in creatine kinase), rhabdomyolysis including acute renal failure and hemodialysis, arthralgia, and myopathy.  
**Ophthalmologic Disorders-** Retinal depigmentation and optic neuritis (see **WARNINGS**).

**OVERDOSAGE**

There is no known antidote for didanosine overdose. In phase 1 studies, in which buffered formulations of didanosine were initially administered at doses ten times the currently recommended dose, toxicities included: pancreatitis, peripheral neuropathy, diarrhea, hyperuricemia, and hepatic dysfunction. Didanosine is not dialyzable by peritoneal dialysis, although there is some clearance by hemodialysis (see **CLINICAL PHARMACOLOGY, Pharmacokinetics** in full prescribing information.)

**DOSAGE AND ADMINISTRATION**

**Dosage:**

**Adults-** VIDEX EC (didanosine) should be administered on an empty stomach. VIDEX EC Delayed-Release Capsules should be swallowed intact.

The recommended daily dose is dependent on body weight and is administered as one capsule given on a once-daily schedule as outlined in Table 5.

Patient Weight	Dosage
≥60 kg	400 mg once daily
<60 kg	250 mg once daily

**Pediatric Patients-** VIDEX EC has not been studied in pediatric patients. Please consult the complete prescribing information for VIDEX (didanosine) buffered formulations and Pediatric Powder for Oral Solution for dosage and administration of didanosine to pediatric patients.

**Dose Adjustment:**

**Clinical and laboratory signs suggestive of pancreatitis should prompt dose suspension and careful evaluation of the possibility of pancreatitis. VIDEX EC use should be discontinued in patients with confirmed pancreatitis (see **WARNINGS**).**

Based on data with buffered didanosine formulations, patients with symptoms of peripheral neuropathy may tolerate a reduced dose of VIDEX EC after resolution of the symptoms of peripheral neuropathy upon drug interruption. If neuropathy recurs after resumption of VIDEX EC, permanent discontinuation of VIDEX EC should be considered.

**Renal Impairment-** Dosing recommendations for VIDEX EC and VIDEX buffered formulations are different for patients with renal impairment. Please consult the complete prescribing information on administration of VIDEX buffered formulations to patients with renal impairment.

In adult patients with impaired renal function, the dose of VIDEX EC should be adjusted to compensate for the slower rate of elimination. The recommended doses and dosing intervals of VIDEX EC in adult patients with renal insufficiency are presented in Table 6.

Creatinine Clearance (mL/min)	Dosage	
	≥60 kg	<60 kg
≥60	400 once daily	250 once daily
30-59	200 once daily	125 once daily
10-29	125 once daily	125 once daily
<10	125 once daily	<sup>b</sup>

<sup>a</sup> Based on studies using a buffered formulation of didanosine.  
<sup>b</sup> Not suitable for use in patients <60 kg with CL<sub>CR</sub> <10 mL/min. An alternate formulation of didanosine should be used.

**Patients Requiring Continuous Ambulatory Peritoneal Dialysis (CAPD) or Hemodialysis-** For patients requiring CAPD or hemodialysis, follow dosing recommendations for patients with creatinine clearance less than 10 mL/min, shown in Table 6. It is not necessary to administer a supplemental dose of didanosine following hemodialysis.

**Hepatic Impairment-** (See **WARNINGS** and **PRECAUTIONS**.)

**HOW SUPPLIED**

VIDEX EC (didanosine) Delayed-Release Capsules are white, opaque capsules that are packaged in bottles with child-resistant closures as described in Table 7.

<b>125 mg capsule imprinted with BMS 125 mg 6671 in Tan</b>	
NDC No. 0087-6671-17	30 capsules/bottle
NDC No. 0087-6671-12	60 capsules/bottle
<b>200 mg capsule imprinted with BMS 200 mg 6672 in Green</b>	
NDC No. 0087-6672-17	30 capsules/bottle
NDC No. 0087-6672-12	60 capsules/bottle
<b>250 mg capsule imprinted with BMS 250 mg 6673 in Blue</b>	
NDC No. 0087-6673-17	30 capsules/bottle
NDC No. 0087-6673-12	60 capsules/bottle
<b>400 mg capsule imprinted with BMS 400 mg 6674 in Red</b>	
NDC No. 0087-6674-17	30 capsules/bottle
NDC No. 0087-6674-12	60 capsules/bottle

The capsules should be stored in tightly closed containers at 25°C (77°F). Excursions between 15° and 30°C (59° and 86°F) are permitted [see USP Controlled Room Temperature].

**HANDLING AND DISPOSAL**

Disposal options include incineration, landfill, or sewer as dictated by specific circumstances and relevant national, state, and local regulations.

US Patent Nos. 4,861,759 and 5,616,566 (didanosine). Patent also Pending (didanosine capsules).



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## around the nation

### Army drops case 'don't ask' against gay reservist, lawmaker in AZ

PHOENIX (AP)—The U.S. Army dropped its case against an Arizona lawmaker who was kicked out of his reserve unit after he said in a legislative debate that he is gay. The decision will let state Rep. Steve May, a Phoenix Republican and a reserve lieutenant, finish his term of military service as planned on May 11. "Given my record of service, I should be allowed to complete my term, regardless of my sexual orientation," May said. A panel of three colonels recommended in September that May be honorably discharged for violating the military's "don't ask, don't tell" policy regarding gays in the military. The Army Reserve has argued that booting May was part of abiding by the Pentagon policy. Under the "don't ask, don't tell" rule, gays are admitted to the Armed Forces as long as they don't declare their sexual orientation. In turn, the military is barred from seeking such information about a service member. May's appeal of the panel's decision was rejected, but his lawyer, Christopher Wolf, said the military decided to drop the case on Saturday, making it the only case in which a branch of the military dropped a case involving "don't ask, don't tell," he added. An Army spokesman said the Army isn't admitting it was wrong. It was dropped because May agreed not to enlist again, the spokesperson said.

### NY court awards custody of son to gay father, surrogate mom to appeal

NEW YORK—A gay father won custody of his 3-year-old son after a bitter court battle with the child's surrogate mother, the New York Post reported. State Supreme Court Judge Marilyn Diamond found it to be in the child's best interest to remain with his father and ordered the mother to pay child support and awarded her visitation rights. In 1996, the mother agreed to bear the father's child. In a letter, she agreed the father and his partner would take the child home from the hospital, and adopt him after "a respectable period of time." The father agreed not to seek child support money from the mother "if I ever become rich and famous," while the mother agreed not to interfere with the child's upbringing, or demand visitation. The father agreed to pay \$30,000 to the mother to compensate her for bearing his child, but the court papers said the money was never paid. The terms of the letter were found not to be enforceable, since surrogate contracts are illegal in New York. The mother plans to appeal.

### Marines probe porn allegations involving CA base and gay Web site

LOS ANGELES—The Marine Corps is investigating whether active-duty Marines have posed for gay porn being sold on the Internet, the Los Angeles Times reported. The investigation began after pornographic pictures allegedly involving Marines were sent anonymously to a newspaper and to Commandant Gen. James Jones. The letter asserted that recruiting was going on at the Twentynine Palms Marine base. The Web site uses the Marine Corps name, logo, insignia, initials and colors, and alleges that the men pictured are all active-duty Marines and specifically mentions the Twentynine Palms base. It carries a disclaimer that the site is neither approved nor endorsed by the Marine Corps. Pornography involving adults is considered constitutionally protected free speech, but posing naked—one duty or off—is a criminal offense under the Uniform Code of Military Justice.



Marine Commandant Gen. James Jones is investigating Marine allegations that Marines at a California base posed for a gay porn Web site.

### Conservative ministry sues FL transit agency after it yanked ads

TAMPA—A Colorado Springs-based Christian ministry has filed a lawsuit against the Pinellas County transit authority, arguing that its free-speech rights were violated when it was barred from advertising a conference about homosexuality and youth, the Colorado Springs Gazette reported. Focus on the Family purchased 10 ads on Tampa-area bus shelters last February promoting its Love Won Out conference, which is about "preventing" homosexuality in youth. Eller Media, Co., a private firm that contracted with the Pinellas Suncoast Transit Authority, yanked the posters. Focus attorneys contend that violated its First Amendment right to free speech. "Government officials oftentimes have the mistaken view that the First Amendment allows them to censor anything they don't like," said Matthew Staver of the Orlando-based Liberty Council, which filed the suit. The lawsuit seeks to compel the transit authority to run ads for a similar conference set for November.

### MI police officer who disliked city's rainbow stickers cleared

TRAVERSE CITY, Mich. (AP)—A police officer did not violate department policy by complaining publicly about a city-issued bumper sticker that resembles gay rainbow pride stickers. David Leach, a 30-year veteran of the Traverse City Police Department, complained to media outlets earlier this month about the stickers, which were placed on all city vehicles late last year: "It is a sign of the homosexual and it's on my patrol car," Leach had said. The city's Human Rights Commission asked that the comments be investigated. A conservative legal advocacy group said it would file suit in federal court unless the probe was halted. Police Chief Ralph Soffredine later ruled that Leach was in civilian clothes and speaking as a private citizen when he criticized the stickers. "As far as I'm concerned, the case is closed," Soffredine said. The stickers were removed after complaints.

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—From staff and wire reports

# police beat

## Black lesbian becomes first woman executed in Oklahoma since 1907



Oklahoma State Corrections officers removed Wanda Jean Allen's body Jan. 11, after she was executed for killing her lesbian partner. She was the first woman executed since Oklahoma became a state in 1907.

McALESTER, Okla. (AP)—The first black woman executed in the U.S. in 47 years died Jan. 11 in an Oklahoma penitentiary. "Father, forgive them. They know not what they do," said Wanda Jean Allen, 41, just before a lethal dose of drugs was injected. Allen had killed twice—first, a childhood friend and later her lover, Gloria Leathers, whose murder brought the death penalty. In the days before her death, Allen served as the rallying point for death penalty foes, including Rev. Jesse Jackson, who argued that her IQ of 69 classified her as mentally retarded. Leathers' family members bitterly decried Jackson's last-minute campaigning on Allen's behalf. "We're the victims, not Wanda Jean," said Leathers' daughter, LaToya Leathers. "We are the victims and justice has been served." Last-minute appeals to stop the execution were rejected. A coalition of gay civil rights groups had lobbied for a stay in the execution.

## Nephew charged in MI killing over cash for sex change, police say

TROY, Mich.—Police believe a 74-year-old man who died in his home last August was killed by a nephew who needed inheritance money to pay for a sex change operation, the Detroit News reported. Harry V. Titlow, 33, was arrested in Chicago and is expected to be returned to face murder charges. Police said his uncle, Donald Rogers, had heart trouble and was initially believed to have died of natural causes. "Shortly after the death, we received information that there might be more to the death, that it might not have been from natural causes at all and possibly involved a homicide," said Lt. Steve Zavislak. Police say Titlow, who received \$100,000 after Rogers's death, forced a large amount of alcohol down Rogers's throat and then suffocated him. Titlow, who goes by the name Vonlee Nicole Titlow, has been arrested twice on prostitution charges, police said.

## NV cop won't face sex charges in gay relationship with teen

LAS VEGAS (AP)—A 43-year-old Las Vegas police detective who had a consensual relationship with a 16-year-old boy will not be prosecuted under the state's "crimes against nature" statute. Vinten Hartung and the unidentified teen met in an Internet chat room and began an intimate relationship. During the five-month romance, the boy also joined a youth baseball team Hartung coached. Nevada law establishes the age of consent at 16, but its "crimes against nature" law criminalizes soliciting sodomy from anyone under 18. Prosecutors say they won't charge Hartung under that law because it would be unconstitutional, since the same relationship with a 16-year-old girl would be legal. "In your gut, a 43-year-old man and a high school kid being involved, you say, 'This stinks,'" said Clark County District Attorney Stewart Bell. "But it's not against the law." Hartung, on leave from the police since November, remains the focus of an internal investigation and also faces a stalking charge, filed by the teen's father.

## Openly gay London police officers harassed, possibly from within

LONDON—Detectives are gathering evidence at a London police station where openly gay officers have received hate mail as part of a three-year campaign of harassment, the London Evening Standard reported. Since 1997, openly gay officers at the West End Central station have experienced criminal damage to cars, hate mail, graffiti and noxious substances being mailed to their homes. The most recent event, which seems to be in response to internal complaints about whether their department has different standards in investigating hate crimes against citizens and hate crimes against department members, resulted in eight officers receiving letters containing the word "faggot," and telling them to leave the station and the police force. The letters also contained printouts of a pseudo medical text on how to be "cured" of homosexuality. Last August, a police constable specializing in investigating hate crimes was suspended over alleged homophobic abuse of a colleague. The station has 12 openly gay officers, the most of any in the country.

## Calif. man on trial for allegedly choking to death trans woman

SAN JOSE—The trial of a California man accused of killing a transsexual when she wouldn't acknowledge her true gender after sex is going forward in Santa Clara County, the San Jose Mercury News reported. Kozi Scott said he met Manuel Reyes Eredia, 19—who was known to family and friends as Alina Marie Barragan—at a bus stop. Scott, who weighs 170 pounds and who police allege say is a closeted bisexual, allegedly became enraged and used a wrestling choke hold on the 260-pound Barragan after she refused to admit her gender. "She was pretty strong. By now, it was my opinion she was a man," Scott recalled on the witness stand. "I never thought she could die from a 'sleeper hold.'" Police said Scott eventually stuffed the victim's blanket-wrapped corpse into the trunk of his father's car, which police found parked near the defendant's home. The trial could result in a 15-year-to-life term in prison for Scott.

—From staff and wire reports

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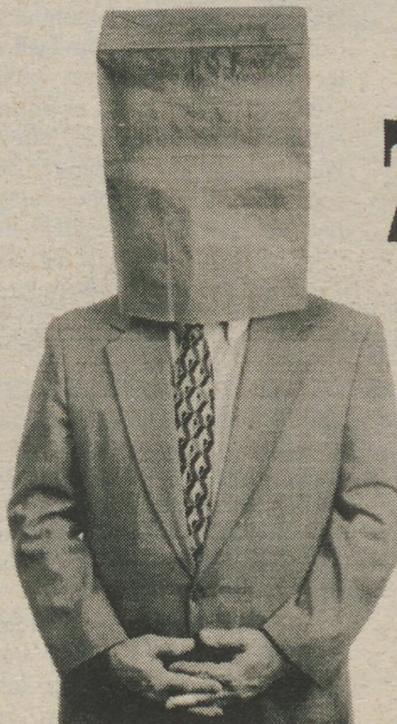
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# houston voice

## STAFF

### General Manager

Mike Fleming  
mike@houstonvoice.com

### Editor

Wendy K. Mohon  
editor@houstonvoice.com

### Production

Senior Graphic Designer-Natasha Marquez  
Graphic Designer-Deborah Duplant

### Contributors

Rich Arenschildt, Kay Y. Dayus,  
Trayce Diskin, Earl Dittman, D.L. Groover,  
Robert B. Henderson, Kathreen Lee,  
Maria E. Minicucci, D.L. Murphy,  
Gip Plaster, Ella Tyler

### Photographers

Dalton DeHart, Terry Sullivan

### Advertising Sales

Tom Robbins  
Kyle Cooke-Classified & Directory

### Administration & Sales Support

Carolyn A. Roberts

### National Advertising Representative

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President- William Waybourn

Editorial Director- Chris Crain

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## EDITORIAL

# In a changing Washington, keep eyes on the prize

by CHRIS CRAIN

President-elect George W. Bush made history this week, publicly promising in the midst of his transition to power that he would not discriminate on the basis of sexual orientation in selecting even the top officials in his White House.

Like no Republican before him at this level of national politics, Bush insisted that he would not ask, and did not care, whether the most important public officials in the federal government were gay or lesbian.

But Bush went one better than a White House version of "Don't Ask, Don't Tell." Pressed about whether he would still appoint an applicant who had previously been open about being gay or lesbian, the president-elect insisted the information would make no difference.

"The analysis would be based upon whether or not the person could do the job and whether we share a philosophy that would be relevant to the job that they were seeking," he told the *New York Times*, which deserves commendation for asking the question.

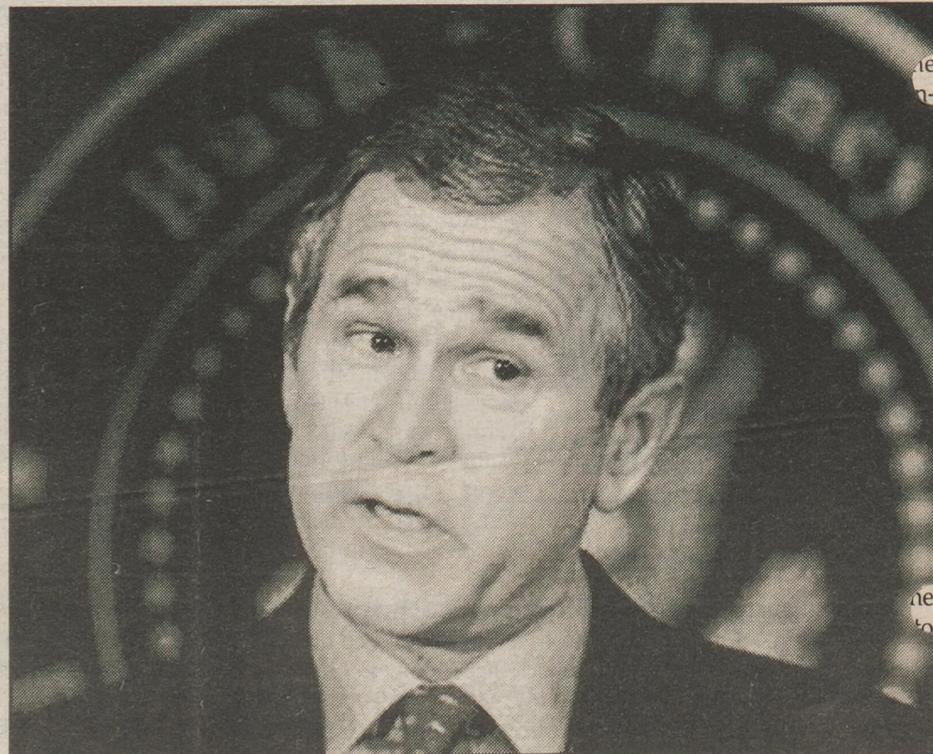
Bush has a poor record on public policy issues important to gays—from employment protection to hate crimes—but there's tremendous symbolic importance in an affirmation from a conservative Republican that being gay should not matter in the workplace, even the world's most important workplace.

If the remark had come from President-elect Al Gore, the fax machines of the nation's top gay rights groups would have feverishly spread the word, sparing no praise for his commitment to a level playing field for all, without regard to sexual orientation.

In this case, silence of the fax machines was deafening. The nation's two most prominent gay political groups, the Human Rights Campaign and the National Gay & Lesbian Task Force, let the historic moment pass without comment. The NGLTF has even devoted an entire section of its Web site to a "W Watch," but made no mention of the Bush commitment and in fact offered nothing favorable about the president-elect.

HRC just extended the contract of Executive Director Elizabeth Birch for two more years, though she earlier expressed reservation about whether her very public support for Gore would limit her effectiveness in a government run completely by Republicans. In that context, a public statement from Birch praising Bush's public promise would have helped considerably, and her silence further confirms suspicions that the GOP's good deeds will go unrewarded.

Instead, both organizations were devoting all their energy to building opposition to Bush's choice for attorney general, former Missouri Sen. John Ashcroft. HRC and NGLTF have joined a broad coalition challenging the nomina-



tion, decrying the selection of a man vehemently opposed to the very civil rights laws he will be called upon to enforce.

Of course, there are currently no civil rights laws that protect gay men and lesbians, though federal law on sexual harassment has been used to challenge anti-gay workplace discrimination and the Americans with Disability Act covers people with HIV and AIDS.

But HRC and NGLTF are making a bigger point: Ashcroft has a solid history of embracing the influence of church morality in the laws of the state. His extremist statements on the subject, and his penchant for anointing himself with oil (even Crisco in a pinch) before taking public office would be funny if they weren't so scary.

It is Ashcroft's willingness to legislate morality that informs his ardent opposition to abortion rights and even basic gay civil rights.

In fact, he opposes employment protection for gays because he believes employers ought to discriminate against those who are openly gay, a position at odds with that taken by his would-be boss. He fought the appointment of James Hormel as the openly gay ambassador to Luxembourg on exactly those grounds.

Ashcroft has acknowledged that gays performed well in his administration as Missouri's governor, but in the same breath he lamented that all of them had since passed away from AIDS, victims of their own perversity.

That sort of throwback extremism seriously poisons Bush's effort to unite the country after a divisive presidential election, and sends the absolute wrong signal about whether he understands the issues important to the popular majority that voted against him.

With every reason to join in the chorus of opposition, our top national organizations were right to fight the good fight

against Ashcroft, even as they missed the chance to praise the president-elect when he deserved their support.

On the other side of the looking glass, the Log Cabin Republicans are jerking their knees with equal vigor, albeit in the other direction.

LCR has refused to take a stand on the Ashcroft nomination, and is even being stingy about the reasons for doing so, insisting vaguely in an interview with this newspaper that "every organization has its role to play in the next administration."

If LCR intends for its role in the Bush White House to be anything other than a lap dog, it would be well served to at least speak out when an arch-enemy of its constituency is being named to the nation's top civil rights post.

The good folks at Log Cabin could learn a lesson from another GOP special-interest group, Republicans for Environmental Protection. By announcing its opposition to the appointment of Gale Norton as Interior Secretary, REP drew attention from the media and the public far out of proportion to the group's actual size or influence. In so doing, the organization's agenda got a hearing it would otherwise have missed.

That is the opportunity missed by Log Cabin Republicans, who could have sent a strong signal that Bush's compassion for conservatism must move beyond rhetoric and into action.

The message here for all these gay activists is one that Martin Luther King Jr. made famous almost a half-century ago: "Keep your eyes on the prize."

In the messy Washington world of pragmatic politics, coalition building and favor currying, the big picture gets lost all too easily. With our civil rights at stake, our movement's national leaders must stick to first principles, even when it might not seem politically expedient to do so.



# Study: Violence is perpetrated primarily by men

➤ Continued from Page 1

"Most stay because of fear."

In fact, the most dangerous time for abused women is when they try to leave the relationship. Abuse is about control and if the abuser feels she is losing control of the situation, she becomes more abusive. So most women stay and the violence continues.

In heterosexual relationships, women beaten by men often don't call the police because they fear retribution or they have insufficient resources to make it on their own. And many husbands beaten by their wives are simply too embarrassed to seek help.

These problems and many others plague lesbian and gay victims of domestic violence. Lesbians and gays are often loath to disclose their situation because of the fear of being outed to family or coworkers, or of being ignored or laughed at by the police.

Lynn, not her real name, finally went to the police, but not for the five years of abuse by her partner. She went because she was raped. "I was raped by a man. It was a staged rape. She organized the whole thing," Lynn says. But she didn't find that out until much later.

Lynn was going into work early and no one but her partner knew. "She had to have made a phone call," Lynn says, "because he was waiting for me."

"When the police came, I was bruised and abused. My partner was livid. I didn't know then that she did it. She told the police I stayed out late all the time and had male friends. It

was total bullshit, but I agreed with her. I was scared," Lynn says. She stayed quiet and stayed in the relationship for another five years.

Domestic violence in the lesbian, gay and bisexual community is not often discussed, nor do they always know where to go for help.

"But," says Ostrander "Domestic violence in the GLBT community occurs at about the same percentage as in heterosexual relationships."

## Men more violent?

Groups working with gay domestic violence victims frequently say that the problem occurs about as often in homosexual relationships as heterosexual ones—about 25 to 33 percent of couples—and that male and female relationships are affected at approximately equal rates.

The problem with those statistics, other researchers contend, is they have been drawn from only a few, small non-random samples. But a much larger recent study published by the Centers for Disease Control and the National Institute of Justice found straight women and gay men to be at higher risk—the common denominator being the men who batter them.

The survey, released in July, did not ask people to identify their sexual orientation, but did track those who lived with male or female "intimate partners."

Higher reports of violence by women liv-

ing with men and men living with men "suggest that intimate partner violence is perpetrated primarily by men, whether against male or female partners," concluded the same-sex violence portion of the study, authored by Patricia Tjaden and Nancy Thoennes.

The data was culled from the National Violence Against Women Survey, which conducted telephone surveys with 8,000 randomly selected men and 8,000 randomly selected women around the county.

About 0.8 percent of male participants and 1 percent of women reported living with a same-sex intimate partner at some point in their lives.

Tjaden, a Ph.D and senior researcher with the Center for Policy Research, told *Houston Voice* that at first glance, the survey seemed to show significantly higher rates of domestic violence for those in same-sex relationships,

especially the women living with women, called "proxy" lesbians.

Of female same-sex cohabitants, an astonishing 39.2 percent reported intimate partner violence—compared to only 21.7 of presumably straight women.

But examining the data further, Tjaden said she found that 30.4 percent of the same-sex cohabiting women experienced violence at the hands of a male partner, while only 11.4 percent reported violence from a female partner.

Besides illustrating the fluid nature of sexuality—as the women reported relationships with both men and women—the numbers, taken along with numbers for "proxy" gay male victims, show those in relationships with men to be at almost double the risk of violence, Tjaden said.

Laura Brown contributed to this story.

## RESOURCES

### National Coalition of Anti-Violence Programs

c/o NYC Gay & Lesbian Anti-Violence Project  
240 West 35th St., Suite 200  
New York, NY 10001  
212-714-1184

### Houston Women's Center

General 24-hour crisis line: 713.528.2121  
• Staff trained to deal with gay issues  
404-688-9436

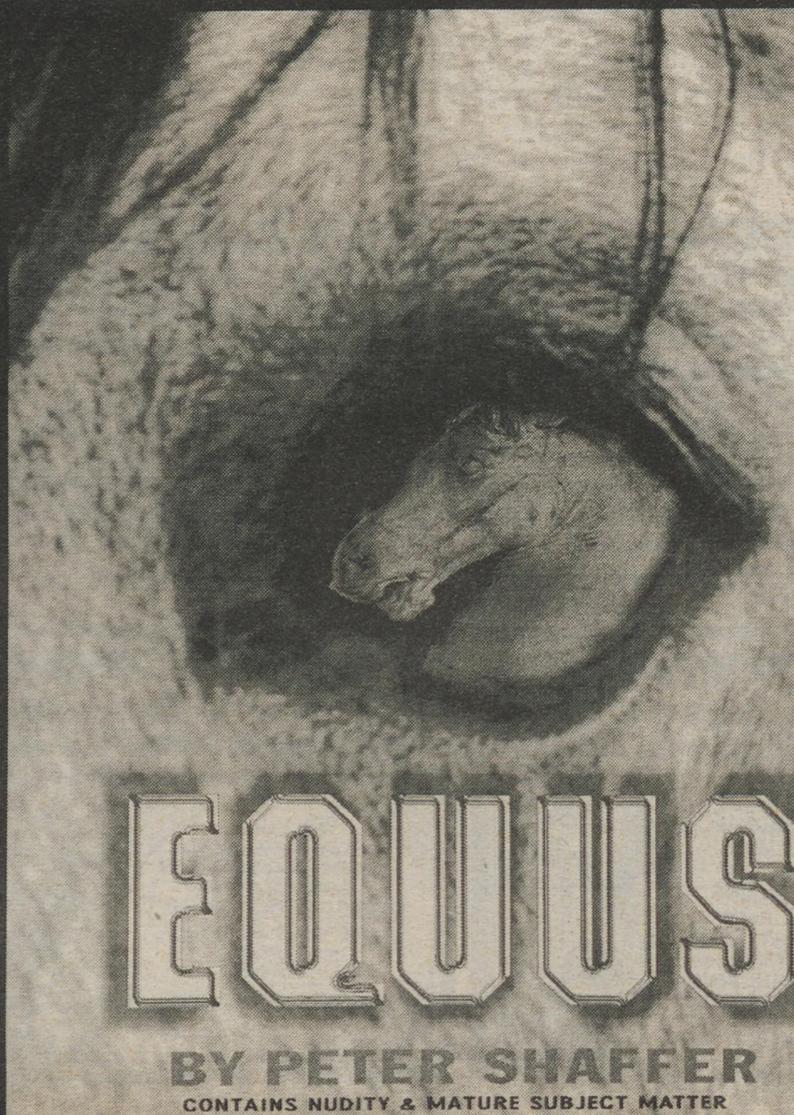
### Bering Methodist Church

713.526.1017

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# PFLAG, other groups protest Ashcroft nomination

➤ Continued from Page 1

philosophy that would be relevant to the job that they were seeking," Bush said.

He made clear that being gay also made it no more likely an applicant would get a job in his administration.



John Ashcroft

"I believe that someone's sexual orientation is their private business," he told the *Times*. "I mean, I view someone's private lifestyle as exactly that, private. So I don't—I try to judge a person based upon their heart and soul and conscience and talent, when it comes to picking people to fill an administration. ...

"I don't really have a category on, you know, in my own mind about, 'Oh now, please explain to me your sexual orientation. Let's talk about your sex life.' I'm not interested in that," he said.

Bush's public promise not to discriminate against gays marks the first time a Republican chief executive has taken such a stand, but gay rights groups focused more this week on Senate confirmation hearings for Missouri Sen. John Ashcroft.

A broad coalition of progressive groups and civil rights groups has criticized Bush's attorney general nominee as homophobic, sexist, racist and anti-environment.

The National Gay & Lesbian Task Force, Human Rights Campaign and Parents, Families & Friends of Lesbians & Gays are three of many groups raising concerns about what they say is Ashcroft's intolerance of gays and other minorities.

"He has spoken out and voted against basic civil rights for gay, lesbian and transgendered people, and these are the basic civil rights that he would be responsible to

protect as attorney general," Arnold Drake, PFLAG president, said in a statement.

As Missouri's governor, Ashcroft opposed extending hate-crimes protection to include sexual orientation, gay rights groups said.

As that state's senator, he voted to cut off funding for local gay community centers that provide care to men, women and children with HIV/AIDS.

Ashcroft attracted more controversy when the text was released last weekend of a speech he made at Bob Jones University, which expels gay students and until recently prohibited interracial dating.

During his commencement address nearly two years ago to the graduating class at the school in Greenville, S.C., he implied that the United States is an exclusively "Christian Nation."

"When you have no king but Jesus, you release the eternal, you release the highest and the best, you release virtue, you release potential," Ashcroft told the graduates.

Women's groups have joined in opposition to Ashcroft's nomination, citing his staunch opposition to a woman's right to abortion, and several Democrats raised questions about the issue during the first day of Ashcroft's confirmation hearings.

"This is a man who had dedicated his career to eliminating a woman's right to choose. How do you just turn it off?" asked

Sen. Charles Schumer (D-N.Y.).

Ashcroft told the Senate Judiciary Committee he would have no problem upholding all the nation's civil rights laws regardless of his "personal preferences."

"I well understand that the role of attorney general is to enforce the law as it is, not as I would have it," he told the panel.

## LCR mum on Ashcroft

One organization that has not been very vocal about Ashcroft's nomination is the Log Cabin Republicans, the gay GOP group. In fact, a national spokesman said Log Cabin is not yet taking a definitive stance on the nomination.

Kevin Ivers, Log Cabin director of public affairs, says the group is focusing on the future of the Bush Administration not the current controversy.

"We had other people in mind [for the position]," said Ivers. "But every organization has its role to play in the next administration."

Log Cabin intends to work behind the scenes and act as a channel for gay people into the Justice Department, Ivers said, giving input on policies affecting minorities.

"Hopefully the president will see this as an opportunity to reach out to minority groups after this process is over because we know the president wants to heal the nation," Ivers said.

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# AssistHers' current president was once a client

> Continued from Page 2

Williams says, many wait too long, leading to "increased morbidity and mortality."

In order to break down the barriers, an education committee was created, staffed by lesbian members from the medical, sociology and psychology fields.

The committee took the message straight to Houston's doctors by sending out letters about lesbian health issues to more than 450 area obstetricians and gynecologists.

"The letters were intended to heighten sensitivity and awareness," said Williams. "And we got some great responses."

They were so encouraged by the responses that second, third and fourth rounds of letters were sent out to general practitioners, internal medicine doctors and psychologists and psychiatrists.

The letters gained validity and clout because they were signed by the MDs, psychologists and psychiatrists on the board, said Williams.

The founding mothers, as they call themselves, had a vision that was great and they dreamed no little dreams. They even dreamed of a home for aging lesbians—a dream they don't discount today. They feel that anything's possible.

But AssistHers has not lost sight of its main reason for being—their clients. Today, there are 27 care teams with names like The Angels, Bosom Buddies, Dragon Ladies,

Sensational Sisters and Urban Angels. A quick response team waits on the sidelines to provide care to new clients with emergency health problems.

These teams of six or so volunteers each serve one client with a short- or long-term illness. Volunteers perform a number of tasks from shopping, cleaning, bringing meals and walking dogs, to doing laundry or just sitting and talking with the client.

One client said, "They were my eyes and ears to the outside world. Of all the many, many things they did for me, the additional few minutes they would take just to visit with me is the one I appreciate the most."

Another said, "With my volunteers, I am not the sum total of my disability, but all the things I like about myself that I see through their eyes. How can you know what it means for me to pick up the phone and hear a voice that does not judge, but only asks what they can do?"

Yet another said, "I set great store by my volunteers. They help me keep my hope alive and my humanity intact by balancing my need for privacy with my very real need for help—a very delicate process to be sure."

At the AssistHers monthly meetings, volunteers split into "circles" led by an experienced facilitator and then discuss working with clients. A lot of emotion can be produced in these circles—emotion that



Former presidents and 'founding mothers' of AssistHers, Tori Williams, far left, and Renee Tappe, center, pose with current president and former AssistHers client Janet Langham.

we signed a contract with the Montrose Counseling Center to provide counseling services to our clients when needed," said Turell.

Current AssistHers president, Janet Langham, wrapped up the program by saying how much the group means to her and how much she is looking forward to the continuing growth of AssistHers.

"I came to AssistHers as a client, so this association is really close to my heart," said Langham.

And, says Sandy Clough, vice-president for community relations, AssistHers is always looking for volunteers. Referring to the AssistHers information and recruiting booths at festivals and other events, Clough said, "You're never safe. We'll recruit you anywhere. In the street, in a chair, anywhere."

Is Williams surprised by the success of the lesbian organization?

"Not really," she said. "I knew the depth of the lesbian community."

is sometimes happiness or sometimes relating to problems in their dealings with the clients. But volunteers agree that the circles are a great way to discuss the issues.

Recently, two important new services were added to the rapidly growing list, said Susan Turell, vice-president for client services.

"To help with transportation problems, we now have taxi vouchers for clients and

INFO

#### AssistHers

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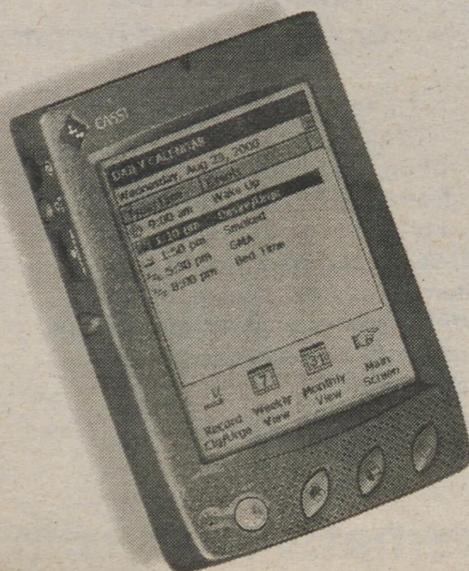
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# New AIDS Action director lauded by Houston leaders

> Continued from Page 2

works best with which population."

The reason that the number of deaths from AIDS has declined is that people are living longer with the new drugs, French said, noting "we still have 40,000 new infections a year."

French had been the agency's acting director for the past year. Malone said that she was finally named executive director "because the Southern states rebelled. All of us in the South—New Mexico, Atlanta, Houston and the rest, united and demanded that she be named."

She had done "great things" during her tenure at AIDS Action, Malone said. According to Malone, French had worked on passage of the Ryan White CARE Act reauthorization, and while she has been there the group has achieved record financial stability, seen a growth in the diversity and size of its governing boards, purchased a national headquarters and recruited some of Washington's best policy and political leaders as staff, board members and supporters Malone said.

"Never before has an AIDS Action executive director been backed by such a spectacular track record," said John Michael Gonzalez.

"We have a lot of strength in our Southern organizations, and they have learned how to work together," French said.

The Houstonians love French and the

feeling is mutual.

"I love Houston and our Houston members. They are the best organized voice to reckoned with at the table."

French began working for AIDS Action in January of 1996 as its development director. She had been development director for Goodwill Industries in Baltimore and spent 14 years working in development and public relations for the Girl Scouts Chesapeake Bay Council.

"I learned a lot from the Girl Scouts. It really has a top management training program for staff and volunteers. I learned a lot about working with grass roots volunteers, and I see a lot of parallels in what I'm doing now," French said.

"One of the things I learned is the difference between how you set and reach goals when you have a volunteer base instead of a paid staff," she added.

French joined the fight against AIDS to honor her brother David who died of the disease in 1988.

"He lived in San Francisco, and it was the most life-altering experience I've ever had. I developed a passion, even then, for someday doing something professionally with either AIDS or the gay and lesbian movement," French said.

French, a lesbian, lives in Washington, D.C. She came from Jacksonville, Fla. and is 50.

# Inauguration day protest planned

## Local gay, political groups to demonstrate downtown Saturday

by WENDY K. MOHON

Organizers expect up to 200 people to participate in a downtown demonstration Saturday to protest George W. Bush's inauguration as president.

Members of Voter March, the Houston chapter of Jesse Jackson's Rainbow PUSH Coalition and the Equality Rally plan to meet at 11 a.m. Saturday at the Mickey Leeland Federal Building, 1919 Smith Street, in downtown Houston. The groups say they will "protest election irregularities and the disenfranchisement of many voters in the recent presidential election."

Similar protests are planned in Washington D.C. during the inaugural ceremony on Saturday.

"We're going to be there to make a statement that we don't like what happened in Florida and feel that it represented a selection of a president, not an election," Dan DiDonato of the Equality Rally, said.

The Equality Rally has participated in protests of Laura Schlessinger's talk show

on Houston radio and television stations and against the employment policies of Exxon Mobil Corp.

Organizers of the Saturday protest also expect representatives from the NAACP's state and local chapters, the AFL-CIO, the Harris County Democratic Party, LULAC/MALDEF and the Shrine of the Black Madonna. The groups also have invited representatives from the offices of several elected officials including U.S. Rep. Sheila Jackson Lee and State Rep. Debra Danburg.

"People from each group will get up and make a statement," DiDonato said.

Tables will be set up for groups to offer literature and a voters registration area and refreshments will be provided.

### Houston Fair Vote Inauguration Day Protest

[www.hal-pc.org/~edi/j20.html](http://www.hal-pc.org/~edi/j20.html)

### Houston Fair Voting

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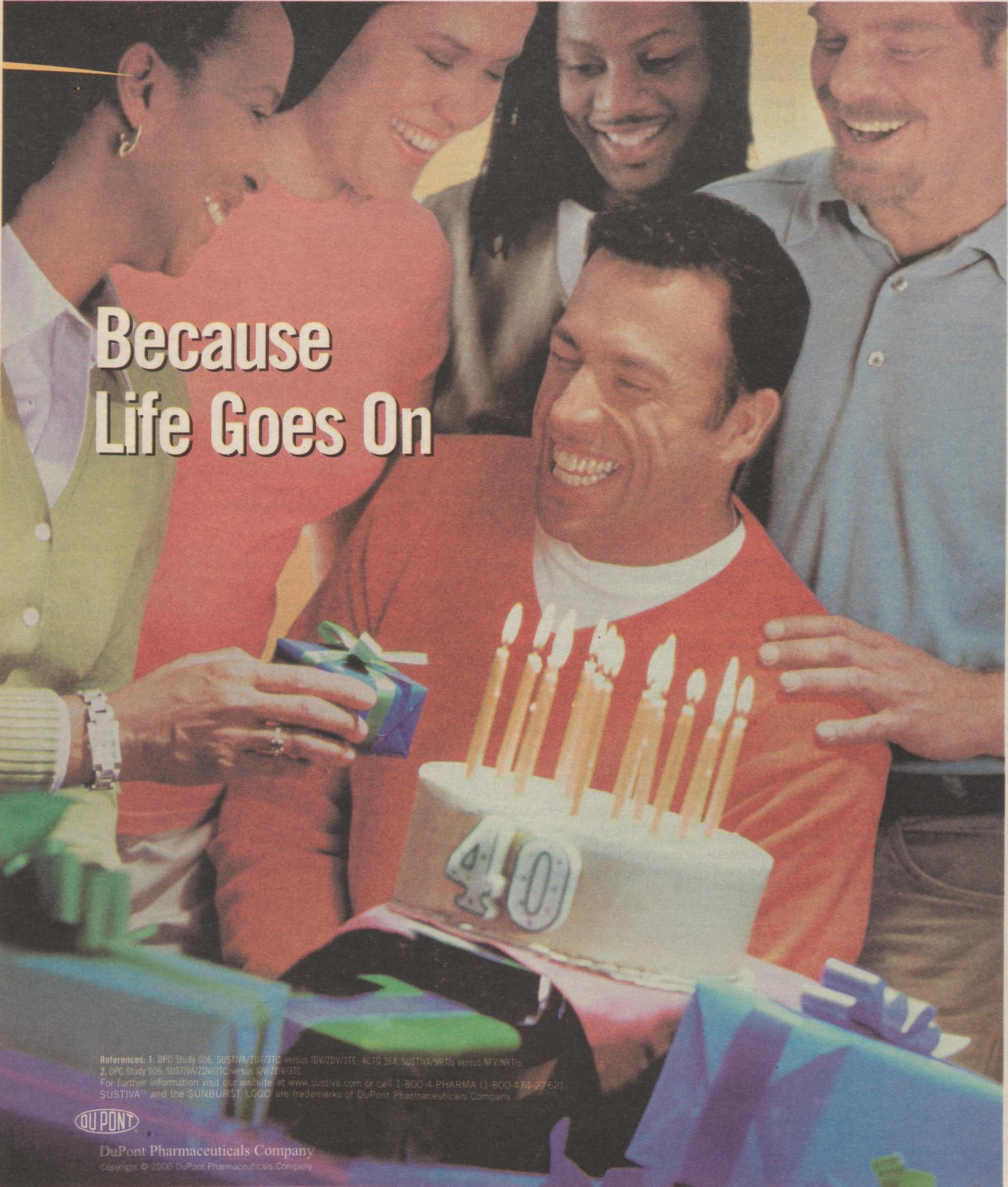
SUSTIVA is generally well tolerated, with no long-term toxicities observed.

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Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams a few hours after starting SUSTIVA. They tend to go away after you have taken the medicine for a few weeks. A small number of patients have had severe depression, strange thoughts, or angry behavior. If you have these symptoms, you should contact your doctor immediately to discuss your therapy. There have been a few reports of suicide, but SUSTIVA has not been established as the cause. Mild to moderate rash is a common side effect of SUSTIVA. Women should not become pregnant while taking SUSTIVA because birth defects have been seen in animals given SUSTIVA. SUSTIVA should not be taken by patients who are also taking any of the following: Hismanal® (astemizole), Propulsid® (cisapride), Versed® (midazolam), Halcion® (triazolam), or ergot derivatives as there is the potential for serious and/or life-threatening side effects.\* See Patient Information about SUSTIVA on the following pages.

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References: 1. DPC Study 006, SUSTIVA/ZDV/3TC versus IDV/ZDV/3TC; ACTB 364, SUSTIVA/NRTIs versus NFV/NRTIs.  
2. DPC Study 006, SUSTIVA/ZDV/3TC versus IDV/ZDV/3TC.  
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**What is SUSTIVA?**

SUSTIVA is a medicine used to help treat HIV, the virus that causes AIDS (acquired immune deficiency syndrome). SUSTIVA is a type of HIV drug called a "non-nucleoside reverse transcriptase inhibitor" (NNRTI).

**How does SUSTIVA work?**

SUSTIVA works by lowering the amount of HIV in the blood (called "viral load"). SUSTIVA must be taken with other anti-HIV medicines. When taken with other anti-HIV medicines, SUSTIVA has been shown to reduce viral load and increase the number of CD4 cells (a type of immune cell in blood). SUSTIVA may not have these effects in every patient.

**Does SUSTIVA cure HIV or AIDS?**

SUSTIVA is not a cure for HIV or AIDS. People taking SUSTIVA may still develop other infections associated with HIV. Because of this, it is very important that you remain under the care of your doctor.

**Does SUSTIVA reduce the risk of passing HIV to others?**

SUSTIVA has not been shown to reduce the risk of passing HIV to others. Continue to practice safe sex, and do not use or share dirty needles.

**How should I take SUSTIVA?**

- The dose of SUSTIVA for adults is 600 mg (three 200 mg capsules, taken together) once a day by mouth. The dose of SUSTIVA for children may be lower (see **Can children take SUSTIVA?**).
- Take SUSTIVA at the same time each day. You should take SUSTIVA at bedtime during the first few weeks or if you have side effects, such as dizziness or trouble concentrating (see **What are the possible side effects of SUSTIVA?**).
- Swallow SUSTIVA with water, juice, milk, or soda. You may take SUSTIVA with or without meals; however, SUSTIVA should not be taken with a high fat meal.
- Do not miss a dose of SUSTIVA. If you forget to take SUSTIVA, take the missed dose right away. If you do miss a dose, do not double the next dose. Carry on with your regular dosing schedule. If you need help in planning the best times to take your medicine, ask your doctor or pharmacist.
- Take the exact amount of SUSTIVA your doctor prescribes. Never change the dose on your own. Do not stop this medicine unless your doctor tells you to stop.
- When your SUSTIVA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to SUSTIVA and become harder to treat.

**Can children take SUSTIVA?**

Yes, children who are able to swallow capsules can take SUSTIVA. Rash may be a serious problem in some children. Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA. The dose of SUSTIVA for children may be lower than the dose for adults. Capsules containing lower doses of SUSTIVA are available. Your child's doctor will determine the right dose based on your child's weight.

**Who should not take SUSTIVA?**

Do not take SUSTIVA if you are allergic to SUSTIVA or any of its ingredients.

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

Talk to your doctor right away if you:

- Are pregnant or want to become pregnant
- Are breast-feeding
- Have problems with your liver, or have had Hepatitis
- Start or change any medicine
- Have side effects while taking SUSTIVA
- Have a history of mental illness, substance or alcohol abuse

**What are the possible side effects of SUSTIVA?**

A small number of patients have had severe depression, strange thoughts, or angry behavior. Some patients have had thoughts of suicide and a few patients have actually committed suicide. These problems tend to occur more often in patients with a history of mental illness. You should contact your doctor immediately if you think you are having these symptoms, so your doctor can decide whether you should continue to take SUSTIVA.

Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams a few hours after starting treatment with SUSTIVA. These feelings may be less noticeable if you take SUSTIVA at bedtime. They also tend to go away after you've taken the medicine for a few weeks. If you have these side effects, such as dizziness, it does not mean that you will also have severe depression, strange thoughts or angry behavior. Tell your doctor promptly if any of these side effects continue or if they bother you. There is the possibility that these symptoms may be more severe if SUSTIVA is used with alcohol or mood altering (street) drugs. You should avoid driving or operating machinery if you are having these side effects.

One of the most common side effects is rash. These rashes usually go away without any change in treatment. In a small number of patients, rash may be serious. If you develop a rash, call your doctor promptly.

Other common side effects include tiredness, upset stomach, vomiting, and diarrhea. However, this is not a complete list of side effects reported with SUSTIVA when taken with other anti-HIV drugs. Do not rely on this leaflet alone for information about side effects. Your doctor can discuss a more complete list of side effects with you.

Please contact your doctor immediately before stopping SUSTIVA because of side effects. Tell your doctor or other healthcare provider if you notice any side effects while taking SUSTIVA.

**What about birth control, pregnancy, or breast-feeding?**

Women should not become pregnant while taking SUSTIVA. Birth defects have been seen in animals treated with SUSTIVA. It is not known whether this could happen in humans. You should use a condom or diaphragm in addition to other methods of birth control while taking SUSTIVA. Inform your doctor immediately if you are pregnant. If you want to become pregnant, talk to your doctor. Do not take SUSTIVA if you are breast-feeding. Talk to your doctor if you are breast-feeding your baby.

**Can I take other medicines with SUSTIVA?**

SUSTIVA may change the effect of other medicines (including ones for HIV). Your doctor may change your medicines or change their doses. For this reason, it is very important to:

- Let all your doctors and pharmacists know that you take SUSTIVA.
- Tell your doctors and pharmacists about all medicines you take. This includes those you buy over-the-counter and herbal or natural remedies.

Bring all your medicines when you see a doctor, or make a list of their names, how much you take, and how often you take them. This will give your doctor a complete picture of the medicines you use. Then he or she can decide the best approach for your situation.

The following medicines may cause serious and life-threatening side effects when taken with SUSTIVA. You should not take any of these medicines while taking SUSTIVA\*\*:

- Hismanal® (astemizole)
- Propulsid® (cisapride)
- Versed® (midazolam)
- Halcion® (triazolam)
- Ergot medications (for example, Wigraine® and Cafergot®)

The following medicines may need to be changed or have their dose changed when taken with SUSTIVA\*\*:

- Crixivan® (indinavir)
- Fortovase® (saquinavir)
- Biaxin® (clarithromycin)

**How should I keep SUSTIVA?**

SUSTIVA is available as 50 mg, 100 mg, and 200 mg capsules.

Keep SUSTIVA at room temperature (77°F) in the bottle given to you by your pharmacist. The temperature can range from 59°-86°F.

Keep SUSTIVA out of the reach of children.

**How can I learn more about SUSTIVA?**

Talk to your doctor or other healthcare provider if you have questions about either SUSTIVA or HIV. For additional information you can visit the SUSTIVA website at <http://www.sustiva.com>.

**This medicine was prescribed for your particular condition. Do not use it for any other condition or give it to anybody else. Keep SUSTIVA 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.**

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# Out on the Bayou

A guide for your leisure time

HOUSTON VOICE • JANUARY 19, 2001



## What happened when April told

by MARIA MINICUCCI

Gays being allowed full rights and privileges in the military was right up there in the GLBT fight for rights during the Clinton Administration. Clinton's way off of this particular political hot seat was essentially little more than the damning of gays by faint praise in offering up the "don't ask, don't tell" policy. This

story is about a young woman who actually experienced the fallout from this policy.

April Palatino clearly remembers the very day she eagerly walked into the Marines recruitment center and enlisted.

"I waited practically my whole life to get into the Marines," Palatino said. "This was my childhood dream. I planned to be the best Marine I could be. I also planned for this to be my lifetime career; I was going to be a lifer."

Her mother, Barb Palatino nods in agreement, listening to April tell her story.

"April was fascinated by the military as a young child. She always had to tackle the biggest challenge she could."

So, with her parents support and unshakable belief in their daughter, April enlisted in the Marine Corps in February, 1994.

Did she enlist knowing that she was a lesbian and knowing what the military policy was on homosexuality?

"No, I was pretty oblivious to

anything but going after my dream. I did not identify as gay at the time, but the year before I was old enough to enlist, I remember talking to a recruiter about the process and he showed me the application. I looked it over and saw a question on it that said, 'Have you ever participated in any homosexual acts?'

"I hadn't but I thought that was a pretty strange thing to ask so I asked the recruiter why they had that on the application."

The recruiter told the then 16-year-old high school student, "We have to ask so that we don't end up with any of those fairies in a fox hole."

A year later when she actually was ready to fill out the application, she noticed that particular question was blacked out, but did not stop to consider the significance of that—then.

Twelve weeks of boot camp did not dampen Palatino's desire or determination to fulfill her dream.

"I was on a perpetual high. Boot camp just intensified my desire for the Marine Corps."

Her first assignment was as a HAWK Missile Operator and Pvt. Palatino could not have asked for anything better. She was also the very first female HAWK Missile Operator and at the end of her training for that particular duty, she ended up 4th in her class.

Her enthusiasm, dedication and ability to carry out her duties in a top of the line manner did not prevent her from being a target of sexism. After serving the first two years in the Marines, Palatino readily admits that this environment began to wear her down.

"The harassment was constant. If you were a woman and did not have sex with every man in the barracks, you were called a dyke. If you only had sex with one man, you were a slut."

She says the harassment had a noticeable affect on the women in the barracks.

➤ Continued on Page 23



# On Stage

THEATER REVIEWS

## Show tunes and drag queens and horses... Oh, my!

New West strikes a familiar, familial chord with 'Dirty Little Show Tunes,' Alley remounts 'Equus' for uneven ride

by D.L. GROOVER

Resembling its last season's merry production of "Fairy Tales," Theatre New West's joyously ribald **DIRTY LITTLE SHOW-TUNES** arrives like a friendly backroom pinch on the ass.

This musical parody of gay life and times, written and conceived by Tom Orr, is a witty, bitchy, leather version of "Forbidden Broadway," the long-running smash staple of New York theater. Orr does it one better. He takes familiar Broadway tunes (and some not-so-well-known) and twists them with wondrously new, dexterous lyrics to produce a stinging paean to our rainbow community.

Along with references to diva darlings from Merman to Channing to Midler, "Dirty Little Showtunes" is a Broadway show queen's dream musical.

Let's take "The Sound of Music," for



Craig Stephens, Taavi Mark, Randy Boatright, Andy Clements, Jim Carter and David Barron star in Theatre New West's production of 'Dirty Little Showtunes,' Tom Orr's musical parody of gay life.

example. After a clever intro at the piano by Charles Baker wherein every musical reference to anything "Maria" is played, three nuns (Andy Clements, David Barron, and Taavi Mark) appear in cloister drag.

With hands clasped in prayer-like attitude, instead of singing "How Do You Solve a Problem Like Maria," they proceed to detail all manner of sexual maladies with "How Do You Solve a Problem, Gonorrhea." It is both silly and clever, making you laugh out loud. Oscar Hammerstein must be twirling in his grave—as he should be.

Of course, it's not just Broadway shows

that get skewered, but queer life. Specifically, gay male life. There are no lesbians in Mr. Orr's Castro Street universe, and his gay-boy-world-view comprises only drag and leather, which limits the parody no matter how wicked the barbs.

Even in this zippy review, imaginatively staged by Joe Watts and choreographed with panache by actor Andy Clements, there are some uneven patches. Everything isn't always beautiful at the ballet, nor on 42nd Street.

"Big D," with its size queen-inspired rivalry between Dallas and Houston is extraneous and inelegantly tacked onto the show; while the "Chorus Line" solo for Randy Boatright feels forced, although he looks a perfect doll with long shapely gams that Juliet Prowse would kill for.

Jim Carter's "Layer of Paint" is a poignant testament to the transforming power of drag, and David Barron's "Somewhat Over the Rainbow" is a flip-side anthem to the commercialization of the gay movement with its selling of tacky T-shirts and freedom rings instead of lauding the ongoing struggle and amazing freedoms already won.

What works best is Orr's ability to parody not only gay life, but the songs and specific musicals from which he takes inspiration.

All in all, "Dirty Little Showtunes," much like its progenitor, the straight "Forbidden Broadway," is great campy fun. Its gay wickedness is infectious, the cast is talented and willing to please, and the production is filled with a love of musicals and the grand divas who have brought them to life. Swishy and s'wonderful.

### My kingdom for a horse

At times, Peter Shaffer's **EQUUS** literally thunders across the Alley's semi-circular stage; at others, it limps like a decrepit nag.

This is not the fault of the production team who has given this play a stirring, cinematic treatment, nor of the actors, who, for the most part, embrace their characters and set them square in the saddle. It is the playwright who seems ridden hard and put away wet, as do his ideas.

Watching this current remounting, I had the same reaction when I saw the Broadway production 25 years ago (I was a mere child, then): whenever Alan (a superb Ben Nordstrom) and his wild horses entered the stage, the theater came vibrantly alive.

Whenever that windbag of a psychiatrist, Martin Dysart (James Black) appeared and grabbed the play's reins, it clomped and plodded into the paddock.

Shaffer likes the idea of neatly splitting his protagonists in two. "Amadeus" has Mozart and Salieri butting musical heads, "Royal Hunt of the Sun" has Pizarro and Atahualpa discoursing at length on what is and is not godlike, and "Lettice and Lovage" has, well, Lettice and Lovage lovingly going at it, the prim and the hedonist.

In his detective play "Equus"—and that's

what it is, with Dysart trying to find out why the seemingly unassuming Alan would viciously blind six horses—Shaffer cleaves again.

Shaffer sets up both Dysart and Alan as straw men. In a loveless marriage, childless, Dysart longs to live with passion, to believe in something, anything, with the force akin to his beloved ancients, who saw life everywhere.

The play, nonetheless, packs quite a wallop with its sheer theatricality and non-too-subtle subtext of homoeroticism.

The theatricality arrives with the clever scene changes, the writerly shifts in time during the scenes, the immaculate set, lighting and sound design, and the sparse, clear direction of Stephen Rayne, who constantly varies our focus so that Shaffer's soft-headed psychobabble, at the very least, looks interesting.

Kevin Rigdon has set the play in a post-modern surgical operating theater, where four rows of the audience sit high on stage, facing us and looking down upon the action.

But the most inspiring theatrical coup are the marvelous, magical horses. Led by Ty Mayberry as Alan's favorite, Nugget, these are muscular, masculine icons worthy of Alan's worship. In their leotards, prancing on nine-inch steel platform hooves, and adorned—and that's the word—with great equine heads of metal mesh, they command the stage.

They snort and paw at the ground, full of power and grace and immense sexual vibes. Dwarfing the humans, they are the play.

Matching them with amazing intensity, Nordstrom, making his Alley debut as Alan, positively sizzles. His crazed stare would flatter Medusa.

He's the perfect embodiment of this man/boy: neurotic, lashing out at authority, ashamed, engorged with primitive lust, or a gentle, misunderstood teen rebel with a cause. This very gifted young actor showers us with a multi-faceted, phenomenal portrayal.

As the rumpled, conflicted psychiatrist who's 'never galloped,' veteran Alley actor Black brings his patented bag of method schtick to the role, but not much else. For all his dramatics, his raving is cerebral and cold.

Underneath it all, "Equus" is Shaffer's symbolic closet valentine to gay love, if not an outright present to his live-in lover at the time, Peter Firth, who won accolades as the original Alan.

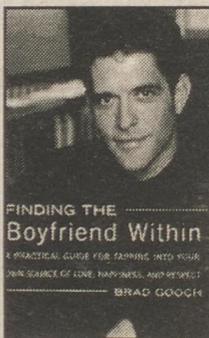
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INFO

### "Dirty Little Showtunes"

Through Feb. 24  
Theatre New West, 1415 California  
713.394.0464

### "Equus"

Through Feb. 10  
Alley Theatre 615, Texas Avenue  
713.228.8421

**“ZERIT works for many of my friends. I gotta believe it can work for me. I’m positive.”**



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**#1 prescribed HIV brand in combination therapy<sup>(1)</sup>**

**One small capsule twice a day with or without food**



**Powerful enough in combination therapy to keep viral load down<sup>(2)</sup>**

**Generally Well Tolerated**

**INDICATION:**

ZERIT (stavudine) in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection.

**SAFETY INFORMATION:**

An increase of lactic acid in the blood, an enlarged liver and liver failure, which can cause death have been reported. Fatal and non-fatal pancreatitis (inflammation of the pancreas) has occurred with Zerit when taken in combination with didanosine and other HIV drugs.

ZERIT may cause numbness, tingling or pain in the hands or feet (neuropathy). This risk is increased in patients with advanced HIV disease or a history of neuropathy. If you are taking Zerit in combination with other medicines that may cause similar side effects, you may have a higher chance of developing these effects. Frequent side effects in triple combination regimens are nausea, headache, diarrhea, rash, vomiting and neuropathy. Zerit does not cure HIV or prevent passing HIV to others.

1) IMS NPA Prescription Data 4/99 - 4/00.  
2) 83% (49/59) and 49% (49/101) of patients taking ZERIT with lamivudine and indinavir had viral load undetectable at 48 weeks in an as treated and intent to treat analysis respectively. (START 1. Data on file, Bristol-Myers Squibb Company).

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Please see the adjacent page for more information about ZERIT.

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**ZERIT® (stavudine)**

ZERIT® (stavudine) Capsules

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Brief Summary of Prescribing Information, 8/00. For complete prescribing information, please consult official package circular.

**WARNING**  
**LACTIC ACIDOSIS AND SEVERE HEPATOMEGALY WITH STEATOSIS, INCLUDING FATAL CASES, HAVE BEEN REPORTED WITH THE USE OF NUCLEOSIDE ANALOGUES ALONE OR IN COMBINATION, INCLUDING STAVUDINE AND OTHER ANTIRETROVIRALS (SEE WARNINGS).**  
**FATAL AND NONFATAL PANCREATITIS HAVE OCCURRED DURING THERAPY WHEN ZERIT WAS PART OF A COMBINATION REGIMEN THAT INCLUDED DIDANOSINE, WITH OR WITHOUT HYDROXYUREA, IN BOTH TREATMENT-NAIVE AND TREATMENT-EXPERIENCED PATIENTS, REGARDLESS OF DEGREE OF IMMUNOSUPPRESSION (SEE WARNINGS).**

**INDICATIONS AND USAGE**

ZERIT® (stavudine), in combination with other antiretroviral agents, is indicated for the treatment of HIV-1 infection (see **CLINICAL STUDIES**).

**CLINICAL STUDIES**

**Combination Therapy:** The combination use of ZERIT is based on the results of clinical studies in HIV-infected patients in double- and triple-combination regimens with other antiretroviral agents. One of these studies (START 1) was a multicenter, randomized, open-label study comparing ZERIT (40 mg twice daily) plus lamivudine plus didanosine to zidovudine plus lamivudine plus didanosine in 202 treatment-naive patients. Both regimens resulted in a similar magnitude of inhibition of HIV RNA levels and increases in CD4 cell counts through 48 weeks. **Monotherapy:** The efficacy of ZERIT was demonstrated in a randomized, double-blind study (A1455-019, conducted 1992-1994) comparing ZERIT with zidovudine in 822 patients with a spectrum of HIV-related symptoms. The outcome in terms of progression of HIV disease and death was similar for both drugs.

**CONTRAINDICATIONS**

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

**WARNINGS**

**1. Lactic Acidosis/Severe Hepatomegaly with Steatosis/Hepatic Failure:** Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of nucleoside analogues alone or in combination, including stavudine and other antiretrovirals. A majority of these cases have been in women. Obesity and prolonged nucleoside exposure may be risk factors. In addition, deaths attributed to hepatotoxicity have occurred in patients receiving the combination of ZERIT, didanosine, and hydroxyurea. Particular caution should be exercised when administering ZERIT to any patient with known risk factors for liver disease; however, cases have also been reported in patients with no known risk factors. Treatment with ZERIT should be suspended in any patient who develops clinical or laboratory findings suggestive of lactic acidosis or pronounced hepatotoxicity (which may include hepatomegaly and steatosis even in the absence of marked transaminase elevations). An increased risk of hepatotoxicity, which may be fatal, may occur in patients treated with ZERIT in combination with didanosine and hydroxyurea compared to when ZERIT is used alone. Patients treated with this combination should be closely monitored for signs of liver toxicity. **2. Peripheral Neuropathy:** Peripheral neuropathy, manifested by numbness, tingling, or pain in the hands or feet, has been reported in patients receiving ZERIT therapy. Peripheral neuropathy has occurred more frequently in patients with advanced HIV disease, a history of neuropathy, or concurrent neurotoxic drug therapy, including didanosine (see **ADVERSE REACTIONS**). **3. Pancreatitis:** Fatal and nonfatal pancreatitis have occurred during therapy when ZERIT was part of a combination regimen that included didanosine, with or without hydroxyurea, in both treatment-naive and treatment-experienced patients, regardless of degree of immunosuppression. The combination of ZERIT and didanosine (with or without hydroxyurea) and any other agents that are toxic to the pancreas should be suspended in patients with suspected pancreatitis. Reinstitution of ZERIT after a confirmed diagnosis of pancreatitis should be undertaken with particular caution and close patient monitoring. The new regimen should contain neither didanosine nor hydroxyurea.

**PRECAUTIONS**

**Information for Patients (See Patient Information Leaflet.):** Patients should be informed that an important toxicity of ZERIT is peripheral neuropathy. Patients should be aware that peripheral neuropathy is manifested by numbness, tingling, or pain in hands or feet, and that these symptoms should be reported to their physicians. Patients should be counseled that peripheral neuropathy occurs with greatest frequency in patients who have advanced HIV disease or a history of peripheral neuropathy, and that dose modification and/or discontinuation of ZERIT may be required if toxicity develops. Caregivers of young children receiving ZERIT therapy should be instructed regarding detection and reporting of peripheral neuropathy. Patients should be informed that when ZERIT is used in combination with other agents with similar toxicities, the incidence of adverse events may be higher than when ZERIT is used alone. An increased risk of pancreatitis, which may be fatal, may occur in patients treated with the combination of ZERIT and didanosine, with or without hydroxyurea. Patients treated with this combination should be closely monitored for symptoms of pancreatitis. An increased risk of hepatotoxicity, which may be fatal, may occur in patients treated with ZERIT in combination with didanosine and hydroxyurea. Patients treated with this combination should be closely monitored for signs of liver toxicity. 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. 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 long-term effects of ZERIT are unknown at this time. Patients should be informed that the Centers for Disease Control and Prevention (CDC) recommend that HIV-infected mothers not nurse newborn infants to reduce the risk of postnatal transmission of HIV infection. **Drug Interactions:** Zidovudine may competitively inhibit the intracellular phosphorylation of stavudine. Therefore, use of zidovudine in combination with ZERIT is not recommended. (See **CLINICAL PHARMACOLOGY** in full prescribing information.) **Carcinogenesis, Mutagenesis, Impairment of Fertility:** In 2-year carcinogenicity studies in mice and rats, stavudine was non-carcinogenic at doses which produced exposures (AUC) 39 and 168 times, respectively, human exposure at the recommended clinical dose. Benign and malignant liver tumors in mice and rats and malignant urinary bladder tumors in male rats occurred at levels of exposure 250 (mice) and 732 (rats) times human exposure at the recommended clinical dose. 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). 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 sternebra, 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. **Antiretroviral Pregnancy Registry:** To monitor maternal-fetal outcomes of pregnant women exposed to stavudine and other antiretroviral agents, an Antiretroviral Pregnancy Registry has been established. Physicians are encouraged to register patients by calling 1-800-258-4263. **Nursing Mothers:** The Centers for Disease Control and Prevention recommend that HIV-infected mothers not breast-feed their infants to avoid risking postnatal transmission of HIV. 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. Because of both the potential for HIV transmission and the potential for serious adverse reactions in nursing infants, **mothers should be instructed not to breast-feed if they are receiving ZERIT (stavudine).** **Pediatric Use:** Use of stavudine in pediatric patients is supported by evidence from adequate and well-controlled studies of stavudine in adults with additional pharmacokinetic and safety data in pediatric patients. Adverse events that were reported to occur in 105 pediatric patients receiving ZERIT 2 mg/kg/day for a median of 6.4 months in study ACTG 240 were generally similar to those reported in adults. Stavudine pharmacokinetics have been evaluated in 25 HIV-infected pediatric patients ranging in age from 5 weeks to 15 years and in weight from 2 to 43 kg after I.V. or oral administration of single doses and twice daily regimens (see **CLINICAL PHARMACOLOGY**, Table 1 in full prescribing information). **Geriatric Use:** Clinical studies of ZERIT did not include sufficient numbers of patients aged 65 years and over to determine whether they respond differently than younger patients. Greater sensitivity of some older individuals to the effects of ZERIT cannot be ruled out. In a monotherapy Expanded Access Program for patients with advanced HIV infection, peripheral neuropathy or peripheral neuropathic symptoms were observed in 15 of 40 (38%) elderly patients receiving 40 mg twice daily and 8 of 51 (16%) elderly patients receiving 20 mg twice daily. Of the approximately 12,000 patients enrolled in the Expanded Access Program, peripheral neuropathy or peripheral neuropathic symptoms developed in 30% of patients receiving 40 mg twice daily and 25% of patients receiving 20 mg twice daily. Elderly patients should be closely monitored for signs and symptoms of peripheral neuropathy. ZERIT is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, it may be useful to monitor renal function. Dose adjustment is recommended for patients with renal impairment (see **DOSAGE AND ADMINISTRATION: Dosage Adjustment**).

**ADVERSE REACTIONS**

**Adults:** ZERIT therapy has been associated with peripheral neuropathy, which can be severe, is dose related, and occurs more frequently in patients being treated with neurotoxic drug therapy, including didanosine, in patients with advanced HIV infection, or in patients who have previously experienced peripheral neuropathy. Patients should be monitored for the development of neuropathy, which is usually manifested 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, patients may tolerate resumption of treatment at one-half the dose (see **DOSAGE AND ADMINISTRATION**). If neuropathy recurs after resumption of ZERIT, permanent discontinuation of ZERIT should be considered. When ZERIT is used in combination with other agents with similar toxicities, the incidence of adverse events may be higher than when ZERIT is used alone. Pancreatitis, peripheral neuropathy, and liver function abnormalities occur more frequently in patients treated with the combination of ZERIT and didanosine, with or without hydroxyurea. Fatal pancreatitis and hepatotoxicity may occur more frequently in patients treated with ZERIT in combination with didanosine and hydroxyurea (see **WARNINGS** and **PRECAUTIONS**). Selected clinical adverse events that occurred in adult patients receiving ZERIT in a controlled monotherapy study (Study A1455-019) are provided by percentages as follows: ZERIT 40 mg twice daily (n=412)—Headache (54), Diarrhea (50), Peripheral Neurologic Symptoms/Neuropathy (52), Rash (40), Nausea and Vomiting (39); and zidovudine 200 mg 3 times daily (n=402)—Headache (49), Diarrhea (44), Peripheral Neurologic Symptoms/Neuropathy (39), Rash (35), Nausea and Vomiting (44). Study A1455-019 had a median duration of stavudine therapy = 79 weeks and a median duration of zidovudine therapy = 53 weeks. Pancreatitis was observed in three of the 412 adult patients who received ZERIT in a controlled monotherapy study. Selected clinical adverse events that occurred in antiretroviral naive adult patients receiving ZERIT from two controlled combination studies are provided by percentages as follows: START 1—ZERIT+laminivudine+indinavir (n=100) with a duration of 48 weeks—Nausea (43), Diarrhea (34), Headache (25), Rash (18), Vomiting (18), Peripheral Neurologic Symptoms/Neuropathy (8); zidovudine+laminivudine+indinavir (n=102)—Nausea (63), Diarrhea (16), Headache (26), Rash (13), Vomiting (33), Peripheral Neurologic Symptoms/Neuropathy (7). START 2—ZERIT+didanosine+indinavir (n=102) with a duration of 48 weeks—Nausea (53), Diarrhea (45), Headache (46), Rash (30), Vomiting (30), Peripheral Neurologic Symptoms/Neuropathy (21); zidovudine+laminivudine+indinavir (n=103)—Nausea (67), Diarrhea (39), Headache (37), Rash (18), Vomiting (35), Peripheral Neurologic Symptoms/Neuropathy (10). START 2 compared two triple-combination regimens in 205 treatment-naive patients. Patients received either ZERIT (40 mg twice daily) plus didanosine plus indinavir or zidovudine plus lamivudine plus indinavir. Pancreatitis resulting in death was observed in patients treated with ZERIT plus didanosine, with or without hydroxyurea, in controlled clinical studies and in postmarketing reports. Selected laboratory abnormalities reported in a controlled monotherapy study (Study A1455-019) are provided by percentage with the following parameters: ZERIT 40 mg twice daily (n=412)—AST (SGOT) >5.0 x ULN (upper limit of normal)—11%, ALT (SGPT) >5.0 x ULN—13%, Amylase  $\geq$  1.4 x ULN—14% and zidovudine 200 mg 3 times daily (n=402)—AST (SGOT) >5.0 x ULN—10%, ALT (SGPT) >5.0 x ULN—11%, Amylase  $\geq$  1.4 x ULN—13%. Data presented for patients of Study A1455-019 for whom laboratory evaluations were performed. Study A1455-019 had a median duration of stavudine therapy = 79 weeks and a median duration of zidovudine therapy = 53 weeks. Selected laboratory abnormalities reported in two controlled combination studies, START 1 and START 2 are provided Grades 3-4 presented first by percentage as follows: (Grades 3-4) START 1—ZERIT+laminivudine+indinavir (n=100)—Bilirubin >2.6 x ULN (upper limit of normal)—7%, SGOT (AST) >5 x ULN—5%, SGPT (ALT) >5 x ULN—6%, GGT >5 x ULN—2%, Lipase >2 x ULN—6%, Amylase >2 x ULN—4%; zidovudine+laminivudine+indinavir (n=102)—Bilirubin >2.6 x ULN—6%, SGOT (AST) >5 x ULN—2%, SGPT (ALT) >5 x ULN—2%, GGT >5 x ULN—2%, Lipase >2 x ULN—3%, Amylase >2 x ULN—1%. Percentages for (Grades 3-4)

START 2—ZERIT (stavudine)+didanosine+indinavir (n=102)—Bilirubin >2.6 x ULN—16%, SGOT (AST) >5 x ULN—7%, SGPT (ALT) >5 x ULN—8%, GGT >5 x ULN—5%, Lipase >2 x ULN—5%, Amylase >2 x ULN—8%; zidovudine+laminivudine+indinavir (n=103)—Bilirubin >2.6 x ULN—8%, SGOT (AST) >5 x ULN—7%, SGPT (ALT) >5 x ULN—5%, GGT >5 x ULN—2%, Lipase >2 x ULN—5%, Amylase >2 x ULN—2%. Percentages for (All Grades) START 1—ZERIT+laminivudine+indinavir (n=100)—Total Bilirubin—65%, SGOT (AST)—42%, SGPT (ALT)—40%, GGT—15%, Lipase—27%, Amylase—21%; zidovudine+laminivudine+indinavir (n=102)—Total Bilirubin—60%, SGOT (AST)—20%, SGPT (ALT)—20%, GGT—8%, Lipase—12%, Amylase—19%. Percentages for (All Grades) START 2—ZERIT+didanosine+indinavir (n=102)—Total Bilirubin—68%, SGOT (AST)—53%, SGPT (ALT)—50%, GGT—28%, Lipase—26%, Amylase—31%; zidovudine+laminivudine+indinavir (n=103)—Total Bilirubin—55%, SGOT (AST)—20%, SGPT (ALT)—18%, GGT—12%, Lipase—19%, Amylase—17%. **Observed During Clinical Practice:** The following events have been identified during post-approval use of ZERIT. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to their seriousness, frequency of reporting, causal connection to ZERIT, or a combination of these factors. **Body as a Whole:** abdominal pain, allergic reaction, and chills/fever. **Digestive Disorders:** anorexia. **Exocrine Gland Disorders:** pancreatitis (including fatal cases (see **WARNINGS**)). **Hematologic Disorders:** anemia, leukopenia, and thrombocytopenia. **Liver:** lactic acidosis and hepatic steatosis (see **WARNINGS**), hepatitis and liver failure. **Musculoskeletal:** myalgia. **Nervous:** insomnia. **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. Stavudine can be removed by hemodialysis; the mean  $\pm$ SD hemodialysis clearance of stavudine is 120  $\pm$  18 mL/min. Whether stavudine is eliminated by peritoneal dialysis has not been studied.

**DOSAGE AND ADMINISTRATION**

The interval between doses of ZERIT should be 12 hours. ZERIT may be taken without regard to meals. **Adults:** The recommended dose based on body weight is as follows: 40 mg twice daily for patients  $\geq$  60 kg and 30 mg twice daily for patients < 60 kg. **Pediatrics:** The recommended dose for pediatric patients weighing less than 30 kg is 1 mg/kg/dose, given every 12 hours. Pediatric patients weighing 30 kg or greater should receive the recommended adult dosage. **Dosage Adjustment:** Patients should be monitored for the development of peripheral neuropathy, which is usually manifested by numbness, tingling, or pain in the feet or hands. These symptoms may be difficult to detect in young children (see **WARNINGS**). If these symptoms develop during treatment, stavudine therapy should be interrupted. Symptoms may resolve if therapy is withdrawn promptly. In some cases, symptoms may worsen temporarily following discontinuation of therapy. If symptoms resolve completely, patients may tolerate resumption of treatment at one-half the recommended dose: 20 mg twice daily for patients  $\geq$  60 kg and 15 mg twice daily for patients < 60 kg. If neuropathy recurs after resumption of ZERIT, permanent discontinuation of ZERIT should be considered. **Renal Impairment:** ZERIT may be administered to adult patients with impaired renal function with adjustment in dose by patient weight as follows: Creatinine Clearance (mL/min) of >50 ( $\geq$  60 kg—40 mg every 12 hours and < 60 kg—30 mg every 12 hours); Creatinine Clearance (mL/min) of 26-50 ( $\geq$  60 kg—20 mg every 12 hours and < 60 kg—15 mg every 12 hours); Creatinine Clearance (mL/min) of 10-25 ( $\geq$  60 kg—20 mg every 24 hours and < 60 kg—15 mg every 24 hours). Since urinary excretion is also a major route of elimination of stavudine in pediatric patients, the clearance of stavudine may be altered in children with renal impairment. Although there are insufficient data to recommend a specific dose adjustment of ZERIT in this patient population, a reduction in the dose and/or an increase in the interval between doses should be considered. **Hemodialysis Patients:** The recommended dose is 20 mg every 24 hours ( $\geq$  60 kg) or 15 mg every 24 hours (< 60 kg), administered after the completion of hemodialysis and at the same time of day on non-dialysis days. **Method of Preparation: ZERIT for Oral Solution** - Prior to dispensing, the pharmacist must constitute the dry powder with purified water to a concentration of 1 mg stavudine per mL of solution, as follows: 1. Add 202 mL of purified water to the container. 2. Shake container vigorously until the powder dissolves completely. Constitution in this way produces 200 mL (deliverable volume) of 1 mg/mL stavudine solution. The solution may appear slightly hazy. 3. Dispense solution in original container with measuring cup provided. Instruct patient to shake the container vigorously prior to measuring each dose and to store the tightly closed container in a refrigerator, 36° to 46°F (2° to 8°C). Discard any unused portion after 30 days.

**HOW SUPPLIED**

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

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

ZERIT® (stavudine) 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 and in the **DOSAGE AND ADMINISTRATION** section of this insert. ZERIT for Oral Solution (NDC No. 0003-1968-01) is available in child-resistant containers that provide 200 mL of solution after constitution with water.

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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# health news

## 'Tuggers' use Internet to fuel movement reversing circumcision

CHICAGO—An organization that helps men who want to reverse the circumcision process and restore their foreskins is flourishing. The National Organization for Restoring Men, or NORM, has chapters in 20 states and six countries, and its president R. Wayne Griffiths said as many as 7,000 men of all ages, professions and sexual orientations have contacted him. One of them, Greg Beirise of Chicago, has for more than four years worn a pair of men's tall-size suspenders under his pants that are attached to various homemade devices that gently stretch the skin on his penis. "It always bothered me," Beirise said of his circumcision. "I just wanted to be whole." Doctors say men like Beirise, who call themselves "tuggers," won't likely do themselves any harm. Dr. William Reiner, a doctor at Johns Hopkins, said trying to regrow foreskin is safe, as long as men avoid cutting off their blood supply, piercing their skin or causing themselves any pain. In 1999, the American Academy of Pediatrics reversed its support for routine infant circumcision, citing questionable benefits and medical and anecdotal evidence that circumcised men have less penile sensitivity.

## Toxicity of AIDS drugs prompting review of therapy guidelines

WASHINGTON—The U.S. Department of Health and Human Services is revising its guidelines for the use of anti-retroviral therapy to suggest that treatment be delayed in asymptomatic patients, the magazine *New Scientist* reported. Previous guidelines had focused on aggressive early treatment, while the new guidelines will suggest that the intense drug regimen associated with the AIDS cocktail not begin until obvious signs of immune damage are present. For example, the new regulations will recommend drugs start when a patient's T-cell count falls below 350; current recommendations call for a T-cell count of 500. The reason for the change is that the drugs may be too toxic to be taken for years. "In retrospect, we now realize the risk of drug toxicity is greatly enhanced by taking these drugs early," said Charles Carpenter of the International AIDS Society. HIV medications have been linked to a number of adverse side effects, including liver disease, cardiovascular complications, damage to cellular mitochondria, lipodystrophy, neuropathy.

## Scientists create 'entry inhibitor' protein to block HIV from cells



Dr. Peter Kim, who led research creating a new protein that blocks HIV from cells, said the next step is for the new drug to be tested in animals.

WASHINGTON (AP)—Scientists have created a protein that may prevent the AIDS virus from entering cells, the journal *Science* reported. The protein, called 5-Helix, is a member of a new class of AIDS drugs called entry inhibitors, and would have to be injected daily. Dr. Peter Kim, who led the research, said the protein was a long way from being tested in people. "What is needed now is for someone to take this and start to do the things that are required for animal testing," Kim said. "It is less convenient than swallowing a pill, so it would probably be used as a salvage therapy, which is used when the existing armamentarium of drugs against HIV are no longer effective."

## Michigan activists work to raise AIDS awareness among Latinos

DETROIT (AP)—Activists and health officials in Michigan are working to educate the state's growing Latino population on HIV and AIDS, since Latinos are the least-likely ethnic group to get identified and seek treatment. In 1999, 53 percent of Latinos who took HIV tests didn't return to learn the results, compared to 46 percent for blacks and 23 percent for whites and Asian-Americans. A new group formed to attack the problem, which some say is related to the strong male image in the Latino culture and the fact that most Latinos are Catholic, a religion that denounces homosexuality, was founded last fall by the Midwest AIDS Prevention Project. Comunidad began an HIV/AIDS education and awareness drive last week. "If you say you're gay, it's very shameful in the Latino community," said Mike Flores, a student at the University of Detroit Mercy.

## Medical marijuana activist criticizes NV officials for research program

CARSON CITY, Nev. (AP)—A medical marijuana advocate said he will fight Nevada officials if they try to limit a voter-endorsed initiative allowing medical marijuana use for cancer, AIDS and glaucoma victims. Question 9 was approved by a 2-to-1 margin in November, and the 2001 Legislature is required to set up a distribution method. But a task force of medical experts recommended a research program that would permit only limited marijuana distribution, to avoid a confrontation with federal drug laws. "Rest assured that the proponents of Question 9 will vigorously defend the will of the people in the legislature, the executive branch and in every necessary court, including the court of public opinion," Dan Hart said in a letter to the state Board of Pharmacy. The report criticized by Hart came from the Nevada Medical Marijuana Initiative Work Group, which issued its recommendations as guidelines to Gov. Kenny Guinn and lawmakers. It called for purchase of marijuana from federal sources, and requires that only physicians affiliated with the research program could write prescriptions for marijuana.

—From staff and wire reports

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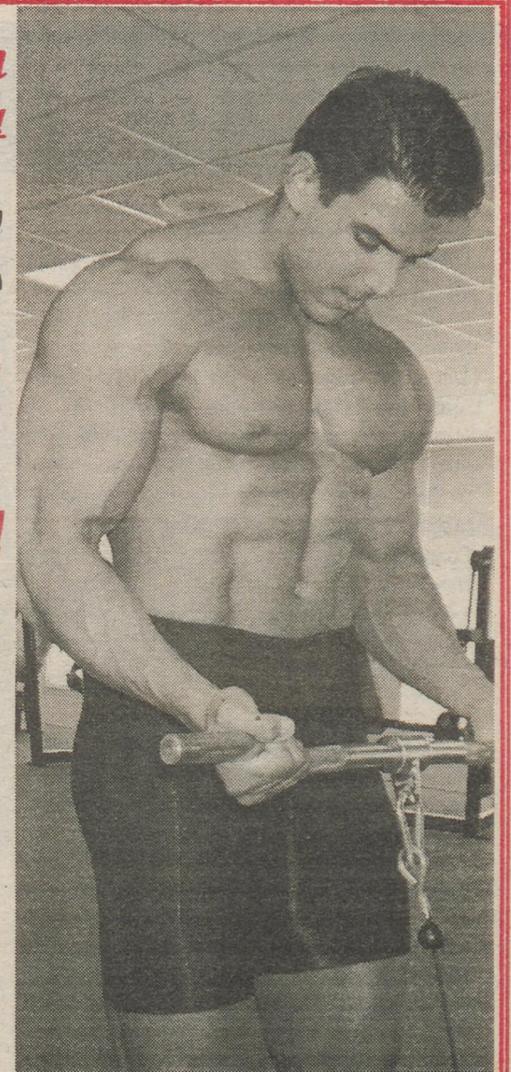
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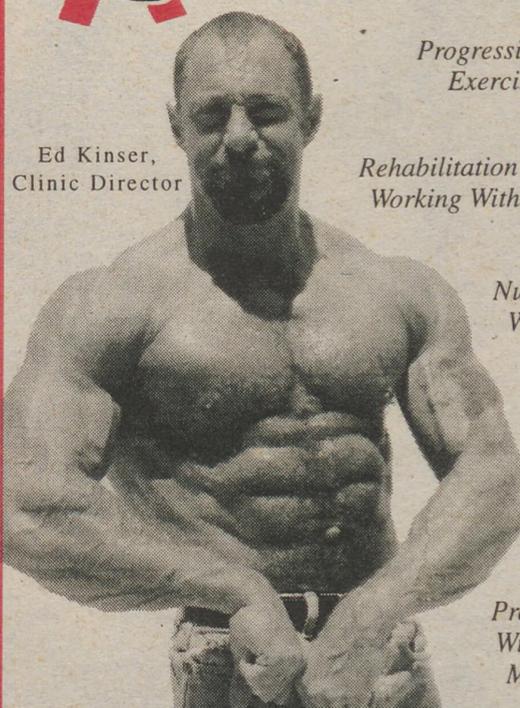


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# Bayou Calendar

## Tales of the Lost Formicans

Constance Congden's biting multi-level satire on the state of American civilization starts with an anthropological lecture about us by an alien sent here to study our ways and ends with the end of the world. Along the bumpy, very funny road to destruction are meditations on Alzheimer's, sex, marriage, and families. (And some of these are just the alien's stories.) This play of fragments, where time has no meaning, makes sense out of chaos, or tries to. Congden, a Guggenheim Fellow, a recipient of a National Endowment for the Arts Playwriting fellowship, and a theater professor at Amherst, knows a lot about aliens and a lot about how alien we are to each other. E.T. phone home.



Hillary Root and Gina Cagna-Pack star in the Ashland St. Theatre production of 'Tales of the Lost Formicans,' through Feb. 17.

Jan. 19 - Feb. 17

Ashland St. Theatre Co., 2610 Ashland Street  
713-426-3019

## Così Fan Tutti

Mozart and Da Ponte's sparkling 1790 opera buffa is musical caviar, delectable and fulfilling to some, acquired taste for many. Composed in a hurry after commands from Emperor Josef II to write a comedy once the Viennese court went wild for their "Don Giovanni," the last collaboration of this classic team is inventive with wit and sass. Mozart outdid himself in supplying Da Ponte's wicked libretto with superb, appropriate music. Loosely translated as "Everybody Acts Like This," it's the secondary title, "School for Lovers," that defines this comic opera's shocking tale of amorous betrayals, disguises, and human forgiveness. Foibles and follies fill the stage in this masterpiece of humanity with warts showing. One of the great works of art.

Jan. 19 - Feb. 4

Houston Grand Opera Wortham Center, 501 Texas  
713-227-2787

## Pauly Shore

He's so goofy and emotionally needy, you have

to like him. In spite of good taste, his adolescent clowning can be genuinely funny. If you don't mind the drive to Willowbrook Mall, you might find yourself laughing all the way back home.

Jan. 19 & 20; 8 p.m. and 10:30 p.m.

Laff Stop Willowbrook, 1776 Tomball Parkway (249 & F.M. 1960)  
281-955-9200

## A Funny Thing Happened On the Way to the Forum

This was Stephen Sondheim's first solo show (words and music), and it still ranks with his best. In these good old days of his youth, he actually had a sprightly sense of humor. Our community's own Randall Jobe plays the freedom-aspiring, quick-witted slave Pseudolus (Zero Mostel's signature role) in this multiple Tony award-winning raucous musical full of Roman ham, Borscht Belt schtick, corny jokes, and Vegas showgirls. Excelsius. Playing 'til the end of February

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Great Caruso Dinner Theater, 10001 Westheimer  
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## Absolutely Fabulous

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Jan. 20, 8 p.m.

JAGS at the Decorative Center, 5120 Woodway  
713-623-6796

## Fiddler on the Roof

Another Zero Mostel hit. This time around it's Theodore Bikel, who continues playing Tevye and making a career out of this role much like Yul Brynner in "The King and I." He's as old as Rasputin, but that great basso profundo voice of his should shatter the rafters of Jones Hall. With his patented life force on autopilot, Bikel can still ring the last drops of sentiment out of Bock and Harnick's 1964 universal musical of indomitable courage and perseverance.

Jan. 23 - 28

Jones Hall, 615 Louisiana  
713-629-3700

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# Palatino: 'I was terrified of being found out'

"It was terrible. Women were upset all of the time and spent their time crying and drinking. I didn't take up crying, but I was drinking more and more."

Palatino's mother also remembers this time.

"I didn't know what to do to help my daughter, so I kept sending her as many self-help books as I could find and hoped she would be okay."

Two years after enlisting and trying to cope with life in the barracks, Palatino met Shelley, another Marine. Palatino claims that initially she and Shelley hit it off as drinking buddies. However, "little by little, drinking buddies turned into f—g buddies."

Palatino also recalls how dramatically her life in the barracks changed.

"I was so paranoid all of the time. We could never really be intimate and had to grab whatever time and affection we could with no privacy and our careers constantly on the line."

They did not breathe a word about their relationship to anyone in the Marine Corps. They kept this up for six months and then the unimaginable happened—Shelley was killed in an automobile accident on her way back from a mission.

How did Palatino take it?

"I fell apart completely. Period."

How could she keep that much grief a secret? She didn't.

"I couldn't hide it; I was a mess. My par-

ents came out as soon as they found out, but before they got there I ended up telling Sgt. Travis Pardington, who was someone who partied and hung out with us."

It is standard Military procedure to have an enlisted person escort a deceased Marine home. It was either a stroke of uncommon compassion or a cruel trick, but Palatino was selected to escort Shelley's body back to her family.

"I don't care why they picked me, I just was so grateful that I got to go back with her."

After her return, Palatino did not seem to be as careful about disclosing the nature of her relationship with Shelley. She also was not as committed or as conscientious about being a Marine.

"By now", she says, "the glamour wore off and the hypocrisy and harassment wore heavily on me."

She not only lost a loved one, she lost a dream she loved for a long time.

She also met Lance Crpl. Donny Allen. And, very quickly, over drinks, Allen told her that he was gay. They bonded instantly and Palatino attributes her budding activism to Allen.

"Donny was the one who exposed me to everything gay from the bars to the politics."

It was right before the presidential election in 1996 and Palatino remembers reading article after article about gays in the military—the good news and the bad. She



Barb Palatino, right, says her daughter April was 'fascinated by the military as a young child.'

back. When they were told that rumors about them being gay had reached gossip central, which means, according to Palatino, "the rumor has infiltrated the entire chain of command right on up to the Sgt. Commander," they knew they had to take action immediately.

Why such urgency? At this point, Palatino had four months remaining of her 4-year commitment. For Palatino, it was a clear cut decision.

"Donny's life was in danger. I already lost one person I loved, I was not going to take a chance and lose another one."

Within an hour Crpl. Palatino and Lance Crpl. Allen went to the Sgt. Commander's office and said, "We are both homosexual and want to be discharged from the Marines immediately." His immediate response was, "Who else is homosexual?" and "Do you have any evidence?" They did not respond.

Palatino left two months before her termination date with an honorable discharge, full benefits, and much apprehension about Allen's fate. Allen's discharge became messier and longer, but he finally managed to leave with a less-than-honorable discharge that cost him a decrease in benefits.

Would Palatino make the same decision over again? She ponders this briefly and responds, "Yes, yes I would. However, I would have preferred it if I could have just been myself and stayed in the Marines."

mostly remembered the bad.

"I was terrified of being found out, but after I didn't care, I realized they didn't care either because I was just a woman. They did, however, care about the guys that were gay. Their lives were always in danger."

Now being aware of the political climate and the reality for gay men in the military, Palatino and Allen watched each other's

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# Eating Out

RESTAURANT REVIEW

## Kitschy kitchen

La Bella Cucina offers homemade Italian cuisine, cooking lessons, quirky atmosphere

by KATHREEN LEE

Imagine yourself pulling into a brightly lit gas station festooned with cheerful and colorful ornaments. A sole woman who bares an eerie resemblance to Edna Garrett from "The Facts of Life" stands behind a steaming kitchen counter and wears a floral apron reserved only for the most serious of Italian Mamas. The brilliant neon sign reads LA BELLA CUCINA: FOOD FILLING STATION and suddenly, you're metamorphosed into a glutton.

Although the area surrounding the restaurant is ill-lit and the station is enclosed by daunting black cemetery gates, the outside dining area is cluttered with a wide variety of colorful tchotkes.

For example, white picket signs leaning against tables and the fence are strewn about the patio and vividly announce the various foods, such as handmade apple pies, breads and manicotti, available at the station.

A large turquoise trailer in the rear of the patio serves as the restroom. A psychedelic poltergeist clown rests comfortably near the pastry counter and a miniature ceramic figurine of Bob's Big Boy guards the condiment table. The kitschy décor would best be described as Urban Outfitters hits neighborhood garage sale.

The salad, comprised of mixed greens, beets, dried apricots, tomatoes and dried cranberries, was marinated in a homemade beet vinaigrette dressing. The sweet dressing emphasized the essence of the dried fruit and made each bite a salad lover's dream.

La Bella Cucina offers two different dining options. The first, which requires prior reservations, combines dinner with a cooking school. When you arrive, Veronica Bagnato, a.k.a. Edna Garrett, and the proprietor of the restaurant, will guide you through the preparation of your meal and provide tips on the Italian culinary art.

Since the evening entails both the preparation and the consumption of your feast, I would recommend not making any other engagements that evening.

Bagnato also runs the Food Filling Station, which on any given night, provides

### FOOD FILE

## La Bella Cucina

1642 Arlington  
713.880.2166

Food: 

Service: 

Value: 

Scene: 

 Opt for bread, water at home

 OK, if you really must

 Fine for most

 Worth the drive, so live a little

 As good as it gets

a choice of entrée from four to five different options, all of which come with homemade bread and salad. The evening I went, she offered stuffed pork, stuffed chicken breast, gnocchi and salmon cake, each for \$12.95.

Despite my hopeful expectations to be fattened up by a hot home-cooked Italian meal, I was slightly disappointed by the Salmon Cake.

While the contrast in the texture between the crispy breaded exterior and soft molded interior accentuated the dish, a certain slippery fishy and salty flavor lingered about the salmon.

Furthermore, the beet-flavored couscous was also disappointing, with the moderately sweet taste of beet mixing discordantly with the soft, thick and dull texture of couscous. The eggplant ratatouille provided a cold balance to the hot meal and the bell peppers and eggplant remained fresh in the tangy marinade.

The gnocchi, also served with beet-flavored couscous and eggplant ratatouille, fared better than the previous entrée. The rich, thick and flavorful marinara sauce garnished the pasta chunks well. I ended up pinching some gnocchi from my friend's plate to offset the salty flavor from my Salmon Cake.

While I was not bowled over by the entrées, the salad was, in a word, amazing. The salad, comprised of mixed greens, beets, dried apricots, tomatoes and dried cranberries, was marinated in a homemade beet vinaigrette dressing. The sweet dressing emphasized the essence of the dried fruit and made each bite a salad lover's dream.

La Bella Cucina also offers a daily lunch box special, which you can either pick up or have delivered by La Bella Cucina's Tailgate Lunch Truck.

A selection of a homemade sandwich, salad or pasta, cookies or cake and fresh fruit are available for \$5.

For the more hearty lunch patron, roasted chicken legs (\$7) or poached chicken breasts (\$9) with grilled vegetables, pasta salad and dessert are also available.

Finding the filling station is not too difficult. Just look for the "Honk for hotdog and turn right" sign and well, turn right.

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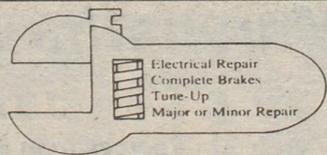
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# community

## saturday, january 20

After Hours. KPFT 90.1 FM. 12 a.m. to 3 a.m. 713-526-5738.  
Q-Patrol walks the streets 8:45 p.m. 713-528-SAFE.  
Dignity mass. 7:30 p.m. for gay Catholics. 713-880-2872.  
St. Stephen's Episcopal Church. Rosary 8 a.m. 1805 W. Alabama. 713-528-6665.  
Houston Chain Gang Bicycle Club. Call for ride locations. 713-863-1860.  
Houston Wrestling Club. Practice. 1:30 p.m. 713-453-7406.  
Rainbow Fishing Club. Meeting. 713-526-7070.  
Houston Faerie Circle. Meeting. 2 p.m. 713-533-0150.  
Northwoods AIDS Coalition Food Pantry Southwest Center. 10 a.m. to 2 p.m. 281-633-2555 & Conroe 936-441-1614.  
CPR Classes. Noon. 713-607-7700.  
Houston Gay & Lesbian Community Center Drop-in hours noon to 4 p.m. • Millennium Dance. 8 p.m. • 803 Hawthorne. 713-528-3818.  
Asians & Friends. Tet and Chinese New Year Potluck. 7:30 p.m. 713-526-6300.  
Classic Chassis Car Club. Trip to Houston Auto Salvage. 9 a.m. 713-787-8815.  
Houston Outdoor Group. Anniversary party. 713-290-0220.  
Adoption Center of Choice Heart of Gold Adoptions. Workshop. 1 p.m. 713-249-5941.

## sunday, january 21

Common Group (formerly New Hope Christian Center) Worship Service. 11 a.m. 803 Hawthorne. 713-524-3818.  
Houston Area Teen Coalition of Homosexuals meets. 713-942-7002.  
Rainbow Riders. A bicycle club for women. 713-869-1686.  
St. Stephen's Episcopal Church. Holy Rite Eucharist 1 7:45 a.m.; Holy Rite Eucharist II 8:55 a.m.; Education hour 10 a.m.; Choral Eucharist 11 a.m. 713-528-6665.  
Maranatha Fellowship Metropolitan Church. Service. 6:30 p.m. 713-528-6756.  
Resurrection MCC. Services. 9 a.m. and 11 a.m. Adult Sunday School 10 a.m. Youth Sunday School 11:15 a.m. Handbell Choir rehearsal 1:30 p.m. 713-861-9149.  
Grace Lutheran Church. Sunday school for all ages 9 a.m. Service 10:30 a.m. 713-528-3269.  
Community Gospel. Service at 11 a.m. & 7 p.m. Sunday School for children 10 a.m. 713-880-9235 or www.communitygospel.org.  
Houston Mission Church. Service 10:30 a.m. 713-529-8225.  
Covenant Church, Ecumenical, Liberal Baptist. Service 9:30 a.m. & education hour 11 a.m. 713-668-8830.  
Bering Memorial United Methodist Church. Services at 8:30 a.m. & 10:50 a.m. Sunday school 9:45 a.m. 713-526-1017.  
The Women's Group. Meeting & Discussion. 10:45 a.m. 713-529-8571.

Unitarian Fellowship of Galveston County. 502 Church St. Service 10:30 a.m. 409-765-8330.  
First Congregational Church (Memorial). Service at 10 a.m. Christian Education. 11:30 p.m. 713-468-9543 or fcc-houston.org.  
Unitarian Fellowship of Houston. Adult forum 10 a.m. Service 11 a.m. 713-686-5876.  
Gay Catholics of St. Anne's-Houston. 5 p.m. worship service. Dinner and social. alexcam@wt.net. 713-623-0930  
Thoreau Unitarian Universalist Congregation: Adult discussion 9:45 a.m. Service 11 a.m. 281-277-8882. www.tuuc.org.  
First Unitarian Universalist Church. Services at 9:30 & 11:30 a.m. Brunch available 10:30 a.m. 713-526-5200. church@firstuu.org.  
Houston Tennis Club. 9 a.m. Memorial Park at the Tennis Center. 713-692-2703.  
Houston Gay & Lesbian Community Center Drop-in hours 2 to 4 p.m. 803 Hawthorne. • Dinner Pot Luck. 6 p.m. 713-524-3418.  
Lambda Skating Club skates Memorial Park. 2 p.m. www.lambdaroll.org. 713-410-7215  
PFLAG-Galveston & PFLAG-Woodlands. Support Group. 2 p.m. 713-867-9020.

## monday, january 22

Gay Fathers/Fathers First. Support group. 8 p.m. www.GayFathers-Houston.org or 281-505-1788.  
Frost Eye Clinic. Free eye exams for people with HIV. 713-830-3000.  
HIV testing. STD Exams & treatment. Free. AVE5. 1 p.m. to 6:15 p.m. 713-626-2837.  
Kolbe Project. Eucharist 7:30 p.m. 713-861-1800.  
Northwoods AIDS Coalition Food Pantry Open. 10 a.m. to 6 p.m. 936-441-1614.  
Houston Tennis Club. 9 a.m. Memorial Park at the Tennis Center. 713-692-2703.  
Lesbian & Gay Voices Radio Show. 8 to 10 p.m. KPFT 90.1. 713-529-1223.  
AIDS Mastery. 7 p.m. Montrose Counseling Center. 713-529-0037.  
Grief & Divorce Support Groups. 7 p.m. Bering. 713-526-1017, Ext. 208.  
gayDAR. Wellness community. Support Group. 7 p.m. 713-526-1017, Ext. 211.  
Houston Lesbian and Gay Community Center drop-in hours from 6 to 9 p.m. • Black Lesbian & Gay Coalition meeting. 7 p.m. • 803 Hawthorne. 713-524-3818.

## tuesday, january 23

For Mature Audiences Only. Support group. 7 p.m. Bering Memorial UMC. 713-526-1017.  
Free HIV Testing by the Montrose Clinic. 8 p.m. to midnight. Club Houston. 713-830-3000.

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# calendar

Helping Cross Dressers Anonymous. Support Group. 7 p.m. 713-524-0439.  
 Bering Support Network. Lunch Bunch Gang 11 a.m. 713-526-1017.  
 Gay Men's Process Group. 7 p.m. 3316 Mt. Vernon. 713-526-8390.  
 Men's Network. Discussion group for social, educational development of gay and bisexual men. 7 p.m. Montrose Counseling Center. 713-529-0037.  
 Northwoods AIDS Coalition Food Pantry Open. 10 a.m. to 6 p.m. 281-633-2555.  
 CPR Classes. 3 p.m. 713-607-7700.  
 Houston Lesbian and Gay Community Center drop-in hours 6 to 9 p.m. • Lesbian Coming Out Group meeting. 7 p.m. • 803 Hawthorne. 713-524-3818.  
 Houston Area Bears. Dine Out. 7 p.m. 713-867-9123.

## wednesday, january 24

Free HIV Testing. Thomas Street Clinic. 9 a.m. to 1 p.m. 2015 Thomas Street 713-793-4026.  
 STD Exams & treatment. HIV Testing. Free. AVES. Free. AVES. 713-626-2837.  
 Free HIV Testing by the Montrose Clinic. 4 p.m. to 8 p.m. Mary's, Venture-N & EJ's. 713-830-3000.  
 BiNet Houston. 7:30 p.m. Women's Social. 713-467-4380  
 Women's Network. Montrose Counseling Center Discussion group for social, educational development of gay and bisexual women. 7 p.m. Montrose Counseling Center. 713-529-0037.  
 Northwoods AIDS Coalition Food Pantry open. 10 a.m. to 6 p.m. 936-441-1614.  
 Project: Caesar. Workshops. AFH. 3203 Wesleyan. 713-623-6796.  
 Out Skate Rollerskating Club. 8 to 10 p.m. 8075 Cook Road. 281-333-5818.  
 Rainbow Ranglers free C&W dance lessons. Brazos River Bottom. 7 p.m. 713-880-0670.  
 Bible Study. Noon & 6:30 p.m. St. Stephen's Episcopal. 713-526-6665.  
 Spiritual Uplift service. 7 p.m. Bible Study 7:30 p.m. Resurrection MCC. 713-861-9149.  
 Freelance Art Classes by Kermit Eisenhut for HIV+ individuals. 1 to 4 p.m. Lunch provided. 713-523-9530.  
 Houston Tennis Club. 9 a.m. Memorial Park at the Tennis Center. 713-692-2703.  
 Lesbian Literature Discussion Group. 7 p.m. 713-523-3037.  
 Houston Pride Band. Open rehearsal. 1307 Yale. 713-527-0931. www.houstonprideband.org.  
 Bering Memorial United Methodist Church. Dinner at 6:30 p.m. Various Support Groups 7 p.m. 713-526-1017.  
 Houston Lesbian and Gay Community Center drop-in hours 6 to 9 p.m. • Free HIV testing by the Montrose Clinic 6 to 9 p.m. • 713-524-3818.  
 FREE HIV Testing. Northwoods AIDS Coalition. 1 to 3 p.m. 963-441-1614.

Center for AIDS. Women's mixer. 713-527-8210.

## thursday, january 25

Gay Men's Chorus of Houston. Open rehearsal. 7 p.m. 4807 San Felipe. 713-521-7464.  
 Rainbow Ranglers free C&W dance lessons. Brazos River Bottom. 7 p.m. 713-880-0670.  
 Hep C Recovery. Support Group. 6:30 p.m. Bering. 713-526-1017, Ext. 211.  
 STD Exams & treatment. Free. AVES. 713-626-2837.  
 Free HIV Testing by the Montrose Clinic. 8 p.m. to midnight. Toyz Disco. 713-830-3000.  
 Northwoods AIDS Coalition Food Pantry open. 10 a.m. to 6 p.m. 281-633-2555.  
 Lambda Skating Club skates. 8 p.m. Tradewinds. Skating Rink. www.lambdaroll.org. 713-410-7215.  
 FrontRunners. Running Club. 6:30 p.m. 713-522-8021.  
 HIV Art Course Program. 1 to 4 p.m. Kermit Eisenhut. 713-524-9530.  
 Women's Clinic. Montrose Clinic. 713-830-3000.  
 Community Gospel. Service. 7:30 p.m. 713-880-9235 or www.communitygospel.org.  
 HIV Testing. Free. AVES. 713-626-2837.  
 Houston Lesbian and Gay Community Center drop-in hours 6 to 9 p.m. • Bi-Net mixed gender discussion group. 7:30 p.m. • Volunteer Appreciation & recruitment party. 7 p.m. 803 Hawthorne. 713-524-3818.

## friday, january 26

Houston Area Teen Coalition of Homosexuals (H.A.T.C.H.) Meeting. 713-942-7002.  
 Free HIV Testing by the Montrose Clinic. 10 p.m. to 1 a.m. Rich's. 713-830-3000.  
 STD Exams & treatment. Free. AVES. 713-626-2837.  
 Frost Eye Clinic. Free eye exams for people with HIV. 713-830-3000.  
 Q-Patrol walks the streets. 9 p.m. 713-528-SAFE.  
 Kolbe Project. Morning Prayer. 10 a.m. 713-861-1800.  
 Houston Tennis Club. 9 a.m. Memorial Park at the Tennis Center. 713-692-2703.  
 Positive Art Workshop. 1 p.m. to 4 p.m. Patrick Palmer. 713-526-1118.  
 Lesbian and Gay Voices. KPFT 90.1 FM. 7 p.m. 713-526-5738.  
 Mishpachot Alizim Shabbat Services. 8 p.m. 713-748-7079.  
 Houston Lesbian and Gay Community Center drop-in hours 6 p.m. to 9 p.m. • Lesbian Movie Night. 7 p.m. 803 Hawthorne. 713-524-3818.  
 Kolbe Project. Movie night. 7 p.m. 713-861-1800.

To list an event, call Carolyn Roberts at 713-529-8490, fax at 713-529-9531, or e-mail editor@houstonvoice.com. Deadline is Friday at 5 p.m.

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# Classifieds

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Community Resale is becoming "The Whispering Hope" • 515 Richmond • www.wordgarden@mindspring.com

Whispering Hope Resale is gathering donations of warm clothes to be sent to Russia.

Whispering Hope, the motion picture, coming soon • Filmed in Montrose

Gay & Lesbian Breakfast Club now forming • Walk Memorial Park 8:00 AM every Saturday morning • 3 Mile Track • Then head to breakfast at Java Java Cafe at 911 11th Street • Call Jimmy at 713.864.7299 or email: keysweb6@aol.com

The Spay & Neuter Assistance Program (SNAP) will provide FREE spaying, neutering, rabies vaccination and Houston city license for animals belonging to qualifying low income dog & cat guardians • Call 713.522.2337 for qualifications, locations or more information.

## QUIT SMOKING!

Volunteers needed for research study using hand-held computer at the University of Texas M.D. Anderson Cancer Center. Free nicotine patches! Call 713-792-2265

## BAY AREA GAYS

Is a new social group in the greater Clear Lake area for "young-ish" gay men (ages 20-40) • Call 281.488.0537

## PARTY RENTAL HALL

Parties, meeting, ceremonies, fundraising • Montrose location • Big laser/fog dance floor • Mahogany bar • Walk-in cooler • Game room • Free parking • Security • DJ included • Rental proceeds donated to local AIDS charity • 713.521.1613

## Auditions

**ASHLAND ST. THEATRE CO HOLDING AUDITIONS**  
Ashland St. Theatre Co will be holding auditions for STEEL DRAGNOLIAS (AKA Steel Magnolias) on Sunday, January 21st at 6pm • Director Byron Norton is looking for 3 males and 3 females (all ages - all sizes) • THE ENTIRE CAST WILL BE IN DRAG • CALL 713.426.3019 for information or to set up an appointment

## CASTING CALLS

• Casting for three transexual roles for a campy "Charlie's Angels" takeoff. • Casting for local gay, lesbian and transgendered talent for an upcoming independent film website. Contact Casting at 713.867.7965

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### GAY MEN'S CHORUS OF HOUSTON SEEKING ARTISTIC DIRECTOR

The Gay Men's Chorus of Houston is now accepting applications for the salaried part-time position of Artistic Director.

To request an application packet, please visit [www.gmch.org/adsearch](http://www.gmch.org/adsearch)

Or call 713-927-3129

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## WAITSTAFF & KITCHEN STAFF

Apply in person to At The Bistro/TANGO • 224 Westheimer • Speak to Jimi or Marcus • 713.521.7888

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Nightingale ADC offers free employment assistance to HIV+ individuals • Including job preparedness training, resume development, job search assistance • For more informations call 713.981.1543

## ROMAN HAIR SALON

Independent Cosmetology Barber Stylist with clientele to least space • Montrose area • Frank 713.522.2263 or 713.522.8576 • Very Reasonable The Club Houston is now accepting applications for Certified Personal Trainers • Apply in person at 2205 Fannin or at [www.the-clubs.com](http://www.the-clubs.com)

## HOUSEKEEPER

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• 2 Bedroom, 1 Bath unfurnished flats • About 850 sf • Good condition • Upstairs & downstairs • One with washer/dryer • \$29,000

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### HEIGHTS AREA

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### MONTROSE

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37 WM seeks male to share 2/2 house in the Heights area • Hardwoods • \$475/mo includes utils • 713-880-2004

Roommate needed to share "Heights" house • \$500/mo, all bills paid • W/D, satellite TV, off street parking, minutes to downtown • Eves 713.426.2755 • Cell 832.423.4766

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## Occasions

### Birthdays

Wonderfully talented James Pruess paints in his birthday on Jan. 21.

CCCC member John P. polishes his birthday bumper on Jan. 20.

Raci of Chances toasts in her birthday on Jan. 22.

Sir. Yes, Sir. May I wish you happy birthday, Sir? Daddy Bob Houton will be whipping in a birthday on Jan. 21. Thank you, Sir.

Kelli, niece of *Houston Voice* editor Wendy, celebrates a birthday Jan. 22.

Smart, stylist and sexy Jim Sorgini sneaks in a birthday on Jan. 22.

Tim, aka Mumsy celebrates his birthday on Jan. 26.

John of the CCCC turns his birth-odometer another year on Jan. 26.

*Houston Voice's* word smith and gardener extraordinaire Ella Tyler scribes her birthday on Jan. 22.



This little rascal is C.J., our pet of the week. He is a 2-year-old male kitty resembling Sylvester. He was kept inside and is litter-box trained. He is very active (like a kitten), but this could be because he has been at the Humane Society since November. He needs a loving home with another kitty (or maybe a Tweety Bird?) to keep him busy.

If you're interested in adopting this big hunk of love, call the Houston Humane Society at 713.434.5555 or email [pr@houstonhumane.org](mailto:pr@houstonhumane.org).

The *Houston Voice* welcomes your special occasions. Send e-mail to [croberts@houstonvoice.com](mailto:croberts@houstonvoice.com). Fax: 713-529-9531. Mail: Occasions, *Houston Voice*, 500 Lovett Blvd., Suite 200, Houston, Texas 77006. Please include a telephone number so occasions can be verified and considered for publication.

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# My Stars!

by JILL DEARMAN

YOUR WEEKLY HOROSCOPE



January 19 - 25

**ARIES (MARCH 21 - APRIL 20)**



The moon's conjunction with Uranus in late January in your house of friends could bring an old ally out of the woodwork. You may find some group situations annoying, while others seem awe-inspiring. Ask yourself, "What do I need from others?"

**TAURUS (APRIL 21 - MAY 21)**



It's time to focus on your talents rather than what's missing in your life or your bank account. Build from the ground up. Do what you have to do to get the job done right. Break some eggs to make an omelet, but don't break the bowl. Or something like that. Another Taurus grounds you.

**GEMINI (MAY 22 - JUNE 21)**



With Jupiter on your side, you can do whatever you set your mind to. Optimism is a healing force in your life. Decision-making time is upon us, but you can actually let this week slide if you are willing to gamble on your talents for the next five months. An Aquarius could offer you words of wisdom.

**CANCER (JUNE 22 - JULY 23)**



It's been too long since you've gotten back to your real self. Put your desires up front. Push yourself to focus on your body, your chi and your deepest desires during the new moon on Jan. 24. An Aries adds extra life force to your life.

**LEO (JULY 24 - AUG. 23)**



You've been too tightly wound, sweetie. Allow yourself to explode a little around the time of the new moon in your house of love (on Jan. 24). Taking chances and having faith in the universe does you good, dear. You've been a little too controlling lately. Give a Scorpio a chance to be sweet to you.

**VIRGO (AUG. 24 - SEPT. 23)**



Don't push yourself to get results this instant, dear. In late January, you'd do best to pace yourself. The new moon on Jan. 24 falls in your house of tiny details the house you rule. So stick to what you do best. And get sticky with another Virgo while you're at it.

**LIBRA (SEPT. 24 - OCT. 23)**



This is a great period in your life if you want to achieve the true ideal of your sign: balance. You can push your career and your love life just enough to push them both into place. The more intensely you want something, the more intensely you should go after it. Be a hero. Save a Sagittarius.

**SCORPIO (OCT. 24 - NOV. 22)**



During this time of year you can't hide who you are, dear Scorpio. So why try? Listen to that thumping in your heart and that heat in your pants, but think, too. You're about to jump into something real—perhaps too real. A Leo is the first to see all of you and love every part.

**SAGITTARIUS (NOV. 23 - DEC. 22)**



It's time to put a horrible ex behind you. If you keep holding on you'll only torture yourself endlessly. A clean break is the only way. Let people into your life, but let someone who hurts you know where the door is. A Pisces may seem like someone you've known before.

**CAPRICORN (DEC. 23 - JAN. 20)**



Late January can be a nicely meditative time for you. The North Node of the moon in your opposite sign is making you feel pressure to do more, do better and do it all faster. But speed is not your style. Act like your symbol, the goat, and persevere. And then nose around in the trash with a Gemini.

**AQUARIUS (JAN. 21 - FEB. 19)**



The new moon on Jan. 24 falls in your sign. Do some celebrating—you deserve it. And while you're at it, do something sweet for two of your dearest friends. This is a good time to put a wish out into the world and allow yourself to receive it. Try to come to terms with the religious fanatic and the super scientist in you. A Capricorn loves your contradictions.

**PISCES (FEB. 20 - MARCH 20)**



Don't listen to too many soothsayers and fearful types in your personal life. You're too prone to paranoia as it is. Enjoy the spoils of Venus in your sign making a sweet trine to Mars. A Cancer will spoil you just the way you want.

Jill Dearman is the author of "Queer Astrology for Men" and "Queer Astrology for Women." For information on charts and consultations, call 212-841-0177 or e-mail QScopes@aol.com.

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stk#8628P, MSRP \$53,542

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'96 Seville • stk #2303B	\$19,900	'00 Venture • stk #8458PA	\$17,900
'96 Deville • stk #8274P	\$16,900	'00 Passport • stk #2798A	\$19,900
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