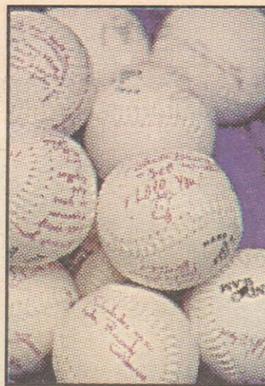


Softballs  
and a  
wedding:  
'Sense of  
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Pride  
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of the past  
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## Clinton pushes hate crime bill

► President meets with Hardy-Garcia and Byrd family while in Texas

by GIP PLASTER

President Clinton, visiting Austin for fund-raising on May 7, met with a gay lobbyist and members of the James Byrd Jr. family and told them he would "do everything possible" to help get tougher hate crime legislation passed through the Texas Senate.

"It was fairly amazing that he met with us," said Dianne Hardy-Garcia, the executive director of the Lesbian Gay Rights Lobby of Texas (LGRL).

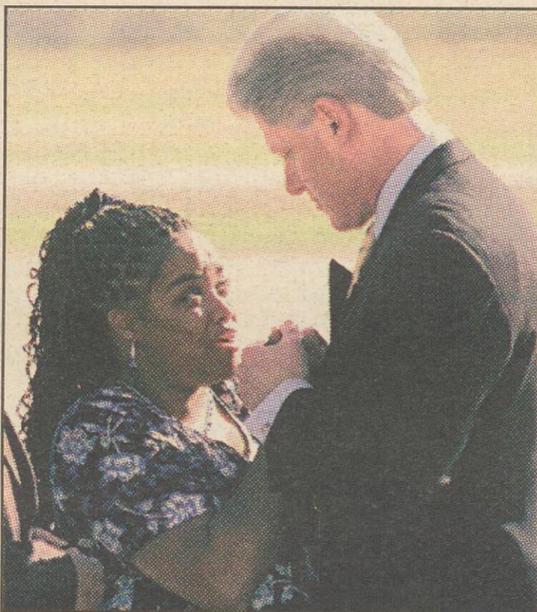
Byrd's family also met with Gov. George W. Bush, but he declined to help get the bill to a vote on the Senate floor. The James Byrd Hate Crime Bill has already passed the House.

At press time the president's efforts nor the countless hours lobbyists have consumed trying to get hate crime law passed in Texas, could be judged. The bill had still to get through the Senate Criminal Justice Committee hearings.

Hardy-Garcia met with the president along with Renee Byrd Mullins, the daughter of James Byrd—a Jasper, Texas resident who was dragged to death behind a vehicle because he was African American—and Darrell Varrett, nephew of James Byrd.

During the meeting Clinton promised to, "do everything possible to pass the James Byrd Hate Crime Act," according to Hardy-Garcia, and then he immediately stepped onto a stage at Bergstrom Airport and spoke about the bill.

"He feels and really understands that the state legislature has to be the first line of defense," Hardy-Garcia said, noting that



President Clinton shares an intimate moment with Renee Byrd Mullins, the daughter of James Byrd Jr., on the tarmac at Bergstrom Airport in Austin, May 7.

strong laws at the federal level are also needed but are less important.

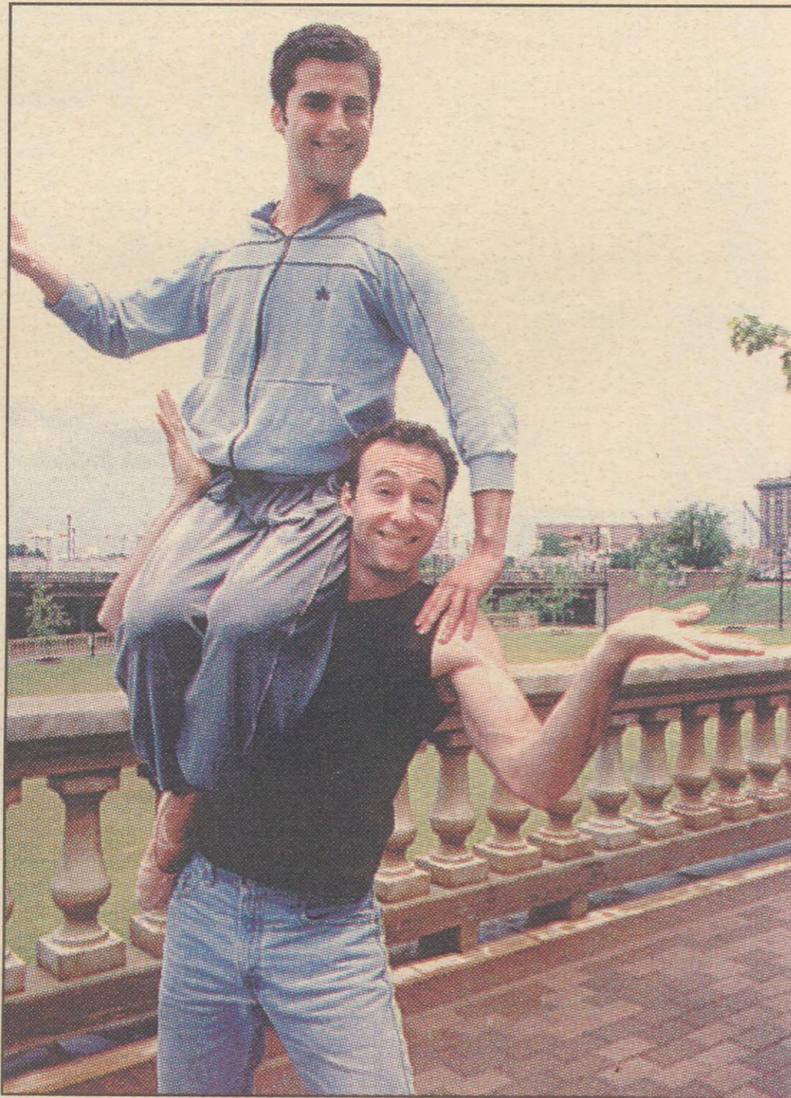
Hardy-Garcia said the president considers passage of the Texas bill a needed boost to national efforts to pass hate crime legislation. She said she was completely satisfied with the support given the bill by Clinton.

"The meeting with President Clinton was emotionally charged for the Byrd family who has worked very hard with LGRL to pass the James Byrd Hate Crime Act," she said. "President Clinton repeatedly stated he would help with our efforts and urged us to continue to fight."

He also spoke about the bill to donors in

► See Hate Page 13

## Dancing native sons



Native Houstonian ballet dancers Mario Zambrano (on shoulders) and Adam Battelstein return home to perform in the Houston Dance Coalition show, "Dance Salad," May 14 at the Wortham. Both men are gay and dance with separate companies.

### Politics

## Poll shows growing support for gay candidates, issues

by GIP PLASTER

About 77 percent of voters, including a majority of Republican primary voters and fundamentalist Christians, would consider voting for a gay candidate for state legislature or Congress based on the issues the candidate supports, though few say they "probably" would, according to new research.

The new poll also found broad-based support for hate crime legislation, as well as making it illegal to fire people because of their sexual orientation. But not all of the news was good.

The findings will encourage more gay men and lesbians to run for public office

**Q** Would you vote for a gay candidate for Congress or State Legislature?

would consider it: .....**74 percent**  
would probably: .....**3 percent**  
probably wouldn't: ....**22 percent**

and provide candidates with details on the most successful way to run their campaign, according to Brian Bond, the

executive director of the Gay and Lesbian Victory Foundation, the group that commissioned the research. GLVF, affiliated with the Gay and Lesbian Victory Fund, seeks to provide training and information to gay candidates, campaign personnel and community leaders. "Out of the discussions of the polls we will hopefully find more candidates," Bond said.

The research found that 65 percent of Republicans, 85 percent of Democrats and 81 percent of independent voters or 77 percent overall would consider voting for an openly gay candidate for Congress or state legislature. Of the 77 percent

who would consider voting for a gay candidate, only three percent said they "probably" would.

Across religious denominations, 64 percent of fundamentalist Christians, 81 percent of mainline Protestants and 87 percent of Catholics would consider a gay candidate.

For the presidential race, 67 percent of voters surveyed would consider supporting a gay candidate based on issues, but only two percent probably would.

The study also found that 77 percent of voters believe it should be illegal to fire people from their jobs because of their

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# Gay candidate gunning for Houston City Council

by JERRY D. PARRA

A openly gay candidate has begun his quest for Houston City Council. His name is Andres Pereira, and if he has anything to say about it, gay and lesbian voters will be hearing a great deal about him in the next few months.

Should Pereira win his city-wide race this fall, and if current City Council At-Large Position 1 holder Annise Parker mounts a successful re-election in her campaign, Houston could have two openly gay city council members.

Pereira has his sights set on the City Council At-Large Position 2 being vacated by the outgoing Joe Roach. The election is on Nov. 2 but Pereira isn't wasting any time trying to get momentum going for his campaign. He's already set up a campaign headquarters where on May 5 he held a Cinco de Mayo-themed campaign launch.

"If you're going to be a serious candidate you need to start at this time. I want the voters of Houston to get a chance to get to know me and to know my positions. By starting now it allows me to go out and visit with the voters one-on-one through block walking," said Pereira.

This series of block walks will run every Saturday from 9:30 a.m. to 12:30 p.m. from now until the election and will allow Pereira to maximize his exposure to the 25,000 voters he feels will swing the election in his favor.

"Being gay is a part of who I am," said Pereira. "And just like any other part of who I am, it influences how I think about issues and how I think about what may come before me as a council member."

Although he is proud to assert his gayness, he is equally concerned with embracing his ethnicity. As a Hispanic Houstonian with bilingual skills and a slogan in both Spanish and English, "Juntos Podemos/ Together We Can," Pereira said, "As a minority candidate coming from those groups I have certain sensibilities and understanding that other candidates may not have with regard to these under-represented groups."

"But," he added, "I really hope to tap into every community in Houston."

"This is a city-wide race. And Houston is a very diverse city. And I hope to represent every community and all the people of Houston regardless of their sexual orientation and/or their race or ancestry. I happen to be gay and I happen to be Hispanic so those are two very important parts of my campaign."

A successful trial lawyer with Fleming and Associates, the 32-year-old Pereira comes from a family that has been in Houston for several generations. He has previously been a leader of the Texas Human Rights Foundation and served as a liaison for Congresswoman Sheila Jackson Lee. Although it is a non-partisan election, Pereira has long identified himself with the Democratic party.

His platform supporting "Juntos Podemos/ Together We Can," is called "The Pereira Plan for Progress." It focuses on issues like making schools and neighborhoods safer for children. He wants to improve Houston's economy by increasing ties with Latin America and by fostering greater technology. But the plan does include, "fair treatment of persons with HIV and for equal treatment of gays and lesbians."



KIM THOMPSON

Candidate Andres Pereira (right) discusses issues with some potential supporters at his recent campaign kick off.

Pereira is also aware of the example his candidacy presents. He expects to be a role model for up and coming gay and lesbian politicians, many of whom neglected to run for fear that their sexuality would be a hindrance to achieving public office.

"If I am elected and because of Annise Parker's ground-breaking election... maybe people from our community will step forward and assume these roles that are important to the community and to the wider community."

His campaign headquarters is located at 2111 Richmond. Like other competitive candidates, Pereira also has a website at [www.andres99.org](http://www.andres99.org) and makes himself available by phone as

well at (713) 526-3227.

"We're doing a real grassroots campaign. And we need people to help us in order to win this election," he said, urging interested parties to get involved in his block walks and other efforts that will help him win the election.

Pereira has a very specific sense of what his job as city council member would entail and he feels he is fully qualified for the job. "You need to be willing to do the work necessary to represent Houston. You need to have an interest in making the city a better place to live. You need have a certain amount of integrity to serve the citizens and serve them in a way that they can respect you."

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NEWS FROM HOUSTON

## An Uncommon Legacy scholarships for lesbian students

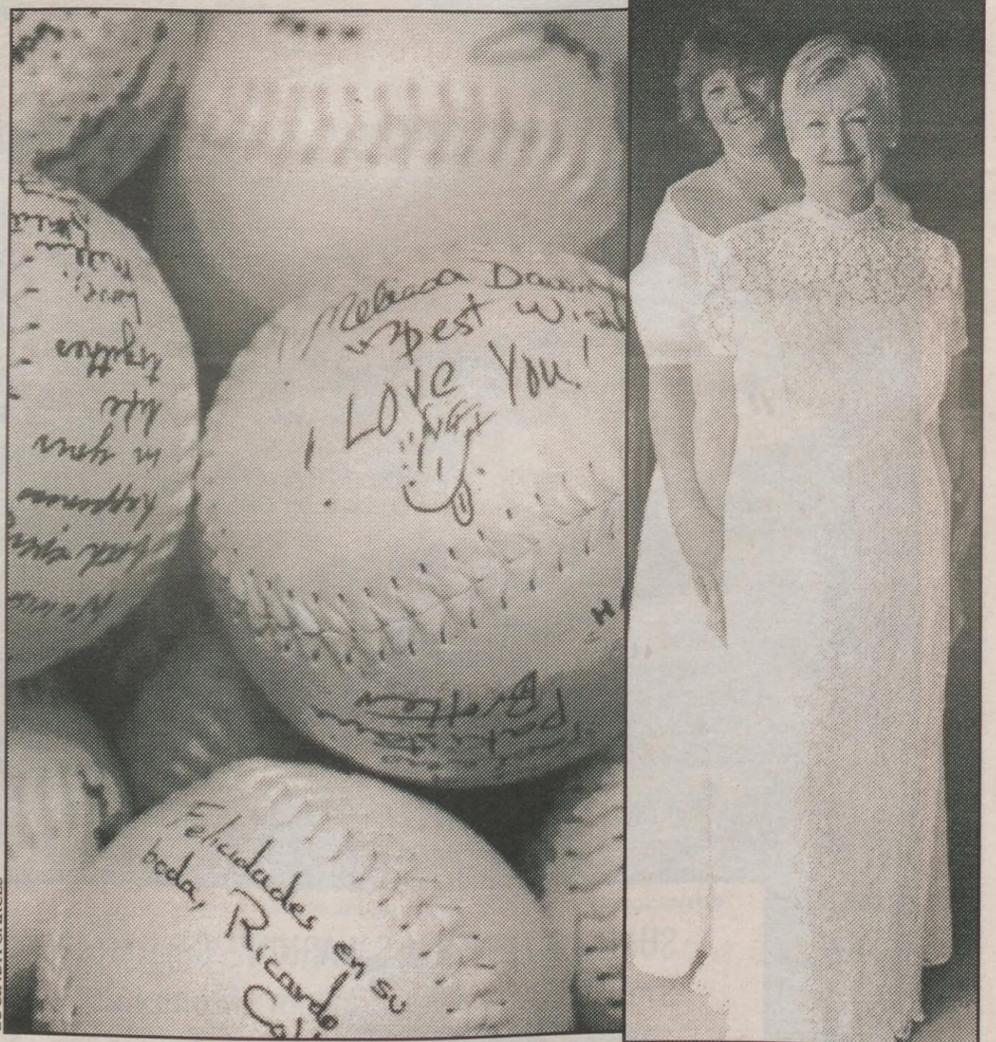
The Houston chapter of An Uncommon Legacy is taking part in awarding \$1,000 scholarships to outstanding lesbian undergraduate and graduate students. To qualify, applicants must be full-time students at an accredited college or university in the United States, have a grade point average of 3.0 or better, demonstrate a commitment or contribution to the lesbian community, and demonstrate financial need, said Denise Wenner. "If you or someone you know qualifies, this is a chance for recognition of your achievements." The application deadline has been extended to May 17. Qualified applicants must submit a completed application, an up-to-date school transcript, a personal statement of 1,000 words or less, and at least two letters of recommendation from faculty and/or former employers, at least one of whom is familiar with the applicant's work involving lesbian issues. Applications and complete instructions are available on the organization's web site at [www.uncommonlegacy.org](http://www.uncommonlegacy.org). Last year, Uncommon Legacy awarded scholarships to 21 women.

## MCCR bursting at the seams, plans to build bigger facility

Houston's largest gay, lesbian, transgendered and bisexual place of worship is getting bigger. Rev. Ralph Lasher, assistant pastor of The Metropolitan Community Church of the Resurrection (MCCR) says the time has come to sell its 1909 Decatur Street building and begin the process to erect a new facility. To that end the 26-year-old denomination has chosen an architect and a fund-raising consultant to begin its move toward expansion. MCCR has been located on Decatur since 1979.

## ~ A Sense Of Place ~

▼ a photographic diary of our community ▼



LUCINDA GARCES

Vickie McClanahan and Clyde Williams exchanged wedding vows, May 8. Guests attending the wedding were asked to sign congratulatory softballs. McClanahan and Williams first met on the softball field. Their marriage brings to mind what Alice Walker, American woman of letters, once said: "Surely the earth can be saved by all the people who insist on love." Good luck you two.

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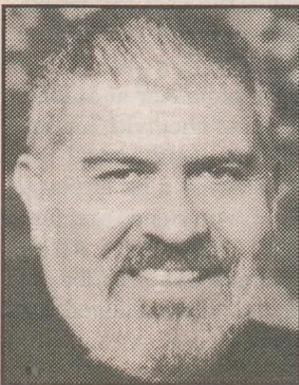
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# THERE

## NEWS FROM TEXAS

### Judge's ruling that MCC not acceptable for child is appealed

DALLAS—A notice of intent to appeal has been filed in the Texas court system against the official judicial ruling that the predominantly gay Metropolitan Community Church (MCC) is not an acceptable church for the daughter of a lesbian mother. The ruling came in the midst of a custody ruling as part of a divorce between the lesbian mother in Wichita Falls, Texas and her husband. "We're



Rev. Troy Perry

going to defend this family's right to freedom of worship," said Rev. Troy D. Perry, moderator of more than 300 MCC congregations. In his legal opinion, Judge Keith Nelson of the 78th Judicial District wrote: "The primary issue is where the child would attend Sunday school and church...the intent was for mainline churches to be utilized in the religious training of the daughter... The Metropolitan Community Church does not fall within this category." "There are at least two issues for us," said Perry. "First, the government has no legal right telling any family which churches are acceptable and which are not. Moreover, the U.S. Constitution, the Internal Revenue Service, and the Yearbook of American and Canadian Churches compiled and published by the National Council of Churches, all recognize Metropolitan Community Church as a church,"

said Perry. The Universal Fellowship of Metropolitan Community Churches (UFMCC) is a Christian denomination with a primary, affirming ministry to gays, lesbians, bisexuals and transgendered persons. UFMCC is composed of 300 local churches in 15 countries and more than 225,000 persons annually attend the programs and services of UFMCC, according to a denominational spokesman. *The Houston Voice* left several messages for Judge Keith Nelson, none of which were returned by press time.

### SMU adds sexual orientation to nondiscrimination policy

DALLAS—South Methodist University announced May 7 that it would add "sexual orientation" to the university's nondiscrimination policy. Students have been pushing for the change for months, holding referendums and protests. "I think it's a landmark for the school," said senior Scott Langley, in a May 8 *Dallas Morning News* report. SMU becomes one of only about 300 of the country's 3,300 higher education institutions to add sexual orientation to a nondiscrimination policy. In changing its policy, the SMU board stipulated that campus religious organizations would still be free to establish their own criteria when choosing group leaders.

### Gay and lesbian center gets in on Albertson's sales

SAN ANTONIO—The Gay and Lesbian Community Center of San Antonio has been selected for inclusion into the Albertson's markets "Community Partners" youth assistance program, a community center spokesman said. For every purchase made when presenting a free bar-coded "GLCCSA Youth Services" donation card at any Albertson's market, the center will receive between 2 to 5 percent of the total purchases made each quarter which will be designated to fund help for gay and lesbian youth and their families.

### Texans' opinions on gays surveyed

AUSTIN—More than two-thirds of Texans believe that homosexual behavior is immoral, but more than half also say discrimination against gays and lesbians is a serious problem in the state, according to the latest Texas Poll published, May 10 in the *Austin American-Statesman*. It was the first time the poll had asked about homosexuality, so there are no data to make historical comparisons. However, state Rep. Glen Maxey, the state's only openly gay lawmaker, said the results follow those of every other survey he has seen on gay rights and other issues related to homosexuality. "There are people with strong religious values that have opinions whether homosexuality is right or not," said Maxey, D-Austin. "But people are fair-minded: 'Even though I disagree with a person's consensual behavior, they shouldn't lose their job or be discriminated against.' I think people are rational, and they are fair." The poll results show 68 percent of Texans believe homosexuality is immoral, while 55 percent believe discrimination against homosexuals is a problem. The poll also found that 60 percent of adult Texans believe the state should not recognize same-sex marriages and that 54 percent favor a law to prohibit gays and lesbians from acting as adoptive or foster parents for children in state custody.



Rep. Glen Maxey



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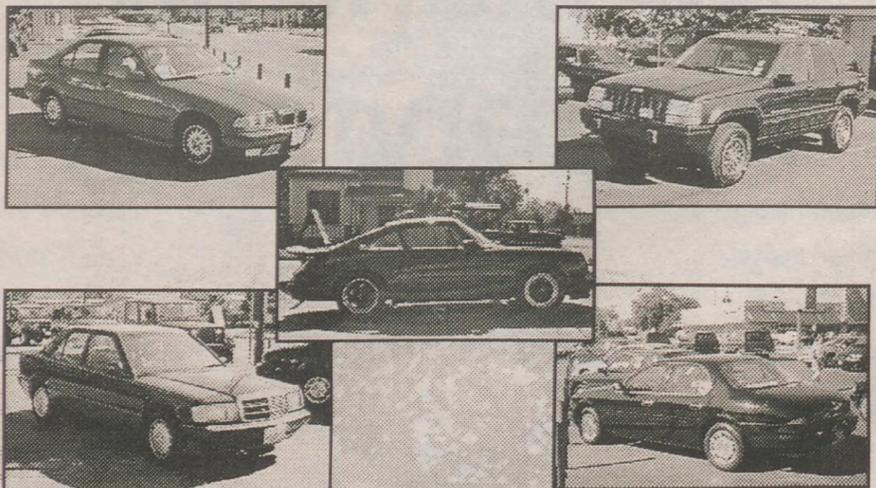
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# BEYOND

NEWS FROM AROUND THE COUNTRY

## Columnist with AIDS fired over fabricating columns

LOUISVILLE, KY (AP)—A reporter at a rural Kentucky newspaper who wrote moving stories about her battle with cancer was fired May 10 after admitting she didn't have the disease at all, but AIDS. Kim Stacy, 33, said she lied because of the stigma attached to AIDS. "I grew up in a small-town atmosphere where you are crucified for having AIDS or being gay," Stacy, who is a lesbian, said. Over the past few weeks, she had told readers of the *Owensboro Messenger-Inquirer* that she had brain cancer and had less than a year to live. She admitted the fabrications after the publisher at another paper for which she once worked confronted her with his suspicions. "I'm terribly sorry. I didn't think about what I was doing," she said in the interview. "I betrayed a lot of people and misled a lot of people including my own friends and family. Nobody knew until this weekend that I have AIDS." Editor Bob Ashley of the paper said Stacy was fired for fabricating the stories. Stacy said she actually had resigned during a series of telephone calls over the weekend.



Kim Stacy

ASSOCIATED PRESS

## Citywide vote could reopen bathhouses in San Francisco

SAN FRANCISCO, CA—A group of gay men has proposed a citywide voter initiative that would overturn public health rules banning private rooms in sex clubs and requiring monitors to enforce safer sex regulations. Under the name Community United for Gay Sexual Privacy, the group hopes to have the city vote on the issue in November. "We want to increase the number of venues where adult gay men can practice safe, consensual sodomy," Michael Petrelis said May 3. "No other city shut down bathhouses during the AIDS hysteria of the 1980s." The city's openly gay health director is adamantly opposed to reopening the bathhouses. The initiative has been turned in to the city's Department of Elections for review. If approved, the group can begin collecting the 10,200 signatures needed to put it before voters in November.

## Reprimand rescinded for state employee who criticized gays

MINNEAPOLIS, MN—Minnesota state employee who sued superiors after being reprimanded for criticizing Gay Pride activities has settled his case, and will have his file cleared of the reprimand, the *Minneapolis Star Tribune* reported May 7. Eric Brown, a chemist's aide with the Minnesota Department of Health, sued the department last January after superiors disciplined him for disagreeing with a department e-mail that encouraged employees to participate in Gay, Lesbian, Bisexual, Transgender Pride Month activities. Brown's written response to his superiors said he considered homosexuality a sin and that the health department shouldn't promote it. Brown initially asked for \$250,000 in damages and withdrawal of the reprimand, later dropping his request for damages. In March, U.S. District Judge John Tunheim ruled that Brown's e-mail messages, although strongly-worded and highly critical, did not constitute harassment.

## Shepard's mom testifies at hearing on hate crimes act

WASHINGTON, D.C. (AP)—Senate Judiciary Committee Chairman Orrin Hatch on May 11 asked for additional data on bias crimes, saying it was essential before Congress moves ahead on legislation to broaden existing civil rights laws to cover crimes motivated by anti-gay prejudice. Hatch, R-Utah, made the request to Deputy Attorney General Eric Holder, the lead witness at a committee hearing on the Hate Crimes Prevention Act. Judy Shepard, mother of slain University of Wyoming student Matthew Shepard, also testified before the committee. "Today we have it within our power to send a very different message than the one received by the people who killed my son," Shepard said at the hearing. "It is time to stop living in denial and to address a real problem that is destroying families like mine, James Byrd Jr.'s, Billy Jack Gaither's and many others across America." Robert H. Knight, from the conservative Family Research Council, testified against the proposed Hate Crimes Prevention Act, criticizing it as creating a class of thought crimes. The White House and the Justice Department support passage of the bill.



Judy Shepard

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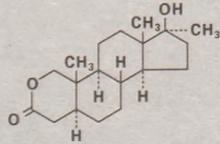
**References:** **1.** Strawford A, Barbieri T, Van Loan M, et al. The effects of oxandrolone plus resistance exercise on nitrogen balance, body composition and strength in men with AIDS wasting syndrome. Presented at: 12th World AIDS Conference; June 28-July 3, 1998; Geneva, Switzerland. Abstract. **2.** Fisher A, Abbaticola M, the Oxandrolone Study Group. The effects of oxandrolone on body weight and composition in patients with HIV-associated weight loss. Presented at: 5th Conference on Retroviruses and Opportunistic Infections; February 1-5, 1998; Chicago, Ill. Abstract. **3.** Berger JR, Pall L, Hall CD, et al. Oxandrolone in AIDS-wasting myopathy. *AIDS*. 1996;10:1657-1662.

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**WARNINGS**

**PELIOSIS HEPATIS, A CONDITION IN WHICH LIVER AND SOMETIMES SPLENIC TISSUE IS REPLACED WITH BLOOD-FILLED CYSTS, HAS BEEN REPORTED IN PATIENTS RECEIVING ANDROGENIC ANABOLIC STEROID THERAPY. THESE CYSTS ARE SOMETIMES PRESENT WITH MINIMAL HEPATIC DYSFUNCTION, BUT AT OTHER TIMES THEY HAVE BEEN ASSOCIATED WITH LIVER FAILURE. THEY ARE OFTEN NOT RECOGNIZED UNTIL LIFE-THREATENING LIVER FAILURE OR INTRA-ABDOMINAL HEMORRHAGE DEVELOPS. WITHDRAWAL OF DRUG USUALLY RESULTS IN COMPLETE DISAPPEARANCE OF LESIONS.**

**LIVER CELL TUMORS ARE ALSO REPORTED. MOST OFTEN THESE TUMORS ARE BENIGN AND ANDROGEN-DEPENDENT, BUT FATAL MALIGNANT TUMORS HAVE BEEN REPORTED. WITHDRAWAL OF DRUG OFTEN RESULTS IN REGRESSION OR CESSATION OF PROGRESSION OF THE TUMOR. HOWEVER, HEPATIC TUMORS ASSOCIATED WITH ANDROGENS OR ANABOLIC STEROIDS ARE MUCH MORE VASCULAR THAN OTHER HEPATIC TUMORS AND MAY BE SILENT UNTIL LIFE-THREATENING INTRA-ABDOMINAL HEMORRHAGE DEVELOPS. BLOOD LIPID CHANGES THAT ARE KNOWN TO BE ASSOCIATED WITH INCREASED RISK OF ATHEROSCLEROSIS ARE SEEN IN PATIENTS TREATED WITH ANDROGENS OR ANABOLIC STEROIDS. THESE CHANGES INCLUDE DECREASED HIGH-DENSITY LIPOPROTEINS AND SOMETIMES INCREASED LOW-DENSITY LIPOPROTEINS. THE CHANGES MAY BE VERY MARKED AND COULD HAVE A SERIOUS IMPACT ON THE RISK OF ATHEROSCLEROSIS AND CORONARY ARTERY DISEASE.**

Cholestatic hepatitis and jaundice may occur with 17-alpha-alkylated androgens at a relatively low dose. If cholestatic hepatitis with jaundice appears or if liver function tests become abnormal, oxandrolone should be discontinued and the etiology should be determined. Drug-induced jaundice is reversible when the medication is discontinued.

In patients with breast cancer, anabolic steroid therapy may cause hypercalcemia by stimulating osteolysis. Oxandrolone therapy should be discontinued if hypercalcemia occurs.

Edema with or without congestive heart failure may be a serious complication in patients with pre-existing cardiac, renal, or hepatic disease. Concomitant administration of adrenal cortical steroid or ACTH may increase the edema.

In children, androgen therapy may accelerate bone maturation without producing compensatory gain in linear growth. This adverse effect results in compromised adult height. The younger the child, the greater the risk of compromising final mature height. The effect on bone maturation should be monitored by assessing bone age of the left wrist and hand every 6 months (See **PRECAUTIONS: Laboratory tests**).

Geriatric patients treated with androgenic anabolic steroids may be at an increased risk for the development of prostatic hypertrophy and prostatic carcinoma.

**ANABOLIC STEROIDS HAVE NOT BEEN SHOWN TO ENHANCE ATHLETIC ABILITY.**

**PRECAUTIONS**

**General:**

Women should be observed for signs of virilization (deepening of the voice, hirsutism, acne, clitoromegaly). Discontinuation of drug therapy at the time of evidence of mild virilism is necessary to prevent irreversible virilization. Some virilizing changes in women are irreversible even after prompt discontinuance of therapy and are not prevented by concomitant use of estrogens. Menstrual irregularities may also occur.

Anabolic steroids may cause suppression of clotting factors II, V, VII, and X, and an increase in prothrombin time.

**Information for patients:**

The physician should instruct patients to report any of the following side effects of androgens:

**Males:** Too frequent or persistent erections of the penis, appearance or aggravation of acne.

**Females:** Hoarseness, acne, changes in menstrual periods, or more facial hair.

**All patients:** Nausea, vomiting, changes in skin color, or ankle swelling.

**Laboratory tests:**

Women with disseminated breast carcinoma should have frequent determination of urine and serum calcium levels during the course of therapy (See **WARNINGS**).

Because of the hepatotoxicity associated with the use of 17-alpha-alkylated androgens, liver function tests should be obtained periodically.

Periodic (every 6 months) x-ray examinations of bone age should be made during treatment of children to determine the rate of bone maturation and the effects of androgen therapy on the epiphyseal centers.

Serum lipids and high-density lipoprotein cholesterol determinations should be done periodically as androgenic anabolic steroids have been reported to increase low-density lipoproteins. Serum cholesterol levels may increase during therapy. Therefore, caution is required when administering these agents to patients with a history of myocardial infarction or coronary artery disease. Serial determinations of serum cholesterol should be made and therapy adjusted accordingly.

Hemoglobin and hematocrit should be checked periodically for polycythemia in patients who are receiving high doses of anabolic steroids.

**Drug interactions**

**Anticoagulants:**

Anabolic steroids may increase sensitivity to oral anticoagulants. Dosage of the anticoagulant may have to be decreased in order to maintain desired prothrombin time. Patients receiving oral anticoagulant therapy require close monitoring, especially when anabolic steroids are started or stopped.

**Oral hypoglycemic agents:**

Oxandrolone may inhibit the metabolism of oral hypoglycemic agents.

**Adrenal steroids or ACTH:**

In patients with edema, concomitant administration with adrenal cortical steroids or ACTH may increase the edema.

**Drug/Laboratory test interactions:**

Anabolic steroids may decrease levels of thyroxine-binding globulin, resulting in decreased total T<sub>4</sub> serum levels and increased resin uptake of T<sub>3</sub> and T<sub>4</sub>. Free thyroid hormone levels remain unchanged. In addition, a decrease in PBI and radioactive iodine uptake may occur.

**Carcinogenesis, mutagenesis, impairment of fertility**

**Animal data:**

Oxandrolone has not been tested in laboratory animals for carcinogenic or mutagenic effects. In 2-year chronic oral rat studies, a dose-related reduction of spermatogenesis and decreased organ weights (testes, prostate, seminal vesicles, ovaries, uterus, adrenals, and pituitary) were shown.

**Human data:**

Liver cell tumors have been reported in patients receiving long-term therapy with androgenic anabolic steroids in high doses (See **WARNINGS**). Withdrawal of the drugs did not lead to regression of the tumors in all cases.

Geriatric patients treated with androgenic anabolic steroids may be at an increased risk for the development of prostatic hypertrophy and prostatic carcinoma.

**Pregnancy:**

Teratogenic effects—Pregnancy Category X (See **CONTRAINDICATIONS**).

**Nursing mothers:**

It is not known whether anabolic steroids are excreted in human milk. Because of the potential of serious adverse reactions in nursing infants from oxandrolone, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

**Pediatric use:**

Anabolic agents may accelerate epiphyseal maturation more rapidly than linear growth in children and the effect may continue for 6 months after the drug has been stopped. Therefore, therapy should be monitored by x-ray studies at 6-month intervals in order to avoid the risk of compromising adult height. Androgenic anabolic steroid therapy should be used very cautiously in children and only by specialists who are aware of the effects on bone maturation (See **WARNINGS**).

**ADVERSE REACTIONS**

The following adverse reactions have been associated with use of anabolic steroids:

**Hepatic:** Cholestatic jaundice with, rarely, hepatic necrosis and death. Hepatocellular neoplasms and peliosis hepatis with long-term therapy (See **WARNINGS**). Reversible changes in liver function tests also occur including increased bromsulphophthalein (BSP) retention, and increases in serum bilirubin, aspartate aminotransferase (AST, SGOT) and alkaline phosphatase.

**In males:**

**Prepubertal:** Phallic enlargement and increased frequency or persistence of erections.

**Postpubertal:** Inhibition of testicular function, testicular atrophy and oligospermia, impotence, chronic priapism, epididymitis, and bladder irritability.

**In females:**

Clitoral enlargement, menstrual irregularities.

**CNS:** Habituation, excitation, insomnia, depression, and changes in libido.

**Hematologic:** Bleeding in patients on concomitant anti-coagulant therapy.

**Breast:** Gynecomastia.

**Larynx:** Deepening of the voice in females.

**Hair:** Hirsutism and male pattern baldness in females.

**Skin:** Acne (especially in females and prepubertal males).

**Skeletal:** Premature closure of epiphyses in children (See **PRECAUTIONS: Pediatric use**).

**Fluid and electrolytes:** Edema, retention of serum electrolytes (sodium chloride, potassium, phosphate, calcium).

**Metabolic/Endocrine:** Decreased glucose tolerance (See **PRECAUTIONS: Laboratory tests**), increased creatinine excretion, increased serum levels of creatinine phosphokinase (CPK). Masculinization of the fetus. Inhibition of gonadotropin secretion.

**OVERDOSAGE**

No symptoms or signs associated with overdosage have been reported. It is possible that sodium and water retention may occur.

The oral LD<sub>50</sub> of oxandrolone in mice and dogs is greater than 5,000 mg/kg. No specific antidote is known, but gastric lavage may be used.

**DOSAGE AND ADMINISTRATION**

Therapy with anabolic steroids is adjunctive to and not a replacement for conventional therapy. The duration of therapy with Oxandrin (oxandrolone) will depend on the response of the patient and the possible appearance of adverse reactions. Therapy should be intermittent.

**Adults:** The usual adult dosage of Oxandrin is one 2.5-mg tablet 2 to 4 times daily. However, the response of individuals to anabolic steroids varies, and a daily dosage of as little as 2.5 mg or as much as 20 mg may be required to achieve the desired response. A course of therapy of 2 to 4 weeks is usually adequate. This may be repeated intermittently as indicated.

**Children:** For children the total daily dosage of Oxandrin is  $\leq 0.1$  mg per kilogram body weight or  $\leq 0.045$  mg per pound of body weight. This may be repeated intermittently as indicated.

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KIM THOMPSON

Panelists L-R: Gary Norman, Katrina C. Rose, Candice Clark, Robert Helaire, and Jeanne Sommerfeld.

## Discussing hate

### ► Community forum dissects the use of hate crimes law

by D.L. GROOVER

A state's response to crimes of bias should be based not on whether the law is constitutionally-sound, but because hate "just isn't right," said one participant at a hate crimes forum, May 7.

"What really chaps my hide is that people start talking about the technicalities, and the legalities, and the constitutionality. What about the fact that things are just not right?," Robert Helaire, board member of People With Aids Coalition, asked the gathering.

Helaire was part of a five-person hate crimes panel held in conjunction with the Gay And Lesbian Film Festival at Rice Media Center, last Friday.

The panelist joining Helaire were: Gary Norman, hate crimes specialist at the Montrose Counseling Center; Katrina C. Rose, attorney and transgender advocate; Candice Clark, a representative for H.A.T.C.H. (Houston Area Teen Coalition of Homosexuals); and Jeanne Sommerfeld, president of the Texas chapter of the National Organization for Women.

The discussion followed a showing of the documentary "The Brandon Teena Story." The film depicts the harrowing rape and murder of a young woman from Nebraska, Teena Brandon, who tried to live her all-too-brief life as a man.

Helaire's ire over obstacles to passing statewide hate crimes legislation was just one of many threads discussed in an effort to fully explore the specter of the particu-

lar form of violence.

The documentary proved to be the perfect starting point for discussing hate and its victims.

"These people are disconnected. Brandon had very few people in his life that he could talk to, that he felt comfortable with. I see that also with my clients," said Norman.

His view was shared by Helaire who said, "What struck me was the actual aloneness that Brandon had. He had absolutely no where to turn. It makes me very thankful for organizations like H.A.T.C.H. that can provide an outlet for kids who are fortunate enough to get out of that environment, get somewhere, and get help."

Norman said avoiding hate crime is more than getting out of harm's way. He said hatred is deep-seated and is an evil society as a whole should address. "It's easy to say the perpetrators are evil, but that's giving society almost too much of a way out, as opposed to all of us taking some responsibility."

Rose said, "The quote about Brandon's murder that sticks in my mind wasn't in the movie but from Norm MacDonald, back when he was doing the Weekend Update on 'Saturday Night Live.' He kind of laughed and said everyone connected with the case should be taken out and killed."

Sommerfeld said hate crimes will not go away because some lawmakers decree it so. There are other considerations.

"The rape of Brandon was a way of telling her that her identifying as a man was inappropriate and was crossing societal boundaries."

She added, "Laws don't make hate

► See Forum Page 14

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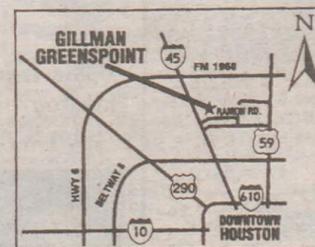
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## LETTERS

### London bombing has impact here

Editor:

It was with great sadness that I learned about the bombing of The Admiral Duncan in Soho (London). I have had many a pint in that place. It was friendly oasis in the sometimes inhospitable London gay scene. I spent one of the saddest days in recent U.K. history there. I just happened to be in London the day of Diana's funeral, and was amazed at how many gays and lesbians were mourning the demise of the princess in Hyde Park. After the service was over we all wandered over to Soho to mourn "in true styl," (I have never seen so many people fashionably dressed



Protesters outside London's The Admiral Duncan

in black). I hooked up with a young kid from Glasgow whose English I could barely understand. As we were knocking back the whiskey (single malt) we talked about how much Diana's death had affected the nation and the gay community. There was not a dry eye in the place, and no one was ashamed to be weeping. I will never forget that day. Now I wonder now how many people I came in contact in that place might be maimed or dead. It makes me shudder.

Duncan Elliott  
via e-mail

### The community needs one name to include everyone

Editor:

I have been watching the discussion and media concerning the inclusiveness of the Greater Houston Gay And Lesbian Chamber of Commerce. I am not a founding member of any organization, but I am a gay man who has learned a lot since coming out. To me the answer to this problem is quite clear. As a community, we have no problem with transgendered persons being involved and helping at our events. I may be mistaken, but is it not true that there are even several transgendered members of the Q Patrol marching the streets for OUR safety?

I believe that the discrimination we all face has the potential to teach us more about life and to make us grow stronger as human beings. But it doesn't seem we have learned our lessons that well. Our lesbian sisters have faced and still face this same discrimination from us. And yet as a community they have been supportive of gay men. I believe the lesson we should learn from being oppressed is not to turn around and do the same to the next per-

son. But instead we make excuses like, "they are different from us," or worse, we ignore them and say they are whining when they want to be included.

I understand the argument about not wanting to say a long sentence every time you address a group. Instead of "Lesbigaytrans" why not think of a monosyllabic word for us all. Even I still shudder at "queer," but if that is what it takes to be fair... or why not something new, borrow from "Star Trek" and call us the Q Continuum. Seriously though, I am a blue-collared machinist with a high school education. Aren't there some college educated minds in this community who can figure out how to be fair to all in our community? Because frankly, if we are ever going to receive equal rights I don't want them unless it includes everyone in our community.

Russ Byrd  
via e-mail

### TV Montrose showed Houston what the community was all about

Editor:

I was so distraught to hear about the cancellation of TV Montrose. I was even more dismayed to read the letter to the editor (*Houston Voice*, April 30, page 8) by Martin Kavka. I am a straight, black, 26-year-old female who was proud my city of Houston aired a show that allowed homosexuals to express themselves. Most importantly, TV Montrose allowed our society to see that homosexuals are people/humans with hopes, dreams, aspirations and turmoil. Did you see the story about Matthew Shepard? Do you realize it was the only one of its kind? Not one

other television station in the whole city covered the vigil. I am sure all who watched that episode was crying with me. I am disappointed, too, by the obvious lack of support (within the gay community) Steve Baker wrote about ("An open letter to community from TV Montrose," *Houston Voice*, April 23, page 9).

Let me tell you what I saw on TV Montrose. For the first time in my life I saw our society moving closer to an age where there is no discrimination. Optimistic? Yes. Crazy? Maybe. Unheard of? I don't think so. OK, it wasn't like

watching NBC, CBS or any other well-established television network... TV Montrose was a success...for the mere fact that the show was about a people fighting for a cause.

To Baker and all involved in TV Montrose: Thank you for allowing us to see the true face of homosexuality. Thank you for fighting against discrimination. Although it may seem that "we" are a part of the few, know that your supporters are still strong.

Zarina A. Omar  
via facsimile

### Vice President Gore lauds fundamental values of inclusion

Editor:

(The following letter was sent to the Pride Committee of Houston)

I am honored to have this opportunity to send my personal greetings to everyone taking part in the observation of the 1999 Gay and Lesbian Pride Celebration. While I regret that I cannot be with you in person, I want to offer my best wishes to all of you. The theme of this year's celebration—"Prideful Past, Powerful Future"—is particularly significant in this, the 30th anniversary of the Stonewall riots of 1969 and the beginning of the modern gay and lesbian movement. Today, I hope that all Americans will join in recognizing that the



Vice President  
Al Gore

diversity of our people is the source of our strength. Our nation's success depends on our ability to value the positive contributions that every member of our society can make, regardless of sexual orientation. You can be sure that I will continue to support the right of every American to succeed without the burden of prejudice, discrimination, or persecution not only in government, but in all walks of life. Tipper joins me in thanking you for your commitment to our nation and its fundamental values of inclusion, opportunity, and respect for every individual. Please accept our warmest personal regards.

Al Gore  
Vice President of the United States  
via facsimile



VIEWPOINT

# Lesbian look open to more than just one style

by JAY VANASCO

**F**or the first time ever, I have a gay hairdresser. He is not anything like I expected, yet he meets all the stereotypes. He wears all black. He minces. He wipes scuff marks off the wooden floors near his chair. He tries to get me to pluck my eyebrows. He is absolutely perfect. Since I graduated from college five years ago, I have been through six hairstylists (I'm not using any real names, here. I'm convinced there's some sort of hair-cutting mafia that punishes people who talk badly about their hairstylist). There was Lacey, a Goth single mother, who never wanted to part my hair on the side I part it. There was Alice, a cheerful, bumbling woman who massacred my simple bob so badly that my next hairdresser, La-Shonda, asked gently, "Girlfriend, do you use a mirror when you cut your hair?" There was Stacey, who constantly pushed pricey products on me (special conditioners, shampoos, gels, mousses). There was Maryanne, who cut my hair too short and talked constantly. And now there's Brad.

Before Brad, I only went to (straight) women, because I had thought that women would understand me better, that they would listen to my incoherent ramblings

about style, length, look, and do something fabulous. I am a stylist's worst nightmare—I have a picture in my head about what I want, but I seem to be unable to communicate it to anyone. Even when I bring a photo ripped from the pages of *Elle*, I tend to say something like, "I want my hair cut like this, but, you know, longer on the sides and different bangs, and not so high, and..." So what usually happens is that the stylist, exasperated, talks to me a lot beforehand, figures out I'm a lesbian, and then gives me her version of a lesbian cut—which means either pretty short and raggedy, or the good old lesbian shag, short on the sides, long in back. But Brad—ahhh, Brad understands that IT DOESN'T MATTER WHAT I SAY I WANT! Because what I'm longing for, deep down, is to look good. One of the first things Brad said to me when I sat down in his chair was something like, "You know, everything's lesbian chic these days, girlfriend. Everything's about style. The girls you want to pick up at GirlBar don't want to see you in a butch cut. They want flair." (Since I'm partnered, I'm not in the market to pick up girls, but he got the general idea).

Then, silently, he seemed to wave his scissors around my head three times and fuss over it with gel-type stuff and a hairdryer. I emerged

from his chair wearing hair that belongs on a supermodel. Even after I stopped the hairdryer-and-gel-thing, I still get compliments. It's nothing that I asked for, but everything I wanted. Unlike the women I had seen before him, Brad—being gay himself—wasn't caught up in my being a lesbian. He assessed me as a person and was able to see what I myself couldn't articulate: I am a woman who has bought into the male standard of beauty. I can't help myself.

This is embarrassing. How can a dyke be strong when a new color nailpolish ("Celadon Shimmer," in my case) leaves her simpering? How can she be independent when she would rather look pretty instead of competent? How can she be taken seriously when she's constantly checking out her new haircut in a mirror? I worked so hard in college to free my body from the patriarchal prison of perfection, that this seems to be an enormous step backward. What was all that sacrifice for anyway? I stopped shaving. I cut my hair ruthlessly short. I abandoned makeup, dresses and the color pink.

Now that all my bad straight habits are back, I have to be extra-creative to make sure that other lesbians pick me up on their gaydar (usually it entails saying something like, "Oh, hey, by the way, I'm a lesbian, too.") I'm terrified that, at my

upcoming fifth college reunion, the other lesbians I knew in college are going to take one look at me and comment, "Oh, are you straight now?" Of course, I hear some of them are married to men, so I guess I won't worry about my gay card being taken away any time soon. Still, I want to stand with my lesbian sisters. I don't want to pass as straight when I worked so hard to be out of the closet. I want people to know they can't tell homophobic jokes in front of me, that I won't appreciate being whistled at, that I am not simply eye candy.

Brad made me feel better. "Think about it," he told me. "Gay men get attention from straight women all the time. We love it. I love when lesbians are so gorgeous that straight men ask them out and then get turned down. They get so mad that there's something out there that looks like that and they can't have it." And there's something else, too. If we subvert our personalities to the lesbian paradigm when that isn't our real style, aren't we just buying in to a different kind of prison? There is room enough for all of us—butches, soft butches, and those like me with a chic haircut given by a gay hairdresser.

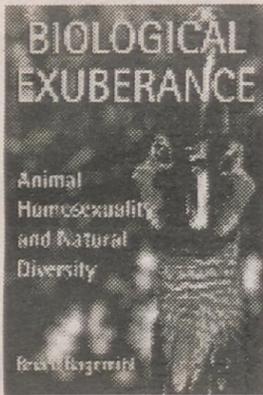
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## Dykes To Watch Out For by Alison Bechdel



# The gay side of nature examined in new book

► Even as moralists and activists continue to debate homosexuality, many species casually practice it



Giraffes do it, goats do it, birds and bonobos and dolphins do it.

Human beings—a lot of them anyway—like to do it too, but of all the planet's species, they're the only ones who are oppressed when they try.

What humans share with so many other animals, it now appears, is freewheeling homosexuality. For centuries opponents of gay rights have

seen same-gender sex as a uniquely human phenomenon, one of the many ways our famously corruptible species flouts the laws of nature. But nature's morality, it seems, may be remarkably flexible, at least if the new book "Biological Exuberance" by linguist and cognitive scientist Bruce Bagemihl, is to be believed.

According to Bagemihl, the animal kingdom is a more sexually complex place than most people know—one where couplings routinely take place

not just between male-female pairs but also between male-male and female-female ones.

What's more, same-sex partners don't meet merely for brief encounters, but may form long-term bonds, sometimes mating for years or even for life.

Bagemihl's ideas have caused a stir in the higher, human community, especially among scientists who find it simplistic to equate any animal behavior with human behavior. But Bagemihl stands behind the findings, arguing that if homosexuality comes naturally to other creatures, perhaps it's time to quit getting into such a lather over the fact that it comes naturally to humans too.

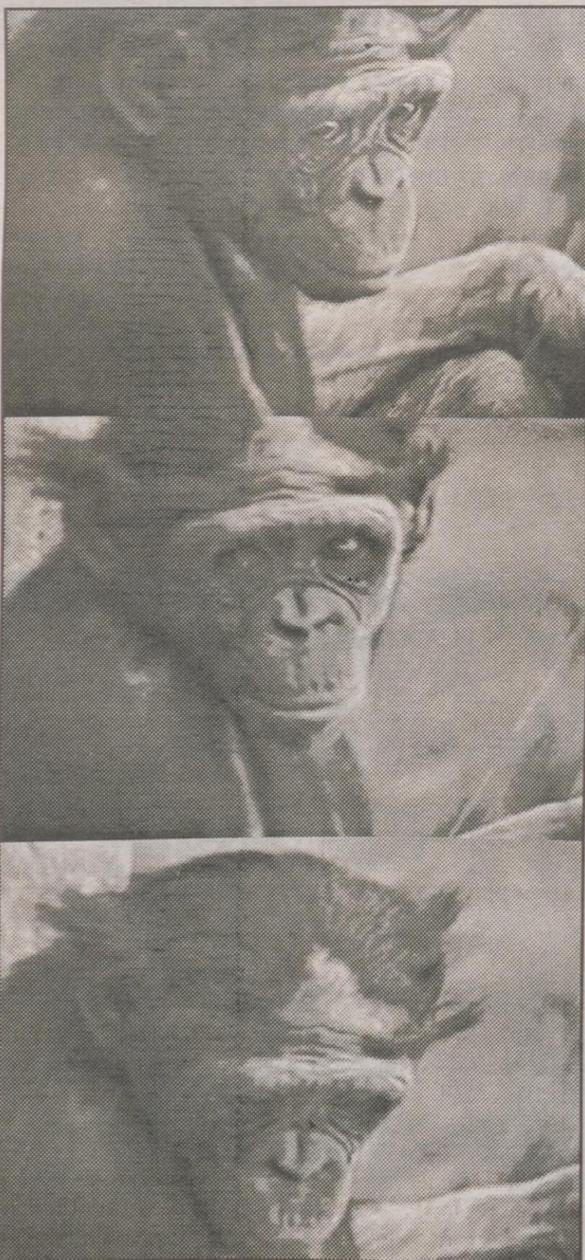
"Animal sexuality is more complex than we imagined," says Bagemihl.

"That diversity is part of human heritage."

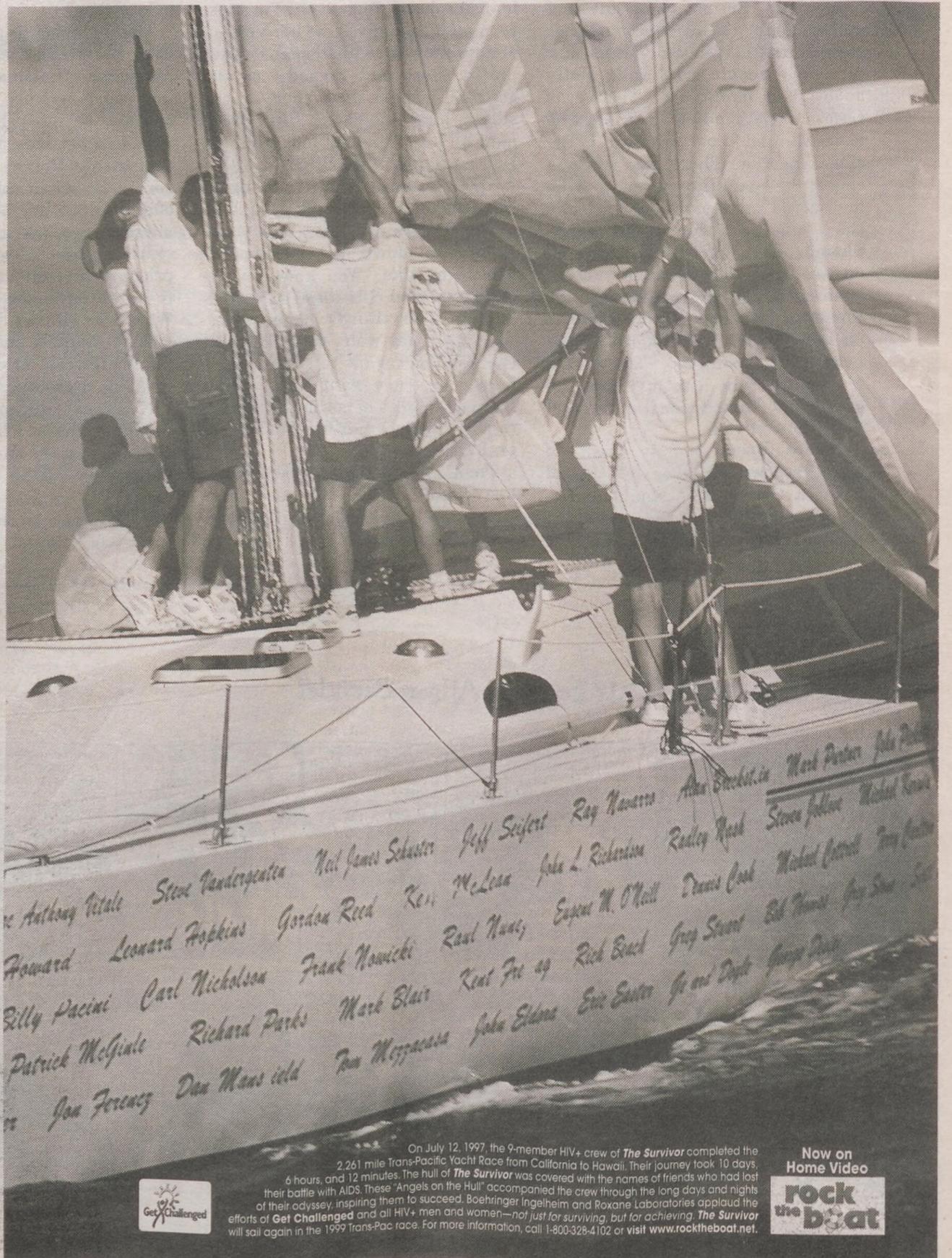
For a love that long dared not speak its name, animal homosexuality is astonishingly common. Scouring zoological journals and conducting extensive interviews with scientists, Bagemihl found same-sex pairings documented in more than 450 different species.

In a world teeming with more than one million species, that may not seem like much. Animals, however, can be surprisingly prim about when and under whose prying eye they engage in sexual activity; as few as 2,000 species have thus been observed closely enough to reveal their full range of coupling behavior.

Within such a small sampling, 450 represents more  
 > See Animal Page 14



Bonobos partake of same-sex pairings



On July 12, 1997, the 9-member HIV+ crew of *The Survivor* completed the 2,261 mile Trans-Pacific Yacht Race from California to Hawaii. Their journey took 10 days, 6 hours, and 12 minutes. The hull of *The Survivor* was covered with the names of friends who had lost their battle with AIDS. These "Angels on the Hull" accompanied the crew through the long days and nights of their odyssey, inspiring them to succeed. Boehringer Ingelheim and Roxane Laboratories applauded the efforts of *Get Challenged* and all HIV+ men and women—not just for surviving, but for achieving. *The Survivor* will sail again in the 1999 Trans-Pac race. For more information, call 1-800-328-4102 or visit [www.rocktheboat.net](http://www.rocktheboat.net).



# Poll shows growing support for gay candidates, issues

## Support from page 1

sexual orientation. That percentage includes 67 percent of Republican primary voters and 70 percent of fundamentalist Christians. Job discrimination is now prohibited in only 10 states.

Regarding hate crimes, 75 percent of voters including 61 percent of Republican primary voters and 70 percent of fundamentalist Christians said that crimes motivated by sexual orientation bias should be considered hate crimes.

### Other findings:

- 56 percent of voters said gays should have the right to health care benefits for their partners;
- 55 percent said service members should not be discharged from the military for acknowledging their homosexuality.

"We see that despite their differences voters are coming together around some very important issues," said Lynn

Greer, the GLVF chair. "It doesn't normally make headlines, but it is terribly important that we see these areas of common ground at this time when so many Americans are longing for an end to the bitter partisanship of the past."

The American public has a diminishing faith in politicians, often perceived as dishonest, partisan and indebted to special interest groups, and are looking for candidates who are not typical, said pollster Dianne Feldman of the Feldman Group, the organization that conducted the research. Gay candidates are considered to be more honest and less typical, she said.

People have also reached a point at which discrimination is no longer tolerated. "Opposition to discrimination has become an 'apple pie' value for Americans," Feldman said.

"When you put these (factors) together, there is a resistance to anybody attacking those who are gay and a trend toward accepting them," she said. "I think this is

actually an important moment for electing more gays and lesbians to office."

Feldman noted a few important caveats to her research. She said when a candidate was described superficially as gay, the candidate lost 15 points of support from one who was not, and she called that "an enormously serious point."

She also found that gay candidates are often perceived as more liberal and more interested in health care issues. Those are details that she said could work to the advantage or disadvantage of an openly gay candidate.

Those polled were less likely to identify with a gay candidate versus a straight one. Forty percent said they felt a straight candidate would understand their values versus 13 percent who said a gay candidate would.

In addition, 26 percent said that the straight candidates "care about people like me" while 11 percent thought the same of a gay candidate.

Feldman's advice for gay candidates is not that different than the advice she would offer to all candidates. Gay men and lesbians running for office should run a strong campaign that focuses on a clear set of priorities rather than on sexual orientation. They should be open and honest about being gay but should not be defensive or dwell on personal information, she said.

The GLVF research, conducted between March 29 to April 2, consisted of a national poll of 1,000 voters likely to participate in the 2000 elections.

The project included focus group research in three markets familiar with gay candidates: Madison, Wisconsin; Tucson, Arizona and Encino, California. The national poll's overall margin of error is plus or minus 3.1 percent.

## Push still on for hate crime bill

### Hate from page 1

Houston. "As a white Southerner, the thought that a man could be murdered because of his race in 1999 is heart-breaking," Clinton said. "It is the country's organization, the country's dominant values, the country's leadership, the country's direction that matters."

Hardy-Garcia had met the president once before when she was invited to a White House conference, but she only met him in a receiving line and did not get the opportunity to discuss issues with him.

The Byrd family also met with Gov. Bush last week but were not as pleased with the meeting. While some media reports called the meeting "cordial," Hardy-Garcia said the Byrd family told her that the governor was not even nice to them. Bush said he would not use his influence to bring the bill to a vote in the Senate.

"The meeting with the president was after a very frustrating meeting they had with George Bush," Hardy-Garcia said. "He didn't treat them very well. They came away very hurt."

Byrd's daughter Mullins said to reporters she told Bush that "next to God, you're the guy with my father's fate in your hands. It's up to you whether or not my father died in vain."

Hardy-Garcia said she met briefly with Bush last week and was also displeased with his response. She said she believes Bush is only concerned with his aspirations toward the presidency and not with the state of Texas. She also noted that Bush did not attend the funeral of Byrd but only made a condolence call.

"If this bill does not pass, it's because George Bush killed it," Hardy-Garcia said May 10.

The meeting with the president came at a time when Hardy-Garcia is hard at work on other issues important to gays and lesbian. Most bills relevant to the community are being considered together in a committee and have not reached the House floor.

**"WHEN THINGS GOT ROUGH  
VIRAMUNE® DIDN'T  
GET IN MY WAY."**

Mike Schmidt,  
HIV+ crew member of *The Survivor*,  
on the dosing convenience of VIRAMUNE®

"Sailing the Pacific was both a mental and physical challenge. 24 hours a day. The ocean controlled when I ate and slept. Fortunately, I had to take only one VIRAMUNE® tablet twice a day\* as part of my antiretroviral combination.

"Although I chose VIRAMUNE® as part of my combination for its convenience, the goal of my therapy was to reach an undetectable viral load. At the time of the race, I was fitter than ever."

Ask your doctor whether VIRAMUNE® could fit into your treatment strategy. VIRAMUNE® is indicated for use with other antiretroviral agents for the treatment of HIV-1 infection. However, there is no cure for HIV infection. Currently, it is not known whether taking VIRAMUNE® in combination with other antiretrovirals will help you live longer or reduce the number of infections or other illnesses that can occur with HIV. You should also be aware that all antiretrovirals can cause side effects. VIRAMUNE® is associated with severe rash and liver toxicity, including fatal cases of each. Other side effects reported include fever, nausea, headache, and abnormal liver function tests. VIRAMUNE® is, however, generally well tolerated by most patients.

\* Recommended dose: one 200 mg tablet once a day for first 14 days; then one 200 mg tablet twice a day.

Just two tablets a day  
with or without food

Tablets, Oral Suspension  
**Viramune®**  
(nevirapine)

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# Even as moralists continue to debate homosexuality, many species casually practice it, says researcher

Animal from page 12  
than 20 percent.

That 20 percent may spend its time lustily or quite tenderly. Among bonobos, a chimp-like ape, homosexual pairings account for as much as 50 percent of all sexual activity. Females especially engage in repeated acts of same-sex sex, spending far more than the 12 or so seconds the whole transaction can take when a randy male is involved.

Male giraffes practice necking—literally—in a very big way, entwining their long bodies until both partners become sexually aroused. Heterosexual and homosexual dolphin pairs engage in face-to-face sexual encounters that look altogether human. Animals as diverse as ele-

phants and rodents practice same-sex mounting, and macaques raise that affection ante further, often kissing while assuming a coital position.

Same-gender sexual activity, says Bagemihl, “encompasses a wide range of forms.”

What struck Bagemihl most is those forms that go beyond mere sexual gratification. Humboldt penguins may have homosexual unions that last six years; male greylag geese may stay paired for 15 years—a lifetime commitment when you’ve got the lifespan of a goose. Bears and some other mammals may bring their young into homosexual unions, raising them with their same-sex partner just as they would with a member of the opposite sex.

But witnessing same-sex activity and understanding it are two different things, and some experts believe observers like Bagemihl are misreading the evidence.

In species that lack sophisticated language—which is to say, all species but ours—sex serves many nonsexual purposes, including establishing alliances and appeasing enemies, all things animals must do with members of both sexes.

“Sexuality helps animals maneuver around each other before making real contact,” says Martin Daly, an evolutionary psychologist at McMaster University in Ontario. “Putting all that into a homosexual category seems simplistic.”

Even if some animals do engage in homosexual activity purely for pleasure, their behavior still serves as an incomplete model—and an incomplete explanation—for human behavior.

“In our society homosexuality means a principal or exclusive orientation,” says psychology professor Frans de Waal of the Yerkes Primate Center in Atlanta. “Among animals it’s just non-reproductive sexual behavior.”

Whether any of this turns out to be good for the gay and lesbian community is unclear. While the new findings seem to support the idea that homosexuality is merely a natural form of sexual expression, Bagemihl believes such political questions may be beside the point.

“We shouldn’t have to look to the animal world to see what’s normal or ethical,” he says.

“Indeed, when it comes to answering those questions, Mother Nature seems to be keeping an open mind.”

## Hate discussed at forum

Forum from page 9

crimes go away. What the law does is to provide a norm for our society. It says this is what we say is wrong. And, right now in Texas, we don’t say very strongly that hate crime is wrong.”

The discussion moved on to explore the possibility the morality of a state can be transformed through education. Some audience members expressed doubt. “I don’t think education’s going to do much. There are people who’s inclination is to hate, just out of a knee-jerk reaction,” said one.

Panelist Clark responded saying, “I don’t agree. The whole reason they’re being stupid is ‘cause all their friends are stupid. It’s all a matter of peer pressure. We have to start early. We just have to reach out and give them a reason to hope.”

Rose added, “Even if you’re willing to accept that (the murderers) were beyond hope, what about the rest of the folks? If they had just had any education about the transgender process or lesbians or anything, things might have turned out a little bit different.”

In the end, the forum focused on the difference between a hate crime and a non-biased act.

“The difference is the nature of the crime. When someone is robbed and beaten up when robbed, we punish them for robbery, we punish them for assault. And we know that’s where that crime ends. A hate crime conveys a very different message to the community—that you are under attack. There’s a difference between killing someone simply because they are gay, and killing someone because you wanted to rob their home.

“The message to the community is different,” said Sommerfeld.

She said, “I don’t know how we solve this to make the system of justice a system of justice for all of us, other than just doing the hard work of trudging through it day by day and working together to insure that we insist upon being treated with respect and fairness.”

## VIRAMUNE® (nevirapine) Tablets VIRAMUNE® (nevirapine) Oral Suspension

### Brief Summary

**WARNING:**  
SEVERE AND LIFE-THREATENING SKIN REACTIONS (STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS), INCLUDING FATAL CASES, HAVE OCCURRED IN PATIENTS TREATED WITH VIRAMUNE®. (See WARNINGS)  
SEVERE AND LIFE-THREATENING HEPATOTOXICITY, INCLUDING FATAL HEPATIC NECROSIS, HAS OCCURRED IN PATIENTS TREATED WITH VIRAMUNE®. (See WARNINGS)  
RESISTANT VIRUS EMERGES RAPIDLY AND UNIFORMLY WHEN VIRAMUNE® IS ADMINISTERED AS MONOTHERAPY. THEREFORE, VIRAMUNE® SHOULD ALWAYS BE ADMINISTERED IN COMBINATION WITH ANTIRETROVIRAL AGENTS.

**INDICATIONS AND USAGE:** VIRAMUNE® (nevirapine) is indicated for use in combination with other antiretroviral agents for the treatment of HIV-1 infection. This indication is based on analyses of changes in surrogate endpoints. At present, there are no results from controlled clinical trials evaluating the effect of VIRAMUNE® in combination with other antiretroviral agents on the clinical progression of HIV-1 infection, such as the incidence of opportunistic infections or survival. Resistant virus emerges rapidly and uniformly when VIRAMUNE® is administered as monotherapy. Therefore, VIRAMUNE® should always be administered in combination with at least one additional antiretroviral agent.

**CONTRAINDICATIONS:** VIRAMUNE® is contraindicated in patients with clinically significant hypersensitivity to any of the components contained in the tablet or the oral suspension.

**WARNINGS:** Severe and life-threatening skin reactions have occurred in patients treated with VIRAMUNE®, including Stevens-Johnson syndrome and toxic epidermal necrolysis. Fatal cases of toxic epidermal necrolysis have been reported. VIRAMUNE® must be discontinued in patients developing a severe rash or a rash accompanied by constitutional symptoms such as fever, blistering, oral lesions, conjunctivitis, swelling, muscle or joint aches, or general malaise. (See PRECAUTIONS, Information for Patients; ADVERSE REACTIONS) VIRAMUNE® therapy must be initiated with a 14-day lead-in period of 200 mg/day (4 mg/kg/day in pediatric patients), which has been shown to reduce the frequency of rash. If rash is observed during this lead-in period, dose escalation should not occur until the rash has resolved. (See DOSAGE AND ADMINISTRATION)

Severe or life-threatening hepatotoxicity, including fatal fulminant hepatitis (transaminase elevations, with or without hyperbilirubinemia, prolonged partial thromboplastin time, or eosinophilia), has occurred in patients treated with VIRAMUNE®. Some of these cases began in the first few weeks of therapy and some were accompanied by rash. VIRAMUNE® administration should be interrupted in patients experiencing moderate or severe ALT or AST abnormalities until these return to baseline values. VIRAMUNE® should be permanently discontinued if liver function abnormalities recur upon readministration. Monitoring of ALT and AST is strongly recommended, especially during the first six months of VIRAMUNE® treatment. (See PRECAUTIONS, Information for Patients; ADVERSE REACTIONS; DOSAGE AND ADMINISTRATION)

**PRECAUTIONS:** General: Nevirapine is extensively metabolized by the liver and nevirapine metabolites are extensively eliminated by the kidney. However, the pharmacokinetics of nevirapine have not been evaluated in patients with either hepatic or renal dysfunction. Therefore, VIRAMUNE® should be used with caution in these patient populations.

The duration of clinical benefit from antiretroviral therapy may be limited. Patients receiving VIRAMUNE® or any other antiretroviral therapy may continue to develop opportunistic infections and other complications of HIV infection, and therefore should remain under close clinical observation by physicians experienced in the treatment of patients with associated HIV diseases.

When administering VIRAMUNE® as part of an antiretroviral regimen, the complete product information for each therapeutic component should be consulted before initiation of treatment.

**Drug Interactions:** The induction of CYP3A by nevirapine may result in lower plasma concentrations of other concomitantly administered drugs that are extensively metabolized by CYP3A. (See CLINICAL PHARMACOLOGY) Thus, if a patient has been stabilized on a dosage regimen for a drug metabolized by CYP3A, and begins treatment with VIRAMUNE®, dose adjustments may be necessary.

**Rifampin/Rifabutin:** There are insufficient data to assess whether dose adjustments are necessary when nevirapine and rifampin or rifabutin are coadministered. Therefore, these drugs should only be used in combination if clearly indicated and with careful monitoring.

**Ketoconazole:** VIRAMUNE® and ketoconazole should not be administered concomitantly. Coadministration of nevirapine and ketoconazole resulted in a significant reduction in ketoconazole plasma concentrations. (See CLINICAL PHARMACOLOGY, Drug Interactions)

**Oral Contraceptives:** There are no clinical data on the effects of nevirapine on the pharmacokinetics of oral contraceptives. Nevirapine may decrease plasma concentrations of oral contraceptives (also other hormonal contraceptives); therefore, these drugs should not be administered concomitantly with VIRAMUNE®.

**Information for Patients:** Patients should be instructed that the major toxicity of VIRAMUNE® is rash and should be advised to promptly notify their physician of any rash. The majority of rashes associated with VIRAMUNE® occur within the first 6 weeks of initiation of therapy. Patients should be instructed that if any rash occurs during the two-week lead-in period, the VIRAMUNE® dose should not be escalated until the rash resolves. Any patient experiencing severe rash or a rash accompanied by constitutional symptoms such as fever, blistering, oral lesions, conjunctivitis, swelling, muscle or joint aches, or general malaise should immediately discontinue medication and consult a physician.

Patients should be instructed that abnormal liver function tests and cases of clinical hepatitis, including fatal fulminant hepatitis, have been reported with VIRAMUNE®. Liver function tests should be monitored, especially during the first six months of therapy. VIRAMUNE® administration should be interrupted in patients experiencing moderate or severe liver function test abnormalities, until liver function tests return to baseline values; VIRAMUNE® should be permanently discontinued if liver function abnormalities recur upon readministration. Patients should be instructed to consult their physicians immediately should symptoms of hepatitis occur.

Oral contraceptives and other hormonal methods of birth control should not be used as a method of contraception in women taking VIRAMUNE®. (See PRECAUTIONS, Drug Interactions)

Patients should be informed that VIRAMUNE® therapy has not been shown to reduce the risk of transmission of HIV-1 to others through sexual contact or blood contamination. The long term effects of VIRAMUNE® are unknown at this time. VIRAMUNE® is not a cure for HIV-1 infection; patients may continue to experience illnesses associated with advanced HIV-1 infection, including opportunistic infections. Treatment with VIRAMUNE® has not been shown to reduce the incidence or frequency of such illnesses; patients should be advised to remain under the care of a physician when using VIRAMUNE®. Patients should be informed to take VIRAMUNE® every day as prescribed. Patients should not alter the dose without consulting their doctor. If a dose is missed, patients should take the next dose as soon as possible. However, if a dose is skipped, the patient should not double the next dose. Patients should be advised to report to their doctor the use of any other medications.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Long-term carcinogenicity studies of nevirapine in animals are currently in progress. In genetic toxicology assays, nevirapine showed no evidence of mutagenic or clastogenic activity in a battery of *in vitro* and *in vivo* assays including microbial assays for gene mutation (Ames; Salmonella strains and *E. coli*), mammalian cell gene mutation assays (CHO/HGPRT), cytogenetic assays using a Chinese hamster ovary cell line and a mouse bone marrow micronucleus assay following oral administration. In reproductive toxicology studies, evidence of impaired fertility was seen in female rats at doses providing systemic exposure, based on AUC, approximately equivalent to that provided with the recommended clinical dose of VIRAMUNE®.

**Pregnancy:** Pregnancy Category C: No observable teratogenicity was detected in reproductive studies performed in pregnant rats and rabbits. In rats, a significant decrease in fetal body weight occurred at doses providing systemic exposure approximately 50% higher, based on AUC, than that seen at the recommended human clinical dose.

The maternal and developmental no-observable-effect level dosages in rats and rabbits produced systemic exposures approximately equivalent to or approximately 50% higher, respectively, than those seen at the recommended daily human dose, based on AUC. There are no adequate and well-controlled studies in pregnant women. VIRAMUNE® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers:** Preliminary results from an ongoing pharmacokinetic study (ACTG 250) of 10 HIV-1-infected pregnant women who were administered a single oral dose of 100 or 200 mg VIRAMUNE® at a median of 5.8 hours before delivery, indicate that nevirapine readily crosses the placenta and is found in breast milk. Consistent with the recommendation by the U.S. Public Health Service Centers for Disease Control and Prevention that HIV-infected mothers not breast-feed their infants to avoid risking postnatal transmission of HIV, mothers should discontinue nursing if they are receiving VIRAMUNE®.

**Pediatric Use:** Safety was assessed in trial BI 882 in which patients were followed for a mean duration of 33.9 months (range: 6.8 months to 5.3 years, including long-term follow-up in 29 of these patients in trial BI 892). The most frequently reported adverse events related to VIRAMUNE® in pediatric patients were similar to those observed in adults, with the exception of granulocytopenia which was more commonly observed in children. Serious adverse events were assessed in ACTG 245, a double-blind, placebo controlled trial of VIRAMUNE® (n = 305) in which pediatric patients received combination treatment with VIRAMUNE®. In this trial two patients were reported to experience Stevens-Johnson syndrome or Stevens-Johnson-like epidermal necrolysis transition syndrome. Cases of allergic reaction, including one case of anaphylaxis, were also reported. The evaluation of the antiviral activity of VIRAMUNE® in pediatric patients is ongoing.

Table 1 summarizes the marked laboratory abnormalities occurring in pediatric patients in Trial BI 882 and in follow-up Trial BI 892.

Table 1: Number of Pediatric Patients (%) with Marked Laboratory Abnormalities in Trials BI 882 and BI 892 Combined.

	No. (%) of Patients n=37
<b>Hematology</b>	
Decreased Hg (<8.0 g/dL)	7 (19)
Decreased platelets (<50,000/mm <sup>3</sup> )	4 (11)
Decreased neutrophils (<750/mm <sup>3</sup> )	14 (38)
Increased MCV (>100 fL)	13 (35)
<b>Blood Chemistry</b>	
Increased ALT (>250 U/L)	4 (11)
Increased AST (>250 U/L)	5 (14)
Increased GGT (>450 U/L)	4 (11)
Increased total bilirubin (>2.5 mg/dL)	1 (3)
Increased alkaline phosphatase (>2x ULN)	19 (51)
Increased amylase (>2x ULN)	6 (16)

**ADVERSE REACTIONS:** Adults: The most frequently reported adverse events related to VIRAMUNE® therapy were rash, fever, nausea, headache, and abnormal liver function tests.

The major clinical toxicity of VIRAMUNE® is rash, with VIRAMUNE®-attributable rash occurring in 17% of patients in combination regimens in Phase II/III controlled studies. Thirty-seven percent of patients treated with VIRAMUNE® experienced rash compared with 20% of patients treated in control groups of either ZDV+ddi or ZDV alone (Table 2). Severe or life-threatening rash occurred in 7.6% of VIRAMUNE®-treated patients compared with 1.2% of patients treated in the control groups.

Rashes are usually mild to moderate, maculopapular erythematous cutaneous eruptions, with or without pruritus, located on the trunk, face and extremities. The majority of severe rashes occurred within the first 28 days of treatment; 25% of the patients with severe rashes required hospitalization; and one patient required surgical intervention. All patients recovered. Overall, 7% of patients discontinued VIRAMUNE® due to rash.

Table 2: Percentage of Patients with Rashes in Adult Controlled Trials<sup>a</sup>

	ACTG 241 <sup>b</sup>		BI 1037		BI 1011		COMBINED DATA	
	NVP+ZDV+ddi	ZDV+ddi	NVP+ZDV	ZDV	NVP+ZDV	ZDV	NVP	CONTROL
n	197	201	30	30	25	24	252	255
Rash events of all Grades and all causality	39.6%	23.9%	26.7%	6.7%	32.0%	4.2%	37.3%	20.0%
Grade 3 or 4 rash events; all causality	8.1%	1.5%	3.3%	0%	8.0%	0%	7.6%	1.2%

<sup>a</sup> At recommended dose of one 200 mg tablet daily for the first 14 days followed by one 200 mg tablet twice daily  
<sup>b</sup> Trial ACTG 241 was designed to report Grade 3/4 (severe or life-threatening) events; except for several pre-specified events including rash for which all grades are reported

Table 3 lists treatment-related clinical adverse events that occurred in patients receiving VIRAMUNE® in ACTG 241 and in Trials BI 1037 and BI 1011.

Table 3: Comparative Incidence of Selected Drug-Related Events in Adult Controlled Trials

	ACTG 241		Trial BI 1037 and BI 1011	
	Grade 3/4 events		All severities	
	NVP+ZDV+ddi	ZDV+ddi	NVP+ZDV	ZDV alone
Number of patients	197	201	55	30
Overall incidence of related adverse events	31%	23%	42%	33%
Rash	8	2	20	3
Fever	3	3	11	3
Nausea	5	4	9	3
Headache	3	3	11	0
Diarrhea	2	2	0	0
Abdominal pain	1	2	2	0
Ulcerative stomatitis	0	0	4	0
Peripheral neuropathy	0	2	0	0
Paresthesia	1	0	2	0
Myalgia	1	0	2	7
Hepatitis	1	0	4	0

Laboratory Abnormalities: Table 4 summarizes marked laboratory abnormalities occurring in three controlled studies.

Table 4: Percentage of Adult Patients with Marked Laboratory Abnormalities

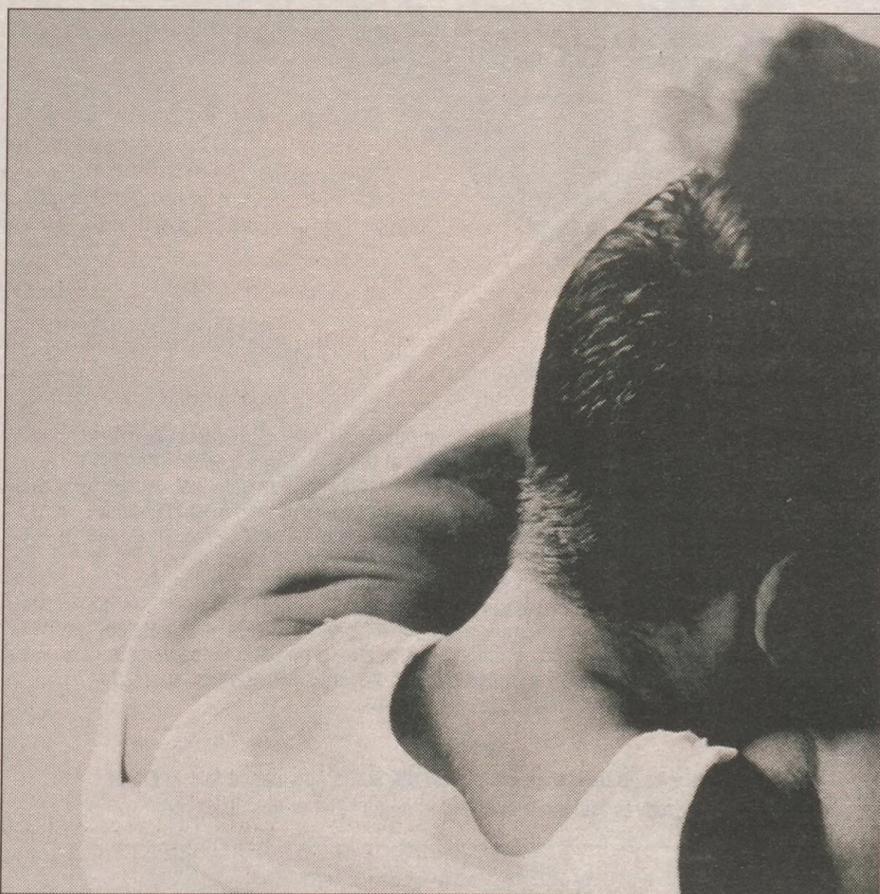
	Data combined for controlled trials ACTG 241, BI 1037 & BI 1011	
	VIRAMUNE® n=252	Control n=255
<b>Hematology</b>		
Decreased Hg (<8.0 g/dL)	1.2%	2.0%
Decreased platelets (<50,000/mm <sup>3</sup> )	0.8	0.8
Decreased neutrophils (<750/mm <sup>3</sup> )	11.1	10.2
<b>Blood chemistry</b>		
Increased ALT (>250 U/L)	3.4	3.5
Increased AST (>250 U/L)	2.0	2.4
Increased GGT (>450 U/L)	2.4	1.2
Increased total bilirubin (>2.5 mg/dL)	0.4	1.2

Asymptomatic elevations in GGT levels are more frequent in VIRAMUNE® recipients than in controls. Because clinical hepatitis has been reported in VIRAMUNE®-treated patients, monitoring of ALT (SGPT) and AST (SGOT) is strongly recommended, especially during the first six months of VIRAMUNE® treatment. (See WARNINGS)

**Pediatric Patients:** The most frequently reported adverse events related to VIRAMUNE® in pediatric patients were similar to those observed in adults, with the exception of granulocytopenia which was more commonly observed in children. (See PRECAUTIONS, Pediatric Use) The safety profile of VIRAMUNE® in neonates has not been established.

**OVERDOSAGE:** There is no known antidote for VIRAMUNE® overdosage. Cases of VIRAMUNE® overdosage at doses ranging from 800 to 1800 mg per day for up to 15 days have been reported. Patients have experienced events including edema, erythema nodosum, fatigue, fever, headache, insomnia, nausea, pulmonary infiltrates, rash, vertigo, vomiting and weight decrease. All events subsided following discontinuation of VIRAMUNE®.

**Rx only** Revised 9/10/98  
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Panretin<sup>®</sup> gel is an innovative, self-administered topical retinoid gel used to treat skin lesions in persons with HIV-related Kaposi's sarcoma. Your doctor can advise whether treatment with Panretin<sup>®</sup> gel is appropriate for you.

Panretin<sup>®</sup> gel is generally applied two times each day. Its use should be evaluated by your doctor in relation to other treatments you may be taking. Panretin<sup>®</sup> gel can be used whether or not you've tried any other anti-KS treatments, but should not be used when systemic anti-KS therapy is required.

Panretin<sup>®</sup> gel does not prevent the appearance of new lesions or the increased growth of KS lesions not treated with Panretin<sup>®</sup> gel. Patients using Panretin<sup>®</sup> gel should avoid prolonged exposure of the treated area to sunlight or other ultraviolet light. While using Panretin<sup>®</sup> gel, you may experience some local effects such as redness, discomfort, itching, and skin peeling or flaking at the area

## A new KS treatment that you can apply at home.



of application. Other possible local skin effects include: rawness, surface or deep cracking, scabbing, crusting, drainage, oozing, or infection. Consult your health care provider for more information on how to manage these effects. Do not use Panretin<sup>®</sup> gel if you are pregnant or breast feeding.

Your doctor can tell you more about Panretin<sup>®</sup> gel, how to use it and what results you may expect. For more information, call 1-800-964-5836.



**Panretin<sup>®</sup> gel**  
(alitretinoin) 0.1%

 **LIGAND<sup>®</sup>**  
PHARMACEUTICALS

# Panretin<sup>®</sup> gel

(alitretinoin) 0.1%

## FOR TOPICAL USE ONLY

### BRIEF SUMMARY

The following is a brief summary. Before prescribing, please consult full prescribing information.

### INDICATIONS AND USAGE

Panretin<sup>®</sup> gel is indicated for topical treatment of cutaneous lesions in patients with AIDS-related Kaposi's sarcoma. Panretin<sup>®</sup> gel is not indicated when systemic anti-KS therapy is required (e.g., more than 10 new KS lesions in the prior month, symptomatic lymphedema, symptomatic pulmonary KS, or symptomatic visceral involvement). There is no experience to date using Panretin<sup>®</sup> gel with systemic anti-KS treatment.

### CONTRAINDICATIONS

Panretin<sup>®</sup> gel is contraindicated in patients with a known hypersensitivity to retinoids or to any of the ingredients of the product.

### WARNINGS

**Pregnancy:** Panretin<sup>®</sup> gel could cause fetal harm if significant absorption were to occur in a pregnant woman. 9-*cis*-Retinoic acid has been shown to be teratogenic in rabbits and mice. An increased incidence of fused sternebrae and limb and craniofacial defects occurred in rabbits given oral doses of 0.5 mg/kg/day (about five times the estimated daily human topical dose on a mg/m<sup>2</sup> basis, assuming complete systemic absorption of 9-*cis*-retinoic acid, when Panretin<sup>®</sup> gel is administered as a 60 g tube over 1 month in a 60 kg human) during the period of organogenesis. Limb and craniofacial defects also occurred in mice given a single oral dose of 50 mg/kg on day eleven of gestation (about 127 times the estimated daily human topical dose on a mg/m<sup>2</sup> basis). Oral 9-*cis*-retinoic acid was also embryocidal, as indicated by early resorptions and post-implantation loss when it was given during the period of organogenesis to rabbits at doses of 1.5 mg/kg/day (about 15 times the estimated daily human topical dose on a mg/m<sup>2</sup> basis) and to rats at doses of 5 mg/kg/day (about 25 times the estimated daily human topical dose on a mg/m<sup>2</sup> basis). Animal reproduction studies with topical 9-*cis*-retinoic acid have not been conducted. It is not known whether topical Panretin<sup>®</sup> gel can modulate endogenous 9-*cis*-retinoic acid levels in a pregnant woman nor whether systemic exposure is increased by application to ulcerated lesions or by duration of treatment. There are no adequate and well-controlled studies in pregnant women. If Panretin<sup>®</sup> gel is used during pregnancy, or if the patient becomes pregnant while taking it, the patient should be apprised of the potential hazard to the fetus. Women of child-bearing potential should be advised to avoid becoming pregnant.

### PRECAUTIONS

Panretin<sup>®</sup> gel is indicated for topical treatment of Kaposi's sarcoma. Patients with cutaneous T-cell lymphoma were less tolerant of topical Panretin<sup>®</sup> gel; five of seven patients had 6 episodes of treatment-limiting toxicities—grade 3 dermal irritation—with Panretin<sup>®</sup> gel (0.01% or 0.05%).

**Photosensitivity:** Retinoids as a class have been associated with photosensitivity. There were no reports of photosensitivity associated with the use of Panretin<sup>®</sup> gel in the clinical studies. Nonetheless, because in vitro data indicate that 9-*cis*-retinoic acid may have a weak photosensitizing effect, patients should be advised to minimize exposure of treated areas to sunlight and sunlamps during the use of Panretin<sup>®</sup> gel.

**Drug Interactions:** Patients who are applying Panretin<sup>®</sup> gel should not concurrently use products that contain DEET (N,N-diethyl-m-toluamide), a common component of insect repellent products. Animal toxicology studies showed increased DEET toxicity when DEET was included as part of the formulation.

Although there was no clinical evidence in the vehicle-controlled studies of drug interactions with systemic antiretroviral agents, including protease inhibitors, macrolide antibiotics, and azole antifungals, the effect of Panretin<sup>®</sup> gel on the steady-state concentrations of these drugs is not known. No drug interaction data are available on concomitant administration of Panretin<sup>®</sup> gel and systemic anti-KS agents.

**Drug/Laboratory Test Interactions:** No interference with laboratory tests has been observed.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Long-term studies in animals to assess the carcinogenic potential of 9-*cis*-retinoic acid have not been conducted.

9-*cis*-Retinoic acid was not mutagenic in vitro (bacterial assays, Chinese hamster ovary cell HGPRT mutation assay) and was not clastogenic in vitro (chromosome aberration test in human lymphocytes) nor in vivo (mouse micronucleus test).

**Pregnancy Category D** (see "Warnings" section)

**Nursing Mothers:** It is not known whether alitretinoin or its metabolites are excreted in human milk. Because many drugs are excreted in human milk and because of the potential for adverse reactions from Panretin<sup>®</sup> gel in nursing infants, mothers should discontinue nursing prior to using the drug.

**Pediatric Use:** Safety and effectiveness in pediatric patients have not been established.

**Geriatric Use:** Inadequate information is available to assess safety and efficacy in patients age 65 years or older.

### ADVERSE REACTIONS

The safety of Panretin<sup>®</sup> gel has been assessed in clinical studies of 385 patients with

AIDS-related KS. Adverse events associated with the use of Panretin<sup>®</sup> gel in patients with AIDS-related KS occurred almost exclusively at the site of application. The dermal toxicity begins as erythema; with continued application of Panretin<sup>®</sup> gel, erythema may increase and edema may develop. Dermal toxicity may become treatment-limiting, with intense erythema, edema, and vesiculation. Usually, however, adverse events are mild to moderate in severity; they led to withdrawal from the study in only 7% of the patients. Severe local (application site) skin adverse events occurred in about 10% of patients in the U.S. study (versus 0% in the vehicle control). Table 1 lists the adverse events that occurred at the application site with an incidence of at least 5% during the double-blind phase in the Panretin<sup>®</sup> gel-treated group and in the vehicle control group in either of the two controlled studies. Adverse events were reported at other sites but generally were similar in the two groups.

TABLE 1

Adverse Events with an Incidence of at Least 5% at the Application Site in Either Controlled Study in Patients Receiving Panretin<sup>®</sup> Gel or Vehicle Control

Adverse Event Term	Study 1		Study 2	
	Panretin <sup>®</sup> Gel N=134 Pts. %	Vehicle Gel N=134 Pts. %	Panretin <sup>®</sup> Gel N=36 Pts. %	Vehicle Gel N=46 Pts. %
Rash <sup>1</sup>	77	11	25	4
Pain <sup>2</sup>	34	7	0	4
Pruritus <sup>3</sup>	11	4	8	4
Exfoliative dermatitis <sup>4</sup>	9	2	3	0
Skin disorder <sup>5</sup>	8	1	0	0
Paresthesia <sup>6</sup>	3	0	22	7
Edema <sup>7</sup>	8	3	3	0

Includes Investigator terms:

<sup>1</sup> Erythema, scaling, irritation, redness, rash, dermatitis

<sup>2</sup> Burning, pain

<sup>3</sup> Itching, pruritus

<sup>4</sup> Flaking, peeling, desquamation, exfoliation

<sup>5</sup> Excoriation, cracking, scab, crusting, drainage, eschar, fissure or oozing

<sup>6</sup> Stinging, tingling

<sup>7</sup> Edema, swelling, inflammation

### DOSAGE AND ADMINISTRATION

Panretin<sup>®</sup> gel should initially be applied two (2) times a day to cutaneous KS lesions. The application frequency can be gradually increased to three (3) or four (4) times a day according to individual lesion tolerance. If application site toxicity occurs, the application frequency can be reduced. Should severe irritation occur, application of drug can be temporarily discontinued for a few days until the symptoms subside.

Sufficient gel should be applied to cover the lesion with a generous coating. The gel should be allowed to dry for three to five minutes before covering with clothing. Because unaffected skin may become irritated, application of the gel to normal skin surrounding the lesions should be avoided. In addition, do not apply the gel on or near mucosal surfaces of the body.

A response of KS lesions may be seen as soon as two weeks after initiation of therapy but most patients require longer application. With continued application, further benefit may be attained. Some patients have required over 14 weeks to respond. In clinical trials, Panretin<sup>®</sup> gel was applied for up to 96 weeks. Panretin<sup>®</sup> gel should be continued as long as the patient is deriving benefit.

Occlusive dressings should not be used with Panretin<sup>®</sup> gel.

### OVERDOSAGE

There has been no experience with acute overdose of Panretin<sup>®</sup> gel in humans. Systemic toxicity following acute overdose with topical application of Panretin<sup>®</sup> gel is unlikely because of limited systemic plasma levels observed with normal therapeutic doses. There is no specific antidote for overdose.

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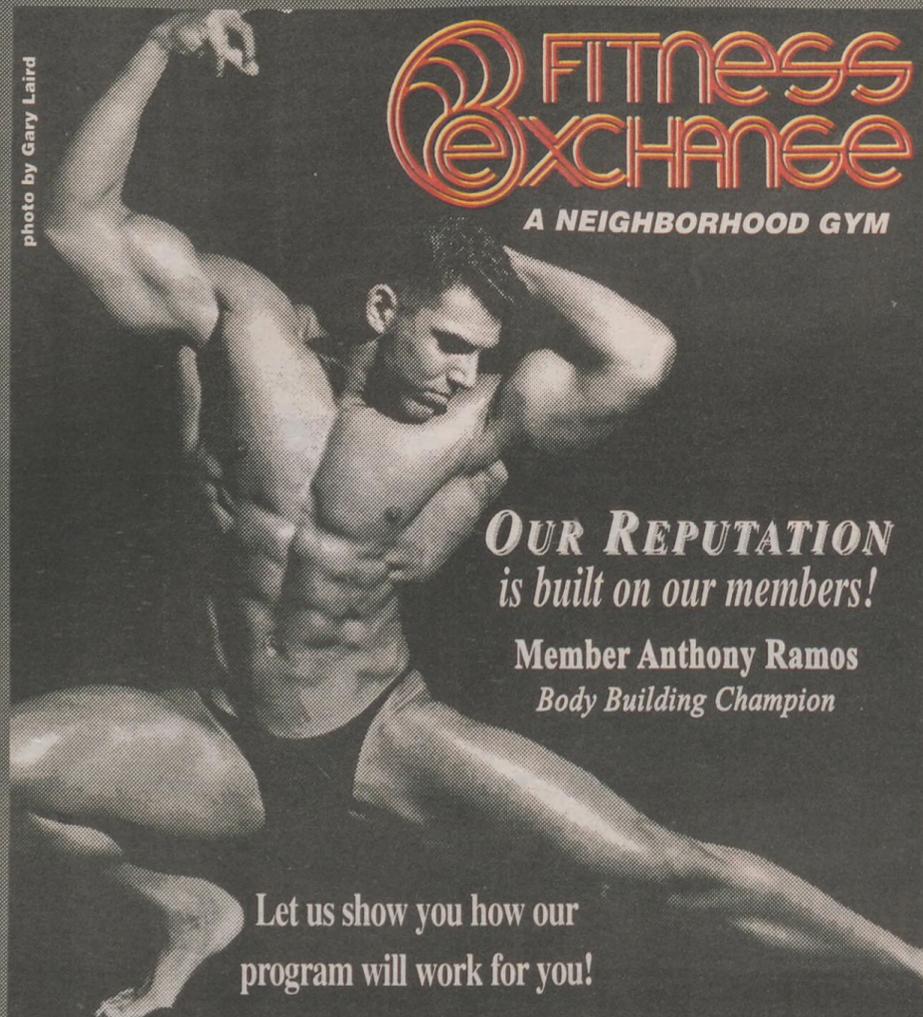
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# Flexology

A GUIDE TO BETTER HEALTH

## Fitness crunch

by GREG HERREN

Androstenedione is probably the most talked about supplement in the industry today. So what exactly is androstenedione? I've already written about DHEA. Well, andro is similar to DHEA in that it, too, is converted by the body into testosterone. The difference between the two is that andro is closer to testosterone in composition than DHEA, and rather than following a chemical chain reaction, it can be converted directly to testosterone.

Great news, right? Testing has shown that it is more effective for testosterone production than DHEA. But there are no studies showing conclusively that androstenedione helps significantly increase muscle size or strength. So, the scientific jury is still out on just how helpful androstenedione is to strength training. Plus, there are some possible side effects to andro usage, including acne, mood swings, prostate hypertrophy, and a decrease in HDL (good) cholesterol levels. Because it is so strong, it is not recommended for usage by women, since it can cause acne, growth of facial hair, and a deepening of the voice. It is not a drug and occurs naturally in the pollen of Scottish pine trees so it is not thought to cause any damage to the liver or the kidneys but those tests are not conclusive. As with any supplement, consult your physician before starting to use it.

What dosage is considered safe? The only tests that have been done have been with a 100 mg dosage taken orally, and these tests have shown a threefold increase in serum testosterone. Whether that means increased dosages would result in even greater testosterone levels remains to be seen. These testosterone increases have also been shown to occur in a "burst" similar to the jolt that a strong cup of coffee can produce as far as alertness or energy. Given the paucity of research, I would approach androstenedione with caution. Bill Phillips in his "Supplements Review" confesses that he isn't sure

what the proper dosage would be: "My best guess is that 50-100 mg, taken first thing in the morning, and perhaps another 50-100 mg in the evening would work well to enhance the anabolic drive."

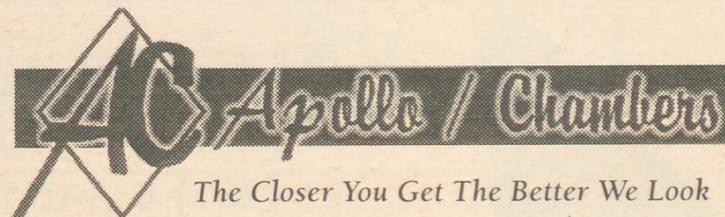
The Olympic Federation has banned usage of andro, and testing positive for this substance will result in instant sanctions. The East Germans were the first to use androstenedione extensively back in the Cold War days, especially for women athletes. After the Olympic ban, androstenedione usage and research pretty much came to an end. But after collapse of the Soviet Bloc, sports researchers again began looking into its usage and its effects. Some bodybuilders consider it to be a "miracle" from the results they get; some even stack it with DHEA for maximum testosterone production.

Frankly, I would not recommend that. DHEA has been shown to affect aggression levels and cause mood swings; using it in combination with another testosterone booster seems foolhardy at best. The only company currently marketing androstenedione is called Osmo, and the product name is Androstene 50. It is prohibited for sale in some states.

If you are HIV-positive, please consult with your doctor before beginning any kind of supplement program. Unfortunately, there is homophobia in the supplement industry, and these companies rarely feel the need to inform consumers, in warning labels or in published reports, on the effects supplements may have on a consumer with HIV.

Always check the label of any supplement before purchasing it. And always check with your doctor, even if you are healthy, before doing anything that may alter your body chemistry. The idea is to improve your health, not destroy it.

*Greg Herren is a personal trainer. He can be reached at alexiukr@aol.com.*



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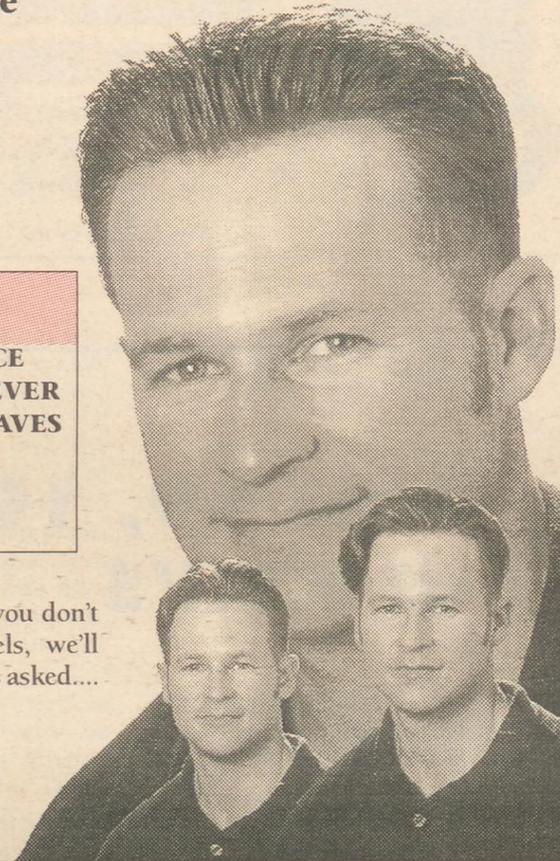
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## UPCOMING EVENTS

May 14



**Other Narratives** at 7 p.m. Opening night of the exhibit featuring works by 16 contemporary artists including Jean-Michel Basquiat and Guerrilla Girls at the Contemporary Arts Museum, 5216 Montrose. There is no charge, 713-284-8257, or [www.camh.org](http://www.camh.org).

May 15

**Lesbians United In Coalition** 10 a.m. to noon at The Montrose Counseling Center, 701 Richmond Ave. Information, Tori 713-522-6713 or Deborah 713-290-1169.

May 16

**Evening Song Of Praise** a benefit concert at 4 p.m. for the Kolbe Project. The event will be held at the University of St. Thomas' St. Basil Chapel. 713-861-1800.

**10th Annual AIDS Walk Houston**, 9 a.m. George R. Brown Convention Center. To participate call 713-524-AIDS or sign up at [www.aids-help.com](http://www.aids-help.com).

May 17

**Ray Hill: The Prison Years** 8 p.m., Club Picasso, 2151 Richmond. Tickets \$10, 713-523-2802.

Now & Until



Ten to 6 p.m. most days, **Five Artists: New Work** on display at DiverseWorks Art Space, 1117 East Freeway, now until June 26 featuring the work on Houston artists. There is no cost, 713-223-8346.

Ongoing:

Tuesdays 6:30 p.m. start jogging with **FrontRunners**, Memorial Park at the tennis court. 713-522-8021.

**Gay Men's Chorus of Houston** meets to sing and hold open rehearsals, Thursdays, 7—10 p.m. at Grace Lutheran Church, 2515 Waugh. 713-521-7464.

## MEDIA DIET

**Check it out—**  
Novelist Jacqueline Woodson examines the relationship between straight and lesbian women in an evocative essay entitled, "Common Ground" in the pages of the latest *Essence* magazine.



—Anthony Connolly

# Out on the Bayou

HOUSTON VOICE • MAY 14, 1999  
A GUIDE FOR YOUR LEISURE TIME

## The Great Gay Way?

by EARL DITTMAN

Bill Condon is shaking his head, with everyone else.

Who would have ever thought the adapted screenplay for "Gods And Monsters," a small independent film directed by an openly gay director, based on a novel by an openly gay writer and starring an openly gay actor, would have a snowball's chance in hell of beating-out mainstream, critically-acclaimed hits like "Out Of Sight," "Primary Colors," "The Thin Red Line" and "A Simple Plan," at this year's Academy Awards? Certainly not director/screenwriter Condon, the mastermind of the cinematic masterpiece—a fictional recounting of the final days of "Frankenstein" and "Bride Of Frankenstein" director James Whale (which will be released on video and DVD on June 8).

"That night, when they opened up the envelope and called out my name, I went into complete shock," Condon said, recalling the moments after discovering he had won the Oscar for his adaptation of Christopher Bram's novel, "Father Of Frankenstein."

"I mean, Lynn (Redgrave) had already lost for Best Supporting Actress and Ian (McKellan) didn't win Best Actor. I figured they were the only two chances the film had of winning anything. I thought, 'If their great performances aren't being recognized, there's no way I'll have a chance.' But, beyond my wildest dreams, it happened—Hollywood finally recognized 'Gods And Monsters.' Even though I felt like I was in some sort of crazed trance or something, I couldn't get up to the podium fast enough."

But, once the thirtysomething Condon ("It's always been easier to admit that I'm gay then it is to admit my age," he said with a smile) finally made it up onto the stage to accept his Oscar, his state of mind quickly shifted gears—from frantic to calm.

"When I got it in my hands, I realized how important winning it really was, so, I knew I had to have my wits about me," he continued. "The Oscar wasn't just for me or 'Gods And Monsters,' it was for the entire gay community! It was like Hollywood, after decades of ignoring us, was, at last, validating the hard work of all the gay men and women who had helped make it great. I wanted to make sure I got that across in my acceptance speech."

He had a lot to say that night, and he wasn't sure the 30 seconds the Academy allotted its winners was enough. After thanking "Father Of Frankenstein" author Bram and the principal actors of "Gods And Monsters"—McKellan, Redgrave and Brendan Fraser—Condon began praising the producers and companies that helped him raise money for the film. And, in a touching close to his address, a heart-felt thanks went out to gay director James Whale.

"Sixty years ago, Hollywood sort of turned its back on him, because he insisted on living the way he wanted to," Condon said, clutching his Oscar tightly. "So, Mr. Jimmy, this is for you. Thank you."

It was a historic moment, both for

'GODS AND MONSTERS'  
SHOWS GAY MOVIES CAN  
MAKE IT OUT OF  
HOLLYWOOD AND INTO  
MIDDLE AMERICA



Director Bill Condon on the set of "Gods and Monsters" with Brandon Fraser (above) and after receiving the Oscar.



Bill Condon and for the fight towards universal gay acceptance. But, according to Condon, the fact that "Gods And Monsters" ever made it to the silver screen was in itself nothing short of a miracle.

"When Christopher Bram was finishing up 'Father Of Frankenstein,' Tim Burton's 'Ed Wood' was just about to be released," Condon recalled.

"So, all the brilliant studio scouts

> See Film page 34

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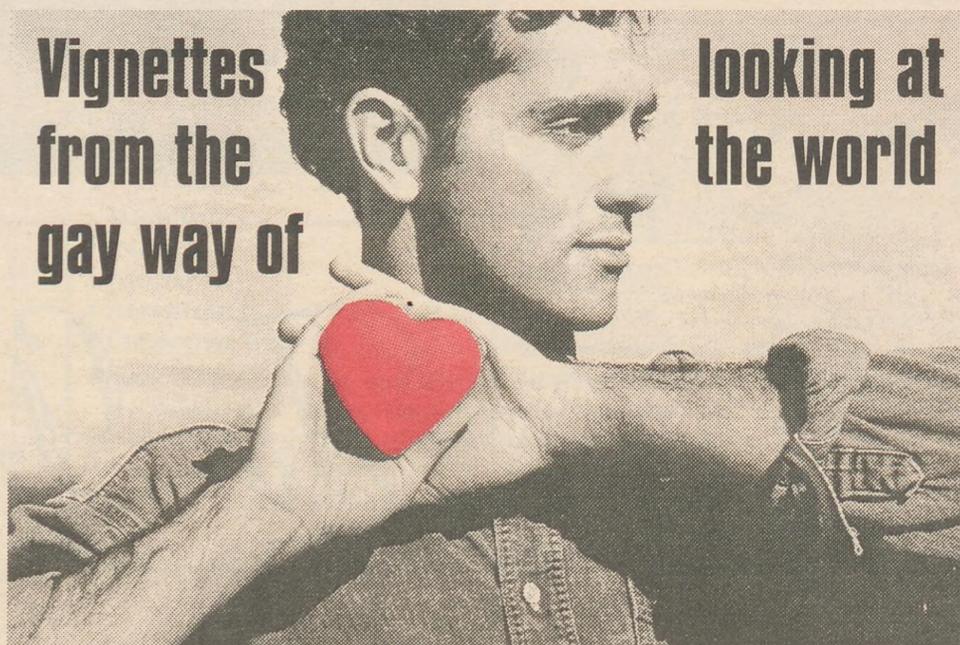
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**Vignettes  
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gay way of**

**looking at  
the world**



by RICH ARENSCHIEDT

The popular DiverseWorks series, "12 Minutes Max: The Queer Edition," returns for one evening only, May 14 at DiverseWorks Art Space located near downtown Houston.

If you've ever had trouble sitting through some magnum opus of theater or film, this artistic endeavor is for you. These offerings last no longer than the average gay romance—12 minutes.

According to its director of development, Lisa Haynes, this segment of DiverseWorks programming has become increasingly popular in the past few years.

"This program format is offered three or four times a year, and we have had a sellout almost every time."

"12 Minutes Max" opens DiverseWorks' "Beyond Desire—Gay and Lesbian" performance series and consists of a mish-mash of vignettes from a wide range of "queertistic" perspectives.

Contributors to this montage represent each corner of the gay world. One of the most innovative offerings results from a partnership between Queer Artist Collective (QuAC) and Houston Area Teen Coalition of Homosexuals (H.A.T.C.H). Made possible by funding from The Cultural Arts Council of Houston, (CACH) this all too brief performance is the culmination of QuAC's six week project that enabled four gay and lesbian young people to participate in a series of writing and movement workshops.

Several other contributors are featured—the ubiquitous political sex

activist Ray Hill will present an excerpt from his new work, "Ray Hill In Love." Daaihmah Mubashshir, co-Founder of QuAC, returns from Chicago to make her solo debut in "Aquaniesha," a piece that critiques art and the world from an innovative perspective.

Two performers from San Antonio, S.T. Shimi and Paul Bonin-Rodriguez will provide offerings from the out of town talent element. Shimi's "Tourist Trap" explores aspects of being a visitor—can you ever really go home again? Bonin-Rodriguez seems to be the buzz boy of this session according to DiverseWorks' Haynes. "His work "Memory's Caretaker" was premiered at New York's Public Theater to critical acclaim. There is a lot of anticipation about this artist and the presentation of his work in Houston."

Performers David Bell and Dennis Draper provide a somewhat twisted and highly amusing view of family life with their premiere of "Tammy Sue and Jessica Go To Southern Comfort," a work in the spirit of (a direct quote here) "JonBenet Ramsey and 'Gypsy.'"

"The Queer Edition" is six gay themed performances running (you guessed it) 72 minutes. The artists represent six different generations, experiences, attitudes and points of view.

**12 Minutes Max:  
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# On Stage

THEATER NEWS

## Miracle in music

### ► Schalchlin's *The Last Session*

by D.L. GROOVER

William Congreve, of course, had it right: music hath charms to soothe the savage breast. He also might have added, to heal.

Just ask Steven Schalchlin, award-winning composer and lyricist of "The Last Session," now running at the Little Room Downstairs Theatre.

"These songs were written during the time when I was dying, and there didn't seem like there was any hope. We (Steven and his lover, Jim Brochu, who wrote the book for their musical) had resolved to the fact that I was going to be dead soon. I just began writing these songs to describe what it felt like."

Steven, a native of Texas, had been diagnosed positive with AIDS in 1993, and was near death a year later with pneumonia. His battle with the disease continued until he was down to 130 pounds in the spring of 1996.

"I was on an IV of nutrition about 14 hours a day. I really only had a few weeks left. On protease inhibitors his health improved, he gained weight, and he resumed writing his songs. With inspiration from his lover of 13 years, Steven transformed the trauma and despair of illness into accolades.

What his sickness wrought was his first musical, "The Last Session," which has taken on a life of its own, winning the GLAAD Media Award for Outstanding Los Angeles Theater, six Garland Awards from Backstage-West; an *LA Times* Critics Choice Best of 1998; and four LA Drama Critics Circle awards for Best Book, Featured Performance, Musical Direction, and Music and Lyrics.

Much like the main characters of Buddy and Gideon in his musical, Steve was a former gospel singer and writer who left that world to cross over into popular music.

"The story of Gideon's life parallels my own, although I didn't have a pop hit. We

made that up. We wanted his life to be better than mine."

Buddy adores his idol, the ex-gospel/now pop singer Gideon, and crashes the LA music session where Gideon is preparing to record his last album. Unknown to Buddy, Gideon, who's gay and dying of AIDS, plans to commit suicide after the album is cut.

"Gay people, who come from fundamentalist or deeply conservative Christian backgrounds, at some point in their life hit a crisis," Steven says. "The things that the extreme conservatives teach are just so out of whack with real life and what gay people actually experience. If you're the type of person who wants to keep a spirituality, there are no options when you're gay. You're either going to go gay and tell God to fuck off, or try to deny it, hide it, and not live with it."

"The challenge for Buddy is that, first, he's screaming and yelling at Gideon because he's gay, and how dare he imply that he's a Christian; and then, once everyone discovers Gideon's plan, everything changes. Now Buddy suddenly realizes that Gideon's problem is not that he's gay, but that he's suicidal."

You might think that these heavy subjects are more in tune with Eugene O'Neill, but Steven emphasizes the inherent humor in his musical. "If nothing else, 'The Last Session' is one of the funniest plays you will ever, ever see. Laughing at the devil in his face," Steven says.

"It's weird, because people aren't sure what they're going to see. Great, another AIDS play! People balk until they see it. People should know that they're coming to see something that's very funny and very uplifting. It's just a big comedy."

**INFO**  
**The Last Session**  
a musical by Steven Schalchlin and Jim Brochu  
The Little Room Downstairs Theater  
2326 Bissonet  
Now through May 22  
\$10-\$15  
713-523-0791



L-R: "Buddy" Brandon Peters, "Gideon" Richard Laub, Viki" Kara Greenburg and "Tryshia" Regina Hearne.

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## Menopausal Gentleman by Peggy Shaw

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# DANCE SALAD

Presenting: Nederlands Dans Theatre II (Holland), Ballet du Grand Theatre de Geneve (Switzerland), Euregio Tanz Forum (Germany, Holland, Belgium) David Sonnenbluck Ballet Company (Belgium), Pilobolus Too (New York), Shari Williams Of Dayton Contemporary Dance Company (Ohio), Harold George Dancers (Sierra Leone, New York), Travesty Dance Group, Karen Stokes (Houston, Cleveland, Philadelphia), Houston Metropolitan Dance Company (Houston).



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7:30 p.m.

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# Out In Print

BOOK NEWS

## Ella's loot

► 50 pounds of books, bookmarks, posters and a condom

Our book reviewer recently attended the National BookExpo in Los Angeles—one of the few book reporters from a gay publication to participate in the annual book fair. Below, Tyler goes through her suitcase to discover the gems she brought back with her from LA LA Land. Hope you enjoy it—editor

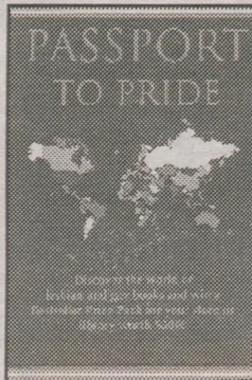
by ELLA TYLER

I came back from the BookExpo with about 50 lbs of books, catalogues, postcards, posters and bookmarks.

Here's quick notes about some of my loot. Guests at the Lambda Literary Awards were given autographed copies of Andrew Holleran's collection of short stories, "In September The Light Changes," and sturdy black and silver tote bags filled with things to read and—surprise!—a condom. My bag had a "Damron Road Atlas." It lists gay/lesbian resources in 70 cities and includes detailed

maps of gay neighborhoods.

I spent Friday visiting the booths of the gay/lesbian publishers, guided by my "Passport to Pride." At Cleis' booth I got, "The Woman Who Knew Too Much," which features a female "hit artist," Cordelia Morgan. It has a New Mexico setting, likeable characters and an intriguing puzzle involving a contaminated river. Cleis publishes the Lammy winner for Lesbian Poetry, "Marianne Faithfull's Cigarette," Susie Bright's books, the "Best Gay and Best Lesbian Erotica" series and a number of books about transgenderism. Their booth-mate, Seal Press, had



beautiful posters for "Climbing High: A Woman's Account of Surviving the Everest Tregedy."

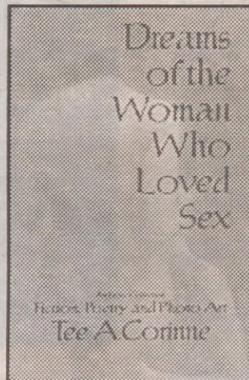
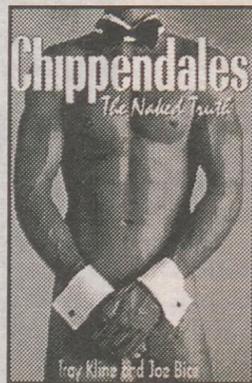
My next stop was Greenery, which publishes books with S/M themes. A mystery, "Murder at Roissy," caught my eye (mysteries always will), and I

picked it up. Mystery fans come in all persuasions, and this one is skillfully done.

I dropped in at Avon's (the publisher, not the comestic giant) booth and picked up a poster of Richie Havens promoting, "They Can't Hide Us Anymore," to be published this fall. Avon has a wonderful folder promoting, "The Pop-Up Book of Phobias." A dentist with a wicked looking needle pops out when you open the publicity materials.

I met African American poet Marvin White at the Alyson Publications booth and he autographed a copy of his collection, "last rites" for me. It's simple poetry, but very vivid. I left my tote bag there and wandered off. When I returned I got to meet Felice Picano and get an excerpts from, "The Book of Lies," out this fall.

New Victoria's booth was across the aisle. It has just published the second edition of Tee A. Corrine's collection of fiction and poetry, "Dreams of the Woman Who Loved Sex." This lesbian erotic fiction classic had been out of print. Corrine is also a visual artist,



and perhaps most famous for, "The Cunt Coloring Book," which Sen. Jessie Helms handed out to all the Senate as an example of what the NEA subsidizes.

I had to go to the other hall to see the rest of my list. Along the way, "Chippendales: The Naked Truth," caught my eye. It's a first person account of Troy Kline's adventures as a member of a Chippendale's Scandinavian tour. It's trashy and shallow but I couldn't put it down.

At Spinsters, I met Joni Rogers, who autographed a copy of "Sugar Land" and got a copy of Joan Drury's new mystery. "Closed In Silence," features lesbian/feminist journalist Tyler Jones at a reunion with her closest friends from college. They are on a small island, and a body is found. Not much action, but a wonderful setting, great characters, and a serious debate about women and prostitution. It is one of my favorite mystery series.

By now, I'd had enough fun. It was nearly five, and I couldn't carry anything else. Except, on my way out, the people from Magellan offered. "Where The Local's Eat, Texas Edition." I looked at the Houston listings, many of which I like, so I added it to my bag. Now I won't have to eat badly in places like Longview, Waco, Baytown and Pasadena.

May 1, I visited the rest of the exhibitors. I acquired a copy of "C-Toons...Out of the Box" by John A. Ericsson. It's a collection of cartoons featuring condoms.

Who said being bookish is akin to being boring!



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by Michael Craft, \$12
- 2 **Every Man For Himself**  
by Orland Outland, \$22
- 3 **Body Language**  
by Michael Craft, \$22
- 4 **Birds Of A Feather**  
by Jackie Calhoun, \$11.95
- 5 **The Drive**  
by Trisha Todd, \$11.95
- 6 **Male Couples Guide, 2nd Edition**  
by Eric Marcus, \$17
- 7 **All-Male**  
by Ed Karvoski, \$12
- 8 **The Spell**  
by Alan Hollinghurst, \$24.95
- 9 **Empowering The Tribe**  
by Rucgard Pimental-Habib, \$12
- 10 **Gay & Lesbian Self-Esteem Book**  
by Kimeron Hardin, \$13.95

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by Darwin Porter, \$14.95
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by Jackie Calhoun, \$11.95
- 3 **Queer Astrology For Women**  
by Ellen Dearman, \$13.95
- 4 **Abide With Me**  
by E. Lynn Harris, \$24.95
- 5 **Gay Guys Guide To Love**  
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- 6 **Love Ellen**  
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# Chatting with the 'Menopausal Gentleman'

by D.L. GROOVER

"When I was five, my mother caught me at the kitchen table drawing a picture of a woman tied to a tree. Her breasts were naked, and I drew myself kissing her breasts. After that, my mother watched me very closely."

Although that put the kibosh on sleep-overs for little Peggy, that didn't stop her from fantasizing about her friends' mothers.

From that time forward, the feet, and other body parts of Peggy Shaw, were set upon a road a lot less traveled. Her journey has taken her all over the world; from teenage missionary in Costa

Rica to go-go dancer in Boston; from a brief marriage, being a mother, and, to her sublime joy, grandmother; from a member of the renowned drag group Hot Peaches to her own lesbian performance company Split Britches.

She has garnered numerous awards for her theatrical performances and has been recognized as one of the premier lesbian artists of her time. Her one-woman show, "Menopausal Gentleman," plays this May 21 and 22 at DiverseWorks.

"I came out again at 12. I had all my hair slicked back with a curl in the front, but my brother cornered me in church and started screaming at me that I was sick, that I couldn't comb my hair like Elvis Presley. Well, until then, I didn't know I couldn't. I didn't know I wasn't a boy; I didn't know 'what' I was. I didn't know you couldn't just be whatever you were."

So, it was back into the closet again. "In high school, the first woman that I kissed killed herself shortly after. Those were the good old days."

And then in college, "the first woman that I slept with told me I should go to a doctor because I was sick and kept me from seeing her kid because I was a 'lesbian.'"

She wasn't sick, of course, just Peggy who was just trying to put the make on her.

"Once I found theater, I was able to find help. Being around creative people who believe that you could be whatever you wanted to be is the best therapy. We had no mind police in our group.

"I didn't have the mind police until feminism. That was rough. You know, working class feminism was pretty rough there for a while because of 'butch/fem' and everything."

Working class she may have been, but in her sartorial drag of tailored pin-stripes, great-looking ties, creased pants, and starched shirts, she makes a most impressive, handsome butch. In the twi-



light, you might mistake her for Sean Penn, although for my taste she looks a whole lot healthier. Her speech, like her background, is a melodious combo of Boston and Brooklyn: twang meets twang.

"But I was saved by being with creative people. They're the best doctors. Just surround yourself with people who have other imaginations beside what they've been told.

"In the 50s and 60s, everyone was shoved into one club. We were all, like, in it together: the lesbians, the faggots, the drag queens. We watched out for each other, didn't we? It was like family."

Shaw and her partner, Lois Weaver,

met when Peggy joined the feminist theater group Spiderwoman, and they subsequently formed Split Britches, and then founded the raunchy antidote to lesbian-feminism with the WOW Cafe, a storefront performance space, or as she calls it, "a home for wayward girls."

Their shows have included the wondrous titled "Lust and Comfort," "Upwardly Mobile Homes," and "Lesbians Who Kill."

"I guess I'm committed, in a way," Shaw says, "but I'm not married. Lois and I have a relationship that's not defined. We both have other girlfriends and other lives. We're constantly redefining the relationship."

As to her amazing ability to keep going forward from such a young age and keep being true to her self, Shaw attributes it to a Wizard of Oz-like migration.

"Most lesbians and gay men I know have a certain determination to find home. So what you do is leave home, find a city where you can find other people like you, and that makes you a survivor. I don't know where I got it from. My mother always told me, If people don't like you, change the people.

"I was told that my kid was gonna be really messed up, you know, traveling, being raised by two women. Meanwhile, my kid doesn't even drink or smoke. That kid's all fucked up, right?"

"Life's bizarre, don't you think?"

This menopausal gentleman's tough but tender, wise but, able to be surprised, a beauty and a beast, and, she'd probably slap me silly for saying this: one great lady.

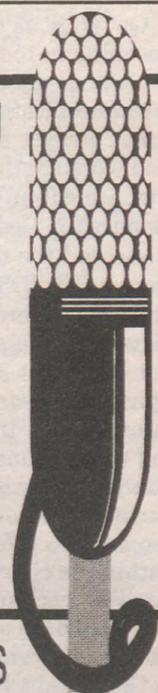
**INFO**

**Menopausal Gentleman**

DiverseWorks  
1117 East Frwy (Naylor off N. Main)  
May 21, 22; 8 p.m.  
\$20, \$15  
713-228-0914

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Q: "What is the difference in having a prayer language and speaking in tongues? Why must speaking in tongues be interpreted but not prayers spoken in a prayer language?" A: Prayer is communication with God. Prayer is a language of the soul and spirit. Prayer can be uttered silently, through songs of praise and worship, through dance, through groanings and utterances that come from the inner being of a person. When we spend time along with God in our prayer closet, there are times that we transcend the dimension of our known language and cross over into a language known only by the Spirit of God. The Apostle Paul talks about the ministry of the Holy Spirit through the language of prayer. It is mentioned in Romans 8: 26, 27, "The Spirit helps us in our weakness. We do not know what we ought to pray for, but the Spirit intercedes for us with groans that words cannot express. And the Spirit who searches our heart knows the mind of the Spirit, because the Spirit intercedes for the saints in accordance with God's will." If you look at the teaching in I Corinthians, chapter 14, regarding the spiritual gifts and their use within the church, you will find instruction on prayer language and speaking in tongues. Scripture does not use the phrase, "prayer language," but uses "speaking in tongues" to refer to both the usage of tongues in a personal prayer setting and within the church setting. The Apostle Paul illustrates the purpose and difference between each one. Paul states that a "prayer language" does not speak to people but to God. In other words, it is personal. With a prayer language no one else will understand what is being said. This person simply utters mysteries by the Spirit of God. Paul tells us that this kind of prayer builds up the faith of the person praying. When a person uses their prayer language to speak in tongues to the church, it will have no meaning to the people unless it is interpreted. The person with the gift of interpretation will speak and give the understanding in the vernacular known by the people present. So what Paul is saying is that a prayer language benefits the individual, even though the person praying may not understand with their intellect what they are saying. In their spirit they will feel strengthened and encouraged. Speaking in tongues when used to benefit the church must be understood by all and therefore will need to be interpreted. Both kinds of prayer are beneficial and acceptable by God. One is between God and the person praying. The other is to speak to the people a message from God.



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# Community Calendar

## ► Friday, May 14

**HIV Testing** by the Montrose Clinic at Rich's 10 p.m. to 1 a.m., Inergy 8 p.m. to midnight, Evolution (Galveston) 8 p.m. to midnight. 713-520-2000.

**Houston Area Teen Coalition of Homosexuals** (H.A.T.C.H.) meets. 713-942-7002.

**Houston Tennis Club** at 7:30 p.m. 713-864-8468.

**Aftercare Group Treatment.** Montrose Counseling Center at 6 p.m. 713-529-0037.

**Frost Eye Clinic.** Free eye exams for people with HIV. 713-830-3000.

**Lesbian Avengers.** Toopee's, 1830 W. Alabama at 7 p.m.

**Q-Patrol** walks the streets at 8:45 p.m. 713-528-SAFE.

**Kolbe Project.** Park Plaza Hospital visitation.

713-861-1800.

**Positive Art Workshop.** 1 p.m. to 4 p.m. Patrick Palmer at 713-526-1118.

**Lesbian and Gay Voices.** KPFT 90.1 FM, 7 p.m. 713-526-5738.

**Movie Time** at the Kolbe Project. 7:30 p.m. 713-522-8182.

**Mishpachot Alizim Shabbat Services.** 8 p.m. 713-748-7079.

**Co Dependents Anonymous.** 7:30 p.m. At MCCR. 713-861-9149.

**Healing Eucharist.** 7 p.m. Christ Church Cathedral. 1117 Texas Ave. 713-222-2593.

**Life Begins at Forty.** Pot luck dinner. 713-526-1017.

## ► Saturday, May 15

**HIV Testing** by the Montrose Clinic. Toyz Disco 9 p.m. to midnight, Pec's (Galveston) 8

p.m. to midnight. 713-520-2000.

**After Hours.** KPFT 90.1 FM, 12 a.m. to 3 a.m. 713-526-5738.

**Q-Patrol** walks the streets at 8:45 p.m. 713-528-SAFE.

**Visual Arts Alliance.** 10 a.m. 281-583-8408.

**Rainbow Fishing Club** meets. 713-526-7070.

**Dignity mass** at 7:30 p.m. for gay Catholics. 713-880-2872.

**St. Stephen's Episcopal Church.** Rosary at 8 a.m. 1805 W. Alabama. 713-528-6665.

**Dinner and Movie Night.** Houston Area Bears meet at the Black-eye Pea on W. Grey at 7 p.m.

## ► Sunday, May 16

**Free HIV testing** by the Montrose Clinic. Mobile unit at Crocker & Pacific. 713-520-2000.

**The Women's Group.** 10:45 a.m. 713-529-8571.

**Houston Area Teen Coalition of Homosexuals** (H.A.T.C.H.) meets. 713-942-7002.

**Rainbow Riders,** a bicycle club for women.

713-869-1686.

**FrontRunners.** 9 a.m. 713-522-8021.

**Lone Star Volleyball** plays. 281-878-4629.

**Houston Tennis Club.** 10:30 a.m. 713-864-8468.

**Church of the XII Apostles Anglican Rite Old Catholic Church.** Holy Communion 10:30 a.m. at 239 Westheimer. 713/665-7903.

**St. Stephen's Episcopal Church.** Holy Rite Eucharist I at 7:45 a.m.; Holy Rite Eucharist II at 8:55 a.m.; Education hour at 10 a.m.; Choral Eucharist at 11 a.m. 1805 W. Alabama. 713-528-6665.

**Maranatha Fellowship Metropolitan Church.** "Preaching the Gospel" at 11 a.m. 713-528-6756.

**Metropolitan Community Church of the Resurrection.** Services at 9 a.m. and 11 a.m. 713-861-9149.

**Grace Lutheran Church.** Sunday school for all ages at 9:30 a.m. Service at 10:30 a.m. 713-528-3269.

**First Unitarian Universalist Church.** Services at 9:30 a.m. and 11:30 a.m. 713-526-5200.

**Community Gospel.** Service at 11 a.m.; 7 p.m. Sunday School for children. 4305 Lillian. 713-880-9235 or www.communitygospel.org.

Houston Mission Church. Service at 10:30 a.m. 713-529-8225.

**Covenant Baptist Church.** Service at 1:30 p.m.; education hour at 3 p.m. 713-668-8830.

**Bering Memorial United Methodist Church.** Services at 8:30 a.m., 10:50 a.m. Sunday school at 9:40 a.m. 713-526-1017.

**MCCR.** Handbell Choir rehearsal at 1:30 p.m. 713-861-9149.

**Unitarian Fellowship of Galveston County.** 402 Church St. in Galveston. Service at 10:30 a.m. 409-765-8330.

**Faith and Hope Fellowship.** Service at 11 a.m. 713-520-7847.

**First Congregational Church** (Memorial). Service at 11 a.m. 713-468-9543 or fcc-houston.org.

**Church of Kindred Spirits** (Beaumont). Service at 7 p.m. 409-835-4765.

**Unitarian Fellowship of Houston.** Adult forum at 10 a.m. Service at 11 a.m. and noon. 1504 Wirt. 7713-686-5876.

**Monday, May 17**

**Free HIV testing** by the Montrose Clinic. Mobile unit at Pacific and Crocker. 713-520-2000.

**Gay Fathers/Fathers First** support group, 8 p.m. 713-861-6181.

**Calendar/Computer workshop** for Pride Week, 7 p.m. 713-529-1223.

**Outpatient Group Treatment.** Montrose Counseling Center, 6 p.m. 713-529-0037.

**Men Survivors of Sexual Abuse Group.** Montrose Counseling Center. 6:15 p.m. 713-529-0037.

**Gay Men Survivors of Domestic Violence support group.** 713-526-1017.

**Bering Support Network.** Grief and Divorce Groups at 7 p.m. 713-526-1017.

**Frost Eye Clinic.** Free eye exams for people with HIV. 713-830-3000.

**AIDS Caregiver's Support Group.** 6 p.m. 713-732-4300.

**HIV testing.** Free from AVES from 1 p.m. to 6:15 p.m. 713-626-2837.

**Kolbe Project Park Plaza visitation.** 713-861-1800.

**AIDS Foundation Houston.** Free creative writing class at 3 p.m. 713-623-6796.

**FrontRunners.** 6:30 p.m. 713-522-8021.

**Kolbe Project.** Eucharist at 7:30 p.m. 713-861-1800.

**Texas Medical Center Lambda.** 5 p.m. 713-523-5539.

**Integrity Houston.** For gay and lesbian Episcopalians. 7:30 p.m. Autry House, 6265 Main.

**Tuesday, May 18**

**HIV Testing** by the Montrose Clinic. Club Houston 8 p.m. to midnight 713-520-2000.

**Helping Cross Dressers Anonymous.** 7 p.m., 239 Westheimer. 713-495-8009.

**Gay Men HIV+ Psychotherapy.** Montrose Counseling Center at 4:30 p.m. 713-529-0037.

**Youth-Rap.** 6:30 p.m. 713-822-8511.

**Aftercare Group Treatment.** Montrose Counseling Center at 6 p.m. 713-529-0037

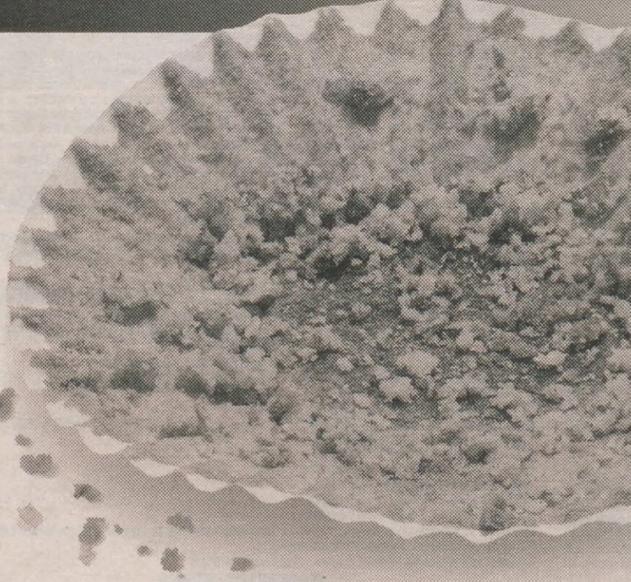
**AIDS Alliance of the Bay Area.** 7 p.m. 713-488-4492.

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MARINOL® is also reimbursable under many health insurance plans.

*If appetite loss associated with weight loss has you missing meals, ask your doctor if MARINOL® is right for you.*

MARINOL® can cause side effects in some patients including dizziness, confusion, sleepiness, paranoid reactions, or a feeling of being "high" (easy laughing, elation, and heightened awareness). Many of these reactions disappear within 1 to 3 days of continuous dosage or can be eliminated by lowering the dose.

You should not drive, operate machinery, or engage in any hazardous activity until it is established that you are able to tolerate MARINOL® and perform such tasks safely.

**MARINOL®**  
(dronabinol)  
capsules 2.5 mg

Rediscover the Joy of Eating

Visit us @ [www.Marinol.com](http://www.Marinol.com)

\*The USAN name for delta-9-tetrahydrocannabinol (THC). MARINOL is a registered trademark of Unimed Pharmaceuticals, Inc. Please see Brief Summary of Full Prescribing Information on adjacent page.

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RX-2281A (3/99)



See Calendar on Page 28

## Calendar from Page 27

**PROTECT.** An HIV-negative support group at 7 p.m. 713-526-1017.

**Women Survivors of Childhood Abuse.** Montrose Counseling Center at 6:30 p.m. 713-529-0037.

**Kolbe Projects.** Park Plaza Visitation. 713-861-1800.

**Bering Support Network.** Lunch Bunch Gang at 11 a.m. 713-526-1017.

**Love, Lust and Intimacy.** Discussion group at 7 p.m. 713-524-2374.

**MCCR.** Tuesday night program at 7 p.m. 713-861-9149.

**Maranatha Fellowship MCC.** Home groups meet for fellowship, sharing God's word and prayer. 713-528-6756.

**Men's Network.** Discussion group for social, educational development of gay and bisexual men. 7 p.m. The Montrose Counseling Center. 713-529-0037.

**HIV support group.** For men over 50. 7:30 p.m. Center for AIDS, 1407 Hawthorne.

**Love, Lust & Intimacy.** Improving communi-

cation and intimacy in relationships. Metropolitan Multi-Service Center, 1475 W. Gray. 713-524-2374.

► **Wednesday, May 19**

**Frost Eye Clinic.** Free eye exams to people with HIV. 713-520-2000.

**Houston Pride Band.** Practices at Dignity Houston. 713-524-0218.

**Houston Tennis Club.** 7:30 p.m. 713-864-8468.

**Women's Network.** 7 p.m. Montrose Counseling Center, 701 Richmond. 713-529-0037.

**Ongoing Mixed Living in Process.** Group for men and women. 713-622-7250.

**Aftercare Group Treatment.** Montrose Counseling Center, 6 p.m. 713-529-0037.

**HIV survivor support group.** 7 p.m. 713-782-4050.

**Free Yoga classes.** 7 p.m. 713-965-9642.

**Bering Spiritual Support Group.** 6:45 p.m. 713-526-1017.

**Women's Clinic.** Montrose Clinic, 5 p.m. to 8 p.m. 713-830-3000.

**HIV testing.** Free from AVES. 1 p.m. to 6:15 p.m. 713-626-2837.

**Kolbe Project.** Hospital visitation. 713-861-1800.

**Houston Harpies Ice Hockey Team** recruits. 713-802-1248.

**Rainbow Ranglers.** 8 p.m. at the BRB.

**Lambda Rollerskating Club.** Skating at 8 p.m. 713-933-5818.

**Thomas Street Health Center Council.** 2 p.m. 713-902-2231.

**Healing and Happiness Through Wellness.** 7 p.m. 713-623-6796.

**St. Stephen's Episcopal Church.** Bible study at 12:30 p.m. 1805 W. Alabama. 713-528-6665.

**MCCR.** Bible Study 7:30 p.m.; service at 7 p.m. 713-861-9149.

**Faith and Hope Fellowship.** Service at 7:30 p.m. 713-520-7847

**Maranatha Fellowship MCC.** Home groups meet for fellowship, sharing God's word and prayer. 713-528-6756.

**Kolbe Project.** Healing Service at 8 p.m. 713-861-1800.

**Healing and Happiness Through Wellness.**

7 p.m. Metropolitan Multi-Service Center, 1475 W. Gray. 713-623-6796.

**Rainbow Roller Skating.** 8 p.m. Skateworld Northwest, 9514 Anderson Mill Road.

**HIV Testing** by the Montrose Clinic. Mary's 4 to 8 p.m.; Nighthawks 8 p.m. to midnight, Mela's 8 p.m. to midnight. 712-520-2000.

► **Thursday, May 20**

**Art Labs.** The Art League at 1 p.m. 713-225-9411.

**Gay Men's Chorus of Houston.** Open rehearsal at 7 p.m. 713-521-7464.

**Living in Process Groups.** For gay men. 713-622-7250.

**HIV+ Men Psychotherapy.** Montrose Counseling Center. 1:15 p.m. 713-529-0037.

**Relapse Prevention.** Montrose Counseling Center, 2 p.m. 713-529-0037.

**Outpatient Group Treatment.** Montrose Counseling Center. 6 p.m. 713-529-0037.

**Aftercare Group Treatment.** Montrose Counseling Center. 6 p.m. 713-529-0037.

**Women's Therapy Group.** Montrose Counseling Center. 5:30 p.m. 713-529-0037.

**Meditation and Chanting Group.** 7 p.m. 713-942-0923.

**HIV Affected.** CASA. 7 p.m. 713-796-2272.

**HIV Survivor Support Group.** 7 p.m., 2929 Unity Drive. 713-782-4050.

**Center for the Healing of Racism.** 7:30 p.m. 713-738-RACE.

**FrontRunners** at 6:30 p.m. 713-522-8021.

**HIV Art Course Program.** 1 p.m. to 4 p.m. Patrick Palmer at 713-526-1118.

**HIV Prevention Community Planning Group.** 9 a.m. 713-794-9251.

**Women's Clinic.** Montrose Clinic, 713-830-3000.

**Montrose Ice Picks.** Skating. 8 p.m. 713-629-1432.

**Faith and Hope Fellowship.** Bible study 7 p.m. 713-520-7847.

**Community Gospel.** Choir practice. 6:30 p.m.; service at 7:30 p.m. 713-880-9235 or www.communitygospel.org.

**Kolbe Project.** Ecumenical outreach to gays. 7 p.m. 713-522-8182.

**Montrose Ice Picks.** 8 p.m. Galleria Ice Rink, 5015 Westheimer. 713-629-1432.

**BiNet Houston.** Discussion group at 7:30 p.m. 713-467-7031.

**HIV/AIDS Support Group.** 2:30 at Family Service Center. 713-861-4849.

**Women's HIV/AIDS Support Group.** 7 p.m. Family Service Center. 713-247-3810.

**HIV/AIDS Support Group.** 7 p.m. Family Service Center in Conroe. 888-247-3810.

**HIV Testing** by the Montrose Clinic. Brazos River Bottom 4 to 8 p.m. 713-530-2000.

**Gulf Coast Transgender Community.** Monthly meeting. 713-780-4282.

► **Friday, May 21**

**Houston Area Teen Coalition of Homosexuals (H.A.T.C.H.)** meets. 713-942-7002.

**Houston Tennis Club** at 7:30 p.m. 713-864-8468.

**Aftercare Group Treatment.** Montrose Counseling Center at 6 p.m. 713-529-0037.

**Frost Eye Clinic.** Free eye exams for people with HIV. 713-830-3000.

**Lesbian Avengers.** Toohee's, 1830 W. Alabama at 7 p.m.

**Q-Patrol** walks the streets at 8:45 p.m. 713-528-SAFE.

**Kolbe Project.** Park Plaza Hospital visitation. 713-861-1800.

**Positive Art Workshop,** 1 p.m. to 4 p.m. Patrick Palmer at 713-526-1118.

**Lesbian and Gay Voices.** KPFT 90.1 FM, 7 p.m. 713-526-5738.

**Movie Time** at the Kolbe Project. 7:30 p.m. 713-522-8182.

**Mishpach Alizim Shabbat Services.** 8 p.m. 713-748-7079.

**Co Dependents Anonymous.** 7:30 p.m. At MCCR. 713-861-9149.

**HIV Testing** by the Montrose Clinic. Rich's 10 p.m. to 1 a.m. 713-520-2000.

**Healing Eucharist.** Christ Church Cathedral. 7 p.m. 713-222-2593.

**Lesbians in Business.** General meeting at 6:30 p.m. 713-529-1000.

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.

Advertisements do not include all the information about a prescription medication. Only your physician is qualified to decide if a prescription medication is right for you.

## ROXANE LABORATORIES, INC.

**MARINOL®**  
(dronabinol)   
Capsules

Brief Summary on Marinol® (dronabinol) Capsules.  
Before prescribing, see complete prescribing information.

## INDICATIONS AND USAGE

Marinol (dronabinol) is indicated for the treatment of:

1. anorexia associated with weight loss in patients with AIDS; and
2. nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.

## CONTRAINDICATIONS

Marinol (dronabinol) is contraindicated in any patient who has a history of hypersensitivity to any cannabinoid or sesame oil.

## WARNINGS

Marinol (dronabinol) is a medication with a potential for abuse. Physicians and pharmacists should use the same care in prescribing and accounting for Marinol as they would with morphine or other drugs controlled under Schedule II (CII) of the Controlled Substances Act. Because of the risk of diversion, it is recommended that prescriptions be limited to the amount necessary for the period between clinic visits.

Patients receiving treatment with Marinol should be specifically warned not to drive, operate machinery, or engage in any hazardous activity until it is established that they are able to tolerate the drug and to perform such tasks safely.

## PRECAUTIONS

**General:** The risk/benefit ratio of Marinol (dronabinol) use should be carefully evaluated in patients with the following medical conditions because of individual variation in response and tolerance to the effects of Marinol.

Marinol should be used with caution in patients with cardiac disorders because of occasional hypotension, possible hypertension, syncope, or tachycardia (see CLINICAL PHARMACOLOGY).

Marinol should be used with caution in patients with a history of substance abuse, including alcohol abuse or dependence, because they may be more prone to abuse Marinol as well. Multiple substance abuse is common and marijuana, which contains the same active compound, is a frequently abused substance.

Marinol should be used with caution and careful psychiatric monitoring in patients with mania, depression, or schizophrenia because Marinol may exacerbate these illnesses.

Marinol should be used with caution in patients receiving concomitant therapy with sedatives, hypnotics or other psychoactive drugs because of the potential for additive or synergistic CNS effects.

Marinol should be used with caution in pregnant patients, nursing mothers, or pediatric patients because it has not been studied in these patient populations.

Marinol should be used with caution for treatment of anorexia and weight loss in elderly patients with AIDS because they may be more sensitive to the psychoactive effects and because its use in these patients has not been studied.

**Information for Patients:** Patients receiving treatment with Marinol (dronabinol) should be alerted to the potential for additive central nervous system depression if Marinol is used concomitantly with alcohol or other CNS depressants such as benzodiazepines and barbiturates.

Patients receiving treatment with Marinol should be specifically warned not to drive, operate machinery, or engage in any hazardous activity until it is established that they are able to tolerate the drug and to perform such tasks safely.

Patients using Marinol should be advised of possible changes in mood and other adverse behavioral effects of the drug so as to avoid panic in the event of such manifestations. Patients should remain under the supervision of a responsible adult during initial use of Marinol and following dosage adjustments.

**Drug Interactions:** In studies involving patients with AIDS and/or cancer, Marinol (dronabinol) was co-administered with a variety of medications (e.g., cytotoxic agents, anti-infective agents, sedatives, or opioid analgesics) without resulting in any clinically significant drug/drug interactions. Although no drug/drug interactions were discovered during the clinical trials of Marinol, cannabinoids may interact with other medications through both metabolic and pharmacodynamic mechanisms. Dronabinol is highly protein bound to plasma proteins, and therefore, might displace other protein-bound drugs. Although this displacement has not been confirmed *in vivo*, practitioners should monitor patients for a change in dosage requirements when administering dronabinol to patients receiving other highly protein-bound drugs. Published reports of drug/drug interactions involving cannabinoids are summarized in the following table.

CONCOMITANT DRUG	CLINICAL EFFECT(S)
Amphetamines, cocaine, other sympathomimetic agents	Additive hypertension, tachycardia, possibly cardiotoxicity
Atropine, scopolamine, anticholinergics, other anticholinergic agents	Additive or super-additive tachycardia, drowsiness
Amiripryline, amoxapine, desipramine, other tricyclic antidepressants	Additive tachycardia, hypertension, drowsiness
Barbiturates, benzodiazepines, ethanol, lithium, opioids, buspirone, anticholinergics, muscle relaxants, other CNS depressants	Additive drowsiness and CNS depression
Disulfiram	A reversible hypomanic reaction was reported in a 28 y/o man who smoked marijuana; confirmed by dechallenge and rechallenge
Fluoxetine	A 21 y/o female with depression and bulimia receiving 20 mg/day fluoxetine X 4 wks became hypomanic after smoking marijuana; symptoms resolved after 4 days
Antipyrine, barbiturates	Decreased clearance of these agents, presumably via competitive inhibition of metabolism
Theophylline	Increased theophylline metabolism reported with smoking of marijuana; effect similar to that following smoking tobacco

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Carcinogenicity studies have not been performed with dronabinol. Mutagenicity testing of dronabinol was negative in an Ames test. In a long-term study (77 days) in rats, oral administration of dronabinol at doses of 30 to 150 mg/m<sup>2</sup>, equivalent to 0.3 to 1.5 times maximum recommended human dose (MRHD) of 90 mg/m<sup>2</sup>/day in cancer patients or 2 to 10 times MRHD of 15 mg/m<sup>2</sup>/day in AIDS patients, reduced ventral prostate, seminal vesicle and epididymal weights and caused a decrease in seminal fluid volume. Decreases in spermatogenesis, number of developing germ cells, and number of Leydig cells in the testis were also observed. However, sperm count, mating success and testosterone levels were not affected. The significance of these animal findings in humans is not known.

**Pregnancy:** Pregnancy Category C. Reproduction studies with dronabinol have been performed in mice at 15 to 450 mg/m<sup>2</sup>, equivalent to 0.2 to 5 times maximum recommended human dose (MRHD) of 90 mg/m<sup>2</sup>/day in cancer patients or 1 to 30 times MRHD of 15 mg/m<sup>2</sup>/day in AIDS patients, and in rats at 74 to 295 mg/m<sup>2</sup> (equivalent to 0.8 to 3 times MRHD of 90 mg/m<sup>2</sup> in cancer patients or 5 to 20 times MRHD of 15 mg/m<sup>2</sup>/day in AIDS patients). These studies have revealed no evidence of teratogenicity due to dronabinol. At these dosages in mice and rats, dronabinol decreased maternal weight gain and number of viable pups and increased fetal mortality and early resorptions. Such effects were dose dependent and less apparent at lower doses which produced less maternal toxicity. There are no adequate and well-controlled studies in pregnant women. Dronabinol should be used only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers:** Use of Marinol is not recommended in nursing mothers since, in addition to the secretion of HIV virus in breast milk, dronabinol is concentrated in and nursed in human breast milk and is absorbed by the nursing baby.

## ADVERSE REACTIONS

Adverse experiences information summarized in the tables below was derived from well-controlled clinical trials conducted in the US and US territories involving 474 patients exposed to Marinol (dronabinol). Studies of AIDS-related weight loss included 157 patients receiving dronabinol at a dose of 2.5 mg twice daily and 67 receiving placebo. Studies of different durations were combined by considering the first occurrence of events during the first 28 days. Studies of nausea and vomiting related to cancer chemotherapy included 317 patients receiving dronabinol and 68 receiving placebo.

A cannabinoid dose-related "high" (easy laughing, elation and heightened awareness) has been reported by patients receiving Marinol in both the antiemetic (24%) and the lower dose appetite stimulant clinical trials (8%) (see CLINICAL TRIALS).

The most frequently reported adverse experiences in patients with AIDS during placebo-controlled clinical trials involved the CNS and were reported by 33% of patients receiving Marinol. About 25% of patients reported a minor CNS adverse event during the first 2 weeks and about 4% reported such an event each week for the next 6 weeks thereafter.

**PROBABLY CAUSALLY RELATED: Incidence greater than 1%.**

Rates derived from clinical trials in AIDS-related anorexia (N=157) and chemotherapy-related nausea (N=317). Rates were generally higher in the anti-emetic use (given in parentheses).

**Body as a whole:** Asthenia.

**Cardiovascular:** Palpitations, tachycardia, vasodilation/flush.

**Digestive:** Abdominal pain\*, nausea\*, vomiting\*.

**Nervous system:** (Amnesia), anxiety/nervousness, (ataxia), confusion, depersonalization, dizziness\*, euphoria\*, (hallucination), paranoid reaction\*, somnolence\*, thinking abnormal\*.

\* Incidence of events 3% to 10%

**PROBABLY CAUSALLY RELATED: Incidence less than 1%.**

Event rates derived from clinical trials in AIDS-related anorexia (N=157) and chemotherapy-related nausea (N=317).

**Cardiovascular:** Conjunctivitis\*, hypotension\*.

**Digestive:** Diarrhea\*, fecal incontinence.

**Musculoskeletal:** Myalgias.

**Nervous system:** Depression, nightmares, speech difficulties, tinnitus.

**Skin and Appendages:** Flushing\*.

**Special senses:** Vision difficulties.

\* Incidence of events 0.3% to 1%.

**CAUSAL RELATIONSHIP UNKNOWN: Incidence less than 1%.**

The clinical significance of the association of these events with Marinol treatment is unknown, but they are reported as alerting information for the clinician.

**Body as a whole:** Chills, headache, malaise.

**Digestive:** Anorexia, hepatic enzyme elevation.

**Respiratory:** Cough, rhinitis, sinusitis.

**Skin and Appendages:** Sweating.

## DRUG ABUSE AND DEPENDENCE

Marinol (dronabinol) is one of the psychoactive compounds present in cannabis, and is abusable and controlled Schedule II (CII) under the Controlled Substances Act. Both psychological and physiological dependence have been noted in healthy individuals receiving dronabinol, but addiction is uncommon and has only been seen after prolonged high dose administration.

Chronic abuse of cannabis has been associated with decrements in motivation, cognition, judgement, and perception. The etiology of these impairments is unknown, but may be associated with the complex process of addiction rather than an isolated effect of the drug. No such decrements in psychological, social or neurological status have been associated with the administration of Marinol for therapeutic purposes.

In an open-label study in patients with AIDS who received Marinol for up to five months, no abuse, diversion or systematic change in personality or social functioning were observed despite the inclusion of a substantial number of patients with a past history of drug abuse.

An abstinence syndrome has been reported after the abrupt discontinuation of dronabinol in volunteers receiving dosages of 210 mg/day for 12 to 16 consecutive days. Within 12 hours after discontinuation, these volunteers manifested symptoms such as irritability, insomnia, and restlessness. By approximately 24 hours post-dronabinol discontinuation, withdrawal symptoms intensified to include "hot flashes", sweating, rhinorrhea, loose stools, hiccups and anorexia.

These withdrawal symptoms gradually dissipated over the next 48 hours. Electroencephalographic changes consistent with the effects of drug withdrawal (hyperexcitability) were recorded in patients after abrupt dechallenge. Patients also complained of disturbed sleep for several weeks after discontinuing therapy with high dosages of dronabinol.

## OVERDOSAGE

Signs and symptoms following MILD Marinol (dronabinol) intoxication include drowsiness, euphoria, heightened sensory awareness, altered time perception, reddened conjunctiva, dry mouth and tachycardia; following MODERATE intoxication include memory impairment, depersonalization, mood alteration, urinary retention, and reduced bowel motility; and following SEVERE intoxication include decreased motor coordination, lethargy, slurred speech, and postural hypotension. Apprehensive patients may experience panic reactions and seizures may occur in patients with existing seizure disorders.

The estimated lethal human dose of intravenous dronabinol is 30 mg/kg (2100 mg/70kg). Significant CNS symptoms in antiemetic studies followed oral doses of 0.4 mg/kg (28 mg/70 kg) of Marinol.

**Management:** A potentially serious oral ingestion, if recent, should be managed with gut decontamination. In unconscious patients with a secure airway, instill activated charcoal (30 to 100 g in adults, 1 to 2 g/kg in infants) via a nasogastric tube. A saline cathartic or sorbitol may be added to the first dose of activated charcoal. Patients experiencing depressive, hallucinatory or psychotic reactions should be placed in a quiet area and offered reassurance. Benzodiazepines (5 to 10 mg diazepam *po*) may be used for treatment of extreme agitation. Hypotension usually responds to Trendelenburg position and IV fluids. Pressors are rarely required.

## DOSAGE AND ADMINISTRATION

**Appetite stimulation:** Initially, 2.5 mg Marinol (dronabinol) should be administered orally twice daily (b.i.d.), before lunch and supper. For patients unable to tolerate this 5 mg/day dosage of Marinol, the dosage can be reduced to 2.5 mg/day, administered as a single dose in the evening or at bedtime. If clinically indicated and in the absence of significant adverse effects, the dosage may be gradually increased to a maximum of 20 mg/day Marinol, administered in divided oral doses. Caution should be exercised in escalating the dosage of Marinol because of the increased frequency of dose-related adverse experiences at higher dosages (see PRECAUTIONS).

**Antiemetic:** Marinol is best administered at an initial dose of 5 mg/m<sup>2</sup>, given 1 to 3 hours prior to the administration of chemotherapy, then every 2 to 4 hours after chemotherapy is given, for a total of 4 to 6 doses/day. Should the 5 mg/m<sup>2</sup> dose prove to be ineffective, and in the absence of significant side effects, the dose may be escalated by 2.5 mg/m<sup>2</sup> increments to a maximum of 15 mg/m<sup>2</sup> per dose. Caution should be exercised in dose escalation, however, as the incidence of disturbing psychiatric symptoms increases significantly at maximum dose (see PRECAUTIONS).

## SAFETY AND HANDLING

Marinol (dronabinol) should be packaged in a well-closed container and stored in a cool environment between 8° and 15°C (46° and 59°F). Protect from freezing. No particular hazard to health care workers handling the capsules has been identified.

Access to abusive drugs such as Marinol presents an occupational hazard for addiction in the health care industry. Routine procedures for handling controlled substances developed to protect the public may not be adequate to protect health care workers. Implementation of more effective accounting procedures and measures to appropriately restrict access to drugs of this class may minimize the risk of self-administration by health care providers.

## HOW SUPPLIED

**MARINOL® CAPSULES (dronabinol solution in sesame oil in soft gelatin capsules)**

**2.5 mg white capsules (Identified RL).**

NDC 0054-2601-11: Bottles of 25 capsules.

NDC 0054-2601-21: Bottles of 60 capsules.

# SEROSTIM™

*Because there is no time to waste.*

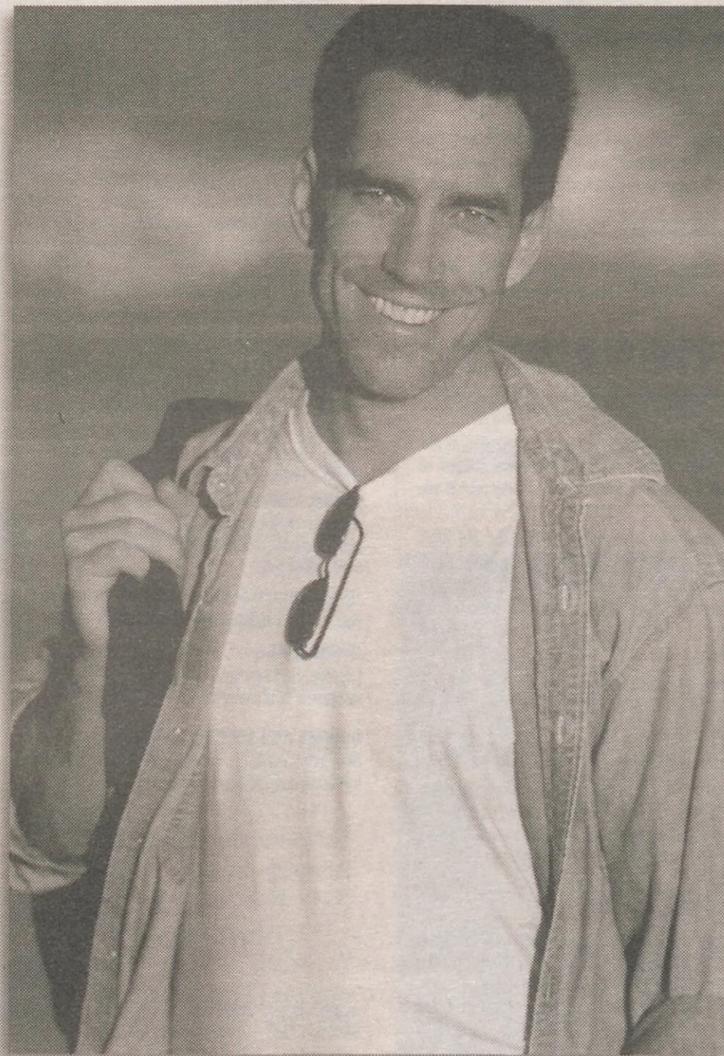
## Human Growth Hormone combats the loss of lean body mass in ways other treatments don't.\*

SEROSTIM is indicated for the treatment of AIDS wasting or cachexia, in combination with antiviral therapy, based on analysis of intermediate effects in studies up to 12 weeks duration.

You may know that wasting robs a person of lean muscle and organ mass, and physical performance. But did you know that it can strike anyone with HIV? At any time? Even while your weight remains constant? That's because you could be adding fat to your body while still losing lean body mass (LBM).

If you are experiencing wasting, discuss with your doctor whether SEROSTIM—human growth hormone—might be right for you.

SEROSTIM rebuilds LBM and improves physical performance while reducing body fat. Studies show that without the LBM you need, you could become weaker, get sick more often and may not live as long as people who are not losing lean body mass; although the clinical significance of treatment-induced weight gain and increasing LBM have not been established. Physical performance was assessed by treadmill exercise testing. Grip strength, another measure of muscle performance may decline, probably due to increased tissue fullness, which sometimes occurs with growth hormone. Subjective assessment of performance was measured in a nine-point questionnaire. SEROSTIM showed significant improvements on two points—change in appearance and overall benefit of therapy—while results of the other measures were inconclusive. Patients who continue to lose weight in their first two weeks of therapy should be reevaluated.



SEROSTIM isn't a steroid, an appetite stimulant or nutritional supplement. It's a completely new anabolic (LBM building) and anticatabolic (inhibits LBM breakdown) treatment that increases LBM and improves physical performance by interacting with a variety of cell types.

One way to know for sure if your treatment has restored LBM is to ask your doctor about BIA or Bioelectrical Impedance Analysis. BIA measures body composition so changes in LBM can be monitored. It takes just 5 minutes and is completely painless. If your physician cannot provide BIA testing, ask him/her to call Serono at 800-714-2437 and a representative will help your physician gain access to a BIA system on your behalf.

People on SEROSTIM may observe side effects. In clinical trials, patients treated with SEROSTIM noticed muscle and joint soreness (53.7% vs. 33.3% for placebo) and swelling in the hands and feet (27.3% vs. 2.7% for placebo). Physicians rated these symptoms as mild-

to-moderate, and in most cases they will subside with continued treatment. Hyperglycemia may occur in HIV-infected individuals due to a variety of reasons. SEROSTIM use was associated with a minimal increase of mean blood glucose concentration. Also, SEROSTIM must be used along with anti-HIV drug therapy. Data related to interactions between SEROSTIM and anti-HIV treatments are not yet available.

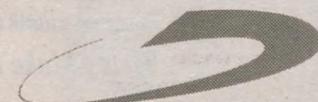
Wasting is treatable. See your doctor or call the SEROSTIM Access Line at **800-714-2437** to find out about SEROSTIM's solution.

*The power of nature is the science of Serostim.*

**Serono**  
PART OF THE ARES-SERONO GROUP

\*Serostim is an anabolic and anticatabolic agent that works by interacting with specific receptors on a variety of cell types. For additional information about Serostim, please refer to the brief summary on the next page.

SLI 98-8130



**Serostim®**

(somatropin (rDNA origin) for injection)

# Serostim<sup>®</sup>

[somatropin (rDNA origin) for injection]

## BRIEF SUMMARY. SEE FULL PRESCRIBING INFORMATION BEFORE PRESCRIBING.

**INDICATIONS AND USAGE:** Serostim<sup>®</sup> [somatropin (rDNA origin) for injection] is indicated for the treatment of AIDS wasting or cachexia. This indication is based on analyses of surrogate endpoints in studies of up to 12 weeks in duration. Concomitant anti-viral therapy is necessary (see PRECAUTIONS: General). The continued use of Serostim treatment should be reevaluated in patients who continue to lose weight in the first two weeks of treatment.

**CONTRAINDICATIONS:** Serostim is contraindicated in patients with a known hypersensitivity to growth hormone.

**PRECAUTIONS:** General: Serostim therapy should be carried out under the regular guidance of a physician who is experienced in the diagnosis and management of AIDS. Inadequate nutritional intake, malabsorption and hypogonadism, which are common in individuals with AIDS and which may contribute to catabolism and weight loss, should also be monitored and treated.

**HIV and Growth Hormone Considerations:** In some experimental systems, recombinant human Growth Hormone (r-hGH) has been shown to potentiate HIV replication in vitro at concentrations ranging from 50-250 ng/ml. There was no increase in virus production when the antiretroviral agents, zidovudine, didanosine or lamivudine were added to the culture medium. Additional in vitro studies have shown that r-hGH does not interfere with the antiviral activity of zalcitabine or stavudine. In the controlled clinical trials, no significant growth hormone-associated increase in viral burden was observed. However, the protocol required all participants to be on concomitant nucleoside analogue therapy for the duration of the study. In view of the potential for acceleration of virus replication, it is recommended that HIV+ patients be maintained on nucleoside analogue therapy for the duration of Serostim treatment.

Increased tissue turgor (swelling, particularly in the hands and feet) and musculoskeletal discomfort (pain, swelling and/or stiffness) may occur during treatment with Serostim, but may resolve spontaneously, with analgesic therapy, or after reducing the frequency of dosing (see DOSAGE AND ADMINISTRATION).

Carpal tunnel syndrome may occur during treatment with Serostim. If the symptoms of carpal tunnel syndrome do not resolve by decreasing the weekly number of doses of Serostim, it is recommended that treatment be discontinued.

Patients should be informed that allergic reactions are possible and that prompt medical attention should be sought if an allergic reaction occurs. None of the 188 study participants with AIDS wasting who were evaluable for antibody assessments and who were treated with Serostim for the first time developed detectable antibodies to growth hormone (> 4 pg binding). Patients were not rechallenged.

Recombinant Human Growth Hormone (r-hGH) has been associated with acute pancreatitis.

Hyperglycemia may occur in HIV-infected individuals due to a variety of reasons. Serostim use was associated with a minimal increase of mean blood glucose concentration. Patients with other risk factors for glucose intolerance should be monitored closely during Serostim therapy.

No cases of intracranial hypertension (IH) have been observed among patients with AIDS wasting treated with Serostim. The syndrome of IH, with papilledema, visual changes, headache, and nausea and/or vomiting has been reported in a small number of children with growth failure treated with growth hormone products. Nevertheless, funduscopic evaluation of patients is recommended at the initiation and periodically during the course of Serostim therapy.

Kaposi's sarcoma, lymphoma, and other malignancies are common in HIV+ individuals. There was no increase in the incidence of Kaposi's sarcoma, lymphoma, or in the progression of cutaneous Kaposi's sarcoma in clinical studies of Serostim. Patients with internal KS lesions were excluded from the studies. Potential effects on other malignancies are unknown.

**Information For Patients:** Patients being treated with Serostim should be informed of the potential benefits and risks associated with treatment. Patients should be instructed to contact their physician should they experience any side effects or discomfort during treatment with Serostim. It is recommended that Serostim be administered using sterile, disposable syringes and needles. Patients should be thoroughly instructed in the importance of proper disposal and cautioned against any reuse of needles and syringes. An appropriate container for the disposal of used syringes and needles should be employed. Patients should be instructed to rotate injection sites to avoid lipodystrophy.

**Drug Interactions:** Formal in vitro drug interaction studies have not been conducted. No data are available on drug interactions between Serostim and HIV protease inhibitors or the non-nucleoside reverse transcriptase inhibitors.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Long-term animal studies for carcinogenicity have not been performed with Serostim. There is no evidence from animal studies to date of Serostim-induced mutagenicity or impairment of fertility.

**Pregnancy:** Pregnancy Category B. Reproduction studies have been performed in rats and rabbits. Doses up to 5 to 10 times the human dose, based on body surface area, have revealed no evidence of impaired fertility or harm to the fetus due to Serostim. There are, however, 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.

**Nursing Women:** It is not known whether Serostim is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Serostim is administered to a nursing woman.

**Pediatric Use:** In two small studies, 11 children with HIV associated failure to thrive were treated subcutaneously with human growth hormone. In one study, five children (age range, 6 to 17 years) were treated with 0.04 mg/kg/day for 26 weeks. In a second study, six children (age range, 8 to 14 years) were treated with 0.07 mg/kg/day for 4 weeks. Treatment appeared to be well tolerated in both studies. These preliminary data collected in a limited number of patients with HIV associated failure to thrive appear to be consistent with safety observations in growth hormone treated adults with AIDS wasting.

**ADVERSE REACTIONS:** In two placebo-controlled clinical trials in which 205 patients were treated with Serostim the most common adverse reactions judged to be associated with Serostim were musculoskeletal discomfort and increased tissue turgor (swelling, particularly of the hands or feet) (see PRECAUTIONS: General). These symptoms were generally rated by investigators as mild to moderate in severity and usually subsided with continued treatment. Discontinuations as a result of these events were rare.

Because of the diverse clinical manifestations of AIDS, and the frequent occurrence of adverse events associated with underlying disease process, it was often difficult to distinguish adverse events possibly associated with the administration of Serostim from underlying signs or symptoms of AIDS or associated intercurrent illnesses.

Clinical adverse events which occurred during the first 12 weeks of study in at least 10% of those who received Serostim during the two placebo-controlled trials are listed below by treatment group, without regard to causality assessment.

Table 2: Controlled Trials Adverse Events

Adverse Event	Serostim (n=205)	Placebo (n=150)
	%	%
Musculoskeletal discomfort	53.7	33.3
Fever	31.2	29.3
Increased tissue turgor	27.3	2.7
Diarrhea	25.9	20.0
Neuropathy	25.9	17.3
Nausea	25.9	16.0
Headache	19.0	20.7
Abdominal pain	17.1	18.7
Fatigue	17.1	16.0
Leukopenia	15.1	24.7
Albuminuria	15.1	9.3
Granulocytopenia	14.1	21.3
Lymphadenopathy	14.1	16.0
Increased sweating	14.1	8.7
Anorexia	12.2	9.3
Anemia	12.2	8.7
Vomiting	11.7	12.0
SGOT increased	11.7	6.0
Insomnia	11.2	9.3
Tachycardia	11.2	6.0
Hyperglycemia	10.2	6.0
SGPT increased	10.2	5.3

Adverse events that occurred in 1% to less than 10% of study participants receiving Serostim in the two placebo-controlled clinical efficacy studies are listed below by body system. The list of adverse events has been compiled regardless of causal relationship to Serostim.

**Body as a Whole:** rigors, flu-like symptoms, back pain, malaise, asthenia, carpal tunnel syndrome (see PRECAUTIONS: General), chest pain, hot flashes, allergic reaction. **Gastrointestinal System:** oral leukoplakia, flatulence, dyspepsia, dry mouth, constipation, ulcerative stomatitis, increased amylase, dysphagia, esophagitis, colitis, pancreatitis, rectal disorder, gastritis, tongue ulceration, gingivitis. **Musculoskeletal System:** muscle weakness. **Central and Peripheral Nervous System:** dizziness, convulsions, hypertonia, neuralgia, tremor, encephalopathy, nystagmus, meningism. **Respiratory System:** dyspnea, coughing, sinusitis, upper respiratory tract infection, pharyngitis, rhinitis, pneumonia, bronchitis, increased sputum, respiratory disorder, bronchospasm, pneumonitis, pleurisy. **White Blood Cell and Reticuloendothelial System Disorders:** cervical lymphadenopathy, eosinophilia. **Skin and Appendages:** skin disorder, folliculitis, rash, alopecia, photosensitivity reaction, erythematous rash, pruritus, abnormal pigmentation, seborrhea, dermatitis, skin ulceration, acne, skin discoloration, verruca. **Psychiatric:** depression, anxiety, somnolence, nervousness, appetite increased, amnesia, abnormal thinking. **Metabolic and Nutritional:** hypertriglyceridemia, increased alkaline phosphatase, dehydration, increased creatinine phosphokinase, increased LDH, glycosuria, hypokalemia, cachexia, thirst, acidosis. **Immune System Dysfunction:** moniliasis, bacterial infection, Pneumocystis carinii infection, viral infection, infection, Herpes simplex, sepsis, abscess, fungal infection, Herpes zoster. **Urinary System:** hematuria, urinary tract infection, nocturia. **Liver and Biliary System:** abnormal hepatic function, hepatomegaly, hepatitis. **Vision:** retinitis, abnormal vision, photophobia. **Platelet, Bleeding and Clotting:** thrombocytopenia, purpura. **Cardiovascular, General:** abnormal ECG, heart murmur, hypertension, hypotension. **Application Site:** injection site pain, injection site reaction. **Neoplasms:** Kaposi's sarcoma. **Male Reproductive:** epididymitis, penis disorder, inguinal hernia. **Hearing and Vestibular:** earache, ear disorder, decreasing hearing. **Endocrine:** gynecomastia, male breast pain.

The types and incidences of adverse events reported in an open-label, extension trial and in a single, foreign trial, for up to one year, were not different from, or greater in frequency, than those observed in the primary, placebo-controlled, clinical trials.

## OVERDOSAGE

Glucose intolerance can occur with overdosage. Long-term overdosage with growth hormone could result in signs and symptoms of acromegaly.

## DOSAGE AND ADMINISTRATION

Serostim<sup>®</sup>[somatropin (rDNA origin) for injection] should be administered subcutaneously daily at bedtime according to the following dosage recommendations:

Weight Range	Dose*
>55 kg	6 mg SC daily
45-55 kg	5 mg SC daily
35-45 kg	4 mg SC daily

\*Based on an approximate daily dosage of 0.1 mg/kg.

In patients who weigh less than 35 kg, Serostim should be administered at a dose of 0.1 mg/kg subcutaneously daily at bedtime.

Dose reductions for side effects felt to be related to treatment with Serostim, which are unresponsive to symptomatic treatment, may be effected by reducing the total daily dose or the number of doses given per week.

In patients who continue to lose weight at week 2, reevaluate for concurrent opportunistic infections or other clinical events. Injection sites should be rotated.

Safety and effectiveness in pediatric patients with AIDS have not been established.

Each vial of Serostim 4 mg, 5 mg or 6 mg is reconstituted with 1 mL sterile water for injection. To reconstitute Serostim, inject the diluent into the vial of Serostim aiming the liquid against the glass vial wall. Swirl the vial with a gentle rotary motion until contents are dissolved completely. The Serostim solution should be clear immediately after reconstitution. **DO NOT INJECT** Serostim if the reconstituted product is cloudy immediately after reconstitution or refrigeration. Occasionally, after refrigeration, small colorless particles may be present in the Serostim solution. This is not unusual for proteins like Serostim.

## STABILITY AND STORAGE

**Before reconstitution:** Serostim should be stored at room temperature, 59° - 86°F (15° - 30°C). Expiration dates are stated on product labels.

**After reconstitution:** Use within 24 hours after reconstitution with diluent. The reconstituted solution should be stored under refrigerated conditions (36° - 46°F/2° - 8°C).

Sterile Diluent, 1 mL (Sterile Water for Injection, USP) should be stored at room temperature, 59° - 86°F (15° - 30°C). Avoid freezing vials of Serostim and Sterile Diluent.

## HOW SUPPLIED

Serostim is available in the following forms:

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Package of 7 vials.	NDC 44087-0006-7

Manufactured for: Serono Laboratories, Inc., Randolph, MA 02368

Caution: Federal law prohibits dispensing without prescription.

February 1998



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[somatropin (rDNA origin) for injection]

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SLI 98-8113

# Houston plays host to North American gay volleyball championship

by LARA L. ZUEHLKE

More than 100 teams will be vying for the coveted first place trophy at this year's annual North American Gay Volleyball Association (NAGVA) Championships, May 21-23, at the George R. Brown Convention Center.

Gay volleyball enthusiasts from Canada, Puerto Rico and the United States are heading into Houston to compete in the three-day tournament, including eight teams from Houston's Lone Star Volleyball Association. And, Houston is no stranger to this event, as this year's tournament marks the second time Houston has hosted the championships—the first time in 1994, said John Pastrano, president of NAGVA.

According to Pastrano, Houston beat out dozens of other cities to play home to the championships.

"Every year cities are asked to place bids to host the tournament, and Houston was chosen this year," he said. This year's tournament will be even sweeter for Pastrano and the other Houston participants, as he was recently elected president of NAGVA.

Pastrano said that the preparation for the tournament has run smoothly because the city has been very receptive to hosting the tournament.

"Houston is lucky in that we have a large base of volunteers," he said. "We are expecting between 20 and 25 volunteers to help out." The volunteers

will assume various roles, Pastrano said, ranging from managing the facility to coordinating court activities. Because the NAGVA does not currently have corporate sponsorships, the tournament's success depends largely on the support of local businesses.

"NAGVA is trying to get corporate sponsorships for future tournaments," said Pastrano. He said area businesses are helping out by donating their time and services. "There will be massage therapists on site that are volunteering," said Pastrano. "So, massages will be available for the players."

The upcoming tournament will mark year 17 for the championships and rounds out teams' regular season play. To qualify for the tournament, Pastrano said

every team must participate in at least one NAGVA qualifying game at some time during the season. Since the association encompasses four countries—the United States, Mexico, Puerto Rico and Canada—qualifying games are held in various cities, ranging from Toronto to Dallas. Once a team has participated in a qualifying game, Pastrano said it can then submit its application and fee for the championship tournament. Then, teams are classified according to ability, ranging from the best, AA, to the lesser competitive, BB.

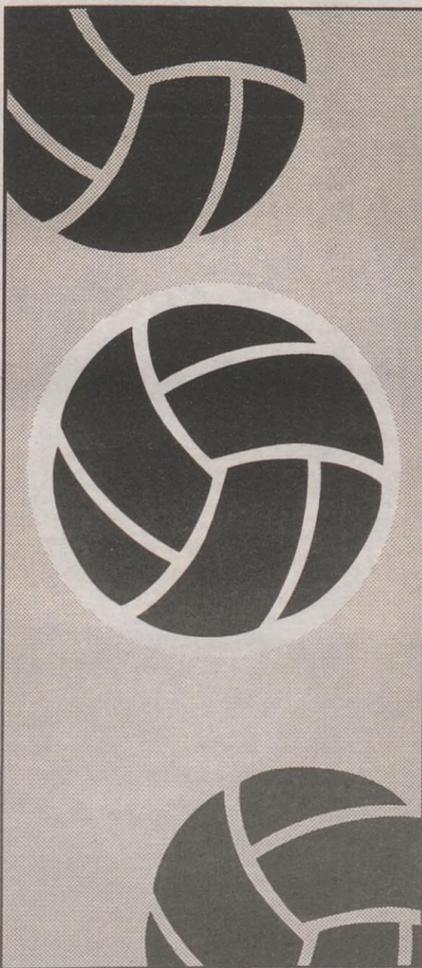
The majority of teams participating in this year's event fall under the BB category, with approximately 42 teams, as well as the B category, with an estimated 38 teams.

Pastrano said pool play begins May 21 at 8:30 p.m., with teams participating in four matches. Then teams will compete in another four matches Saturday. After the eight matches have been played, Pastrano said the standings will be tallied and teams will be put into seeds based on their won/loss record. Play resumes on Sunday, with the championship game taking place around 6 p.m.

Although some die-hard players will be blazing the courts, Pastrano commented there will be players of all ages and skill levels on hand.

"We will have a wide array of players, ranging from ages 18 to 55," he said. Pastrano encouraged everyone to come che-

ck out the action, as the event is free to the public and will be held in Exhibit Hall C of the convention center. For those interested in volunteering or finding out more about the event, call the Lone Star Volleyball Association at (281) 878-4629.



**INFO**

**North American Volleyball Association Championship**  
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 George R. Brown Convention Center  
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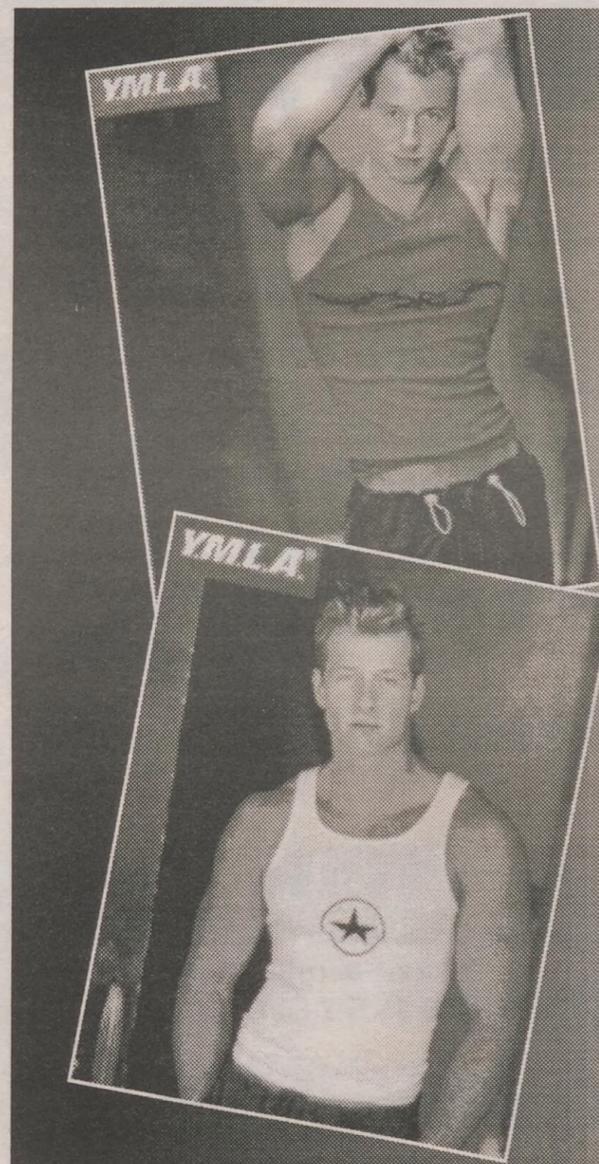
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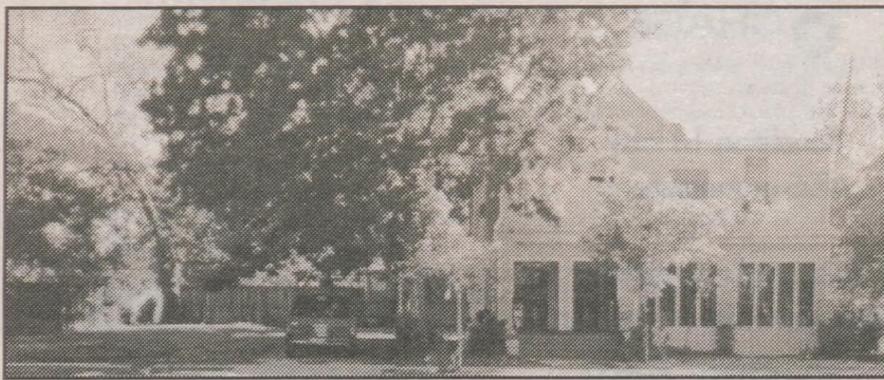


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# WorkOUT?



### will the workout mags ever come out?

Men's workout mags doth protest too much. The loudly—and constantly—proclaim their heterosexuality, even if their primary mission seems to be to eroticize the male body to male readers.

### filth

CNN's humpy Bill Hemmer, Ryan Phillipe and Reese Witherspoon, the legendary Diana Ross, Brandy, Pamela and Tommy Lee (again) Mariah Carey and Eddie Murphy—something for everyone

### need wood?

Woody won't lick ya and leave ya—he'll give you more than a mouthfull of his sage sex advice

### scene and heard

Cuervolyn spins her usual mix of lies, blended with some gossip and half-truths

### you've got male

the information superhighway even has rest stops for gay porn stars, and Jim Buck—an adult film star in his own right—is your guide

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# Rainbow flag prohibited from flying outside woman's home

by GIP PLASTER

Linda Robertson wants to show the citizens of Myrtle Beach her true colors, but the city says the rainbow flag flying outside her restaurant and bar violates a recently changed city ordinance. Robertson was cited last month for flying a rainbow flag in an area where many flags, banners and "wind-activated devices" are prohibited. American flags, flags of other nations, state, city and county flags, church flags and registered corporate flags are allowed, however.

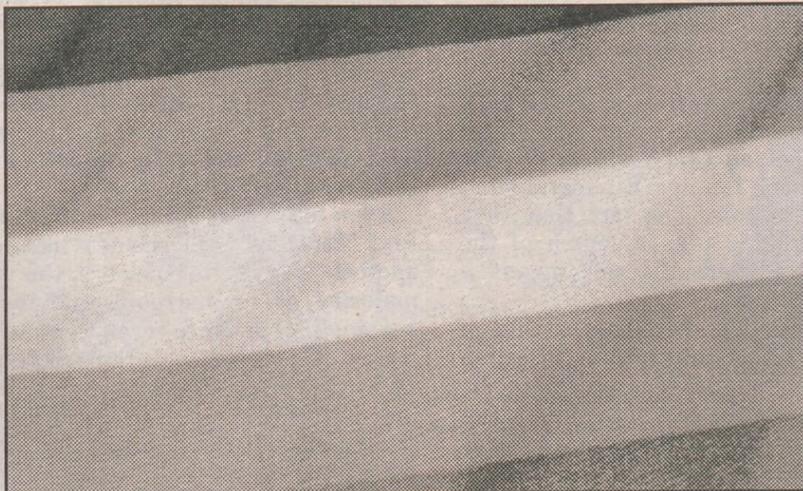
The rainbow flag has flown since Rainbow House Bistro, which caters to a mostly lesbian and gay clientele, opened in March 1998. In September, however, a city ordinance was changed. Now, in the zoning area where her business is located, only amusement parks with more than five acres of property are allowed to display flags and banners. Robertson said she is about two blocks away from an amusement park that displays more banners than she can count. "What's wrong with one rainbow flag flying in front of every house in Myrtle Beach if that would be the case?" she asked.

Rainbow flags, first flown in 1978 and now recognized by the International Congress of Flag Makers, are an important part of gay and lesbian history, Robertson said. "It speaks," she said. "It speaks just like the American flag or a state or international flag."

"Yes, I own a business, but this is not a business

issue. This is a personal issue."

Robertson said she believes the change in the ordinance was a result of a large number of somewhat offensive signs, banners and window hangings in nearby downtown. She said some T-shirts hanging in windows were in such bad taste that she did not want



her young granddaughter to see them. But prohibiting all flags and banners goes too far, she said. City spokesperson Mark Kruea said Myrtle Beach is a tourism-driven community and that many restrictions exist on signage, flags and banners to keep the community from looking cluttered. He said the city

does not find the meaning of the flag objectionable. If Robertson would work with city code enforcement officials, he said, she might be able to find an acceptable way to show her pride. "In all likelihood she could find some other way she could make the same statement," Kruea said.

Robertson was not singled out, he said. Thirty-five others were cited for sign ordinance violations last month; twelve involved banners and flags. Similar incidents have happened elsewhere. Several years ago, an Arlington, Texas pet store owner was cited for flying a rainbow flag even though a nearby car dealer flew a number of flags and banners. The flag no longer flies, but rainbow patterns wrap poles outside the store and the rainbow colors are more visible than ever. The new owner of the store said that because insults were yelled from passing cars at non-gay employees walking dogs near the flag, he has no plans to put it back up. He said he was unaware of exactly what agreement the former owner reached with the city of Arlington. Robertson, however, still flies her flag. She could be sentenced to 30 days in jail and fined \$500 for every day she violates the ordinance. She said she believes there will be huge outcry in the community if officials try to take action against her. She said she would be reluctant to go to jail over this issue, but does not think it will come to that. She added, "I guess if they come to get me, I have no choice."

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# Getting 'Monster' on the screen

Film from page 21  
 were going, 'Great, another story about a director, sounds good to us.' They were all over Chris to finish the book. By the time he had finished it, though, 'Ed Wood' had come out and bombed. In typical Hollywood fashion, they were like, 'We don't want this 'Father Of Frankenstein.' Who needs another movie about a director. Plus, this James Whale guy was gay! Sounds like a loser to us.' Although they were idiots for passing up such a great story, I lucked-out because no one optioned the novel. So, I optioned it with my producing partner Gregg Feinberg."

Over the next five years, however, the box office failure of "Ed Wood" would loom like a dark, ominous cloud over their attempts to raise money for a project based on "Father Of Frankenstein."

Eventually, Condon and Feinberg were able to ignite the interest of gay filmmaker and horror author Clive Barker ("Our patron saint," Condon called him), who, in turn, went to such diverse parties as the BBC and American cable giant Showtime and in order to help raise a paltry (by Hollywood standards) \$3 1/2 million dollars to start the cameras rolling. With a look of a major studio movie with a budget twenty times of what he had to spend, Condon obtained a lavish look for "Gods And Monsters" by using an age old trick developed by arthouse impresarios James Ivory and

Ishmail Merchant.  
 "When Merchant Ivory were making films like 'A Room With A View' and 'Maurice' they didn't have a whole lot of money to spend, either," Condon said. "So, they did one important thing, they saved their money for two pivotal scenes and went all out for them. With 'Gods And Monsters,' I did that with the lawn party thrown by (legendary closeted director) George Cukor and the recreation of 'The Bride Of Frankenstein' set. And it worked. Of course, I couldn't have done any of it if Lynn (a Golden Globe winner for her performance), Ian and Brendan hadn't worked for scale. The fact that they were willing to take a fourth of the money they normally get meant a whole lot to me."

While Condon calls the casting of openly gay English actor Ian McKellan as James Whale a no-brainer, he admits giving the role of the handsome gardener to "The Mummy" heart-throb Brendan Fraser a bolder step than he initially realized.

"So many people have come up to me and said, 'When we heard you cast Brendan Fraser in your movie, we thought you were crazy or just had a crush on him, because we didn't think he had the range to pull off a role like this,'" Condon said with a laugh. "For some reason, people don't equate Brendan with drama, which is a shame, because he is a very talented actor."

"Also, he was an obvious choice because we had to have someone who was large in stature," he continued. "Brendan's big, which is what we needed, because Ian is very tall, he's six-foot-one. We needed someone who could literally carry him. Like Karloff, the monster, Brendan had to be able to suggest that he was tough and full of bravado, but at the same time, he had to have a soft center—which I thought he had. Luckily, my instincts proved to be right on target. He really connects with Ian, and I think that audiences—both straight and gay—connect with their relationship."

Even after winning an Oscar, "Gods And Monsters" still seemed like just another "gay ghetto" movie to the vast majority of mainstream audiences, keeping its box office receipts relatively low. Condon hopes the upcoming DVD (which includes a 30 minute documentary about the film and running commentary by the director) and video releases of "Gods And Monsters" will garner it a whole new crop of fans.

"Christopher Bram says a great thing about being a gay novelist, he said, 'I am and I'm not'—I feel the same way about this movie, it is and it isn't," Condon said. "OK, before we go any further, let's define 'gay ghetto' movies. To me, they are films that are meant to glorify and celebrate the gay experience. While 'Gods And Monsters' does that, it doesn't do it exclusively. It has a story that non-gay people can relate to, it doesn't exclude anyone."

But as a gay man, doesn't he feel an obligation to make films that champion the gay community?

"I don't feel an obligation, but I feel a great compulsion," Condon said. "I mean, it's what I know and how I live my life, so, of course, why wouldn't I want to explore themes about homosexuality. Now, whether Hollywood wants to admit it or not, there's a big audience out there that feels the same way, and they're not all gay. Believe it or not, there are a lot of straight people that are interested in gay people and their lifestyle. Or better yet, they are not turned off by it. And if we, as filmmakers, take them by the hand and make them realize there is nothing to be scared of, we won't have tragedies like what happened in Wyoming."

Condon agrees that the coming out of a major male movie star certainly would help matters.

"There are so many of them that could help the cause," he said. "We came pretty close, a couple of years ago, of one young star who was on the verge of coming out. But now he's the biggest thing on the planet, do you think he's going to admit he's gay? It's going to take that gutsy, young actor who is going to say f\*\*k you to the managers and just go for it. Ian and I had long discussions about it, and we think Hollywood is ready for a gay movie star. They've had them for years, now, it's just time for them to get behind them and support their decision to celebrate their sexuality. It'll happen, believe me, sooner than you think."

## Occasions

**Pet Of The Week: Aspen** owned by Christopher Roth and Mark Pittman



### In Loving Memory

Mary Parker passed away peacefully at her home on May 3. A celebration of life will be held at Mary's on May 16 at 3 p.m.



Mary

### Get well hugs

George Tresh is in the hospital. Our thoughts and prayers are with him.



George

Buddy Thompson is recuperating quickly from some heart problems.

### Birthdays

The 3 "R's" of JR's are having birthdays this week. **Reno**, bartender extraordinaire and (I love to be on stage) **Randall's** big b-day is on May 17. **Reed's** b-day is May 15.



Reno

**David** "The Pineapple Princess" celebrated his birthday on May 1.



Reed

The beautiful and talented **Barbara Walker** celebrates her birthday on May 16.



Randall

**Neil** blows out another candle on his birthday cake on May 15.

**Lee** (retired from the Ripcord) Brown adds another year on May 16.



Barbara

**J.C. Michelek** has a big birthday on May 19.

The one and only **Bruce (Wolf Daddy) Chambers** howls in another year on May 14.

### Anniversary

Co-editor of the *Texas Triangle*, 1999 Female Grand Marshall and all around great lesbian, Nancy Ford, and the love of her life, Jessica celebrate their third anniversary on May 15.



Neil

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# 'Jenny Jones' ruling denounced by gay leaders

Show ordered to pay \$25 million for negligence in setting the stage for gay man's murder

by PAIGE PARVIN

A Michigan jury apparently agreed that producers of the "Jenny Jones Show," "did everything but pull the trigger" when they allowed a gay guest to confess his secret crush on a male co-worker, causing humiliation so bitter it led to murder. Last week, the jury ordered the show to pay more than \$25 million in damages to the family of slain Scott Amedure. While the verdict is a blow to an industry highly criticized for its lack of social conscience and notorious exploitation of lesbians, gay men, bisexuals and transgendered people, leaders in the movement for gay civil rights are concerned about its broader implications, and what the decision could mean for the accused killer's upcoming retrial.

## A questionable message

In a case that put tabloid TV on trial, Amedure's family argued that a mentally unstable Jonathan Schmitz was lured onto the talk show in 1995, under the impression that he would meet a woman, and was mortified to the point of violence when his admirer turned out to be Amedure. Schmitz, who called the police and confessed shortly after shooting Amedure, has said he is heterosexual. "They solicited a victim. They picked a murderer and provided a motive," said plaintiff's attorney Geoffrey Fieger. "They did everything in this case except pull the trigger." Lawyers for Warner Bros., the show's owner, argued that Schmitz was made aware his "crush" could be a man or a woman, and a producer testified that Schmitz didn't seem upset after the taping.

But three days later, authorities say Schmitz bought a shotgun, drove to Amedure's trailer in Oakland County's Orian Township and shot him twice in the chest while his roommate watched. Schmitz's lawyers claimed he was fighting alcoholism, depression and a thyroid condition at the time. The defense also contended Schmitz might have killed Amedure because the two had a sexual encounter, a charge Fieger denied. Schmitz was found guilty of murder in 1996, but his conviction was thrown out on appeal due to a mistake in selecting the jury. His retrial is set for Aug. 19.

During the six-week "Jenny Jones Show" trial and again while deliberating, jurors watched a tape of the segment, which never aired. Amedure was shown describing a sexual fantasy about Schmitz involving strawberries and whipped cream. Schmitz was shown reacting by burying his face in his hands. In their instructions, jurors were told to find for the Amedures if they believed the show was negligent and its negligence was one cause of Amedure's death. They were also asked to consider a list of the show's obligations to Amedure, including protecting him from foreseeable harm, an inflammatory request that Schmitz's lawyers will use in their appeal, according to "Jenny Jones" lawyer James Feeney.

Jurors awarded \$5 million in damages for Amedure's suffering before he was killed, \$10 million to the family for the loss of his companionship, and \$10 million for the loss of money Amedure would have earned. "The message (that the verdict) sends is... anyone involved in the business of interviewing ordinary people, anyone involved in the business of using circumstances that could be the least bit surprising, anywhere from a news talk show to a game show to a daytime talk show, ought to be very concerned about the chilling effect this verdict could have," said Feeney. "We want to thank the jury for... perhaps sending a message, if not explicit, implicitly, to the entire industry which abuses individuals, which takes advantage of vulnerable individuals and uses the emotions of individuals, human beings, for the entertainment of others. That type of human exploitation needs to be corralled," countered Fieger. Jones herself has vocally defended the show, citing its First Amendment protection. "We feel we did nothing wrong," she told "Dateline NBC" in an interview aired two days after the verdict. "It's not fair to blame the show for the actions of someone. That happened three days after they left the show." Jones said she might feel personally guilty if Schmitz and Amedure had been introduced on the show, but they knew one another beforehand.

## Gay leaders denounce verdict

Reaction among gay leaders has been swift and strong, and for the most part highly critical of the \$25 million verdict that holds the "Jenny Jones Show" accountable for the actions of a guest. Blaming the show for creating an embarrassing and potentially dangerous situation only helps to paint a picture of homosexual attraction as freakish and morally questionable, gay activists have said. "We are disappointed, and we disagree with this verdict," said Tony Esoldo, a spokesman for the Human Rights Campaign. "We are not going to defend these types of talk shows that exploit people," Esoldo said.

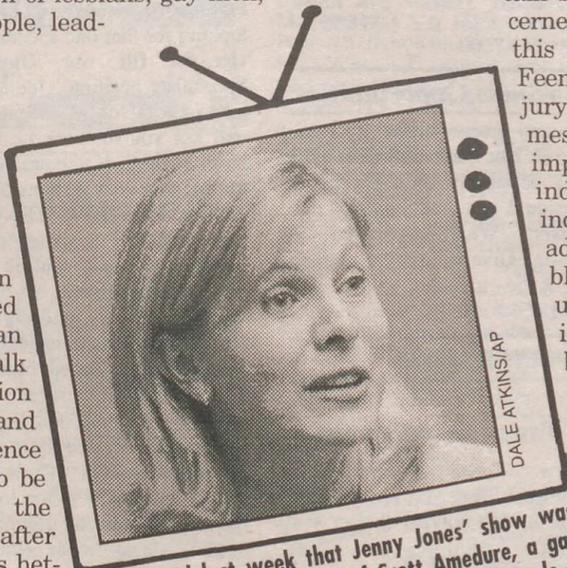
"But on the other hand, the fellow who pulled the trigger is ultimately responsible, not Jenny Jones." Asked if the verdict lends validity to the "homosexual panic defense" the idea that romantic advances from a member of the same sex are so upsetting that they create extraordinary circumstances, Esoldo emphatically agreed. "[Schmitz's] motive may have been embarrassment, but this decision takes away from blame that should be on the man who killed [Amedure]," he said. "It's a bad precedent and this validation of the homosexual panic defense is worrisome, to say the least." Evan Wolfson, a staff attorney at Lambda Legal Defense and Education Fund, agreed. "The person who selected the victim and made him a target was (Jonathan Schmitz), and distasteful as these shows may be, there is no excusing responding to gay attraction with violence," he said. "Clearly, the verdict would not have

been the same if the victim was a woman," Wolfson added. "This verdict muddies the waters when it comes to responsibility for criminal acts of violence." Regarding the show's culpability, Wolfson, speaking personally, said he didn't find "The Jenny Jones Show" especially irresponsible in its treatment of Schmitz and Amedure. "The idea that they have a show in which they surprise people with others who have crushes on them does not strike me as particularly irresponsible," he said. "I don't know all the details, ...but it's not like they ran into his office with cameras. He agreed to be a guest on the show." "Embarrassment doesn't excuse murder," Wolfson insisted.

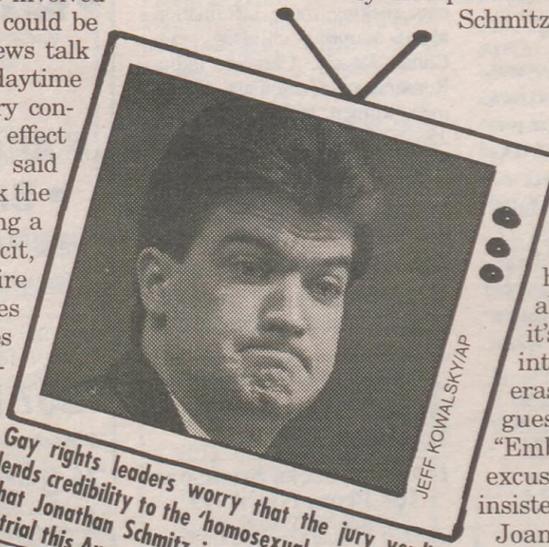
Joan Garry, executive director of the Gay and Lesbian Alliance Against Defamation, issued a statement that was more ambivalent, saying the verdict and Schmitz's ultimate conviction are "not mutually exclusive." "This verdict has further-reaching implications than the effects of one civil suit," said Garry. "At the heart of our culture is a media which can educate and inform, or it can damage and sensationalize. It's important that talk shows be held accountable for their sensationalism in that sense, at least, this ruling is encouraging. But let's temper that with the knowledge that Scott Amedure lost his life at the hands of John Schmitz, not 'The Jenny Jones Show,'" Garry equivocated. "The danger here is that this ruling will undermine the perception of Schmitz's culpability in Scott Amedure's murder." Gay rights activists in Michigan, where the trial took place, found the verdict "distressing." "Homophobia has been victorious," said Jeffrey Montgomery, executive director of the Triangle Foundation, Michigan's gay rights group. Montgomery said the plaintiff's case was "designed to put Scott Amedure's sexual orientation on trial and was successful because it appealed to the low level of toxic homophobia in our culture and our community."

"If Scott had not been gay, he would be alive today," said Montgomery, and that is a fact that remains despite our efforts to blame the victim or blame TV. "Gay people should take note," he said. "Mr. Fieger should be ashamed. He has won the point, for now, that if you're gay... go and hide. You risk being killed if you let anyone know."

Staff and wire reports contributed to this article



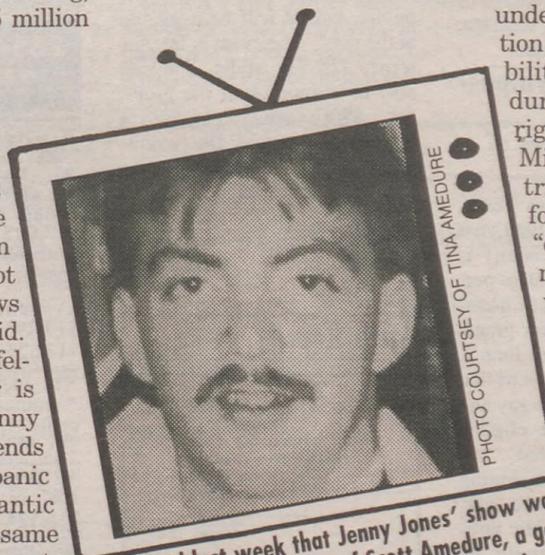
A jury said last week that Jenny Jones' show was responsible for the murder of Scott Amedure, a gay man who admitted to a secret crush on an episode of the show that never aired.



Gay rights leaders worry that the jury verdict lends credibility to the 'homosexual panic' defense that Jonathan Schmitz is expected to use in his retrial this August.



Defense attorney James Feeney (pictured with Warner Bros. Senior Vice President Zazi Pope) said the verdict should send a chill out to all those who interview people for a living.



A jury said last week that Jenny Jones' show was responsible for the murder of Scott Amedure, a gay man who admitted to a secret crush on an episode of the show that never aired.

# Classifieds

## Announcements

### Ryan White Planning Council PUBLIC HEARING

Ryan White Planning Council for Houston Area HIV Services needs your input on service priorities for our HIV/AIDS Community. Let your voice be heard at the Metropolitan Multi-Purpose Center, Thurs., May 27, at 6:00pm. To request child care and/or transportation assistance or to pick up an information packet contact the Ryan White Planning Council Office at 713.572.3724 (There will be a second public hearing regarding allocations in July 99).

### The Silver Screen - Kick Off Party

The 1999 Houston Gay & Lesbian Film Festival steering committee announces the date for the official kick off party with the theme of "Silver Screen". • 7:00 - 9:00 p.m. on Friday, May 28, 1999 • The Crystal Ballroom at The Rice, 909 Texas Ave. in downtown Houston • \$15.00 Admission to the party which includes a ticket to any screening of Get Real, the opening film of the Gay & Lesbian Film Festival showing at the Greenway Theater beginning Friday, May 28. • Run dates for the festival are May 28th - June 6th • For more information on films, dates and times please call 713.807.8354 or check out the website: <http://freeweb.pdq.net/quac>

### The Krewe of Olympus-TX, Inc.

#### Calls For Letters of Intent

The Krewe of Olympus Texas, Inc. celebrating its thirtieth year of service to the community is now seeking letters of intent pertaining to the awarding of financial grants. Requests for grants will be accepted through June 1, 1999. All area organizations that provide assistance to the gay and lesbian community are eligible especially those that are HIV/AIDS related including support services, treatment, education, housing and public policy. All requests should be directed to: The Krewe of Olympus-Texas, Inc., David Gandy, Vice President, 4861 Woodpecker, Houston, TX 77035. Letter should include Determination of 501(c)(3) status, most recent financial statement, 1999 Operating Budget and use of the grant if selected.

#### How To Adopt Internationally

Family to Family Adoption Services, an adoption networking agency, is in partnership with several non-profit adoption agencies who are dedicated to

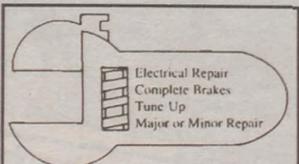
finding loving homes for thousands of orphans in many countries. Prospective adoptive parents seeking more information about adopting children from China, Russia, Ukraine, India, Romania and Guatemala. Single men, women, and couples from 25 - 57 years old are eligible to adopt. For more information please call Maxine at 713.219.1472 or email: [Fam2fam@aol.com](mailto:Fam2fam@aol.com)

**PWA Coalition** desperately needs the following: Dishes, silverware, pots/pans, sheets, towels, dressers, dinettes, coffee tables, sofas, and small appliances. Available for pick-ups. Call Wilson or Kerry at 713.522.5428.

### HATCH Seeks Sponsors for Prom Night '99

The 6th Annual Gay and Lesbian Prom Night is planned for June 19th. Sponsored by the Houston Area Teen Coalition of Homosexuals. Prom Night raises money for activities throughout the year for youth attending HATCH functions. What makes Prom Night special is that it allows gay and lesbian youth to enjoy an event otherwise denied them because of their sexual orientation. To encourage participation, no formal dress code is set. Whether it is tuxedos and prom dresses or casual dress, the idea is to have fun and raise money for the growing needs of the organization. Decorations and entertainment are organized by the HATCH youth. Open to the public, tickets will be available at the door. The event is free for teens; \$20 for adults. You can also be a sponsor of the prom: for \$500 you can be a Superintendent of the event; \$250 get you Principal status; and \$100 names you as a Chaperone. Any donation will be appreciated. For more information, phone HATCH at 713.942.7002.

### Auto Repair

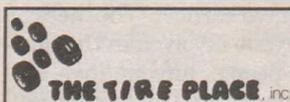


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'98 Jeep Cherokee Sport • Automatic Transmission, 6 cylinder, won't last • \$16,999 • 281.243.8600.

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'95 BMW 325i • Red/saddle leather, 5 speed, sunroof, cd, 43K miles, beauty, \$19,995 • Call Malcolm or Ruthann, 713.426.1100.

'95 Honda Accord EX • Black, sunroof, low miles • Look, only \$12,999 • 281.243.8600.

'93 Acura Legend LS • 2 door, black/saddle leather, sunroof, cd, low miles, \$17,995 • Call Malcolm or Ruthann, 713.426.1100.

'98 Mustang GT • Green/tan, only 18K miles, great buy • Call Kale, 713.524.3801.

'95 Infiniti J30 • Black/saddle leather, sunroof, cd, 48K miles, immaculate, \$14,995 • Call Malcolm or Ruthann, 713.426.1100.

'97 Lexus ES300 • Low miles, sunroof, all power • \$25,999 • 281.243.8600.

'96 Jeep Cherokee • Low miles, black/tan, \$13,995 • Call Kale, 713.524.3801.

'97 BMW 318Ti • 24K miles, sunroof, must see • \$16,999 • 281.243.8600.

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### CRUISE SALES CONSULTANTS

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HIV Positive? Need to work? We can help! Nightingale Employment Services (Division of NADC) is a non-profit organization that provides job seeking, skills training and placement assistance for your job search. For Houston & surrounding counties call 713.981.1543.

### Employment Specialist

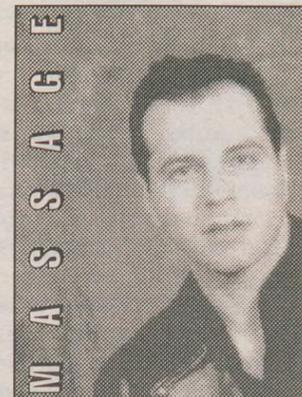
Nightingale Adult Day Center is hiring an Employment Specialist to help people with disabilities find jobs. • Sales or placement experience necessary. • 2 years of college required. • Knowledge of HIV/HIV Services required. • Bilingual a plus. • Please FAX resume to 713.995.6376, Attn.: Human Resources.

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# Houston Gay and Lesbian 1999 Pride Week-June 11-26

With the annual Pride celebration just a month away, here's a look back at Pride festivities of the past from *Houston Voice* photographer Dalton DeHart.

## 'Prideful Past....

## 1993, 1994, 1995



## Powerful Future'

# Galaxy Gayzer

by JOSEPH MOLINA

May 14 - May 20



**Taurus (APRIL 21 — MAY 20)**

Happy Birthday Taurus! As the year turns and a new year of your life begins a sense of elation and insecurity all rise up together. What does it take to express your creativity? What do you need to do to find love? The struggle you will have at the beginning of this new year will be having to chose a direction in the middle of strife.



**Gemini (MAY 21 — JUNE 21)**

Your moods and attitudes roller coaster through highs and lows. Anxiety about life overwhelms and you begin to think about what you need to do to alter the course of where you're headed. Money issues become accented and a personal sense of fulfillment flowers within you. What are you doing with your life? Putting all of your eggs in one basket, the burden could be more then you had bargained for.



**Cancer (JUNE 22 — JULY 23)**

The cosmic cycle is one of love, partnership, and joy. Thoughts about security and the future have been coursing through your life. The truth brought about by the planetary movement may not be easy and could put a damper on the developments currently underway. Two months until your birthday, get ready.



**Leo (JULY 24 — AUG. 23)**

The new moon on May 15 causes a series of events. You may find the control you may have had over your life temporarily leaves you. The next month will be a learning experience. You will become wiser and more mature although the events that spurn this cycle may not be easy. Someone could leave you, you could have a need for religion, or experience some monetary losses.



**Virgo (AUG. 24 — SEPT. 23)**

The new moon sends a charge of power into the life of Virgo. Repetitious shifts will occur over the next month that will affect the next year. You will have a lot of power and used wisely could be to your advantage. Think about furthering your education, reclaiming your sense of spirituality, or being around family. Not too fast though, patience is the virtue of the week. If you chose to ignore this you might not get anything done.



**Libra (SEPT. 24 — OCT. 23)**

Mars will continue to retrograde until the third of June. Slight setbacks occur that make you think about the choices you're making in your life now. Outsiders could threaten relationships and stir conflict between friends. Calming, focusing, and re-evaluating your surrounding will prove quite rewarding.



**Scorpio (OCT. 24 — NOV. 22)**

The tug of the stars draws the seductress out of you. You will have a need to let your hair down and be the life of the party.



**Sagittarius (NOV. 23 — DEC. 22)**

The types of changes manifesting throughout your life will surround you on many levels. Relationships are highlighted and a powerful relationship could manifest in life. You may have to give up a relationship in order to continue molding your life in the form you want.



**Capricorn (DEC. 23 — JAN. 20)**

As Mars travels backwards in the heavens, Capricorn is hurled into a state of internal changes. Some backtracking in life could occur to allow you to get a better view of existence. You will have to go through some drama all over again and relive a situation all over again.



**Aquarius (JAN. 21 — Feb. 19)**

Universal forces catapult you into a cycle of change. The temptation at the height of spring has you tanning and worshipping the outdoors. The poet in you is writing sonnets, the novelist dramatizing prose, and the actor portraying life. In a creative space, you will feel at the top of your game.



**Pisces (FEB. 20 — MARCH 20)**

The cyclic shifts occurring throughout your life rush up with a sense of insecurity and refocus your direction. The state of your home, your career, and money will become looming matters over your head. The stable life is ahead of you.



**Aries (MARCH 21 — APRIL 20)**

Venus's influence shakes rattles and rolls the cage of your life. Mars pushes your buttons and you feel on top of the world. Some setbacks will move into the past and you will feel lighter and unburdened.

Joseph Molina, a practicing psychic for over 15 years, can be reached at [astralwind@astralwind.com](mailto:astralwind@astralwind.com)

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