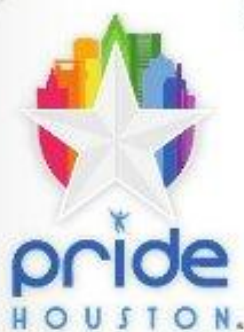


Annual Issue, Vol 7
June 2017

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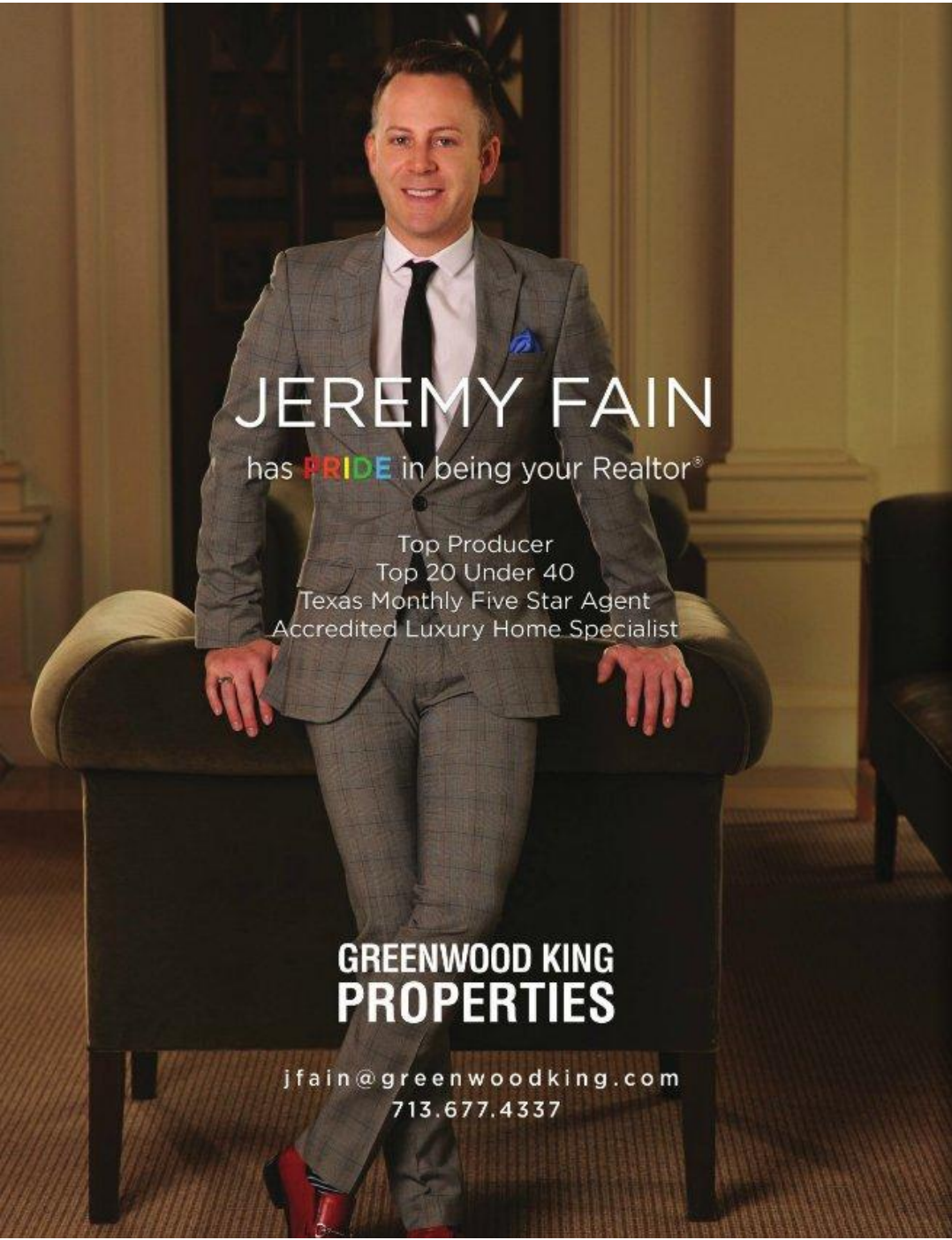


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Houston LGBT Pride Celebration® and Houston Pride Week®

JUNE 20 - 25, 2017



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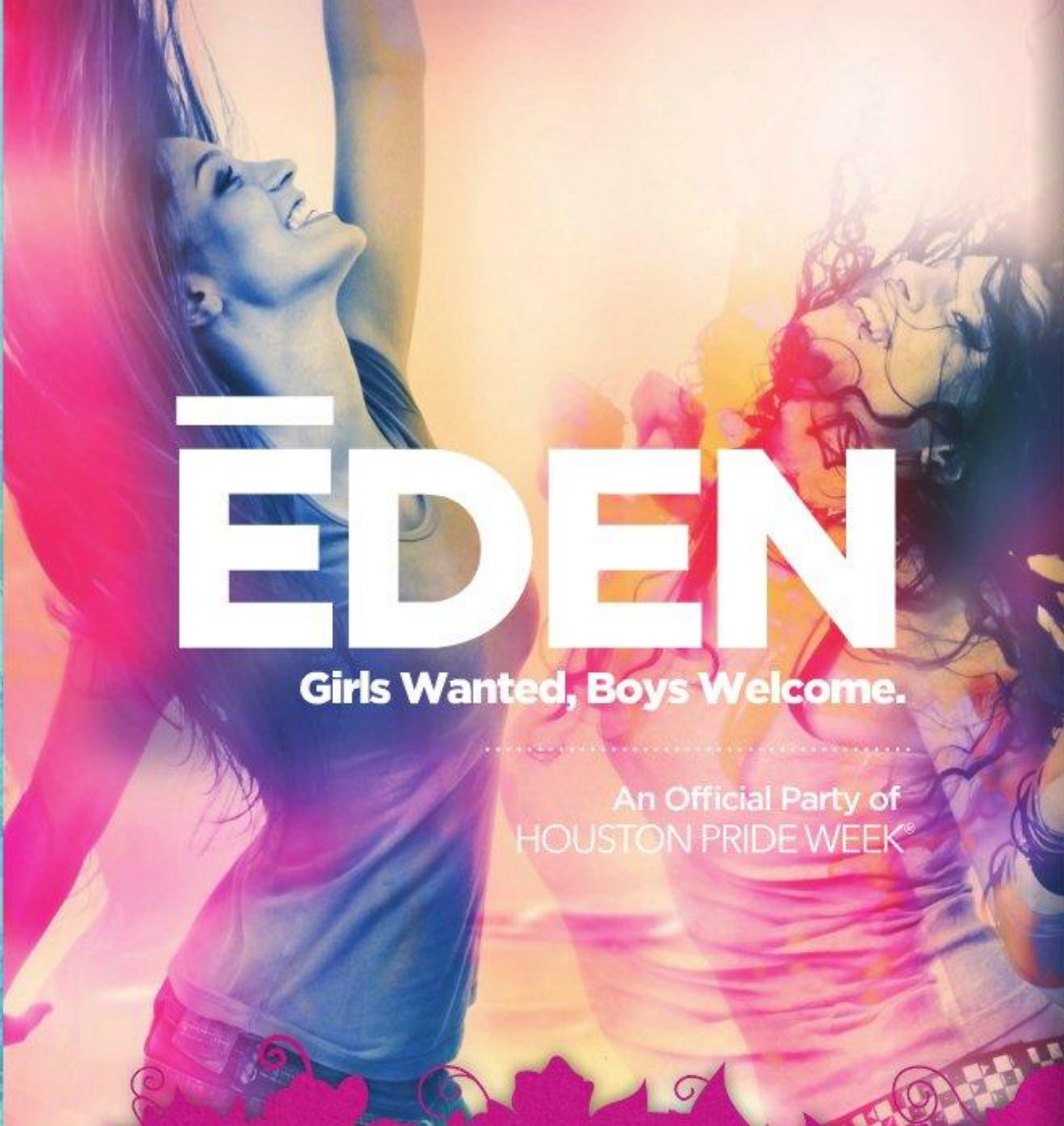


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WHY, FOR HIV

[u] = [u]
UNdetectable = UNtransmittable

By Roger Pebody

In recent months, an increasing number of national and international scientists, advocates and organizations have issued statements about undetectable viral loads, HIV treatment and HIV transmission.

The most prominent comes from Prevention Access Campaign, the U.S.-based activist group that coined the "Undetectable = Untransmittable" slogan. They spell out what this means: People living with HIV (on antiretroviral treatment) with an undetectable viral load in their blood have a negligible risk of sexual transmission of HIV. They clarify that "negligible" means "so small or unimportant as to be not worth considering; insignificant."

Their statement continues: "Depending on the drugs employed it may take as long as six months for the viral load to become undetectable. Continued and reliable HIV suppression requires selection of appropriate agents and excellent adherence to treatment. HIV viral suppression should be monitored to assure both personal health and public health benefits."

Prevention Access Campaign's statement has been endorsed by some of the leading scientists working on this issue. They include Myron Cohen, M.D., of the University of North Carolina (the HPTN 052 study); Jens Lundgren, M.D., of the University of Copenhagen (the PARTNER study); and Pietro Vernazza, M.D., of St. Gallen Hospital (the "Swiss Statement").

The statement has also been endorsed by over 150 organizations. In the United States, endorsers include AIDS United, GMHC, Housing Works, Human Rights Campaign, Latino Commission on AIDS, National Black Justice Coalition, the Positive Women's Network - USA, the San Francisco AIDS Foundation and Southern AIDS Coalition. The International AIDS Society and a large number of organizations in Europe, Australia, Canada and South Africa have also given their support. Similar language has been used by some of the world's most prominent HIV scientists.

In a statement on World AIDS Day 2016, Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID) and Carl W. Dieffenbach, Ph.D., director, Division of AIDS, NIAID, said:

“Studies have proven that when an individual living with HIV is on antiretroviral therapy and the virus is durably suppressed, the risk that he or she will sexually transmit the virus is negligible.”

The PARTNER Study

Some people might wonder whether such cases exist but simply haven't been noticed by doctors. To make sure that wasn't the case, scientists set up the PARTNER study. The aim was to observe and carefully measure the real life risk of HIV transmission in couples that weren't using condoms.

The researchers specifically sought out couples in which one partner was taking HIV treatment and the other partner did not have HIV. Moreover, they only enrolled couples who were already having sex without condoms.

They collected data on 888 couples who had sex without condoms (or pre-exposure prophylaxis [PrEP]) when viral load was undetectable (below 200 copies/mL). There were 58,000 unprotected penetrative sex acts, around one-third in gay couples and two-thirds in heterosexual couples.

And how many people acquired HIV from their partners?

Zero. Not one HIV-negative partner contracted HIV from a positive partner. No transmissions took place within these couples. What's more, all of the factors that someone might reasonably suggest could make

transmission more likely, in fact, did not make the slightest bit of difference.

Are women more vulnerable than men? Zero transmissions in both genders. Is anal sex riskier than vaginal sex? Zero transmissions for both. Is it riskier to be the bottom than the top? Zero transmissions for bottoms and for tops. Do sexually transmitted infections increase the risk? Zero transmissions in people with sexually transmitted infections.

We should add that 11 of the HIV-negative partners did acquire HIV, but from somebody else. Careful analysis showed that in all 11 cases, the virus was genetically different enough from their partners' virus to indicate that they must have contracted it from another person -- from outside their main relationship.

Reporting their results in the prestigious *Journal of the American Medical Association* last year, the researchers summed it up: "The estimate of the overall transmission rate, and the transmission rate for anal sex, was zero."

With the consequences of 58,000 unprotected sex acts already recorded, the findings are robust. In science, having a larger number of observations or study participants generally boosts the certainty with which scientists can state their conclusions. In statistics, this is expressed through something called the 95% confidence interval.

However, because the first phase of the PARTNER study had fewer gay couples than heterosexual couples, researchers have less data on anal sex than vaginal sex. To remedy this, a second, ongoing phase of the study is collecting more data on only gay couples. There's no indication that the researchers expect this to reveal any cases of transmission during anal sex when viral load was undetectable. It's more likely to increase the certainty and scientific rigor with which the researchers can state that, with undetectability, the transmission rate during anal sex is zero.

The HPTN 052 Study

The other key scientific study is known as HPTN 052. This randomized controlled trial (perhaps the most reliable scientific method) recruited 1763 mostly heterosexual couples with mixed HIV status. The HIV-positive partners were randomly allocated either to start HIV treatment immediately or to delay treatment until their CD4 count was considerably lower.

Again, the researchers were interested in how many HIV-negative partners wound up acquiring HIV from their HIV-positive partner. The direct comparison of couples who had immediate access to HIV treatment and couples who had to wait for it tells us about the difference that providing HIV treatment makes.

Forty-six individuals acquired HIV from their primary partner during the trial, three in the immediate-treatment arm and 43 in the delayed-treatment arm. This amounts to 93% fewer transmissions in the immediate-treatment

group. But what about those three people who picked up HIV from his or her partner, even though they had been prescribed HIV treatment?

In each case, the HIV-positive partner did not have an undetectable viral load. The transmission occurred either within the first three months of taking treatment (before viral load had been durably suppressed) or after HIV treatment had failed and viral load had risen to detectable levels. "No linked infections were observed when HIV-1 infection was stably suppressed by [antiretroviral treatment] in the index participant," Myron Cohen, M.D., and colleagues reported in *New England Journal of Medicine* last year. So, while the 93% figure is some way off 100% effectiveness, it relates to the reduction in transmissions when HIV treatment is provided early, not the reduction when HIV treatment results in an undetectable viral load.

Transformative Evidence

How to sum up this scientific evidence? Demetre Daskalakis, M.D., M.P.H., assistant commissioner for the Bureau of HIV/AIDS at the New York City Health Department put it like this: Several strong lines of evidence indicate that consistent viral suppression is truly HIV prevention.

Given these empiric findings, New Yorkers living with HIV who take their antiretrovirals consistently and have suppressed viral loads should be confident that their risk of HIV transmission is negligible.

According to Matthew Hodson of NAM aidsmap: This understanding transforms the way that HIV is considered with enormous implications for what it now means to live with HIV and the best ways to prevent it. The fear of catching HIV from a sexual partner fuels HIV stigma, which is why it's so important that the 'undetectable equals untransmittable' message is heard and understood. ■

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June 20-25, 2017

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WEDNESDAY, JUN 21, 8:00 PM

Rock the Runway

Houston's haute-est looks on the hottest models. It's time for another Rock down The Runway. An official event of Houston Pride Week®.

THURSDAY, JUN 22, 8:00 PM

Pride Superstar® Competition Finale

They compete each week until one remains. **Be there as the Pride SuperStar® is chosen.** 18 and up are welcome, valid ID required to drink.

FRIDAY, JUN 23, 8:00 PM

Eden

Girls wanted... boys welcome. **Eden is how we celebrate the women of the LGBT Community.** \$10 donation is collected at the door.

SATURDAY, JUN 24, 12:00 PM

2017 Houston Pride Festival®

Over half a million attend. The LGBTQ community, advocates, allies, families and friends. We are Pride Houston!! Free Admission and open to all.

SATURDAY, JUN 24, 8:30 PM

2017 Houston Pride Parade®

The sun sets, the lights get bright, the chandelier drops, and the party gets hotter. Free and open to all, no tickets except for Parade VIP Area.

SATURDAY, JUN 24, 10:00 PM

Beyond Wonderland | Official Pride After Party

What is just beyond Wonderland? DJ's, music, lights, dancing... Rich's Houston hosts the official Pride afterparty. Cover charge collected at the door.

SUNDAY, JUN 25, 5:00 PM

Mad Tea | Official Pride Closing Party

Two levels of amazing music, cocktails and dancing. End the weekend at the Rich's Houston official closing party. **Join us, we're all mad here.**

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What is TRUVADA for PrEP (Pre-exposure Prophylaxis)?

TRUVADA is a prescription medicine that can be used for PrEP to help reduce the risk of getting HIV-1 infection when used together with safer sex practices. This use is only for adults who are at high risk of getting HIV-1 through sex. This includes HIV-negative men who have sex with men and who are at high risk of getting infected with HIV-1 through sex, and male-female sex partners when one partner has HIV-1 infection and the other does not.

Ask your healthcare provider if you have questions about how to prevent getting HIV-1. Always practice safer sex and use condoms to lower the chance of sexual contact with body fluids. Never reuse or share needles or other items that have body fluids on them.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about TRUVADA for PrEP?

Before taking TRUVADA for PrEP to reduce your risk of getting HIV-1 infection:

- **You must be HIV-negative.** You must get tested to make sure that you do not already have HIV-1 infection. Do not take TRUVADA for PrEP to reduce the risk of getting HIV-1 unless you are confirmed to be HIV-negative.
- **Many HIV-1 tests can miss HIV-1 infection in a person who has recently become infected.** If you have flu-like symptoms, you could have recently become infected with HIV-1. Tell your healthcare provider if you had a flu-like illness within the last month before starting TRUVADA for PrEP or at any time while taking TRUVADA for PrEP. Symptoms of new HIV-1 infection include tiredness, fever, joint or muscle aches, headache, sore throat, vomiting, diarrhea, rash, night sweats, and/or enlarged lymph nodes in the neck or groin.

While taking TRUVADA for PrEP to reduce your risk of getting HIV-1 infection:

- **You must continue using safer sex practices.** Just taking TRUVADA for PrEP may not keep you from getting HIV-1.
- **You must stay HIV-negative to keep taking TRUVADA for PrEP.**
- **To further help reduce your risk of getting HIV-1:**
 - Know your HIV-1 status and the HIV-1 status of your partners.
 - Get tested for HIV-1 at least every 3 months or when your healthcare provider tells you.
 - Get tested for other sexually transmitted infections. Other infections make it easier for HIV-1 to infect you.
 - Get information and support to help reduce risky sexual behavior.
 - Have fewer sex partners.
 - Do not miss any doses of TRUVADA. Missing doses may increase your risk of getting HIV-1 infection.
 - If you think you were exposed to HIV-1, tell your healthcare provider right away.
- **If you do become HIV-1 positive, you need more medicine than TRUVADA alone to treat HIV-1.** TRUVADA by itself is not a complete treatment for HIV-1. If you have HIV-1 and take only TRUVADA, your HIV-1 may become harder to treat over time.

TRUVADA can cause serious side effects:

- **Too much lactic acid in your blood (lactic acidosis),** which is a serious medical emergency. Symptoms of lactic acidosis include weakness or being more tired than usual, unusual muscle pain, being short of breath or fast breathing, nausea, vomiting, stomach-area pain, cold or blue hands and feet, feeling dizzy or lightheaded, and/or fast or abnormal heartbeats.
- **Serious liver problems.** Your liver may become large and tender, and you may develop fat in your liver. Symptoms of liver problems include your skin or the white part of your eyes turns yellow, dark "tea-colored" urine, light-colored stools, loss of appetite for several days or longer, nausea, and/or stomach-area pain.

- **You may be more likely to get lactic acidosis or serious liver problems** if you are female, very overweight (obese), or have been taking TRUVADA for a long time. In some cases, these serious conditions have led to death. Call your healthcare provider right away if you have any symptoms of these conditions.

- **Worsening of hepatitis B (HBV) infection.** If you also have HBV and take TRUVADA, your hepatitis may become worse if you stop taking TRUVADA. Do not stop taking TRUVADA without first talking to your healthcare provider. If your healthcare provider tells you to stop taking TRUVADA, they will need to watch you closely for several months to monitor your health. TRUVADA is not approved for the treatment of HBV.

Who should not take TRUVADA for PrEP?

Do not take TRUVADA for PrEP if you already have HIV-1 infection or if you do not know your HIV-1 status.

If you are HIV-1 positive, you need to take other medicines with TRUVADA to treat HIV-1. TRUVADA by itself is not a complete treatment for HIV-1. If you have HIV-1 and take only TRUVADA, your HIV-1 may become harder to treat over time.

Do not take TRUVADA for PrEP if you also take lamivudine (EpiVir-HBV) or adefovir (HEPSENA).

What are the other possible side effects of TRUVADA for PrEP?

Serious side effects of TRUVADA may also include:

- **Kidney problems, including kidney failure.** Your healthcare provider may do blood tests to check your kidneys before and during treatment with TRUVADA for PrEP. If you develop kidney problems, your healthcare provider may tell you to stop taking TRUVADA for PrEP.
- **Bone problems,** including bone pain or bones getting soft or thin, may lead to fractures. Your healthcare provider may do tests to check your bones.
- **Changes in body fat,** which can happen in people taking TRUVADA or medicines like TRUVADA.

Common side effects in people taking TRUVADA for PrEP are stomach-area (abdomen) pain, headache, and decreased weight. Tell your healthcare provider if you have any side effects that bother you or do not go away.

What should I tell my healthcare provider before taking TRUVADA for PrEP?

- **All your health problems.** Be sure to tell your healthcare provider if you have or have had any kidney, bone, or liver problems, including hepatitis virus infection.
- **If you are pregnant or plan to become pregnant.** It is not known if TRUVADA can harm your unborn baby. If you become pregnant while taking TRUVADA for PrEP, talk to your healthcare provider to decide if you should keep taking TRUVADA for PrEP.
- **Pregnancy Registry:** A pregnancy registry collects information about your health and the health of your baby. There is a pregnancy registry for women who take medicines to prevent HIV-1 during pregnancy. For more information about the registry and how it works, talk to your healthcare provider.
- **If you are breastfeeding (nursing) or plan to breastfeed.** Do not breastfeed. The medicines in TRUVADA can pass to your baby in breast milk. If you become HIV-1 positive, HIV-1 can be passed to the baby in breast milk.
- **All the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. TRUVADA may interact with other medicines. Keep a list of all your medicines and show it to your healthcare provider and pharmacist when you get a new medicine.
- **If you take certain other medicines with TRUVADA for PrEP,** your healthcare provider may need to check you more often or change your dose. These medicines include ledipasvir with sofosbuvir (HARVONI).

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Have you heard about TRUVADA for PrEP™?

The **once-daily prescription medicine** that can help reduce the risk of getting HIV-1 when used **with safer sex practices**.

- TRUVADA for PrEP is only for **adults who are at high risk of getting HIV through sex.**
- You **must be HIV-negative** before you start taking TRUVADA for PrEP.

Ask your doctor about your risk of getting HIV-1 infection and if TRUVADA for PrEP may be right for you.

visit start.truvada.com

 **Truvada**
emtricitabine-tenofovir disoproxil fumarate

Please see Important Facts about TRUVADA for PrEP including important warnings on the following page.



IMPORTANT FACTS

This is only a brief summary of important information about taking TRUVADA for PrEP (pre-exposure prophylaxis) to help reduce the risk of getting HIV-1 infection. This does not replace talking to your healthcare provider about your medicine.

MOST IMPORTANT INFORMATION ABOUT TRUVADA FOR PrEP

Before starting TRUVADA for PrEP to help reduce your risk of getting HIV-1 infection:

- **You must be HIV-1 negative.** You must get tested to make sure that you do not already have HIV-1 infection. Do not take TRUVADA for PrEP to reduce the risk of getting HIV-1 unless you are confirmed to be HIV-1 negative.
- **Many HIV-1 tests can miss HIV-1 infection in a person who has recently become infected.** Symptoms of new HIV-1 infection include flu-like symptoms, tiredness, fever, joint or muscle aches, headache, sore throat, vomiting, diarrhea, rash, night sweats, and/or enlarged lymph nodes in the neck or groin. Tell your healthcare provider if you have had a flu-like illness within the last month before starting TRUVADA for PrEP.

While taking TRUVADA for PrEP to help reduce your risk of getting HIV-1 infection:

- **You must continue using safer sex practices.** Just taking TRUVADA for PrEP may not keep you from getting HIV-1.
- **You must stay HIV-1 negative to keep taking TRUVADA for PrEP.**
- **Tell your healthcare provider if you have a flu-like illness while taking TRUVADA for PrEP.**
- **If you think you were exposed to HIV-1, tell your healthcare provider right away.**
- **If you do become HIV-1 positive, you need more medicine than TRUVADA alone to treat HIV-1.** If you have HIV-1 and take only TRUVADA, your HIV-1 may become harder to treat over time.
- **See the "How to Further Reduce Your Risk" section for more information.**

TRUVADA may cause serious side effects, including:

- **Buildup of lactic acid in your blood (lactic acidosis),** which is a serious medical emergency that can lead to death. Call your healthcare provider right away if you have any of these symptoms: weakness or being more tired than usual, unusual muscle pain, being short of breath or fast breathing, nausea, vomiting, stomach-ache, pain, cold or blue hands and feet, feeling dizzy or lightheaded, and/or fast or abnormal heartbeats.
- **Severe liver problems,** which in some cases can lead to death. Call your healthcare provider right away if you have any of these symptoms: your skin or the white part of your eyes turns yellow, dark "tea-colored" urine, light-colored stools, loss of appetite for several days or longer, nausea, and/or stomach-ache pain.
- **Worsening of hepatitis B (HBV) infection.** If you have HBV and take TRUVADA, your hepatitis may become worse if you stop taking TRUVADA. Do not stop taking TRUVADA without first talking to your healthcare provider, as they will need to check your health regularly for several months.

You may be more likely to get lactic acidosis or severe liver problems if you are female, very overweight, or have been taking TRUVADA for a long time.

ABOUT TRUVADA FOR PrEP (PRE-EXPOSURE PROPHYLAXIS)

TRUVADA is a prescription medicine used with safer sex practices for PrEP to help reduce the risk of getting HIV-1 infection in adults at high risk.

- HIV-1 negative men who have sex with men and who are at high risk of getting infected with HIV-1 through sex.
- Male-female sex partners when one partner has HIV-1 infection and the other does not.

To help determine your risk, talk openly with your doctor about your sexual health.

Do NOT take TRUVADA for PrEP if you:

- **Already have HIV-1 infection or if you do not know your HIV-1 status.**
- Take lamivudine (Epivir® HBV) or adefovir (HEPSENA®).

POSSIBLE SIDE EFFECTS OF TRUVADA FOR PrEP

TRUVADA can cause serious side effects, including:

- Those in the "Most Important Information About TRUVADA for PrEP" section.
- New or worse kidney problems, including kidney failure.
- Bone problems.
- Changes in body fat.

Common side effects in people taking TRUVADA for PrEP include stomach-ache (abdomen) pain, headache, and decreased weight.

These are not all the possible side effects of TRUVADA. Tell your healthcare provider right away if you have any new symptoms while taking TRUVADA for PrEP.

Your healthcare provider will need to do tests to monitor your health before and during treatment with TRUVADA for PrEP.

BEFORE TAKING TRUVADA FOR PrEP

Tell your healthcare provider if you:

- Have or have had any kidney, bone, or liver problems, including hepatitis infection.
- Have any other medical conditions.
- Are pregnant or plan to become pregnant.
- Are breastfeeding (nursing) or plan to breastfeed. Do not breastfeed if you become HIV-1 positive because of the risk of passing HIV-1 to your baby.

Tell your healthcare provider about all the medicines you take:

- Keep a list that includes all prescription and over-the-counter medicines, vitamins, and herbal supplements, and show it to your healthcare provider and pharmacist.
- Ask your healthcare provider or pharmacist about medicines that should not be taken with TRUVADA for PrEP.

HOW TO TAKE TRUVADA FOR PrEP

- **Take 1 tablet once a day, every day,** not just when you think you have been exposed to HIV-1.
- Do not miss any doses. Missing doses may increase your risk of getting HIV-1 infection.
- You **must** practice safer sex by using condoms and you **must** stay HIV-1 negative.

HOW TO FURTHER REDUCE YOUR RISK

- Know your HIV-1 status and the HIV-1 status of your partners.
- Get tested for HIV-1 at least every 3 months or when your healthcare provider tells you.
- Get tested for other sexually transmitted infections. Other infections make it easier for HIV-1 to infect you.
- Get information and support to help reduce risky sexual behavior.
- Have fewer sex partners.
- Do not share needles or personal items that can have blood or body fluids on them.

GET MORE INFORMATION

- This is only a brief summary of important information about TRUVADA for PrEP to reduce the risk of getting HIV-1 infection. Talk to your healthcare provider or pharmacist to learn more, including how to prevent HIV-1 infection.
- Go to start.truvada.com or call 1-800-GILEAD-5.
- If you need help paying for your medicine, visit start.truvada.com for program information.



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PURPLE FOUNDATION PRESENTS

PURPLE DOES DALLAS PRIDE

FRIDAY // SEPT 15 // 9P-4A

PRISM | THE DALLAS PRIDE OPENING PARTY

LIZARD LOUNGE featuring from miami

DJ DEANNE and from miami city

DJ ISAAC ESCALANTE

PRISM
THE DALLAS PRIDE OPENING PARTY

SATURDAY // SEPT 16 // 2P-8P

SHINE! | THE DALLAS PRIDE POOL PARTY

SISU UPTOWN featuring from nyc

DJ SERVING OVANNESS

and from dallas DJ BENSON WILDER

SUNDAY // SEPT 17 // 4P-10P

SPECTRUM | THE DALLAS PRIDE TEA DANCE

THE PATIO @ S4 featuring from nyc

DJ MORABITO

and from dallas DJ PRINCE P

SPECTRUM
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Must be 21+ to drink
with valid ID.

Q&A

GRAND MARSHALS

2017

.....
Aimee Broadhurst
Lou Weaver
Sallie Wyatt-Woodell

HONORARY GRAND MARSHALS

Tony Carol Smith | Marion Coleman | Arden Eversmeyer

AIMEE BROADHURST

Ally Grand Marshal

GRAND MARSHAL

Q&A

Aimee Broadhurst, originally from Concord, North Carolina, credits her mother for instilling in her the importance of speaking up for the "marginalized and the voiceless." She is passionate that everyone, including her three gay sisters and their wives/partners, be treated equally. This passion includes her involvement at Plymouth United Church, an open-and-affirming church, where she has served as moderator (i.e., council president).

As part of her commitment to LGBT community, Aimee co-founded and leads her company's global Ally Program, which currently has over 18,000 visible allies and out-at-work teammates.

Aimee has been married to her husband, Trey, for 16 years and has "two beautiful daughters, Lauren and Kennedy," two "grumpy-but-lovable" miniature dachshunds and a third adorable mutt.

What does becoming Ally Grand Marshal mean to you?

I am so honored and humbled to have been chosen. I hope to use my role as Ally Grand Marshal to further my work as an ally, and to be better connected and engaged in work at the state and federal level.

What was your first Houston Pride experience like?

Our family volunteered to work at the United Church of Christ booth at the festival. It was a typically hot day, and we were giving away snow cones, so we had the opportunity to briefly visit with so many people. It was so enjoyable to do that as a family and demonstrate what it means to be an ally to my daughters. And it was awesome to tell people about a place like Plymouth United Church.

How many siblings do you have? How did the experience of growing up with gay siblings affect your understanding of the LGBT community?

I have two biological sisters, one stepsister, and two stepbrothers. I didn't know my sisters were gay until after I graduated from college. As the oldest, I was always supportive and protective of my sisters.

They were both athletes, and I was their biggest fan and supporter. When my sisters came out to me I just did what I had done our whole lives and went into protection mode. I also realized that I could advocate for them publicly, and in doing so advocate for their community.

How do you think an Ally can best support their LGBT loved ones?

The best way to support any loved one is to simply love them unconditionally, accept them for who they are, and fight for their rights. As an ally, I can impact change by engaging people in conversation who those in the LGBT community cannot.

We should recognize our straight privilege, and when we see something, we should say something. My mom taught my and my siblings that it is important to take a stand for what is right, and to speak up for the marginalized and the voiceless. I try to do this every time an opportunity presents itself.

Could you tell us more about your company's Ally Program? Why motivated you start it? Were there difficulties in the beginning getting it started? What types of programming, information, resources, etc. does it offer? Do you have suggestions for people who are looking to start something similar in their places of employment?

Currently, in 28 states you can be fired for being LGBT and you can be fired in 31 states for being transgender. As a human being, I could not sit around and allow something so unfair to continue to happen. I wanted to do what I could to make sure that others understand how difficult it is for LGBT people to bring their whole selves to work. I was already involved in the LGBT employee network, as were a lot of allies. We wanted to create a way for allies to stand up and be visible in their support and to continue to get educated and move forward in their journey.

We received a lot of support from our executive leadership and we took time to develop a comprehensive program that allows for allies to come out but also for LGBT teammates to declare being out at work.

If anyone is interested in starting an Ally Program please reach out. My co-lead and I have conducted workshops at Out & Equal for the last four years and are always happy to share. We can change the world one person, one ally at a time. The more allies we have in this world.....the faster we make equality for all a reality.

Faith and sexuality can be a tricky subject for many folks and a difficult challenge for many LGBT to unite. How do you think people of faith, and especially faith leaders can improve this situation? Are there opportunities for dialogue in Houston? How has your house of worship worked to make LGBT folks welcome?

It's all about love. As a UCC church, we at Plymouth United Church, believe that "No matter who you are or where you are on life's journey, you are welcome here". As members of a UCC church, we believe that "God is still speaking". Discussion is natural for anyone who feels this way. ■

GRAND MARSHAL Q&A

Lou Weaver, 47, is the **first transgender male Grand Marshal** in Pride Houston's history. He adds this honor to a list of firsts, including being the **first Transgender Programs Coordinator for Equality Texas** where he leads the **Texas TransVisible Project**. He has been an active volunteer for many Houston LGBT organizations and now serves on the Human Rights Campaign's National Board of Governors as co-chair of the national Diversity & Inclusion Committee.

Outside of activism he is a self-described "geek" and avid reader. He lives in Montrose where he shares his home with rescue animals Bruce the Dog, a 3-year-old dog, and a "mouthy" 13-year-old cat named Cosmo.

What does becoming Male Grand Marshal mean to you?

It has been incredibly meaningful to be the first out transgender man to be a Pride Grand Marshal in Houston. It's really an amazing feeling. The visibility this will bring to the trans community is

something that I find thrilling. Anytime I can bring more visibility to the trans community is just amazing for me.

How long have you been a trans activist? Can you tell us a bit about your activism?

I have been out as a transgender man for going on 9 years. It took me about a year and I started to get involved. I didn't have a whole lot of leaders or a whole lot of visible folks who were out before me and I started to get involved because I don't want other people not to have role models.

What was your greatest personal victory?

This is a hard one. I think the conclusion of the most recent Transgender Leadership Institute in Dallas was one of my greatest personal victories as I was able to bring together national organizations, 50 trans folks, parents, and a spouse together in Texas to learn about messaging, storytelling, racial justice, and intersectionality. The amazing feeling that was in that group that day - the learning, the bonding, the community - that was started was just overwhelming.

What do you think are the biggest challenges facing the trans community in Houston and Texas? Are these challenges universal or are there some that are unique to Houston and/or Texas?

Some the challenges facing the trans community in Houston and in Texas are the lack of education others have around the trans community. In Houston, we're still battling back the HERO fight and the narrative of "no men in women's restrooms." While this isn't unique to Houston or Texas, it is something that was at the forefront of Houston for a very long time and we need to battle back that narrative. Also, some of our elected officials are very anti-LGBTQ and they are targeting the trans community right now making it a very difficult place for trans people to live in. We also have to acknowledge that different folks across the state are dealing

with different things; Houston, Dallas, El Paso, The Valley, Tyler, there's a different hierarchy of needs going on and it makes it difficult for folks. The best thing going on right now is social media and how it connects people to others and so they know they're not alone.

Do you think trans rights are moving in the right direction in Houston? In Texas? If not, what are your suggestions to better achieve victory?

I do think we're moving in the right direction, but I think we need to be moving faster. I think we need to have more people involved in being advocates for the trans community. Transphobia affects the entire LGBTQ spectrum of folks and we need to have everybody engaged, everybody willing to stand up for their trans brothers and sisters and their non-conforming siblings.

Do you think trans men and trans women face different issues and/or stereotypes? Is there unity in the community? Do you feel the LGB folks are doing enough to fight for trans rights?

I do think trans men and trans women face different issues and different stereotypes. As a perceived white man, I walk through the world with a lot of privilege and I own that and I try to open doors for others. Trans women are facing a much harsher reality because of misogyny and the sexism. Trans people of color also have to deal with racism and people with different skin colors have a much harder reality.

While there is some unity I think we can do more and we should do more. We need the LGB folks to care about trans folks and understand and open doors and make ways to elevate the stories and the voices of transgender people, especially the transgender people of color. ■

LOU WEAVER

Male Grand Marshal



SALLIE WYATT-WOODDELL

Female Grand Marshal



GRAND MARSHAL

Q&A

Sallie Wyatt-Wooddell's parents always stressed the importance of volunteering and community involvement. Taking that advice to heart, Sallie, 40, has been working to make her little corner of Houston a better place for most of her life. In 2010, she started focusing her time and energies on the Houston LGBT community by joining and then serving as **Secretary of the Diana Foundation**, the longest-running LGBT non-profit in the United States. After leaving the Diana Foundation in 2013, she **joined the board of Out for Education**, an organization that raises money to send LGBT students to college.

Since first volunteering with the Diana Foundation, Sallie has held more than 8 different positions for 6 different organizations. Quite a feat, which she attributes to her wife, Carol Wyatt-Wooddell, a former Grand Marshal in her own right, and her employer's generous support for community involvement.

What does becoming Female Grand Marshal mean to you?

It's a huge honor. I never expected to be nominated for Grand Marshal, so finding out that I had been nominated was a huge surprise! Finding out that I won was amazing and humbling. Becoming Female Grand Marshal means that I can draw more attention to the

organizations I support and encourage other people to volunteer and make a difference in their community; that doing so is fun and so rewarding.

What was your first Houston Pride experience like?

Hot! No, it was overwhelming and empowering at the same time. To feel the energy and acceptance of our community in such large numbers was a memorable experience.

What motivated you to first get involved with LGBT causes and non-profits?

My parents always taught my sisters and me that giving back to your community is incredibly important. When I first became active, I did so because I wanted to experience more of our community than the bar scenes, and I wanted to donate my time and energy to investing in our community. Mark Brown introduced me to the Diana Foundation, and my involvement in the Diana Foundation introduced me to other non-profits.

What has been your most rewarding experience working on LGBT-related volunteer and activist work?

That's a hard question, but I would have to say the most rewarding experiences I have had would be interviewing the applicants for the Out for Education Scholarships and rewarding the scholarships to those students. Investing in the future of our community is incredibly important to me, and we are actively doing so by helping Houston-area LGBT students achieve their goals of going to college.

Can you talk a bit about the work Out for Education does and how people can get involved and support its cause?

Out for Education is an amazing, locally-grown non-profit. It started as the PFLAG-HATCH Youth Scholarship Foundation, and in 2013, it was rebranded Out for Education. To date, due to our generous benefactors, we have given over \$1 million in scholarship monies to deserving students.

I would encourage anyone interested in getting more involved in Out for Education to do the following: attend our Scholarship Awards Ceremony, act as a student interviewer, donate money for student scholarships, or attend the events that donate money to Out for Education.

Houston has a lot of non-profits related to LGBT causes and activism. Do you think the different groups are working well together? Is there anything you would like to see change in the non-profit community? If so, what are your thoughts and ideas?

I think the groups do a fairly good job of working together. The most difficult task is scheduling events without conflicting with other organizations' events and fundraisers. It's nearly impossible to avoid scheduling conflicts, but I think the organizations do a pretty impressive job of communicating with each other to avoid such conflicts. And the groups all support each other by attending other organizations' events. It's always heartwarming to see the support of other non-profits at community events.

How do you balance your relationship, work, and volunteer work? Do you have advice for folks who juggle similar situations?

I'm incredibly lucky that I have a wife who is as passionate about community involvement as I am. I joke that I can be involved in so many organizations because there are 36 hours in a day. The truth is that I am able to juggle so much because:

- a) I have an incredibly supportive wife who understands and encourages my involvements
- b) I am passionate about volunteering, and I believe that time can always be found for your passions
- c) I work for a law firm (Hogan Lovells) that encourages community involvement and actually requires that each employee volunteer 25 hours per year and
- d) I am an enthusiastic calendar-keeper and list maker, so that's how I organize all my obligations.

My advice would be to find the balance that works well for you and make sure you're having fun with the juggling and that you're not getting burned out. Seek out and encourage the next generation of volunteers, so that these organizations can thrive and help future generations! ■

PRIDE by the NUMBERS

Putting on the **4TH LARGEST PRIDE IN THE USA** is a massive undertaking, requiring hundreds of volunteers, three full days of set-up, and a whole lot of patience.



\$65,000

Average cost for porta-can rentals, site cleanup, and waste disposal.



13,000+ HOURS

Volunteer time required to produce Pride Week and the Pride Celebration.

131

People and organizations have served as Grand Marshals since 1979.

2.5 MILES

Length of parade route from float staging to parade end.

40,000 LBS OF ICE

Used in 7 hours during the Festival.



30 CITY BLOCKS

Combined footprint of the Festival & Parade.



300+ GROUPS

Participate in the Festival & Parade.

700,000 PEOPLE

Record attendance in 2015 after Obergefell v. Hodges decision legalizing same-sex marriage.



pridehouston.org

BANNER

DISTRICT

By Anthony Ramirez

Along Westheimer in the Montrose neighborhood of Houston, Rainbow banners once hung for decades, proudly boasting the culture of LGBT people that lived and sought solace in the Montrose area of Houston.

Yet one day, the banners disappeared from sight for what seemed like a perennial amount of time. In 2015 Pride Houston® made the bold move to return these banners to their homes along Westheimer through donations from the community along with a grant from Bunnies on the Bayou. That is until 2016, when the banner district fell under the direction of a new group, which ultimately led to a revision of regulations for the banners that hung up and down Westheimer. These updated rules left the rainbow banners out of compliance, and the banners no longer blew in resplendence as they once had done for so many years.

In hopes of continuing the tradition of the Westheimer banner alive the Pride Houston Board of Directors voted to reprint the rainbow banners along

Westheimer in an effort to commemorate the history of Montrose, as well as the community and culture that it represents. Pride Houston is currently waiting for the final approval between both the City of Houston and Centerpoint Energy. The Pride Houston Board of Directors also made the decision to start a new tradition by expanding the banner district to Downtown Houston, the new home to the Houston LGBT Pride Celebration®. This will be a first of its kind as no other LGBT banners have hung in Downtown Houston.

While the banners will still primarily remain the traditional rainbow design which has long represented the LGBT community as a whole, Pride Houston will work with the new banner district(s) to incorporate different designs through the years to represent the individual flags of the bisexual, lesbian, transgender, leather, and bear communities. This effort by Pride Houston is intended to showcase the amount of diversity within the LGBT community for years and years to come. ■

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OUTINFORM



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HOUSTON PRIDE WEEK®

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All guest must be 18+.
Must be 21+ to drink
with valid ID.



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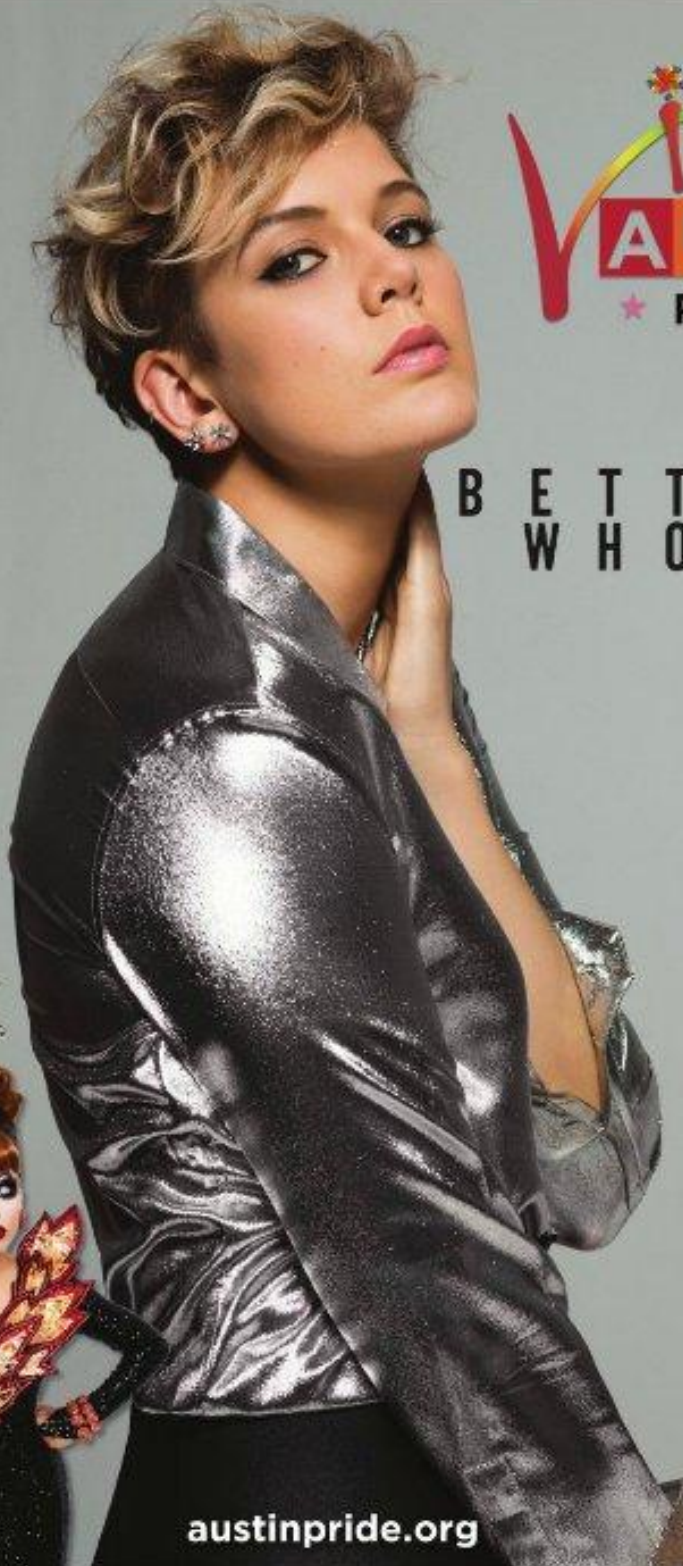


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