



CHOICES

THE NEWSLETTER OF HAWAII ISLAND HIV/AIDS

AUGUST 2005

The CDC Gets Testy

“Prevention for Positives” two years later: Slow rollout of rapid testing and a shortfall in treatment puts feds on defensive

At the annual National HIV Prevention Conference sponsored by the Centers for Disease Control and Prevention (CDC) last week in Atlanta, it appeared to be business as usual, as prevention pros dissected the sexual habits of teens under abstinence oaths and gay men on the Internet. Down the hall, however, the federal agency itself was instead touting the success of an ambitious rollout of routine HIV testing, the central element of its 2-year-old prevention revolution nick-named “Prevention for Positives”—and AIDS service providers and community advocates were begging to differ. They called the program insufficient at best—it has fallen far short of its target of testing the 25% of America’s more than 1 million HIVers who don’t know their status—and predicted disaster if, as proposed budgets indicate, treatment and counseling don’t get a comparable boost.

Routine testing without follow-up treatment is a recipe for disaster, advocates argue. “Once you’ve identified people who are positive, there is a certain obligation to provide services,” says Steven Sherman, North Carolina’s coordinator for its AIDS Drug Assistance Program (ADAP), the federal program mandated to provide HIV drugs to low-income HIVers. ADAPs in North Carolina and nine other states are currently so broke that newcomers languish on waiting lists or turn to drug-company freebies to save their health.

“People are the most vulnerable right after they test positive,” says Jeff Graham, head of Atlanta’s own AIDS Survival Project. Testing programs that don’t offer referrals for treatment and care “can drive them away from the health-care system.” This costs taxpayers more in terms of hospitalization, he notes, than catching them while they’re healthy. Some would argue, too, that it increases the likelihood of further infections.

The assumption behind the Prevention for Positives HIV-testing blitzkrieg (the real name of the program is “Advancing HIV Prevention: New Strategies for a Changing Epidemic”) is that people who know they are positive are more likely to practice safe sex and protect their partners. While most studies support this premise, research also suggests that members of certain groups—such as gay men in anonymous encounters and men on the down low who hide their risk-taking from wives and girlfriends—may buck the trend.

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HIV OVER 50

Forget the adage “older but wiser” when it comes to knowing the facts about the transmission and prevention of HIV/AIDS. In a recent study conducted at Emory University

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CHOICES

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Hawai'i Island HIV/AIDS Foundation

Mission Statement

The Hawaii Island HIV/AIDS Foundation is a non-profit organization dedicated to assisting those affected by HIV/AIDS to maximize their quality of life, and to ending the spread of HIV. We also utilize the lessons learned in the HIV epidemic to care and advocate for others in the fight against related diseases.

Vision

To build a healthier, stronger, and more sustainable community that supports all its members with a focus on HIV issues.

Core Values

Responsiveness: To people with HIV/AIDS and their families and to the prevention education needs of the community.

Accountability: To our consumers, funding sources, and the community at large.

Integrity: To provide services to the entire community in a humane, loving, non-judgmental manner.

Diversity: To embrace the philosophy of "inclusiveness".

Collaboration: To establish and maintain partnerships within the community that maximizes resources and decreases duplication of services.

Leadership: To set the highest standards for responsibility to our mission, vision and values, and be recognized as a positive, inspirational role model in our community.

Advocacy: A collective public voice to speak on behalf of those affected by HIV/AIDS.

"Life is not
measured by the breaths we
take, but by the moments
that take our breath away."

Anonymous

in Atlanta, 514 women ages 50 and older were asked nine questions about their HIV risks. Only 13 percent said condoms were effective prevention; 63 percent inaccurately stated kissing is a mode of transmission; about half believed vasectomies provide protection; and, most surprising, 44 percent said abstinence was not at all or only somewhat effective in preventing HIV.

Meanwhile, the number of older Americans with HIV/AIDS is rising steadily. According to Centers for Disease Control and Prevention figures for the years 2000 through 2003, an estimated 30,000 men and women were 45 or older at the time of their diagnosis of HIV—the infection that causes AIDS—comprising 23 percent of the total diagnoses during those years. And despite popular misconceptions, not all were exposed by male-to-male contact or injection-drug use. Indeed, Americans 45 or older accounted for 30 percent of all those diagnosed with AIDS in 2002 who had been infected through heterosexual sex

There are two explanations for the rise of HIV/AIDS in older Americans, says Adam Zweig, M.D., a staff physician specializing in HIV/AIDS at the Scripps Clinic in San Diego, California. "First, people are now living longer with HIV. Second, an increase in risky sexual behavior [such as not using condoms]. There's been so much success treating the infection, the fear factor is gone."

But there's a cruel irony in this success for older HIV-positive patients. "About 60 to 70 percent have another chronic condition—liver problems, diabetes, high blood pressure," says Kathy Nokes, Ph.D., R.N., a professor at the Hunter-Bellevue School of Nursing and chair of the New York Association on HIV Over Fifty. As it happens, many HIV medications have side effects that can exacerbate these existing conditions, putting patients at increased risk.

Unfortunately, few HIV education campaigns target older Americans. Heterosexual women 50 and older in particular need to get the safe sex message, says Jane P. Fowler, founder and director of HIV Wisdom for Older Women, a national program of prevention and support. Most stop using protection because birth control is no longer an issue. But after menopause, a decrease in lubrication and a thinning of the vaginal walls put them at higher risk for HIV transmission. Today, when Fowler speaks to groups of older men and women, she stresses safe sex with an emphasis on condom use: "You never know the sexual history of anybody else. Men, if you can get it up, cover it up!"

July-August AARP magazine

When the CDC first announced the new prevention initiative prior to its annual confab two years ago, community concerns about adequate funding for increased treatment needs were trumped by a different crisis: the right-wing scrutiny of gay prevention that advocates viewed as harassment, as well as a mounting Bush push for abstinence-only education. The CDC got a pass. Now, two years later, the verdict is in: The feds will not provide a penny more for the Ryan White Care Act, the HIV services and treatment budget line, while cutting Medicaid to the tune of \$10 billion. (The annual price tag for a three-drug cocktail is, at minimum, \$16,000, far beyond most HIVers' means.) So should the CDC be concerned that treatment shortages may turn people off of testing? Despite prodding, reporters failed to get a direct response on that last week from Dr. Ron Valdiserri, deputy director of the CDC's National Center for HIV, STD & TB Prevention. He acknowledged at the conference that it was "an important issue...to grapple with." On the other hand, he said, "We are not aware of [any research] showing a consistent disincentive to be tested."

Few argue with the benefits of increased testing—and the 20-minute, saliva-based testing in the administration's plan is quick and effective. "The availability of rapid testing is incredibly important," Graham says. Rapid tests tend to lead to more diagnoses than blood tests—in one New Jersey study, 99% of people got their results, compared to the 65% who return after the standard five-to-seven-day wait.

Still, the rollout of Prevention for Positives, in the form of rapid testing in clinics, hospitals, doctor's offices and other once-virgin territory, has had the predictable effect of shortening the "counseling" conversations essential to both the mental and physical health of the newly diagnosed and their capacity to practice safe sex. "[Counseling] can take time and the nature of the test is rapid," says John Peebles, who works with North Carolina's department of health. But with the CDC merely advising counseling rather than requiring it, these testing chats may increasingly be viewed as disposable, a luxury that cash-strapped medical professionals forego.

The burning question raised, but never answered, by this year's CDC conference is, with both counseling and treatment for people who test positive in dire jeopardy, is our federal Prevention for Positives initiative doomed to fail? The CDC's Valdiserri, no doubt, would say no. Only time—and the data—will tell. But one thing is certain: Next year's CDC conference is unlikely to be business as usual.

Strength for the Journey: 2005

October 10-14, 2005

Strength for the Journey is a spiritual retreat for people living with HIV/AIDS. S.F.T.J. provides a tranquil, safe, substance and alcohol free, healing environment. Camp Mokuleia is a beautiful Episcopal Retreat Center on the north shore of Oahu and is handicapped accessible. Our retreat offers recreation, free massage, crafts, classes, 12-step classes, campfires and talent show. The retreat staff includes massage therapists, nurses and cool, open-minded clergy.

Open to any person (18 and older) living with HIV/AIDS. The cost is \$150 which includes meals and lodging. A \$25 deposit reserves your space at the retreat. Scholarships are available.

To register, contact HIHAF or Rev. Amy Wake, First United Methodist Church, 1020 S. Beretania St. Honolulu, HI 96814, 808-522-9555, amywake@hawaii.rr.com

Medical News

DOUBLE DOSE HEPATITIS B VACCINE PROTECTS HIV-INFECTED ADULT PATIENTS

from Centers for Disease Control and Prevention June 17, 2005

In the current study, investigators evaluated a double dose of hepatitis B vaccine for HIV patients in a double-blinded, randomized, controlled study with numbers for statistical validity. M.O. Fonseca and colleagues at the University Medical School of Sao Paulo noted that because HIV and hepatitis B (HBV) share many common risk factors, it is important to try to vaccinate HIV patients against HBV, and numerous reports have described a variety of variables associated with impaired response to HBV vaccines in HIV patients. Previous studies have been small, making it difficult to draw conclusions within and between them, the authors explained, so they conducted a study with more participants.

"Two hundred and ten HIV infected subjects received a standard dose (20 mcg) or a double dose (40 mcg) of recombinant hepatitis B vaccine IM 0,1 and 6 months," the investigators wrote. "Ninety-four receiving standard dose and 98 receiving double dose completed the study. The seroconversion rate (anti-HBs greater than or equal to 10/mIU/mL) was 47 and 34 percent for double dose and standard dose, respectively (p=0.07)."

"A statistically significant higher seroconversion rate was associated with double dose comparing with standard dose for patients with CD4 cell counts greater than or equal to 350 cells/mm (64.3 percent x 39.3 percent; p=0.008) but made no difference to seroconversion in those with CD4 <350 (23.8 percent x 26.3 percent; p=0.80)," the researchers found.

"Double dose also improved seroconversion comparing with standard dose for patients with HIV viral load <10,000 copies/mL (58.3 percent x 37.3 percent; p=0.01) but made no difference to seroconversion in those with HIV viral load greater than or equal to 10,000 copies/mL (16 percent x 17 percent; p=0.7)," the authors reported.

"Based on the results of this study, the best current strategy for hepatitis B vaccination in HIV patients would be to use a double dose as a primary series when the viral load is likely to be low and CD4 greater than or equal to 350, when there is likely to be an adequate immune response," the authors concluded.

The study, "Randomized Trial of Recombinant Hepatitis B Vaccine in HIV-Infected Adult Patients Comparing a Standard Dose to a Double Dose," appeared in *Vaccine* (2005;23(22):2902-2908). [Source: *AIDS Weekly*, 06.06.2005.]

Moms-to-Be Tested for HIV

Thursday, July 7, 2005 – The feds changed their tune this week, recommending that doctors rapid-test for HIV all pregnant Americans—no longer just those ID'd as "high risk" or from ZIP codes with high HIV rates. The Department of Health and Human Services shift is part of the massive rollout of routine testing initiated by the Centers of Disease Control and Prevention two years ago to screen the estimated 25% of HIVers who don't know their status. Certain to reduce even further the single-digit rates of mother-to-child transmission in the U.S.—with treatment, the risk of having a positive baby drops to 1%—the move will likely improve the moms' health, too, so long as they can keep pony-ing up for the meds.

Comb Again?

Thursday, July 7, 2005 - Parliamentarian Nick Harvey rubbed Brits the wrong way this week when he said combs could transmit HIV. In his BBC interview, Harvey allowed that the chance of such a hairy incident was infinitesimal but then went on to say, "As far as I'm aware, AIDS can be passed through a toilet seat." The near-bald member of Parliament opened mouth to insert both feet after public combs were removed from the House of Commons' bathroom due to their perceived skank factor.

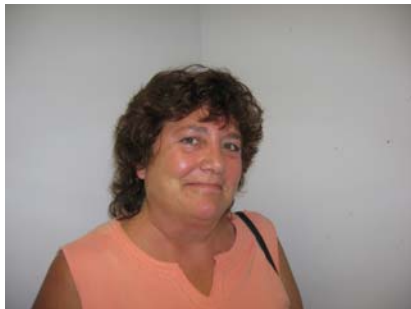
New Staff Members at HIHAF

Please join us in welcoming our newest members to the HIHAF team.



Keli'i was originally from Eva Beach, Oahu, and has lived on the Big Island for 12 years now. As a student at UH Hilo, she worked for the Gay and Lesbian Ohana (GLO) for two years and has been involved in freelance STD prevention outreach with transgendered individuals for 7+ years. Keli'i brings a wealth of knowledge and experience to the foundation and is excited to be able to formalize her role in the community as an STD outreach worker with HIHAF.

Wailana will be working out in the field in Hilo providing prevention/ outreach services to men who have sex with men. Originally from Honolulu, Wailana moved to the Big Island in June, 2001, after an extensive dancing career across the mainland and abroad. In 2002, he started a degree program in culture and performance with an emphasis in Hawaiian culture and language which he plans to finish in May, 2006. We are very happy to have him on board. Please help us welcome him when you get a chance



Teri Hollowell is the new Benefits Specialist at the Kona office. She and her husband have lived in Kona for 16 years. Teri has worked for 30 years in human resources, benefits and retail management. When she isn't working, she is training her 5 Boxer dogs for agility and obedience trials. When her husband was diagnosed with Hepatitis C, Teri made a personal decision to learn more about the disease. She has been training with David and Wing the past few weeks and deeply appreciates their time, dedication and wisdom!

Mark Kimbell is the new part-time Medicare Drug Plan D Benefits Counselor at the Kona office. He's lived on the Big Island since 1990, except for a two-year sabbatical in San Francisco where he was a Benefits Counselor at the Positive Center in Marin County. Prior to that he was an Executive in the Music Industry in Los Angeles, where he helped Composers and Songwriters secure unpaid royalties for music performances as well as introducing them to Agents, Record Companies, Producers, Directors and various other professionals. He is hoping to enroll all eligible clients into the Program so they make a smooth transition from Medicare/ Medicaid to the new Drug Plan, which goes into effect in January 2006



Jewels of Nutrition

Go ahead. Indulge! Just don't go nuts.

By Georgette Woo

Ever since the emphasis on low-fat diets and fat's reputation in general as heart-clogging goo, people have shied away from nuts. "Oh, no thank you," they'll say. "Too fattening." Then they'll consume a giant low-fat muffin made with refined flour, sugar and partially hydrogenated oil. What's missing here? Nutrition sense.

Nuts are high in fat, but most of it is monounsaturated and polyunsaturated, the kinds that can help lower your LDL cholesterol. They also contain a beneficial array of vitamins, minerals and phytochemicals. In general, nuts are an especially good source of magnesium, important to tendon and bone growth, and metabolism of foods. And each type of nut offers a nutritional gem, a vitamin or mineral that they're a good source of.

As long as total caloric intake is within an appropriate range, nuts can be part of a healthy diet. In fact, nuts' high fat content creates a feeling of satisfaction that may actually help people stick to their weight loss efforts. Additionally, several research studies suggest that incorporating a small amount of nuts into a healthy diet may actually help prevent heart disease, hypertension and diabetes. A small handful, about 1 ounce, will provide nutritional benefits without breaking the calorie bank.

Freshness is crucial. Nuts' natural oils turn rancid rather quickly, particularly in Hawai'i's warm climate. Rancid oils are not healthful or appealing. Before buying nuts, examine them carefully and smell them, if possible. Spoiled nuts have an "off" smell, something like unwashed, oily hair. Rancidity is more likely to occur when the nuts are packaged in cellophane or plastic, as opposed to a can. If you can't smell them, look carefully. Shelled nuts that should be a creamy off-white, such as pine nuts and macadamia nuts, darken when spoiled.

At home, nuts should be kept in an airtight container in the refrigerator, if regularly used, or in the freezer. Protected from moisture and odors, they will last up to a year. Most nuts gain flavor from a light toasting in a 300-degree F oven for 5 to 10 minutes, but be careful not to burn them. Rancid nuts cannot be restored by toasting.



Peanuts

While other countries consume peanuts mostly as oil, Americans eat about 4 million pounds of them a day, roasted or processed into peanut butter. Peanuts originated in South America, were taken by Spanish explorers to Africa and Asia, and arrived in the United States with African slaves. Today, this important Southern crop contributes \$4 billion annually to the American economy. One ounce of peanuts, technically a legume, contains 170 calories, 7 grams protein, and 14 grams fat. It also provides 19 percent of the RDA for niacin, needed to convert foods to energy and maintain a healthy digestive tract and nervous system.

Almonds

The almond tree was carried from the Middle East to the Mediterranean and introduced to California via Franciscan monks from Spain. Today, California produces more than 75 percent of the almonds sold on the global market.

One ounce of almonds contains about 160 calories, 6 grams protein, and 14 grams fat. It also contains 24 percent of the recommended dietary allowance (RDA) for vitamin E, an antioxidant that helps protect red blood cells and muscles.

Macadamia Nuts

Originally from the subtropical rainforests of Australia, the macadamia nut was brought to Hawai'i by sugar plantation manager William Purvis in 1882. Related to the protea, the mac nut tree was used as an ornamental plant until 1920, when the nut's buttery flavor became popular.

One ounce of macadamia nuts contains 200 calories, 2 grams protein, and 22 grams fat. It also provides 13 percent of the RDA for thiamin, which is necessary for carbohydrate metabolism, muscle coordination and nerve function.

Pecans

Pecans are native to the United States. There are over 1,000 varieties of pecans, many of them named for Native American tribes, who called them *pacane*, "nut to crack with a rock."

One ounce of pecans contains about 200 calories, 3 grams protein, and 20 grams fat. It also provides 10 percent of the RDA for zinc, essential to digestion and metabolism.

Pine Nuts

Pine nuts really are from pine trees, but only some species produce seeds large enough to be worth the labor of harvesting them from the cones. The two principal ones are the Korean pine (larger, used in Asian cooking) and the Mediterranean stone pine (delicate flavor, used in Italian cooking).

One ounce of pine nuts contains 150 calories, 7 grams protein, and 17 grams fat. It also provides 124 percent of the RDA for manganese and 19 percent of the RDA for vitamin K.

Walnuts

The "royal nut of Jupiter," as the Romans called it, once grew wild in countries from Iraq to Switzerland and the United States. Today, Sacramento, Calif., is America's primary source for English or Persian walnuts, while black walnuts and, to a lesser extent, butternuts, are widely grown in the central and eastern United States.

One ounce of walnuts contains 190 calories, 4 grams protein, and 18 grams fat. It also provides half

of the RDA for manganese.

Hazelnuts

Although Turkey is the world's largest producer of hazelnuts, Oregon grows 98 percent of hazelnuts used in the United States. Also called filberts, 1 ounce contains 180 calories, 4 grams protein, and 17 grams fat. Hazelnuts are especially high in manganese. One ounce contains 78 percent of the RDA for manganese as well as 14 percent of the RDA for vitamin E.

Cashews

Grown principally in India, Brazil and Africa, the cashew is related to the mango and pistachio. Cashews are never sold to the public with the shells on because between each nut's double casing is a caustic liquid that causes severe blistering on contact. This fluid, called cardol, is used to make plastics and resins.

One ounce of cashews contains 160 calories, 4 grams protein, and 13 grams fat. It also contains 12 percent of the RDA for vitamin K, essential to normal blood clotting, and 31 percent of the RDA for copper, which is needed to make red blood cells, connective tissue and nerve fibers.

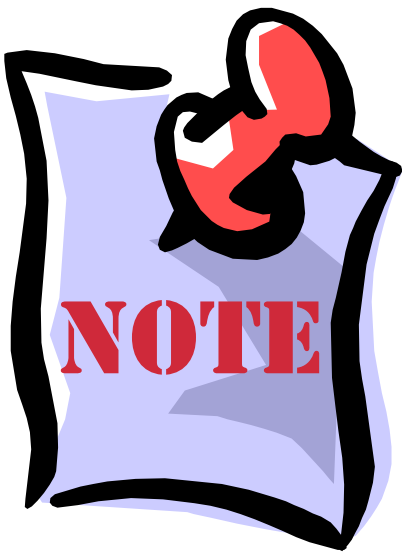
Pistachio Nuts

Pistachios are actually seeds and grow in clusters. Iran, Turkey, Syria and India are major producers but most of those enjoyed in the United States are from California's San Joaquin Valley.

One ounce of pistachios, about 45 nuts, contains 160 calories, 6 grams protein, and 13 grams fat. It also provides 18 percent of the RDA for vitamin B6, which promotes healthy nerve and brain function and is necessary for protein and carbohydrate metabolism.

From *Island Scene Magazine*





Rummage sale in hilo

Saturday, August 27—Mo'ohau
DONATE! **Bandstand**
VOLUNTEER! **7 am to 1 pm**

As always, we have purified water available. Bring your own container



Call for Participants

A 3-week pilot study offering free wellness energy work to qualified applicants.

5 people will be selected for this research project which is aimed at lowering viral load and increasing immunity. All viral-load testing is free.

General qualifications:

1. People not taking anti-retroviral pharmaceuticals.
2. Those on Structured Treatment Interruption programs who have not taken the anti-virals for 1 month prior to the first viral-load testing.

For more information please call Carol Hannum, D.D., conductor of this study at 808-328-7788.



www.talkabouttina.org

Who We Are

Talk About Tina is a group of Seattle-based agencies concerned about the connection between crystal meth and HIV infection. We are dedicated to putting words into action when it comes to stemming HIV infection and building healthy communities.

Talk About Tina Collaborators:

- [Dunshee House](#)
- [Gay City Health Project](#)
- [Lifelong AIDS Alliance](#)
- [MSM HIV/STD Prevention Task Force](#)
- [Project Neon](#)
- [Public Health--Seattle & King County](#)
- [Seattle Counseling Service](#)

Another good website

August 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6 Anuenue Potluck
7	8	9	10	11	12	13
14	15	16 Support group HILO 6:00 pm	17	18	19	20
21	22	23	24	25	26	27 SALE in Hilo
28	29	30	31			

September 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3 Anuenue Potluck
4	5 CLOSED	6	7	8	9	10
11	12	13	14	15	16	17 Rummage Sale @ Kona United Methodist Church
18	19	20 Support group HILO 6:00 pm	21	22	23	24
25	26	27	28	29	30	