



CHOICES

THE NEWSLETTER OF HAWAII ISLAND HIV/AIDS

October 2005

HIV stops with me"

Charles Kaiser

"The first duty of every revolutionary is to stay alive."

I wrote those words 13 years ago in the very first article about the resurgence of unsafe sex among gay men. At the end of the '80s, infection rates had plummeted, after most people realized that they could protect themselves simply by wearing a condom every time they had anal intercourse.

But as a new generation that had never witnessed the deaths of dozens of their friends came of age, and part of an older generation grew tired of worrying about when they might be infected, a small but persistent minority emerged that stubbornly resisted the new rules of engagement. And that small minority is still with us.

When the New York City Health Department announced this year that it might have identified a new and particularly virulent strain of HIV, which progresses rapidly to full-blown AIDS and doesn't respond to many of the usual treatments, the media responded for a week or two with wall-to-wall coverage.

I told The New York Times, "Gay men do not have the right to spread a debilitating and often fatal disease. A person who is HIV-positive has no more right to unprotected intercourse than he has the right to put a bullet through another person's head." (My immediate inspiration was a close friend who was HIV-positive and who had become a meth addict a couple of years ago. He had told me that he had "the right" to fuck others without a condom, and that had made me apoplectic.)

Because my quote was above the fold on the front page of the Times, it led to a spate of media appearances and interviews with other outlets. The next day, Aaron Brown had me on CNN. Brown asked if there weren't some in our community who would prefer to keep this dirty linen unwashed in public. "Oh no," I said. "I think we're way beyond that."

Nothing could have been further from the truth.

It turns out there's a whole class of gay activists who are opposed to any criticism of anyone who is gay -- no matter how badly he may be behaving. A spokesman for a gay organization in New York accused the health department of "stigmatizing gay men as crazed drug addicts carelessly or wantonly spreading a killer bug." I responded, "The fact is that a small minority of gay men *are* crazed drug addicts, and that is exactly what they are doing. It does not serve any useful purpose to pretend that this group of people doesn't exist."

There's another popular idea that I think is outrageous -- the notion that the only way to have intimate sex is to engage in condomless intercourse.

Continued on page 3

The Barebacking back-



PAGE 6

SEE PAGE FOUR



CONTENTS

HIHAF	2
Prevention	3
Health	4
Health cont.	5
Nutrition	6
Nutrition cont.	7
Notices	8
Calendar	9

CHOICES

is a publication of the
Hawaii Island HIV/AIDS Foundation
75-240 Nani-Kailua Dr. Suite 5
Kailua-Kona, HI. 96740
Phone: 331.8177
Fax: 331.0762
E-mail: hihaf@hihaf.org

16-204 Melekahiwa Pl.
Kea'au, HI. 96749
Phone: 982.8800
FAX: 982.8802

Georgie Kennedy/Executive Director

Staff Hilo

Kate Nawahine/Benefits Specialist
Cindy Medeiros/Shelter coordinator-Medicaid
Jeff Seyfried/Prevention Services to PLWH
Cyd Hoffeld/Prevention for Women & Teens
Mark Meurs/Treatment Advocate
Wailana Simcock/Prevention, MSM
Keli'i Wilson/TG Outreach
Bob Kraus/Office Assistant

Staff Kona

Wing Takakuwa/Treatment Advocate
Terry Hollowell/Benefits Specialist
Gene Smith/Client-Prevention Services-P4P
Victor Monongdo/Mens Prevention
Mark Kimbell/Medicare-Medicade Services
Wes Smith/Office Manager
Ginny Cohen/Fund Development
Dennis Walsh/Administration Assistant
Pia Wadkins/Accounting Assistant

BOARD OF DIRECTORS

Dr. James Stanley/President
Sharon Kensinger/Secretary
Melissa Geiger/Treasurer
Philip Hema
Joanne Iritani
Dr. Anne-Marie Muramoto
Barbara Zacchini
Ed Henrickson

Editorial Policy

The articles contained in this publication are meant to inform and entertain only. They do not constitute an endorsement. The publication of any name or image does not necessarily imply anything about that persons condition, health or sexual orientation. The opinions expressed are those of individual authors and do not necessarily represent official positions of HIHAF or any other organization mentioned herein. Contributions of articles and other materials for publication are encouraged and welcomed.

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.

If opportunity
doesn't knock,
build a door.

Laurice del Carmen

In the age of AIDS, sex with a condom can actually be *more* intimate -- first, because it shows that you genuinely care about your partner, and second, because it makes the experience almost completely stress-free. Finally, there are those who argue that it is solely the responsibility of people who are HIV-negative to remain negative. But why should that be so? If a positive person picks up a negative person, and the negative person says, "I don't care if you fuck me with a condom or not" -- it then becomes the responsibility of the positive person to prevent the continuation of this epidemic. "Look," he should say, "the last thing I want to do is give this disease to someone else."

A new ad campaign in the New York City subway gets it exactly right. It features HIV-positive men of all ages and colors, who proudly proclaim "HIV stops with me." That must be our goal. If the idea of a gay "community" is ever going to mean anything, it must mean that we care about each other enough to do everything in our power to end this scourge.

Charles Kaiser, whose last PlanetOut article chronicled the movie "Walk on Water," is the author of "The Gay Metropolis."



The condom backlash

Eric Rofes

Might the very methods used for HIV-prevention drive -- rather than quell -- new infections and other health challenges facing gay men?

The overarching terrain of gay men's sex lives -- our desires, sexual subcultures and sex itself -- was profoundly traumatized by the advent of AIDS in the 1980s. Having struggled during the 1970s to achieve some degree of community self-determination and individual empowerment around sex, the arrival of AIDS shattered much of what we had gained. It was as if a bomb had been dropped in the early 1980s, and ground zero was the sex life of gay men.

Over the past quarter century, we have suffered nothing less than the colonization of our bodies and desires by a well-intentioned HIV prevention industry. We have been "educated" to death. Under the rubric of "safer-sex," and "HIV prevention" we've been told what to do and what not to do, shamed and guilted incessantly. We have been messaged and marketed a million times. We have been directed, instructed, commanded, suggested, harangued and manipulated -- all by people who believe that if you tell people repeatedly what to do or not to do with their sex, they will comply.

I once felt this way, too. Now I don't. Today I wonder what nearly 25 years of negative messaging has done to the ability of gay men to enjoy their bodies and erotic lives and maintain sexual health and a sense of balance.

How do we escape the relentless noise?

I think about activities that have become accepted "best practices" in gay men's communities: people standing outside bars offering condoms, advertisements saying "Use a condom every time," taglines reminding

us to "play safe!" on computer profiles, agreements we sign at sex clubs pledging safe sex only, T-shirts that tell us how to fuck, posters trying to scare us away from substance use, buttons encouraging us to get tested for syphilis.

This attempt to micromanage and control gay men's sex lives by well-intentioned HIV prevention specialists has led us to a dangerous place where a minority of gay men turn to substances to escape attempts to regulate, control and direct their desires. We can all agree that crystal meth is destructive, but we need a more nuanced understanding of what draws men to crystal in the first place. We must avoid simplistically accepted notions of "low self-esteem" or "homophobia" as the itch crystal is scratching, or as the engines driving men to fuck without condoms, or use steroids, or drink too much or use tobacco.

AIDS prevention campaigns (whether it's "use a condom every time" or "HIV stops with me") targeting gay men -- and the complicated, sometimes counterintuitive, effects they have on our desires -- may actually be contributing to crystal use and unprotected sex, as well as to their consequences: new infections.

Many HIV prevention approaches have worked. Infection rates are down overall. Most gay men responsibly use condoms for intercourse, every time. But has the massive use of social marketing as the primary tool in HIV education and prevention caused something of a condom backlash? While social marketing might be useful for the simple presentation of non-directive information, HIV prevention for gay men has almost never been non-directive. Instead, social-marketing has become the primary way public health leaders have attempted to control the bodies and desires of gay men.

Time for a time out

More than anything we need a few years of "time out" from directive AIDS prevention work for gay men. We need to get away from all the messaging, page 4

all the marketing, all the "crises of the week" tactics used to terrify gay men into sexual sterility. I am talking about news out of New York City of "superbug" strains of HIV, the crisis of crystal, the crisis of barebacking, the crisis of low self-esteem. Many people believe that scare tactics are helpful and that if we only scare gay men enough, we'd reduce new infections and eliminate addiction. But foisting this constant cycle of crisis and terror is part of what drives substance abuse, sexual disempowerment, depression and other mental health challenges. Gay men need time out, time on our own, in order to heal, to discover and to return to a place where our sex and desires and bodies are things of joy, excitement, pleasure and intense spiritual connection -- a place where sex is celebration rather than compulsion, where we might get clear about loving our bodies and loving our sex, a place where we can love men free from the judgments and manipulations of others.

What effects does the colonization of bodies and desires have on a people when it is allowed to go on for 25 years? Let's stop the manipulation. Give us a time-out to heal.

Eric Rofes, author of "Dry Bones Breathe: Gay Men Creating Post-AIDS Identities and Cultures" (1998), is a professor of education at Humboldt State University. He can be reached at eerofes@aol.com.



What To Do When Your HIV Meds And Tummy Treatments Don't Mix

By David Coop

Nearly every HIVer—and non-HIVer for that matter—has tummy troubles at one time or other. But for HIVers, chronic gastrointestinal (GI) problems are especially common, often caused by HIV meds or other meds you take. Problems can range from mild nausea or diarrhea to serious conditions such as GERD (Gastroesophageal Reflux Disease). Dietary changes always form the critical foundation of any treatment strategy, and there are effective medications—both over the counter and by prescription—to alleviate most of these symptoms.

Unfortunately, some of the best meds for your stomach problems don't play well with HIV meds, and not all doctors are hip to these interactions. Making smart choices could save you hours of writhing in pain and prevent the failure of your current HAART regimen.

Both the nutrients in food and the active ingredients in your meds face an obstacle course on the way from your mouth to your bloodstream. From the moment they pass your lips, special muscles propel them in a wave-like movement through the organs of your digestive system. To aid digestion, your body produces many chemicals which are added to what you ingest at every stage, from your mouth to your colon.

Most oral drugs—including HIV meds—are bound to special ingredients that help them survive the acid soup in your stomach; some HIV meds need a lot of acid in your tummy, while others lose their punch with only a slight rise in acid levels. Medications that require a more acidic environment generally work best on an empty stomach. Medications that need a low acid environment usually need to be taken with meals.

For HIVers with chronic tummy troubles, the acid-reducing drugs they take to give them relief can interfere with HIV meds that need stomach acid to survive the race from mouth to bloodstream. The possible result: viral replication and resistance.

Tummy Trouble Sore Spots

Gastroesophageal reflux disease (GERD) is regurgitation of stomach acid into the esophagus—which connects the back of the throat to the stomach—and results in GERD's number one symptom, heartburn. There is no known single cause of GERD, but symptoms are a result of the damage caused by stomach acid that enters the esophagus.

Nausea OR Vomiting—If caused by a drug, nausea will likely disappear when that drug is stopped. Like diarrhea, nausea or vomiting can be caused by HIV drugs or other medications and by a variety of illnesses, though the causes for nausea can sometimes be different than for vomiting.

Continued on page 5

Diarrhea—The most common illness associated with HIV. While HIV meds are often the culprit, medications like antibiotics can also cause the runs. Other causes include viruses, bacteria, parasites, irritable bowel syndrome, fatty or spicy foods and lactose intolerance.

Problems with Pills

How some HIV meds can leave your tummy achin' and your HAART burn breakin'?

Stomach complaints are very common, whether you're HIV positive or negative. Just look at the smorgasbord of tummy-ailment products available at any pharmacy. GI problems can be either a chronic condition—that demands the help of a doctor or nutritionist—or something that comes and goes like the flu.

For people living with HIV, such tummy trauma is likely to be a regular part of life. A recent study on HIV and GI problems conducted at the University of Pennsylvania found that almost two-thirds of people taking antiviral medication will eventually find themselves hanging out in the tummy treatment aisle. And, unlike the general population, their gastrointestinal drama is likely to be caused by their HIV meds instead of a spicy ballpark sausage.

One reason why HIV drugs can cause, or worsen, your tummy problems is clear. The lining of your gut is a major gateway to the bloodstream; it must be 'open' enough to let nutrients through, while keeping out nasty critters like viruses. This delicate balance of cells and chemicals can be disrupted and irritated by HIV meds, leading to chronic diarrhea, bloating, cramping, nausea or gas.

Fortunately, nausea, vomiting, diarrhea and upset stomach often ease up once your body gets used to the presence of the drug. Some HIV meds, however, cause persistent stomach problems as long as you are taking them, but you don't necessarily have to live with these problems indefinitely. Changes of medications or tummy treatments that are compatible with your HIV meds could help solve these problems if they persist. When you don't have other HIV treatment options, managing side effects is vital to making the tummy torturing HIV med successful in keeping your virus levels as low as possible. The key is to consult with your doctor before you stop your HIV meds or load up on tummy drugs available at your local pharmacy.

What the Pros Say

Q: How important is it to see a doctor if you have diarrhea, nausea or vomiting?

A: "If you have [persistent] nausea or vomiting, low CD4 counts would make you especially concerned about potentially life-threatening infections. In patients with more intact immune systems, you might be more concerned about non-infectious causes such as gastroparesis (delayed gastric emptying), chronic gastritis (damage to the lining of the stomach) or medication side effects.

Bottom line is that in any patient you want to figure out what is causing the symptom(s) and not just treat symptomatically with anti-nausea medications. If any symptoms persist more than a day or two I want the patient to let me know because those patients are often not taking in sufficient fluids and can become quickly dehydrated."

—Michael Wohlfeiler, MD, Mercy Hospital, Miami, Florida

Q: What kinds of questions should my doctor ask me before I start HIV meds?

A: "The University of Pennsylvania study (page 2) suggests the need for careful history-taking to ascertain whether patients have had a history of gastric problems before they go on meds, particularly if PIs are to be prescribed."

—Benjamin Young, MD, Rose Medical Center, Denver, CO

Southern Irritation

This busy lady from North Carolina won't let IBS—or HIV—get her down

Barbara Dominguez knows the GI blues. Diagnosed in 1999 in Johnson County, NC, she says, "I have IBS – Irritable Bowel Syndrome. You can get diarrhea and constipation from it. I have difficulty eating during the day so I usually wait until night, then eat. It's easier to just be at home and deal with it than at work. If I eat during the daytime, I usually [just] eat watery fruit. "

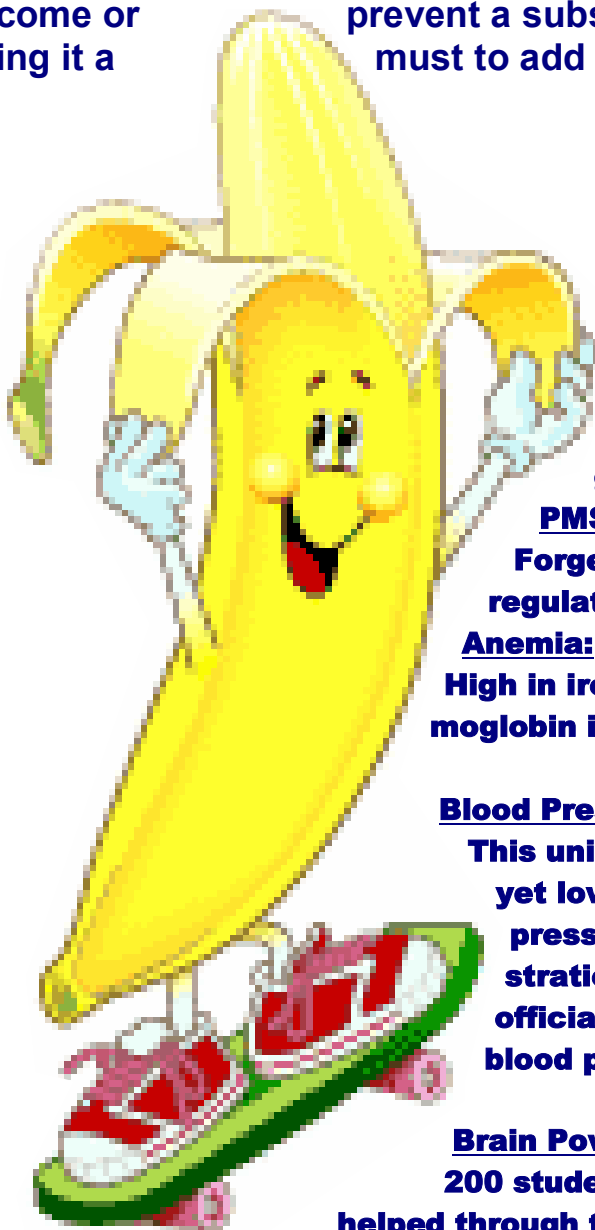
She's not sure what role HIV meds play, but is watching and waiting. "I started taking Reyataz three years ago," Dominguez says, "my CD4 count is great. But I get stomachaches and heartburn now. I've been dealing with heartburn at least two times a month for about two or three years now.

This article will continue next month

After Reading THIS, you'll NEVER look at a BANANA in the same way again!

Containing three natural sugars - sucrose, fructose, and glucose combined with fiber, a banana gives an instant, sustained and substantial boost of energy. Research has proven that just 2 bananas provide enough energy for a strenuous 90-minute workout. No wonder the banana is the # 1 fruit with the world's leading athletes.

But energy isn't the only way a banana can help us keep fit. It can also help overcome or prevent a substantial number of illnesses and conditions, making it a must to add to our daily diet.



Depression: According to a recent survey undertaken by MIND among people suffering from depression, many felt much better after eating a banana. This is because bananas contain tryptophan, a type of protein that the body converts into serotonin, known to make you relax, improve your mood, and generally make you feel happier.

PMS:

Forget the pills -- eat a banana. The vitamin B6 it contains regulates blood glucose levels, which can affect your mood.

Anemia:

High in iron, bananas can stimulate the production of hemoglobin in the blood and so helps in cases of anemia.

Blood Pressure:

This unique tropical fruit is extremely high in potassium yet low in salt, making it the perfect way to beat blood pressure. So much so, the US Food and Drug Administration has just allowed the banana industry to make official claims for the fruit's ability to reduce the risk of blood pressure and stroke.

Brain Power:

200 students at a Twickenham (Middlesex) school were helped through their exams this year by eating bananas at breakfast, break, and lunch in a bid to boost their brain power. Research has shown that the potassium-packed fruit can assist learning by making pupils more alert.

continued on page 7

Constipation:

High in fiber, including bananas in the diet can help restore normal bowel action, helping to overcome the problem without resorting to laxatives.

Hangover:

One of the quickest ways of curing a hangover is to make a banana milkshake, sweetened with honey. The banana calms the stomach and, with the help of the honey, builds up depleted blood sugar levels, while the milk soothes and re-hydrates your system.

Heartburn:

Bananas have a natural antacid effect in the body, so if you suffer from heartburn, try eating a banana for soothing relief.

Morning Sickness:

Snacking on bananas between meals helps to keep blood sugar levels up and avoid morning sickness.

Mosquito bites:

Before reaching for the insect bite cream, try rubbing the affected area with the inside of a banana skin. Many people find it amazingly successful at reducing swelling and irritation.

Nerves:

Bananas are high in B vitamins that help calm the nervous system.

Overweight and at work?

Studies at the Institute of Psychology in Austria found pressure at work leads to gorging on comfort food like chocolate and chips. Looking at 5,000 hospital patients, researchers found the most obese were more likely to be in high-pressure jobs. The report concluded that, to avoid panic-induced food cravings, we need to control our blood sugar levels by snacking on high carbohydrate foods every 2 hours to keep levels steady.

Ulcers:

The banana is used as the dietary food against intestinal disorders because of its soft texture and smoothness. It is the only raw fruit that can be eaten without distress in over-chronicler cases. It also neutralizes over-

acidity and reduces irritation by coating the lining of the stomach.

Temperature control:

Many other cultures see bananas as a "cooling" fruit that can lower both the physical and emotional temperature of expectant mothers. In Thailand, for example, pregnant women eat bananas to ensure their baby is born with a cool temperature.

Seasonal Affective Disorder (SAD):

Bananas can help SAD sufferers because they contain the natural mood enhancer tryptophan.

Smoking:

Bananas can also help people trying to give up smoking. The B6, B12, potassium, and magnesium they contain help the body recover from the effects of nicotine withdrawal.

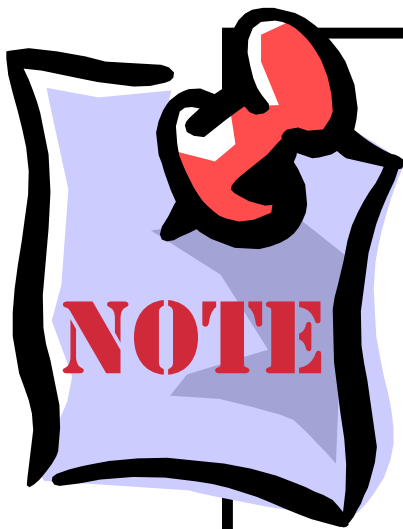
Stress:

Potassium is a vital mineral, which helps normalize the heartbeat, sends oxygen to the brain, and regulates your body's water balance. When we are stressed, our metabolic rate rises, thereby reducing our potassium levels. These can be re-balanced with the help of a high-potassium banana snack.

Strokes:

According to research in *The New England Journal of Medicine*, eating bananas as part of a regular diet can cut the risk of death by strokes by as much as 40%!

So, a banana really is a natural remedy for many ills. When you compare it to an apple, it has 4 times the protein, twice the carbohydrates, 3 times the phosphorus, 5 times the vitamin A and iron, and twice the other vitamins and minerals. It is also rich in potassium, and is one of the best value foods around. So maybe it's time to change that well-known phrase so that we say, "A banana a day keeps



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



**The Hawai'i Island
HIV/AIDS
Foundation offices
will be closed
Thursday & Friday
November 24 & 25
Thanksgiving**

"Clients Please Note:

Effective immediately, anyone submitting billings to Case Managers for payment must submit an original copy of the bill. Our policy will no longer allow for copies of bills to be accepted for payments due to audit restrictions. Thank you for your cooperation."
Thanks, Wes

Copyright ©2005 Creators Syndicate, Inc.



**7th annual Taste of
Life**

Saturday, November 26
At
Sheraton Keauhou
Bay Resort & Spa
6 to 9 pm
-FOOD-WINE-MUSIC-AUCTION

Tickets \$65.00

Call 331.8177 for information

October 2005

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

November 2005

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