

CHOICES



What Is the Most Important HIV Development of 2005?

From The Body Pro's coverage of The 45th Interscience Conference on Antimicrobial Agents and Chemotherapy

Douglas Ward, M.D., Dupont Circle Physicians Group, Washington, D.C.

There really isn't much earth-shattering news in 2005 in terms of HIV treatment. ... The biggest issue by far are the cutbacks in Medicaid (Ryan White, Medicare, etc.) that will have a dramatic impact on the ability to provide care to those who need it the most and that are trickling down even to those with good insurance. I fear that this is just a preview of what the current administration and Congress have in store for health care in general.

While covering the 45th Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) in Washington, D.C., from Dec. 16-19, we asked a range of attendees what they felt was the most significant development in the world of HIV in 2005 -- and to offer their thoughts on what 2006 may hold in store. Here is what they had to say.

Lionel Piroth, M.D., Hôpital du Bocage, Dijon, France

I don't see a lot of clear data on new drugs, so I think we should refocus on new ways in which to use the resources we have. We need to think long term, for example, experimenting with withdrawal interruptions, new medication sequencing and a la carte options for patients. In the late 90s we were all thinking in the short term, focusing on viral load, cost and side effects. We should shift to long-term strategies for helping individual patients succeed -- thinking outside the box about what can be done with current meds. We still need to work on HIV prevention and adherence, especially with men who have sex with men. Increased life expectancy should be our main goal, and we can't get there without redoubling our prevention efforts and rethinking our treatment strategies.

Mark Mascolini, National AIDS Treatment Advocacy Project, New York City

Antiretrovirals are my specialty. There have been lots of clinical trials involving new PIs (protease inhibitors) and NNRTIs (non-nucleoside reverse transcriptase inhibitors) that control replication in resistant patients. Until the past year, there was a lot of cross resistance with antiretroviral therapy; now people are responding positively to new agents. This is the result of a lot of hard work and research.

M.J., Research Technician

The most significant thing that happened in the world of HIV this year was the failure of the World Health Organization's 3 by 5 Initiative to treat three million HIV-infected people with antiretroviral drugs by 2005.

Anne-Marie Quinson, M.D., France

It's hard to choose just one thing! There are new drugs every year, and the ongoing hope for great new drugs. All the pharmaceutical companies have something in the works. And U.S. President Bush gave aid to the African pandemic; I think that's a step in the right direction.

Brendan Larder, Ph.D., Response Database Initiative, London, United Kingdom

I was at the European AIDS Conference in Dublin, Ireland, this year, where a small study on integrase inhibitors was presented. These experimental drugs are having potent effects at an early stage. The study may come to fruition in a few years.

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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.

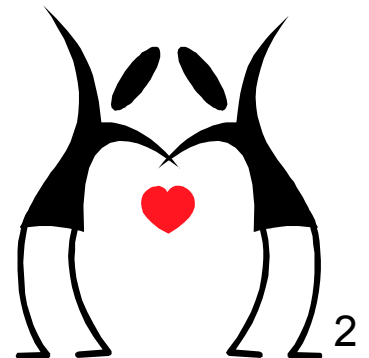
Leadership: To set the highest standards for responsibility to our mission, vision and values, and be recognized as a positive, inspirational role model in our community.

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

*Age does not protect
you from love. But love,
to some extent,*

*protects
you from
age.*

Jeanne Moreau



One-A-Day Beats Popular Med Combo

January 19, 2006—The new combo-in-a-pill mixing Viread (tenofovir), Emtriva (emtricitabine) and Sustiva (efavirenz) outperformed the traditional first-line combo of Sustiva and Combivir (AZT plus 3TC) in a study published in the January 19 issue of the New England Journal of Medicine. The study, the first comparing the two treatments, also reported that the one-a-day caused fewer side effects than the other cocktail, causing more patients to stick with the treatment. The one-a-day has not, however, been approved by the FDA yet.

Microbicide Approval In Sight

January 12, 2006—The FDA granted fast-track status to a microbicide called VivaGel this week, possibly cutting its approval time by up to half and making it likely to be the first microbicide to reach drugstore shelves—maybe as early as 2008. Microbicide gels block transmission of HIV and herpes when applied vaginally before sex, although researchers say it may also prove effective for men.

Illinois Considers Testing Newborns

January 20, 2006—The state of Illinois may join just two other states in requiring that hospitals test newborn babies for HIV—with or without the mom's consent. Supporters tout the benefits of starting treatment right away, while opponents are concerned about privacy and HIV stigma, and point out that antibody tests don't measure babies' HIV status for several months after birth.

Can Yogurt Prevent HIV?

January 18, 2006—A bacteria present in human stomachs and yogurt may neutralize the HIV virus when genetically modified, according to a study published today in Nature. Eventually people could ingest the modified bacteria in yogurt or pill form and keep HIV at bay for as long as a week—or use it in a topical gel.

NEWS

Georgia: Local Clinics Split Over HIV Test

January 20, 2006

Three Atlanta clinics that provide HIV testing say they have not experienced similarly high false positive results reported by some California and New York clinics using the OraQuick Advance rapid HIV test on oral fluids. Manufactured by OraSure Technologies, the OraQuick Advance rapid HIV test is also used to test plasma, fingerstick and venipuncture whole blood specimens.

"We've certainly not had any major problems with the oral test and have had minimal false positives," said Michael Banner, director of prevention services at Our Common Welfare. "But we've decided to go back to the finger prick test until we get a definitive answer from OraSure." Banner said an estimated 5 percent of the 400-500 people the agency tests monthly are HIV-positive.

"Our numbers are consistent with the manufacturer's guidelines of less than 1 percent. We may see one false positive out of every 800 or 900 tested," said Raphael Holloway, prevention program manager for AID Atlanta, which tests about 300 individuals per month.

"We explain this is a preliminary test and how the entire process works," said Holloway. When an oral test result is HIV-positive, patients are given a more accurate confirmatory blood test.

"We test an average of 100 people a month and have had very few false positives," said Greg Smith, director of prevention services for AIDS Survival Project. "We see the test as the first step in determining an individual's HIV status."

OraSure, the Food and Drug Administration and CDC are investigating factors that may have led to higher false positive rates in some New York and California clinics.

"At this time, CDC is not recommending any changes in testing procedures, as current counseling and testing protocols provide adequate safeguards to ensure that individuals with positive rapid results receive an accurate HIV test result after confirmatory testing," said Jennifer Ruth, a CDC spokesperson.

A Positive Attraction by

Rebecca Minnich

Stephan Lasher, 34, found love on a Florida highway. It was the summer of 1998, and he was hitchhiking in Sarasota, when rock-climbing instructor Giovanni Altare, now 47, pulled over.

“Giovanni and I had flirted before,” says Stephan. “But that was just bar talk. When he saw me that day, he took me back to his place.” But on the drive to Giovanni’s home,

Stephan froze. How could he disclose that he was HIV positive? Expecting the boot, he took a deep breath. Then, just as they pulled into the driveway, he blurted it out. “I didn’t expect him to still want me,” Stephan says, “but he was OK with it. I never went home.”

At first, Stephan couldn’t shake his disbelief. “The way Giovanni loved me scared me,” he remembers. “I didn’t think I deserved it. I especially didn’t believe I deserved someone who was negative.” But after seven years together, he’s convinced.

For some couples in which at least one partner is HIV positive, that heady first blush of attraction can prove wrenching. But disclosing your status is rarely the last drama. Along with the usual relationship angst, HIV can bring its own baggage—extra fears, struggles with illness—no matter how achingly awesome your love may be. Here’s how to lose that baggage—and float off into the sunset.

You love ME ?

Stephan Lasher’s negative self-image is an HIV staple. According to Nancy Beckerman, DSW, a couples counselor who wrote the book *Couples of Mixed HIV Status—Clinical Issues and Interventions*, people living with the virus sometimes “tend to emotionally withdraw out of fear they don’t deserve love.”

Meet Bryan Fleury, 39, who tested positive for HIV ten months before his 1992 wedding—then watched the marriage fall apart in just two years. “We were afraid to have sex the whole time,” he says. “I knew if I was to try again, it would have to be with someone who was HIV positive. I couldn’t live with myself if there was a chance of infecting someone else.”

After his divorce, Bryan set his sights on finding the perfect positive woman. But every time he liked someone, he stumbled on his own low self-esteem.

When he met Millie Malave, in New York in 2003, they connected right away—sharing not just a diagnosis but a demoralizing history. Explains Millie, 47, “My first marriage ended partly because my husband couldn’t deal with his HIV or mine. After he left, my biggest fear was that nobody would ever love me again.”

Whether popping their meds or popping the question, these couples found love amid HIV. Rebecca Minnich asks them—and a bunch of therapists and counselors—how you can do it, too

Now both Bryan and Millie are finally ready to try anew.

Escape valve

“Each partner needs a place to go to talk about feelings,” says Dr. Beckerman—a maxim that rings doubly true if you’re struggling with a fear of death.

Consider Steve Balfour, 51, and

Ron Rosa, 40. They met in 1997—a year after Ron nearly died in a hospice, saved by an early protease inhibitor. The couple first laid eyes on each other while volunteering at Atlanta’s AIDS Walk. “Ron

walked up to the sign-up table, and that’s where it all began,” recalls Steve, who is also positive. Within three months, they were living together. Explains Ron, “I think we both felt that living with the virus, you can’t wait forever.”

Ron has been in and out of the hospital during his years with Steve. Last year, weak and bedridden, he began talking about selling his car. “I didn’t want to hear it,” Steve says. “He was telling me that he wasn’t going to be around much longer.”

Between health problems and AIDS activism, the two rarely get a break from HIV. “We live in a state of heightened awareness of both,” says Ron. “A normal couple will sit down and make a retirement plan. We make a daily plan—we have our bitchy little ritual of taking our meds every morning.”

Steve Tibbetts, who counsels couples in Minneapolis, warns seroconcordant (poz/poz) partners to beware of stress: “There’s this constant reminder that both people have HIV, especially when you’re on the cocktail. Every time you take your pills, you say, ‘We have HIV.’”

Instead, he suggests, “Call them vitamins. Then you can say, ‘We’re taking these to stay healthy.’”

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Don't Let HIV Bug Your Bed

by Nelson Vergel

Getting your mojo working

You already know HIV can screw up your sex life. But we're not talking condoms and disclosure. Studies show that men and women living with HIV experience sexual dysfunction: erectile problems, lack of interest or inability to reach orgasm. The condition, also caused by med side effects, is often left undiagnosed and untreated. Some sex squelchers (affecting both women and men) include:

- Psychological issues—anxiety, depression and stress from life with HIV
- Cardiovascular diseases and diabetes, common with HIV
- Low testosterone from HIV
- Excessive estrogen in men on HIV meds
- Low estrogen in women with HIV
- Nerve damage from HIV and some of its meds, including Videx (ddI) and Zerit (d4T)
- Side effects of other meds—including antidepressants
- Recreational drugs, alcohol and cigarettes
- Low libido due to early menopause in women with HIV

But you can get the heat back in your sheets.

Have an intimate Chat—with your doctor, that is.

Nailing the root of sexual problems—along with counseling and support groups—can help restore your oomph. If your doctor prescribes an antidepressant, know that some, like Wellbutrin, have fewer sexual side effects than others.

Boost your circulation

Some problems stem from reduced blood flow to your penis or clitoris. Massages and warm baths can work as relaxing foreplay, sending blood where it's needed most.

Help hormones and hearts

Testosterone injections, creams, gels or patches can normalize blood levels, stoking desire in men and women (who need much lower doses). DHEA, a hormonal supplement from health food stores, may lift energy, mood and sexual function (again, women need less). If heart disease is the root and you need a blood-pressure med, know that Diovan is said to aid sexual function.

Seek erectile support

Remedies for erectile dysfunction (ED), such as Viagra, Levitra and Cialis, can cause side effects—and Medicaid no longer covers the meds. Protease inhibitors boost ED-drug blood levels, so start with a low dose. Prescription meds Trimix and Caverject can help ED, but you inject them right into the penis, which requires training by a urologist. Injecting too much can cause dangerously prolonged erections (priapism), demanding an emergency room visit. Don't mix these with other ED meds—your priapism risk will rise. Muse, a prescription pellet inserted into the penis (with a doctor's guidance), can promote blood flow and erection.

Try some nightstand magic

Other strategies are a tad less clinical. A cock ring can help men attain better erections. For women with vaginal dryness from menopause, estrogen-containing vaginal preparations and water-based lubricants can work wonders—keep them close at hand to avoid mood-mashing trips to the medicine chest.

Enjoy!

Or try something else to make the ritual more pleasant!”

And like it or not, he says, “A couple needs to talk frankly about death—and both need to come to grips with their fears and emotions about it.”

Bedside manners

There’s a difference, however, between having to integrate your health issues and fears into a relationship—and having to nurse your partner through an HIV crisis. Louis Farmer, 39, married Derick Brown, 41, last year in an African-style ceremony in Cleveland. They’ve settled into a four-bedroom home and plan to adopt a child. “We’re perfect together,” Louis jokes, “He was raised Catholic; I was raised Baptist. He’s dark; I’m light. I’m positive; he’s negative.”

Derick happily helps manage the details of Louis’ HIV treatment. “I’m always reminding him of doctor’s appointments, making sure he gets there.” As a professional insurance biller, Derick helps with hubby’s health plan hassles too. And Louis loves the attention. “When I get sick, he makes me soup and tea,” he says. “It’s the ultimate form of making love.”

They have their moments, though. “Keeping up the support for him can be overwhelming,” Derick admits. And Louis can never quite explain things enough. “My biggest fear in the beginning was: Could Derick totally understand someone who’s positive?”

Michael Mancilla, co-author of *Love in the Time of HIV—A Gay Man’s Guide to Sex, Dating, and Relationships*, says, “HIV positive individuals sometimes find themselves doing reverse caretaking—having to do the explaining, the educating, the reassuring. Disclosure is just the first part of this. To have to do this with your partner can be draining.”

Stephan Lasher knows the dynamic well: “Sometimes I get resentful because there are things that are hard to explain to Giovanni—the depression, the fear that comes with HIV.” And while Ron Rosa admits he’s “the most difficult patient in the world” and has nothing but gratitude for his partner’s bedside care, he recalls, “There was a moment where we both broke down crying, and I told him, ‘I don’t want a superman, I want a lover.’”

Great, say our counselors, who are always goosing their clients to speak up for themselves. “Don’t be the angelic person with AIDS suffering silently and courageously and inspiring everyone around them,” says Christopher Murray, who advises couples at the LGBT Community Center in New York. “Don’t be the strong, silent partner with

no complaints.”

Negative thinking

Strong, silent nurses aren’t recommended, either. Susan Cornutt, 44, and her negative husband, Drew, 42, live in the Bible Belt, where “you have to be careful who you tell,” she says. But conservative neighbors had nothing to do with Drew’s stress over Susan’s repeated hospitalizations. “I have a hard time talking about my feelings,” he explains.

In 2003, after a week at Susan’s hospital bedside struggling to get her doctors to give her the meds he felt she needed, Drew broke down. “I got thrown out of a hockey game for starting a fight,” he recalls. “I just lost it, started screaming at people.” The incident helped push him into a support group.

Indeed, says counselor Tibbetts, “An emotional support system is sometimes more important for the negative partner.” Mancilla suggests that “the negative partner needs not only to find support—but also know about HIV and what’s going on with their partner.”

In health and in sickness

So what’s the secret to a happy relationship when one or both have HIV? It turns out the language of love is about the same for all couples: Be flexible, be reliable—and don’t let the virus become an excuse not to have fun together. Susan and Drew, for instance, are both serious hockey fans and have grown closer volunteering to fight Georgia ADAP funding cuts.

A big bonus, all agree, is having someone who is involved enough to understand HIV. “The main thing is, he’s there for me,” says Susan about Drew. “When I’m the sickest and the most scared, I can share my deepest fears with him.”

Then there are the relationships that HIV has deepened. Ron explains, “Living with this disease and with Steve has brought me a lot of vision and understanding. Before this relationship, I didn’t know what love was.”

Bryan Fleury & Millie Malave Seek and you shall find

Bryan and Millie conquered self-doubt—by getting out there and taking chances. Now they’re united by, well, positive thinking.

In February 2003, they met at a Valentine’s Day dance at the Center for Positive Connections in New York. As Bryan recalls it, “She was sitting along the wall, watching the dancers. And the only open chair

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Love Yourself

by Michael Smith

Valentine's Day sells us love as a thing outside ourselves, a commodity without which we are incomplete. Confused, we think of love as the whirlpool Romeo and Juliet fell into, conveniently forgetting that it killed them. I think love is what keeps us from jumping off the bridge when we feel fear or despair; and to be a lover is to tell a stranger on that bridge, "I have been there too, and I did not jump, so that I could save you."

To be a lover we must be alive. To be alive we must love ourselves—commit heroic everyday acts, like taking our meds, demanding respect, quietly reflecting on life, getting enough sleep and giving, so that when we are most needed we are ready to be the lover. Because we've been on that bridge, and we know.

Need some dental work done? Need a new pair of glasses?

If you answered "YES" to either or both of these questions, pick up the phone and call Teri or Wing at 331-8177 in Kona or Kate at 982-8800 in Hilo right away!

In most cases, we can pay for your dental work and up to \$250.00 for glasses if you get the estimates done and returned to us in February 2006.

This offer won't last long – Call Today!!!!

Your Case Manager needs
"YOUR NEW BENEFIT AMOUNT LETTER"
that was mailed to you from Social Security in
December 2005!

If you get a monthly SSDI or SSI check, you will have gotten one of these letters. Please bring it or fax it to Teri or Wing in Kona or Kate in Hilo so that we can update your file. Thanks so much for getting this letter to us!

?????? NEED HDAP ??????

Have you gotten a letter from Social Security saying that you "DO NOT Qualify For Extra Help" for your drug prescriptions covered by Medicare Part D?

If you answered "YES", please DO NOT throw this letter away!

Bring it or fax it to Teri and Wing in Kona or Kate in Hilo. "Why?" you ask.....this is because HDAP must see a copy of this denial letter so that you can continue getting your HDAP medicine FREE.

From page 6

in the whole place was next to her. It was like something drew me there." They started talking and that was it. "He got me laughing so hard, I couldn't believe it," says Millie. "I said, who is this guy?"

Neither fit the other's search criteria. Millie counts off the differences: "He's Irish-American; I'm Puerto Rican. He lives in Springfield; I live in New York. He's seven years younger than me, too."

But the two couldn't be happier. "Sure I'm lucky," says Bryan, "but it's also because I worked at it. I really put myself out there—for years. We're living proof that true love exists, even with HIV. But it's not going to come knocking at your door."

Louis Farmer & Derick Brown I love you; now take your meds

Louis Farmer was at death's door in 1997, diagnosed with full-blown AIDS and bilateral pneumonia. He says his mother's prayers and, later, meds brought him back from the brink.

In 2003, Louis met his dream man—the tall, dark Derick Brown—through a personal ad on Blackplanet.com. They were married last summer (wearing these African robes) in a ceremony attended by both their families and about 100 guests. They're very close and discuss everything—including the status of Louis' health.

So far so good, but Derick takes issue with Louis' decision to go off meds in 2003. "I just think it's better to stay with the treatment," he says. Louis shoots back, "My blood tests are good—I feel healthy!"

Louis says his husband's worrying is sometimes too much. "When I'm not feeling well, he says it's because I'm not on the meds. Then we have the discussion all over again."

So how do they work it out? With a little chat after each of Louis' doctor's visits—and one key ground rule: "In the end, I make the final decisions," says Louis. Derick con-

The EatingWell Tuna Melt

April/May 2005

Prep time: 10 minutes

Start to finish: 15 minutes

This tuna melt is as good as the melts we remember from our childhood, but fits into a healthy diet. Serve with a green salad for a quick, satisfying supper or by itself for an easy weekend lunch.

4 slices whole-wheat bread

2 6-ounce cans chunk light tuna, drained

1 medium shallot, minced (2 tablespoons)

2 tablespoons reduced-fat mayonnaise

1 tablespoon lemon juice

1 tablespoon minced flat-leaf parsley

1/8 teaspoon salt

Dash of hot sauce, such as Tabasco

Freshly ground pepper to taste

2 tomatoes, sliced

1/2 cup shredded sharp Cheddar cheese

1. Preheat the broiler.

2. Toast bread in a toaster.

3. Combine tuna, shallot, mayonnaise, lemon juice, parsley, salt, hot sauce and pepper in a medium bowl. Spread 1/4 cup of the tuna mixture on each slice of toast; top with tomato slices and 2 tablespoons cheese. Place sandwiches on a baking sheet and broil until the cheese is bubbling and golden brown, 3 to 5 minutes. Serve immediately.



Makes 4 servings.

Per serving: 269 calories; 8 g fat (4 g sat, 1 g mono); 68 mg cholesterol; 18 g carbohydrate; 30 g protein; 3 g fiber; 403 mg sodium.

Nutrition bonus: Vitamin A (20% daily value), Vitamin C (20% dv).

Greek Diner Salad

Recipe by Bruce Weinstein & Mark Scarbrough

April/May 2005

Prep time: 30 minutes

Start to finish: 35 minutes

To make ahead: Store the chopped salad and dressing separately, tightly covered, in the refrigerator for up to 1 day.

Serve this updated take on the Greek diner classic as a vegetarian entree or in a smaller portion as a side salad. Grilled or roasted meats also make an excellent topping. For the best effect, chop everything in small, equal-size bits.

3 tablespoons nonfat plain yogurt

3 tablespoons reduced-fat mayonnaise

2 tablespoons lemon juice

2 tablespoons chopped fresh mint

1 clove garlic, minced

1 teaspoon honey

1/2 teaspoon salt

1 medium zucchini, finely diced (about 2 cups)

1 large red bell pepper, finely diced (about 1 1/2 cups)

1 bunch radishes, finely diced (about 1/2 cup)

1 15-ounce can chickpeas, rinsed

8 large Boston lettuce leaves, for serving

1. Whisk yogurt, mayonnaise, lemon juice, mint, garlic, honey and salt in a small bowl until creamy.

2. Toss zucchini, bell pepper, radishes and chickpeas in a large bowl. Pour the dressing over the vegetables; toss gently. Spoon into lettuce leaves for cups and serve.

Makes 4 main-course servings or 8 side salads.

Per main-course serving: 162 calories; 5 g fat (0 g sat, 1 g mono); 3 mg cholesterol; 25 g carbohydrate; 7 g protein; 6 g fiber; 667 mg sodium. per side-salad serving: 81 calories; 2 g fat (0 g sat, 1 g mono); 2 mg cholesterol; 13 g carbohydrate; 4 g protein; 3 g fiber; 333 mg sodium.

Nutrition bonus (main course): Vitamin C (170% daily value), Vitamin A (80% dv), Fiber (23% dv).





Mes-

DO YOU WANT TO SERVE?

One of the most important things one can do in life is to serve others. We here at the Foundation try to do that each and every day. We have many wonderful people who serve by volunteering. Is there someone out there who might be interested in serving by joining our Board of Directors?

The Board has tried over these many years to have as much input as possible from all sectors of our community. They need help, your help. They need people from all walks of life to join them in leading this Foundation into the future. If you are HIV+, have something important to say about HIV, have board experience, business experience, or just want to help, please let me know.

You should know that serving on the Board is not a free ride. It takes work and commitment. The Board sets policy for our Foundation, oversees the Executive Director in all of her roles, makes contacts in the community to further our mission, and of course, does fundraising. If any of these areas are of interest to you – again please call. Meet some of our Directors and decide whether this is something you would like to do. Your application will be submitted to the Board Development Committee for consideration – so please, start the New Year out with a new commitment – apply for membership on our Board of Directors. Thanks, Georgie Kennedy, Executive Director.

Free and Anonymous HIV Testing Locations and Dates

Free and anonymous HIV testing and counseling is available to the public on a regular, on-going basis. The testing is confidential and totally needle free.

Hilo/Kea’au

Hawaii Island HIV/AIDS Foundation – Kea’au Office
Shipman Business Park – 16-204 Mele Kahiwa Place,
Suite 1

Monday-Friday, 8:30am-4:00pm

Pahoa

Pahoa Family Health Center, Pahoa Village
Every 2nd and 4th Tuesday of month, 9:00am-
12:00pm

Kona/West Side

Hawaii Island HIV/AIDS Foundation – Kona Office
75-240 Nani Kailua Drive, Suite 5

In the Pines Plaza , Kailua-Kona

Monday-Friday, 8:30am-4:30pm

West Hawaii Community Health Clinic

Every Friday from 1:00pm-4:00pm

Special Dates and Locations

Saturday, February 11 – 9:00am-1:00pm

Kalani Honua Café (Hwy 137 – “red road”)

For more information on testing and additional testing dates and times, please call us at 982-8800 (Hilo) or 331-8177 (Kona)

NEIGHBOR ISLAND HOUSING PROGRAM

REMINDER



Happy New Year!

It’s that time again!! For those of you on the Neighbor Island Housing Program’s rental subsidy assistance program It’s time to complete re-evaluations for continued assistance. Yes, I know, more paperwork! If you haven’t done so already, please submit your current income verification and/or any changes to your household composition to myself or your case manager. I appreciate your time, and please feel free to contact me if you have any questions or concerns

Mahalo nui loa!
Cindy

The Hawai’i Island HIV/AIDS
Foundation offices
will be closed
Monday, February 20
For
Presidents Day
&
Monday, March 27
For
Prince Kuhio Day

February 2006

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

March 2006

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