

# CHOICES



## International HIV/AIDS Trial Finds Continuous Anti-retroviral Therapy Superior to Episodic Therapy

from National Institute of Allergy and Infectious Diseases

The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), today announced that enrollment into a large international HIV/AIDS trial comparing continuous anti-retroviral therapy with episodic drug treatment guided by levels of CD4+ cells has been stopped. Enrollment was stopped because those patients receiving episodic therapy had twice the risk of disease progression (the development of clinical AIDS or death), the major outcome of the study.

NIAID made the decision to halt enrollment in collaboration with the study's Executive Committee and following a recommendation received from an independent Data and Safety Monitoring Board (DSMB). The DSMB, charged with regularly evaluating data and safety issues during the multi-year trial, conducted a review of the interim study data in early January.

The trial, known as Strategies for Management of Anti-Retroviral Therapy, or SMART, was designed to determine which of two different HIV treatment strategies would result in greater overall clinical benefit. HIV-positive volunteers were assigned at random to either a viral suppression strategy, in which antiretroviral therapy (ART) was taken on an ongoing basis to suppress HIV viral load; or a drug conservation strategy, in which ART was started only when the levels of key immune cells, called CD4+ cells, dropped below 250 cells per cubic millimeter ( $\text{mm}^3$ ). Volunteers in the drug conservation group were taken off ART -- with the aims of reducing drug side effects and preserving treatment options -- whenever their CD4+ cells were above 350 cells/ $\text{mm}^3$ . (For more details see [www.smart-trial.org](http://www.smart-trial.org)).

The trial involved an international collaboration of 318 clinical sites in 33 countries. It began enrollment in January 2002 and had successfully recruited more than 90 percent of its target of 6,000 participants: as of January 11, 2006, when enrollment was stopped, 5,472 volunteers had joined the study.

At the time of the DSMB review, the average follow-up was approximately 15 months. The analysis revealed that participants on CD4+ cell-guided episodic treatment faced more than twice the risk of disease progression relative to participants on continuous ART. Furthermore, there was an increase in major complications such as cardiovascular, kidney and liver diseases in the participants on the drug conservation arm. These complications have been associated with ART, and it was hoped that they would be seen less frequently in those patients receiving less drug.

Although the risk-to-benefit ratio of drug conservation over the longer term remains uncertain, the DSMB recommended that enrollment into the trial be halted in light of the findings to date, and the SMART Executive Committee and NIAID agreed with the recommendation. Upon reviewing the results, the Executive Committee also conveyed to local study investigators its recommendation that it would be prudent to re-initiate therapy in ART-experienced patients in the drug conservation arm. All study physicians and participants are being notified of the findings and recommendations. Follow-up visits will continue for all participants in the SMART trial while the study team considers plans for longer follow-up.

The investigators will analyze the SMART study data in detail to gain insights into the reasons for the increased risk.

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## CHOICES

is a publication of the  
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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.

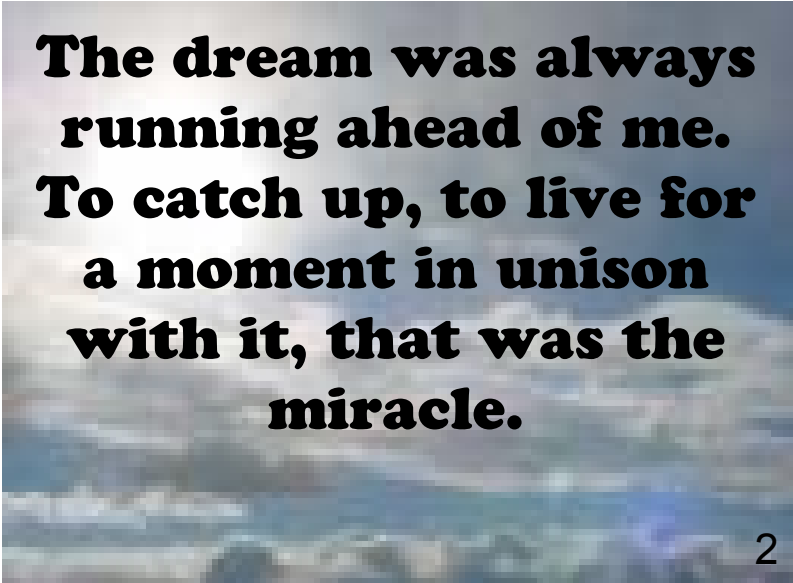
**Integrity:** To provide services to the entire community in a humane, loving, non-judgmental manner.

**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.



**The dream was always  
running ahead of me.  
To catch up, to live for  
a moment in unison  
with it, that was the  
miracle.**

## Synthetic compound may block HIV infection

Researchers at Vanderbilt University have discovered a synthetic compound that may interfere with HIV's outer membrane and prevent infection with the virus, BBC News reports. Lab tests show the compound, called CSA-54 and culled from a family of synthetic compounds called ceragenins, is electrostatically drawn to some viruses, fungi, and bacteria. Because HIV's outer membrane is negatively charged, it draws CSA-54 to it, at which point the compound binds to the virus and prevents it from being able to latch onto and infect immune system cells.

"This is particularly important, as a compound that targets the viral membrane is likely to be effective against all strains of the virus regardless of mutations, as the viral membrane remains unchanged," lead researcher Derya Unutmaz told BBC News.

The researchers are planning a second round of tests, with the goal of eventually moving the compound into animal and human studies. (Advocate.com)

## HIV Subtypes Can Predict Longer Life

February 9, 2006—Researchers at John Hopkins University who are trying to sort out why some people do better than others after getting HIV have learned that those infected with HIV subtype D die faster than those infected with subtype A. Subtype D is believed to bind better to key receptors in immune cells and destroy them faster than subtype A. In the United States, where subtypes A and D are rare, blood tests to look for HIV subtypes are not standard.

NEWS

## Cali Senate Approves Names-Based Reporting

January 23, 2006—The California State Senate unanimously passed a bill to track people with HIV by name instead of alphanumeric code—in line with a federal government threat to withhold funding from states that don't. The bill now goes to the Assembly and, if it passes there, to a highly supportive Governor Schwarzenegger. Only five other states and the District of Columbia still track HIV by number, not name.

## Mexico City chosen to host 17th International AIDS Conference

The International AIDS Society announced this week that Mexico City has been chosen to host the XVII International AIDS Conference in August 2008. The conference, the largest of its kind in the world, is held biannually. The 2006 conference, set for August 13–18, will be held in Toronto. Mexico City is the first Latin American location chosen as a host city for the AIDS conference. (Advocate.com)

## Experimental hepatitis C treatment shows promise

Biotech company Vertex Pharmaceuticals on Tuesday said a mid-stage clinical trial has shown its hepatitis C treatment lowered virus levels to undetectable levels. The Phase II trial enrolled 12 hepatitis C patients and dosed them with Vertex' VX-950 treatment for 28 days. At the end of the dosing period, all 12 patients had undetectable levels of the hepatitis C virus. The company said it also completed three-month studies on the treatment in animals. Vertex plans to submit the Phase II data and the animal studies to the Food and Drug Administration sometime during the first quarter.

Hepatitis C is a common coinfection among HIV-positive people. Experts estimate that 25% of HIV-positive people are coinfecting with hepatitis C, and that as many as half of all injection-drug users infected with HIV are coinfecting with hepatitis C. While there are vaccines that can prevent hepatitis A and B infections, there is no vaccine for hepatitis C. (AP, with additional reporting by Advocate.com)

## Liver News: Bye-Bye Biopsies?

by Lucile Scott

January 25, 2006—A simple new liver test is raising hopes of an alternative to the pain and riskiness of biopsies for sufferers of hepatitis C—at a time when hepatitis-related liver disease is the leading cause of death for Americans with HIV. Some hep-savvy skeptics are not convinced, though, that the still-experimental machine is up to the task.

FibroScan, which measures the liver's health with vibrations instead of scalpels, showed promise in a French study reported in the February 1 issue of *The Journal of Acquired Immune Deficiency Syndromes (JAIDS)*. It has won over some doctors, too. "FibroScan should replace biopsies—and cause more people to get their livers tested," predicts Douglas Dieterich, MD, a liver disease specialist at Mount Sinai School of Medicine in New York. Raymond T. Chung, MD, at Massachusetts General Hospital, and Bennet Cecil, MD, at the Hepatitis C Treatment Centers in Louisville, KY, also told POZ that approving the test for general use would get more patients into treatment.

Jules Levin, the HIV and hepatitis C coinfecting founder of the National AIDS Treatment Advocacy Project, is not confident, however, that FibroScan will become the new gold standard. "Noninvasive procedures are not as reliable as liver biopsies," he insists—at least for measuring the wide range of possible damage between full health and full-on cirrhosis.

Spotting these variations is an essential task. When hep C damages the liver—a process generally accelerated by HIV—it can cause permanent scarring, which in turn may bring on cirrhosis, bleeding, liver cancer or even organ failure. But biopsies are uncomfortable procedures that involve removing tiny slices of the liver for examination under a microscope, not to mention the risks of bleeding or organ damage. "People with hep C who also have HIV are more likely to try to avoid [biopsies] because they have already been through so much," Dieterich points out.

FibroScan, on the other hand, simply bounces "seismic echoes" off the liver to determine how elastic it is. The patient feels nothing; it's over in five minutes; and it can be done as often as necessary.

How to compare iffy results with the benefit of luring more hep sufferers and co-infected patients to the doctor for the care and attention they desperately need? Doctors have had few chances to look into that, as FibroScan is currently available only in Boston and Miami and each machine costs a hefty \$80,000. But one of Dr. Dieterich's patients trekked to Boston recently for the test and Dieterich says he felt no need to back up those results with a biopsy.

Tracy Swan, the coinfection project director at New York's Treatment Action Group, contends that neither technique is completely reliable but that biopsies are currently a surer thing. "FibroScan isn't a replacement for biopsy," she says. "But it does give coinfecting people and their clinicians more options and information. And that is a good thing."

## Bikers combat antigay protesters at military funerals

Wearing vests covered in military patches, a band of motorcyclists rolls around the country from one soldier's funeral to another, cheering respectfully to overshadow jeers from church protesters. They call themselves the Patriot Guard Riders, and they are more than 5,000 strong, forming to counter antigay protests held by the Reverend Fred Phelps at military funerals.

Phelps believes American deaths in Iraq are divine punishment for a country that he says harbors gay people. His protesters carry signs thanking God for so-called IED explosives that are a major killer of soldiers in Iraq.

The bikers shield the families of dead soldiers from the protesters and overshadow the jeers with patriotic chants and a sea of red, white, and blue flags.

"The most important thing we can do is let families know that the nation cares," said Don Woodrick, the group's Kentucky captain, at that state's Fort Campbell. "When a total stranger gets on a motorcycle in the middle of winter and drives 300 miles to hold a flag, that makes a powerful statement."

At least 14 states are considering laws aimed at the funeral protesters, who at a recent memorial service

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"SMART is one of the largest HIV/AIDS treatment trials ever conducted," notes NIAID Director Anthony S. Fauci, M.D. "The study reflects an extraordinary global collaboration among hundreds of dedicated AIDS clinicians and thousands of their patients, all of whom should be commended for their exceptional achievement in contributing to this pivotal HIV/AIDS treatment study."

"This trial was designed to help physicians and their HIV-positive patients identify the best approach to treatment management," adds Wafaa El-Sadr, M.D., M.P.H., M.P.A., of the Harlem Hospital Center and Columbia University in New York City, one of the principal investigators for the trial. "We were surprised to learn that in the short term, episodic antiretroviral therapy carries such an increased risk without evidence of sparing patients the known side effects associated with ART."

The University of Minnesota's James Neaton, Ph.D., another principal investigator and chief biostatistician for the trial, notes, "The SMART trial reached a conclusion much earlier than we expected. That is the significant value and potential power of conducting such a large trial."

The SMART study was coordinated by four international centers: the Medical Research Council Clinical Trials Unit in London; the Copenhagen HIV Program in Denmark; the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales in Sydney, Australia; and the Terry Bein Community Programs for Clinical Research on AIDS (CPCRA) in Washington, DC. The statistical and data management center was based at the University of Minnesota in Minneapolis.

Fred Gordin, M.D., of the VA Medical Center in Washington, DC, the CPCRA director, says, "It is gratifying when the fruits of such hard work by so many individuals and the faith put in the investigators by the volunteers results in important data concerning the use of ART."

David Cooper, M.D., D.Sc., of the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales, the Sydney international coordinating center director, notes, "SMART is an example of how a large group of investigators around the world can work together to obtain an answer to an important HIV treatment question."

Further information concerning the study findings can be found in a Questions and Answers document. An earlier NIAID news release describing the initiation of the SMART trial can be viewed at [here](#). NIAID is a component of the National Institutes of Health, an agency of the U.S. Department of Health and Human Services. NIAID supports basic and applied research to prevent, diagnose and treat infectious diseases such as HIV/AIDS and other sexually transmitted infections, influenza, tuberculosis, malaria and illness from potential agents of bioterrorism. NIAID also supports research on transplantation and immune-related illnesses, including autoimmune disorders, asthma and allergies.

From *The Body PRO*

From page 4

at Fort Campbell wrapped themselves in upside-down American flags. They danced and sang impromptu songs peppered with vulgarities that condemned gay people and soldiers.

The Patriot Guard was also there, waving up a ruckus of support for the families across the street. Community members came in the freezing rain to chant "U-S-A, U-S-A" alongside them.

"This is just the right thing to do. This is something America didn't do in the '70s," said Kurt Mayer, the group's national spokesman. "Whether we agree with why we're over there, these soldiers are dying to protect our freedoms."

Shirley Phelps-Roper, a daughter of Fred Phelps and an attorney for the Topeka, Kan.-based church, said neither state laws nor the Patriot Guard can silence their message that God killed the soldiers because they fought for a country that embraces gay people.

"The scriptures are crystal clear that when God sets out to punish a nation, it is with the sword. An IED is just a broken-up sword," Phelps-Roper said. "Since that is his weapon of choice, our forum of choice has got to be a dead soldier's funeral."

The church, Westboro Baptist Church, is not affiliated with a larger denomination and is made up mostly of members of Fred Phelps's extended family. During the 1990s, church members were known mostly for picketing the funerals of AIDS victims, and they have long been tracked as a hate group by the Montgomery, Ala.-based Southern Poverty Law Center's Intelligence Project.

**Serves: 4**

Prep Time: 15 minutes

Marinate Time: 1 hour

Cooking Time: 10 minutes

Calories: 329

Fat: 14 grams

Saturated: Fat 2 grams

Cholesterol: 66 milligrams

4 Swordfish Steaks (6 to 8 ounces each)

2 T canola oil

**For Marinade:**

3 T canola oil

1/4 cup mango nectar

2 T balsamic vinegar

1 t ground ginger

1 t ground black pepper

1 t red pepper flakes

1/4 t ground nutmeg

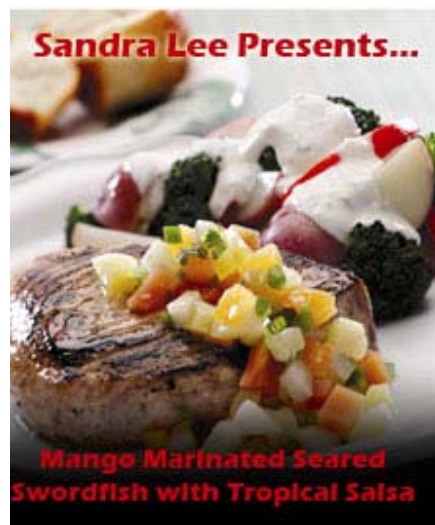
**For Salsa:**

1 Can Dole tropical fruit salad -- (15.25 oz. can) drained

1 T fresh cilantro -- finely chopped

1 scallion, finely chopped

1/2 lime, juiced

1 small jalapeno, membrane removed, seeded and minced  
salt to taste**Directions:**

In a small bowl, whisk together marinade ingredients. Pour into large zip-top bag and add swordfish. Put in refrigerator and let marinate for at least 1 hour turning occasionally.

For Salsa: Chop drained fruit into small pieces. Combine the fruit and remaining ingredients in a bowl and place in refrigerator to let flavors meld while fish is marinating. In a large skillet, heat 2 tablespoons of canola oil over medium-high heat. Cook fish approximately 5 minutes per side or until done. Serve topped with salsa.

*Sandra Lee is the internationally-acclaimed New York Times bestselling author and CEO of Sandra Lee Semi-Homemade Inc. - a multimedia corporation focusing on quick and easy solutions for everyday living conveyed through television, books, magazines, internet and branded products.*

# MANGO MARINATED SEARED SWORDFISH WITH TROPICAL SALSA

## Boiling Pointers by Gary Petonke

Five tips for cooks who are positive they've never cooked before. So after a lifetime of restaurant rot, you've finally realized that essential nutrition begins at home. But like many who start cooking only after their HIV diagnosis, you wouldn't know Julia Child from Julia Roberts. Start with these simple tips from an HIV long-timer. They may seem obvious, but then again, you thought you knew how to turn on the oven.

1. Always heat the pan before you sauté any food. And make sure the oil is hot before adding ingredients: Cold oil will seep into veggies or meat and make them soggy.
2. Don't overbrown garlic. If you do overcook it, toss it and start over. Burned garlic is bitter and can spoil a dish. When sautéing garlic with onions, avoid burning by adding it after the onions have begun to wilt.
3. Perk up almost any dish with a little chopped, fresh parsley or cilantro (snip it with kitchen scissors). A squeeze of fresh lemon or lime refreshes, too—get more juice by rolling the fruit with your hand on the counter first.
4. Buy precut veggies from a salad bar to cut down preparation time. Be creative with substitutions to keep dishes from loading up calories and fats: Use low-fat yogurt instead of sour cream or buttermilk, for example.
5. Tackle just one new dish per meal, wear comfortable shoes and crank up the music while you cook. Even if you're cooking for one (i.e., you), set a scrumptious table with fresh flowers or a bright place mat and napkin. You won't just

# Rare Strain of Chlamydia Now Seen in U.S.

By LAURAN NEERGAARD

The Associated Press

WASHINGTON—A particularly bad strain of chlamydia not usually seen in this country appears to be slowly spreading among gay and bisexual men, an infection that can increase their chances of getting or spreading the AIDS virus.

Called LGV chlamydia, this sexually transmitted disease has caused a worrisome outbreak in Europe, where some countries have confirmed dozens of cases. Diagnoses confirmed by U.S. health officials still are low—just 27 since they warned a year ago that the strain was headed here.

But specialists say that's undoubtedly a fraction of the infections, because this illness is incredibly hard to diagnose: Few U.S. clinics and laboratories can test for it. Painful symptoms can be mistaken for other illnesses, such as irritable bowel syndrome.

And because LGV chlamydia doesn't always cause noticeable symptoms—right away, at least—an unknown number of people may silently harbor and spread it, along with an increased risk of HIV transmission.

"My feeling is that what we're seeing now is still the tip of the iceberg," said Dr. Philippe Chiliade of the Whitman-Walker Clinic in Washington, D.C., which diagnosed its first few cases of LGV last month and is beginning to push for asymptomatic men to be screened.

The Centers for Disease Control and Prevention already was counting an eight-percent increase in HIV among gay and bisexual men between 2003 and 2004, before LGV's arrival was recognized.

"We are really concerned about this," said Dr. Catherine McLean of CDC's HIV and STD prevention program.

Increasing the ability to test for LGV is "what's really critically important," she adds. "The prevalence of the disease is probably quite a bit higher than the reported cases indicate, either here or in Europe, but we don't yet know that."

Three weeks of the antibiotic doxycycline effectively treats LGV. But patients have to know they're at risk, and then find a test.

Chlamydia, caused by bacteria, is among the most common sexually transmitted diseases. As many as 3 million Americans a year may become infected with common strains, best known for causing infertility in women if left untreated.

This more virulent strain is called "lymphogranuloma venereum," or LGV. It's not a new form, but one rarely seen outside of Africa or Southeast Asia. So STD specialists were stunned in late 2004, when the Netherlands announced an outbreak that reached over 100 cases; last summer, one clinic there reported seeing one to two new patients a week. Cases also have surfaced in much of Western Europe and Britain. As with the U.S. cases, many also have HIV.

Symptoms differ from regular chlamydia: swollen lymph nodes in the groin; genital or rectal ulcers; and painful bowel movements and other gastrointestinal symptoms that may mimic inflammatory bowel disease. Such symptoms leave patients particularly susceptible to HIV infection if they also encounter that virus. LGV can infect both sexes, although new cases diagnosed so far are among men having sex with men. Screening requires nucleic acid testing, a complex type of genetic testing not yet commercially available for rectal use. The CDC then uses even more sophisticated testing to confirm the diagnosis.

Because testing is difficult, no one knows how prevalent LGV truly is. In a surprise finding last fall, Dutch scientists tested some tissue samples stored in San Francisco since the 1980s, and found evidence that today's LGV strain had gone unrecognized at the time. So has it been simmering here all along, or is it on the rise?

Regardless of how that question turns out, LGV is one more sexually transmitted illness that plays a role in HIV.

Thus, the CDC is encouraging doctors who spot LGV symptoms to contact their local health department for help in finding a nearby testing lab, or in shipping samples to CDC for testing there.

"But I don't want people to think you have to have severe pain," cautions Chiliade, whose clinic recently became authorized to offer the NAT rectal screening—and who recommends it for gay men who have had unprotected sex even if they feel no symptoms.

Medical

# Do you qualify for a low-income refundable Tax Credit?

Give Bob a call at  
982.8800 to find out and to get information  
for tax returns.

**PLEASE  
REMEMBER  
TO  
GIVE US YOUR  
ITEMS  
FOR THE  
NEXT  
RUMMAGE  
SALE**

## 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 5

The project's deputy director, Heidi Beirich, said other groups have tried to counter Phelps's message, but none have been as organized as the Patriot Guard. "I'm not sure anybody has gone to this length to stand in solidarity," she said. "It's nice that these veterans and their supporters are trying to do something. I can't imagine anything worse—your loved one is killed in Iraq, and you've got to deal with Fred Phelps."

Kentucky, home to sprawling Fort Campbell along the Tennessee line, was among the first states to attempt to deal with Phelps legislatively. Its house and senate have each passed bills that would limit people from protesting within 300 feet of a funeral or memorial service. The senate version would also keep protesters from being within earshot of grieving friends and family members.

Richard Wilbur, a retired police detective, said his Indiana Patriot Guard group comes to funerals only if invited by family. He said he has no problem with protests against the war but sees no place for objectors at a family's final goodbye to a soldier. "No one deserves this," he said. (AP)



**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, March 27 For Prince Kuhio Day

# 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 Support group Hilo 5:00 pm	15	16	17	18
19	20	21	22	23	24	25
26	27 <b>closed</b> Prince Jonah Kuhio Kalaniana'ole Day	28	29	30	31	

# April 2006

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	19	20	21	22
23	24	25 Support group Hilo 5:00 pm	26	27	28	29
30						