

CHOICES

THE NEWSLETTER OF HAWAII ISLAND HIV/AIDS

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CDC Plans to Recommend Routine HIV Testing for All US Residents Ages 13 - 64

In June or July 2006, the US Centers for Disease Control and Prevention (CDC) plans to recommend that physicians offer voluntary HIV antibody testing to all US residents ages 13 to 64 as part of routine medical exams in private practices, clinics, hospitals, and emergency departments, reports the *Wall Street Journal* (May 8, 2006).

CDC also plans to recommend revising current guidelines that require patients to sign informed-consent forms before receiving an HIV antibody test and removing or condensing the requirements for pretest counseling, the *Journal* reports.

Under current testing regulations, many states require individuals to participate in a 20-minute counseling session before obtaining an HIV antibody test. In addition, people in some states must sign a separate informed-consent form, which details the risks and benefits of the test.

Under the revised recommended guidelines, a physician could perform the test after receiving a person's oral consent. Physicians would discuss the results of the test privately with patients who test positive and perform a second test to confirm the results, according to the *Journal*.

CDC's recommended guidelines are expected to be released in June or July in the agency's *Morbidity and Mortality Weekly Report*. CDC estimates that about 25% of HIV-positive people in the U.S. do not know their status.

Many physicians believe that routine testing could lead to an earlier diagnosis and earlier treatment. Furthermore, a person unaware of his or her status might have "unknowingly infected many other people."

Supportive Reactions

"What we want to do is to address barriers to testing in clinical sites," Kevin Fenton, director of CDC's National Center for HIV, STD, and TB Prevention said on Friday at a news conference marking the 25th anniversary of the first diagnosed case of AIDS. He added, "We know that a barrier is the significant time it takes for pretest counseling.... HIV testing outside clinical settings will still bear the requirement for pretest counseling."

Timothy Mastro, acting director of CDC's Global AIDS Program, said, "These new guidelines ... recommend [changing] the nature of HIV testing so that it's not based on the risk to an individual or the community in which an individual resides, but [makes routine] testing of all people" ages 13 to 64 (DeNoon, WebMD Medical News, May 5, 2006). He added that routine testing could reduce the stigma that is associated with undergoing an HIV antibody test.

Concerned Reactions

Wendy Mariner, Boston University professor of health law, called routine testing "a double-edged sword," adding, "It's valuable to alert people to availability of treatment. But critics worry routine testing could slide into testing without knowledge or consent. That's not what's intended, but it's a legitimate concern."

In addition, some critics say that loosening informed-consent requirements might lead to the unfair treatment of some groups, such as women and minorities. For example, some critics of routine testing say some people might feel forced to give consent,

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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.

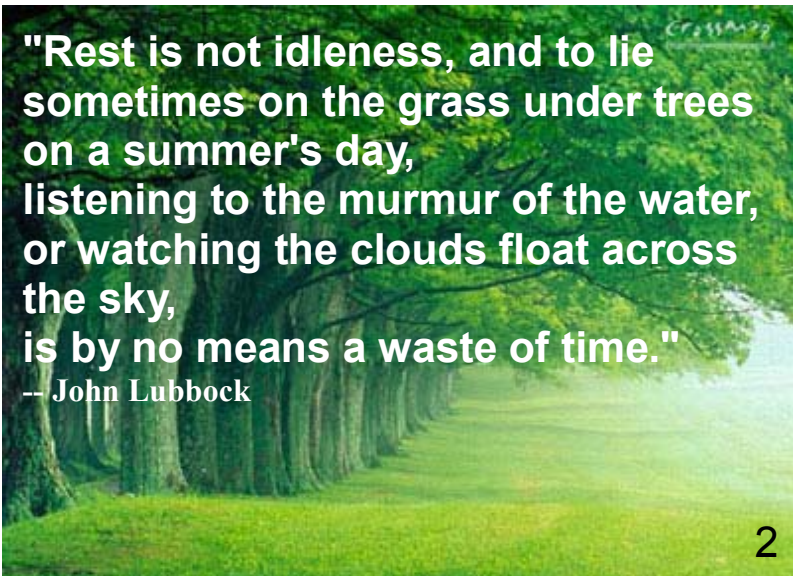
Integrity: To provide services to the entire community in a humane, loving, non-judgmental manner.

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.



"Rest is not idleness, and to lie
sometimes on the grass under trees
on a summer's day,
listening to the murmur of the water,
or watching the clouds float across
the sky,
is by no means a waste of time."

-- John Lubbock

National HIV Testing Day—Tuesday, June 27, 2006

The Hawai'i Island HIV/AIDS Foundation is announcing increased availability of free, confidential And anonymous HIV testing in observance of National HIV Testing Day on Tuesday, June 27. Testing for HIV will be available at both the Kailua-Kona office in Pines Plaza from 9:00 am to 4:00 pm, and the Shipman Business Park office in Kea'au from 8:00 am to 4:00 pm. Additional sites will be open for the community's convenience.

"HIV/AIDS is still a preventable infection," stated Georgie Kennedy, executive director of the Foundation. "And for those who test positive for the virus, there are treatments available to help slow the disease. We invite the community to come in for testing and get the facts. 'Take the test, take control' is the theme for the day."

Too many people with HIV are diagnosed late in the course of their infection, when they may not be able to fully benefit from life-prolonging treatments, according to the U.S. Department of Health and Human Services. They state that HIV testing can reduce new infections when HIV-positive persons become aware of their status and take the necessary precautions to stop spreading the disease.

HIV testing is easier, more accessible, and less invasive than ever, and is available on the Big Island at the Foundation offices and several other sites. To stay healthy, The National Association of People with AIDS advises finding out how HIV is transmitted and how to connect with health care services and social support. This information is all available through the Foundation.

Hawai'i Island HIV/AIDS outreach staff and the Hawai'i State Department of Health workers will be providing HIV testing and counseling at the following sites.

- ◆ AIDS Foundation's Kea'au office in Shipman Business Park, 16-204 Mele Kahiwa Place, suite 1, Monday through Friday, 8:00 am to 4:00 pm every week.
- ◆ Pahoia Family Health Center Tuesday, June 27 from 9:00 am to Noon.
- ◆ Kalani Honua Café, 12-6860 Kalapana-Kapoho Rd., Tuesday June 27 from 9:00 am to 12:30 pm.
- ◆ University of Hawai'i, Hilo campus in room 313 in the Campus Center, on Tuesday, June 27 from 9:00 am to Noon.
- ◆ AIDS Foundation offices at 75-240 Nani-Kailua Dr. Suite 5 in Pines Plaza, Monday through Friday, 9:00 am to 4:00 pm every week.
- ◆ West Hawai'i Community Health Clinic, 75-5751 Kuakini Hwy., suite 101A, every Friday from 1:00 pm to 3:30 pm.

Call the Foundation in Kailua-Kona at 331.8177 and in Kea'au at 982.8800 for more information, location and dates.

National HIV Testing Day is an annual campaign produced by the National Association of People with AIDS to encourage at-risk individuals to receive voluntary HIV counseling and testing. The Hawai'i Island HIV/AIDS Foundation has participated in this event since 1995.



lethal link – herpes and HIV

Forrest Caskey

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As your immune system thumbs through its little black book of past relationships with various viruses and ailments, one name stands boldly alone, crossed out and rewritten countless numbers of times -- genital herpes, otherwise known as HSV-2. In the world of STDs, genital herpes takes on the role of the ex-boyfriend who relentlessly continues to pop up into your life despite your efforts to keep your autonomy. Recent studies, though, are showing that HSV-2 is forming an unhealthy romance with another antagonistic partner: HIV. Individuals who test positive for genital herpes are now twice as likely to contract HIV.

For the past few years, acyclovir, the HSV-2 antiviral pill, has worked effectively as a restraining order preventing and reducing recurrent herpes outbreaks. An experiment called the Link Study is in the works to see if acyclovir can stand up to HIV as well.

The Link Study, launched in 2003 by the HIV Prevention Trials Network's University of Washington site, is studying men who have sex with men in various corners of the world who are HSV-2 positive but HIV-negative. For 18 months, half these individuals are given two doses of acyclovir per day, while the other half are given a placebo disguised to look like acyclovir. Researchers hope to see if suppressing HSV-2 by taking acyclovir will reduce the transmission of HIV.

For most people, the thought of having genital herpes might seem a preposterous notion. Common reactions to the idea are, "I always use a condom," or "I've never had any sores, therefore I don't have herpes" or even "I'm a top, I can't get herpes."

Unfortunately, the merit behind these statements will not earn you a badge when it comes to herpes prevention.

"Condoms are only 50 percent effective in stopping genital herpes transmission. The virus is spread by skin-to-skin contact from any region that boxer shorts normally cover, thus resulting in the high number of people contracting herpes each year," says George Froehle, community educator for the HIV Prevention Trials Unit in Seattle.

In the United States alone, that means 500,000 new cases of herpes transmission per year, according to herpes.com, a herpes awareness site. Already, more than 50 million Americans, or 20 percent of the adult population, have contracted genital herpes; among the gay community, the number rises to 40 percent.

Froehle stresses the importance of getting checked for HSV-2 by saying, "80 percent of people with genital herpes do not know they have it. Many people do not have symptoms and don't think to get checked."

In those who don't develop symptoms, such as sores on the genital mucosa, HSV-2 quietly lives in the base of the spinal cord. Though silent, the virus is far from dormant and can easily be transmitted through tactile contact with the genital areas.

HIV is far more difficult to contract than HSV-2, but because of the biology of the two viruses, they are able to complement each other to facilitate transmission.

With an open herpes sore on your penis, contracting HIV is an obvious danger for both tops and bottoms. Without a noticeable sore, the danger is still there -- just not as apparent -- and does not discriminate as to one's preferred sexual role or position.

If you would like to participate in this study, please call (206) 520-3800 or visit The University of Washington's Links Study.

From front page

their consent might not be sought or the test might be given in a place where privacy is not maintained, according to the *Journal*.

Both supporters and opponents of routine testing say that access to counseling and treatment for HIV is crucial to preventing the spread of HIV. According to Mastro, counseling, coupled with HIV antibody testing, leads to a 68% reduction in risky behavior that could lead to new HIV cases.

My next HIV-AIDS assignment: living it

By John-Manuel Andriote

For two decades I've written newspaper and magazine stories — and a book — about HIV-AIDS as it has robbed the health and lives of millions of people worldwide. Many were my friends. I chose this as my beat back in 1986, after I lost two friends in their 20s. It was the year that Bill, the man I loved, found out he was positive. I was afraid I might be infected myself. All around me, I saw a terrifying event unfolding. My role would be to tell the stories of the people the pandemic touched.

I started informing myself on every aspect of HIV-AIDS, reading the literature and interviewing activists, scientists and people living with the virus. And I reported the terrible physical and emotional suffering, the extraordinary acts of bravery and charity, and the amazing spiritual transformations I witnessed.

But despite all I knew, I never truly knew what I was writing about.

As a gay man, I wasn't a completely detached observer, because HIV-AIDS affected so many people close to me and in my community. Yet the stories I told were always "their" stories. I could watch and listen and share with readers what I saw and heard. Being HIV-negative myself, though, I had only a limited understanding of even my closest friends' experiences.

Until now.

Because now I'm not just a reporter.

Now I'm a reporter with HIV-AIDS.

I never expected to mark the 25th year of the HIV-AIDS pandemic by describing how my perspective has shifted, from observer to participant. The shift took place last Oct. 27, three weeks after my 47th birthday. My doctor called with the results of the blood work from my annual checkup. "I have bad news on the HIV test," he said.

I felt the ground fall out from under me. I'd probably written about this in other people's lives hundreds of times — people talking about a time before and a time after their HIV diagnosis. But now I knew that words — the words I'd wielded like a shield against the reality of what I was seeing and hearing — truly couldn't describe this moment of sickening self-awareness.

'NOW HE WON'T WANT ME'

I didn't know what to think. It was when I thought of Glenn, the man I was beginning to love — and the thought "Now he won't want me" hit me — that I

started to cry. I flashed back to the night I had reported on the protest at President Ronald Reagan's first AIDS speech, in 1987, when he stressed teaching "values" rather than methods of preventing the spread of HIV.

When I went to my doctor's office later that afternoon for more blood work, he advised me that it was pointless to try to pinpoint exactly how "it" had happened; better to focus on dealing with this new reality, he told me. But that reality seemed surreal; I felt so well.

I realized I was experiencing the same denial I had heard about so many times. I had convinced myself that a genetic fluke had protected me against the virus in the 1980s, and that the low-risk sex I practiced would keep me uninfected. I insisted on having another HIV test, telling myself that my results could have been mixed up with someone else's. How many times had I seen this desperate need to believe that the diagnosis was some kind of mistake — that "I did everything right, so how could this be happening to me?" — grip friends and acquaintances?

Then I saw the positive result. Even the reporter in me had a hard time believing it. I wrote in my journal that day, "Suddenly it's all as personal as personal gets — my very person, my body, my health, my life, my sense of security, my fears of illness and death." I wrote that; but I was only beginning to grasp it. Part of me was still the dispassionate observer, looking on, writing about somebody else's life.

PARADE OF FACES

Then, a week later, I received more shocking news. My tests revealed a relatively low viral load, likely indicating a recent infection. But the T-cells, the white blood cells that HIV infects and destroys, were also very low — only 198, compared with 600 to 1,200 in a healthy person. I knew what that meant. It was a fact I'd cited in so many stories. A T-cell count below 200 indicates a damaged immune system and risk of life-threatening infection. I knew that the Centers for Disease Control and Prevention considers a T-cell count under 200 an AIDS diagnosis.

I was floored, but my doctor said to forget all the images of suffering and death I had witnessed, because there is effective treatment today. He said that my counts would improve once I began medication — and that if I took it properly, I could expect to lead a healthy, even long, life. But a parade of faces passed before my mind's eye: once-handsome faces covered

continued on page 6

with lesions, atop the wasted shells of once-muscular bodies. I had cried for so many young men as I chronicled their stories. Their stories that were now my story.

I recalled the last weeks of Bill's life, when I visited him at the hospital each day after work. I used to feed him his supper and shave his face. I watched as his mind and his life ebbed away in April 1994 — two years before "combination therapy" and new drugs finally brought hope of living with HIV rather than dying from AIDS.

What medication could take away the anger I feel each time this country's religious right blocks comprehensive sex education for young people? There's no treatment for my outrage at those who claim they believe in a loving God but hate and abuse their gay children and relatives — then suddenly "discover" the HIV-AIDS pandemic because it also affects "innocent" children in Africa.

I was afraid of the potential side effects of the medication I would now have to take for the rest of my life. I knew they could range from insomnia and diarrhea to much more serious problems, such as diabetes or heart and liver disease.

Despite everything I knew about HIV, I found myself re-reading the most basic information, remembering what others with HIV had said about how information is power. This time I used my reporter's ability to ask questions for the biggest assignment I would ever have: staying alive.

MISSION: STAYING ALIVE

My insurance policy limits prescription-drug coverage to a mere \$1,500 a year; the medications I would need cost \$1,700 a month. So I searched the Internet and e-mailed friends in Europe looking for lower prices. When I found nothing, I scoured the Web sites of organizations that serve people with HIV-AIDS, feeling a new gratitude for their work. Suddenly groups such as the National Association of People with AIDS didn't seem like just sources of information for a story.

I contacted several people I knew from my years of reporting, to see what they could suggest about getting the treatment I couldn't afford on my own. I enrolled in a clinical trial at Whitman-Walker Clinic in Washington in which I would receive regular checkups and free medications for 96 weeks.

Four months of treatment have suppressed the virus to the optimal "undetectable" level. My T-cells remain troublingly low. But the nurses and doctor assure me that my immune system is rebounding.

In March, I asked my doctor for a sleeping pill for the insomnia that has been the main side effect of my meds so far. I also asked for a referral to a psychiatrist to find out why I'm always on the verge of tears. The psychiatrist said I'm feeling sad because my HIV diagnosis has challenged my understanding of who I am and my sense of where I'm going in life. He said I'm suffering, and it's natural to feel sad in the face of suffering.

So this is what the late bereavement therapist Judy Pollatsek meant when she trained Whitman-Walker's AIDS "buddies" in the 1980s, volunteers who provide care and support to very ill people with HIV-AIDS. Judy, whom I interviewed several times, used to say that for people with the illness, "grief begins at diagnosis." I had grieved for many others, but I had no idea how to grieve for myself.

I shared my news with close friends, who affirmed the view that HIV should not define me. But the thought of telling my family, particularly my beloved mother, tore me up inside. I felt as though I had let her down in some way.

KEEPING A SECRET

I have been open with my family for years about being gay, and they have always loved and accepted me. But I am the only son, the oldest child, my two sisters' big brother, my mother's Rock of Gibraltar. Since my father's death in 1989, I have felt I had to be strong for others. I never learned that it's OK to admit that I'm frightened or that I need to be loved. I think this is the biggest reason why I was able to be detached and clinical for so long in reporting on a subject as painful as HIV-AIDS, even as it broke my heart repeatedly.

And so I kept my secret from my family for months, acting as though having HIV was something shameful. Which of course I have never believed.

Looking at life through the eyes of an HIV-positive man, I'm seeing things in a new way. Now I know what the late Bob Edwards meant when I interviewed him for "The Survivors," my 1986 City Paper cover story about men whose partners with AIDS had died. Bob, who led a group of buddies for Whitman-Walker, told me how grief had made him more conscious of his own and others' feelings.

"You know what things mean," he said. "You have a real understanding of love, of things that will discourage and hurt you, of goodness and kindness — and the antithesis of those things. You don't tolerate people who say things like 'Oh, get over it.'"

STRAIGHT FROM HEART

I now feel a sense of healing within myself, as if living with HIV has helped me finally know that I'm loved and cared for. I'm learning to be present to my own suffering, and not to detach from my sadness.

When I finally shared my news with my mother in early April, she said to me, "Be brave, John." I've learned that brave people — like the many I have known and interviewed — are not without fear, but they do the right thing despite their fear. I'm able to be brave, and tell my story, because I have the love and support of family and friends.

I know too well that even 25 years into the HIV-AIDS pandemic, such openness can get a person killed in some parts of the world. And I know there are gay men in this country who will resist believing that my story could ever become their own.

I, too, did that. I told myself I was smart, cautious, perhaps even "spared" so I could bear witness as a reporter. But my perspective has changed. Now I understand what I've seen and heard from others. And I can only try to make those without firsthand experience understand — not by writing as a detached observer, but by writing straight from the heart.

*John-Manuel Androite is the author of
"Victory Deferred: How AIDS Changed Gay Life in America"
(University of Chicago Press)*

He wrote this commentary for the Washington Post

Hawaii prepares for flu pandemic

Western gate to U.S. has history of dealing with disease

HONOLULU, Hawaii (AP) -- Hawaii, both tourist mecca and western gateway to the nation, is ahead of many states in preparing for a possible global flu epidemic.

With thousands of tourists arriving daily, many from Asia, officials here were first to start an airport flu monitoring program. Experts say the state is "in the vanguard" when it comes to preparedness.

And no wonder. Hawaii's early history is filled with the ravages of disease after Captain James Cook arrived in 1778. Cook's crew and the Europeans who followed brought smallpox, measles and syphilis -- devastating to the islanders. Today the fear is over the potential for a deadly flu epidemic if the bird flu in Asia mutates into a form that is more dangerous to people.

"We are very concerned in Hawaii about the fact we are the western doorway to the United States," said Dr. Chiyome Fukino, director of the state Department of Health. "We see a large number of visitors ... and a good proportion of them are from the Far East where we know a good number of emerging diseases are originating."

The Honolulu airport's program to examine incoming passengers on a voluntary basis was announced in November, making Hawaii the first state to monitor airports for signs of bird flu or other flu viruses.

Officials also have plans for limited quarantines and amassed a supply of protective gear for doctors and nurses. Next month, the state will hold a seminar to help employers learn how a pandemic might affect their workers and businesses. Dr. Gregory Poland, director of the Mayo Vaccine Research Group at the Mayo Clinic in Rochester, Minn., said Hawaii authorities understand the danger posed by the disease.

"Very definitely you guys are in the vanguard, in the lead of state level and local level preparations," Poland said on the sidelines of a Waikiki conference convened to educate island nurses, doctors, police and others about pandemic flu. "I think you've crossed the biggest hurdle which I said is imaginability. People here seem to get it."

No one knows if there will be a global flu epidemic. But scientists and public health officials are worried about a deadly form of H5N1 flu that has killed millions of birds from Asia to Europe to Africa. Although it is not easily spread to people, about half of the nearly 200 who have caught it since 2003 have died.

If it mutates into a form more easily spread among people, it could unleash a deadly new type of flu.

In Hawaii, which has 1.3 million residents, there are an average of 171,000 travelers at any given time. About 20,000 people fly in each day.

Hawaii's airport plan calls for a nurse to take a swab from a potentially infected passenger on any plane, at the gate, or inside the airport. If tests show the traveler has the H5N1 variety, authorities are prepared to quarantine the entire jet. Officials are also ready to cordon off a gate or other section of the airport to isolate people exposed to the passenger. Still, officials know they won't be able to fully block the virus even with this approach because some people won't immediately show symptoms and won't be singled out for testing.

Containing flu as much as possible

Instead, the state expects the screening to alert officials to the presence of the illness so they can contain it as much as possible, said Dr. Sarah Park, deputy chief of the Health Department's disease outbreak and control division.

"You can't guarantee a 100 percent barrier. You need to think more in terms of how do we detect it and once it's detected, how do we control it," Park said.

During an outbreak, Hawaii expects to test 6,000 samples per day. That's enough for more than a third of Hawaii's population over eight weeks -- roughly the length of time experts estimate each outbreak will last before petering out.

If the next pandemic proves to be as virulent and deadly as the 1918 Spanish flu, the federal government estimates 90 million people will contract the disease and 1.9 million people will die from it nationwide.

Even if Hawaii is not the first state to suffer heavy losses, experts say it's vital that the islands be prepared.

Robert Kim-Farley, a professor at the University of California at Los Angeles School of Public Health, said Hawaii is right to get an early start because all 50 states will be too busy dealing with their own outbreaks to help anyone else if the disease strikes.

"A pandemic is a local emergency happening worldwide. It's something that has to be handled and dealt with on a local level," Kim-Farley said. "We will never be blamed for preparing too far in advance. We will be blamed, however, if we prepare too late."

Fight for your right to receive Medicare Drug Benefits administered by the government and not private companies who are the ones actually receiving the most benefit from the new Medicare D plans.

If you enrolled into the new Medicare Part D Prescription Drug Plans there are several ways I'd urge you to participate to make your voice heard if you've had any problems with your plan, enrolling in it or understanding it.

First, I want to let you know about the Part D Monitoring Project, run by the Medicare Rights Center, where I submitted my story of my experiences with the Medicare prescription drug benefit. The Medicare Rights Center wants to hear about other peoples experiences with the Medicare prescription drug benefit, too, whether they have happened to you or someone you know. With that information, MRC is going to push for better oversight of the drug plans and tougher rules on how they operate. This effort is crucial to making the case that what we really need is a government-administered Medicare drug benefit, not a benefit run by and for private companies. Please join the Monitoring Project by visiting <http://www.medicarerights.org/partdstories.html> to tell the Medicare Rights Center about your experiences with Medicare Part D.

If the above link does not work, please try the following link: <http://www.kintera.org/AutoGen/home/default.asp?levent=155622>

Second, the house Ways and Means Committee needs you to tell your story of your experience with Part D and tell your elected representatives that you want a Medicare Drug benefit. The stories of your experience. Of deceptive marketing by plans, of plans denying claims for the life-sustaining drugs and of plans overcharging for premiums and co-payments unmask the reality of Part D. The Medicare Rights Center has received over 1000 such stories through its Part D Monitoring Project. They all point to one solution—a drug benefit run directly by Medicare.

SUPPORT FOR LOW-INCOME HOUSEHOLDS

DURING JUNE, the state's Low Income Home Energy Assistance Program (LHEAP) will be accepting applications from individuals with household incomes and assets below a certain level who want to apply for a one-time credit on their electric bill to help pay for heating or cooling their home.

To apply, you must present your most recent, original electric bill (no copies) to one of the following Hawaii County Economic Opportunity Council (HCEOC) offices during the period **June 1 through June 30**. HCEOC will determine whether you qualify.

HILO	935-5219
PAHOA	965-9480
PAHALA	928-8335
HONOKAA	775-7207
KONA	322-3428



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**2ND ANNUAL HIHAF RUMMAGE SALE
IN HILO**

**TO BENEFIT OUR FOODPANTRY
SATURDAY, JULY 22, 2006**

**THE MOOHEAU BANDSTAND
(ACROSS FROM HILO MARKET)
7:00AM TO 1:00PM**

**DONATIONS FOR SALE NEEDED
(CASH OR FOOD DONATIONS ALSO GLADLY ACCEPTED)**

**DONATIONS MAY BE DROPPED OFF AT OUR
OFFICE
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16-204 MELEKAHIWA PLACE, KEAAU 96749
FOR SPECIAL ARRANGEMENTS TO PICKUP
ITEMS PLEASE CALL OUR OFFICE:
(808)982-8800**

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**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

The Hawai'i Island HIV/
AIDS
Foundation offices
will be closed
Monday
June, 12
King Kamehameha Day
&
Monday
July 3

June 2006

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

July 2006

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