

A large, stylized letter 'E' is the central graphic. It is composed of a white outline and a solid grey fill. The 'E' is positioned behind the main title and subtitle. The background of the entire page is a green and white pattern of overlapping, curved, textured shapes that resemble a stylized landscape or a map of the Hawaiian Islands.

HOICES

THE NEWSLETTER OF *the* HAWAII 'I ISLAND HIV/AIDS FOUNDATION

Funding Cuts
Treatment guidelines
Get Active...Move!

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MAR 2010

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FROM THE DESK OF THE EXECUTIVE DIRECTOR – March 2010

IMPORTANT – FUNDING CHANGES

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Greetings to all. We are coming to the end of our Ryan White year and I would like to share with you our present status regarding client services. As of March 31, 2010, we have exhausted all Ryan White Funding for year 19. For the very first time, the Grant Oversight Committee was not able to fund all requests made by clients. This was primarily due to the reduction in Ryan White funding by approximately \$10,000 this year. In addition, rising costs for health insurance, medication co-payments, and dental costs put more strain on this program than ever.

We have been informed by the State that they do not expect to know the level of Ryan White Funding to Hawaii before mid to late May. Thus we will be operating in the dark beginning on April 1, 2010 the beginning date of Ryan White year 20. The Foundation will be forced to fund basic Ryan White services for the month of April and May from other sources while awaiting the award. The Foundation may have to limit funding to medications, medical insurance and doctors visits during that two month period or beyond.

We have also been informed that our Ryan White award may be substantially less than received in prior years. One of the reasons for this decreasing funding has to do with the funding for the Hawaii Drug Assistance Program (HDAP). As of February 19, 2010, we were informed that restrictions were being placed on access to the HDAP program. This action was necessary because at the present rate of spending, adding new HDAP recipients would deplete the funding prior to the end of the Ryan White Year (19). These restrictions are basically creating a “waiting list” for drug assistance.

Depending on the level of funding provided in Ryan White year 20 for the HDAP program by the federal government, the state may be required to put more of the Title II funding into the HDAP program leaving less for use by the AIDS Services organizations for client care. Even if the HDAP program is fully funded, adding new recipients may not be possible.

In late December, 2009, Gregory House Programs (statewide housing for PLWA) were informed of a cut from the State of \$40,000 for their housing program. This cut most specifically affected clients receiving housing assistance in the neighbor islands.

In addition, our Neighbor Island Housing Program while fully funded is at its maximum capacity with a lengthy waiting list. Since NIHP is a short term housing assistance program we have advocated for and are receiving more spaces in the long term permanent Section 8 state housing program. Those clients on NIHP who qualify for Section 8 are required to take advantage of this long term housing option under the terms of our contract. It is our hope that more space will be created for clients on our housing waiting list to receive assistance as others transition to Section 8 housing. The NIHP is fully funded for 2 more years and we will, of course, apply for continued funding of this important program at that time.

As you can see many challenges face us, but don't lose hope. The Hawaii Island HIV/AIDS Foundation has worked diligently to provide the best possible services to each of you for many years. We are applying for more funding from private foundations, federal programs, and anywhere else new funding may be available. Our Board of Directors is working to develop new and innovative fund raising ideas and together we will work on solutions for the challenges that face us.

What we should keep in mind is that things are changing and will continue to change. With our economy in crisis it may take time for funding on the federal, state, county, and foundation level to stabilize. This may mean focusing our efforts on those items which save lives, medical care, medicine, and health insurance. Other items such as dental, mental health, non-HIV medications, etc. may not be available through this Foundation. We will seek other programs such as medication compassionate care to assist you. Together, we can move forward and continue to provide the safety net so necessary for survival for people with HIV/AIDS.

If you have any questions, please do not hesitate to call me. We are now, as we have always been, completely dedicated to your health and well being.

Georgie Kennedy, Executive Director

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.

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Editorial Policy

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

Contributions of articles and other materials for publication are encouraged and welcomed.

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Shifting the Starting Lines by Laura Whitehorn

Late last year, U.S., European and global HIV treatment guidelines all included new recommendations for when to start HIV meds. The trend is to begin earlier, but specifics vary—and questions remain. Below, a recap.

Stateside

U.S. guidelines, which previously suggested starting HIV treatment when CD4 counts fell below 350, have been revised to encourage people to begin when their CD4 counts are as high as 500. But guidelines committee members (researchers, clinicians and community activists) disagreed on whether to make the new recommendation “strong” or “moderate.”

Committee member Heidi Nass of the University of Wisconsin’s HIV/AIDS program in Madison told POZ, “If evidence fully established the benefit of starting [at CD4 counts as high as 500], we’d be looking at an A-1 rating. Instead, some feel this change is too much, too fast, with too little [evidence], while others feel that the data [already] justify putting the early start option on the table, to be sorted through between an individual and a doctor. As my own HIV doctor likes to say, ‘They’re just guidelines.’”

aidsinfo.nih.gov

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In Europe

While the European AIDS Clinical Society (EACS) still recommends starting meds at 350 CD4 cells or below, the guidelines now add that people who also have hepatitis, HIV-associated kidney disease or another organ illness should begin treatment when CD4s are as high as 500. The EACS guidelines also detail special HIV-treatment advice for people with heart disease and other medical conditions.

Europeanaidsclinicalsociety.org/guidelines.asp

In the Developing World

The World Health Organization (WHO) issued a new set of guidelines suggesting all HIV-positive people in the world’s poorer countries start treatment when their CD4 counts fall below 350. These recommendations replace the previous ones, which advised positive people with no symptoms to start meds when CD4s hit 200.

WHO.int/hiv/pub/arv/advice/en/index.html

What’s Missing

The new guidelines skirt some key considerations about when to start treatment. Two of these urgent issues:

Many Americans don’t discover they are living with HIV until they get sick—often when their CD4 counts are well below 350. For them, the new numbers mean little. The biggest question remains how to encourage people to get tested and into care early, increasing their chances of survival and offering them a wider array of options for treatment.

Gregg Gonsalves, of the International Treatment Preparedness Coalition, says the new WHO recommendations could result in more people vying for the same pool of medication. There are not enough meds to go around already; treating all positive people with 350 CD4s could create further shortages for those who are critically ill. “Millions of people eligible for antiretroviral treatment under the old WHO guidelines—because they have clinical symptoms or CD4 counts below 200—still cannot get access to this lifesaving medication,” Gonsalves told POZ. “While the new WHO guidelines make sense clinically, those who are sickest should remain the first priority for AIDS treatment.”

POZ Magazine

Treatment

Female Condom

A new female condom, FC2, is now available in the United States. Like the older FC1, this prophylactic is inserted into the vagina. Female Health Company (FHC), which makes both, says FC2 costs less and is less noisy during intercourse than its older sister.

Some people say female condoms are rarely used in the states. But we know different—because we listen to you. Here's how POZ readers—both women (for whom it's approved) and men—review the original FC1. (If you try FC2, tell us how it measures up.)

THE WOMEN SAY:

"[My partner] enjoyed the sensations better [with FC1] than with the male condom. But the semihard ring that inserts into the vagina pinched and made me bleed."

"I like the female condom. But that ring prevents oral sex, and it's kind of uncomfortable using a dental dam [at the same time]."

"[FC1] was okay except that it produced a sound at the peak of the act that did not please me or my partner."

THE MEN SAY:

"I could put it in ahead of time so the mood wasn't interrupted. But it seemed to loosen up once it was in, which could be a problem during rough or fast sex."

"For anal sex, I found it less restrictive than a male condom."

"With regular condoms, I can't maintain an erection. But I have no problem when using the female condom."

Rubber Soul

A compassionate condom company sexes up the fair trade movement.

Saving the world probably isn't the first thing that springs to mind when unwrapping a condom, but the U.K.-based French Letter Condom Company is helping you protect not only yourself and your partner, but also the livelihood of workers and families around the world.

Laborers on rubber plantations across the globe often face exploitation, poor social protections and unethical management practices, so French Letter obtains its latex through Fair Deal Trading, an organization that pays latex producers a fair trade premium for their services. This premium helps improve the quality of life for workers and their families, granting them access to health care, livable wages and safer working conditions.

"Often, the marketing of condoms is very laddish and pretty tasteless," company owner Martyn Buckley told POZ. *"We wanted to do something that was a bit grown-up, funky and ethically focused as well."*

Better yet, French Letter condoms contain no animal-derived ingredients. Vegans rejoice!

Olympic Organizers Distribute 100,000 Free Condoms in

Vancouver The International Olympics Committee is distributing 100,000 free condoms in Vancouver and operating HIV/AIDS information campaigns to promote safe sex among the Winter Games' 7,000 athletes, coaches, trainers and officials, msnbc.com reports.

According to the article, free condom distribution at the Olympics can be traced back—at least—to the 1992 Summer Games in Barcelona. In 2000, organizers at the Summer Games in Sydney ordered 70,000 but needed an additional 20,000 when their supply ran out. The 2008 Summer Games in Beijing upped the order to 100,000 condoms, each of which featured the Olympic motto, "Faster, higher, stronger," on the wrapper.

Also at the 2010 games, the U.S. Curling Association, in partnership with Kodiak Technology Group, is introducing the Hurry Hard condom. Bearing a cartoon curling stone on the package along with the slogan, "Be smart, stay safe," the Hurry Hard condoms are named after a phrase curlers chant to encourage teammates to sweep the ice faster. Proceeds from condom sales will benefit USA Curling and HIV prevention programs in Monterey County, California.

Eat soup for a healthy day **by Emily Bender**

It's a rainy day and I am feeling like I might be coming down with something. All I want to eat is a nice bowl of soup. Soup is so comforting and nourishing, it's the perfect food when you are feeling a little cold, a little down or a little sick.

I grew up thinking that I didn't like soup. As an adult I realized that this was because my mother fed me only canned soup, which is practically salty enough to kill the plants in your garden. This had two effects on me: 1. I thought all soup was really salty (read yucky—I've never liked salty things) and 2. Soup must be hard to make. Both of these assumptions are completely false, of course. Soup one of the easiest and most satisfying things to make—and of course you can salt it to taste.

Nutritionally, soups can be a powerhouse of minerals, fiber and protein. Slow cooking of lots of vegetables releases their nutrients into the liquid, making them easy to absorb. You can easily add culinary or medicinal herbs to a soup to boost its health benefits.

A good soup needs a good stock as a base. You can easily make your own chicken or vegetable broth at home. Slow cooking poultry or meats with the bones releases proteins, minerals and other compounds into the stock. Here's how I make chicken stock. Put a whole chicken (and a couple of other legs and thighs if you have a very large pot) in a large stock-pot. Add the vegetables – the amounts are not important - carrots, celery, ginger, garlic, onions, then salt to taste, add herbs, and pepper. Fill the pot with water and bring it to a boil. Reduce heat and simmer for as many hours as you have. I try to do at least 7 hours, but sometimes I have only 2 or 4. It still tastes good. The longer it simmers, the more intense the flavor. Let cool and strain out veggies and chicken. Freeze what you aren't going to use in the next week.

You can use the chicken to make curry, chicken pot pie, or enchiladas. To make veggie stock, put a bunch of veggies in a big pot with water, herbs and spices as desired. Bring it to a boil, reduce heat and simmer for as long as you have. I don't suggest putting broccoli or cauliflower in your stock, but most vegetables are good: summer and winter squash, cabbage, fennel, potato, dandelion greens, etc. If you want to increase the immune boosting properties of either kind of stock, you can add shitake mushrooms and/or a couple of slices of astragalus root. Thyme is also beneficial if you have a cold. Fresh burdock root is a nice addition to a stock and it supports the liver and skin.

Now that you have your stock, how do you make it into soup? My general theory of soup is: use what you have available. I often make soup if I don't have enough of any one thing to make a dish. If you have celery, fennel and zucchini in your fridge, a good stock and a couple of cloves of garlic, there's your soup. If its carrots, ginger and turnips, that works, too. Have fun. be creative. Make some unusual combinations. You just may discover a new and exciting soup no one has eaten before.

Emily is a Certified Nutrition Consultant practicing in Fairfax. Visit her website: www.gourmethelping.com.

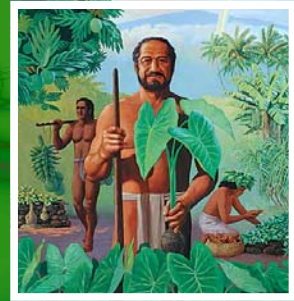
Lesbian, certified nutritionist and out-and-proud carnivore Emily Bender answers your questions about healthy eating....Gay nutritionist Emily Bender, M.A., N.C., is a Bay Area certified nutrition consultant specializing in tailored gourmet nutritional plans for LGBT individuals and families. She offers in-office and telephone consultations.



HE MOKU ALEULEU

District of ragamuffins

Said by Kamehameha's followers of Ka'u and Puna because the people there, being hard working farmers, lived most of the time in old clothes.



Limerick Contest

A limerick is a five-line poem written with one couplet and one triplet. If a couplet is a two-line rhymed poem, then a triplet would be a three-line rhymed poem. The rhyme pattern is a a b b a with lines 1, 2 and 5 containing 3 beats and rhyming, and lines 3 and 4 having two beats and rhyming. Some people say that the limerick was invented by soldiers returning from France to the Irish town of Limerick in the 1700's.

Limericks are meant to be funny. They often contain hyperbole, onomatopoeia, idioms, puns, and other figurative devices. The last line of a good limerick contains the PUNCH LINE or "heart of the joke."

Submit an ORIGINAL limerick to CHOICES

Win a Gift card to local market.
One winner each,
east side & west side.

Judges panel has final choice.
All limericks will be published
where deemed acceptable.
Contest ends May 12, 2010
LIMERICK DAY

A flea and a fly in a flue
Were caught, so what could they do?
Said the fly, "Let us flee."
"Let us fly," said the flea.
So they flew through a flaw in the flue. -Anonymous



Exercise: Get Active

Physical exercise doesn't just give your heart a workout; it also produces a cascade of chemical changes in your body that benefits your whole health.

Exercise can help regulate blood sugar and reduce blood vessel inflammation. In HIV-negative people it is well known that regular exercise increases HDL levels. In a couple of small studies in people with HIV, regular exercise also decreased triglyceride levels to a modest degree.

There are two types of exercise: aerobic (think jogging) and resistance (think weight training). Both can help improve heart health and keep you fit into older age. Not only do aerobic and resistance exercises burn excess calories, but they also improve the way your body metabolizes food and processes cholesterol and blood sugar. Exercise also affects your mood. One study comparing a popular antidepressant drug to an exercise program found them equally effective at alleviating depression.

At minimum, for heart health, the AHA recommends 30 minutes of moderate-intensity physical activity on most days of the week. And this type of exercise doesn't require a gym membership—simply take a brisk walk and keep up your heart rate for at least half an hour.

Two sources for more information on exercise are the Centers for Disease Control and Prevention (CDC) and the National Institute on Aging. Some recommendations from these two agencies include:

- Before starting a new exercise plan, always consult with a health care provider to ensure that you are physically well enough to engage in the physical activity you are planning.
 - The CDC's standard guideline recommends that adults get a minimum of 30 minutes of moderate-intensity physical activity per day on most days of the week, or a minimum of 20 minutes of vigorous-intensity physical activity three days a week. The guidelines also recommend doing some sort of weight-bearing exercise two days a week.
- Examples of moderate-intensity activities include taking basic dance classes, actively playing with children, playing golf and walking the course, raking leaves, walking at a brisk pace or jogging/walking combinations.
- Examples of vigorous-intensity activities include jogging or running, swimming laps, playing tennis or bicycling at more than 10 miles per hour.
- Weight-bearing activities can include doing push-ups and lifting weights.
-
- Keep in mind that some gyms, health insurance plans and AIDS service organizations offer fitness discounts to people living with HIV.



Physical Health

We need more info about how HIV affects menstruation and menopause—and positive women can help provide it.

As she entered menopause nine years ago, Denise Drayton had questions. Would her HIV-positive status influence the way her body responded to hormonal changes? Could she treat the symptoms of menopause the same way an HIV-negative woman could? How might HIV affect her postmenopausal life and body?

“I wanted to find out about HIV and menopause, but there was nothing out there,” Drayton says. Even her doctor couldn’t provide much information.

Knowledge about how HIV affects menstruation has changed over time—not unlike life with HIV itself. The Women’s Interagency HIV Study (WIHS), one of the oldest (since 1993) and largest efforts to examine HIV and women, is an example. Initially, menstrual irregularities were a chief complaint of participants, suggesting some interaction between female hormones and the virus. “But [further research showed] it wasn’t so much HIV as other cofactors causing the problems,” says Susan Cu-Uvin, MD, professor of ob/gyn and medicine at Brown University in Providence, Rhode Island. “If you [eliminated] IV-drug use, alcohol and psychotropic drug [use, you saw that] it wasn’t really the HIV.”

Those findings matched results of other older studies, done when few treatment options were available and many participants had AIDS. As HIV meds became widely available, women’s menstrual irregularities seemed to disappear.

“[Today] we have a better grasp of factors associated with abnormal menstrual cycles: substance abuse, AIDS, wasting disease—it relates more to overall nutritional status,” says Kristine Patterson, MD, clinical assistant professor at the University of North Carolina School of Medicine in Chapel Hill. “If the body doesn’t have enough fat, production of estrogen and progesterone shuts down,” Patterson says. This can happen anytime a woman loses too much weight, and it is exacerbated by advanced HIV disease, which causes the body to burn calories more rapidly.

L. Jeannine Bookhardt-Murray, MD, medical director for Harlem United Community AIDS Center in New York City, still sees lots of menstrual irregularities among her patients. “The majority of the women have other issues, though,” she says. “They’re underweight, they may be using drugs.” Bookhardt-Murray tries to identify the cause of the menstrual problems and treats them the same ways she would for a woman who doesn’t have HIV. She checks for fibroids if heavy bleeding is the problem, say, and may prescribe oral contraceptives to even out menstrual cycles.

But Bookhardt-Murray is now seeing signs that HIV may indeed influence hormonal changes. “I do see that women with HIV tend to go into menopause earlier than others,” Bookhardt-Murray says, and that mirrors the results of a few small studies. Other questions follow. “When you’re postmenopausal, you’re at increased risk for cardiac disease, diabetes, etc., even without HIV,” Cu-Uvin says, adding: “Are positive women [who are] aging going to have more osteoporosis and diabetes?”

Bookhardt-Murray treats these problems as she would in negative women—and for now, seeing a doctor who works to identify and treat symptoms may be as valuable as knowing precisely how HIV affects these symptoms.

Researchers do know, however, that female hormones affect the virus—and that sex hormones generally have an impact on immunity. “We know that where a premenopausal woman is in her menstrual cycle affects her infectiousness,” Patterson says. “Estrogen plays a role—not only in HIV and the interplay of HIV and meds, but also in [the likelihood of] women transmitting and acquiring HIV.” Estrogen’s role may explain why women progress to AIDS at lower viral loads than men. “It’s not uncommon to see a woman with a viral load [as low as] 10,000 and a CD4 count of 200—with AIDS. That’s less commonly seen in men,” Patterson says. “And women lose CD4 cells at different rates.” Estrogen’s specific role in CD4 loss is still under study.

Patterson also points out that for negative women, aging increases the risk of contracting HIV. “Postmenopausal women are probably at a greater risk of acquiring HIV with a smaller number of sexual encounters, or [with] a partner who has controlled HIV, because of physiological changes in the vaginal tract,” she says. “There are fewer natural secretions; there may be small abrasions.” Those changes might also make positive women more vulnerable to other sexually transmitted infections.

MEET THE STAFF & BOARD MEMBERS OF HIHAF

The HIHAF Staff/Board Interview

Kathy Kuharski, Board member

Started June, 2007



What is the last movie you saw AND enjoyed? **Julie & Julia**

What would the menu be for your comfort meal? **Breaded Pork chops, dressing & country gravy**

What profession other than yours would you like to attempt?

Own my own restaurant

What drew you to this job and what keeps you here?

Helping the cause.

What is your favorite thing about your job?

Knowing that I may be helping a bit.

What is your least favorite thing about your job?

Budget cuts.

What would be a favorite quote or motto?

Just do it!

Name something you want to try but are afraid to do.

Bungie Jump.

What is a sound that you love to hear?

The waves crashing.

If Hawai'i is first where is a second place in the world you would like to try living?

Bali.

That's why Bookhardt-Murray makes every effort to make sure all her patients are using condoms—at every age. "We have to get older people to realize [condoms] aren't just for pregnancy prevention," she says. "It's a different education on condoms after their periods are over."

These issues will become more pressing in coming years—and more possible to study. "This is the first generation of aging HIV-positive women," Cu-Uvin says. "There's no other cohort you can look at." A few years ago, she designed a study on the interactions of ARVs and hormone replacement therapy, but she had trouble getting participants.

Denise Drayton would have appreciated knowing the results of such a study as she started menopause. As it turned out, she had little difficulty: some irritability and a few mild hot flashes.

For answers, we need the government to fund long-term studies—starting now. "Individual independent researchers can look at snapshots, but it will cost millions to follow women over time," Cu-Uvin says. And convincing women to participate in those studies is still a challenge. "Gay men have [historically] wanted to be part of HIV advances. Women are less advocates of their own disease," Cu-Uvin says. "But we need women to join those studies. There won't be answers if you don't volunteer."

Self-Care Tips

For HIV-positive women with—or without—hormonal irregularities

Stay on top of your health—don't put off regular visits to the ob/gyn.

- If you're nervous, take a trusted friend to the doctor's office with you.
- Be prepared to bring up your hormone-related symptoms if your provider doesn't ask—and talk freely, providing details.
- Ask specifically about getting hormone levels checked if you are experiencing irregularities.
- If you don't feel that your provider is communicating well, consult a patient advocate.
- Take care of yourself: Exercise regularly, eat well and get at least seven hours of sleep nightly. Exercise has been shown to help ease some symptoms of menopause.
- Consider enrolling in studies of women and HIV to help find answers—and improve the lives of all positive women.

Here's recipe for Carrot and Celery root soup that can serve as a model.

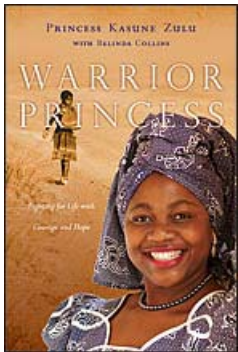
Carrot and Celery Root Soup

1 clove garlic or 1 leek
1-2 Tbs butter or Olive oil
2 teaspoons chopped fresh ginger
4 large carrots, chopped
3 stalks celery, chopped
1 celery root, peeled and cubed
2.5 cups chicken or veggie stock
1 teaspoon ground cumin
Salt and pepper to taste



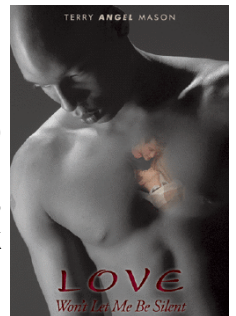
Place butter, garlic and ginger in a cold soup pot. Turn on the heat to medium low and sauté until tender. Add the rest of the ingredients. Cover. Bring to a boil, then reduce heat and simmer until carrots and celery root are tender, 30-40 minutes. Puree soup in a blender or right in the pot using a hand blender. Add more water or broth to achieve desired consistency. Serve plain, or with crème fraiche, sour cream, cheddar cheese or sunflower seeds. Enjoy!

POZ Picks-Winter Reads by LaToya Johnson



Warrior Princess: Fighting for Life With Courage and Hope (InterVarsity Press, \$22)
Growing up in Africa, Princess Kasune Zulu watched her parents and sister die of AIDS-related illness. When she learned she, too, was HIV positive, Zulu chose to be a victor—not a victim. Celebrate her strength by reading her story.

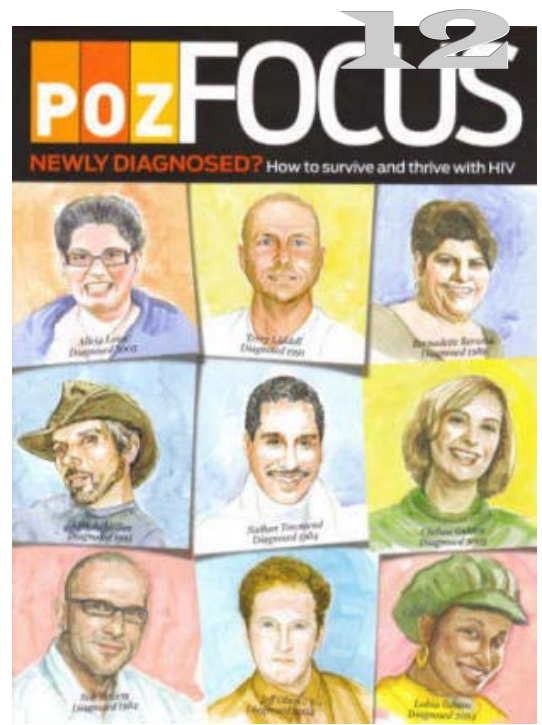
Love Won't Let Me Be Silent (Baker and Taylor Publishing, \$17.95)
In this stirring collection of articles, short stories and romantic poetry, author and staunch AIDS advocate Terry Angel Mason shares his often wrenching experiences as an openly gay, HIV-positive black man.



Face to Face: Children of the AIDS Crisis in Africa (Hope Publishing House, \$39.95)

This collection of stories and photos by Karen Ande and Ruthann Richer brings you face to face with children struggling to grow up amid poverty and HIV/AIDS in Africa. A picture may be worth a thousand words, but these will leave you speechless.

Cómo Trabajar con Tu Doctor



Lo primero que tienes que hacer después de enterarte de que eres VIH positivo es establecer una relación con un proveedor de atención médica.

No sólo necesitarás a alguien con experiencia en el tratamiento de personas con VIH, sino que también querrás que sea alguien con quien te sientas cómodo al conversar. Tu relación con todo tu equipo de atención médica jugará un papel importante en tu salud.

Tu proveedor de atención médica puede ser un médico (MD, por sus siglas en inglés), un osteópata (DO, por sus siglas en inglés), un asistente médico (PA, por sus siglas en inglés) o un enfermero (NP, por sus siglas en inglés). Las enfermeras, trabajadores sociales, nutricionistas y farmacéuticos también juegan un rol importante. Pero el que está a la cabeza del equipo médico eres tú, y es importante que juegues un papel activo para que tengas la mejor atención médica posible. Para conseguirlo, debes sentirte en confianza para compartir tus miedos con los expertos y hacerles las preguntas que quieras. También significa aprender sobre el VIH y su tratamiento.

“Después de que me diagnosticaron, busqué y comparé entre varios proveedores de atención médica hasta que encontré uno con quien podía ser sincera y honesta”, dice Regan Hoffmann, editora en jefe de POZ. Sabía que para recibir el cuidado que necesito de mi proveedor debía comunicarme con él o ella sin miedo ni vacilaciones. Por ejemplo, cuando se me hizo difícil tomar mi régimen de medicamentos, se lo dije inmediatamente; y mi doctor me cambió a un régimen con menos efectos secundarios y menos pastillas. Como resultado, omití menos dosis de mis medicamentos diarios y evité volverme resistente al tratamiento.

“Lo único que me ayudó al principio fue el excelente doctor que me recomendaron. Él es un amor y se preocupa mucho por mí”.

—Alicia Lowe

Diagnosticada en el 2002

Como elegir un proveedor de atención médica

Es importante encontrar a un proveedor de atención médica con experiencia que respete tus necesidades y con quien puedas hablar de manera sincera y con honestidad. Encontrarlo cuesta trabajo. Un buen lugar donde comenzar es la American Academy of HIV Medicine. Ellos certifican a los proveedores como especialistas en VIH y mantienen una base de datos de expertos (aahivm.org). Los supervisores de casos que trabajan en organizaciones relacionadas con el SIDA también pueden ayudarte. Eres el jefe de tu caso, por lo que está bien “entrevistar” a diferentes doctores hasta encontrar uno con quien te sientas cómodo.

Preguntas que debes hacer-te para elegir a un doctor:

- *¿Te sientes cómodo tratando temas como tus conductas sexuales?*
- *¿Respetan tus preguntas o preocupaciones?*
- *¿Te explica las cosas de manera que las puedas comprender?*
- *¿Está relacionado con especialistas (dermatólogos, psicólogos y nutricionistas)?*



The
HIHAF
Offices will be closed:
Friday
March 26
For
Prince Kuhio day

Need Water?
fill your jugs at
our offices. Its
purified and
free.



Questions about meth?
Check out these sites

Crystal Meth Anonymous
<http://www.crystalmeth.org>
213-488-4455 (HOTLINE)

CrystalRecovery.com
<http://crystalrecovery.com>

Tweaker.org
<http://www.tweaker.org/>
info@tweaker.org
415-487-3114

CrystalNeon.org
<http://www.projectneon.org/>

KnowCrystal.org
<http://www.knowcrystal.org/>
info@knowcrystal.org

Notice to Clients

Due to the current economic hardships most of us are encountering, Hawai'i Island HIV/AIDS Foundation thought it would make sense to allow one client to shop for another client on an *alternating weekly* basis. What this means is one person *is not always* shopping for the other and we can continue to see our clients on a regular basis. This will save on transportation costs and encourage cooperation amongst all who participate.

To take part in this new program, please see David at the Hilo office or Gene at the Kona office to sign a Shopping Authorization.
Mahalo

8 a.m. till 2 p.m.
PINES PLAZA

This sale benefits the
Hawai'i Island HIV/AIDS
Foundation's
Food and pantry
Programs.

Please:
come shop
Donate
Volunteer

Call Gene at: 331.8177



The Upscale sale

Saturday, March 20th
Our

BETTER-THAN-RUMMAGE-SALE

- Collectibles
- Antiques
- Artwork
- New items

One-of-a-kind, amazing, fabulous things you have always longed for but haven't bought before.

(ok, maybe not THAT exciting)
But still great stuff

▶ April 2010

International Guitar Month, Keep America Beautiful Month, National Anxiety Month, National Humor Month, National Welding Month, National Garden Month, and Uh-Huh Month

Sun Mon Tue Wed Thu Fri Sat








					1	2	3 Picabo Street (38)
4  Easter	5	6	7 No Housework Day	8	9	10 	
11 	12 David Cassidy (59)	13	14	15 	16	17	
18 	19	20 Look Alike Day	21	22 Earth Day	23	24 Chipper Jones (37) 	
25	26 Carol Burnett (76)	27	28 Kiss Your Mate Day	29	30		

▶ March 2010

March is . . . Foot Health Month, Humorists Are Artist Month, National Furniture Refinishing Month, National Frozen Food Month, National Noodle Month, and National Peanut Month



Sun Mon Tue Wed Thu Fri Sat

						
	1 National Pig Day		3	4 Chaz Bono's BD (40)		6
	8	9 PANIC Day	10	11 	12	13
14 Kirby Puckett (48)	15 		17 St. Patrick's Day	18	19	20 The Upscale Sale
21	22 Joan Crawford (105)		24	25 	26 Prince Kuhio Day Closed	27
28	29	30	31			