



# CHOICES

THE NEWSLETTER OF HAWAII ISLAND HIV/AIDS

November-December 2004

## Running strong: Senior HIV-positive marathoner Richard Apocada keeps on going

by Marke Bieschke

Richard Apodaca is a 61-year-old HIV-positive fitness nut and community activist who went from being bedridden with AIDS to running major marathons -- and contributing an amazing amount of energy to health awareness and AIDS meds distribution programs. As a GLBT senior, he's also gone great lengths to break many of the stereotypes the community has about seniors, especially HIV-positive ones. He recently completed the San Francisco Chronicle Marathon and was honored by Mayor Gavin Newsom with the naming of "Richard Apodaca Day" on August 1.

**You came back from a serious HIV health crisis to run in 14 marathons and become a champion of many charitable causes, culminating in this month's San Francisco Chronicle marathon. That's a big turnaround.**

Tell me about it! Five years ago I was sent home to die. My viral load was 1 million and my T cell count was nine. I thought that was it for me. Then one of my doctors contacted me about this new drug that came out of the whole cocktail thing called Fuzeon. Rather than attacking the virus itself, he said, Fuzeon fuses with the body's cells to prevent HIV from invading them.

At first I was reticent. You have to inject it twice a day, and at that time I was so sick of all the drugs I was taking that it seemed like a headache. But I tried it anyway, and within six months my energy totally started to come back. I went through a whole winter without bronchitis -- something completely new for me. I was so used to having to stay in bed that I was a virtual encyclopedia of "Days of Our Lives" trivia. Suddenly, my T cell count was in the triple digits and I was actually hungry! I wanted to get out there in the world. I go around now telling guys about how Fuzeon helped me, and that it's nothing to be scared of.

### From being in bed all day to running marathons?

Well, all that started when I decided to run the AIDS Marathon in Honolulu. I wanted to find a way to thank the people who had helped me out over the years, and also show them how far I'd come. I was never a really big jock, so running for six hours was a big deal for me. It felt like a great accomplishment when I finished. Then I couldn't get enough. I ran 14 marathons -- and then the one in San Francisco, during which I received a proclamation from Mayor Gavin Newsom that officially named August 1 "Richard Apocada Day" in recognition of all my work on stuff.

Besides running marathons, I've worked a lot in South Africa, setting up meds distribution centers and working with "rape virgins" -- young girls who've been raped by HIV-positive men, because the superstition over there is that that will cure you of AIDS.

Continued on page 3

### CONTENTS

HIHAF	2
Cover story cont.	3
News	4
Nutrition	5
Case Managers	6
Notices	7
Calendars	8

## CHOICES

is a publication of the  
Hawaii Island HIV/AIDS Foundation  
75-240 Nani-Kailua Dr. Suite 5  
Kailua-Kona, HI. 96740  
Phone: 331-8177  
Fax: 331-0762  
E-mail: hihaf@hihaf.org

P.O. Box 6129  
Hilo, HI. 96720  
Phone: 981-2428  
FAX: 981-2429

Georgie Kennedy/Executive Director

### Staff Hilo

Kaiulani Carvalho/Office Manager  
Kate Nawahine/Benefits Specialist  
Cindy Medeiros/Shelter coordinator-Medicaid  
Lenard Allen/HIV Counseling-Testing  
Jeff Seyfried/Prevention Services to PLWH  
Cyd Hoffeld/Prevention for Women & Teens  
Daron Scarborough/Outreach  
Mark Meurs/Treatment Advocate

### Staff Kona

Wing Takakuwa/Treatment Advocate  
David Braaten/Benefits Specialist  
Lisa Jacob/Women's Prevention  
Keoni Castillon/Outreach Worker  
Gene Smith/Client Services-P4P  
Wes Smith/Office Manager  
Ginny Cohen/Fund Development  
Devin Awong/Youth Coordinator  
Barry Theixos/Administration Assistant  
Dennis Walsh/Administration Assistant

### BOARD OF DIRECTORS

Dr. Anne-Marie Muramoto/President  
Dr. James Stanley/President-Elect  
Barbara Zacchini/Secretary  
Melissa Geiger/Treasurer  
Philip Hema  
Scott Dodd  
Victor Manongdo  
Sharon Kensinger  
Joanne Iritani

### Editorial Policy

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

## Hawai'i Island HIV/AIDS Foundation

### Mission Statement

The Hawaii Island HIV/AIDS Foundation is a non-profit organization dedicated to assisting those affected by HIV/AIDS to maximize their quality of life, and to ending the spread of HIV. We also utilize the lessons learned in the HIV epidemic to care and advocate for others in the fight against related diseases.

### Vision

To build a healthier, stronger, and more sustainable community that supports all its members with a focus on HIV issues.

### Core Values

**Responsiveness:** To people with HIV/AIDS and their families and to the prevention education needs of the community.

**Accountability:** To our consumers, funding sources, and the community at large.

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

**Diversity:** To embrace the philosophy of "inclusiveness".

**Collaboration:** To establish and maintain partnerships within the community that maximizes resources and decreases duplication of services.

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

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

If your ship  
doesn't come in,  
swim out to it!

Johnathan Winters

From front page

Most recently I've been in Central America with Aid4Aids, helping to distribute meds donated by people here who don't need them anymore. Because Africa and Asia get so much attention, there are very few resources for poorer people in places like Costa Rica. I try to get people here to realize that if they go on a meds holiday or develop an immunity to an HIV drug, the drugs they're not using can be donated to others who need them.

### **What's next?**

Next, I run in the New York Marathon -- the mayor invited me -- and then the Boston Marathon. After that, I'll be giving up marathons to train for triathlons.

### **How does it feel to have an entire day named after you?**

I can't begin to tell you how wonderful it is. It's been like a rolling stone -- just getting better and better.

The best thing about it is that it's really helping with my next project -- opening a clinic for obese children in the Mission neighborhood of San Francisco, to provide them with good, healthy breakfasts and lunches. Every morning I run past



McDonald's and Burger King and they're absolutely packed with kids whose families are probably too busy or can't afford to pack healthy meals. The idea grew out of my work with teens at the Mission Health Center

### **Describe your daily fitness regimen.**

-- I hear some of their stories about getting beaten up or having their lunch money stolen because they're "too fat." It made me want to do something. Because of all the exposure I've gotten, we've already enlisted some major contributors and name athletes to be involved.

### **Do you prefer the term "senior" or "mature person"?**

I get up at 4 a.m. and do some Pilates, then head to the gym for a Pilates, rowing and bicycling workout until about 8 a.m. Then I run six or seven miles home and have brunch, after which I do errands or whatever. Then I spend the rest of the day bicycling or running some more and finish off with some weight training in the evening. I do this six times a day. On the Sabbath I rest.

### **As a senior, especially an HIV-positive, GLBT senior, do you feel the need to fight any particular stigma against people your age?**

Well, there seem to be two factors that need to be addressed. One is that, with people like me, old just isn't old anymore. I remember my grandfather retiring when he was 64 -- and that was when 64 was *old*. Nowadays -- and especially with people like me, where drugs like Fuzeon are helping people turn their lives around -- 61 is like 51, or even 45. There's no need for many people to just give up at that age and go on cruises and eat themselves to death in a rocking chair. So the whole age thing is a different ballgame these days. The other thing is about how seniors look at themselves -- especially those like me who have come back from the brink. AIDS has serious effects on a body, and those who've lived through it can look emaciated or worn out. It can be intimidating for people like us, who suddenly have energy and a will to improve ourselves, to walk into a gym full of buff, healthy-looking people. I think that may be one reason why you don't see too many seniors like me working out. But there are ways around it. I've worked with my gym, Club One in San Francisco, to set aside certain times in the evening where seniors can feel more welcome and meet others. It's definitely a start.

### **Do you have any particular message about HIV that you're concentrating on sending to people?**

Oh, yes. Two of them actually. One is, don't give up. I almost did, and the Fuzeon turned me around, and now I have a second chance. But the larger message is that having HIV is still not a good thing. Sure, you can read about all these things I've done, but you don't see me on the days when I can't keep my meds down or I feel awful. The virus is so smart, and it's important not only to exercise and get the proper nutrition, but also to remain faithful and vigilant to the meds routine that your doctor prescribes. The virus is always there, waiting to take advantage of you, so you always have to be on guard against it and try to stay as healthy as possible.



## Infection Rate Increases in U.S. Women

The proportion of new

HIV cases among women in the United States is increasing at the fastest rate in the world, according to a study by the United Nations Development Fund for Women.

The percentage of U.S. female HIV cases climbed from 20% in 2001 to 25% in 2003 (actual amounts rose from 180,000 to 240,000). About 80% of the new infections in women were in African-Americans and Latinas.

A separate study by researchers at the federal Agency for Healthcare Research and Quality found that HIV-positive American women with private insurance are prescribed anti-retroviral drugs far less often than their male peers. Only 39% of such women were prescribed anti-HIV drugs, compared to 71% of HIV-positive men with private insurance.

U.S. women were also shown to be about half as likely as men to be prescribed newer, more expensive anti-HIV medications.

*hivplus Magazine—October 2004*

## Report links many syphilis cases among gay men to oral sex

A report published this week by the Chicago Department of Public Health shows that about 20% of the newly diagnosed syphilis cases occurring among gay men in the city from 2000 to 2002 were linked to oral sex. Overall, about 14% of new primary and secondary syphilis cases in the city among both heterosexual and gay men and women in the city were linked to oral sex, according to the study, which was published in the October 22 edition of the Centers for Disease Control and Prevention publication *Morbidity and Mortality Weekly Report*. About 20% of the gay and bisexual men in Chicago infected with syphilis from 2000 to 2002 reported having had only oral sex. Of the gay men exposed to syphilis through oral sex, 54% also already had been diagnosed with HIV infection, 32% were unaware of their HIV serostatus, and 14% had received negative HIV antibody tests. The researchers say that while oral sex does carry significantly lower risks for HIV infection, many people falsely believe it to also poses lower risks for all other STDs, including syphilis. They call on health departments to educate at-risk communities about the danger of acquiring syphilis through oral sex and to urge the use of condoms for oral sex.

## Rare STD crops up among gay men in London

The United Kingdom's Health Protection Agency has identified an outbreak of a rare sexually transmitted disease--shigellosis--among gay men in London. The STD is caused by the bacterium *Shigella sonnei*, and can cause severe, prolonged, and sometimes bloody diarrhea. The STD is particularly serious for HIV-positive people, health experts say. The HPA is investigating 14 cases of shigellosis reported among gay men since the beginning of August in London, primarily in north London. Many other gay men in the city are believed to be infected with the STD, says Paul Crook, the HPA's consultant on communicable disease control. Similar outbreaks of shigellosis have been reported in the past few years among gay men in the United States, Canada, the Netherlands, Germany, and Australia. Researchers in Australia linked their outbreak to men who visited sex clubs and bathhouses. German researchers say nearly all of the men who contracted shigellosis during a 2001 outbreak in Berlin did so through oral-anal contact.

Shigellosis is commonly transmitted by ingestion of the *Shigella sonnei* bacterium, which appears at high levels in the feces of someone infected with the STD. Sexual infection can occur when even microscopic amounts of bacteria-laden feces are ingested through oral-anal contact ("rimming"). Exposure to the bacterium also can occur through fingering or fisting, touching sex toys that have been used in the anus, and coming into contact with fecal matter when removing a condom after anal sex. Other symptoms of the STD include stomach cramps, fever, nausea, and sometimes vomiting. HIV-positive people who contract the disease can also experience arthritis, joint inflammation, or long-term diarrhea. U.K. health officials say gay men can avoid the STD by not engaging in rimming with anonymous sex partners and by washing their hands after sex, after using the toilet, and before eating or preparing food.

The shigellosis outbreak is the third STD outbreak identified during the past three weeks among gay men in London. Health officials have previously reported outbreaks of hepatitis A and lymphogranuloma venereum--an unusual form of chlamydia--among gay men in the city.

# Fiber May Help Prevent Lipodystrophy

By Theresa Kinsella, M.S., R.D., C.D.N.

Many HIV+ people are concerned about lipodystrophy. Lipodystrophy refers to the following body changes:

- Lipoatrophy (fat loss especially in the face, arms, legs or buttocks)
- Lipohypertrophy (fat gain especially around the waist or behind the neck)
- High cholesterol and triglycerides (too much fat in the blood)
- Insulin resistance (high blood sugar levels)

The exact causes of lipodystrophy are not known, but it could be due to HIV medications or HIV itself. There are not many treatments available for people who already have lipodystrophy.

But HIV+ people who do not have lipodystrophy may be able to prevent some of the problems listed above by eating a high-fiber diet and leading a healthy lifestyle.

A research study compared the diet of HIV+ men who developed fat around their waist to HIV+ men who did not experience fat gain. The men who did not develop fat:

- Ate significantly more fiber and protein
- Performed more weight-bearing exercise
- Smoked less

**Plus, a high fiber-diet and exercise improve cholesterol and blood sugar levels. Try to eat 20 to 35 grams of fiber each day. To get enough fiber into your diet:**

- Eat at least two servings of fruit each day. Choose whole fruit over juice. Add fruit to cereal, oatmeal or yogurt. Carry an apple or banana for a snack.
- Eat a minimum of three servings of vegetables per day. Combine slices of vegetables with bean dip, yogurt dip or low-fat dressing for a snack. Make a large healthy salad and keep it in the refrigerator to have with your meals. Keep frozen vegetables like broccoli, cauliflower and spinach in the freezer to add to your dinner when you don't have the time to buy fresh.
- Choose whole-grain foods such as oatmeal, whole-wheat bread, brown rice, barley and whole-grain cereals.
- Add garbanzo, kidney and black beans to salads, omelets and whole-wheat pasta. Try bean dips like hummus as spreads for veggie sandwiches on whole-wheat pita.

## Sample Meal Plan 2000 calories, 45 grams of fiber

### Breakfast

- 3/4 cup Cheerios and 1/2 cup Kashi Good Friends cereal
- 1 cup skim or soymilk
- 1 small orange

### Lunch

- 1 cup lentil or black bean soup
- 12 baby carrots with 1 tablespoon low-fat dressing for dipping
- 1/2 whole-wheat pita with 1 tablespoon hummus
- 1 apple cut into slices with 2 tablespoons natural peanut butter

### Snack

- 1 cup nonfat yogurt mixed with slices of banana

### Dinner

- Salad with 1 cup spinach, 1/4 cup garbanzo beans, 1/2 medium tomato, 1 tablespoon chopped walnuts and 2 tablespoons olive oil based salad dressing
- 3/4 cup whole wheat pasta, 1/2 cup broccoli, 1/2 cup spaghetti sauce, 3 ounces tuna or canned salmon
- 1 cup skim or soymilk

ACTIVE NUTRITION

*Theresa Kinsella, M.S., R.D., C.D.N., is Director of Nutrition for Betances Health Center in Manhattan.*

## **To Toss or Not to Toss That is the question.**

December and January mark the season when SSA provides an updated benefit letter to recipients of both Social Security Disability Income (SSDI) and Supplemental Security Income (SSI). Copies of these letters are needed for income verification for some programs at the Foundation. So, if your answer was "to toss", please pass along a copy to the Foundation before you toss it! So much easier to do it upon receipt than try to dig for it next April.

David Braaten, Kona

Please contact your physician's office ASAP to schedule your Flu vaccine. There is a national shortage of vaccine due to problems with the British manufacturer. HIV positive individuals should NOT use the nasal version of the Flu vaccine.

Thanks,  
Mark

Mark D. Meurs, PA/CM  
Hawaii Island HIV/AIDS Foundation

## **Drugmaker will submit three generic antiretrovirals to the FDA**

Indian generic drugmaker Ranbaxy plans to submit three generic HIV antiretroviral drugs to the U.S. Food and Drug Administration by the end of the year so that the medications can be purchased and distributed through the five-year, \$15 billion President's Emergency Plan for AIDS Relief. The company also will resubmit the drugs to the World Health Organization by the end of the year for inclusion in WHO's list of prequalified HIV treatments. The generic drugs--two different fixed-dose combinations of 3TC, d4T, and Viramune, and a two-drug combination pill of 3TC and AZT--had been dropped from the WHO list in August after inspections showed labs testing the drugs failed to meet international standards of clinical and laboratory practices.

Ranbaxy hopes the drugs will be available for use in WHO's "three by five" program, which aims to have 3 million HIV-positive people worldwide on antiretroviral therapy by the end of 2005. If approved by the FDA, the drugs also would be available to treat poor HIV-positive people in 15 developing nations through PEPFAR. The federal program to date has refused to buy generic drugs because they haven't been through the rigorous FDA approval process. The generic drugs will not be available in the United States

# *Notes*

*from the*

## *Case Managers*

High fiber diet may be helpful in preventing lipodystrophy . Lipodystrophy includes a number of changes in body fat that may occur with HIV medications and possibly HIV disease itself. Individuals on a high fiber diet experienced fewer problems related to this than those not on a high fiber diet. A high fiber diet is very beneficial for everyone, regardless of their HIV status. It has been shown to lower cholesterol, improve blood sugar, and reduce the incidence of colon cancer. Try eating brown rice, oat-meal, and more fresh vegetables. You may also substitute fresh fruits for fruit juice. Beans and bean dips are also high in fiber  
SEE ARTICLE ON PAGE

Mark D. Meurs, PA/CM  
Hawaii Island HIV/AIDS Foundation

## **WORLD AIDS DAY**

**WEDNESDAY, DECEMBER 1**

**HILO**

**5 PM**

**AT**

**LILIUOKALANI  
GARDENS SUMO RING.**

**REFRESHMENTS**

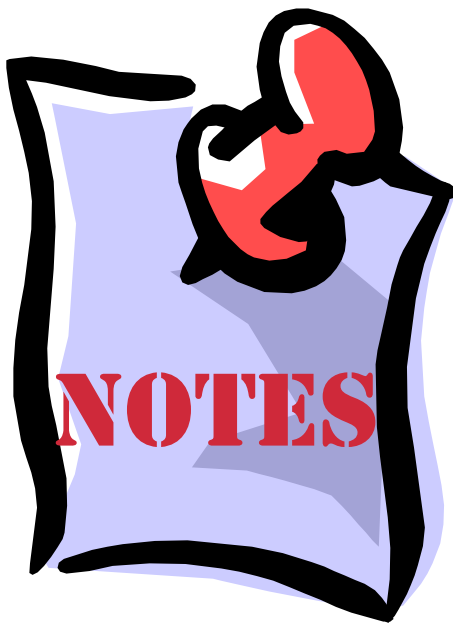
**CALL 981-2428 FOR INFO**

**KONA**

**5 PM**

**KONA UNITED  
METHODIST CHURCH**

**CALL 331-8177 FOR INFO**



## Leave a Legacy

When you evaluate your estate planning, please consider remembering the Hawaii Island HIV/AIDS Foundation in your will. Your gift will help support our Services to our clients.

As always, we have purified water available. Bring your own containers to fill

Thank You

The Rummage sale took in over \$1000.

Special thanks to:

Jim & Dennis & Ace & Megan  
Barry & Georgie & Wes  
David & Wes & Ginny & Paul  
Lisa & Wing & Dan & Devin



## The Hawai'i Island HIV/AIDS

Foundation offices  
will be closed

**Thursday**

**November 11**

**For Veterans' Day**

\*

**Thursday & Friday**

**November 25 & 26**

**Thanksgiving**

\*

**Friday**

**December 17**

**Staff Function**

\*

**Friday**

**December 24**

**Christmas**

## Taste of Life

Friday, November 19

**King Kamehamehas**

**Kona Beach Hotel**

At the

**Luau Grounds**

**Fantastic Food**

**Auction**

**Music**

**Call 331-8177**

# November 2004

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

# December 2004

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 World AIDS Day	2	3	4 Anuenue Potluck
5	6	7	8	9	10 HILO Office Warming & Wellness Day	11
12	13	14	15	16	17 Office Closed Staff function	18
19	20	21	22	23	24 Office Closed	25
26	27	28	29	30	31	