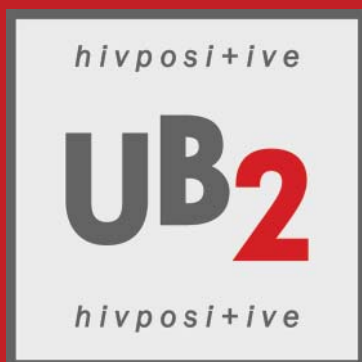


The Mission of TEN is to provide education & information for HIV-positive individuals in Colorado; striving to empower individuals to be proactive in their mental and physical health and well-being. The newsletter is a peer-based collaborative effort, and we encourage material written by poz individuals; our goal of being "by the community, for the community." We believe that "knowledge is power" and individuals can learn from each other by sharing their experiences.

WINTER 2016
VOLUME X, ISSUE I



HIV is now a chronically managed infection. The disease which still needs an effective treatment is STIGMA.

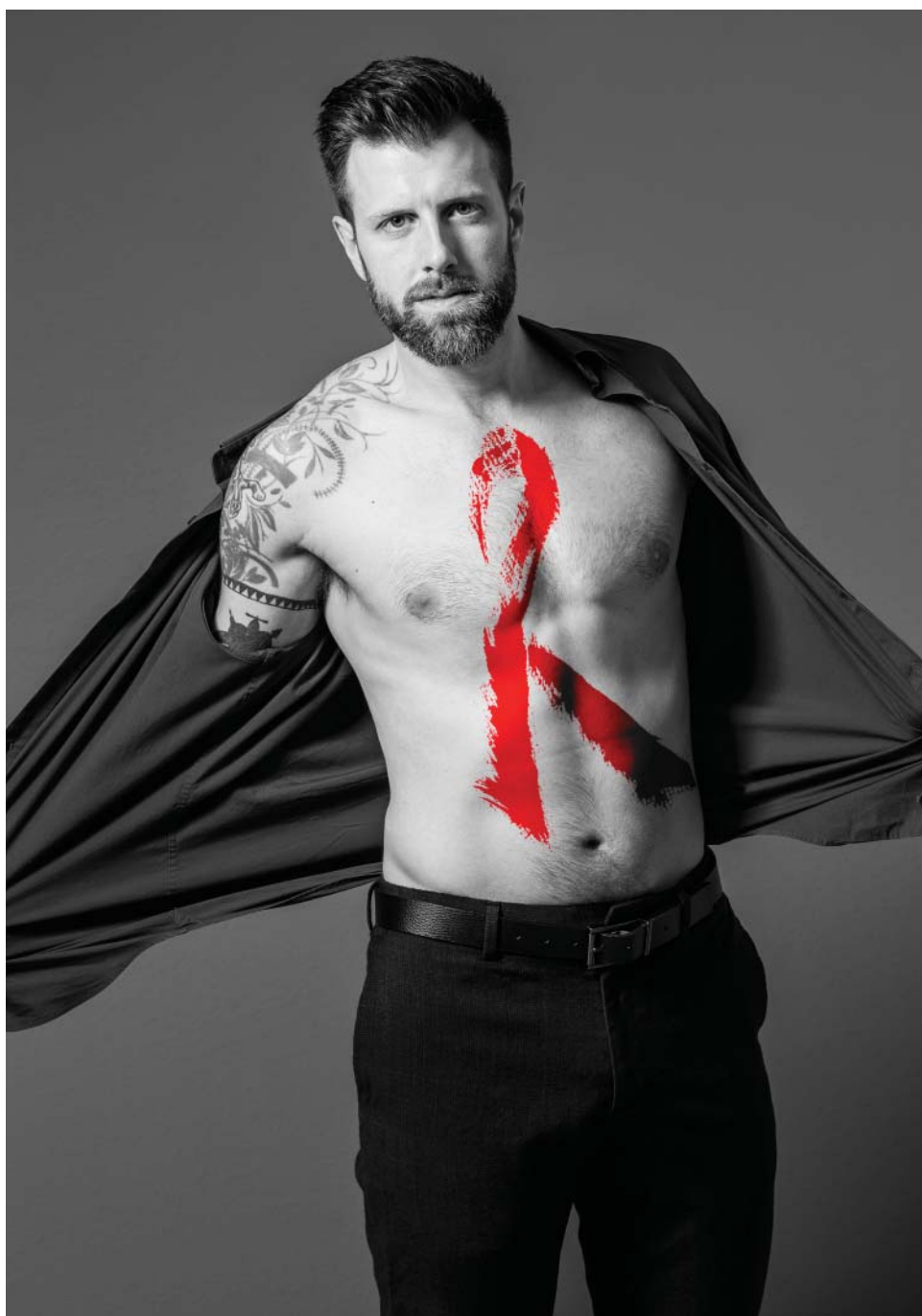


TEN and Positive Impact
(a gay poz men's social & support group) collaborate & support each other on various events & programs.



www.ontheten.org

The Newsletter of Treatment Education Network—TEN



Scott's photo by JR Moore * facebook.com/JRMoorephotography * modelmayhem.com/Jrmoorephotography

Proudly Poz. UB2.
by Scott McGlothlen

story next page

Proudly Poz. UB².

(continued from cover)

"I would rather get cancer than get HIV," a Facebook friend had told me while chatting online. He lives in Germany and we had never met. But after seeing my openness about my status on the popular social networking site, he felt he could talk with me about it. "Isn't that crazy?" He wrote, fully aware of his own irrationalities. It is indeed a crazy thought. However not an uncommon one.

Like most of us, when I originally got diagnosed with HIV the first thought that crossed my mind was "death." After getting told repeatedly that my health would be fine, my next thought was, if nothing else, I would at least die of loneliness.



Charlie Tredway, New Zealand
One of 16 HIV Advocates to Watch in 2016
courtesy of PLUS Magazine
from Mark S King
www.MyFabulousDisease.com

"It's just not really the type of thing I tell people," another friend told me while we were working out. Even though he lives here in Denver, we originally met on Facebook as well. He hadn't ever mentioned his status when we chatted online. He only felt comfortable talking about it after I casually commented on mine. "I just want them to get to know me first." It surprised me to hear this from such a seemingly confident and sexy man.

Like most of us, when I originally got diagnosed I seemed to forget about all of the other wonderful qualities I possessed.

The fear of how other people may perceive me, as an HIV positive person, consumed my ability to interact honestly. That potential for judgment kept me from being my most authentic self.

If Facebook does one thing extremely well, it echoes the many ideas (crazy or not) that ensue our culture. Clearly with all of the medical advancements we have made (undetectable status for positive people and PrEP for negative people), the stigma still rears its ugly head & keeps the HIV virus thriving. People get scared, don't get tested, and mistakenly pass on the virus. Years ago, I realized my own silence would keep that vicious cycle going.

Apparently opening up about my HIV status to everyone was somewhat of a revolutionary thing. Not only did I receive an overwhelming amount of support, but the negative reactions barely seemed to exist. I am sure that some people said hurtful things behind my back. But with everyone else calling me names like "hero" and "brave," the disapproving flack suddenly didn't concern me much anymore.

I wasn't being fearless. I just didn't let the fear stop me. And I realized that the more pride I took in being a strong, healthy HIV positive man, the more praise I got. But even better, I was creating awareness. Both HIV naive and newly diagnosed people alike turned to me for help. Eventually I went on to write a successful column about poz life and even spoke alongside the mayor in front of thousands of people for AIDS Walk.

I continue to try to throw myself under the HIV bus in bold and exciting ways. This year for World AIDS Day, I opted for something a little more sexy (whether I am actually sexy or not is debatable). Luckily I had already worked with an incredibly talented photographer. He was more than happy to help me take one image and recreate a Superman-esque display of my HIV status. Because let's face it, sex sells. And dammit, I am selling a cause, selling awareness, and selling a fight... even if it is at my own expense. I took the image right back to Facebook where the chaos and confusion seems to openly reign. The response was extraordinary.

Gandhi once said "As a man changes his own nature, so does the attitude of the world change towards him. ...We need not wait to see what others do." And I realized the poor bastard was right. If we want to see social change, then that change has to begin within us. And if we, as HIV positive people, want to stop the stigma, then we need to stop stigmatizing ourselves.

EDITORS NOTE: Hey Guys this is the type of study/research the community has been asking for. Please consider participating, it's really quick and easy!

Looking for HIV+ individuals to participate in a research study on Lipodystrophy Syndrome

Purpose:

Antiretroviral Therapy (ART) has increased the length and quality of life of HIV+ persons. However, as individuals with HIV live longer, chronic diseases that occur at increased rates have become a major health concern. Individuals on long-term ART often have metabolic abnormalities including hypertriglyceridemia, low high-density lipoprotein cholesterol, and insulin resistance. Furthermore, they can develop lipodystrophy syndrome, which is characterized by loss of fat tissue from the extremities and face, and accumulation of fat in other areas. We have found that people with HIV have a highly different composition of bacteria in their gut, including a loss of bacteria that protect against diet-induced metabolic disease in mice. This study will determine whether this change is related to a high prevalence of metabolic disease.

Volunteers:

- > HIV+ individuals, 18-65 yrs old, non-obese
- > Either not currently on antiretroviral therapy (ART naïve or off therapy for 6 months or greater)
- OR- on effective ART and undetectable for 6 months or greater.
- > Enrolling subjects with lipodystrophy, and also persons without lipodystrophy (as control comparisons)

Participation involves:

- > 2-3 clinic visits
- Visit one: Physical exam and screening for lipodystrophy
- Visit two: Collection of a blood sample and filling out a Questionnaire concerning your typical diet
- > All participants will be asked to donate a single stool sample, collected at home and returned by mail

Participants will be compensated for their participation.

Contact Christine Griesmer at: christine.griesmer@UCDenver.edu * 303-724-0762

www.HIVcruise.com

12th Annual Poz Cruise Oct 29 - Nov 6 2016



Sailing round trip from Fort Lauderdale, FL
Eight nights for the price of seven!

Grand Turk • La Romana • Aruba • Curacao

Rates for an inside cabin begin at only \$629* plus port tax. All rates are per person based upon two sharing a cabin.



2016 HIV Retreat at Shadowcliff July 7-10

Shadowcliff Lodge
Grand Lake, Colorado

A 3-day weekend retreat in the mountains.

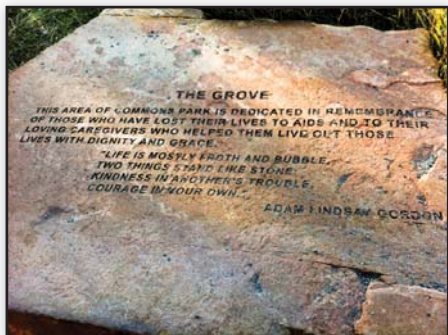
More information and registration at:

www.OnTheTEN.org/retreat
or 303.7777.208

early registration now open

AIDS GROVE EFFORT

A few members of the LGBT community brought to the attention of leaders from AIDS-service organizations and community-based organizations involved in a collaborative advocacy group, Colorado Organizations Responding to AIDS (CORA), that an AIDS Grove exists



just to the south of the greenery of Commons Park on 15th/Platte in Denver. Within a two acre Denver Park, among cottonwood trees and native grasses, sits a few scattered benches, paths, and two engraved rocks.

In the early 1990s, a man dying from AIDS, Doug McNeil, pitched an idea to a few close community members for Denver to have an AIDS Memorial where folks who had lost loved ones to HIV/AIDS could come to grieve, find peace, tranquility, contemplation and presence of mind.

(continued on page 8)

UB₂ UB₂ UB₂ UB₂ UB₂ UB₂ UB₂ UB₂

Treatment Educat10n Network—TEN

Save the Date !

UB₂

Mountain Weekend

(aka Mountain SIN)

September 22-25

* Shadowcliff Lodge *

* Grand Lake Colorado *

- ❖ Hike in Rocky Mtn National Park
 - ❖ Road excursion on Trail Ridge Road in RMNP
 - ❖ Rocky Mtn Repertory Theatre "Million Dollar Quartet"
 - ❖ Boating
 - ❖ Bowling, Putt-Putt Golf
 - ❖ Fishing, Bicycling
 - ❖ Campfires, Elk Bugling
 - ❖ Group games & activities
 - ❖ Hot Sulphur Springs
- (all activities are optional)

Arrive Thursday afternoon/evening, depart Sunday late morning

More info: www.ontheten.org/UB2weekend



UB₂ Happy Hour

**Second Friday
of every month
6-7pm**



Meet **upstairs** at
Skylark Lounge
140 S Broadway

SE corner of S Broadway & Maple Ave

First drink is free if you have never attended before!



2015 Poz CRUISE MEXICO 8-15 NOVEMBER

STILL REFUSING TO DATE HIV+ GUYS?

Matthew Hodson (of UK-based gay men's health charity GMFA) explains why arguments for not having sex with gay men who are HIV positive make little sense – and could actually pose a danger for those who are HIV negative. 08 April 2015 @AOLmosPhotos

I've been living with diagnosed HIV for many years. In that time I've had my share of sexual and romantic rejections on the basis of my HIV status. While these don't make up any of my happiest memories, I've tried to take it on the chin. I've always been a firm believer that individuals have a right to work out the sexual strategy that is right for them—and that included rejecting people on the basis of their HIV status. But, you know what—I've had a change of heart. It's bullshit. Firstly, as a safer sex strategy, it just doesn't work. We've known for some years now that someone on treatment is very unlikely to pass on the virus. How unlikely? Well you're more likely to be infected from sex using a condom with someone who isn't on treatment than you are to be infected from sex without a condom with someone who is on treatment and has an undetectable viral load. So when someone says that they're going to avoid John because he has HIV (and is on treatment), and then runs off with Jonah, whose status is unknown, they're taking a far bigger sexual risk. Then there's the idea that you ditch the condoms with the one you settle down with—but you don't want to do this with a poz guy (despite the fact that treatment makes transmission very unlikely). It sounds great in theory but even if you've done the responsible thing and tested together, a negative test result just relates to that moment in time. Monogamy is great, don't get me wrong, but it can fail. The truth is most HIV infection is a result of sex with someone who doesn't know their status. If you've dumped some hot guy because he was responsible, got tested and told you his HIV status,

you could be just opening yourself up to some other, far greater risk. If you're worried about an HIV-positive partner getting sick or dying then it's time for you to realize that it's now the 21st century. Life expectancy for people with HIV who are diagnosed when their immune system is still robust is expected to be more or less the same as anyone else's. Some studies even suggest we may live a bit longer than our negative brethren (only because we're always going for check-ups so any other conditions are likely to be detected earlier). Or maybe there's still some lingering sense that people with HIV are unclean or unworthy? Please. It's a virus, it's not a moral judgment or a matter of personal hygiene. Sure, you can find some guys with HIV who are—shall we say—socially generous, but you'll find the same in the HIV-negative community. And the same goes for personal hygiene. It's a pretty poor state of affairs if you think the stigma is going to rub off on you—surely that's a just call for us all, whether we are HIV-positive or negative, to work together to challenge stigma? I want people to be able to have open and honest discussions about HIV and about what they know or suspect about their own status. I think it's vital if we're going to reduce new infections and challenge stigma. A blanket rejection of anyone with HIV means that fewer men feel able to be open and honest and this provides a foundation for on-going ignorance and fear. Avoiding sex or a relationship with someone just because they're living with HIV isn't a good strategy: it won't prevent you from becoming HIV-positive, it won't reduce the number of new infections and it contributes to an unacceptable caste system within our communities. It's time to say, 'enough'.

Matthew Hodson is the Chief Executive of GMFA. This article is Matthew's own opinion and not necessarily the view of GMFA as an organization. This article first appeared in FS Magazine.

FS relies upon funds from the community.

To support FS, visit www.gmfa.org.uk/donate.

A SOCIAL & SUPPORT GROUP FOR HIV POSITIVE MEN

Positive Impact

JOIN US
EVERY TUESDAY
FROM 6-9PM

NEW LOCATION!!!
4242 DELAWARE ST.
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POSITIVE IMPACT AND THE DENVER ELEMENT ARE
PROGRAMS OF MILE HIGH BEHAVIORAL HEALTHCARE
WWW.THEDENVERELEMENT.ORG



Positive Impact is The Denver Element's social and support group for HIV+ gay & bisexual guys in the Denver area. We host a weekly social group including anything from group discussions, to movie nights, game nights, social mixers and outings; with food, snacks and beverages provided. We created Positive Impact to provide a place for HIV+ gay/bi guys to get together and just be themselves without worrying about the stigma of their status. Our events are casual and low key so everyone can feel comfortable. Positive Impact meets every Tuesday from 6:00-8:30pm at 4242 Delaware St. We would love to see you there!

Poz and interested in joining in some of our activities?
Email us at: info@TheDenverElement.org or call
720.514.9419. To be placed on our invitation list, shoot
us a text- **TheELEMENTPoz** to 313131
All information remains confidential.

***HIV is now a chronically
managed infection. The disease
which still needs an effective
treatment is STIGMA.***

\$2.2 BILLION AWARDED TO RYAN WHITE HIV/AIDS PROGRAM

by Rina Marie Doctor, Tech Times | November 2 2015

<http://www.techtimes.com/articles/101909/20151102/2-2-billion-awarded-to-ryan-white-hiv-aids-program.htm>

Ryan White was a teenager who was diagnosed with AIDS back in the 1980s. Now, his HIV/AIDS Program under the US Health and Human Services has been awarded \$2.2 billion in funds to enhance disease management.

The U.S. Department of Health & Human Services (HHS) announced on Saturday, Oct 31 that it will award \$2.2 billion to the Ryan White HIV/AIDS Program for the fiscal year 2015-2016 so as to help states, organizations, and local communities in the fight against HIV/AIDS. The awarded fund is a testament of the agency's support to the coordinated and in-depth care system to guarantee that essential care tools, services, and medicines continue to be available to more than 500,000 people diagnosed with HIV or AIDS in the US

The HHS department responsible for the Ryan White Program is the Health Resources and Services Administration (HRSA), which offers varied care and treatments that assist and maximize favorable prognosis as part of a US public health response to the disease.

"Over the last quarter century, the Ryan White Program has played a critical role in the United States' public health response to HIV," said HHS Secretary Sylvia M. Burwell. She added that the funds will instigate a change among the most vulnerable populations, who have insufficient medical care coverage or finances. James Macrae, acting administrator of HRSA said that in the last 25 years, the Program has paved the way for patients to move across the HIV care continuum, which is a strategy that aids communities in planning and providing emergency and long-term health services. He added that 81 percent of the patients under the program were preserved in care and 78 percent were virally subdued. "This improves clinical and public health outcomes by preserving health, extending life expectancy, and reducing HIV transmission."

Ryan White was a 13-year-old student, who was kicked out of his Indiana school after being diagnosed with AIDS in 1984. He contracted the disease after undergoing transfusion of contaminated blood. His doctors told him that he had six months to live but surprisingly survived for another six years. During the 1980s, little was known about AIDS. Aside from that, social stigma was very strong hence, the school feared that White could cause health risks to his fellow students, teachers and other school staff. At present, medical professionals believe that White would not pose hazards to other students due to his disease. HIV and AIDS is stereotyped to be a disease for homosexual males. White's story contributed to breaking this stigma. After 25 years, Ryan White continues to live on and help raise awareness and funds in the battle against HIV and AIDS.



UB₂

Mountain Weekend

(aka Mountain SIN-ners)

17-20 September 2015



AN HIV+ MUSICAL COMEDY WEB SERIES
WATCH 10 MINUTE EPISODES AT: WWW.MERCETV.COM

"MERCE IS FUNNY, ENDEARING, AND HAS THE LOW BUDGET APPEAL OF AN EARLY JOHN WATERS ROMP."

— MARK S KING, THEBODY.COM

"THINK SEINFELD WITH HIV" — SHAWN DECKER, POZ.COM



5 TIPS ON DATING AND HIV DISCLOSURE

Dating is hard. Disclosing your HIV status doesn't have to be.
by Tyler Curry, June 17 2015

Dating is hard for anyone, but dating with HIV can seem like attempting advanced mathematics with just a foggy understanding of arithmetic. All of a sudden, you're expected to discern the correct formulas and grasp the complex equations that come along with mixed-status—also known as serodiscordant—dating and relationships. When is the right time to disclose? How does one discuss sex and safety with one's partner? And so on and so forth.

And you're just like, "sero-what?"

HIV certainly doesn't make finding the right person any easier. But with these five tips, you can at least get through the dating and disclosure process relatively unscathed, regardless of his status.



1. If you make HIV a big deal, so will he.

If you are not comfortable with HIV, he probably won't be either. Conversely, if you are matter-of-fact about your status and what it means to be safe, chances are he

will be more at ease with it as well. Don't think you always need to have a face-to-face discussion or plead with him to date you despite your status. Don't make it a big deal, and don't apologize as if you had done something wrong. A well-written text message to let him know will often suffice.



2. The earlier the better.

You don't want to become invested until you know he's worth investing in. So don't waste your time getting to know someone who could potentially be the kind of jerk who would reject you over

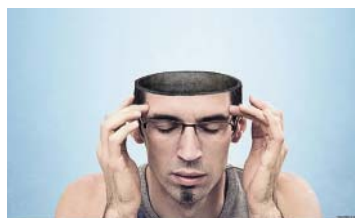
your status. You are worth more than that. And if he rejects you, he isn't worth your time. If you tell him before you ever sit down for dinner and he decides against a relationship, you haven't lost a thing. And you still have time to make new plans.



3. It takes a village.

If you have yet to find the courage to disclose to your family and friends, you can forget about starting a good relationship with someone new. A healthy support system is essential to any

successful romantic configuration, regardless of status. You need to be able to talk to your friends about your dating hang-ups and hesitations. And the fear of disclosure is no exception. Get comfortable with the people who are already in your life before trying to add someone to the mix.



4. Go in without any expectations.

Always remember, you are better off alone than with someone who would judge you for your status. If you have a hard time remembering that, tattoo

it on your arm. No matter how lonely you think you may be, a relationship with the wrong person, especially a judgmental person, is always worse. If he has a negative reaction to your positive status and acts like a total jerk, consider yourself lucky to have dodged a bullet. It would have only gotten worse.



5. HIV stigma has nothing to do with you.

If someone is the type of guy who would reject you over your HIV status, no amount of good looks, charm, or personality will convince him otherwise.

His reasons for running away have nothing to do with you and everything to do with his fears of HIV. If there is a time to educate, it is in the beginning of a relationship. Waiting until the third or fourth date to disclose could make him feel as if you are trying to trick him into being with you. If he is still terrified, let him run and be thankful that you don't have to live in a world where the boogeyman still exists.



POZ ROMANCE POZ DATING POZ ROMANCE POZ DATING

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www.positivesdating.com
www.positivelove.com
www.gaylife.about.com
www.thepositiveconnection.com




Disclaimer: TEN is not endorsing or recommending these websites, nor have we vetted any of them for credibility and legitimacy. As with any dating site, common sense caution should be exercised.



We're building GBQT community
one potluck and heart circle at a time,
and we want you in the circle!



www.manreach.org

AIDS GROVE EFFORT

(continued from page 3)

A small group of like-minded folks worked tirelessly to secure a piece of land where this could happen. In August 2000, the AIDS Grove as it is now was dedicated with one inscription: "This area of Commons Park is dedicated to the remembrance of those who have lost their lives to AIDS and to their loving caregivers who helped them live out those lives with dignity and grace."

CORA has decided to lead a community-wide effort, 16 years later, to rededicate the AIDS Grove. First and foremost, publicity about the fact that the Grove even exists must take place. Second, a core group of folks involved in the design since its inception, in addition to CORA members, and some LGBT leaders and advocates, will develop historical documentation of its formation and develop ideas to reinvigorate the space. The hope is that a rededication ceremony in May, 2016 during International AIDS Candlelight Memorial month would happen.

(continued on page 12)

UB₂ UB₂ UB₂ UB₂ UB₂ UB₂ UB₂ UB₂

VOLUNTEERS NEEDED SUNDAY FEBRUARY 14 PRESIDENTS DAY SUNDAY!

(WE'LL NEED EXTRA VOLUNTEERS)

Volunteers are needed to pour beer at the
Wrangler Charity Beer Bust on Sunday Feb 14.

Proceeds will benefit
Treatment Educat10n Network (TEN) programs
(including the Retreat at Shadowcliff)

Please volunteer by email or phone:

ontheten@gmail.com

or call 303.7777.208

THE DENVER
WRANGLER

17th St and Logan, Downtown Denver, Colorado

Those of you who cannot volunteer for
whatever reason, PLEASE PLEASE
come down, buy a cup, and enjoy!

Invite your friends and post on social-media
to enjoy the beer bust while supporting

TEN at the same time!

We will get bonus funds if we post and bring in extra people.

THANK YOU VOLUNTEERS!

TEN wants to thank all the volunteers who
helped pour beer at the Wrangler Beer Bust
on Memorial Day Sunday May 24, 2015.
We made \$1535!

Alejandro, Amirtpal, Anthonia, Ben, Bryan, Chris,
Christopher, Damion, David, Eddy, Guido, Guy, Heidi,
Jake, James, Jay, Jeff R, Jeff W, Jerry, Jim, John, Jose,
Kevin, Kurt, Kurtis, Lauren, Lee, Louis, Luke, Mark,
Michael, Pat, Ronald, Sam, Sarah, Scott, Slade, Storm,
Tim, Tom E, Tom J

THE DENVER
WRANGLER

17th St and Logan, Downtown Denver, Colorado

GUEST COMMENTARY: ENDING THE AIDS EPIDEMIC IN DENVER

by William Burman and Michael B Hancock, posted 10/27/15

http://www.denverpost.com/opinion/ci_29031976/ending-aids-epidemic-denver

At the 2015 Colorado AIDS Walk, held in August, Denver made a bold commitment: to end the AIDS epidemic by 2030. AIDS has affected us deeply as individuals, families and as a community, and few diseases have caused the level of fear that AIDS has. But is it really possible to achieve its elimination?

Thanks to dedicated activists, brilliant researchers and enlightened public policy, this situation has completely changed. Ending HIV/AIDS is not an unobtainable goal—it is achievable. And Denver's pledge at the AIDS Walk was a commitment to work with big cities around the world, the International Association of Providers of AIDS Care, UNAIDS and UN-Habitat to make it a reality, including setting specific targets to achieve in the first five years of this campaign.

Just as AIDS starts with HIV, combating AIDS starts with HIV prevention. We can't cure HIV infection — yet. We can, however, prevent the complications of HIV and we certainly can prevent its transmission to others. Prevention starts with getting tested. HIV infection can show no symptoms for years, all while damaging the immune system and allowing transmission to occur. The 2020 testing target is that 90 percent of people with HIV infection will know their diagnosis. All adults should have an HIV test at least once, and those at higher risk should be tested at least every year.

People with HIV infection need comprehensive care. HIV treatment is more than just taking medicines to suppress the virus — it includes general medical care, social services, and access to counseling and treatment for mental illness and substance use. The 2020 care target is that 90 percent of people who have been diagnosed with HIV will be in care.

Current treatment for HIV is safe and well tolerated, suppresses the virus and prevents AIDS-related infections, cancers and chronic illnesses such as heart disease. People with HIV infection can live long, active lives. Controlling HIV infection with medicines also prevents transmission to others. Thus, HIV treatment protects both the individual and the community. Finally, treatment improves the health

outcomes of all people with HIV, regardless of the severity of their infection, while decreasing the risk of transmission. Therefore, the 2020 treatment target is that 90 percent of people in care will have complete control of the infection.

A final goal underlies all of the others — that zero percent of affected people suffer from stigma. Without ending stigma, we are unlikely to achieve widespread testing and treatment for HIV.

We are well on our way to reaching the 2020 targets, and are already seeing the benefits. Nearly 90 percent of people with HIV know their status, 75 percent are in care and 86 percent of those in care have complete control of the infection. These successes have already led to a dramatic decrease in transmission, and the rate of new HIV diagnoses in Denver has been cut in half since 2005.

**Learn more about our effort at:
denverhealth.org/endAIDS**

Dr William Burman is director of Denver Public Health. Michael B Hancock is mayor of Denver. This commentary was also signed by Bob McDonald, interim director of Denver's Department of Environmental Health, and Dr Benjamin Young, senior vice president and chief medical officer of the International Association of Providers of AIDS Care.

LOGO CONTEST !

Enter and WIN

- ♦ \$25 Gift Certificate at M Uptown (formerly Hamburger Mary's) -AND-
- ♦ \$25 voucher for the 2016 HIV Retreat

* Design a new (or revised) logo for Treatment Educat10n Network (TEN)

* For more information and logo specifications call 303.777.7208 or email: ontheten@gmail.com

HELP!

- Please take 2 minutes to complete a survey about the creation of a Gay Men's Wellness Center in Denver. Substantial public opinion is needed to move this forward.
- Many cities have had such a facility for years, but having one in Denver never became a reality. There is now a movement to create such a facility here.
- Please also send this link to friends & colleagues, poz or neg (the center would not be HIV-specific).

<http://tinyurl.com/gaymenshealthsurvey>



HIGH-FRUCTOSE HEART RISKS

by Nicholas Bakalar April 27 2015

Only two weeks of modest consumption of high-fructose corn syrup causes cholesterol and triglycerides levels to rise, and the more consumed, the greater the increases.



Researchers divided 85 people chosen for their healthy lipid profiles into four groups. One group consumed drinks sweetened with 25 percent high-fructose corn syrup; the second with a 17.5 percent concentration; the third 10 percent; and the last drinks sweetened only with aspartame.

The results, in *The American Journal of Clinical Nutrition*, were consistent: The more corn syrup, the worse the lipid profile. While LDL (or “bad” cholesterol) in the aspartame group remained the same before and after the diet, the 10 percent group went to 102 from 95, the 17.5 percent to 102 from 93, and the 25 percent group to 107 from 91. Optimal LDL levels are under 100.

Other blood tests of cardiovascular risk—non-HDL cholesterol, triglycerides, uric acid and others—moved in the same negative directions.

“It was a surprise that adding as little as the equivalent of a half-can of soda at breakfast, lunch and dinner was enough to produce significant increases in risk for cardiovascular disease,” said the lead author, Kimber L. Stanhope, a research scientist at the University of California, Davis. “Our bodies respond to a relatively small increase in sugar, and that’s important information.”

HOOKING UP ONLINE & STAYING SAFE

by Nathan Gibson

Hooking up online is easier than ever with the numerous apps available for you on your phone. It is as simple as a touch of a button or a swipe to the right. More and more discussions about these encounters come up as a cornerstone of conversation during rapid HIV testing. The following are four ways that an individual can be safe while hooking up online:

1. **Create a safety plan.** This could include meeting in a public place, letting a friend know where you are, and/or taking a screenshot of the individuals profile and sending it to a friend.
 2. **Have a regular online hook-up buddy.** Having a regular online hook-up buddy or buddies not only helps eliminate that awkward first interaction but it also helps narrow down the pool if an unwanted STI creeps in the picture.
 3. **Watch out for red flags.** Feeling comfortable with an individual(s) you meet online is key. While the encounter could be part of a sexual fantasy the risk of robbery and assault are real.
 4. **Protect yourself.** Whether you are HIV positive or negative there are multiple ways that you can help protect yourself and your sexual partners. Regardless of HIV status wearing a condom helps reduce the transmission of STI's. For those who are **HIV positive** staying adherent with your HIV medication and regularly meeting with your primary care provider will help keep you undetectable and lower the chance of transmission of HIV. For those who are **HIV negative** talk to your primary care provider about PrEP also known as pre-exposure prophylaxis to see if PrEP may be right for you. PrEP is a medication developed for an individual who does not have HIV and helps reduce the risk of HIV transmission. (Note: If you feel you have had a high risk exposure to HIV talk with your provider about starting PEP also known as post-exposure prophylaxis. PEP is a medication developed to lower an individual's risk of HIV transmission after a high-risk exposure. PEP is required to be started within 72 hours of a high-risk exposure.)
- As technology continues to change and evolve so will strategies on staying safe while hooking up online. The important thing to remember is that no matter how you met or how far you have gone, nobody has the right to violate your boundaries and at any point you have the right to say no for any reason. Rocky Mountain CARES provides free rapid HIV testing Monday-Friday from 9am-4pm. For more information please call the office (303) 951-3694.



Xmas underwear contest at the December UB2 Happy Hour (for the few bold guys) :-)



please visit
www.ontheten.org

Clinical Trials Now Enrolling

University of Colorado Denver, E 17th Ave & Quentin St, Aurora

Contact: Dana: 303.724.0801 : dana.momeyer@ucdenver.edu

▶ = new since last newsletter; **ACTG**= AIDS Clinical Trials Group network

> = greater than < = less than; **CD4** = T-cells; **VL** = viral load

ART = HIV medications (i.e. antiretroviral treatment / therapy)

Naïve = never taken HIV meds; **Experienced** = have taken HIV medications



Statins: A5332: The REPRIEVE Study looking at long-term effects of statins in HIV+ individuals (ACTG)

- Statin (pitavastatin) or placebo up to 7 years
- 40-75 yrs old; Not currently taking a statin
- Taking ARV at least 6 months; CD4>100; Cannot be or get pregnant during study
- No history of cardiovascular disease (heart attack, stroke, etc); no history of cancer in last 3 yrs

Sub-study of above (A5332): A5333s: Mechanistic Substudy (must be enrolled in A5332) (ACTG)

- Two coronary CT scans

Gut Study: Four groups; 2 visits with stool collection, 3rd visit possible for biopsy (NIH sponsored)

- Group 1: Acutely (recently) HIV-infected treatment naive
- Group 2: Chronically (longer term) HIV-infected on ART **with** lipodystrophy
- Group 3: Chronically (longer term) HIV-infected on ART **without** lipodystrophy
- Group 4: HIV-negative control group (tell your friends)

► Diet Study Controlled diet (meals provided) for 2 weeks and controlled diet (meals not provided) for 2 weeks (both HIV+ & HIV-)

- 2 month study; 18-65 yrs old with BMI between 21-29 kg/m²
- HIV+ group on ART >12 months (no ART regimen change in past 6 months)
- Stool collection; and optional anal biopsy

Inflammation: A5314: Effect of Low Dose Methotrexate on Inflammatory Markers and Endothelial Function (ACTG)

- Low dose methotrexate or placebo for 24 weeks followed by 12 weeks observation
- Taking ARV with VL <400 for >24 weeks; CD4 >400
- 40 yrs or older; You must have documented coronary risk (moderate or high)

Cure Research: A5315: Single dose Romidepsin to Assess Safety, Tolerability and Activation of HIV-1 Expression (ACTG)

- **YOU WILL NOT BE CURED OF HIV.** Your participation will only advance and contribute to cure research science
- One dose of romidepsin -or- placebo followed by various tests for analysis of effect
- Taking ARV with VL <50; CD4 >300
- Must have either efavirenz (Sustiva, Atripla) -OR- raltegravir (Isentress) as part of your current HIV regimen

Smoking/COPD: Study for HIV+ & HIV-, smokers & non-smokers, to learn more about pulmonary complications of HIV (NIH)

- Group 1: poz & neg, >18 yrs old, smokers & non, if poz- ART naive or off meds for >6 months; up to 24 weeks (3 visits)
- Group 2: poz & neg, with or w/o COPD diagnosis, 30-70 yrs old; if poz- viral load >1,000; up to 1 month (2 visits)
- VL <50; CD4 >350; on stable ART for >90 days

HEP C: A5329 Treatment for persons coinfectd with HIV & HCV (genotype 1) (Abbvie 004-ABT-450/Rtv/ABT-267 and ABT-333)

- HCV treatment naive or experienced; HIV treatment must be either boosted atazanavir (Reyataz) -OR- raltegravir (Isentress)

Cure Research: A5342: Impact of an antibody (VRC01) on hidden HIV-infected cells (ACTG)

- 30 week study with 18 study visits that include infusions and blood draws; ***YOU WILL NOT BE CURED OF HIV***
- Taking ARV for 2 yrs; VL >50, CD4 >200; no chronic Hep B or Hep C

► Naive to HIV Medications: A5353: Study to Evaluate Dolutegravir plus Lamivudine Dual Therapy for HIV Treatment (ACTG)

- Two drug combinations of dolutegravir plus lamivudine (i.e. Tivicay + 3TC); 52 week study; study drugs provided

► HIV Reservoirs : A5341s: Size and Decay of HIV Reservoirs in Tissues and Cerebrospinal Fluid (ACTG)

- ~2 year study; Must be enrolled in A5321 to participate
- Tissue/fluid collection by optional procedures include lumbar puncture, rectal biopsy, genital secretions blood, leukapheresis

COMING SOON

Inflammation: A5336: Ruxolitinib or placebo to learn about inflammation and immune reaction (ACTG)

- 12 week study with 9 study visits
- Taking ARV for >2 yrs two years; CD4 >350

► Sub-study of A5336: A5351s: Effect of Immune-Modulatory Interventions on Cytomegalovirus Replication during Suppressive Antiretroviral Therapy (ACTG)

- Study duration is 12 weeks – must be coenrolled in A5336
- Collection of genital secretions and oral swabs at study visits

► **Neurocognition:** A5324 Comparing ART Intensification with Maraviroc and Dolutegravir with either No Intensification or Intensification with Dolutegravir Alone (ACTG)

- 96 week study – placebo and/or maraviroc and/or dolutegravir; with optional lumbar puncture; neuropsychological testing
- Undetectable viral load and taking ART for >12 months

ACTGACTGACTGACTGACTGACTGACTGACTGACTGACTGACTGACTGACTG

AIDS GROVE EFFORT

(continued from page 8)

Denver Parks and Recreation is eager to help clean up the area, plant more trees, improve on the landscaping, and provide signs that actually designate the AIDS Grove. A proposal and outline with time frames for moving forward with the Grove will be submitted to Denver Parks and Recreation by the end of February. A public meeting will be held at some point in the late winter to seek out further involvement from the larger community.



Core group pictured: Darrell Vigil, CAP; Phil Nash, Writer/Activist; Ray O'Loughlin, Volunteer; Randy Wren, Activist; Peter Ralin, ACE; Jamie Villalobos, CAP; Brent Heinz, Mile High Behavioral Health; Robert Riester, Mile High Behavioral Health

If you would like to get involved in the effort to revitalize this outdoor space, please contact Lisa Cohen:
lisa.cohen@hhs.gov, CORA Chair.

Safe + Sound

text and email reminder system

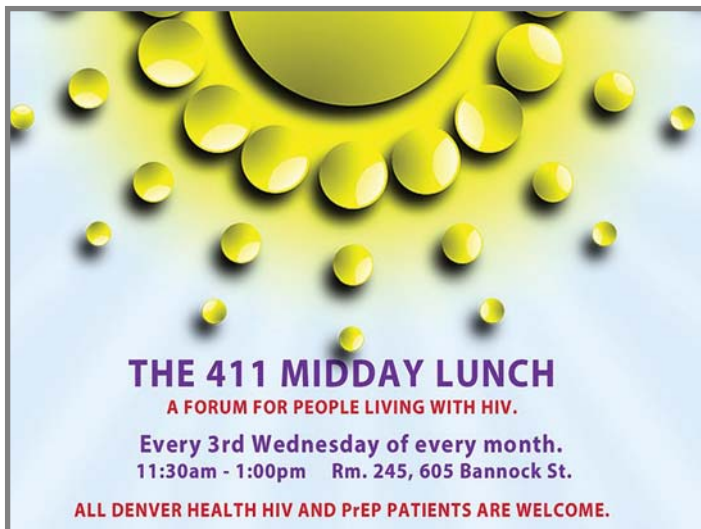
Set your own reminders for various lab tests, to take medications, to re-certify, to refill prescriptions, and more. You can also sign up for weekly educational health tips. All the information stored in this system is secure, private and HIPAA compliant.

YOU choose what, when, and how you want to be reminded, then let the high-tech system do its work!

www.safeplussound.org

Editor's Note: *This new online program, tailored for Coloradans, was created by our progressive friends at CDPHE (Todd et al) in collaboration with HIV community advocates. It has received national attention. We now know thru validated research that medication adherence resulting in undetectability not only keeps us non-infectious, but also results in less co-morbidities (other medical conditions), lower mortality, and less HIV reservoir embedding. This is a great tool not only for medication reminders, but also other reminders you can set up. It even allows you to customize the reminder, so for example, if you are concerned about someone seeing it by mistake, you could have the message say: "Hey it's 5 o'clock somewhere so have a beer" and you would know that meant "take your meds" ;-)*

don't miss doses
= don't run a viral load
= don't stress over intimacy



HELP!

- Please take 2 minutes to complete a survey about the creation of a Gay Men's Wellness Center in Denver. Substantial public opinion is needed to move this forward.
- Many cities have had such a facility for years, but having one in Denver never became a reality. There is now a movement to create such a facility here.
- Please also send this link to friends & colleagues, poz or neg (the center would not be HIV-specific).

<http://tinyurl.com/gaymenshealthsurvey>

THE PIONEERING AND PROGRESSIVE SPIRIT OF DENVER IN THE FIGHT AGAINST HIV

by Robert Riester

It's been over 30 years since the AIDS epidemic began and Denver has been in the forefront of the fight against it from the very beginning.

Starting in 1983 with the drafting of *The Denver Principals*, Denver became a leader in the fight against a growing epidemic that was largely occurring on both coasts of the US at the time. *The Denver Principals*, which was an outline of how people living with AIDS should be treated on a humanistic level, has become the basis for AIDS activism and formation of AIDS support organizations on a national level. Since then, Denver has become a leader in HIV/



Demolition of old UC Hospital

AIDS related research and treatment through collaboration with the National Institutes of Health (NIH), the Center for Disease Control (CDC) and various research and leading provider entities. This would not be possible without the dedication and determination of highly qualified physicians, researchers, and volunteers in the field.



Original building at NIH



Fast-Track 90-90-90 Button

I've had the privilege of being involved in many research studies, both here through the University of Colorado Hospital and at the NIH in Bethesda, MD, as well as working with some of the most respected experts in the field, both nationally and internationally. There has been a lot of change thru the years, both in physical locations and individuals involved including myself, but the memories will never change. I witnessed the building of the new Clinical Research Center at NIH from the ground up, as well as the demolition of the old University Hospital on East 9th Ave, but the important work at each goes on.

The important work of treatment goes on as well. In the March 2011 edition of the *Clinical Infectious Disease Journal*, Dr Ed Gardner of Denver Health and his colleagues introduced his vision of the emerging strategy of "Test and Treat" for prevention and transmission of HIV. He later presented this strategy to the Denver HIV Resources Planning council (DHRPC). At the time, I served as Co-chair of the DHRPC along with esteemed colleagues of the Denver HIV/AIDS provider community, Dr Ed Gardner, Dr Sarah Rowen and Dr Steve Johnson. This was fantastic news for Denver, and was soon to become fantastic news on a global scale.



Cary & Ben Young at signing

In short, Dr Gardner's vision of a care continuum included the establishment and monitoring of basic stages of HIV care:

- HIV testing and diagnosis
- Getting and staying medical care
- Getting on antiretroviral therapy
- Achieving viral suppression



Dr's Rowen, Young, & Gardner

The 2012 International AIDS Conference was held in Washington DC and Dr Gardner's vision, which became known as the Gardner Cascade, was arguably the highlight of the conference, and would later conceivably become the foundation for the National HIV/AIDS Strategy and Fast-Track Cities Initiative.

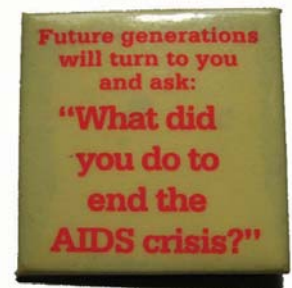
Fast forward to Fast-Track: Launched on World AIDS Day, December 1 2014 in Paris France, the Fast-Track Cities Initiative to end AIDS epidemic by 2030 is an ambitious goal in which Denver is well suited to achieve, especially with the advent of PrEP.

As core partners, the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Program on HIV/AIDS (UNAIDS), and the United Nations Human Settlements Program (UN-Habitat) will fully support Fast-Track Cities to achieve the following targets by 2020:

- 90% of people living with HIV knowing their HIV status
- 90% of people who know their HIV positive status on HIV treatment
- 90% of people on HIV treatment with suppressed viral loads
- Zero discrimination, including stigma

Source: International Association of Providers of AIDS Care

According to IAPAC, as of October 26 2015, five continents have signed on to the initiative, with 52 cities represented. Denver signed-on at the AIDS Walk Colorado on August 15 2015. During the opening ceremony, Denver's own and most revered Dr Ben Young, Chief Medical Officer and Senior VP of IAPAC presented the Initiative to the Honorable Gary Kennedy, Deputy Mayor of Denver for her signature, making Denver the 5th city in the United States to do so.



"What did ...?" button

On November 4 2015, Doctors Young, Rowen, and Gardner attended and presented their Denver experience and expertise at the *Fast-Track Cities Initiative and the National HIV/AIDS Strategy: Engaging Cities, Counties, and States to Attain 90-90-90 in U.S. Urban Settings* meeting at the White House, co-hosted by IPAC, Office of National AIDS Policy, UNAIDS, NASTAD, NACCHO, and UCHAPS.

(continued on page 14)

IN MEMORIAM... JOE JOHNSTONE

Joe Johnstone was born June 29 1979 in Bakersfield CA and passed away October 25 2014 in Palm Springs, CA. A memorial was held at Formosa Garden in Aurora on November 21 2014.



He grew up in California, graduated from high school in 1997, and moved to Colorado. He got a BA in Science in *Retailing and Consumer Sciences* and a minor in *Business Administration* from the University of Arizona in 2002. He started his career with Target Corp as an Executive Team Leader moving up to Group Campus Recruiter and College Relations Manager for Southern California. He then moved back to Colorado to become the Senior University Recruiter and Campus Account Manager for Sun Microsystems in 2008. The next stop was a brief time in Seattle working for Amazon. He hated Seattle and came back to Colorado with JCB Partners as Talent Manager. His final job was with CH2M Hill as University Relations Liaison here in Denver.

Joe was very talented and loved working with people. His blog "*Joe Joe Says No No*" entertained many of his followers. He could make you laugh and lighten any situation and yet be serious when needed. Never afraid of speaking his mind even if it might offend you. His laugh was infectious. He loved his dogs like they were his own kids. He will be missed by all who had the pleasure of knowing "Our Joe."



Joe was an original member of *Gravity* (the social group for HIV+ in their 20's & 30's). He attended the Retreat at Shadowcliff and the Mountain SIN Autumn Weekend. He had a lot of friends, and was loved by all, in the Denver poz community.

*Those we love don't go away
they walk beside us everyday
unseen, unheard but always near
still loved, still missed but very dear.*

*You can shed a tear that their gone,
or you can smile because they lived,
your heart can be empty*

*because you can't see them,
or it can be full of the love you shared.*

*You can remember them, not only because
they had gone but cherish their memory and let it live on.*

*You can cry and close your mind, be empty and
turn your back or you can do*

*what they would want, Smile, Open Your Eyes,
Love and Go On.*

*Those we love remain with us for love itself
lives on, and cherished memories never fade
because a loved one's gone. Those we love can never be
more than a thought apart,
for as long as there is memory, they'll live on in the heart.*

SPIRIT OF DENVER IN THE FIGHT AGAINST HIV

(continued from page 13)

In preparing for this article, I came across an old pin. I don't remember where I got it, but that's not what matters. What matters is the message on the pin and being able to answer that question. The answer I am proud to say, is a collective one, because it's not about what one person does, it's about what a community does, be it locally, nationally, or globally. As a long-term survivor and witness to so much of what has happened in the past 30 years or so in my own hometown, across the nation and throughout the world, I can say that It has truly been an honor and a privilege to have worked and collaborated with so many very talented and progressive individuals in the Denver HIV/AIDS community.

So I think it's fitting to end this article with living proof of Dr Ben Young's mantra—**think globally, act locally.**

From the Editor

First, we're baaack!

Apologies for skipping an issue (or two); too many things and too little time, but we aim for 4 issues this year.



Please consider contributing to this publication.

Second, we are very excited about TEN's new collaboration with *Positive Impact* (part of The Denver Element). We will be joining forces on a number of programs and events.

Third, many thanks to Scott McGlothlen for his great cover photo and article; you will notice our new drive against HIV stigma. Scott also raised a hefty chunk of funds for TEN by modeling sexy underwear at the Boots'n'Boxers fundraiser, receiving high bids for his skimpy gear. A former TEN Board member, TEN volunteer and participant, Scott has been, and continues to be, an asset to TEN and our HIV community!

Fourth, by the time this goes to press, our revamped website should be up and running. Many kudos & thanks to Ed Sanders who volunteered his webmaster services to this endeavour. Check it out! www.ontheten.org

Fifth, many thanks to Todd Grove and his team at CDPHE. At the January Forum, he presented the new programs and expanded services/benefits coming on board for people with HIV. Check out "safe+sound" in this issue, and more program updates, expansion, & information in the next issue.

Last but not least, thank you so much to each and every one of our volunteers, who volunteer to a greater or lesser degree for TEN in a wide variety of ways. The programs we provide could not exist were it not for the volunteer work and efforts of many people. Thank you all so much!! Happy New Year Everyone! Hoping for a great 2016.

RECENTLY DIAGNOSED HIV+ AND FREAKED OUT

The following is a reprint of an article written for Out Front Colorado's Heinze Sight column by Brent Heinze answering a question submitted by a member of Colorado's community.

Question: A few weeks ago, I was diagnosed HIV-positive. It was a total shock. My doctor spent a lot of time discussing the science behind the virus, how the medications work, and that it wasn't a big deal anymore since it is manageable and considered a chronic disease. I know I can live out a normal life with taking my medications, but inside I'm experiencing so many intense emotions, sometimes many of them all at once. I'm most concerned about how HIV will affect me socially, both with friends and family, but also with current and future sexual partners. Can you help me feel better about this?

I would love to tell you that having HIV isn't a big deal, but for many people it is a huge deal. There are tons of issues and concerns around disclosing your status to others, potential rejection because of it, and how to live your life after becoming aware of your status. There are most likely going to be times where your emotions are completely wacked out. There is nothing unusual about feeling these and the more you try to push them down, the longer it will take to deal with them. Don't waste energy fighting them off. It can take time and support from some wonderful people in your life, but the more actively you deal with how you feel, the better off you will be in the long run.

I'm not confident that there is a single perfect way or time frame to tell someone that you are HIV-positive, but I do feel that people absolutely need support throughout the process of coming to grips with the diagnosis. Don't feel pressured to come screaming out of the closet about your HIV status, but figure out key important people in your life that can offer you love, support, knowledge, direction, feedback, a hot meal, or a huge hug. Having a core group of amazing people can be your most significant ally. You can choose which people you really want to tell. Don't necessarily worry about telling your grandmother in a nursing home unless it is extremely important for you to tell. Being completely honest about your status with everyone isn't necessary and could cause some negative repercussions. Take the time to figure out how you feel before discussing it with everyone in your life.

Although it can be uncomfortable to discuss your HIV status with many people in your life, bringing it up with a sexual partner can be even more terrifying. Many times fear of rejection and judgment causes tons of anxiety. Regardless of potential hurt, I feel that it is important for both parties to discuss what they are going to do to each other and what levels of risk each of you is willing to take regardless of your HIV status. Unfortunately, there also those who feel that being dishonest about their status saves them from being turned down and will tell people directly that they are HIV-negative. In reality, lying about this only serves to keep you in a place of shame about your diagnosis and is unfair to your naked partner. It is the responsibility of all people involved to discuss our limits, but taking the opportunity to disclose your status in an honest and open way shows respect for your partner as well as yourself. There is a certain amount of power that you can develop by accepting that you have a

virus that has impacted your life and you are choosing to live a life of strength and integrity regardless of it.

Some people choose to lie about their status or not disclose it until later in a relationship after some trust and attraction have been developed. Others feel that it is better to get it out in the open before time and energy are spent on attempting to develop a relationship that would be immediately ended due to a lack of comfort in being with an HIV-positive person. Being rejected by someone can be difficult regardless of the reason. Hopefully rejection is given in a kind way without anger or hurtful words. Unfortunately this is not always the case. There will be times where the painful sting of bitter rejection may bite you in the ass, but lick your wounds and move on. It does not speak to you being a bad person, but only to their lack of comfort in being with someone who is HIV-positive. This may be due to a lack of knowledge about the virus, concerning experiences in their past, or a strong internal fear of becoming HIV-positive. Although you can spend time and energy discussing their concerns and educating them, it may just not be the right time for them to face this situation. I know it may be extremely difficult, but try not to take it personally. There are many others who will accept you for many reasons, including your HIV status.

Whether you are HIV negative or positive, there is nothing wrong with living in concern about HIV and the effect it has on the human body. Surprisingly, some people continue to live in some form of ignorance about general HIV knowledge including risk factors regarding transmission of the virus and effective ways to reduce the risk of this occurring. Condoms have kept so many people HIV-negative throughout the years, but there are additional emerging medical findings that have a gigantic impact on keeping HIV-positive people healthy and HIV-negative people from getting infected. HIV treatment medications when taken correctly and consistently keep the virus level down in the body. When these levels are at an "undetectable" level when tested in the blood, the risk of transmission is extremely low. The latest research directly affecting HIV-negative people is the approval of Truvada as a "pre-exposure prophylaxis." When this HIV medication is taken as prescribed, it has been shown to block the HIV virus' ability to attach to healthy cells so it can replicate in the body, allowing you to fight off limited amounts of HIV if exposed. When some or all of these risk-reduction techniques are utilized, risk of transmission decreases and people can work on enjoying sexual contact without living in terror. It is every sexually-active person's responsibility to gain knowledge about how to maintain their health and act according to their personal limits. Unfortunately ignorance, judgment, and hate have the ability to hurt us both physically and emotionally. Fight both of these off my gaining knowledge.

It sounds like this is a time of a lot of change for you. Even though this can be difficult emotionally, it is also important to learn as much as possible about HIV treatment options, transmission methods, and ways to keep yourself as healthy for as long as possible. As others have said, HIV is a life-changer, not a life-ender. Although this is something that you will need to live with until they find a cure, your life can be full of enjoyment, passion, new experiences, personal expansion, and love. Don't let a virus define you or dictate your life direction.



COMMUNITY EDUCAT¹⁰NAL FORUMS

"BY THE COMMUNITY ... FOR THE COMMUNITY"

Tuesday, 12 January: **"ADAP/HIV Care/CDPHE Update"**

Todd Grove, CDPHE
(usual location, see below)

Tuesday, 9 February: **"Self-Awareness & How It Can Change Your Life"**

Brent Heinz, Program Manager, Mile High Behavioral Health
(usual location, see below)

Tuesday, 8 March: **"Annual Highlights from HIV Conference (CROI)"**

Tom Campbell MD & Steve Johnson MD, University of Colorado
(usual location, see below)

* FREE DINNER 6 PM *

* FORUM 6:30 PM (NO RSVP REQUIRED) *

COMMUNITY ROOM AT OUR SAVIORS

9TH & EMERSON (LOWER LEVEL, ENTER ON THE SIDE FROM EMERSON ST)

SPONSORED BY

TEN (TREATMENT EDUCAT¹⁰N NETWORK)

WWW.ONTHETEN.ORG

(IF YOU HAVE MEAT, WHEAT, OR OTHER FOOD ISSUES AND PLAN TO ATTEND, PLEASE LET US KNOW BY EMAIL TO: FORUMS.COLORADO@GMAIL.COM)

*hivposi+ive
undetectable*

UB²

*undetectable
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Denver CO 80203
303-974-5424
scalesrx.com



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