



Strength in Numbers

Colorado

<http://www.strengthinnumbers.org/>

The Official Newsletter for the Colorado Chapter of Strength in Numbers

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MISSION STATEMENT

The mission of Strength In Numbers is to provide social support and educational resources to HIV+ gay men around the world thereby helping to improve their quality of life, quality of health and their ability to help others. Our activities include operation of an interactive Internet-based communications system, development of programs that increase self-esteem and social interaction skills, organization and guidance of activities that increase physical abilities, and promoting volunteer opportunities by our members in HIV-related efforts including fundraising for treatment services and research (such as AIDS Walks and the California AIDS Life/Cycle) and HIV prevention campaigns.
<http://www.strengthinnumbers.org/>

SIN IN THE CITY

By Rod Rushing



Welcome to the 2nd edition of SINews. The mission of this newsletter is to provide good solid information regarding accessing treatment, benefits eligibility, and social events that no doubt will increase the quality of our lives. There is quite a landscape to navigate being positive, both emotionally and socially, so I tend to believe that any support is greatly appreciated. And I am thrilled to pass any of this along to others in my community.

Since I came on board as moderator last August, the group has grown by over 100 and we have begun to enjoy SIN-in-the-City with bi-weekly brunches, monthly happy hours, and several pot lucks. All of which is a good start down the path to becoming a community. The number of gay poz men in the metro area is actually quite large but that number is not always evident. With effort, we can emerge as a strong, colorful, and vibrant tribe of men in our city. With that in mind, SIN has begun to make friends with a number of businesses in town that support our efforts by providing a safe space for poz guys to meet, socialize, hold events, and share information and insight. One such event was the UB2 in January at Lannie's Clocktower Cabaret. There were over 110 attendees and it was a huge success. Other events included a singles mixer, 3rd Thursday Happy Hours, bi-monthly Coffee Talk gatherings at Hamburger Mary's, and the monthly educational forums.

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THE HISTORY OF THE FOUNDING OF STRENGTH IN NUMBERS

By Jude Fisher

BEONECITY
Global Positive Community

Bryan Levinson is ready to take on the world. His social networking organization, Strength In Numbers (SIN,) has carved out a place for itself in the US among an endless and ongoing number of social and support groups that have been coming on the scene since the arrival of AIDS and HIV in the 1980's. In the spirit of moving onwards

and upwards Levinson has already begun expanding his organization's appeal by taking it to a global audience.

Levinson, who tested positive in 2000, started SIN five years ago in Los Angeles after attending various social and dating events organized especially for people with HIV and AIDS. "I attended because I didn't want to feel alone." Says Levinson. "It was at a time when I was still newly diagnosed and wanted to find a boyfriend." Levinson recalls that "some of the events were set up like speed dating or mini dates where you would chat with several assigned candidates over the course of the evening. I always found this a bit formal and since everyone hates interviews why would you want to do that on a date?"

While volunteering at different HIV and AIDS organizations Levinson made friends with several guys and decided to put together something a little more casual. He organized a potluck evening and between 50 and 60 people turned out for his first event. The gathering eventually became a weekly thing and the group's list of activities expanded to include weekly breakfasts, hikes, whitewater

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FROM STATE HEALTH

By Todd Grove

Hello! My name is Todd Grove, and I work with the Ryan White Part B Program at the Colorado Department of Public Health and Environment (CDPHE). I write an occasional article for the Strength in Numbers newsletter detailing information from our program that you may use if you are a person living with HIV/AIDS in Colorado. I have had the opportunity to meet several people through SIN that were either not aware of some of our statewide programs, or misunderstood the eligibility requirements. In several instances, we were able to work together to help connect them with medications, insurance, and medical care through our department, through the Denver Mayors Office of HIV Resources, through other Ryan White funded providers. If you are not in case management at any of the local HIV/AIDS service providers, I strongly encourage you to do sign up. It is not required that you be case-managed in order to access most forms of assistance available, however.

ADAP ADDITIONS:

Since the last SIN newsletter, there have been several new medications added to the AIDS Drug Assistance Program (ADAP) formulary for complications of HIV. If you have had difficulty accessing any of these medications in the past and are on ADAP, please speak to your doctor or pharmacist at an ADAP pharmacy. If you're not enrolled in ADAP, and want more information, see our website (www.stdhivco.org), or call Santos Rivera, the ADAP enrollment coordinator, at 303-692-2716.

Psychotropic medications:

- Depakote, Remeron, Celexa, Zoloft, Zyprexa, Risperdal and Geodon)

Antihypertensives:

- Lisinopril, Hydrochlorothiazide, Atenolol, Metoprolol, Cozar

Cholesterol Treatments:

- Gemfibrozil, Lipitor, Lescol and Crestor

Also included were gastrointestinal medica-

tions (such as Nexium), diabetic treatments and supplies, antibiotics, anti-diarrheal medications, smoking cessation treatment (Chantix), birth control items, and testosterone therapies. The ADAP can also pay for several vaccines and inoculations. Recently, the ADAP Review Committee has recommended that Hepatitis C treatments such as interferon treatment should be added. I will update you if the recommendation is approved.

Insurance Information:

The insurance continuation program has been seeing a large increase of enrollees over the last several months. If you, a partner or family member are working, and can access insurance through an employer on your behalf (or a COBRA policy through a former employer), this program may be for you.

If you have ever checked into private insurance and thought that the only way you could receive it is through Cover Colorado (Colorado's only insurance intended for people with major chronic or acute illness), here's some interesting information: If you are self-employed, or if you have a company of two or more employees (or can form one), you may be eligible to enroll in private insurance without a provision that denies you coverage due to a preexisting condition (insurance companies can deny individual coverage to anyone for this reason). If you think this may be relevant to your situation, check with a private insurance broker in your area and discuss your options. If you find such private insurance that works for you, our insurance program may also be able to pay for such policies if you are eligible. For information about the insurance program for those of you who live in the Denver metro area, contact Colorado AIDS Project (303-837-0166). Other enrollment agencies are listed on our website (www.stdhivco.org).

Bridging the Gap— Update:

Over 480 PLWHA who have Medicare, either because they've reached retirement age, or have SSI or SSDI, and were in the ADAP have joined the new State Pharmaceutical Assistance Program, "Bridging the Gap, Colorado" (BTGC), since it began in January. CPDHE and the ADAP Review Committee established this program as a way to help Medicare Part D-eligible ADAP participants pay for their medications. Members need to use an ADAP qualified pharmacy (Denver Health, University Hospital, the Apothecary for mail order prescriptions, and Kaiser Permanente for Medi-

care participants only). BTGC will now pay all eligible participants prescription drug plan (PDP) premiums, co-pays, deductibles, as well as the "coverage gap" fees that all plans will have this year. Basically, if you qualify, you will have no cost associated with any medication that is on your chosen PDP from January 1st, 2008 until you reach the far side of the coverage gap. BTGC will pay all of these fees (which can amount to over \$5,400) for you until you reach the "catastrophic level" on your plan. Since the last SIN newsletter, we have decided we will also pay the 5% co-pay for any ADAP medication at the catastrophic level.

I have spoken to many people who have told me that this program has greatly improved their ability to manage the costs of medications. Some have even told me that they are now taking medicines that they used to skip due to the cost. We realize there have been some glitches getting this program off the ground, but we're very proud of it and are considering greatly expanding the number of pharmacies that will accept the BTGC card in the new plan year, beginning January 1, 2009. We are currently negotiating with an additional Denver area pharmacy to join BTGC within the next month for those who you who do not get care at Denver Health or University and are now required to use mail-order service from the Apothecary for your medications.

If you are not enrolled in our program yet, please see our website (www.stdhivco.org) for more information, or contact me directly at CDPHE. Please note you need to continue to be enrolled in ADAP to participate.

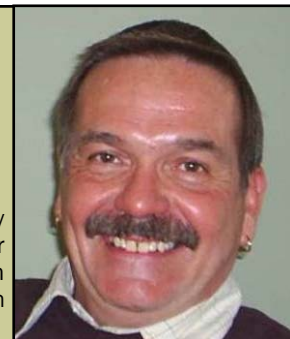
Until next time, be well!

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MY FAVORITE RESOURCE

DENVER INFECTIOUS DISEASE CONSULTANTS; A PERSONAL 10-YEAR EXPERIENCE

By Rick Smith



While I still do not care for the name of this clinic – Denver Infectious Disease Consultants (DIDC)– it is, in my opinion, the best place for a person with HIV/AIDS to receive compassionate, quality medical care in the Denver area, if not the world. The name of the clinic could provoke a prejudiced response from those not familiar with DIDC or the HIV/AIDS community. In fact, I once had my doctor write a letter for me without the clinic name on the letterhead so as to avoid an insensitive response.

I first approached DIDC in 1997, when I scheduled a time to interview a potential HIV doc for me. I had just relocated to Denver from a small mountain community, 35 miles west of Denver, and my HIV had then converted to full blown AIDS. "Interview a potential doctor?" you ask, and my answer would be an emphatic Yes! I felt then, and still do feel that we all need to take control of our medical care, and who better than me to make the decision about who will provide my care?

On my first visit, I was introduced to Benjamin Young, M.D. who, when we met, insisted I call him Ben, and not Dr. Young. That took some getting used to, but now– 10 years later– it comes naturally to me now and I consider him to be a good friend.

Ben spent over an hour with me that first day and was gracious enough to give me candid answers to questions that some docs might have viewed as difficult, even somewhat intimidating. I asked him about everything– his training, his background, his personal life, his spiritual life, and about how he would help me stay empowered in the medical decisions that could ultimately affect my life. I must say he did win me over with his well-thought-out but natural and candid answers to my many questions. At that initial interview, I brought along some information about HIV that I'd found on the Internet. He told me that eventually I would probably know more about HIV than he/him, because he could see that I took the diagnosis and treatment very seriously. The Internet remains my best tool for getting needed information, besides Ben Young and his associates.

Although I don't feel that I know more about HIV than Ben, I do feel that I am better informed about treatment issues, including the drug resistance often associated with long term treatment. Additionally, because of my involvement with DIDC I have been introduced to the Sun Study, a study for those who are HIV+ and on treatment who are willing to go through a series of scans for bone health, fat distribution, and cardiac status, as well as undergo anal pap smears and answer a series of boring questions about one's sexual encounters. Not that my sex life is boring, but the questions are boring and rather clinical, it being a clinical trial, after all. They also have a computerized memory test

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SIN IN THE CITY (CONT.)

(Continued from page 1)

In addition, there was a well-attended southern BBQ in Longmont on Memorial Day, and there will be more 3rd Thursday Happy Hours and coffee talks, and the Shadowcliff retreats in June and July. Information for all of these events can be found on the back page of this newsletter and on the website calendar:

<http://groups.yahoo.com/group/SINColorado/cal>

And this brings me to my current request: SIN is a community based organization, there are no paychecks and no titles, we are just guys who know that our health and our outlook will improve if we are around other poz guys. Doing so prevents depression and helps us avoid isolation, which is much better than the alternative. That said, I urge all of you to "come out, come out, wherever you are" and participate by hosting events, scheduling hikes or bike rides (or even a scavenger hunt?), arranging camping trips, or trips to restaurants. SIN welcomes (and needs) your input and your effort, so come out and be with us. It's a great time for us to have some fun!

—Rod

SIN COMPUTER HELP



Hello fellow pozlings! I would like to offer my assistance with navigating the SIN site on Yahoo Groups. I find myself in the unfortunate classification of computer geek and thus am fairly familiar with the group structure on Yahoo. Since we are all in this together and I want to help out when I can, I offer my expertise to any of you whenever you get stuck and have a computer-related question pertaining to the use of the site. Rather than posting the question to the group, I request you send me the question directly to my personal email: carl@carlfrazier.com. I will review the question, try to find the answer and then respond back as soon as possible. I will also post the answer in a FAQ document on the site. As this gets going, I would encourage anyone with a question to check out this document to see if the answer may already be there.

Please keep in mind that I do work full time and that I am in graduate school at night, so my "free" time is somewhat limited. Nevertheless, I will do my best to help anyone who is stuck on the site and needs a little guidance. See you all soon at a future event!

—Carl Frazier.



MY STRENGTH IN NUMBERS STORY *By Charles "Chuck" Weisbrook*



Chuck with one of his first "snuggle buddies"

I had heard about Strength In Numbers last fall, but was never able to attend any functions as I lived in the mountains, eighty miles away from Denver. In February I decided to move to Denver and attended a brunch to meet people.

I was looking for a social network and didn't know what to expect. Soon after sitting down someone walked in whom I have known for years, through mutual friends, neither of us knew the others HIV status. The next few times I attended a brunch I experienced the same thing. I saw someone that I had known for a few years, but never knew they were HIV+.

The thing that was most refreshing to me was that I had not been defined to these people as being POZ. I had moved from a small community where I had told one person of my status, and twenty people knew by the next day. So it has been great to be able to just be a person. It's not about the disease. It has helped to put my status into perspective; that it is a part of my life but doesn't define me. For someone who has only known for a couple of years that I am positive it has been nice to gain back a little bit more of normal again.

—Chuck

HISTORY OF SIN (CONT.)



(Continued from page 1)

rafting trips and fund-raising events to help other organizations. Levinson is quick to point out that "SIN is not a new idea or concept, just a format that works - it can be easily replicated in other cities."

The SIN gatherings were becoming well known among the HIV community in Los Angeles, where Levinson was living at the time and the word about SIN was spreading. Bryan was soon contacted by someone in Phoenix who wanted to start a SIN group in that city. With Levinson's guidance and direction more groups were started in different US cities under the SIN umbrella and the organization has been growing at a steady pace ever since. There are 31 US chapters including a new chapter in Napa, California but where Levinson is spending more and more of his efforts is helping to develop SIN in other countries. There are now several international chapters of SIN in cities including London, Sydney, Toronto and Rio De Janeiro. A Scandinavian chapter has also recently been started.

Part of SIN's success and growth can be attributed to its simple structure. It doesn't have a lot of rules or mandatory do's and don'ts. "We don't have committees or board members. I think when organizations become too bureaucratic, especially a less formal organization like SIN, they are less likely to succeed." Levinson has learned over the years that new chapters will only succeed if there is a lot of initial involvement from the chapter leader. So he puts anyone who wants to start a new chapter through a pretty rigorous interview process and insists on a commitment of at least a year before the reins can be handed over to others. "Once a chapter is created and is up and running, they pretty much take care of themselves. They might come to me with general guidance questions but mostly we just give each other support. We're kinda like a big family."

The Internet has played a large part in helping to broaden to organization's horizons and Levinson definitely wants to continue to take advantage of it. It's been a valuable tool in helping to extend SIN to countries outside the US. SIN members in US cities, such as Wayne Norman who runs the Dallas/Ft. Worth chapter, help with outreach programs to establish new SIN chapters in other countries. As part of this outreach Levinson is planning to take a trip to Brazil in 2008 with several US SIN members with the goal of more firmly establishing it's roots in South America and leveraging the help of it's Brazilian brothers to help with the task. "We want to be in less developed countries where there are large populations of gay men who are positive but who don't have access to services that are available in more developed countries.

As Levinson is finding out, expanding with such lofty goals brings its own set of challenges. Communicating with new chapters in foreign countries can be difficult because of the language barrier. Levinson is already brushing-up on his Portuguese in preparation for future development of SIN in Brazil. Workload is also another challenge. Levinson, who now lives in San Francisco, has a full-time job so juggling his career, SIN and any kind of a personal life can be difficult.

It's not stopping him though, with discussions underway for start-up chapters for women who are HIV positive and another one for HIV positive gay men in the US prison system, it seems like the world may not be enough.

COMMUNITY EDUCATIONAL FORUMS



The educational forums are informative and useful presentations on HIV and HIV-related topics and are organized & conducted with the belief that knowledge is power. The forums also afford an opportunity for poz people to socialize and net-

work. The forums are usually held on the second or third Tuesday of each month in the community room at Our Saviors Lutheran Church, 9th & Emerson St. A free catered dinner is served at 6:00 pm and the presentations begin at 6:30 pm. The educational forums are coordinated each month by a small group of individuals (also living with HIV) who are not associated with an agency (hence the motto: "by the community, for the community"). We welcome volunteers and participants in this effort. If you would like to help out with planning and/or occasional set up or clean up, please contact Michael at:

forums.colorado@gmail.com

Upcoming Education Forums*:

June 17th

A thorough outline of all the various services available to people with HIV, how to qualify and how to hook in (presented by a panel of individuals involved in HIV services).

July 15th

"Beyond Survival: A Breakthrough in Well-Being" (practical health tips from a long term survivor) presented by Nelson Vergel from the Program for Wellness Restoration in Houston. Nelson also moderates the largest poz yahooogroup, and is co-author of the book "Built to Survive".

Aug. 12th

Community Potluck BBQ in Cheesman Park (in lieu of forum). Watch for details.

Sept. 9th

"Drug Resistance and Resistance Development"

The rest of the autumn is unplanned, and we welcome your ideas and input. If you would like to be placed on the e-mail list to receive a monthly notification, please request to be added to the list by sending an e-mail to: forums.colorado@gmail.com

*All forums are subject to change. Check the SIN website -calendar section- for updates

MY FAVORITE RESOURCE (CONT.)

(Continued from page 3)

that is so mundane that I actually celebrate completing it each year.

I must say that if it **wasn't/weren't** for Ben Young, the Sun Study and the compassionate care that I have received from the DIDC staff of doctors over the years, I probably wouldn't be alive today. Throughout my time with DIDC I have had sepsis from a teeth cleaning (which Ken Greenberg, Ben's colleague, helped diagnose and treat), and peripheral neuropathy (which Ben diagnosed and then referred me to his own personal podiatrist for treatment). The neuropathy was very debilitating but the doctor I was referred to was able to diagnose another condition, Morton's neuroma, which I had in addition to the neuropathy. He then fitted me for a prosthetic insert after removing the two permanently inflamed nerves. Although I still have the neuropathy, the care provided has made it much more manageable. Also, while participating in the Sun Study it was discovered that I had anal cancer. Scary, yes, but treatable if caught early enough, and luckily it was caught early enough. I just had my anal pap smear come back clean, with no indication of malignant cells. Yea! Ben Young is now my good friend and I am so grateful for the care that he and his staff provide. —Rick

The following are a list of doctors who provide compassionate care through DIDC:

Dr. Benjamin Young

- American Academy of HIV Medicine Specialist
- 5280 Magazine "Denver's Top Doctors" (2002-2006)
- TheBody.com HIV Leadership Award

Dr. Kenneth Greenberg

- American Academy of HIV Medicine Specialist
- 5280 Magazine "Denver's Top Doctors" (2001-2007)
- Rose Medical Center Teaching Award (2007)

Dr. John Hammer

- Diplomat, American Society of Tropical Medicine and Hygiene

Denver Infectious Disease Care is located in the Rose Physicians building next to Rose Hospital
4545 East Ninth Avenue Suite 120, Denver, Colorado 80220
(303) 393 8050
For more information about DIDC go to www.didc.us

DIDC HIV+ Support Group

Meets the 2nd Weds of each month @ 4545 E. 9th Ave. Meetings are from 6:00 -7:00 pm.
Upcoming meeting dates:

June 11th

July 9th

August 13th



FROM THE DESK OF MAYOR'S OFFICE OF HIV RESOURCES

As a person living with AIDS and a staff member of the Mayor's Office of HIV Resources (MOHR), I'd like to offer a brief description of MOHR's activities.

The Mayor's Office of HIV Resources was established in 1996 by Mayor Wellington E. Webb as the entity to receive and administer federal funds authorized by Congress to provide services for people living with HIV disease in the Denver metropolitan area. Moreover, the federal legis-

lation (known initially as the Ryan White CARE Act) required a community planning body. Thus, Mayor Webb established the Denver HIV Resources Planning Council in conjunction with MOHR. MOHR is a four person office situated in Denver's Department of Environmental Health. The staff includes the director, a contract administrator, a data systems administrator, and a quality management coordinator.

In 2006, the Ryan White CARE Act was renamed the *Ryan White HIV/AIDS Treatment Modernization Act of 2006*. Its function is to direct services and assistance to specific HIV+ populations through five "Parts", with the first of these, Part A, directing funds to Eligible Metropolitan Areas (EMA) and Transitional Grant Areas (TGA). EMAs and TGAs are metropolitan areas in each of the fifty states and Puerto Rico with the largest number of reported HIV/AIDS cases. The Denver TGA is comprised of six counties: Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson. It is the intent of Ryan White Part A funding to be the payer of last resort for services needed by people living with HIV. The services in the Denver TGA include: primary medical care, HAART and HIV-related prophylaxis medications, dental care, mental health treatment, substance abuse treatment, home health services, medical case management, case management (non-medical), food bank/home delivered meals, emergency financial assistance, housing services, and medical transportation services. The Denver HIV Resources Planning Council selected the services (through a process known as Priorities, which will be discussed in a later article) to be provided through Ryan White and also determined the level at which each service should be funded.

It is the responsibility of MOHR to oversee the process that receives the Ryan White funds and to ensure that the funds are used to provide services in an effective and efficient manner. The first step in the process is to apply through a grant application prepared by MOHR to the Health Resources Services Administration (HRSA). The amount awarded through the grant is consists of two components: the formula award, which awards a set level of funding based on the number of HIV/AIDS cases in the Denver TGA; and the supplemental award, which is a competitive process based on how well the previous year's funds were used in the Denver TGA. The grant is submitted to HRSA each fall with the actual notification of award amount made the last week of February. The Denver TGA received \$7 million for Ryan White services through its grant application to HRSA in FY 2008, up \$3 million from FY 2006.

Once the grant application has been submitted to the feds, MOHR must then determine which agencies will receive Ryan White funds to provide services and at what level to fund the respective agencies. Agencies that wish to provide direct services to people living with HIV disease apply for Ryan White funding through an application submitted to MOHR once every three years. When MOHR receives applications for Ryan White funding, an independent review committee is convened to evaluate the applications. The committee, known as the Grant Application Review Committee (GARC), is composed of community members who are knowledgeable in the area of HIV/AIDS, as well as HIV+ individuals. These individuals are not, however, directly associated with an agency that has submitted an application and/or is currently receiving Ryan White funds. After reviewing the various applicants, GARC makes a recommendation of which agencies should be funded, and the level of funding they should receive, and presents this information to Mayor Hick-enlooper (the chief elected official of the Denver TGA). The mayor then instructs MOHR to implement his decision based upon the GARC's recommendations. MOHR then negotiates grant services agreements (contracts) with the agencies approved for funding by the mayor. The contracts specify the services to be provided, how they will be provided, and who is to receive them. Although agencies only submit an application once every three years, the contracts are negotiated on a fiscal year basis—March 1st through February 28th. Having completed the contracting process, MOHR subsequently monitors the service providers throughout the year to ensure that services are indeed being provided in an effective and efficient manner.



Anthony E. Stamper, MPA
Contract Administrator
Mayor's Office of HIV Resources



ENERGY WORK AND HIV

By Craig Chapin

When Rod ask me to write an article about Energy Work and HIV for the SIN newsletter, I thought I would be able to crank it out in no time. However, after many failed attempts, I have chosen to tell my story.

In June 2001 I tested positive for HIV. I was the Director of HIV Prevention at an AIDS Service Organization at the time, so I tested myself. I was overwhelmed with guilt and shame and felt that I could not let anyone know I was POZ, as it was my job to help all my "boys" to remain HIV negative— something I could not even do for myself. I started medical care immediately, but taking care of the emotional part of being POZ was not something that I was able to do at that time. For the next two months, I went on with my life as if nothing had changed, at least as far as my friends knew.

In August of that year, I had a wonderful experience at a street fair. I was aimlessly walking around the booths, taking in what the fair had to offer, when all at once my attention was drawn to one booth in particular. As I walked toward it, I noticed a man standing, holding his hands over a woman on a massage table, and I could feel this wonderful energy that he was sharing with her. My first thought was, "I need to experience that energy and how can I do this for myself?" At that moment the man turned to me, nodded and smiled. Without uttering a word, he seemed to be saying, "there you are" and "yes, I will share this energy with you." Then he turned back to the woman he was working with.

I started looking at the other booths, not wanting to go too far away, as I needed to talk to him and find out what just happened. About ten minutes later I saw the woman he'd been working on walk away with a beautiful aura surrounding her. I wasted no time going over and introducing myself and finding out what it was that he did. His name was Michael and he explained that he'd been doing Usui Tibetan Reiki energy work. He then asked me to lay on the table so that he could perform some Reiki on me. It was an experience that I will never forget. After fifteen minutes of receiving Reiki, I knew that it was something that I need to learn so that I could start taking care of myself. Michael and I set a time to meet so that I could begin my Reiki training.

The word Reiki is made up of two Japanese words: *Rei*, or universal spirit, and *ki*, (like Chi, in Chinese medicine.) Thus, the word Reiki means "universal life energy." Reiki is preformed by the practitioner placing his or her hands a few inches above the recipient's body and letting the universal energy flow in to the body. It is important for the person receiving Reiki to state a healing intention of what he would like to get from the Reiki session. Reiki is very difficult to explain; it is much better to experience it firsthand to gain an understanding. Two good websites I've found on the subject are:

<http://reiki.7gen.com/>

and

<http://nccam.nih.gov/health/reiki/>.

I use Reiki in my daily life to help reduce every day stresses, keep my viral load in control, and to check in with my physical and emotional body so that I better able to help myself and others. Since my first experience with Reiki at the street fair, I've continued to study Reiki daily and have received four attunements, to become a Reiki Master/Teacher. I addition, I have become a Certified Massage Therapist. The massage and Reiki compliment each other greatly. In my business, many of my clients do a combination of Reiki and massage. They find that the two together do a better job of relieving muscle stress and tension, and they have more energy afterwards.

If you have any questions about Reiki, please feel free to contact me.

Be Peace -Craig



Divine Light Reiki & Massage

605 ½ South College Ave.
Fort Collins, CO 80524

reikicraig@hotmail.com



Addiction Research and Treatment Services (ARTS) offers confidential, gay-friendly, substance abuse treatment for individuals who are HIV positive. Their comprehensive support programs include individual, group, and family counseling, methadone and antabuse, random urine testing, and psychiatric and medical care. All services are offered at no charge, and are provided through the University of Colorado Health Sciences Center's Infectious Disease group practice.

For intake information, or to schedule an appointment, please call
303 355 1014



SIN CRAP

By Lee Wagner

Crap. Now what?!? Despite some long-standing denial that has up until now has served me well, I realized that this May month of May is the 20-year anniversary of when I sero-converted. Hmm, I don't even think that "sero-convert" was a word anyone used back then. So much has changed in the past 20 years, including a whole new vocabulary. And what has also contributed to my present underlying angst is that much like being 42, I could no longer ignore that I, too am technically a "long-term survivor" – whatever the heck that means. Yes, folks, I know what it "means," in the technical terms. My concern now is, speaking in counselor-ease, what does that "mean" for me. It is my hopes that participating in SIN will help me on my personal journey for meaning as a long-term survivor.

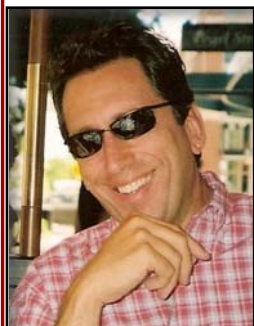
So much is different about my life than when I had first found out (some 5 years or so after I actually sero-converted) Medically, I am the healthiest I have ever been- insofar as HIV is concerned. I remember my last visit to the University ID clinic (much nicer than the back room at the University of Nebraska's Cancer Clinic—we needed to even hide from the doctor's back then) when my doctor said my t-cells were "Eleven-vormetubder." I asked him to repeat that, but when I realized it was Elevenhundred –something, I couldn't believe it and spaced out the last part again. I didn't think you could have that much and not explode. I was too embarrassed to ask him to repeat it a third time, and really, it doesn't matter. Really. How many of those things do you need?!? It's not like friends or porn or cookware, things for which there is no limit to one's desire. T-cells, schmee-cells. My concern for lab results has been one of the big changes over 20 years for me. After I hit 500, I stopped worrying, and after 700, I stopped asking, at 11-hundred, I forgot to tell my family. When I did remember to tell my sister, I made it clear to her that SHE should stop worrying.

I've visited with some of fellow SIN members about support groups and recognize there is a void in support for long term-survivors today. I don't need the same things I did when I started this adventure. AIDS isn't the same and most importantly, I'm not the same. I have a doctor that doesn't cower in the corner of the room. I would never put up with that crap today. I'm not chasing after every possible immune-boosting fad that pop culture embraces. I have more information about medications than I can remember. If a potential date freaks about my HIV status, I truly understand what a freak HE is. I finally have my credit cards under control—so much for maxing them out and thinking I was gonna die before the next payment due date. I've got to get my blood pressure under control. Blood pressure?!? My biggest worry was getting night sweats or crapping my pants with the new dose of AZT. Gone are the days of Lee worrying about wasting, she's got to get to the gym and lose about 20 pounds! (okay, you bitches, 25 pounds!) I haven't saved enough for retirement. I can't believe I'm even thinking about retirement!!! Is Colorado really a good place for HIV pos folk to retire? While I've had to change meds that stopped working, now I actually have chosen to change meds because of the side effects, and once because that formula was no longer being manufactured.

What do I want most now? Good friends, heart-felt hugs, a little sex, and some great laughs. Yes, it's a whole new day after two decades, and I'm glad there's SIN to help in the journey. Get ready for more adventure! —Lee

I'VE FINALLY FOUND MY TRIBE

By Jeff Willett



I heard of this group called Strength in Numbers (SIN) over a year and a half ago; but I was hesitant to join in the activities. Sure I always had an excuse; something else to do. But as I think about it, this is what I've been searching for all of my life.

When I came out of the closet, as a gay man, I had visions of a welcoming committee; a group of hundreds of gay men standing there, with arms wide open, welcoming me to the group of enlightened people. Well that never happened! So, then I picked up the gay newspaper and tried to find a group that I could belong to.

As I scanned down the list of groups, I concluded that I couldn't go to gay Alcoholic's Anonymous (hadn't drunk enough yet), I had no interest in being a Drag Queen, I didn't have the vehicle for the 4-wheeling group, I wasn't a Buddhist vegetarian and I was too young to be playing checkers with the retirees. These are all great groups; but as I searched through the whole list I couldn't find a place where I belonged.

And then I noticed that all of the gay ethnic groups had a strong sense of community and belonging. The Hispanics, African Americans, Native Americans and Asians all had their own group to go to. But where is the Regular

Average Guy (RAG) group?

So, finding SIN is finding the social group that I've been searching for! SIN is a melting pot of all ethnicities and interest groups. But the thing that binds us together is that we are gay/bi men who are HIV POZ and come together with a social agenda.

Having HIV is a major life changing event and not normally a reason to celebrate. But it's something that we all have in common. We've learned how to get through the tough times and we've become stronger on our own. But when we're all together at a SIN event, there's even greater strength in numbers.

When you attend a SIN activity, you have the opportunity to both give and receive strength in the knowledge of someone who's overcome what seemed to be an insurmountable mountain. And sometimes, it's just great to relax, laugh and forget for a moment that we have a chronic illness.

A tribe is not just a group of people with ethnic ties. A tribe is also defined as "a class or set of persons, esp. one with strong common traits or interests or a large family."

Now that's what SIN is all about! I've finally found my tribe! I am a part of a large family. See you at the next event! —Jeff

THE YOGA GROUP: *WE ARE THE YOGETTES*

By Phil Wade

"They are really going to make me do a handstand? Me?"

"Ok, if I can learn to do a handstand, then HIV will be no challenge at all."

It took a while to learn, but now I start my day, every day, with a couple of handstands, and now my HIV care consists of three-pills at night, and yoga in the morning. In early 1991 when I seroconverted, my yoga practice was minimal, as was my meditation, but I knew that both could help me stay healthy. I did not feel good about the floundering yoga practice, which I had started fifteen years earlier. I had been contemplating looking for a yoga teacher, and my sister reminded me of the ancient yoga adage that *"when the student is ready, a teacher will appear."*

That summer, while waiting at the I.D. Clinic at Denver General, I saw a small sign which simply said, "Free Yoga Classes for people with AIDS and HIV." A contact number was attached, and when I called, I was assured that this was an appropriate class for me.

The Yoga Group, which began in 1989, introduced me to Iyengar Yoga and restorative poses, which were quite different from what I had previously practiced. I was also introduced to yoga props and highly-structured, but fun classes. In the early '90s, although we laughed and joked during class, we lost a few Yogettes each year to AIDS. Many of us were seriously ill, but in the friendly, relaxed environment, we found yoga helpful in restoring health, relieving drug side effects, and providing emotional support. Each class became a combination of mild exercise, meditation, and emotional support.



Phil Wade (the one on the left) is the current President of the Yoga Group.

Yoga Group classes at the Iyengar Yoga Center 770 S. Broadway

Mondays and Wednesdays: 5:15–6:30 pm.
Saturdays noon until 1:30pm.

There is an additional class near DU on Tuesdays at 4:30 pm. The weekday classes are restorative classes for many different ailments including HIV. Saturday classes are exclusively for people with HIV and their partners. Classes are free for POZ people; the Yoga Group is funded primarily through the Walk.

For more information about the Yoga Group, email or call Phil at:
yogipoz@earthlink.net
(303)-358-3563.
Namasté.

With the introduction of new meds in the mid-nineties, many of us found ourselves getting healthier, but experiencing more drug side effects. The well-trained teachers taught us *asanas*, or poses, to combat things like nausea, diarrhea, dizziness, neuropathy, etc.

Now, we no longer lose Yogettes to AIDS-related deaths, there are dramatically fewer hospitalizations, and some of us are actually getting old! (OK, very middle aged). A couple of us have taken classes to teach yoga, and half of the Saturday Yoga Group classes are taught by Yoga Group students who have been part of this struggle since the early 1990s and are now teachers. We adapt classes for each individual. Most of us are healthier now, although older. New, and sometimes quite young, students appear each month, and even though a few of us have known each other since the early '90s, the yoga is always new, always refreshing, always adapted to the individuals who are present.

No reservations are needed. Wear loose fitting clothes, and join us!

—Phil



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These pictures were snapped in January at the inaugural Denver UB2 event. The festivities took place at Lannie's Clocktower Cabaret and were attended by over 110 people! SIN founder, Bryan Levinson, was the guest speaker, and local performer Lannie Garrett provided the entertainment. Lannie's Clocktower has been very supportive of the Strength in Numbers community so if you get a chance, return the support by attending one of her fabulous shows. Check out her calendar of upcoming events:

https://www.lannies.com/Calendar_Tickets.lasso





THE SECOND CLOSET

by Scott E. McGlothlen

As someone who has had HIV for less than a year, it hardly seems appropriate that I would be writing on life as a young, positive gay man. In fact, my knowledge of HIV was so low before I tested positive that when my doctor walked in the room and confirmed it, the first thing I thought was, *I am going to die; maybe not today and maybe not tomorrow. But in 20 years, I will definitely be dead.* Luckily it only took me two days to get in to see a specialist, where I quickly learned that a healthy lifestyle and proper medication management would be my tools for a nor-

mal life expectancy. Essentially, I now had something like diabetes.

But I did not feel like a diabetic. I felt much worse, much more embarrassed and ashamed. I dreaded the idea of telling my family. I had no clue which friends I could trust and rely on. I secretly met men online who were in the same shoes, many of whom were older.

"There will be a time when you don't even think about it anymore," one guy told me.

"I wouldn't recommend telling anyone!" another warned. "And don't tell anyone about me!"

This was indeed one of the most confusing times in my life, yet it all felt too familiar. I kept wondering where I had heard this kind of stuff before. And then it hit me: I was in a second closet. Only this time I wasn't a gay kid trying to open up to a heterosexual world. Instead, I was an HIV positive man trying to find acceptance in a gay world.

From an outside perspective, this doesn't make sense. The gay community is supposed to be both accepting of this disease and extremely supportive. There are fundraisers, galas, walks and balls galore to benefit HIV. So why would someone feel such shame and the need to go into hiding about it?

I do not know the answer to that question, but I regularly witness the shame and hiding. Many of the men I met online discussed the topic of disclosure, some saying they hid their status from their families. Others talked about how it should be kept out of the workplace. One guy even kept it secret from his closest friends, gay and straight. He also advised me not to tell any potential sexual hook-ups, and to wait at least six months before telling anyone that I met. I even saw these trends in my own relationship when my HIV-negative boyfriend had to tell his volleyball teammates that he would be missing the next game so that we could attend an HIV community forum. Like a magician, he easily distracted his peers, avoiding any mention of the topic. His intentions were to respect my privacy, but it also felt like he was trying his best not to "out" me.

From my own personal observation, the second closet seems to occur more in the younger generation, and in the newly diagnosed, like me. Nearly all the men I met who were over age 40 were out and honest about their HIV status, some even spoke of it as a badge of honor and survival. And in a way, the long-term survivors are not unlike those who have been to war. The battles may have been different, but watching your peers die must feel the same.

"Being in the closet about HIV is an insult to those who have died," one man told me over some Chinese food. "Guys today don't know how lucky they have it with these medications. We weren't so lucky then. And now they have the balls to hide it? It's offensive!"

Although his viewpoint may seem extreme, I couldn't help but agree with him. Prior to my diagnosis, I didn't really know anyone with HIV, especially in my age group, so when I found out I was positive, it left me feeling lonely. Suddenly I was the child on the playground that no one wanted to play with because he had cooties, and that train of thought can't be healthy for anyone living with disease.

Younger generations function on a different level than older generations. Whether we like to admit it or not, people in their twenties and thirties are much more concerned with image. We work harder to get laid than we do to put money in our 401k. Young gay men may think they are different; may proclaim that they do not care what people think, having worked so hard to accept their own sexuality but, ironically, it is these same guys who desperately hope that others will notice the Prada label on their shirt.

It is human nature for us to receive social gratification from one other. As sociologist Charles Cooley described it in his theory of the "Looking Glass Self," we view ourselves as we think others perceive us. With that in mind, it would be naive to think that the stigma associated with HIV does not come with the risk of social rejection. And when we do experience this rejection, we internalize it and feel even worse about ourselves, which, in turn, encourages us to stay in this closet. Even though there may be a level of social safety (and probably a better sex life) when we stay in the closet (and don't disclose), it essentially just continues the cycle of stigma.

This, in turn, reduces the awareness of the disease, sends the message that HIV is not prevalent in our community, and reinforces the message that people should feel shame when they are diagnosed. Then when someone new tests positive, that person is likely to feel alone, scared, and to retreat into the closet. Thus the cycle repeats.

But does coming out about our status really help reduce the stigma? It certainly seems like it to me. Again, it appears to parallel itself with coming out as gay or lesbian. There was a time when only a few people were out about being gay. These were the social oddities of society—those whose gayness was difficult to conceal. But the more that people opened up about their sexuality, the more social advancements were made, and today, ironically, it is the people who reject or conceal their homosexuality that are seen as the social oddities.

Other cities are proving this as well. In far off, progressive lands, like New York and San Francisco, there is so much awareness about HIV that people in those communities no longer care if you are positive or negative— as long as you have six pack abs. Granted, Denver is no New York or San Francisco. Our city may have grown a lot, but we still have a small town attitude towards a lot of things. The Denver-area community has done an amazing job at raising money for programs and non-profits related to HIV, but now is the time to start raising social awareness in order to reduce the undeserved stigma of this disease. And social groups like Strength In Numbers are a great place to start. A group where people don't feel like they have to go into hiding when they hear what may be the worst possible news of their lives.

I personally have not had much time being HIV+. At his point, I still kind of feel like I am dancing with the devil. But that will stop only if I take the steps to stop it. I know that when I attend SIN events, I gain more comfort with my positive status. Talking to other guys (especially around my age) can only help me feel normal again. And when I feel comfortable with one group that helps develop the courage to be honest with my fellow gay men outside of the group and helps me avoid entering the closet for a second time. I can show that if HIV can happen to me, it can happen to anyone. I may receive some criticism along the way. But if I can help just one other person not feel like a freak, then it will be worth it. —Scott



IT'S BAAAACCK... .

MY EXPERIENCE WITH SYPHILIS

By Chris Kenry

In case you haven't noticed the billboards, and signs on busses, syphilis is back. I'm not sure it ever really went away, but I'm here to tell you that it is, most certainly out there. I am also here to tell you that you definitely don't want it and should probably take some steps to avoid getting it, unless you want to endure the hassle and humiliation described below.

Initially, I went to the doctor because I thought I was having a really persistent outbreak of herpes (yeah, I've got that, too. Makes me a real catch, I know). Anyway, the doctor looked at the sore on my dick and said, "why don't we run some tests for other STDs."

A few days later he called to say that the tests for Chlamydia and gonorrhea were negative, but the one for syphilis had come back positive.

Great, I thought. *No big deal. A course of antibiotics and I'll be done with it.* Unfortunately, treatment of syphilis in HIV+ patients is not quite so simple, and success depends on the strength of the immune system as much as it does on antibiotic effect. For me, it was determined that I would need a 3-week course of oral antibiotics, two pills, twice a day, which wasn't great since I'm not wild about having to remember to take an additional set of pills in addition to all the others, but it seemed doable.

It wasn't.

I had an adverse reaction to this particular flavor of antibiotics and it left me nauseous to the point of vomiting, and generally feeling like I had the Mother of all hangovers. Three weeks of that was not going to happen so I called the doctor and was told that the only alternative was to get three rounds of penicillin injections, spread out over a period of three weeks.

Three little shots. Again, no big deal. Whatever it takes to get rid of the oozing sore on my dick.

Well, it was a big deal. A very big deal. I arrived on a Friday for the first round of shots and was told by the doctor that he wanted the interns to give the injections, "so that they can get the practice."

Practice? How hard can it be to give someone a shot in the ass?

"These shots are different," he said, and then went on to describe the stuff they were going to inject as having "the consistency of cake frosting. They really have to jam it in there," he said, miming something out of a brutal fisting movie.

Not since Bill Clinton met Monica Lewinsky has someone so regretted contact with interns. There were three of them, all prim and virginal, and probably too young to legally buy alcohol. First, I heard their tittering teenage giggles in the hallway as I waited in the examination room, then they entered and I suffered the considerable embarrassment of having to drop my pants in front of these barely post-pubescent girls. And then, the pain. Jesus H. Christ did it hurt! And from the horrified gasps and expressions of "Oh my God!" that came from the interns, I gather that it was none too pretty to look at, either.

The thing about intramuscularly injected penicillin is that it is designed to be released into the bloodstream over time (hence the cake frosting consistency) and so it balls up in the muscle when they inject it. It hurts, to say the least, and I broke into a cold sweat when they injected it, and I cried real tears. And that was just after the first shot. Then they nailed me with another one in the other cheek and I came close to passing out. When it was over, I pulled up my pants and walked out to my truck, feeling like I'd just spent several days riding across bumpy terrain (dare I say "bareback") on a pack mule. Nor did the pain stop once I got to the truck. I rolled up the windows, howled a stream of four-letter words, and banged my fists on the steering wheel. Eventually the pain died down enough that I could drive back to work, but it certainly didn't go away— for three days! When I got home that night, my ass felt like I had spent the better part of the day doing squats and lunges, followed by a severe and lengthy spanking with a fraternity paddle. It hurt so bad that the only comfortable way I could sit down was to perch on the edge of a chair. And laying in bed was even worse as the pain would come back each time I rolled one way or the other.

A friend of mine who spent years overseas in the army told me that army doctors used to give penicillin to anyone who whined or complained about anything, not because penicillin was some magical cure-all, but because the injection hurt so much that it would make them think twice about whining and complaining the next time. It's a skewed logic, of course, but now makes perfect sense to me.

So, this all leads, as T.S. Eliot said, "to an overwhelming question ... " Why go through all this shit? I've already got HIV. And herpes. And have had my share of crabs, non-gonochoccal urethritis, etc. Why subject myself (not to mention others) to this? Why do I never learn? Why do I always think that this guy's dick, or ass, or mouth is somehow going to be better, or more fascinating, than all the rest? Why do I find it so difficult to actually put on a condom? The possible answers probably run into the hundreds and range from indifference and despair, to selfishness and, yes, to a bit of an addiction. But honestly, most of my sleeping around is a clumsy attempt to find a place where I feel I belong. At times I've felt that being gay has marginalized me, or enclosed me in a circle. And having HIV, too, is like being enclosed in a smaller circle within that circle, in which it seems like no one wants to touch you. How many of us can honestly say we haven't bristled with indignation when we read personal ads that say "D&D free only." Or worse, "Looking for someone clean," the implication being that HIV makes you somehow dirty. Of course, if I were on the other side of the HIV fence, I would probably be the one posting such ads but, nevertheless, reading things like that can really throw me into a state of existential despair. A state in which it is difficult, if not impossible, to give a shit about myself, let alone my fellow man. And that, in turn, leads me recklessly out into the streets, not giving a damn about what's out there.

And maybe that's where Strength in Numbers comes in—as a place where I don't have to feel shame about what I've got. A place where I can feel a part of something instead of feeling apart from everything— included rather than excluded. Sometimes I guess it takes a shot in the ass (or in this case, six) to realize how important that really is. —Chris

SHADOWCLIFF RETREATS—2008

Shadowcliff is an historic, rustic, & beautiful alpine lodge bordering Rocky Mountain National Park, Arapaho Forest, Indian Peaks Wilderness Area, and the roaring North Inlet Stream. Perched on a cliff overlooking Grand Lake Village and the Colorado "Great Lakes" area, Shadowcliff treats its guests to the magnificent grandeur of the majestic Colorado Rocky Mountains. The lodge was built over a 40 year period by volunteers from 30 different countries, on land that is sacred to the Native American community. The retreat was founded in 1990 by Pat & Warren Rempel, to honor their son Scott who died of AIDS in 1989. The Lodge is now owned and operated by a non-profit organization whose mission centers around sustainability education and creating a climate for a restorative world.



The 2008 HIV Retreats are June 19-22 and July 17-20. The retreats are 3-day events with a full program of interactive workshops & educational seminars, a variety of body therapies, social activities, and various other sessions. Their purpose is to offer a proactive environment where poz folks can empower themselves with knowledge and skills about health, living, and coping in a setting of friendship, safety and acceptance by providing an affordable 3-day mountain getaway in an awesome setting with a full agenda of educational, social, and other activities.

Shadowcliff has a main lodge with a lounge, an annex lodge with a lounge for body therapies, an outdoor area with a fire pit, and another building for workshops and group sessions. Our retreat has exclusive use of all buildings & facilities the entire weekend. Sessions for both retreats this year include "Living Well with HIV, Not Just Longer" presented by Lark Lands; a treatment update by Ben Young MD in June and by Steve Johnson MD in July; "Creative Visualization"; a nutrition workshop; HIV Jeopardy & Wheel of Fortune; and a crash course on the pine beetles & sustainability. A variety of body therapies are provided by licensed practitioners who volunteer their time all weekend. These include Massage, Energy Work, Acupuncture, Reflexology, and Chiropractic. Each morning we offer brief sessions of Yoga, Meditation, T'ai Ji, and Chi Gong. There are nature walks in the area, hikes in Rocky Mountain National Park (trailheads are adjacent to the property), a boat ride on Grand Lake, fireside chats & discussion groups, an interactive team challenge, as well as "down time" for hanging

out, socializing, reading, games, or just relaxing and taking in the beauty of the environs.

The base cost is \$80 (which includes 3 days lodging, all meals, body therapies, and all activities). Each retreat is limited to 40 participants and 10 volunteers. The retreat prohibits the use of alcohol and illegal drugs (both on and off property). Shadowcliff is a non-smoking facility both inside and outside, but there is a designated smoking area down the road off the property. To ensure that everyone is able to attend, we organize a carpool that leaves from a convenient location in Denver at 10 am on Thursday morning. With good traffic, the trip takes 2 hours, and detailed driving directions are provided for everyone.

Registration forms are available (as a Word doc) by sending an e-mail to: shadowcliff@hotmail.com (you may also request one by mail at: 303.587.0233). For more information, visit: www.shadowcliffretreat.blogspot.com (or call Michael at: 303.587.0233).

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For more information: www.thepositiveproject.org

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THE BUMPY NIGHT

By Arthur Powers

In the first and vitally important issue of the SIN newsletter last December, I promised that this column would focus on HIV/AIDS public policy and political developments as we were about to start the 2008 Colorado Legislative Session. Well, the session that was on the verge of starting then has concluded now, and this legislative session like all the legislative sessions going back to 1986 (royally) substantiates, in my view, the concept that our communities' interests are best served by full-time representation of a Person Living With HIV/AIDS working in conjunction with the organizations that, statewide, serve our communities which are represented by Colorado Organizations Responding to AIDS (CORA). The representation of our interests by a person experiencing living with HIV/AIDS is what I have worked to provide with various sets of colleagues and dear friends over a span of nearly twenty-two years, now. And in this second, and very encouraging, issue of the SIN newsletter for which we have Rod Rushing and hard working SIN volunteers to thank (Rod has the patience of Job), I provide part 1 of my report as to the most salient developments of the Colorado Legislative Session of this year.

The State legislative session ended relatively well in terms of results. We'll commence with HB 1072: "Concerning Employment Incentives for Persons With Disabilities Through A Medicaid Buy-In Program," one of two bills that represented the highest legislative priorities for the the HIV/AIDS Communities in

the 2008 legislative session, which passed both Houses of the Legislature and is headed to the Governor for signing. I fervently hope that he does so and I believe you'll agree as you read what this legislation creates. HB 1072 would make possible the option of returning to work for Persons Living With HIV/AIDS and other disabilities enrolled in Colorado Medicaid without putting their Medicaid participation and eligibility at risk by establishing a Medicaid Buy-In program.

Presently, serious, programmatic structural impediments exist in Colorado Medicaid related law, rules, and regulations inhibiting Persons with Disabilities including Persons Living With HIV/AIDS who are on Medicaid from returning to work as "medically improved" individuals. For Persons With Disabilities and HIV/AIDS on Colorado Medicaid, returning to work could now, all too easily, lead to the loss of Medicaid-eligible status and, from there, the loss of the unique, crucial components of health-care provided by Medicaid, such as attendant-care support services and durable medical equipment provision, that virtually no typical health insurance plan provides. For many Persons with Disabilities on Medicaid, these components of care - including, for example, prescription drug coverage so critical to Persons Living With HIV/AIDS on antiretroviral drugs - signify the difference literally between life and death. Losing Medicaid eligibility for these components of care in an effort to return to working- an effort made possible by becoming "medically improved" because of receiving health-care through the Medicaid program in the first place- would be no less than a devastating reversal for Persons With Disabilities and HIV/AIDS, of course, and ultimately would cause an affected person not to be able to continue working due to the loss of access to Medicaid-provided medical services, and the deterioration of health and well-being that would result. If you perceive in this scenario a circular, bedevilling, even agonizing Catch-22 for the disabled on Colorado Medicaid who want to try going back to work with their stabilized health, you would be correct. The Medicaid Buy-In program proposes to change all this for the better by eliminating the current set of impediments to efforts on the part of the disabled on Colorado Medicaid to return to working.

As a direct result of the problems HB 1072 would address, many Persons With Disabilities and HIV/AIDS who would like to work are unable to do so and, instead, spend their lives simply rotting away, unable potentially to improve their all-too-often painful economic plights and, moreover, to lead creative, productive, fulfilling lives. Thirty-eight other states have various formats of a Medicaid Buy-In program for these reasons, and we have needed one in Colorado since, well, forever. This bill specifically puts into motion Phases I and II of the process of implementation of the Medicaid Buy-In program, and paves the way for ultimate operational implementation without the severe constraint of budget neutrality that plagued the two, historic bills attempting to establish a Medicaid Buy-In program approved by the State Legislature years ago (the first one over TEN years ago) which rendered them essentially useless. This format of Medicaid Buy-In legislation WITHOUT budget neutrality, indeed, has been a long time in the "making," but the absence of budget neutrality this time around has fiscal implications that had to be cleared with the Legislature. And without the efforts of our Community, no question about it, HB1072 would have been lost specifically in the House Appropriations Committee, a key step in the legislative process involving the funding of the Program by the State Legislature. It took a lot of work to save the bill, but the effort, of course, was well worth it given all the "disability folks" (thousands, literally) and the 500 - 800 Persons Living With HIV on Colorado Medicaid who could benefit. In the Senate, our community was able to effect an important amendment relating to program eligibility and obviating a need mandated in the original version of HB 1072 to spend-down certain of one's assets and their related income before being able to qualify for the Program.

HB 1390: "Concerning The Cover Colorado Program," which is the health insurance program in our state for persons with medical conditions of a chronic or terminal nature that renders them significantly uninsurable, also passed the Legislature and is expected to be signed by the Governor. Primarily, this legislation seeks to stabilize the funding sources sustaining this important health insurance program for largely uninsurable persons such as Persons Living With HIV/AIDS who, otherwise without this program, would be compelled circumstantially to support all their medical care and expenses out-of-pocket- a daunting challenge, indeed! Now Cover Colorado, in my view, and the view of others, is beset with problems relating to affordability due to the premiums, deductibles, and co-pays being comparatively very high, making the program inaccessible to many who otherwise would qualify for, and need it acutely. The program also has a problematic, individual life-time cap on costs and outlays of \$1.million. HB 1390 crucially sets the stage for going to the Cover Colorado Board of Directors and petitioning them to raise the life-time cap on benefits from the current \$1.million to \$1.5 million or \$2.million. One of the principle arguments in favor is that the current cap has been in place since the program's inception in 1990 and has never been adjusted upward to account for the medical rate of inflation that has accrued since. From 1990 to 2008, that's a lot of medical inflation not taken into account for persons on the program who have high cost medical conditions! We are looking forward to furthering the conversation on the subject of the life-time cost cap, and the issues relating to affordability, with the Board of Directors beyond the pointed testimony provided with regard to these

(Continued on page 14)

THE BUMPY NIGHT (CONT.)

(Continued from page 13)

issues in the House Business Affairs and Labor Committee when HB 1390 was presented, there.

In the closing days of the Legislative Session, we were able to have approved a "clear" path to the potential establishment of an office of State Insurance Consumer Ombudsman in the Colorado Division of Insurance/Department of Regulatory Agencies (of which the Division of Insurance is a part) over the objections of the insurance industry and its forty-two lobbyists. They SWARMED us and the legislators trying to fight-off the amendment to HB 1216: "Concerning The Creation Of The Consumer Outreach and Education Program Within The Department Of Regulatory Agencies" creating this position/office, an extremely important office to defend the interests of virtually ALL insurance consumers in Colorado. We had "won" with regard to our original (and ideally crafted and phrased by Senator Bob Hagedorn, the amendment's sponsor) amendment and the battle in support of it against the insurance industry outright, with the amended bill (sponsored by Senator Chris Romer and Representative Mark Ferrandino) passed out of the Senate on 3rd reading by a vote of 20 - 15 (the bill had already passed through the House). But the insurance industry threw a FIT and did so with the Chair of the Joint Budget Committee (a member of the House, this year) who, we believe, then went to the Senate leadership and compelled the recall to the Senate of HB 1216 as amended, in an extremely rare maneuver to modify the amendment for the insurance ombudsman to a version that the insurance industry could point to and "save face," exceedingly frustrating(!). We had, to that moment, every reasonable expectation to believe that we had succeeded outright. Still, we did so to a significant degree despite their efforts against the idea of this office on behalf of consumers. The Insurance industry was seething, and the fight took both sets of parties (our four advocates to their forty-two or so lobbyists) right up to the moment the Legislative Session ended on Tuesday evening, May 6th.

There's plenty more to summarize and digest concerning the Legislative Session and its results, especially in terms of broad efforts toward health-care reform culminating in SB 217: "Centennial Care (health-care) Choices" in its final, amended form, and with regard to HB 1389: "Concerning Increased Oversight of Health Insurance Rates," a hugely important piece of legislation with impact affecting truly much of the population of Colorado in terms of health insurance rate regulation. However, this report to this point is all this writer has the strength, health, and stamina to write, just now, in the aftermath of the Colorado Legislative Session of 2008. I'm exhausted(!), so please understand. In the next issue of the SIN newsletter, this report will be completed, including a report on the reauthorization of the Ryan White Care Act which affects so many of us as Persons Living With HIV/AIDS in a spectrum of ways from primary health care and the provision of antiretroviral drugs to housing. Meanwhile, take care and have a terrific Summer.

Arthur Powers, Managing Director, THRIVE: The Persons Living With HIV/AIDS Initiative of Colorado

arthurwpowers@yahoo.com



HIKING AND FISHING AND BEARS, OH MY!

Okay, it's Colorado, not the land of OZ, but how would you like to go out for a day, or maybe several days, and break away from the daily grind and just get out in nature. When was the last time that you went camping in the woods, or went fishing out on a lake or paddled down one of the many great streams around Colorado? How would you like to go out and visit some of the great Colorado State Parks and some of the National Parks that are all around us? Maybe you have thought about doing these things but never had the chance. Well, how about doing it with

some of your friends in the Strength In Numbers group?

I had floated this idea during the winter months and many SIN members expressed an interest, so now is the time to get ourselves out doors and enjoy something new. You don't have to be the super experienced person to go out camping or fishing, or even have fishing tackle (I have plenty of fishing equipment to share).

I want to go camping— soon and often— so if you have camping equipment, great, get it out and lets go camping. I have access to a nice RV that can transport up to 4 people and we can even get a group site and set up extra tents, if needed. Or we might rent a cabin at one of the State Parks. Lets share the costs, share the cooking, and share some relaxing times out of the city.

Remember, there really is strength in numbers. We can do it if we do it together! Drop me a line if you are interested in any of the activities mentioned above: unclepatrick1225@yahoo.com

Also watch for postings on the yahoo Strength in Numbers home page about outings. Let's do it for our Health and our self. —Patrick (aka Uncle Patrick)

New Support Group Forming

Are you interested in being a part of a new support group to talk about the spiritual side of living with HIV/AIDS? Many years ago I facilitated a support group in Orlando, Florida called Spiritual Strength For Survival. The program helped me in so many ways that I now have the desire to start it up again.

If you would be interested in being a part of this group, would like more information about it, or if you have any ideas about potential discussion topics, drop me a line at:

unclepatrick1225@yahoo.com

This group will be forming in August or September, 2008, and meetings will be held at St. Thomas Episcopal Church on 22nd and Dexter.

Let's get back to the basic roots of supporting each other again!

—Patrick

HIV RESOURCE PAGE

CLINICS AND/OR CLINIC REFERRAL:

Denver Health Medical Center
303.602.8710
fax: 303.602.8754
<http://www.denverhealth.org>

Howard Dental Center
303.863.0772
fax: 303.832.7823
<http://www.howarddental.org>

University of Colorado Hospital
720.848.0816
fax: 720.848.0192
www.uch.edu

AIDS Drug Assistance Program
303.692.2783
<http://www.atdn.org/access/states/co/co.html>

ARTS (Addiction Research and Treatment Services)
303.355.1014
<http://www.artstreatment.com>

Children's Hospital HIV Program
303.764.8233
<http://www.chipteam.org>

It Takes a Village
303.367.4747
info@ittakesavillagecolorado.org
Resource for HIV+ inmates
Contact Gerald Borden

Servicios de la Raza
303.458.5851
<http://www.serviciosdelaraza.org>

Denver Infectious Disease Care
303.393.8050
www.didc.us

VETERAN'S SERVICES

The American Legion Department of Colorado
John McCartney, Department Service Officer
E-mail: aldso@coloradolegion.org
Office: 303.914.5587, Toll Free: 1.877.917.5381

MENTAL HEALTH SERVICES:

Mental Health Corp of Denver
303.504.6649
fax: 303.757.5245
carlclark@mhcd.com

Denver Health Outpatient Behavioral Health Sciences (OBHS)
303.36.5690
http://alcoholism.about.com/od/tx_co/qt/dhmc.htm

Cameron Gridley Psy D.
303.557.0824

Tony Miles PhD
303.282.4483

Keith Swain, counselor
720-252-9575

REGIONAL AIDS PROJECTS:

Boulder County AIDS Project (BCAP)
303.444.6121
fax: 303.444.0260
<http://www.bcap.org>

Northern Colorado AIDS Project (NCAP)
800.464.4611
fax: 970.4848.4497
<http://www.ncaids.org>

Western Colorado AIDS Project
(800.765.8594
fax: 970.243.5791
<http://www.westcap.info>

Colorado AIDS Project (CAP)
303.837.1501
fax: 303.837.0388
<http://www.coloradoaidsproject.org>

Southern Colorado AIDS Project
800.241.5468
fax: 719.578.8690
<http://www.s-cap.org>

The intention of the Resource section is to provide a concise practical HIV guide for the community to reference. If you have a resource, or have accessed an HIV resource that has been beneficial, please submit it to the SIN website, message section, so that it may be added.



SIN COLORADO

LIST OF UPCOMING EVENTS

June	July	August
6/17/08 6:00 pm Community Education. Forum (topic on p.5) Our Saviors Lutheran Church, 9th & Emerson St.	7/15/08 6:00 pm Community Education. Forum (topic on p.5) Our Saviors Lutheran Church, 9th & Emerson St.	8/12/08 6:00 pm Community Education. Forum (topic on p.5) Our Saviors Lutheran Church, 9th & Emerson St.
6/19 - 6/22/08 Shadowcliff Retreat	7/17 - 7/20/08 Shadowcliff Retreat	
Thursday 6/19/08 SIN Happy Hour 6 -8 pm The Eagle (1475 36th St)	Thursday 7/17/08 SIN Happy Hour 6 -8 pm Charlie's (900 E Colfax Ave)	Thursday 8/21/08 SIN Happy Hour 6 -8 pm The Wrangler (1700 Logan St)
Recurring Events:	Recurring Events:	Recurring Events:
Sunday Coffee Talk/Brunch 6/15/08 & 6/29/08 11 am - 1 pm Hamburger Mary's (17 th & Washington St.)	Sunday Coffee Talk/Brunch 7/13/08 & 7/27/08 11 am - 1 pm Hamburger Mary's (17 th & Washington St.)	Sunday Coffee Talk/Brunch 8/10/08 & 8/24/08 11 am - 1 pm Hamburger Mary's (17 th & Washington St.)
Free SIN Yoga Mon. 4:30 pm (2670 S Gilpin) Wed. 5:15 pm (770 S Broadway) Sat. 1:00 pm (770 S Broadway)	Free SIN Yoga Mon. 4:30 pm (2670 S Gilpin) Wed. 5:15 pm (770 S Broadway) Sat. 1:00 pm (770 S Broadway)	Free SIN Yoga Mon. 4:30 pm (2670 S Gilpin) Wed. 5:15 pm (770 S Broadway) Sat. 1:00 pm (770 S Broadway)

All events are subject to change. Check the online calendar to confirm times, dates and locations:

<http://groups.yahoo.com/group/SINColorado/cal///group/SINColorado/?v=2&t=1214812800>