



STRENGTH IN NUMBERS COLORADO

www.strengthinnumbers.org

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INSIDE THIS ISSUE

CHANGE IN THE AIR	1
HIV ONE ON ONE TRAININGS	1
SHADOWCLIFF RETREATS	2
SIN IN THE CITY	2
THE ARCHERY OF SIN	3
MEDIATION, ZEN, AND AIDS	4
WHOLISTIC HEALING	5
THE NET: COMMUNITY OF BROTHERS	6
THE BENEFITS GURU	7
SINMEN.NET	8
INTERVIEW WITH TREE	9
NATIONAL HIV/AIDS STRATEGY	9
THINKING OUT LOUD	10
EDUCATION IN THE COMMUNITY	10
LIVING WELL WITH HIV	11
CHEW ON THIS—HOWARD DENTAL	13
COMMUNITY EDUCATION FORUMS	14
HIV RESOURCE PAGE	14
UPCOMING EDUCATIONAL FORUMS	14
YOUTH AND HIV—AN OVERVIEW	15
SIN UPCOMING EVENTS	BACK

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 fund-raising for treatment services and research (such as AIDS Walks and the California AIDS Life Cycle) and HIV prevention.

The Official Newsletter for the Colorado Chapter of Strength in Numbers

CHANGE IN THE AIR

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

As you hear more and more about the state of Colorado's and the City and County of Denver's economic woes, Colorado is facing a \$384 million shortfall in 2010 and Denver is facing a \$120 million shortfall in 2010, you may wonder how these dire economic forecasts will affect services for persons living with HIV/AIDS in the Denver metropolitan area.

While some HIV/AIDS related programs funded through the state's and city's general funds will be affected, federal Ryan White Part A funds for HIV/AIDS services in the Denver metropolitan area, which are administered by the Mayor's Office of HIV Resources, have actually seen a 10.55% increase in FY 2009 (March 1, 2009–February 28, 2010)! Therefore, Ryan White Part A funded services such as primary medical care, case management (both medical and non-medical), emergency financial assistance, housing services, food bank and home delivered meals, mental health services, substance abuse services, and medically related transportation services will be sustained without cuts through February 28, 2010. Furthermore, the AIDS Drugs Assistance Program (ADAP) funded through Ryan White Part B and administered by the Colorado Department of Public Health and Environment will also continue to provide the same level of service through March 31, 2010.



While the federal Ryan White Part A & B funding levels for FY 2010 is unknown, the Mayor's Office of HIV Resources does not anticipate any major decrease in Ryan White Part A funding for FY 2010 from FY 2009. As a result, no major cuts in the above mentioned Ryan White Part A services are expected in FY 2010. However, due to HIV/AIDS related services funded through the state of Colorado's and City & County of Denver's general funds, there may be more demand on Ryan White funded services. With this in mind, the Denver HIV Resources Planning Council (Planning Council), which determines funding levels for Ryan White Part A services, has addressed this issue through its annual Priorities Setting and Resource Allocation Process for FY 2010.

(continued on page 3)

HIV ONE ON ONE TRAININGS

By Rick Smith

Based on the success of the Self Management and Peer Mentor trainings offered by the Rebuilt+ Committee of the HIV Resources Planning Council in cooperation with LTI and Cicatelli Associates of New York City in March of this year, HIV One on One is pleased to announce the roll-out of it's first series of trainings offered in the Denver area.



(continued on page 3)

2010 RETREATS AT SHADOWCLIFF



The dates for the 2010 Retreats have been announced. Next year, HIV Retreats at Shadowcliff will be June 10-13 and July 29-August 1. If you would like more information about the retreat or would like your name on the list to receive a registration form in the spring, send an e-mail to: Shadowcliff@hotmail.com or call Michael at 303.587.0233.

More information is available at:

shadowcliffretreat@blogspot.com

WOULD YOU LIKE TO CONTRIBUTE TO THIS NEWSLETTER?

The S.I.N. Newsletter is a quarterly publication & welcomes submissions from anyone on anything HIV-related. Deadlines are usually a few weeks prior to publication. We appreciate articles that have a maximum length of 500-600 words. All submission are subject to editing for length & clarity. Send articles or ideas to:

rebuilt-denver@yahoo.com

Put "Newsletter" in subject line.

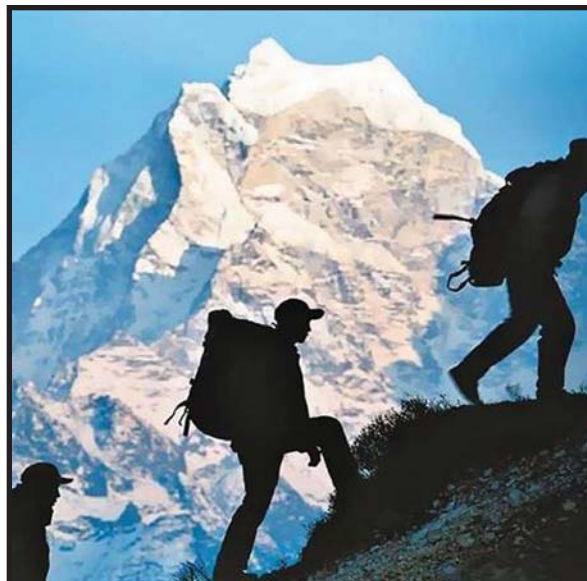
SIN IN THE CITY

By Rod Rushing

As the 26th year of HIV/AIDS passes, we as a community have much to reflect upon. More importantly, however, may be how we position ourselves for the future. Vast change seems to be the most important and immediate fourteener we must climb. October is now in full swing and autumn is at its midpoint. Indian Summer one day and a touch of frost that night.

But these changes are perennial and can be expected and counted on. A larger change in our midst is the financial crisis that has beset our nation, and that kind of thing happens with less frequency. Each city, each county, each state will have to tighten its belt (at best) to accommodate scarcity. DC and California are already reeling, and Colorado will no doubt follow suit. Budget cuts are forecast and I suspect we will careen these tectonic shifts most skillfully by rallying together and trekking onward and upward.

Our 6th issue took shape almost organically. Peppered among these pages are very individual and distinctly personal approaches to living and staying healthy. There are a couple of articles that were sent almost immediately after the last issue went to print. One speaks of a spiritual path that has provided guidance, and another embraces holistic avenues that have seen him through decades of dealing with this virus, before HIV meds were around and after he started them this year. Our Benefits Guru, Michael Van Essen, shares info on Medicare, eye care, and eye wear which can easily help some of us keep a watch on what's happening.



The remaining lineup of remarkable Coloradan contributors will hopefully provide you with another facet of our talented and creative poz community. The lesson for me in these pages may just be never underestimate the guy in the clinic waiting room. He might not only be volunteering for my favorite organization, but he might also know how to get rid of those nasty side effects.

Change too, is happening at Strength In Numbers. A new networking site has been created by founder Bryan Levinson and it is much more user-friendly. Tim G. (the moderator for that site) has written an invitation and included a sample snapshot of the site. You are encouraged to check it out... This is a great time to invite all of you to get involved with any of the organizations that speak to your heart. We believe that all of you have something to contribute and it may come in handy in the future.

IN HOPES OF INSPIRING, +ROBERT BREINING



Founder of the POZIAM Community

We are of the belief that friendship is born the moment when one person says to another "What? You too? I thought I was the only one!"

Friend us on MySpace—myspace.com/poziam or visit www.poziam.com
Tune into POZIAM Radio—blogtalkradio.com/poziam

THE ARCHERY OF SIN

By Reverend Jim Chandler

Many of us, for the sake of convenience, and because of its double meaning, refer to this organization and its publication as "SIN." Aside from the fact my religious denomination doesn't believe in sin in its traditional sense, and although I find it amusing that a minister should write for SIN, there is a basis for this rather powerful organizational foundation. In the "New Thought" spiritual movement we use sin the way it is used in archery terms, meaning to miss the mark. When you "sin" in archery you have tried and missed the bull's eye. The only person who sins in archery is the person who never tries, and the same is true in life. Perhaps we have tried at something and had to suffer the consequences, perhaps we have followed the wrong path, been misinformed, or just plain ignorant of our power to change.



We are all quite aware how many times those of us in the HIV/AIDS community have dealt with this pandemic in the wrong way, relied upon false promises, or tried to just plain escape its impact through substance use and abuse. We have also discovered that these are not necessarily the answers to how to work with any pandemic or any personal or global problem or situation.

If you read the Mission Statement on the cover of this issue you will understand why we are here, and why this organization has been formed, it goes so much deeper and covers so much more. We are "way showers" for society. From the beginning we have made mistakes, we still are personally and as a society, but overall we are teachers. Teachers who show the world how to live with a chronic illness in a positive and empowering way. We can judge that if resources

had been used properly at the beginning of the illness it would never have spread like it did, or they could blame us for our life style of "sex, drugs, and rock and

roll" from the post Woodstock/ Stonewall era, but if we remove the blame, just as we should remove the blame of sin, we will find that we have a message for the world.

Learning to embrace each other exactly where we are, and knowing that each time we shoot an arrow we may miss the mark, we can learn from our mistakes and errors of the past, make some small adjustments, learn, and hit the mark. I hope that every one of us never fear to try in life, try to teach others, lead those who are afraid and be an inspiration to those facing their own SINS in life.



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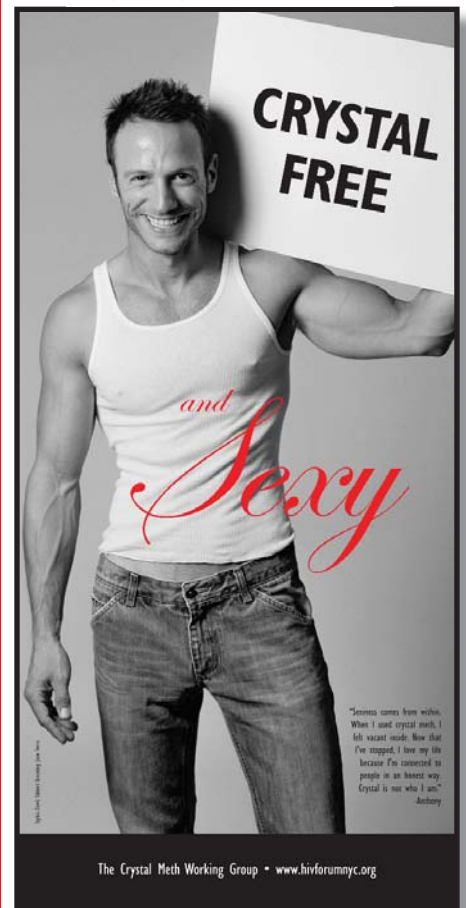
Strength in Numbers

CHANGE IN THE AIR (CONTINUED)

The Planning Council's decisions from its annual Priorities Setting and Resource Allocation Process will make sure that the above mentioned Ryan White Part A services will be maintained at current funding levels or, in a worst case scenario, at least at the FY 2008 levels. Furthermore, the Mayor's Office of HIV Resources is committed to ensuring that the Denver metropolitan area continues to receive increased Ryan White Part A funds from the U.S. Department of Health & Human Services, Health Resources Services Administration through its annual competitive grant application process that highlights the high quality services provided by Ryan White Part A funded providers in the Denver metropolitan area.

Check out our new website...

www.ontheten.org



The Crystal Meth Working Group • www.hivforumnyc.org

MEDITATION, ZEN AND AIDS: A PERSONAL STORY OF HEALING

By Todd L. Connors, Ph.D.

Human suffering is both unique and universal. We all experience suffering, fear and anger, but the experiences of fear and anger may be common to all of us, the circumstances that give rise to these difficult aspects of life vary. Beneath the circumstances of my life are patterns of aversion, denial, and anger that are similar for each of us. Understanding these deeper patterns contributes to my understanding of the drama of my everyday life.

Each serves the other, like two hands washing each other. At the Zen Center of Denver, my Zendo, part of our morning service we recite Zen master Hakuin Ekaku's Zazen Wasan.



Part of it states "the cause of our sorrow is ego delusion... we go beyond ego and past clever words," from there we go on to experiencing the truth of life, which is both non conceptual and impersonal. On this level I have come to know the interconnection and unconditioned love that are aspects of the truth of things.

In meditation I do not deny the circumstances of my life; merely move to a deeper level of experiencing what is happening.

I was diagnosed positive in 1991. The virus has become a touchstone, changing almost every aspect of my life in ways I could never have foreseen. Most of my preconceptions about the virus have shown themselves to be stumbling blocks as I try to cope with the challenge of bringing balance and clarity to my situation. Relating to the virus with balance and acceptance heals the panic. Opening to these difficult areas becomes easier with time and patience.


The Priest Issan Dorsey said, "To have AIDS is to be alive." Duhkha, on the other hand, is resistance to suffering. It is the anguish we feel when we don't want to suffer. The Buddha taught the Eightfold Path (the ideals of right practices, in keeping with the mutual interdependence and sacred nature of each being) as the liberation from this anguish of futile self-protection. In this release we find the ultimate wisdom.

Meditation helps establish balance and acceptance in all I deal with. I constantly remind myself to open to whatever is present. Allowing the feelings surrounding HIV to surface in a space of tenderness, I see that they do not define who I am.


They are simply feelings. They will change. They are conditioned, not emanating from some fixed core. As I allow feelings of helplessness and fear to come and go, I create an atmosphere where more of life is acceptable, with all its suffering. I also grapple with the fear of death and the insecurity of life. This is all part of both my personal drama and the terrain of meditation. In a world that contains so much that is frightening and painful, a meditative mind that is a little more peaceful and loving is a great blessing.

Since the landscape of AIDS is riddled with fear of many different kinds, knowing and dealing with fear instinctively feels like the direction of healing. For me, whenever there is struggle in the mind, fear is usually not far away. Allowing love, forgiveness, and acceptance to enter into the very cells of our being is the stuff of meditation. Fear often seems to be a subtle veil through which I experience life.

I have tried to do this with my relationship with AIDS. The question then is, Can I go beyond the fear that lurks at the edges of what is unexplored in my life?



Opportunity for HIV+ Persons Over 50



Hello HIV+ Persons Over 50!

Please consider sharing your thoughts and knowledge to help others.

You can expect:

- A \$25 King Sooper's gift card.
- To spend up to 1-1/2 hours of your time viewing video materials of other HIV+ persons over 50.
- To view the materials privately, not in a group.
- To answer a few questions regarding your thoughts and feelings about the materials you viewed.
- To be treated with respect and thanked sincerely.

Call now to reserve your space:

303-733-0545

**Location: 1221 South Clarkson St.
#302, Denver**

Tony Miles, Ph.D.
Dawn Shearer, LPC, MA
The Positive Project

The Positive Project
www.thepositiveproject.org

The Positive Project is a nonprofit endeavor to use the stories of persons infected/affected by HIV/AIDS to raise awareness, reduce stigma, promote prevention, encourage testing, enhance care, and improve quality of life.

People relate to people and stories are powerful tools. We are using stories for a greater good.

Visit our site - you may hear a story from someone more like yourself than you would expect.

WHOLISTIC HEALING

By Kerry Blasdel

I was first told in 1983 that I was exposed to the HIV Virus. At that time, the Medical Industry had not even named the disease yet... and they did not even know if the disease was caused by a single agent or not. This disease was largely surrounded in fear, shame, and shock within the medical system, the culture at large, and certainly within those persons who became infected. All I saw was many, many friends and acquaintances dying monthly from this new, unknown, and deadly disease. It was very very scary. At that time, I made a personal contract with myself: 1) I will not die from this disease; 2) I will not pass this on to any other person. So far, both of those are true to this day.

This article tells what I have done in these many years to deal with this issue in my lifetime. I have transitioned from one belief system to another to another, as well as revising and growing my consciousness around this disease. I have engaged in political rallies to encourage the FDA to change its experimentation policies; I have integrated this virus into some professional presentations; I have incorporated this aspect of my life into my life story with the archetypal Hero's Journey as a template; and I have joined with some authors and activists who have questioned medical assumptions about this virus for the past 20 years.

Despite many years of health maintenance, in the past two years I have been exposed to at least five different viruses and parasites, greatly weakening my immune system. Due to this, I have recently (and for the first time) begun to take man-made drugs for HIV, which I am grateful to have. I have always preferred a Wholistic (meaning whole) or an Integrative approach to health care. When given options, I choose both rather than either – or. I have done a series of Shamanic Self-Healing sessions with Master Shamans; I have done many sessions with healing plant medicines from the Amazon Jungle; I have participated in experimental controlled studies with Korean Mushroom medicine; I have done acupuncture; I have done Ayurvedic Body typing and nutritional recommendations based on this system; and I have engaged other modalities as well. Currently, my regime is all about self health, or self-care. I do not trust my well-being to any other single source outside myself expecting a magic cure.

I endeavor to take personal responsibility for my health as a basic habit in my life. Below are a few habits I have developed over the years in an effort to maintain my heart, mind, body, and soul in integrative health: I (attempt to) eat nutritionally balanced and healthy foods (lately I eat raw Greek yogurt [the least contaminated with preservatives] for intestinal

health); I read labels on food and buy fresh and local when possible. I created a summer garden this year for my own food intake. I take herbs and vitamins to supplement my diet. I get periodically hooked up to a biofeedback machine to monitor my body systems to maintain homeostasis (balance).

I work with my Chiropractor who practices muscle testing to ask my body what it needs for complete health. I detoxify myself periodically: I have recently completed a colon cleanse with herbs I have recently completed a parasite cleanse I do colonics to clean out the bowel system I sit in a far- infrared sauna at least 3-4 hours a week I practice daily gratitude and thankfulness I do stretching. I swim. I ride my bicycle. I take walks with my dogs. I go to city parks every week. I go sit in hot mineral water in the mountains with friends and have long discussions. I use an electronic zapper to kill parasites and bacteria. I practice tai chi and chi gong. I meditate. I calm myself. I reduce my stress level. I have a deep spiritual practice and I speak with my spiritual guides. I jump on rebounder/trampoline weekly to enhance my immune system. I hang upside down on an inversion device. I receive and give massages regularly. I do no recreational drugs, most especially poppers.

I plan to purchase a water filter system to clean up my drinking water in my home. I attempt to reduce my exposure to environmental contaminants. I never smoke and take little alcohol. I get as much sleep as necessary. I wash my hands with alcohol solution daily. I clean out my nasal passages in the shower weekly. I use an anti-bacterial solution in my nostrils for respiratory health. I talk about my health issues with friends and family. I listen to running water at my pond and watch the fish swim. I spend time in nature. You will notice that much of this is either free or very inexpensive, and relatively easy to incorporate into your daily or weekly routine. I know this may sound like a lot of work, and it is. That is the point. It takes a huge effort to combat this nasty virus. Take charge of your health; plan to live to be 100.



visit www.lifelube.org



Strength in Numbers

visit acidrefluxweb.com



THE NET: A COMMUNITY OF BROTHERS

By Adrian Pilarski

It happened March 17th, 2009, the words that changed everything: “I’m so sorry honey, you’re positive.” I don’t remember the face of the nurse who said the words. All I remember now were her eyes, the sadness in them for me, and the whoosh in my ears as all the air in the world was sucked away from me. That day, just as it is happening right now typing it, remembering it, there was the choked sound of a desperate empty gasp from that vacuum, shaking hands and hard silent tears. Flailing and falling deep inside, I felt as if everything and everyone was instantaneously gone. My heart shattered hard and loud and complete. Being newly diagnosed, it doesn’t matter if you are speaking about, thinking about, or writing about being HIV+; it’s exhausting and difficult to swallow.

When people said, “Are you alright, you look like you are gonna be sick?” or “You’ve lost weight, your arms look so skinny.” and “Those dark circles under your eyes have gotten worse over the last few months, are you ok?” I could feel my reality unraveling. To be in such emotional pain while having to muster the emotional strength you need to fight, is a near impossible dichotomy... or so I thought. Then I was introduced to The Net, an introduction that may have saved my emotional life. Suddenly, I was surrounded by a group of men that mirrored my eyes, echoed my voice, shed the same tears, and stood with me in my fear. Over the next three months, this group of strangers became brothers, truly weaving a net of support, safety, and encouragement. Every week we learned how to better cope, how to become stronger advocates for our own healthcare and how important it is to our sense of self worth to reach out and give back. Most importantly, we all learned that none of us are alone and that the dichotomy of strength and pain isn’t so impossible.



There are now stronger threads woven into my reality to keep it from unraveling. As I move forward, and the longevity of all this sinks in, I will hold close to me my Net experience. If I slip or stumble, on my journey as a person with HIV, I trust completely that, you, my expanding community of brothers, will be there to catch me; as I will be there to return the favor. After all, isn’t that the point of community? If you find yourself needing the embrace of support, or if you know someone that is feeling lost in their HIV diagnosis, The Net is here to help. The Net can be reached through Rick Smith at 303.995.2940. In the end, it seems to me that we are all to be threads in the safety net. Even though others may consider our bond an unfortunate one, we can allow ourselves to make it a loving one.

HIV ONE ON ONE TRAININGS (CONTINUED)

The series of trainings offered will be intensive workshops with an emphasis on becoming your own healthcare advocate and peer mentoring. They are designed to help those living with HIV to better manage and understand their disease, by people who are HIV positive themselves. The Self Management Training (SMT) focuses on HIV itself, understanding your lab-work, doctor/patient relationships, and other topics that will better enable the HIV positive individual to Self Manage their disease. This is a 3 day training that will take place over the course of 2 weekends, and will require that full commitment. After completion, the participant will have a better understanding of their disease, well being, and doctor/patient relationship. The SMT training is a requirement for those who wish to become future HIV Peer Mentors.



The Peer Mentor Training (PMT) is a 2 day training over the course of 1 weekend, and is designed to provide the necessary training for a stable and experienced HIV positive individual to become a Peer Mentor to someone who is newly diagnosed or someone who is in need of self management. Once completed, the experienced HIV positive individual will be matched with a mentee for a structured period of 6 months. With the mentor’s training and experience, he or she will be able to help guide the mentee in a way that allows the mentee to help him or herself through the difficulties that HIV can present. Completion of the SMT is required.

Both training series are done on a volunteer basis for HIV positive individuals and by HIV positive individuals and healthcare professionals, and require the respective commitments as such for each. The first Self Management Training (SMT) will be conducted on September 12, 13 and 19th, 2009 at the Colorado History Museum 1300 Broadway in Denver. The first Peer Mentor Training (PMT) will be conducted on October 10 & 11, 2009 with location to be determined. For more information, please contact: **Rick Smith - rsmith@msn.com or Rick Kiman pivman1023@yahoo.com**

THE BENEFITS GURU EYEGLOSS COVERAGE BY MEDICARE

By Michael Van Essen

How Do I Qualify For Eyeglasses or Contact Lenses After Cataract Surgery?

Normally, Medicare doesn't cover eyeglasses or contact lenses. However, following cataract surgery with an intraocular lens, Medicare helps pay for cataract glasses, contact lenses, or intraocular lenses provided by an ophthalmologist. Services provided by an optometrist may be covered, if the optometrist is licensed to provide this service in your state.

Important Notes:

- Only standard frames are covered.
- Lenses are covered even if you had the surgery before you had Medicare.
- Payment may be made for lenses for both eyes even though cataract surgery involved only one eye.

NEW TEN WEBSITE!



TEN stands for Treatment Educat1on Network and our mission is to educate and empower individuals with HIV by providing information, skills, and knowledge in a proactive and supportive environment.

The goal of our activities is the sharing of knowledge and experiences about living well with HIV (not just longer) through peer-led programming, linkage to care, support services, peer-advocacy, information dissemination, and peer-based education.

TEN strives to assist individuals to be personally proactive by providing and/or facilitating support groups, retreats, educational programs, workshops, seminars, community forums, publications, and peer-mentoring. TEN believes that overall health outcomes improve when individuals are proactive in their own health. We also provide services to the broader community to increase HIV knowledge and sensitivity, and to reduce the risk of infection. Our programs include, but are not limited to:

- DAILY OnTheTen blog
- Monthly Community Educational FORUMS
- SIN News quarterly publication
- The HIV RETREAT at Shadowcliff
- The NET support group for newly-diagnosed individuals
- One-On-One peer-MENTORing program.

www.ontheten.org

Provisions Regarding Coverage:

- Medicare covers glasses or contact lenses for patients who have had cataract surgery and an intraocular lens implant. Medicare will cover these items even if the patient had surgery before Medicare benefits began.
- Medicare will cover one pair of glasses or contact lenses following cataract surgery. Medicare only covers standard frames.
- An order (prescription) must be on file with the supplier. It must be signed and dated by the treating doctor.
- Make sure your supplier is enrolled in Medicare and has a Medicare supplier number. Suppliers have to meet strict standards to qualify for a Medicare supplier number. Medicare won't pay your claim if your supplier does not have a number, even if your supplier is a large chain or department store that sells more than just durable medical equipment (DME).



What Will Eyeglasses or Contact Lenses Cost Me if I just had Cataract Surgery?

How much you pay will depend on what type of coverage you have and where you buy your glasses or contacts. These items are covered under Medicare Part B. However, in general, if you are enrolled in Medicare:

- After you have paid your yearly deductible, you will pay 20 percent of the approved Medicare amount for the cost of the eyeglasses or contact lenses.
- You will pay less if you buy from a supplier who accepts assignment. A supplier who accepts assignment has agreed not to charge more than the Medicare allowed amount and will not charge more than the 20 percent copay.
- If you have a Medigap (Supplement Insurance) policy, you might not pay anything for your supplies.
- If you receive your Medicare through a Medicare Advantage Plan, you may owe little to nothing depending on the plan with which you have signed up and your benefits with the plan.

The Bottom Line:

It is important to do your homework. Read about the factors that affect how much coverage you will receive. Make sure all paperwork is completed correctly and that you buy your equipment through an approved supplier that accepts assignment.

Note: Thanks to my good colleague Daphne Apostle for providing the following. It is great information particularly for folks who used to rely on Medi-Cal for their vision requirements.

COME JOIN SINMEN.NET

by Tim G.

Is Facebook a regular stop in your daily online travels? Do some of your friends wonder if or when they will find you on MySpace? Is tweet a new word in your vocabulary? Even if you didn't answer yes to any of these questions, there's a new social networking site out there that is waiting for you. A couple months ago, Bryan Levinson, who founded the Strength In Numbers groups (which are hosted as Yahoo Groups) set up a social networking site especially for HIV+ gay men. It's also called Strength In Numbers and can be accessed by navigating to www.sinmen.net. Once there, you'll be asked to confirm that you are a gay, HIV+ man, and that you'll create a username that is non-sexual and agree that you will not post material of a sexual nature on the site. Next, you'll simply enter an e-mail you'd like to associate as part of a Ning ID along with a password and you'll be on the site!

Once you're on the site, you can post images, videos, add people as your friends, chat, and much more. In addition, you can join specific topical groups within the site as well as create discussion topics for input from others and advertise upcoming events. As of early August, there are over 1,300 members on the site, not only from the United States but worldwide so you have the opportunity to easily share your experiences with someone next door as well as across one of the larger ponds on the planet. Specifically for those of us in the Rocky Mountain region there is a group simply called Colorado which is in its infancy, but new members continue to join. It serves as a more local social networking vehicle. As more of us join this geographic-specific group, it exists as a means to not only communicate with each other but to arrange for social events and unite our community. So, in answer to the questions posed earlier in this article simply tell your friends that you are on Strength in Numbers, a great new social networking site especially for us. If you have any questions once you join, please contact Tim G for further information.

sinmencolorado@gmail.com



INTERVIEW WITH TREE

By Karl Beck

The Colorado Springs PrideFest had as their grand marshal Tree the bartender at the Stonewall Inn on the infamous night 40 years ago. I had the chance to sit and talk with him for a little while and found an interesting character. He is now 70 years old and stays young by visiting Brazil three times a year where he has an apartment. He has been a bartender for 48 years.



Karl Beck: Were you at the funeral? (for those not in the know, the funeral of Judy Garland was that afternoon.)

Tree: I was in line with friends, and as Liza Minnelli and Lorna Luft went by and saw

me they said they would get me into the services, as I was a family friend. My friends with me in line threatened to kill me if I went so I stayed with them.

Karl Beck: Do you believe that the funeral of one of our icons was a trigger for the riots that weekend?

Tree: Lorna says it was the funeral that acted as a catalyst, Liza and myself think that we had had enough of the mistreatment.

Karl Beck: How old were you at the time of the riots?

Tree: I was 30 and in the closet with family.

Karl Beck: Do you have a boyfriend/lover?

Tree: I am single now, but have had two long term relationships. I was dating the son of one of the ambassadors to the US until a car crash resulted in his death. The other relationship ended when he found a woman and got married. I now have godchildren, and we are still friends.

Karl Beck: Tree is an unusual name, what is your heritage?

Tree: My family was originally from Russia, and my name is just "tree."

Karl Beck: Who threw the 1st punch?

Tree: According to Tree, a lesbian by the name of Stormy De Lavette was the first to push a cop. She is now 89 years old.

Karl Beck: Tree told me that New York should have been the first state in the US to give same sex couples the right to marry. When asked about HIV/AIDS he commented that "He buried a generation."



OFFICE of
NATIONAL AIDS POLICY

NATIONAL HIV/AIDS STRATEGY

One of the President's top HIV/AIDS policy priorities is the development and implementation of a National HIV/AIDS Strategy (NHAS). There are three primary goals for the NHAS:

- Reducing HIV incidence
- Increasing access to care and optimizing health outcomes
- Reducing HIV-related health disparities

The Administration is committed to developing the NHAS through a process that is inclusive of a broad range of perspectives and stakeholders. To achieve this goal, the Office of National AIDS Policy will solicit public input via multiple channels:

1. **The Presidential Advisory Council on HIV/AIDS:** The Presidential Advisory Council on HIV/AIDS (PACHA) provides advice to the President, transmitted through the Secretary of Health and Human Services. PACHA's revised charter calls for the council to provide advice, information, and recommendations regarding programs and policies that address the three goals for the NHAS. In addition, PACHA will be instrumental in monitoring the implementation of the NHAS once the Strategy has been completed. Finally, PACHA will focus on the global HIV pandemic, including expanded access to treatment, care, and prevention for people infected with and affected by HIV/AIDS around the world.

The Secretary of Health and Human Services is responsible for appointing individuals who serve on PACHA. PACHA membership has historically included prominent community leaders with particular expertise in, or knowledge of, matters concerning HIV and AIDS, public health, global health, philanthropy, marketing or business, as well as other national leaders held in high esteem from other sectors of society.

2. **National HIV/AIDS Community Discussions:** ONAP will hold a series of fourteen forums from late summer through the end of 2009 in various regions of the country with diverse communities impacted by HIV/AIDS. These forums will provide opportunities for individual citizens to provide White House staff and other policy makers with their recommendations for achieving the President's three goals for the NHAS.

Locations for the planned forums include (in alphabetical order): Albuquerque, NM; Atlanta, GA; Columbia, SC; Fort Lauderdale, FL; Houston, TX; Jackson, MS; Los Angeles, CA; Minneapolis, MN; New York, NY; Oakland, CA; San Francisco, CA; San Juan, Puerto Rico; the Virgin Islands, and Washington, DC.

(continued on page 10)

THINKING OUT LOUD

By BD Everett, Writer & Gay Historian

Once upon a time, not so very long ago, in a shining city, on the eastern slope, of the great Rocky Mountains, there lived a small gay community.



The people of that community lived in fear, suffered unthinkable oppression, and were shunned by the people of that shining Queen City of the Plains. Branded as sexual deviants, mentally ill, and sexual outlaws they lived lives of shame and guilt in quite desperation. For decades they accepted the labels pinned upon them by their oppressors. Individually, they struggled with the prejudice that seemed to be their portion of the American dream.

Left unchallenged the local constabulary ran roughshod over the small gay community. To be seen leaving a gay bar was cause for harassment. To be caught holding hands, dancing together,

kissing, or heaven forbid, practicing their homosexuality, was grounds for imprisonment, fines, and unfettered humiliation.

One day, the small gay community said enough! We will not accept the social stigma that you would hang like a yolk about our necks. We will not accept the labels you would place upon us. We will define ourselves by our own terms. They formed a group dedicated to educating the people of the city about their lifestyle, and challenging the oppressive laws that kept them underground, hiding in their shame. They called the group the Gay Coalition of Denver. In 1971 the Gay Coalition of Denver took the Shining city of Denver Colorado to court. Over 300 gay men and women filled the courtroom. The lawyer stated his case, the witnesses' were called, and the verdict was passed down. The oppressive laws were banished. They had claimed a small victory. The larger victory however, was the strength of their number. 300 gay men and women, standing together in unity was like a pebble dropped into a placid pool. The ripples can still be felt today in simple things that we so often take for granted.

Today another community is under siege. Inside and out, Denver's HIV+ community suffers fear, shame, and prejudice. To preserve our future, we must embrace our past. We must learn the lessons of history, and let them find relevance in our modern lives.

The Nineteenth Century poet William Ernest Henley said in his poem *Invictus*, "I am the master of my fate: I am the captain of my soul." I believe the poet was talking about choices. Forty years ago the forefathers of our modern Denver Gay Culture made a choice to face the challenges placed before them by history. In so doing, they made history. Today, the people of Denver's HIV+ community have a choice to make. Will we hide who we are? Or will we find the courage to follow our hearts, and demand the acceptance that is our due? Hopefully, we will find strength in numbers.

DENVER PUBLIC HEALTH

Smokefest Denver—Education in the Community

In an attempt to bring sexy back a local tobacco retailer held several events at Gay bars and restaurants in the Denver area called Smokefest Denver2009. Smokefest Denver 2009 was advertised as an event for "all Cigar Men, Smoking Men, Pipe Men, Bears, Leather Men, Muscle Guys, Cowboys, and all of their Admirers for a fun filled weekend!!!" Several of the events focused on dip, cigars, and pipes and encouraged participants to "Be Bold!" Because some members of the Gay, Lesbian, Bisexual and Transgender community use bars as a means to socialize and meet people, eroticizing smoking can be a way of targeting that community.

According to the SmokeFree Gay, Lesbian, Bisexual, and Transgender State Wide Partnership's web site, "Colorado's GLBT community smokes at 50 to 70% greater rates than the non-GLBT community." The SmokeFree GLBT Statewide Partnership responded to Smokefest by writing an article for immediate release to the Gay media educating the community on the health risks of tobacco. "We didn't want to condemn or condone Smokefest and the people who attended; rather, we simply wanted to get some accurate information out to folks who may have attended Smokefest," said Cathy Busha of the GLBT Center. To see the entire article, visit SmokeFree GLBT at www.glbtcOLORADO.org. Please let us know your thoughts on this or any subject related to tobacco by contacting us or visit the Denver Alliance on Tobacco and Health web site: www.dath.org

(Article reprinted from the Tobacco Free Times.)

(National HIV/AIDS Strategy continued from page 9)

3. Call to Action: America Speaks about HIV/AIDS:

It is not possible to travel to every community in the country that would like to provide us with valuable input and recommendations to inform the NHAS. Further, some people may not find a community forum to be the best way to express their ideas.

(Therefore, on October 2nd, 2009 we launched a call to action to encourage community-based organizations, churches, schools, businesses, research institutions and other groups to hold their own discussions about the strategic steps we need to take as a nation to respond to the HIV/AIDS epidemic. Additional information on the call to action and the comment form is available on the Call to Action page. These and other mechanisms of public input will be fed into the process for developing the NHAS. ONAP's Director, Jeffrey Crowley, will also convene a federal HIV/AIDS interagency working group that will be responsible for helping to develop the NHAS and ensuring coordination, accountability, and improved outcomes across the federal government. The interagency group will include representatives of other White House offices and agencies working on HIV/AIDS from across the federal government.

LIVING WELL WITH HIV

by Lark Lands

Many studies have shown that people living with HIV/AIDS develop multiple nutrient deficiencies in early disease stages, and that they worsen over time. The nutrient deficiencies contribute to both immune dysfunction and the development of many different symptoms. Protecting the body with a plentiful supply of nutrients—from both a nutritious diet and nutrient supplements—provides three very important benefits. First, optimal levels of nutrients will boost the immune response, both before and after antiretroviral drugs (HAART) are taken.

Researchers have shown that people with higher levels of nutrients progress more slowly. The reason is that the immune response is dependent on the nutrients that make up immune cells and chemicals. The body's need to crank out an immune response to HIV, day in and day out, makes this a very nutrient-depleting disease. The result is that you rapidly use up your antioxidants and the other nutrient building blocks that are key in your immune response. Thus, it's very important to always replenish nutrients.

Second, for those who are on HAART, appropriate nutrient supplementation can greatly decrease or eliminate many drug side effects.

In turn, that can help prevent drug failure since you are much more likely to properly adhere to drugs when they aren't making you feel sick or causing symptoms that you hate. Both studies and anecdotal reports from the community have shown that far too many people are skipping doses to try to lessen side effects. When that happens, it's highly likely to lead to drug resistance and failure. Using nutrients to help prevent side effects can make it much more likely that drugs will be consistently taken as directed, thus maintaining their effectiveness. That means that your meds—and their ability to save your life—may remain effective for years and years instead of months.

Third, your quality of life can be immensely improved when life-degrading symptoms are eliminated or, at least, lessened with nutrient supplementation.

Whether symptoms are caused by HIV itself or by HAART meds, nutrients can often help eliminate them and greatly improve quality of life. The result will be that you can gain the benefits that the drugs can give you, while avoiding the side effects that can make taking them so difficult. And that can help you live well with HIV, not just longer. [For more information on an integrated approach to resolving particular side effects such as diarrhea, gas, and bloating, neuropathy, and others, go to www.larklands.net.

One of the most important parts of a formula for living well is to do a long-term program that provides protection against (1) oxidative stress, (2) mitochondrial damage, and (3) inflammation.

Oxidative Stress.

A great many studies have shown that oxidative stress begins in early HIV disease stages and worsens over time. In essence, oxidative stress occurs when the body's supply of antioxidants is insufficient to counter the various body processes—including the body's

immune responses to HIV—that generate unstable molecules called free radicals and reactive oxygen species. These unstable molecules may serve an initial purpose such as destroying organisms like viruses or participating in normal body processes but they can then cause cellular damage when they bounce around through the body, picking off electrons from places they shouldn't and damaging cells and tissues along the way. So throughout this disease, much higher than normal levels of the antioxidants which can stop these unstable molecules in their tracks are needed to prevent this damage.

When there are not enough antioxidants, both immune cells and vital organs like the liver can be harmed. For example, research has shown that cellular levels of glutathione, the most important intracellular antioxidant, begin to decrease within weeks of HIV infection, and go downhill from there. Those decreased levels of glutathione have been shown to be tied to the death of immune cells. In addition, the liver is absolutely dependent on adequate supplies of glutathione to break down toxic chemicals. If its supply of glutathione is inadequate, it's more likely to be damaged when it has to break down drugs.

(continued on page 12.)

LARK LANDS, M.S., PH.D.

Dr. Lark Lands, is an internationally respected HIV treatment expert, a contributing medical editor and writer for the American Academy of HIV Medicine, the Hepatitis C Caring Ambassadors Program, The Positive Side, CATIE's Practical Guides, the www.AIDSmeds.com website, and the Houston Buyers Club, and a long-time treatment activist, journalist, and educator. She is the author of the Symptoms, Side Effects, and Serious Complications Series, eBooklets with comprehensive information on treatment approaches to common problems. A frequent speaker at international, national, state, and local AIDS conferences, she is currently focusing on her work with AIDS orphans in South Africa, including an economic upliftment project there called H.O.P.E.: Helping Orphans by Providing Empowerment. Her E-books and other information are available at:

www.larklands.net.



LIVING WELL WITH HIV (CONTINUED)

by Lark Lands

Using the nutrients that help to stabilize glutathione levels—particularly alpha-lipoic acid, N-acetyl-cysteine (NAC), glutamine, and vitamins E and C—can help maintain immune cells, protect the liver through years of taking HAART meds, and support the body, in general, against oxidative stress. In addition to glutathione, there are many other antioxidants in the body which work in different ways and in different places to protect it against oxidative stress, so keeping all the antioxidants—especially vitamin C, vitamin E, superoxide dismutase (SOD), the carotenoids (like beta-carotene and lycopene and lutein), selenium, alpha-lipoic acid, and coenzyme Q-10—at optimal levels is important.

Mitochondrial Damage

Research has shown that the function of mitochondria (the energy factories inside cells) is negatively affected by nucleoside analogues (nukes, the drugs like AZT, d4T, 3TC, abacavir, etc.) It's been © Lark Lands, 2008 shown that the resulting mitochondrial dysfunction may be a cause of fat changes in the body, especially the lipodystrophy-associated fat loss called lipoatrophy, as well as of neuropathy (nerve damage), myopathy (muscle aches), pancreatitis (inflammation of the pancreas), fatty liver, white blood cell and platelet decreases, anemia, and, in its severest form, potentially lethal lactic acidosis, a condition in which lactic acid builds up in the blood, sometimes to life-threatening levels. Research has shown that countering oxidative stress, as discussed above, may be one key for preventing the nuke-caused damage to the mitochondria. The mitochondria produce lots of free radicals during normal body processes and without sufficient antioxidant protection, the mitochondria may be damaged.

Studies have shown that giving antioxidant nutrients along with the drugs may help prevent this damage, so the antioxidants listed above are an important part of a mitochondria protection program. Also of great importance is the amino acid carnitine.

Acetyl-L-carnitine is a naturally occurring molecule in the body that's derived from carnitine. It is involved in the normal transportation of free fatty acids into the mitochondria, and the normal oxidation of free fatty acids. Without carnitine, the mitochondria cannot function properly.

The B vitamins are also crucial nutrients for mitochondrial support. In particular, thiamine (vitamin B-1) and riboflavin (vitamin B-2) are needed for proper mitochondrial function. There have been recent reports showing dramatic improvement in people with lactic acidosis (resulting from mitochondrial damage) after administration of these vitamins. Because standard thiamine supplements have to be converted in the body to an active form, the best supplement to use is benfotiamine. This combination of carnitine, antioxidants, and B vitamins may significantly help to counter mitochondrial toxicity and all the problems that can stem from that.

Inflammation

Inflammation in the body of HIVers can activate the virus and increase replication, raising your viral load. Inflammation also contributes to the development of a lot of the things that people are most worried about today: bone problems, heart disease, diarrhea, gas and bloating, liver dysfunction, myelopathy (spinal problem), myopathy (muscle aches), nausea, neuropathy, and skin problems. Thus, countering inflammation is crucial. Anti-inflammatory drugs might increase the risk of infections by over-suppressing the inflammatory response (a part of the immune system's way of countering infections), and can cause gastrointestinal bleeding.

Luckily, a much less risky approach is to use foods that have natural anti-inflammatory qualities. Such foods have been used for thousands of years with no apparent adverse effects on immune responses, so it seems likely that long-term consumption of them would be considerably safer than long-term use of drugs. There are a number

of naturally anti-inflammatory foods and seasonings including ginger, turmeric (a seasoning), bioflavonoid-rich fruits (especially all the different berries), and omega-3 fatty acid-rich foods like fatty fish, flaxseed, and walnuts. Out of those, the best way to get the most potent effect is by either eating fatty fish quite often—things like salmon, mackerel, sardines, cod and halibut—or by taking fish oil supplements.

The reason is that fish oil provides the anti-inflammatory omega-3 fatty acids in a ready-to-use form which does not have to be processed by the body in the complex ways that the other omega-3-containing foods do. Thus, you're more likely to get a consistent effect with fatty fish or fish oil supplements. In addition, antioxidants can help because early in the process in which inflammation is created, oxidative stress plays a key role. So when you take the antioxidants for all the other reasons, you'll also be countering inflammation and all the different problems it can create.

The bottom line is simple

Everyone living with HIV needs to be doing a base program that will replenish all the nutrients that are so often deficient, boost the immune response, counter miserable symptoms, and ensure the presence of adequate amounts of nutrients to help counter the MIO problem: M for mitochondrial toxicity, I for Inflammation, and O for Oxidative stress. When you do that with the combination of a good diet and the proper supplements, you'll go a very long way toward giving your body long-term protection against the virus and the damage it causes, against the drug side effects, and against life-disabling, misery-making symptoms. For more information on an integrated approach to HIV, including information on a healthful diet and programs to resolve particular symptoms and drug side effects such as diarrhea, gas, and bloating, neuropathy, fatigue, and others, go to:

www.larklands.net.

CHEW ON THIS—HOWARD DENTAL CENTER CONTINUES TO GROW

By Joe Mauro

My name is Joe Mauro and I am the current Board president of Howard Dental Center, our Denver metropolitan area HIV/AIDS oral health care organization. I have been on the Board of Directors for almost eight years and have been Board president since last year. I am also a person living with AIDS, in my third decade of living with this disease. One of the most positive, worthwhile, and effective ways I've found to serve my Denver community, as especially my sisters and brothers with HIV/AIDS is to sit on the Board of an organization like Howard Dental Center.

In my years on the Board, I have watched Howard Dental Center grow from a modest dental care clinic for persons with HIV/AIDS to a nationally recognized model for oral health care, serving over 500 people each year with over 8,000 dental procedures, oral health care case management, and many other programs. We have grown to serve our many patients with increasingly greater care and procedures, moving from triage to a comprehensive approach including restorations. The sliding fee scale for our patients we must use because of Ryan White CARE Act funding we receive is softened by the very effective fund-raising we do. The patients who are able to pay full price for their care (or who have insurance they submit their bills to) have chosen us over the many other dentists across the metropolitan area for a simple reason: the staff at Howard Dental Center know more about oral health care and HIV/AIDS than any other professional practice in the area.

The great staff at the clinic have gone the extra mile to make each and every patient feel welcome on every visit. Dentistry is something most of us do not look forward to but if it has to be done (and some of us know too well what happens when those troublesome teeth are ignored!), Dr. Preston, Mercy, David, and the rest are the ones who do it with compassion and expertise. Despite some patients who are reluctant to come in or fearful of some of the procedures, we continue to treat all who apply in as timely a fashion as possible. Because of the sometimes crushing need in the HIV/AIDS community, the difficulty in raising money for oral health and for HIV/AIDS services, and the restrictions imposed by funding from the Ryan White CARE Act, we often cannot offer the most up-to-date and technologically advanced treatments and cosmetic procedures but we never let any of our patients go untreated. Basic dentistry done competently and compassionately is our motto. We leave the fancy stuff to the big dental offices.

And we have more news to share. Our lead dentist of many years, Dr. Sally Preston, has retired to spend more time with her family and other pursuits. Our Executive Director, Ernie Duff, has hired an outstanding dentist who has moved to

Denver from the Bronx to lead our clinic. Dr. Joan Grcevic has excellent credentials and quite a bit of experience working with the many populations that Howard Dental Center serves. Dr. Joan has initiated mobile dental health clinics, worked with persons with HIV/AIDS, cancer and other life-threatening diseases, has taken care of homeless populations and those struggling with substance abuse problems. Her special talents with those in long-term care and her deep background in research will be extraordinary skills for our patients.



We are also excited to announce the arrival of our new Medical Case Manager, Hazel Ann Harris, MAT. Hazel has worked as a case manager at Boulder County AIDS Project and is a volunteer with Brother Jeff's Cultural Café. She is a woman of great compassion and skill and we are very happy to have her join our team.

We all know no one can replace Dr. Preston but Dr. Joan is bringing a new outlook to the clinic that will serve us well into the future. We have also begun an emergency dental care program to treat those who cannot wait to get in for a regular appointment. Like all health issues, oral infections don't wait on appointments – they arise almost always at the most inconvenient of times! And Dr. Joan and the rest of the Howard Dental Center staff are working to meet those needs of our patients now, too.

Dr. Joan is settled in and at work in the clinic and we are planning opportunities for our Denver community to meet her. Our goal at Howard Dental Center is to serve the needs of our HIV/AIDS community. Your input – either to Executive Director Ernie Duff, to any of our dedicated staff, to me, or to any of the Board of Directors, is always welcome. We look forward to continuing to create healthy and happy smiles!

COMMUNITY EDUCATIONAL FORUMS

The Community Educational Forums are monthly informative presentations on HIV and HIV-related topics. They are organized and conducted with the belief that “knowledge is power.” The forums also afford an opportunity for poz people to socialize and network in a comfortable environment. They are usually held on the second or third Tuesday of each month in the community room at Our Saviors Lutheran Church, 9th & Emerson in Capitol Hill (enter on the side from Emerson St). The church is just a block from “Queen Soopers,” and parking is available in the lot behind the church, the lot on the northwest corner of 9th & Emerson, and on the street. Bus lines 2, 6, and 12 provide service within a block or two.

A free catered dinner is served at 6pm and the presentations begin at 6:30pm, usually lasting about an hour with time for Q&A. The educational forums are coordinated each month by a small group of individuals (also living with HIV) through TEN (Treatment Educat1on Network). We need volunteers to help with these events. If you would like to help with planning (or have suggestions); or you are able to help out at the forums (either regularly or just once in a while), please contact Michael at: forums.colorado@gmail.com. Also, if you would like to get on the list to receive a forum notification e-mail each month, please request this by sending an e-mail to:

forums.colorado@gmail.com

UPCOMING EDUCATIONAL FORUMS

(All forums are subject to change)

**Tuesday, September 22nd:
“Drug Interactions”**

**Tuesday, October 13th:
“Head Trip”**

**Tuesday, November 10th:
topic to be announced**

**Tuesday December 8th:
“Stepping Up” with annual
Christmas Dinner**

HIV RESOURCE PAGE

**For the most
comprehensive Colorado
HIV Resources, we
recommend using:**

www.dhrpc.org

Check it out!



“The ADAP program has provided the most dramatic improvement in my quality of life. Now, as a peer advocate, I help others connect with that program, and other resources.”

—DeVallion

YOUTH AND HIV - AN OVERVIEW

by Jessica Forsyth, Program Manager, and Dan Reirden, MD

The Children's Hospital Immunodeficiency Program (CHIP) has been the sole provider of specialized care for children with HIV infection in the Rocky Mountain region since its inception in 1991. CHIP now provides comprehensive, coordinated care for children, youth, and pregnant women who are infected, affected, or at-risk for HIV. The program is affiliated with the NIH as a research site for the Pediatric AIDS Clinical Trials Group, which assures access to the newest investigational drugs and to the most recent developments in the treatment of HIV disease.

The CHIP Youth Project

CYP was established in 1997 and is the only comprehensive health care program in the Rocky Mountain Region focused on serving youth (aged 13 to 24) living with HIV or at-risk for HIV infection. CYP's comprehensive services include HIV prevention and education, HIV testing, and multidisciplinary care for youth living with HIV. CYP collaborates with community organizations serving youth and provides HIV prevention, testing, and counseling services in those agencies.

Young people recently diagnosed with HIV are faced with special challenges unique to their age. CYP addresses these with a medical and social support program that is developmentally appropriate and culturally competent. Youth clinics are held in conjunction with youth support groups so the CYP clients can participate in peer-based psychosocial support integrated with their medical care. CYP clients also meet individually with physicians, nurse practitioners, social workers, a psychologist, a psychiatrist, and a nutritionist. CYP support groups and non-clinical social events offer young people a time to share experiences and mentor each other. In this manner, more experienced youth who have developed greater coping skills advise other youth who have less experience dealing with their diagnosis. As a result of recent outreach efforts, CYP is becoming known as the point of entry of care for young people living with HIV in the Denver metropolitan area.

CYP believes that youth can, and will, make good decisions about their health when provided accurate information and consistent support. Thus, clients who receive CYP services become empowered consumers better prepared to navigate the health care system. Throughout their care with CYP, youth are trained in the knowledge and skills needed to manage their HIV care as independent adults. When a young person is ready, CYP works with area clinicians to provide a smooth transition into adult care.

The needs of 13-24 year olds living with HIV may involve two distinct populations. Those youth who are perinatally-infected (mom to baby) and those who have behaviorally-acquired HIV. These distinct populations have common developmental tasks but distinct psychosocial barriers.

Strength in Numbers

Adolescent Development

Adolescence encompasses an extraordinarily dynamic period of time in a human being's life. The rate of growth and change is surpassed only by the very early toddler years. In caring with youth living with HIV, it's helpful to review general adolescent development. The overarching task is for the child to detach from dependence on caregiver support and to develop those skills that will ensure successful adult life.

- Develop independence
- Develop mature sexuality
- Develop realistic vocational goal
- Develop mature and positive self image
- Develop moral identity

Some of the early periods of adolescence bear a striking resemblance to the period of time known as "the terrible two's." Much of the same thing is going on: learning to assert an identity that is separate from a caregiver; developing autonomy. For the most part, teens emerge from this period as relatively likeable people. One easy way to remember the different phases is to relate the periods of time to schooling.

Early adolescence:

- 10 to 13 years (Middle School)

Middle adolescence

- 14 to 17 years (High School)

Late Adolescence

- 17 to 21 years (College/early work).

In caring for HIV-infected youth, the psychological paradigm introduced by Abraham Maslow (see below) in the 1970's serves as a reminder of the priorities of those presenting for medical care. Very often, HIV is not the most important issue in the youth's life. Before the health care team can address HIV as a medical issue, the 4 lower rungs must be addressed.



If you would like to know more about youth living with HIV, please attend the Colorado Conference on Caring for Youth and Young Adults with HIV Infection, October 14th at the Courtyard Marriott Cherry Creek.

Contact Jessica Peterson at 720.777.8983 to register.

acid reflux

HIV's FIRST BLOG REALITY SHOW

STILL HERE
AND CAUGHT
IN THE ACT



OFFICIAL WEBSITE OF MARK S. KING

By Rod Rushing



Take a look at the official web site of Mark S. King, award winning columnist and author. Whether you are interested in Mark's syndicated columns on gay issues and HIV, his appearance in the award winning documentary Meth (www.methmovie.com), or the publication of his first book, A Place Like This, you will find thought provoking reading and helpful links right here.

www.marksking.com



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UPCOMING



EVENTS

OCTOBER

COMMUNITY EDUCATION FORUM

10/13/09—6:00 PM

OUR SAVIORS LUTHERAN CHURCH
9TH AND EMERSON STREET

SHOPPING AND LUNCH IN ESTES PARK

10/9/2009

FOR THE LAST SALE OF THE SEASON

BACKTRACKS

10/11/2009—7:00 PM

AT EXDO EVENTS CENTER
\$10 COVER BENEFITS CAP

HALLOWEEN PARTY

10/31/2009

PURPLE MARTINI

LAWRENCE AND 16TH STREET MALL
IN THE TABOR CENTER

NOVEMBER

COMMUNITY EDUCATION FORUM

11/10/09—6:00 PM

OUR SAVIORS LUTHERAN CHURCH
9TH AND EMERSON STREET

THANKSGIVING POTLUCK TBA

DECEMBER

COMMUNITY EDUCATION FORUM

10/13/09—6:00 PM

OUR SAVIORS LUTHERAN CHURCH
9TH AND EMERSON STREET

RECURRING EVENTS

SUNDAY COFFEE TALK/BRUNCH

PANERA BREAD, 13TH & GRANT STREET

10/03, 11/01, AND 12/06

11:00 AM TO 1:00 PM

FREE SIN YOGA

TUESDAY 4:30 (2670 GILPIN)

WEDNESDAY 5:15 (770 BROADWAY)

SATURDAY NOON (770 BROADWAY)

QUESTIONS? CALL PHIL 303.358.3563