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### MISSION STATEMENT

*The Mission of OnTheTen Newsletter is to provide education and information for HIV-positive individuals in Colorado.*

*The publication is a peer-based collaborative effort, and we encourage material written and contributed by poz individuals to achieve our goal of being "by the community, for the community." We believe that "knowledge is power" and that HIV positive individuals have a lot to learn and gain from each other by sharing their experiences and information. In addition, we strive to empower individuals to be proactive in their mental and physical health and well-being.*



[www.ontheten.org](http://www.ontheten.org)

The Official Newsletter for Treatment Education Network—TEN

## HERE'S TO 20-TEN

*by Rod Rushing*

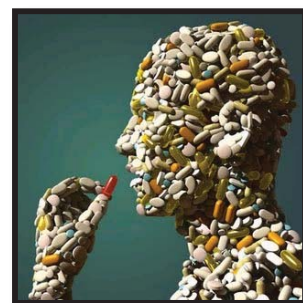
I am really thrilled to present this (our 7th) issue. We will have come a full two years as we head into the next decade. Please take the time to read through the offerings, contact your local ASO or CAB and give them a nod for working to keep positive individuals involved in the treatment process and most significantly, consider getting involved. We have rearranged the newsletter to be in sections. There will be Strength In Numbers pages, treatment updates, regional statewide updates, national happenings, and recovery activities. As always, anyone is welcome to submit ideas or articles and encouraged to do such. I want to send a very special "Thank You" to Chris K for all of his hard work and the tenacity he has proven in his efforts laying out the previous SIN newsletters. Without him, this publication would probably never have gotten off the ground. I am forever grateful and am still in awe of his talent. We wish him good fortune on his next venture.

*(continued on page 2)*

## DAY 1 FOR ROBERT

*by Robert Breining*

Hey Everyone. I had a Dr. appointment on December 3rd and my Dr. informed me that it was time for me to start taking medication. 2 Years ago I was on Atripla for about 2 weeks and you can read all about that here. Since the prior medication and my body had a bad reaction when they mixed, I was a bit hesitant to start medication the second time around. I mean I was in the hospital for 3 days with fluids pumping through my body scared I was going to possibly die. So of course I am hesitant who wouldn't be? So what makes this time different. Well for one I am in a better place all together mind, body and spirit. I have a stronger support system and I see a lot of positive things about taking medication from Long Term Survivors (LTS) here on POZIAM. My Support system is all of you on POZIAM. You're my second family. I received so many emails and messages on Facebook & POZIAM about this next step on my journey I just wanted to thank you all for your friendships.



So my Dr. prescribed me Truvada and Isentress I take the Truvada once a day in the morning with an Isentress and then another Isentress 12 hours later in the PM. So I have myself set on 12 noon and 12 midnight. So yesterday December 4th 2009 was my first day on meds. I know one thing that I was concerned about when stating meds was side effects. I know most HIV/AIDS drugs have side effects and they usually aren't the most pleasant. I mean weight gain in my stomach and back... nausea, diarrhea, crazy dreams, and loss of weight in my face, arms, and legs. (NO NOT MY SOCCER LEGS... LOL)

*(continued on page 2)*



**Treatment Education Network - TEN**  
[www.ontheten.org](http://www.ontheten.org)  
303.377.3127

## HERE'S TO 20-TEN

*(continued from page 1)*

This publication is renamed "On The Ten." You will probably notice some changes. There has been a shift of focus to be more inclusive of all persons with HIV and I am hoping it continues to grow towards this particular vision. We are calling it "On The TEN" (or TEN NEWS) and it's part of an organization named TEN—(TEN stands for Treatment Education Network)—[www.ontheten.org](http://www.ontheten.org). TEN is a nonprofit organization that formed earlier this year by HIV positive individuals intending to promote education and information to HIV positive individuals (and those who love them.) Thus far it is comprised of the Community Educational Forums, The Shadowcliff Retreat, On The Ten blog, and this newsletter. At the onset of this issue's new direction, we contacted all the ASO's in Colorado and asked them to contribute an article outlining how poz citizens could get involved. I also contacted all the CABs (Community Advisory Boards) and did the same thing. My hope is that the information in these pages will be from and for all poz folks who live in Colorado as well as those that love them. We believe that getting involved is the best way to stay on top of our own health.

And finally, I have included some remembrances of World AIDS Day 2009. I know it has recently passed, and believe it's a remarkable day and definitely noteworthy. So many miracles have come on the backs of so many lost loved ones. Commemorating its history is full of both wonder and sadness. But it has the power to inspire.

With every page, there is hope that those of us who are living in isolation and under stigma will find some comfort and some information to help their journey back into the light of self-determination. For 26 years now, many others have made sacrifices and paved inroads to the possibilities that are realities for us today. Live long and prosper and Happy Holidays from all of us at Treatment Education Network. May you have an abundant and joy filled 20-TEN.

## DAY 1 FOR ROBERT

*(continued from page 1)*

But seriously I know these things could happen but I can still live with those side effects... so isn't that something to be grateful for... just LIVING. So I remember looking at the little blue and peach pills and asking them to help me fight this and not hurt me anymore. I said a short prayer and swallowed them and that was it. MY CD4- 327, MY VIRAL LOAD - 5436.

Most of the day I was working in the office calling clients and such... I felt a bit of dizziness throughout the day and occasional nausea. But for the most part felt good. My Niece Brittnee also my Goddaughter had her family Birthday party last night too... She turned 12. It was also the first time I was seeing my mom and sisters since starting medications. I told my mom over the phone and my older sister read it on Facebook, but my younger sister didn't know, so while out for a smoke in the backyard I told her... "Hey I forgot to call you but I started meds today." She asked "is everything OK?" I then explained to them all that me going on meds doesn't mean I am going to die or that I am sick... It actually means that I am not letting the virus attack my immune system without a weapon to defend itself. I am going to try to control it and not let HIV run free inside of me. A lot of people seem to think going on meds like the final stage and it isn't true. Going on meds saves a lot of lives. My cousin IM'd me last night asking if I was doing OK He too isn't educated on that much about HIV/AIDS. So I explained the same thing I did to my family to him through Facebook IM. When things like this happen, it reminds me of why I do what I do... Educate.

*(continued on page 9)*



Our Mission...is to support and empower women to live and thrive with HIV through education, advocacy and community. WLP is always looking for helpful folks from the community that want to help and give back in a variety of different ways. Give us a call at 303.344.1878 or send a note through our contact form and tell us your areas of interest, and we will match that to what WLP needs. WLP needs the most help in the following areas:

- Child care
- Beacon Boutique
- Office help
- Food bank delivery
- Transportation
- Help with events

1400 Dallas Street, Suite 1-A  
Aurora CO 80010  
Tel 303.344.1878

[contact@thewlp.org](mailto:contact@thewlp.org)

## + EMPOWERMENT PROGRAM WOMEN'S AIDS PROJECT

The Empowerment Program provides education, employment assistance, health, housing referrals and support services to women who are in disadvantaged positions due to incarceration, poverty, homelessness, HIV/AIDS infection or involvement in the criminal justice system. Women's AIDS Project.

Care and prevention services are provided for women who are living with HIV/AIDS or who are at risk for HIV infection.

Comprehensive case management services are provided for both adults and teen women. Assistance with transportation, housing, and emergency expenses is available. Prevention activities target sex workers, incarcerated women, homeless women, and at-risk teens. Individualized case management services are provided to women and their families in the home or community.



**Empowerment Program**  
1600 York St.  
Denver, CO 80206  
303.320.1989

**Treatment Education Network—TEN**

# GRANT FARMS CSA: HOME GROWN WITH LOVE

by Bethany Melaga

**G**rant Family Farms, 15 miles from Ft. Collins, is committed to growing healthy, delicious, organic food and being responsible stewards of the land they use. They have been in the business for 35 years and currently grow over 150 varieties of vegetables.



Thanks to movies like Food Inc, consumers are becoming more concerned about how their food is produced and the chemical agents used to help grow the food. They are more aware of the importance of eating locally grown organic food and the health benefits these foods offer. What better way to keep your immune system healthy and support your local community than joining a CSA?

## What is a CSA (Community Supported Agriculture)?

Community Supported Agriculture is a partnership of mutual commitment between a farm and a community of supporters. Supporters cover a farm's yearly operating budget by purchasing a share of the season's harvest. Members help pay for fertilizer, seeds, water, etc. In return, the farm provides a healthy supply of seasonal fresh produce throughout the growing season by delivering to a convenient location in your neighborhood.

## What is a share & how do I get my food?

With a pre-season payment you may purchase a "share" of the farm's harvest. A member of Grant Farms will deliver your weekly share to a location in your neighborhood. The box of food contains freshly harvested vegetables and/or fruits. Single shares can expect 5-8 different items/varieties, small shares 8-12 and the family share can have over 20 varieties of produce.

## How long is the season?

The CSA season is 26 weeks long which starts in June and ends in December.

## How much will it cost me?

The shares range from \$6.00-\$15.00/week per person depending upon the size of the share.

## How do I sign up and receive more information?

[www.grantfarms.com](http://www.grantfarms.com)

## LUNCH WITH C.A.B.

### EAST SIDE COMMUNITY ADVISORY BOARD

All East Side Clinic HIV patients invited to join Primary Care C.A.B. What is C.A.B. you ask? We are a group of Health Care Providers, Social Service professionals, and community clients like me and you.

Our mission is to provide the best programs, services and of course the Highest in quality health care. We have developed a new patient handbook and now turn our attention to a clinic periodical. Each newsletter (called The Ribbon) will contain staff and community member profiles, local and national news highlights and a community calendar of events, just to name a few. We rely on your feedback and invite you to attend a C.A.B. Meetings are held on the 1st Friday of each month.

**East Side Clinic, 501 E 28th Street, Denver CO 80205**

11:30- 1:30 (Lunch will be provided)

Please call Sharisse @ 303-436-4727 Ext 7 to RSVP, We hope to see you there!



The Denver HIV Resources Planning Council (DHRPC) is a mayoral-appointed Board and Commission of the City and County of Denver, and a project of the Colorado Nonprofit Development Center.



For more information visit us at:

[www.DHRPC.org](http://www.DHRPC.org)

## WOULD YOU LIKE TO CONTRIBUTE TO THIS NEWSLETTER?

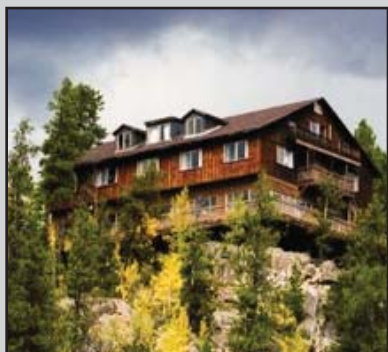
The TEN Newsletter is a quarterly publication and welcomes submissions from anyone on anything HIV-related. Deadlines are usually a few weeks prior to publication. We appreciate articles that have a maximum length of 500-600 words. All submissions are subject to editing for length and clarity. Send articles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

[rebuiltdenver@yahoo.com](mailto:rebuiltdenver@yahoo.com)

Put "Newsletter" in subject line.



## 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 303.525.5737.

More information is available at:  
[www.HIVretreat.blogspot.com](http://www.HIVretreat.blogspot.com)

## LET'S MAKE EVERY DAY WORLD AIDS DAY!

*Bob Bowers, Founder, and President, HIVictorious, Inc.*

On this 21st anniversary of World AIDS Day—in honor of our 33 million Brothers and Sisters living with HIV/AIDS and another 25 million who have perished, let's stop the rhetoric and broken promises, put our egos and paychecks aside, find a renewed sense of outrage and urgency, and at long-last muster the political and collective will to once and for all, eradicate the scourge of AIDS from our planet!



[www.hivictorious.org](http://www.hivictorious.org)



## INTRODUCING THE DENVER PUBLIC HEALTH COMMUNITY ADVISORY BOARD

by Tim G

**T**he Denver Public Health Community Advisory Board (DPH CAB) is a group of concerned community members infected with or affected by HIV/AIDS. As well, community members who have an interest in HIV/AIDS research are encouraged to participate. The DPH CAB is a group that meets monthly to talk about HIV research, treatment, and education. The DPH CAB has been in existence for over 20 years.

### What role does the DPH CAB serve?

The DPH CAB is a vital link between HIV/AIDS researchers and the community. The scientists who design studies want community awareness, support and input for the study ideas. The DPH CAB exists to provide these important functions.

### To what research networks does the DPH CAB provide input?

The DPH CAB serves as a community group providing input to three HIV research networks. All are federally funded to conduct HIV trials. The three networks are: INSIGHT (International Network for Strategic Initiatives in Global HIV Trials), ACTG (AIDS Clinical Trials Group), and AMC (AIDS Malignancy Consortium).

### When does the DPH CAB meet?

The DPH CAB meets monthly and averages 10-15 attendees. At meetings, we review scientific protocols and concepts, discuss study enrollment and retention issues, and explore opportunities for community outreach and education. DPH CAB meetings are held on the 4th Wednesday of every month at 5:30 pm on the 5th floor of the Denver Public Health building at 605 Bannock Street, Denver, CO 80204. A dinner meal is provided at each CAB meeting.

### Who can participate in a DPH CAB meeting?

Anybody who has an interest in HIV research and in having their opinions heard as a member of the community is welcome! Most CAB members are themselves living with HIV or involved with an HIV affiliated community agency. While anyone can participate in CAB meetings from time to time, we ask that ongoing members come because they have a genuine interest in the research activities.

### How do I get involved?

The first meeting of 2010 will be on Wednesday, January 27, 2010. Please join us! For more information, call the staff liaison, Julia Weise at 303.602.8742. Be a part of the solution. Join the Denver Public Health Community Advisory Board.

*The Denver Public Health research unit is an AIDS clinical trials program based at Denver Public Health. The program allows patients to participate in clinical trials while continuing to receive care by their primary care provider. Clinical trials include treatments that fight the AIDS virus, clinical trials that look at the best strategies to fight HIV as well as clinical trials that prevent or treat opportunistic infections. All research services are free to participants.*

**For more information please contact the Denver Public Health Research Unit at 303.602.8742.**

# HIV One on One

Date: Jan. 9,10 &16, 2010

Time: 9:00 a.m.

Location: 200 W. 14th Ave.  
Denver, CO

## Self Management Training



### Need to Get a Grasp On your HIV?

**HIV One on One Peer Mentor Based  
Training is here to help.**

**2-Day Training (one weekend):** Designed to empower People Living with HIV identify specific actions to improve their HIV health care management through knowledge, awareness, and self-advocacy. Includes highlights listed and more.

**3-Day Training (one weekend and the following Saturday):** Including the 2-Day Training, the third day is designed for the attendees to receive more in-depth material and to meet their HIV positive peer mentor, who will provide support and resources. As a team, the graduate and the mentor will work together for six months after completion of the training to further explore HIV health care management.

#### Highlights

- ◆ Tips for success with Doctors and Nurses
- ◆ Understanding Lab Reports
- ◆ HIV Medication issues
- ◆ Mental Health, Nutrition, Alcohol, Tobacco and other Substance Abuse
- ◆ Resources that are available for HIV clients in the Denver Metro Area
- ◆ History of the PLWHA Self-Empowerment Movement

**HIV ONE  
E**

**For Application contact [hivoneonone@yahoo.com](mailto:hivoneonone@yahoo.com)  
or contact Rick Smith at 303.995.2940**

## OPPORTUNITIES FOR PARTICIPANTS AT THE COLORADO AIDS PROJECT (CAP)

CAP has some important opportunities where participants can get involved with CAP events and programs.

### Speaker's Bureau

CAP's Speaker's Bureau offers participants an opportunity to help CAP educate the community about HIV/AIDS. The Speaker's Bureau gives participants an opportunity to share their story and experience to different schools and community groups. To become involved with this program, contact Athena Lansing at 303.837.0166 ext. 316. There will be an application process including a short interview before becoming a part of this program.

### Participant Feedback

CAP also provides opportunities for participants to give feedback around programs and services. These opportunities include feedback focus groups and surveys. These opportunities are announced in CAP Notes (CAP's client newsletter) and through postings in CAP's lobby and food bank. These opportunities for feedback are very important and valued at CAP and participation is very much encouraged. Please make sure to be aware of these opportunities. Your feedback is very helpful in developing and improving programs. If you are not receiving CAP Notes and would like to, contact a case manager.

### Fundraising Events

Throughout the year, there are many fundraising events that support CAP. These events require much volunteer help and they are a great way to be a part of the CAP community of supporters. The highlighted event is AIDS Walk Colorado. The volunteer opportunities include calling supporters, set up, registration, staffing vendor tents, and tear down as well as other positions.

Volunteer help is really important and appreciated for this event. Other events throughout the year have many of the same needs and volunteer opportunities. For more information about volunteer opportunities, contact Jeff Trujillo, Development Officer at 303.837.0166 ext. 304. For more information about CAP and other opportunities, please visit our website at [www.coloradoaidsproject.org](http://www.coloradoaidsproject.org).



## You Can Do It

*By Reverend Jim Chandler*

One of the greatest spiritual philosophers of all times, Ralph Waldo Emerson, once wrote in his essay on Self Reliance "There is a time in every man's education when he arrives at the conviction that envy is ignorance; that imitation is suicide; that he must take himself for better for worse as his position; that though the wide universe is full of good, no kernel of nourishing corn can come to him but through his toil bestowed on that plot of ground which is given to him to till."

At this time of renewal, of challenges and of resolution, of commitment to change and empower oneself these are wise words to live by. We live in a world of blame, of avoiding responsibility, of empowering others and releasing our lives to substances, and circumstances to a world beyond our control. Throughout the history of man lesser individuals have done this. They may blame the gods, their resources, or the environment in which they live.



Sometimes they say it is beyond their control all together, for others it is a willingness as a form of escape or a way to reject the painful or rationalize failure. Whatever the situation, whatever the time, whatever the reason, or however it is done, no matter where, when or why, until we take full responsibility for our lives we are powerless to change it. For too long all of us at one time or another have blamed God, our family, our perceived weakness, substances, addictions, personal health, or lack of dedication for our failures. As long as we continue to do that, we give it our power, and we cannot change, we are trapped. Where can we go from there? Huddled masses at the mercy of some outside influence. Not much of a life is it.

Today let us individually and collectively claim our power. Today let us find our strength in numbers, the select few, who rise above the illusion, rise above the others, As Emerson continues;" Trust thyself: every heart vibrates to that iron string. Accept the place the divine providence has found for you, the society of your contemporaries, the connection of events. Great men have always done so, and confided themselves childlike to the genius of their age..."Remember you are greater than any challenge you face, you can do it!



for more social networking visit  
[www.pozhouston.org](http://www.pozhouston.org)



# 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](http://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](mailto:sinmencolorado@gmail.com)

## ADVOCATES FOR RECOVERY

### Who We Are

Advocates for Recovery is a grassroots organization made up of people throughout Colorado who are part of the new recovery movement. The organization started with a handful of dedicated folks who recognized that the most difficult part of the road to recovery began after the individual had ceased using alcohol and other drugs.



### We Believe

**Recovery** from addiction is a process of gaining sobriety, hope, and joy, and contributing to one's family and community as a healthy, productive person.

**Recovery** from addiction is a reality every day in thousands of lives.

**Many pathways** to recovery exist.

**Recovery** flourishes in supportive communities.

**Recovering** and recovered people are part of the solution; recovery gives back what addiction has taken.

[www.advocatesforrecovery.org](http://www.advocatesforrecovery.org)



# 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.

One of the hottest topics in HIV research is “HIV & Aging.” Data now proves that persons with HIV age faster than the normal population. Whether you are younger, older, or in between, this is a concern for all of us who live with HIV. We need to know what to expect and/or what can be done about it.

In 20-TEN, the educational forums will conduct a 5-part series on aging, as well as other health issues for persons living long-term with HIV. These will include bone loss, cardiovascular issues, kidney function, diabetes, liver function, cancers, cognitive impairment, mental health, and other relevant topic.

A free catered dinner is served at 6 pm and the presentations begin at 6:30 pm, usually lasting about an hour with time

## UPCOMING EDUCATIONAL FORUMS

*(All forums are subject to change)*

**January 12: tentatively Cardiovascular Issues**

**February 9: Lymphomas & Cancers  
(including HPV)**

**March 9: Annual Conference Update  
(Highlights from CROI)**

**March 30 (April forum early):  
Annual Tim Gill Lecture (watch for details)**

**May 11: Part 3: HIV & Aging**

**June 15: Part 4: HIV & Aging**

**July 13: Part 5: HIV & Aging**

**August 10: Annual Potluck BBQ in Cheesman Park**

for Q&A. 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](mailto:forums.colorado@gmail.com). Also, if you would like to get on the list to receive a forum notification email each month, please request this by sending an email to:

[forums.colorado@gmail.com](mailto:forums.colorado@gmail.com)



The Denver HIV Resources Planning Council (DHRPC) is a mayoral-appointed Board and Commission of the City and County of Denver, and a project of the Colorado Nonprofit Development Center. The Council was established in 1993 when the cumulative AIDS cases exceeded 2000, making the Denver Transitional Grant Area (TGA) eligible for Ryan White Program funding. The Denver Office of HIV Resources (DOHR) acts as the grantee and administers the Part A Ryan White Program funds. “I encourage my HIV+ patients to plan for long, full lives. When diagnosed, get into care promptly and stay involved. HIV infection changes your life, but isn’t a death sentence.”

Our mission is to assist in the coordination of high quality, culturally proficient delivery of HIV/AIDS services in the Denver Transitional Grant Area (TGA). The Council sets priorities for the services most needed in the Denver Transitional Grant Area (TGA), decides how much Part A money should be used for each of these services (resource allocation), and develops a plan to provide these services (comprehensive plan). These decisions are based on an evaluation of the needs of people living with HIV (needs assessment). The Council also evaluates the administrative efficiency of the allocation of funds. The Denver TGA includes the Colorado counties of Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson. If you are interested in joining the Council, please contact us so we can talk to you about it. People living with HIV and people of color are strongly encouraged to apply. Then, after you complete the one-page application fax it to us at 720.865.5535.

Meetings are open to the public and we encourage you to come, please follow the link to view the schedule. <http://dhrpc.org/default/index.cfm/planning-council/our-meetings>

You may want to start by reviewing the details about Council membership on our website. <http://dhrpc.org/default/index.cfm/planning-council/get-involved>

You may also view upcoming events from our website happenings page using the link <http://dhrpc.org/default/index.cfm/happenings>  
Contact Us: <http://www.DHRPC.org> or [Council@dhrpc.org](mailto:Council@dhrpc.org)





### Mission

Surrounded by Recovery is a group of individuals in long-term recovery of substance abuse dedicated to the promotion of the principals of recovery, being part of the solution and giving back to the communities we live in.

### Who we are

Surrounded by Recovery was created by Mark Wonder, a local man now in long-term recovery from substance abuse. The members of Surrounded by Recovery come from all walks of life, but possess a passion to be an example of recovery by giving back to our communities through education, outreach, referral, feeding the homeless, and lending a hand to someone reaching out.

Surrounded by Recovery local chapter in Colorado offers free activities at **The Comedy Works**. Everyone starts here and for Comedy Works it's every Tuesday night! Every comedian that is making a living at making us all laugh started on a night just like this... Comedy Works' new talent night has launched the careers of Roseanne and Josh Blue! Call to find out SBR FREE night at Comedy Works for January 2010.

Surrounded by Recovery - Colorado is working with Comedy Works Larimer Square (Downtown, Denver, Colorado) to provide an evening of fun and laughter for the recovery community. We're doing it again and you're invited to join us! Tickets are limited so please "TEXT" or call Mark Wonder at 303.882.2172 get your friends together, reserve your seats, and plan to laugh the night away with your sober family. Confirmation will follow once you reserve your tickets. You must be 21 with a valid ID and a two item (soda pop, food, etc) purchase is required. MUST RSVP by January 10, 2010.

Treatment Education Network—TEN

## ROAD TO RECOVERY



ROCKY MOUNTAIN  
ROUNDUP 2010

## THE ROCKY MOUNTAIN ROUNDUP

Rocky Mountain Roundup's purpose is to bring together the Gay, Lesbian, Bisexual, Transgender and Questioning 12-Step recovery community by providing a clean and sober environment culminating in an annual conference in Colorado each year. Our goal is to support recovery and maintain the spirit of unity within the various participating 12-Step recovery Fellowships.

The Rocky Mountain Roundup respects the 12 Steps and 12 Traditions of all participating Fellowships. We structure our activities based upon guidelines and traditions contained within our bylaws. It is our intent that no one ever be turned away from any Roundup event for lack of funds.

### Next Social Event Planned

### NEW YEAR'S EVE MASQUERADE PARTY

[www.rockymountainroundup.org](http://www.rockymountainroundup.org)

## DAY 1 FOR ROBERT

(continued from page 2)

Last night was my first night on meds and I had a little problem falling asleep. We went to bed around 2:30 am after watching our TV shows we recorded but as soon as I put my head on my pillow... I was wide awake. I started itching and getting irritated. I was tossing and turning so much I decided to sleep on the couch so I didn't wake up my hubby. He is a light sleeper and sometimes I am restless. I sat on the couch about 3 am. I smoked 2 cigarettes drank a bottle of water and tried to fall asleep... I continued to toss and turn until about 5:30 am. Then I remember waking up at 8:30 am and not wanting to move. so I fell back asleep until 12 noon. Then I jumped up and grabbed my meds and coffee and took today's 1st dose of the day, in Hopes of Inspiring.

*Editors Note: Robert's concern about side effects is common to most everyone starting HIV meds (particularly changes in the face, buttocks, and limbs). However, OnTheTen would like to point out that Robert's regimen is not associated with these side effects. In addition, the drugs that cause most of these side effects are no longer prescribed by doctors for initial drug regimens (and are usually avoided altogether, even with more experienced patients).*

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[blogtalkradio.com/poziam](http://blogtalkradio.com/poziam)

## PHOENIX MULTISPORT

Phoenix Multisport fosters a supportive, physically active community for individuals who are recovering from alcohol and substance abuse and those who choose to live a sober life. Through such pursuits as climbing, hiking, running, swimming, road and mountain biking, and other activities, we seek to help our members develop and maintain the emotional strength they need to stay sober.



### What people are saying:

"Phoenix has become a very important part of my life and I truly cherish my friendships with team members. They continue to inspire and motivate me to live a happy, healthy, and sober life. What a gift!"

—Josh McCellan, Board of Directors

[www.phoenixmultisport.org](http://www.phoenixmultisport.org)

## RICHARD KEARNS, POEM FOR WORLD AIDS DAY, 2009

jeff was dying, i was not  
a hundred karposi lesions  
covered his body &  
made him look like  
nijinsky in afternoon  
with a faun, only skinny

he was my captain of  
bright & stormy mornings  
my saint & my man  
he was my AIDS hero  
(more than mine) & i  
hated he was leaving me

i wanted to pour into him all  
the life left to me —  
because i could never hope to be  
good enough to survive this plague  
by myself, let alone for anyone else —  
because i was cannon fodder —  
because we needed him

i told him so one day

he laughed & then — i don't  
remember how — he scooped up  
my tanned gym-hard bod in his pale &  
thin & tangly night-scarred arms &  
tender-kissed me several times saying —  
here i thought i was pouring my life  
into yours. why? because

i believe in you  
i believe in you  
i believe in you  
i believe in you  
pass it on

then he was gone  
his words do not keep  
me from missing him  
but they are a comfort  
neither god nor quilt has  
offered — my own turn  
to triumph with a balm  
no one else can  
discover or manufacture,  
invent or create or speak,  
medicine compounded with my  
blood & toil & tears & sweat

i believe in you  
i believe in you  
i believe in you  
i believe in you  
pass it on

i have struggled to do what  
jeff could not stay to finish &  
sam & jim & russ & steve & the  
too too many more. too too  
soon your turn will come  
let us make each other's lives  
more livable, more filled with sun &  
season while we can. never forget

i believe in you  
i believe in you  
i believe in you  
i believe in you  
pass it on  
pass it on  
pass it on

namasté

[www.aids-write.org](http://www.aids-write.org)

## CELEBRATING THE POSSIBLE IN THE FIGHT AGAINST AIDS

*Jim Pickett, Director of Advocacy*

*AIDS Foundation of Chicago*

[www.aidschicago.org](http://www.aidschicago.org)

For more than two decades, we've paused every December 1st to take stock of where we are in the fight against AIDS. We mark the number of new infections, the number of deaths, and prepare ourselves for another year of battling a formidable enemy. This year, we have some good news to celebrate alongside the sobering statistics. The new UNAIDS report showed an important decrease over the past eight years in HIV infections in some of the hardest hit areas of the world. It is clear that HIV treatment and prevention programs are having an impact in the fight against this disease, and it is clear that we can make even more of an impact if we scale up effective programs to reach even more men, women and children with lifesaving treatment and prevention.

On this World AIDS Day, we also celebrate the possibility of an AIDS vaccine. Announced in September, the results from the world's largest AIDS vaccine trial, which took place in Thailand, showed that an AIDS vaccine is possible. We're still far from the finish line in our search for an AIDS vaccine, but we're farther down the road than we've ever been. Data from this trial will give researchers clues that can help speed the development of a safe and effective AIDS vaccine.

There is also great potential in other HIV prevention research. In the coming months we will see results from an efficacy trial of a microbicide gel that could be used by women to protect themselves from HIV infection. We will also learn the results of a safety study looking at a strategy called PrEP in which researchers are investigating whether the use of antiretroviral drugs can help reduce the risk of HIV infection. There are several additional PrEP studies that will generate important data later in 2010 and beyond.

A decade of increasing funding for HIV programs - in prevention, treatment, and research - is paying off. Ironically, though, this good news comes at the same time that the global economic crisis and political arguments threaten the future of HIV funding. The stark realities of post-crash budgets in developed and

developing countries are leading to flat or reduced funding for many health and development programs around the world, including HIV treatment, prevention and research. Arguments that too much money is going to AIDS programs or that funding should be prioritized for delivery of existing interventions over expansion of research for new, more effective methods, are false dichotomies at best, and at worst, threaten to derail the successes we've achieved to date.

The possibilities and the victories that we celebrate this World AIDS Day could sadly be transitory unless we act now to solidify and sustain funding and support for HIV treatment, prevention, and research programs. To avoid losing ground, we must take a long view of what is needed to respond most effectively to AIDS and to capitalize on the possibilities before us.

Taking the long view is not merely ensuring sustainable funding. It requires developing a broad and coordinated response. We must use the funding we have prudently. This requires careful examination of effective treatment and prevention programs so that they can be replicated and expanded. It also requires an unprecedented level of pressure to cooperate so that funding is not wasted on duplicative programs.

For HIV prevention research, the long view means bringing the field together to make common and informed decisions about what candidates should go forward in human trials. It requires courageous sharing of knowledge, new information, and innovative ideas. The vaccine field has begun to make great strides in this area. Similar efforts are needed for other prevention research modalities. At the same time, there must be more coordination across prevention research disciplines and among researchers, implementers, and communities.

For three decades the world has been living with and responding to AIDS. Our response has often been too late or too little - and often both. But it has also often been unprecedented, groundbreaking, and unpredictable. Activists and researchers have found common ground to work side by side to beat this disease. Together, they've developed new ways of conducting research and new ways of delivering healthcare in response to the AIDS pandemic.

*(continued on back)*

## HIV/AIDS NEW TREATMENT GUIDELINES

**E**xclusive Interview: David Wohl, M.D., Summarizes Revised U.S. HIV/AIDS Treatment Guidelines

Looking for an expert summary of the latest revisions to the official U.S. HIV/AIDS treatment guidelines? Check out this exclusive interview with David Wohl, M.D., a prominent HIV physician/researcher, and a member of the expert panel responsible for revising the guidelines. In this interview with TheBody.com's editorial director, Dr. Wohl walks us through the updated guidelines and explains the importance of the new revisions. His summary is concise and easy to understand. A lengthier, technical interview will be available soon! (Article and podcast from TheBody.com) We've summarized the main changes to the guidelines in an article or you can read about them below!

**Earlier Treatment Recommended:** For people who have never been on HIV meds before, treatment is now recommended at a CD4 count of 500 or less (up from 350 or less). Is There

Such a Thing as Starting Meds "Too Early?" The expert panel was split over whether people should begin HIV treatment at a CD4 count above 500. Half felt it was a good idea; the other half felt it was OK to consider it, but that a person should carefully weigh the pluses and minuses with their doctor first.

**What to Start With:** There are now four specific regimens that are considered "preferred" for first-line treatment:

Atripla  
Isentress and Truvada  
Norvir, Prezista and Truvada  
Norvir, Reyataz and Truvada  
Non-preferred first-line regimens are now split into various lists ("alternative," "acceptable," etc.) that include brief explanations for why it may or may not be wise to try them.

**Kaletra Demoted:** Kaletra has been removed from the list of "preferred" first-line HIV meds; it's now generally considered an "alternative" medication, mainly because it carries a heightened risk for gastrointestinal side effects and high lipid levels. That said, the twice-daily dose of Kaletra is still a recommended medication for HIV-positive pregnant women.

## NEW TEN WEBSITE!

TEN stands for Treatment Education 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 achieve these goals by providing educational programs and support groups. Our programs include (but are not limited to):

- Daily BLOG [www.OnTheTen.com](http://www.OnTheTen.com)
- Monthly Community Educational FORUMS
- Quarterly NEWSLETTER "OnTheTen"
- HIV RETREAT at Shadowcliff
- "The Net" SUPPORT GROUP for newly diagnosed

[www.ontheten.org](http://www.ontheten.org)



### 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](http://www.thepositiveproject.org)

## COMMITTEE ON SOCIAL SECURITY HIV DISABILITY CRITERIA

**A**n ad hoc committee of medical experts will conduct a study to assist the Social Security Administration (SSA) on HIV disability issues. The committee will review the current medical criteria for disability resulting from HIV infection in SSA's Listing of Impairments ("the Listings") and identify areas in which the HIV Listings should be revised and updated based on current medical knowledge and practice. Specifically, the committee will (1) conduct a comprehensive review of the relevant research literature and current professional practice guidelines; (2) assess the current HIV infection Listings in light of current research knowledge and evidence-based medical practice; and (3) produce a short report with specific recommendations for revision of the HIV infection Listings based on evidence (to the extent possible) and professional judgment (where evidence is lacking).





## HIV LIPOATROPHY

by Dr. Joshua Blum

Would you like to advertise to others that you are HIV positive? If you asked all of our clients the question above, I doubt you would hear a single “yes.” In fact it seems silly to suggest that we would want to broadcast to the world personal information that we may only share with close friends and family. Our clients appreciate the privacy that this clinic affords, from our location within larger internal medicine clinics to the way we answer the phones: “Primary Care Clinic.”



And yet HIV lipoatrophy, a potentially disfiguring complication of long-term HIV infection or treatment, can advertise to others (without consent!) that a person is HIV positive. For many in the positive community, this change in appearance is the most catastrophic complication of HIV infection, and one to be avoided at all costs. Unfortunately, while newer HIV regimens and earlier HIV treatment carry less risk of “lipo,” some of our clients who have been infected for many years have already developed these changes in appearance.

Lipoatrophy typically appears as loss of fat under the skin of the legs and arms, the buttocks, and perhaps most noticeably, in the cheeks or forehead. Risk factors include: being Caucasian, over 40 years old, having HIV infection for more than 10 years, having a lower CD4 T cell count (<100 at its lowest), and being on certain HIV medications, particularly the drug Stavudine (D4T). Unfortunately, there are no systemic treatments that are effective in treating this condition.

In fact, the most effective approach is to use “fillers” for soft tissue augmentation. Fillers are molecules that can add volume to the subcutaneous tissues, hopefully without causing any inflammation or allergic reaction. The bad news is that these treatments have been prohibitively expensive for patients, and are not covered by almost any insurance policies. The good news now is that one of these fillers, Radiess®<sup>®</sup>, has developed a patient assistance program that offers the drug at a significantly discounted price. I have been trained on the administration of this medication, and have received approval to offer it to our Denver Health HIV positive patients with lipoatrophy. We are offering to administer the drug without any additional fee, so that the only cost to the patient would be the discounted drug price. While this may still add up to a few hundred dollars, this represents a significant savings over the thousands of dollars a patient would be expected to pay at a private plastic surgery or dermatology office.

If you suffer from HIV lipoatrophy and are interested in this treatment, please speak with your doctor about getting evaluated and enrolled in the patient assistance program. We are very excited to be offering this additional service to our clients, and hope to eliminate the stigma of “advertising” one’s status to the world.

## LA ELDER HIV/AIDS SUMMIT & INTERNET TRAINING

by Richard Kearns

December 8, 2009, Los Angeles—A coalition of Los Angeles grassroots activists and city officials announced plans today to host an “LA City Grassroots Elder HIV/AIDS Advocacy Summit & New Media Training.” The free, one-day conference will take place Friday, February 12, 2010 at the Tom Bradley Conference Center, the two top pyramid-shaped floors of the 1928 landmark City Hall building downtown

“HIVers over 50—elder Persons Living with HIV/AIDS (PLWHAs)—are expected to double in prevalence over the next five years to constitute nearly 60 per cent of the national HIV-infected population,” said spokesman Richard Kearns, a 58-year-old gay man living with AIDS in Los Angeles for more than 20 years, a community-based activist and publisher of two blogs.



“Everyone treats us as liabilities when in fact, we are resources --- both to ourselves and to our community,” Kearns continued. “However, as a group, I’d also characterize elder PLWHAs as ‘internet reluctant,’ and ‘technology resistant.’ The question becomes this: why should we let ourselves be intimidated by something a nine-year-old can master in a single sitting?”

“The summit and training is intended to be a safe place to ‘get over it,’” said Kearns, “as well as offering simultaneous hands-on Internet experience, as well as offering networking and coalition-building opportunities. We plan to meet with city council members and their staffs. We plan to build a website from scratch at the conference, as well as produce, record and post videos and text to it. We hope to empower 15-30 new elder PLWHA activists, get them up to speed with new media, and set them loose. We’re needed out there.”

Kearns noted the theme of the conference was “new tricks for old dogs and their allies,” indicating what he called an “emphasis” on PLWHAs over 50. “This is a broad invitation, to all our younger allies as well, in our traditionally youth-oriented culture,” he said. “The summit and training reflects a confluence of our lives as well as our advocacies.”

“We already know what needs to be done,” said Kearns. “We already know what to do. We are already capable. We are already experts both in HIV/AIDS and in life. The internet is easy.”

For continuing updates on the conference, please check <http://www.facebook.com/l/4bc62;AIDS-write.org> or <http://www.facebook.com/l/4bc62;havvacc.wordpress.com> (the HIV/AIDS Volunteer Virtual Assisted Care Community). Persons interested in applying to attend the free conference should contact Richard Kearns at [rk@aidshelp.org](mailto:rk@aidshelp.org) or <http://www.facebook.com/l/4bc62;write.org>, or 310.488.1328.

# YOU AND YOUR ANUS

by Jeff Logan

**T**he anus must be the most ignored organ of the body. We usually don't think about it unless it is not working properly. Even then, we avoid discussing the anus even with our health care providers. If mentioned at all, it is the butt of jokes (pun intended). I call this fear and loathing of the anus "anophobia." Unfortunately, the anus is subject to a variety of problems that can cause considerable pain, disability, and even death.

Recently there is a growing awareness of the increasing incidence of anal cancer in men who have sex with men (MSM), particularly those who have HIV. Farrah Fawcett's struggle with anal cancer briefly brought the issue to light. Her death showed that anyone can get this type of cancer, but it didn't serve to raise awareness among those in the highest risk group for the disease. In fact, MSM with HIV are at the highest risk for anal cancer. Taking antiretroviral medications doesn't lessen the risk at all. Even women and heterosexual men with HIV are at much higher risk of anal cancer than people without HIV.

Human Papilloma Virus (HPV) infection is the primary cause of anal cancer. HPV is the most common sexually transmitted infection. There are over 100 types of HPV. About 30 of these affect the genital area, which includes the anus. HPV is spread by skin-to-skin contact. The majority of sexually active adults will contract at least one type of HPV in their first two sexual encounters. Happily, most will clear the infection within two years, often without ever even knowing they had it in the first place.

HPV infection can also become chronic, especially in those who have immune system problems. If the infection becomes chronic, it can stay with an individual for life. Even if you had receptive anal sex only one or two times, and even if it was decades ago, you can still have anal HPV infection. Even if you never had receptive anal intercourse, it is still possible to have HPV infection in the anal area. Fingers

and toys can spread HPV from the genitals up front to the anus in back during sex play.

Different types of HPV do different things. Some types of HPV cause visible warts. These can be a big problem because warts are unsightly and can cause pain, bleeding, and other symptoms. Other types of HPV can cause an invisible change in the way the skin cells grow. These changes are called "dysplasia," and can lead to cancer. Even if you have never had visible warts, you can have these "dysplastic" changes.

Since dysplasia is invisible, the only way to know if you have it is through medical testing. The most common test for dysplasia is called a "pap smear." A cotton swab is put into the anus and the cells collected on it are sent for microscopic examination. If dysplastic cells are present, it doesn't automatically mean you are going to get cancer. It does mean that a healthcare provider experienced with this problem should do additional tests to see if you have advanced dysplasia, the type that might become a cancer.

Anal pap smears by themselves don't diagnose or prevent cancer. They only screen for individuals that need more follow-up. If a healthcare provider doesn't have a way to follow-up an abnormal pap smear, it is better not to get one. It is more important to be aware of what is happening in your own anus. Sometimes anal cancer has no symptoms until it is in an advanced stage; however, symptoms such as bleeding, pain, itching, discharge, or the presence of a lump can be caused by even an early cancer. They can also be symptoms of other more common, less serious problems. They always should be brought to the attention of your healthcare provider. He or she can do a visual examination of the anus, feel inside for abnormalities, and look inside the anus with a small plastic scope. Even if your provider can't perform a pap smear or is unable to diagnose your problem during an exam, he or she can

refer you to someone who can do further evaluation.

It is common for people with HIV to be infected with multiple types of HPV including multiple types that can cause cancer. Fortunately, practicing safer sex probably can reduce the risk of anal cancer. Research shows that women whose male partners always use condoms have a reduced risk of cervical cancer, which is also caused by HPV. Anal cancer is also more common in smokers, so quitting might also reduce the risk. In my own clinical experience, patients who have less receptive anal intercourse, fewer sex partners, always insist on safer sex, and who don't smoke or abuse alcohol and drugs, have fewer anal problems. That said, it is my opinion that anal sex can be enjoyed safely with mindful care and concern.

The most important thing is to overcome your own anophobia. Become familiar with your anus. Look at it with a hand mirror, feel around and inside of it with your finger while you are showering, take any symptoms seriously and mention them to your healthcare provider. If you aren't comfortable talking about an anal problem with your provider, find another one you can talk to about it. Educate yourself and others. We can still poke fun at this most lowly of body parts. We can safely enjoy the pleasurable aspects of the anus, as well. We should also take seriously the problems that can threaten our health and our lives, and seek professional attention when they arise.

Jeff Logan is a physician assistant and coordinates the anal cancer prevention program at the Denver Health Infectious Disease Clinic.



## COLORADO AIDS CLINICAL TRIALS UNIT COMMUNITY ADVISORY BOARD

*Maiki Linda Teene, CAB Liaison*

The Colorado AIDS Clinical Trials Unit (ACTU) conducts a wide range of clinical trials offering experimental treatments with antiretrovirals and immune therapy for adults at all stages of HIV disease. The Colorado ACTU is a part of a larger AIDS Clinical Trial Group, which consists of a network of HIV and AIDS researchers around the world. ACTG trials are funded by the National Institute of Allergy and Infectious Diseases (NAIDS). Each unit has Community Advisory Board, whose purpose is to provide a local forum between community members whose lives have been affected by HIV and/or AIDS and the researchers and integrates community involvement order to advance HIV/AIDS research.

The Colorado ACTU was formed in 1990, and shortly after, the CAB began meeting monthly. The meetings in the beginning mainly focused on the business aspects of the ACTG, as platform for the CAB members to understand the clinical research process, voice concerns regarding specific clinical studies, their development, implementation and outcomes; as well as give assistance concerning issues related to the accrual and retention of trial participants.

More recently, we have added informational presentations by health care providers about an array of topics related to HIV/AIDS research and health care, such as History of HIV Infection, HIV and Co-Infection, Influenza in the 21st century and the Risk of a Pandemic, New Drugs, and Treatment Guidelines. At our next meeting on December 18th, Dr. Jennifer Kiser will be presenting Emerging Treatments for Hepatitis C.

Anyone with an interest in the HIV/AIDS research agenda is welcome to attend monthly CAB meetings. CAB Meetings are held on the last Friday of every month at 11:30 am in room 360 of the Leprino Building, 17th Avenue, and Quentin on the UC Denver Anschutz Medical Campus.

The next three meetings are scheduled for December 18th, January 29th, and February 26th. Keep an eye out for "Friday Lunchtime HIV Update" flyers which are distributed at various agencies, clinics, and at the monthly educational forums. For more information, please contact Maiki Teene, CAB Liaison, at (303) 724-0797, Maiki.Teene@ucdenver.edu, or visit our website at [www.uchsc.edu/sm/caactu](http://www.uchsc.edu/sm/caactu).

## SOUTHERN COLORADO AIDS PROJECT

As with most non-profit agencies, the Southern Colorado AIDS Project (S-CAP) could never have gotten off the ground without the diligence, hard work, and dedication of volunteers. The agency was entirely staffed with volunteers at its inception in 1986, and volunteers continue to be an integral part of the work.



Volunteers perform a wide variety of services at S-CAP. Following are some of the ways volunteers are involved:

The Peer Mentor Program is comprised of volunteers who are available for newly-diagnosed clients in need of support after diagnosis. These volunteers go through an extensive training to assist them in supporting clients to manage the disease process.

The Speakers Bureau is a group of volunteers knowledgeable about HIV/AIDS who provide education and information through presentations at local schools, organizations, and other community venues.

The S-CAP Food Bank is staffed entirely by volunteers who assist clients in the selection of foods to supplement their nutritional needs.

Volunteers are also utilized in the reception area of the office answering phones and greeting clients and visitors. These same individuals assist with stuffing envelopes for large mailings, calling clients with reminders of special events, and other office support duties.

Volunteers are needed regularly in various Fund Raising activities. The largest event is the annual Red Ribbon Ball held in the spring. A limited number of volunteers help in the Agency's Advisory group. Clients are also represented on the organizations Board of Directors

Volunteers at S-CAP are seen as unpaid staff, and their service is in support of the mission: To meet the evolving needs of those persons living with HIV/AIDS and their families as well as providing education and prevention programs to the S-CAP service area that will help eliminate new infections. Volunteer applications are available at [www.s-cap.org](http://www.s-cap.org)

visit [www.lifelube.org](http://www.lifelube.org)



visit [acidrefluxweb.com](http://acidrefluxweb.com)





# WORLD AIDS DAY

Tony Miles, The Positive Project

Hello Friends and Family,

I am writing you all for a few reasons. You are getting this because I consider you as a friend or part of my family. December 1st, is World AIDS Day.

When I moved to San Francisco almost 25 years ago now I began volunteering for one of the first HIV/AIDS response agencies around, called the Shanti Project. The experience I was afforded there has led to a life-time commitment to the HIV/AIDS pandemic. For me, this will never change. There is always more we can do, or at least try.

This disease knows no boundaries and indeed I have encountered every where I have worked, traveled, and lived. I've heard from mothers, mothers-to-be, brothers, sons, siblings, children, couples, families, many ethnicities, various religions, the full span of socio-economic positions - you name it. I have heard from clients and patients, as well as colleagues, friends, and neighbors who have shared their own pains related to this pandemic. I've literally been pulled aside at the water fountain in a building where I worked where a woman from another office wanted to tell me of her nephew's failing health and her family's fear. Many of you have heard a story here or there of these moments for which I am grateful and by which I am humbled. The chance to spend time with anyone who faces challenge brings with it the potential for such growth and humanity. Indeed, I am a lucky lucky man and I know that.

Several years ago, my colleague Dawn and I co-founded The Positive Project. Of course you know about this as you would not be my friend or family without knowing this... This project has been a core part of my life. I have nurtured it much like a child or unruly garden (pick your own metaphor). There are many reasons why I have stayed with this. I have known probably close to 1000 persons living with HIV/AIDS. Many of

them are no longer here. Fortunately, many of them are still here and many of those doing very well thanks to advances in treatment. I have stayed with this project, simply put, because it always seemed the right thing to do. In our quiet, desperate, (and unfunded) moments, our sense was to "keep going" so we have.

I know in my heart that people relate to people and stories are powerful tools. I know that many people infected and affected by HIV/AIDS are wise from their experiences and eager to help others. I know they can help other HIV-positive people learn to manage their disease successfully, and they can help other HIV-negative people stay that way. We are committed to be the vehicle by which these brave participants may reach those who can benefit from hearing them.

I know that when people allow themselves to hear what these people have to offer - change can happen. Perhaps it will help a college co-ed participate in safe sex (or even safer sex), maybe a father will let his HIV+ son sit at the Thanksgiving table feeling love, maybe a pregnant woman will get an HIV test and prevent the transmission to her child. We have received compelling responses literally from around the world from people inspired by the words, openness, and courage of these participants.

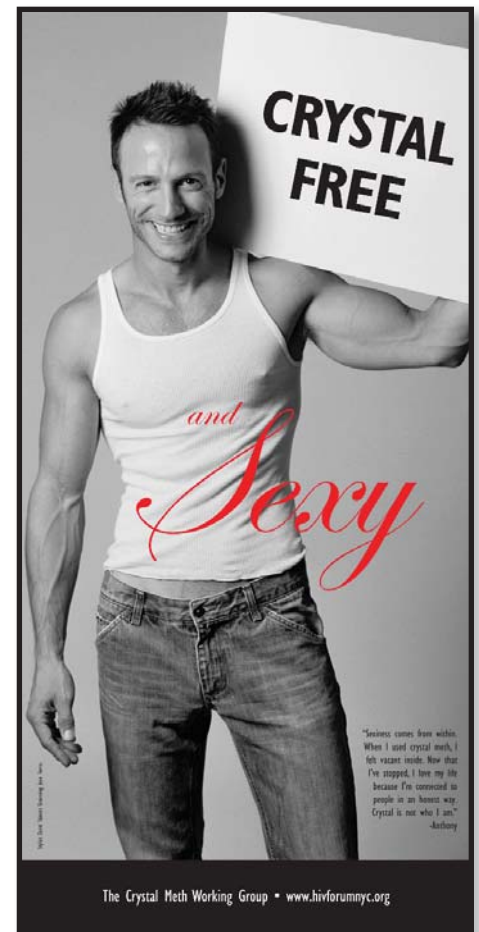
Please, tomorrow when you get the email from The Positive Project, take the time to go to the website and listen to a few of these brave folks. Many years of development have brought us to this place. The Positive Project now offers more than what we could have hoped for. In the truest sense, it has surpassed our wildest dreams. Remarkably generous and gifted persons keep coming forward to assist us in every way we've needed, to clear every hurdle we've hit, to find a way around every obstacle in our path.

Please use World AIDS Day as a time to contemplate the epidemic. Contemplate the people. Contemplate the 25 million who have died, the 33 million who are living with HIV/AIDS, and the unlimited number of people touched by one way or another by this reality.

I sincerely appreciate the relationships I have been afforded in this lifetime. Thank you for your continued support of this work and my part in it.

Tony Miles, The Positive Project

[www.thepositiveproject.org](http://www.thepositiveproject.org)  
720.205.9752



## POSITIVE<sup>LITE</sup>.COM GOES VIRAL ON WORLD AIDS DAY



This World AIDS Day—December 1, 2009—a brand new positive spin on HIV is set to viral with the launch of PositiveLite.com, a new, irreverent and innovative Canadian webzine. PositiveLite.com is the brainchild of Brandon Williams, and Brian Finch who are both 'out,' long term surviving HIV positive men living in Toronto. They've teamed up to combine their coaching, writing, social marketing skills – and not to mention sense of humor – to create a multimedia e-magazine for HIV positive gay men and those who admire them.

The website, a first in Canada, brings together a collection of credible well-known gay HIV positive voices country, including PositiveLite.com's first American contributor Cory Washington of Flirtatious T, The Dating Guru. Brian and Brandon saw a need to bring together Canadian driven content for people living with HIV that was entertaining, light-hearted, yet provide meaningful information at the same time.

"PositiveLite.com is designed to deliver a positive (no pun intended) message about 'getting on with life' in the post-cocktail era," says Brian. "It asks the existential question: 'We're still here, now what?'"

"For many HIV positive men and women, simply being kept alive by drugs while collecting disability is just not enough," adds Brandon. "We need more, and we want our media to reflect this new reality."

PositiveLite.com is not just a website. It's a community. It will offer a community social network and opportunities for its members to participate in workshops and events all focusing on our theme of moving on with our lives.

From the beginning, PositiveLite.com has been working collaboratively with Shaun Proulx Media (GayGuideToronto. Com, The Shaun Proulx Show), the AIDS Committee of Toronto, AIDS Services organizations, industry, and will continue to grow these relationships.

## CELEBRATING THE POSSIBLE IN THE FIGHT AGAINST AIDS

(continued from page 10)

They've learned unexpected lessons and developed strategies that work against HIV and against other diseases. They've revolutionized public health. So this year as we don our red ribbons and think about where we are in the fight against AIDS, let us also think about how we take the small victories - the possibilities - of this year and push forward in our quest to end the AIDS epidemic.



It Takes a Village  
[www.ittakesavillagecolorado.org](http://www.ittakesavillagecolorado.org)



## UPCOMING EVENTS

### RECURRING EVENTS

**SUNDAY COFFEE TALK/BRUNCH**  
PANERA BREAD, 13TH & GRANT STREET

FIRST SUNDAY OF EACH MONTH  
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

## IT'S A MASQUERADE! NEW YEARS EVE PARTY HOSTED BY THE ROCKY MOUNTAIN ROUNDUP 1420 OGDEN, DENVER 8PM-1AM

TICKETS \$12.00 IN  
ADVANCE  
\$15.00 AT THE DOOR  
ON LINE @

[ROCKYMOUNTAINROUNDUP.ORG](http://ROCKYMOUNTAINROUNDUP.ORG)

COME JOIN US FOR SOME  
CLEAN AND SOBER FUN!  
FELLOWSHIP, GOOD  
FOOD, GAMES, AND  
DANCING!

SILENT AUCTION AND DOOR PRIZES  
BEST MASK WINS A PRIZE!



## ROCKY MOUNTAIN CARES

Rocky Mountain Cares is the newest not-for-profit HIV clinic for metro Denver. Facility is staffed by Benjamin Young, MD PhD, Kenneth Greenburg DO, PharmD, and John Hammer, MD & Tara Kennedy, FNP.

4545 East 9th Avenue, Suite 120  
Denver, Colorado 80220 USA  
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