

INSIDE THIS ISSUE

CROI CONFERENCE TIDBITS	1
BEATTY RECEIVES AWARD	1
PHARMA "REPORT CARDS"	3
A FAMILY AFFAIR	4
BROTHAS4EVER	5
YOUR IMPORTANT PLACE	6
CHANGES AT MAYOR'S OFFICE	6
GROUPS	7
SINMEN.NET	7
COMMUNITY EDUCAT10NAL FORUMS	8
GRAVITY	9
POSITIVE LITE	10
THE RETREAT AT SHADOWCLIFF	10
SUBSTANCE ABUSE STIGMA	12
TAX ON MEDICAL MARIJUANA	12
ACTG CLINICAL TRAILS	13
COMPAS	13
GENE THERAPY	14
ADVOCATES FOR RECOVERY	14
HIV ONE ON ONE	15
CO-PAY PROGRAMS	16
CDPHE	19
STEVE'S CHECKLIST	BACK

MISSION STATEMENT

The Mission of OnTheTen Newsletter is to provide educat10n 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

The Newsletter for Treatment Educat10n Network—TEN

TIDBITS FROM THE CONFERENCE (CROI)

by Michael Dorsch

CROI is the large HIV conference that was held this year in San Francisco February 16-19, 2010. There were over 4200 attendees (mostly doctors and clinicians from all over the world); over 270 young investigators; 45 international scholarships; 23 community educator scholarships; and a healthy handful of community press. Sessions were held from 8am until 6pm for 4 days, with a huge amount of data, reports, and findings from a plethora of research, presented in Oral Abstracts, Plenaries, Seminars, and Posters.



Here are a few tidbits from the 17th CROI conference:

- Two new "boosters" (like ritonavir aka Norvir) are in the pipeline, one from Gilead and one from Sequoia. Initial studies indicate a low level of side effects, and both companies are looking at co-formulation with other drugs.
- Once daily darunavir (Prezista) as an 800mg dose (with ritonavir booster) is non-inferior to twice daily darunavir as a 600mg dose (also boosted). This is only for experienced patients with NO darunavir associated resistance mutations. In addition, the incidence of lipid elevations with once-a-day was about half that of twice-a-day.

(continued on page 2)

BEATTY RECEIVES CARL FRAZIER AWARD

by Drew Wilson

TEN (Treatment Educat10n Network) and SIN (Strength In Numbers) Colorado have chosen Michael Beatty to receive the 2010 Carl Frazier Memoriam for excellence in HIV community advocacy. The local recognition began in 2009 as a response to the untimely loss of one of its members in July 2008. To commemorate Carl, as well as promote a stronger sense of community among Colorado's HIV positive citizens, the CFM was created and the 2009 recipient was Arthur Powers. This will hopefully continue to grow as a mechanism for the poz community to say **Thank You** to our own. Michael is a shining example of consistent community input (his bio follows). The award was presented at the annual Gill Foundation Community Forum on March 30th.



Michael Beatty is a Denver-based marketing and promotions professional with extensive experience in event planning and fund-raising and a long history of professional and personal association with Colorado's HIV and gay communities. Having worked in the HIV community since the early 1990s, Beatty is honored and humbled to be the recipient of the 2010 Carl Frazier Award.

"It's such an honor to be recognized for doing the work I love to do," said Beatty. "This work feeds my soul and gives me reason to get up in the morning. It's all about contributing to my community and making a difference in peoples' lives."

(continued on page 2)

TIDBITS FROM THE CONFERENCE

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- In studies so far, the new integrase inhibitor (INI) from GSK “572” (same class as Isentress or raltegravir) is showing a lot of promise in efficacy and tolerability. The once daily formula also looks to be “next generation” meaning no cross-resistance with Isentress. This could be an option for patients who develop resistance to Isentress, which is currently the only approved INI. Phase 3 studies are moving forward. The next INI likely to be approved is elvitegravir from Gilead, but so far, Isentress and elvitegravir are cross-resistant.
- Viroviroc, a CCR5 inhibitor (same class as Selzentry or maraviroc) did not show superiority over “optimized background therapy” in experienced patients. However, studies with the drug in treatment naïve individuals are moving forward. Most people in the studies had 2 or 3 very potent drugs in their regimen, with or without viroviroc, and therefore the drug did not show superior difference. In the bigger picture, studying new agents in existing classes in an ethical manner is becoming increasingly challenging as demonstrated in these clinical trials.
- In the same class (CCR5 antagonist), very early data on TBR652 from Tobira was presented. The unique thing about this drug is that in addition to CCR5 activity, it also targets CCR2 which is associated with chronic inflammation and some other diseases. Therefore, if it moves forward with no hitches, it could turn out to be a substantial and unique addition to the HIV drug armament. Phase IIB trials are moving forward.
- Cobicistat, the new “booster” from Gilead mentioned above (same function as ritonavir or Norvir, i.e., “boosts” other drugs), is moving forward with no hitches or issues to date. Many are hoping that this alternative booster will have fewer side effects, particularly associated with lipid abnormalities and GI issues.
- The “Quad Pill” from Gilead is a once daily tablet in clinical trials. It combines the new booster mentioned above (cobicistat) with the new integrase inhibitor mentioned above (elvitegravir) with Truvada (tenofovir+FTC), a potent combination of 4 drugs in a once daily one-pill combination. In studies so far, it met criteria for non-inferiority to Atripla, and Phase 3 studies are moving forward.
- “Intensification” means adding another potent drug from a different class, to an existing successful regimen (where someone is undetectable, meaning viral load less than 50). The theory was to try and lower the viral load even further, or get to zero – and/or- raise the T-cells. Unfortunately, this strategy does not work, however, they are learning quite a bit in the process of conducting these studies.



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BEATTY RECEIVES AWARD

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Beatty, who has lived with HIV since 1985, was approached in 1993 by Charles Robbins, founder of Colorado's Project Angel Heart, to become a member of the rapidly growing organization's team. Founded in 1991 to provide nutritious meals to members of the Denver community living with HIV/AIDS and other life-threatening illnesses, Project Angel Heart now serves over 800 clients every week.

Beatty credits Robbins with seeing in him a potential for community service that Beatty himself did not.

As program director of Project Angel Heart's Center for Living, Michael Beatty began the first steps of his professional and personal journey through the world of HIV advocacy. Soon after, Beatty began a 15-year association with the Colorado chapter of AIDS, Medicine, & Miracles as Director of Constituency Relations and retreat producer. AM&M coordinates holistic retreats and one-day programs around the country for people living with and affected by HIV/AIDS.

Beatty's work in the HIV/AIDS and gay communities throughout the years has also included serving as Event Director for the Gay, Lesbian, Bisexual, & Transgender Center of Colorado and employment with Gay Men's Health Crisis, Boulder County AIDS Project, Denver PrideFest, POZ magazine, Out Front Colorado newspaper, and collaborated in the production of three Denver HIV Health Fairs, the HIV Retreats, and the Community Education Forums.

“Everything I've done professionally has given me an opportunity to be of service to the HIV community,” said Beatty. “As a person living with HIV and as a person on a journey of recovery from cocaine since 1990 I feel that I'm alive for a reason and that reason is that there's work for me to do.”

It was attending a Strength In Numbers breakfast gathering that Michael Beatty met Carl Frazier. He is now proud to be the recipient of Frazier's namesake award and thrilled that the good work of the Community Educational Forums and the HIV Retreats at Shadowcliff has evolved under the leadership of Michael Dorsch and Rod Rushing through TEN (Treatment Educational Network). If I were to recognize two people in our community who made significant differences in our lives, it would be Michael and Rod, you guys ROCK!

For nearly 20 years, Michael Beatty's professional and personal philosophy has been one of contribution and service to the community, and to this day, Beatty dedicates his work to those who have lost their battle against HIV, as well as to those who continue to fight and thrive.

“The bottom line is that it's all about creating a life I love living by helping others create a life they can love living,” said Beatty. “I want to empower my gay brothers with the information that they are wonderful and complete and whole and deserving of the abundance that life has to offer.”

CONFERENCE TIDBITS

(continued from page 2)

- Many studies are being conducted on Vitamin D. Although many of these are ongoing, it is now quite apparent that Vitamin D supplementation is very beneficial, especially for persons with HIV. The jury is still out on dosing, but many recommend between 1000 and 3000 I.U. daily.
- Smoking: Many abstracts reporting even more alarming information about the risks and dangers of smoking, particularly in persons with HIV. On the bright side, one abstract reported the results of a study indicating that no matter how long someone has smoked, and no matter how good or bad someone's overall health may be, there is a profound positive impact and improved health gained from quitting.
- A lot of research and attention is being focused on prevention strategies including microbicides, PrEP and PEP, treatment as prevention, and "test & treat." We will see much more of this in the coming years.
- Eradication continues to be a very hot topic. There is a lot of research on virus reservoirs, and I think we will be seeing more data as this research moves forward. This is very exciting, but we have to remind ourselves that there is still a lot of work and research that needs to be done.

On the downside...

- In general, persons with HIV are at greater risk for cardiovascular disease (atherosclerosis, heart attacks, etc).
- High triglycerides in HIV+ confers an increased risk for heart attacks.
- Bone fractures are more common in HIV+, particularly "fragile fractures."
- Uridine did not improve or prevent lipodystrophy (facial or otherwise).

(continued on page 15)



Want more from the Conference?

You can watch videos of presentations and read abstracts and posters on line at: www.retroconference.org

To read abstracts and posters:

- Click "Programs and Abstracts"
- Click "Search Abstracts and Browse Program"
- Then you can search for topics, etc, using different criteria (similar to an online library search)

To watch video presentations:

- Click "Webcasts and Podcasts"
- Click "View"
- On the top tabs, you can search by Day, Title, or Speaker

Michael recommends the following 5 presentations (in order):

To view, click on "Speaker" tab, then scroll down to find the presentation (listed alphabetically by last name)

Then click on "Play Video and Slides"

Special Luncheon for Young Investigators, International Scholars, and Community Educators

Feb 16, 2010 12:15 PM

Community Involvement in AIDS Research: Past, Present, and Future

Lynda Dee AIDS Action Baltimore and the AIDS Treatment Activists Coalition, MD, US

Research Strategy Plenary

Feb 16, 2010 5:30 PM

The HIV/AIDS Research Agenda: A View from NIAID

Anthony Fauci NIAID, NIH, Bethesda, MD, US

Plenary

Feb 18, 2010 8:00 AM

The US Epidemic—Disparities in HIV Disease, Care, and Outcomes

Kimberly Smith Rush Univ Med Ctr, Chicago, IL, US

Symposium: The Future of HIV Therapeutic Research—The Treatment Agenda

Feb 19, 2010 4:00 PM Limitations of Current

Therapies in Developed Countries

Joseph Eron Univ of North Carolina at Chapel Hill Sch of Med, US

Program Committee Workshop for New Investigators and Trainees

Feb 16, 2010 10:00 AM

Complications of HIV Disease and ART

Judith Currier Univ of California, Los Angeles, US

PHARMA "REPORT CARDS"

by the AIDS Treatment Activists Coalition (ATAC)

The AIDS Treatment Activists Coalition (ATAC) issued Report Cards for all the pharmaceutical companies that have approved HIV medications on the market. Each company was rated and graded in the following 5 categories:

- Drug Development Portfolio (*Develops innovative treatments, designs safe and effective clinical trials*)
- Access (*Ensures the earliest and broadest possible access to its HIV drugs*)
- Pricing (*Prices its products responsibly*)
- Community Relations (*Engages the HIV community on trial design, company conduct, and marketing efforts*)
- Marketing Practices (*Engages in marketing practices that are ethical and honest*)

These 5 grades were then averaged for an overall grade as follows:

- Abbott **F**
- Boehringer Ingelheim **D+**
- Bristol-Meyers Squibb **C-**
- Gilead **C+**
- GlaxoSmithKline **C-**
- Merck **B**
- Pfizer **C+**
- Roche **D**
- Tibotec **B**

To view all the grades in each of the 5 categories for all the companies, including the brief narrative with each grade, please visit: www.atac-usa.org. Click on: "ATAC Pharmaceutical Company HIV/AIDS Report Card" (in blue box) then click on company names and other links.

A FAMILY AFFAIR

by Pat Gourley

On Friday February 26th I retired from the ID/AIDS Clinic at Denver Health having been the nursing manager of the clinic for the past 21 years. I am not capable in any way of doing that experience and the literally thousands of folks I had contact with justice in a few words.

Gay men still make up 75% plus of the clients in the clinic, in the initial phase of the epidemic it was more like 95%. I can't bring myself to use the phrase "men who have sex with men" in a personal piece such as this since I feel it is demeaning and homophobic. But that is another article.

Obviously the clinic population has become over the years a rich tapestry of diversity and some of my most poignant interactions and growth opportunities have come from interacting with women clients. I have been repeatedly



humbled over the years watching any number of strong women overcome a multifaceted palette of challenges that were nearly incomprehensible to me as a middle-class, white, gay man. I have been fortunate in my life to encounter many dynamic women as teachers and that was certainly the case throughout my HIV nursing career at Denver Health.

I am a gay man, however, with HIV and that has certainly informed

my experience and my nursing practice these past years. I tested positive in July of 1985 at Denver Public Health (DPH) as soon as the test became available. In fact I may have volunteered before it was made publicly available, many things that far back are a bit fuzzy. I was most likely infected in 1980-1981 sometime. I am just one of those people who has to know.

I was an early advocate for testing and personally did not feel the issue of "name reportability" of HIV results was a significant political issue, the personal being a different matter. I thought there were strong and legitimate infection control advantages to reportability if used ethically. This does not mean that it was an easy decision for many and for some it might have had real consequences, I respect that.

Perhaps it was lessons I had learned from my socialist politics in the late sixties. I was certain that if the heterosexual power structure had perceived HIV infection as a real threat to them and the broader society, mandatory testing of all and a trip off to the quarantine camps would have been inevitable and society at large would have for the most part fallen right in line with this approach. Instead they were allowed to ignore it initially since it was perceived largely as a threat to "them."

The epidemiology of HIV saved us from that. Your risk was extremely low if you didn't have male homosexual sex, get a blood transfusion in the late 1970's to the mid 1980's, you did not share needles to inject drugs or be a woman who had the misfortune of being in a marriage that remained sexual with a closet gay man.

My gay activist roots date back to the mid-1970's, primarily with the GLBT Center and Harry Hay and the Radical Fairies. My work at The Center, again with a number of dynamic women, mostly lesbian feminists, began to involve stuff HIV-related as early as 1982. We made contact with Denver Public Health early on and a young Infectious Disease physician named David Cohn. Dr. Cohn served as our medical informant and conduit for information back to the community. Despite some local revisionist history to the contrary the GLBT Center at that time gave birth to the concept and initial structure that was to evolve into the Colorado AIDS Project (C.A.P.). This occurred largely under the leadership and direction of Carol Lease, the executive director of the Center at that time.

By 1986 C.A.P. was well on its way to being a vibrant and independent organization and I had been hired to work at DPH in some early community focused education and risk reduction efforts. As someone with a strong clinical nursing background prior to coming to DPH the "research" end of things was not quite stimulating enough for me so I transitioned into a nursing role in the clinic in 1989. The clinic had recently relocated from the 2nd floor to the 5th floor of the Public Health building at 6th and Bannock, where it still is today.

The current clinic space has recently been remodeled with the move back in being about a year and a half ago now. The old version was eclectic to say the least. All of the exam rooms were right off the clinic clerical area and waiting room. Being 100 year old construction things were quite soundproof and therefore confidential in the rooms behind closed doors, they built things right in those days. The literally combined waiting and check-in area right in the middle of the clinic proper though provided for more intimate interaction and client access to their providers than is usually the case. This essentially non-negotiable workspace on the positive side fostered the creation of what I like to think of as family in its truest sense. A family structure between providers and their clients was allowed to develop over many years. That simply doesn't exist in most health care settings today.

Though great care was taken to protect individual identities and privacy, this did not prevent significant client interactions in the waiting room and the nearly every move of the provider's was also on display. We do live in a very small town and the main "AIDS Risk Groups" do come from rather insular and inbred communities, so there was bound to be significant recognition and interaction right out of the box. And this worked out just fine most of the time.

(continued on page 11)

BROTHAS4EVER

by MaShawn Moore

Down with the Brown? If you are please join us at Brothas4Ever. B4E is a peer led program that promotes the physical, emotional, and spiritual health of same-gender loving African American men by building community. B4E has created a community of men who love men throughout the Denver metro area, to address health, relationships, emotional needs and substance abuse. The program includes social events (social thangs), a weekly group, peer outreach, and individual counseling.



Brothas4Ever is a place where you can be yourself. You are among men who understand you and who can relate to your life experiences. B4E is comprised of a diverse group of individuals and that is what makes us unique and interesting. We have men from 18 to 50+ who come from various backgrounds. B4E is a great environment to share your opinions, stories, and triumphs in a safe environment. B4E is a place where you can meet other same gender loving men of color and have articulate, colorful, and simply real conversations outside of a "bar/club" setting.

Our meetings occur on Mondays (7 p.m. - 9 p.m.) every week. The meeting focuses on topics that relate to our community and we always provide a meal for you to enjoy. Meetings are held at Reggie's Place which is located at 1475 Lima Street in Aurora. The meetings are confidential and everyone is respected. Anyone with the spirit of a brotha is welcomed. For more information about Brothas4Ever:

please visit our website at:

www.ittakesavillagecolorado.org/programs/brothas.htm

Also you can visit us on Facebook

(www.facebook.com/brothas4ever) or

MySpace (www.myspace.com/brothas4ever).

Any questions or comments you may have can be directed to: **MaShawn Moore** or **LaVelle Barrett** at 303.367.5021 or 720.935.3364. You may also send us an email at brothas4ever@hotmail.com.



6TH ANNUAL POZ CRUISE

OCTOBER 23-31, 2010

An 8-night sailing from Ft. Lauderdale aboard the Carnival "Freedom" calling at:

- Cozumel, Mexico
- Colon, Panama
- Limon, Costa Rica

Rates start at \$668 (with \$50 shipboard credit)

More info: www.HIVcruise.com

Treatment Educat10n Network—TEN

DENVER PUBLIC HEALTH

**ATTENTION
All ADAP Clients**

Beginning April 1, 2010

ADAP will cut 52 medications
from the list for which they currently pay

**YOUR HIV MEDICATIONS
WILL NOT BE AFFECTED!**

► WHY THE CHANGE?

Because of budget cuts, the state of Colorado has determined that this change will make it possible to continue to provide HIV meds (antiretroviral drugs) to all who need them.

► WHEN?

Beginning April 1, 2010 you may have co-pays that you have not paid in recent years.

► HOW MUCH?

The co-pays will be based on your CICP/CHS/DFAP rating. Find the rating on your blue and white hospital card.

► WHAT MEDICATIONS?

See the list of medications and discuss it with your pharmacy or Call ADAP 303-692-2716.

► *What should I do?*

- Talk to your pharmacy to see how much your co-pays will be and save for your co-pays every month.
- Work with your doctor and pharmacist to change to less expensive alternatives, if possible.
- Keep your CICP/CHS/DFAP up to date so that you don't pay more than what is required.
- Make sure your pharmacy has all your current information and your correct CICP/CHS/DFAP rating.

We Care because We Care



YOUR IMPORTANT PLACE ON THE JOURNEY

by Reverend Jim Chandler

As we move into the springtime of the year we have emerged from what many consider one of the deepest Winters of our brief lifetimes on this earth. Nations have been shaken, oceans have been disturbed, lives have been lost, and humanity has been challenged. Our own government has been split and values challenged. Wall Street has needed saving and corporations formerly deemed



to be too large to fail have turned to the general population for funds. Snows have reached new depths for some, while others face seemingly unending rain. Ancient traditions and religions are being questioned while many of our leaders are found to be fallible and incapable of maintaining the facade of perfection. Even the Tiger has been found to be no

greater than the rest of us. It appears that in the apparent desolate grey of the season there is nothing to turn to, and yet, we are still here. Why, and how, have we found such strength when outside of us the world crumbles? What a mess, or is it?

Perhaps humanity itself is on what Joseph Campbell refers to as "The Hero's Journey," and behind it all we are achieving new heights of being, we are connecting with a greater power, a power within us all, and a power that will lift us up above, and beyond, all these false Gods and old values we have cherished for generations. Society is finding a new way of being, and we are a leading force in the journey. Our challenges to health care, in the military, to recognize our committed relationships and to being recognized in society are forcing change. The change we are creating is important in the change we are all experiencing towards global unity.

On every continent, in every country, through every culture, and every family we are discovering the truth about creation. There is no evil force against us. There is but one-way of being, one power carrying us forward. There is nothing to hold us back, only the evolutionary force of unformed potentiality and creativity. In truth the opposite of success is not failure, the opposite of success is to quit trying. There are not two powers in the universe, that which we call "evil" and that which we call "good," We do not live in a "house divided against itself" there is only the power of creation within each of us. As the Olympic athlete is the one who got up one more time than the number of falls he or she had taken.

Overcoming the destruction of an earthquake is just one discovery beyond where we are now. Just as bringing our economies together is just understanding one more common goal we all hold that we haven't expressed. Ancient traditions are revered for the eternal lessons they contain, not the perfection of their leaders. And each individual is seen for his or her special talents and experiences we need on this heroes journey being taken by all of humanity.

CHANGES AT THE MAYOR'S OFFICE OF HIV RESOURCES

by Anthony E. Stamper, MPA, MURP

As the Ryan White Part A fiscal year (FY) 2010 begins (the fiscal year is March 1st through February 28th), there are a few changes at the Mayor's Office of HIV

Resources and in Ryan White Part

A service provision that need to be noted. First, on September 28, 2009 the Mayor's Office of HIV Resources' name was changed to the Denver Office of HIV Resources and the office's physical location and address changed as well! The Denver Office of HIV Resources, along with the administrative offices of the Denver HIV Resources



Planning Council, is now located at 200 W 14th Avenue, Suite 210, Denver, CO 80204—the building (known as the old Permit Center on the SW corner of Bannock Street & 14th Avenue) will also become the new home of Denver Elections on Monday, March 22, 2010. Second, two new Ryan White Part A services will be funded in FY 2010—Early Intervention Services and Health Insurance Premium and Cost Sharing Assistance.

With the reauthorization of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 in September 2009, there was a requirement in the legislation that Ryan White Part A jurisdictions fund Early Intervention Services (EIS). The intent of this federal mandate is to identify, through testing, individuals who are HIV positive but unaware of their status and then to link these newly identified individuals to the appropriate outpatient/ambulatory medical care (health services) facility. More specifically, EIS includes counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of HIV disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

To meet this new requirement, the Denver HIV Resources Planning Council (Planning Council) allocated \$300,000 to fund EIS for FY 2010. Additionally, the Planning Council has established Standards of Care for this service category that entities funded to provide this service must meet. Since this is a new service category to be funded under Ryan White Part A, the Denver Office of HIV Resources will release a Request for Proposals (RFP) to appropriate entities that are capable of providing this service.

(continued on page 8)

What a great time we live in, what an important gift we each are, and what a wonderful winter we have traveled through. We are facing a spring unlike any faced by humanity at any time in history, and you are a valued and important part of this new season.

GROUPS

1. group: a number of individuals assembled together or having some unifying relationship, regular contact, frequent interaction, mutual influence, and a common feeling of camaraderie

SIN Colorado (Strength In Numbers) is a social group for gay poz men. Events, get-togethers, and happenings are organized and posted by individuals (for members to participate if they choose). Communication is through a Yahoo group, which you must join to post and receive emails & notices. To join: www.groups.yahoo.com/group/SINcolorado/join

SIN Men is a worldwide social networking site for gay poz men. To join: www.SINMen.net and register with an email address and password. The site is very similar to Facebook but available only to members.

Gravity is a new social group in Denver, pulling together HIV positive people from younger generations (20s to mid-30s) through social events. For more information about upcoming events or how to get involved, email: gravity.denver@yahoo.com, or visit: www.gravitydenver.com

PozHealth is a national HIV+ Internet group facilitated by Nelson Vergel (Program for Wellness Restoration, Houston) with thousands of members. People post questions and/or comments and/or answers. It is a well-known, well-respected, and well-used site for exchanging information among HIV+ peers nationwide. Communication is through a Yahoo group, which you must join to post and receive emails. To join, send an email to: PozHealth-subscribe@yahoogroups.com or go to: www.groups.yahoo.com/group/PozHealth/join

FYI on yahoogroups:

To join SIN or PozHealth, you must first register with yahoogroups, setting up a username and password. You will be prompted to do this when you try to join one of these groups (or asked to log in if you have already done this). (Note: yahoogroups may make you set up a new email address and use it as default. Persistently click until it uses the email address that you want to use.) Also, when you join a group, it will ask you for several preferences. One of them is "daily digest" or "individual emails." If you click on "daily digest," then all the emails from the group will come once a day in one email, rather than one by one. You may prefer this if you want to be easy on your inbox. If you are having difficulty getting on the group or with yahoogroups, please leave a message for Rod at 303.377.3127.

Groups (not HIV specific):

Element is an organization celebrating gay men's communities, creating new possibilities and new futures for gay men. Located at 950 Logan Street, they have weekly, monthly, and special events. More info: www.thedenverelement.com. You can sign up to receive email notices about events.

Embrace is an organization for gay men fostering the belief that together we can build and maintain a loving and creative community. Visit: www.embracedenver.org and join the group that is similar to Facebook, but available only to members.

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





COMMUNITY EDUCAT1ONAL FORUMS

"By THE COMMUNITY ... FOR THE COMMUNITY"

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 7-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 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. 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

UPCOMING EDUCAT1ONAL FORUMS

(All forums are subject to change)

Tuesday, May 11:
Part 3: HIV & Aging Series
Ben Young MD "Bone Issues"

Tuesday, June 15:
Part 4: HIV & Aging

Tuesday, July 13:
Part 5: HIV & Aging

August 10: Annual Potluck BBQ in Cheesman Park

Other 20-TEN dates:
September 14, October 12, November 9, December 7

EMPOWERING CONNECTIONS

A facilitated support group for people who have a loved one living with HIV and/or HEP-C. This new group is intended for family members, friends, spouses, partners, lovers, or caregivers, who may wish to explore issues such as:

- Self-care
- Disclosure/Stigma
- Intimacy
- Health concerns
- Grief and Loss
- Partner/family rights
- Safer sex
- Guilt
- Isolation

Empowering Connections will start on Monday, April 5, 2010 and will meet Mondays 6:30 – 8:00 p.m. at 1735 York St., Denver, Colorado. Fee per group is \$40 with sliding scale availability. A free initial meeting with the facilitators is required to join. To find out more and to see if this group is right for you, contact, Kimberly Zimmerman at 303.862.0407 or Ugur Kocataskin at 720.335.5403.



CHANGES AT THE MAYOR'S OFFICE

(continued from page 6)

Also, in order to help address a potential funding shortfall in the Colorado AIDS Drugs Assistance Program (ADAP), the Planning Council allocated \$200,000 to fund Health Insurance Premium and Cost Sharing Assistance in FY 2010. Health Insurance Premium and Cost Sharing Assistance is the provision of financial assistance for eligible individuals living with HIV to maintain continuity of their health insurance or to receive medical benefits under a health insurance program.

Currently, the program will provide up to \$700/month or \$2,100/quarter for any one participant in support of premium payments OR medical co-pays. The eligibility requirements for the program are: 1) income must be between 200% – 400% (\$21,660/year - \$43,320/year) of the federal poverty level; 2) participants must currently have health insurance and the insurance plan must include a prescription benefit considered "creditable" (which means that it must include all, or substantially all, of the ADAP formulary medications); and 3) participants cannot be Medicaid or Medicare eligible or recipients of Medicaid or Medicare. Colorado AIDS Project is the administrator of this new program on behalf of the Denver Office of HIV Resources for all eligible individuals in the Denver Metropolitan Area. For more information, contact Michael Hollar at 303.837.1501, x491, Monday through Thursday between the hours of 8:00 AM and 3:00 PM.

—Anthony E. Stamper, MPA, MURP, Contract Administrator
Denver Office of HIV Resources

UPCOMING & 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)
YOGA QUESTIONS? CALL PHIL 303.358.3563



by Scott McGlothlen

The way HIV and AIDS have evolved over the last 30 years represents so many significant and incredible strides. However some of the amazing advances that we have achieved with this disease have come with some very prevalent costs.

As a young person, I cannot imagine what life was like when this diagnosis equaled a death sentence. It must have been a terrifying and horrendous time in modern history. Today, the newly diagnosed can easily still feel some of that aftermath. Upon learning about our HIV, the first question that runs through our heads is "How long do I have to live?"

We all fall a little bit in love with our medical providers when they inform us that with a few small changes in bad habits and a strict medication regiment, HIV and AIDS should not interfere with our ability to live well into elderly age status. Indeed, the evolution of treatment has come so far. Even if it is not the "cure" that we are so desperately hoping for, it at least helps us breathe a little easier in knowing our lives won't be cut so short.

As our initial question stops plaguing our mind, the next horrifying thought creeps its way in. "Will people still like me?" It seems almost silly to think that you might be rejected because you have a disease. Such nonsense does not occur with cancer or diabetes. But HIV is different. As the notion of death has eased off our shoulders, a deep-rooted stigma has taken its place. And we learn that while the gay community supports us with their dollars and words of encouragement, their actions often speaks otherwise.

Nowadays, there is a strong social desire for perfection, leaving all of us in a world where "good" is no longer good enough. In the HIV community, this can affect anybody regardless of age, race, gender or sexual orientation. But one demographic that seems to share this struggle most of all is that of the younger generations.

Eventually all of us would like to be at a place where we better understand what is important in life and can dismiss the little things. But this tends to be a much greater struggle for today's youth. Like Bambi fresh out of the womb, young people are falling over themselves trying to figure out their own social footing. And the majority of us put a greater effort in this than we should... whether it is in order to fit in or to act like we don't want to fit in at all. And if that doesn't seem confusing enough, add HIV into the mix and suddenly our Rubix Cube of social configuration has crumbled right in our hands.

The general public's (including the gay community's) misunderstandings and almost unprecedented fear about HIV has led this disease to warrant the awful stigma that exists today. Therefore even though we can prevent HIV from killing our bodies, it is still very much killing our spirits. The resulting factor is that many young people go into hiding about their HIV status, deeply stigmatizing themselves. This leads into consequential feelings of loneliness and even depression.

As more and more young people are getting diagnosed with HIV, there is a greater need for these kinds of social connections. Thus a not-for-profit social group is emerging in the local Denver area called Gravity. While this may sound like breaking news, Gravity has already begun working its way into the community by reaching out to those living with HIV of the younger generations. We do this by creating a social networking opportunities for our demographic as well as monthly events.



Gravity generally defines "younger" as individuals in their twenties and thirties. We invite people of all races, genders, and sexual orientations within these age ranges. Our goal is not necessarily to exclude older people living with HIV. We very much respect our predecessors, especially those who have died in the name of this disease. But being that HIV can touch lives so differently from younger generations to older ones, a group needed to be created in order to meet the social difficulties specifically geared towards the youth.

Gravity's monthly events offers young, HIV positive people a way to socialize in an environment that is discrete yet fun. This way, attendees can have the privacy they might need and still have a good time while meeting others who have been in their shoes. The events themselves do not focus around the topic of HIV; giving each participant the opportunity to talk as much or as little about it as they would like. Thus technically Gravity is not a support group. However showing up and seeing the face of your peers provides a new level of support not yet covered by the HIV community in the Denver and surrounding areas.

Most importantly, Gravity is a group that is "for the people/ by the people." It is created and facilitated by the very demographic we are reaching out to. Its strength and survival are contingent upon people's decisions to simply show up and have a good time. While we will accept donations to assist us in creating events for Gravity, we will never have membership fees or ask our attendees for money in order to participate. Because it should not cost anything to just feel normal again. For more information, you can visit our website at: <http://www.gravitydenver.com> or email us at denver.gravity@yahoo.com.

POSITIVELITE

by Brian Finch

Three months after first creating my latest online space, PositiveLite.Com, I am reflecting a bit. The pilot version has been completed, and now it's time for a hard launch next month.

Little over a year ago being a veteran poz guy from the 80s, undetectable, on disability, and feeling as if I were on the passenger side on the car of life, I needed goals, direction and a future.



My previous volunteer work, although rewarding and including life-defining moments such as traveling abroad, was not enough for me. Such trips had become harder and harder on me, and something was clearly lacking.

PositiveLite.Com was born out of the need to create my own destiny, as well as create a website that was different than other poz sites.

You will notice I shy away from certain acronyms. I understand the genesis of PWA and PLWA, it was a far better alternative than the press labeling us "AIDS victims, or AIDS patients." Time has moved on, and all these years later, I prefer to be seen a whole complete person, who happens to be HIV positive.

The website represents this evolution of me personal wholeness as the "crisis" mode of the pre-treatment era fades more and more distant in the past.

What is left? The rhetorical question: "I'm still here, now what?"

My answer: explore creativity, and age-old passions.

In my teens I always wanted to do sketch comedy, and lived so far away from Toronto, the home of the Canadian Second City. All these years later, I now have the opportunity to explore that, and take on my next challenge, stand up comedy.

Thanks to Jim Maxwell, PL contributor, improv and stand up comic, along with his comedic partner in crime, Brenda Lennie, we will be holding an Improv Workshop, with the support of the AIDS Committee of Toronto & PositiveLite.Com specifically for HIV positive participants this month.

Although focus on humor, as that is what drives me, the website follows the passions of other contributors on subjects ranging from music to gaming.

My hope is that "PL" contributors become role models as they share openly about their lives, loves, and passions. Additionally, as with the Improv Workshop, find ways to get into our communities to interact in a positive, playful, and meaningful way.

HIV RETREATS AT SHADOWCLIFF: REGISTRATION NOW OPEN

Pre-registration is now open for the 20-TEN HIV Retreats at Shadowcliff. This year, the retreats will be held: June 10-13 and July 29-Aug 1. These annual 3-day weekends are held at the Shadowcliff Lodge, built on cliffs adjacent to Rocky Mountain National Park, overlooking a lake, a roaring stream, the mountains, and the town of Grand Lake (about two hours by car from Denver). The purpose of the retreat is to offer a proactive environment where poz folks can empower themselves with knowledge and skills about health, living, and coping in a setting of friendship, safety and acceptance by providing an affordable 3-day mountain getaway in an awesome setting with a full agenda of educational, social, and other activities.

The weekend agenda has a full program of educational workshops & interactive seminars, body therapies (massage, chiropractic, reflexology, energy work & acupuncture), discussion groups, and various other sessions & social activities. If needed, transportation is available from Denver through a carpool. In an effort to make the retreat affordable for all, the cost is on a sliding scale based on income and starts at \$80 for persons on disability or limited income. The fee is all-inclusive and covers 3 days lodging, meals, body therapies, and all other activities. The only out-of-pocket expenses are a gratuity for the staff at Shadowcliff, and gas money for the drivers in the carpool. Please note that the actual cost of the retreat is over \$225 per-person. This is subsidized through fund-raisers, grants, and generous donations from individuals.



For more information and to register online: www.HIVretreat.blogspot.com (the online registration link is in the section titled "Registration"). If you do not have access to the Internet, you may request a paper form by leaving a message for Michael at 303.377.3127.

Space is limited and everyone is encouraged to register as soon as possible. Feel free to contact Michael with additional questions: Shadowcliff@hotmail.com or 303.377.3127.

Yes, it is a tall order.

The website's pilot phase is over, and entirely new site will be hard launched on April 1st, with a new look, some new faces, and will grow and evolve just as our lives do. Come join us for the ride.



A FAMILY AFFAIR

(continued from page 4)

I like to think the old physical arrangement greatly facilitated transparency, to use a currently popular word. It also helped to demystify the providers to their clients and this also fostered, I believe, a productive mutual healing interface.

Many of our long term clients were at first quite upset with the new remodel along the lines of a more traditional health care delivery setting. After a year and a half though most are adjusting well and realizing that they still have remarkable access to their chosen providers. The clinic also continues, under the very capable leadership of Dr. William Burman, to provide ever evolving and constantly refined state of the art HIV care.

I am strongly in favor of communities that foster a sense of chosen family, in this case between clients and their health care providers. "Health care providers," now that is actually a ridiculous phrase when you exam it more closely. Nurses, doctors, social workers, psychiatrists, counselors, pharmacists etc. do not "provide" anyone with health and wellbeing. Rather these health care folks help make available tools that often need to come with facilitation, explanation, empathy and support but the end result is not someone conferring some sort of state of well being on another. It needs to be a mutually agreed upon endeavor to succeed. It is a mutual dance at its best. When most successful it mirrors family in the truest sense of the word.



This country has many unmet needs around its health care. How is that for an understatement? AIDS care in the public sector in Denver however, in my obviously biased opinion, has met the challenge head on, with significant government (local, state and federal) input primarily financial in nature and succeeded very admirably.

In closing I would like to exhort my fellow companions with HIV to broaden your activist horizons and engage actively and openly with the current national health care debates on whatever level you can. This could take many forms: letter writing, e-mails, community activities, discussions with loved ones and co-workers etc. We need to shout out loud and clear that AIDS services to the under served in this country have for the most part (always room to do better) been remarkably successful, certainly something germane to the general population. Everyone in the country deserves this same high quality health care. This is particularly important now that we have many treatments for HIV infection that work very well. Countless thousands have returned to health and many now never experience HIV related illnesses at all. We now have the opportunity through this greatly improved health and well being to direct energy toward the larger catastrophe that is American health care.

This success in addressing HIV has been due in large part to government involvement and legitimate engagement with the affected community. I am continually impressed at how often I see folks absolutely amazed at the range of services available

DENVER INFECTIOUS DISEASE CLINIC (ROCKY MOUNTAIN CARES) CLINICAL TRIALS

DIDC is enrolling three clinical drug trials for patients that need to start HIV medications. You may eligible if you have never been on treatment for HIV. Participation will last a minimum of two years. Patients will receive at no cost:



- Investigational HIV medication
- Associated HIV lab work
- Clinic visits
- Compensation for travel to the clinic.

For more information
please call: 303.327.8252
4545 East 9th Avenue, Suite 120
Denver, Colorado 80220
www.didc.us



SURROUNDED BY RECOVERY AT THE CAPITOL 2010

WHO: Surrounded by Recovery (SBR) Colorado. SBR possesses a passion to be an example of recovery by giving back through education, outreach, referral, feeding the homeless, and lending a hand to someone.

WHY: Demonstrate that long-term recovery from substance abuse is possible, and get the word out about options for people seeking treatment/recovery from substance abuse.

WHERE: Colorado State Capitol Building (west steps)

WHEN: Wednesday, May 19, 2010: 10:30am-1:30pm

WHAT: Rally to show that recovery from substance abuse is possible. Guest speakers, booths by organizations and businesses, free lunch at noon for the 1st 500 people that arrive, and at 1:15 pm all attendees will create a symbolic circle.



to the AIDS community. Remember this did not happen by accident. It was the result of lots of in-your-face activism in the 1980's led in large part by gay men and lesbians. Many of us were already accustomed to uncomfortable and socially unacceptable personal disclosure, so the leap to being public with out HIV was greatly facilitated.

Silence = Death. It really is true.

REDUCING THE STIGMA OF SUBSTANCE ABUSE

by Leigh Fischer

Have you recently been asked about your use of tobacco, alcohol, and drugs during a visit with your doctor? If so, your healthcare team may be participating in a statewide effort to help tackle the nation's number one preventable health issue: substance abuse



(SA). In 2006, Colorado was awarded a Screening, Brief Intervention, and Referral to Treatment (SBIRT) grant from the Substance Abuse

and Mental Health Services Admin to promote the integration of SA screening, health education, and brief interventions into healthcare settings. The goal is to create awareness and reduce stigma related to use of alcohol, tobacco, and drugs, and to motivate patients to live the healthiest life possible. Because SA disproportionately impacts people living with HIV, the CO Dept. of Public Health & Environment has been working to expand SBIRT services to HIV clinics and AIDS Service Organizations.

SBIRT (screening, brief intervention, and referral to treatment for SA) is the result of evidence that demonstrates these services are effective in motivating people to make healthy choices regarding SA. SBIRT is proven to be effective in reducing SA and improving health with just one motivational interaction, or brief intervention. This new standard of care prevents adverse outcomes attributable to the misuse of alcohol and drugs, **and treats SA as a health issue, rather than a moral or legal issue.**

Studies have shown that people living with HIV are much more likely to experience SA problems and that early detection and intervention offsets the potential negative ramifications, such as social, legal, financial, and health-related problems, including lack of treatment adherence. Colorado's Ryan White SBIRT Collaborative Project is one of the first initiatives in the nation to integrate screening and brief intervention directly into HIV services. Currently, several clinics and ASOs are implementing SBIRT as a new standard of care, including NCAP, Beacon Clinic, WestCAP, SCAP, University ID Clinic, CHIP, DH Primary Care, and Denver Health ID Clinic. These organizations realize that routine screenings for SA improve the overall health and wellness of their clients. Motivational conversations professionals have with their clients as a result of the screening help to raise awareness about the potential health risks associated with alcohol, tobacco, and drugs, as well as help clients with their goals of cutting back or quitting. For those struggling with addiction, a referral to an SA treatment provider is offered.

So far, approximately 2,000 clients have received SBIRT services. Of these, around 36% received a brief intervention to help them reduce their use of tobacco, alcohol, or other drugs. Approximately 19% screened in the high risk category and were referred to a local SA counselor or to the Colorado Quitline for tobacco cessation support.

COLORADO SENATOR WANTS TAX ON MEDICAL MARIJUANA

What about the young folks?

by John Ingold reprinted from www.denverpost.com

A state senator said Thursday he wants to ask voters to impose a special tax on medical marijuana. Sen. Chris Romer, D-Denver, said he intends to amend a bill that creates regulations for medical-marijuana dispensaries to include a provision that places an excise tax on medical marijuana, similar to the special excise tax that already exists for alcohol. Because of the Taxpayer's Bill of Rights, that provision—if first approved by lawmakers—must be put before the voters before the tax could be imposed. Romer wants to use the resulting revenue—which he hopes to be about \$10 million to \$15 million annually—to fund drug education programs for teens, substance-abuse treatment centers.

Find the latest news on medical marijuana from The Denver Post. Medical care for veterans and the poor. Romer said he is concerned the state's boom in medical-marijuana use could create a companion boom in recreational marijuana use among young people.

The idea received a cautious reception from medical-marijuana advocates. Attorney Rob Corry said he's intrigued by the idea but would first need to see more specifics.

"With taxation comes legitimacy," Corry said. "This industry is one of the few that is asking to be taxed and legitimized to join the rest of the business world." The measure would be inserted into House Bill 1284, which creates new requirements for the state's medical-marijuana dispensaries, and is just one of several changes the bill will likely see when it comes up for its first hearing next week.

THANKS FOR YOUR VOTES!!

Each year, OutFront Colorado does a reader's choice survey for most "OUTstanding" person, place or thing in a variety of categories. This year, the HIV Retreat at Shadowcliff won for most OUTstanding HIV/AIDS Service, and TEN Treatment Educat1on Network (the organization for the retreat, the forums, the newsletter, the support group, and the blog) won for most OUTstanding Organization. We would like to thank everyone who voted for us and made this happen! Check out the 02-24-10 issue of OutFront Colorado (paper form or online).

OutFront
COLORADO

If you are interested in participating in SBIRT, please talk to your care provider or case manager. For more information about SA or SBIRT, please feel free to contact Leigh Fischer at: 303.369.0039 x237 or lfischer@peerassist.org, or visit: www.improvinghealthcolorado.org

CLINICAL TRIALS NOW ENROLLING

UC = University of Colorado Denver, Anschutz Medical Campus, E 17th Ave & Quentin St, Aurora

Contact: Graham Ray: 303.724.0712

graham.ray@ucdenver.edu

DH = Denver Health ID Clinic, 6th & Bannock St, Denver

Contact: Julia Weise : 303.602.8742

julia.weise@dhha.org

ACTG = AIDS Clinical Trials Group network

INSIGHT = INSIGHT network

> = greater than < = less than

CD4 = T-cells **VL** = viral load

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

Naïve = never taken any HIV medications

Experienced = have taken HIV medications

NRTI = nucleoside reverse transcriptase inhibitors ("nukes")

(e.g. Viread, AZT, 3TC, Truvada, Ziagen, Epzicom, Combivir)

NNRTI = non-nucleoside reverse transcriptase inhibitors ("non-nukes") (e.g. Sustiva, Intelence, Viramune)

PI = protease inhibitors (e.g. Prezista, Reyataz, Kaletra, Lexiva)

INI = integrase inhibitors (e.g. Isentress)

cPPS = a test to determine how well a drug will work (depending on mutations, etc.)

Placebo = a capsule or tablet that looks just like the actual drug, but does not contain any drug at all

ART Experienced Persons:

A5241 OPTIONS: "OPTimized Treatment that Includes or Omits NRTIs" (ACTG), An ART strategy study using the cPSS to select an effective regimen.

- Conducted at UC and DH
- Any CD4
- VL = 1000 or higher (meaning current ART is not working effectively)
- Currently on ART that includes a PI
- Have resistance to multiple types of ART
- Have taken multiple types (classes) of ART (but not integrase inhibitors)

ART Naïve:

START: "Strategic Timing of Anti-Retroviral Treatment" (INSIGHT)

A study to determine whether immediate initiation of ART is superior to waiting until the CD4 falls below 350

- Conducted at DH only
 - CD4 = > 500
 - Receiving medical care in the Denver Metro area (Denver Health, University, or any other provider)
 - HIV medications provided for course of study (about 5 years)
- Randomly assigned to either Early or Deferred Group:
- Early Group begins ART immediately
 - Deferred Group waits and starts ART when CD4 declines to < 350

ART Naïve:

A5257 A comparative study of three different ART regimens that do not include NNRTIs (ACTG)

- Conducted at UC and DH
- Any CD4 count
- VL = >1000
- Person is ready to start ART
- Randomized to one of these 3 approved and effective ART regimens (without NNRTIs):
 - Reyataz + Norvir + Truvada
 - Isentress + Truvada
 - Prezista + Norvir + Truvada
- Most ART drugs provided throughout the study
- Study duration: 2-4 years

ART Naïve:

A5258 An exploratory study of chloroquine for reducing HIV-associated immune activation (ACTG).

This study will look at how well chloroquine reduces the level of activity of CD8 cells, which normally fight illness when not overactive.

Activation of CD8

cells is thought to predict increased severity of disease. This is a first step to see if treatments to reduce cell activity could decrease disease severity in HIV+ persons.

- Conducted at UC only
- CD4 = >400
- VL = >10,000
- Randomized to one of two groups:
 - Take chloroquine for 12 weeks followed by 12 weeks of placebo
 - Take placebo for 12 weeks followed by 12 weeks of chloroquine



A5247 A study to evaluate the safety, tolerability, and effectiveness of the shingles vaccine in HIV+ persons (ACTG)

- Conducted at UC and DH
- Currently on ART
- Undetectable VL
- CD4 = >200
- Randomized to receive the vaccine or a placebo at start and at week 6

Women Only:

A5240 A study to evaluate the immunogenicity and safety of an HPV vaccine in HIV+ women (ACTG)

- Conducted at UC and DH
- Either stable on ART for 12 weeks or not on ART at all
- Any CD4 and VL
- Younger than 46 years old
- All women will get 3 Gardasil vaccinations by injection (at start, at week 8, and at week 24)

COMPAS

by Marshall Gourley

Three Dog Night had a song lyric, "One is the loneliest number that you will ever do." As great a hit as the song was, I must respectfully disagree.

Zero is the loneliest number; it's the loneliest number since the number one.

More than 6 years ago José was told that he was HIV-positive; yet since that time, he has never shared that information with anyone. Ever. Pedro never misses a dose of meds nor an appointment with his care provider; an excellent client. Yet, he doesn't understand most of what his doctor tells him; all he knows is that he is infected and that he is supposed to take the pills that he is given. He trusts his doc and doesn't want to appear to be ignorant. Miguel knows no one who is HIV-positive. He knows he is not the only one; he has seen others in the clinic waiting room but he doesn't talk to them. His English is OK, but not very good.

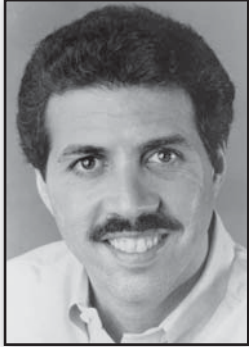
(continued on page 15)

GENE THERAPY OFFERING PROMISE FOR HAART INTERRUPTIONS

by John Schieszer

SEATTLE – A new gene therapy approach to treating HIV is now showing promise and may usher in the possibility of scheduled HAART (highly active antiretroviral therapy) regimen interruptions. Yes, a break from your meds.

Researchers from the University Of Pennsylvania School Of Medicine presented promising results on a gene therapy approach to HIV infection at the 16th Conference on Retroviruses and Opportunistic Infections (CROI) in San Francisco, California on February 18, 2010. Specifically, the investigators presented data from an ongoing Phase I/II open-label clinical trials of Lexgenleucel-T. The study underway is examining the effects of Lexgenleucel-T infusions in HIV-infected individuals prior to being taken of their HAART regimens as part of a scheduled treatment interruption. Lexgenleucel-T is a cell and gene therapy product.



In the study, seven of eight evaluable subjects experienced a decrease in viral load set point and one subject experienced prolonged, complete control of HIV viremia for more than 14 weeks in the absence of HAART. Viral load set point is the HIV RNA value specific for each individual in absence of anti-retroviral drug control. A higher viral load set point is correlated with more rapid disease progression to AIDS.

“We are excited to see these responses using autologous transfer of CD4+ T lymphocytes genetically modified with VRX496TM, an HIV-based lentiviral vector encoding for an RNA antisense targeting HIV envelope. These are subjects who were taken off of their antiretroviral treatment and are showing a better control of their infection as demonstrated by reduced viral load set points,” said Dr. Pablo Tebas, who is the Director of the Adult AIDS Clinical Trials Unit at the University Of Pennsylvania School Of Medicine. “Further study is needed to see whether these types of results will translate into a delay in disease progression.”

In the current study, several administrations of Lexgenleucel-T were administered to 17 HIV-infected subjects who were fully suppressed on HAART (no detectable viral load). Each subject received three to six separate infusions over a period of 13 weeks. Six weeks after the last infusion, eligible subjects underwent a scheduled treatment interruption to evaluate time of HIV RNA recrudescence, changes in viral load set point and changes in CD4 T cell count.

Of the 17 subjects who received infusions, 13 (76%) underwent the scheduled treatment interruption. Eight of these 13 subjects (62%) were invaluable and the researchers found that 7 out of 8 (88%) had a decrease in viral load set point ranging from -0.26 to -0.98 Log10. One subject

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.

Advocates for Recovery hired their first staff member in November 2009. Tonya Wheeler became Executive Director and has been working to connect Recovery Support Services to people in the Denver metro area.

So far outreach has been extended in treatment programs, self help groups, and with the Access to Recovery (ATR) grant. As a result of having staff to facilitate growth for this organization AFR is able to reach out to those who are new in recovery, their family members, and other recovery allies across the community. The goal of AFR is to reach out a helping hand to those who are learning about how to make the life transitions necessary for sustained recovery. Everyone can use a helping hand sometimes, and AFR is making it possible to have that hand available for people in recovery from addiction. For more information please contact:

Tonya Wheeler, Executive Director
Advocates for Recovery
tonyawheeler@advocatesforrecovery.org
720.435.0686



www.advocatesforrecovery.org

maintained a complete control of HIV RNA viral load below the limit of detection (50 copies/ml) and a CD4+ cell count greater than 1200 cells/uL for over 14 weeks.

These findings were considered promising and they suggest that this approach is worth pursuing. Dr. Tebas, who presented the study findings at the meetings, said the trial is ongoing.

John Schieszer is an award-winning national medical journalist from Seattle, and radio broadcaster of “The Medical Minute.” He can be reached at medminutes@aol.com.

HIV ONE ON ONE

by Rick Smith

Knowledge is power and personal power is essential to growth and fulfillment in the life of a person living with HIV. Are you or someone you know and love struggling with being HIV positive? Perhaps, as a positive person you are looking for a way to give back to the HIV community? The HIV One on One Self Management and Peer Mentor trainings are tailor-made opportunities for personal growth, power, and fulfillment.

The series of trainings offered are intensive workshops with an emphasis on becoming your own healthcare advocate and peer mentoring. They are designed to help those living with HIV better manage and understand their disease, by

HIV ONE ON ONE

people who are HIV positive themselves. The HIV One on One program and its HIV positive team members are driven by the core values of:

- Service- To benefit the HIV Positive community and its supporters through activities that share knowledge and create change
- Inclusivity- To embrace and honor diversity through education programs and community outreach
- Empathy- To help others by offering support and understanding through our shared and/or similar experiences
- Integrity- To continually earn the trust of those we serve through honest actions and open communication while welcoming differing views
- Courage- To be fearless, tenacious and innovative in fulfilling our mission to nullify the negative stigma of HIV
- Inspiration- To give and receive the gift of action and fully realized potential through the empowerment of self and others

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 2-day weekend training. SMT training is a requirement for those who wish to become future HIV Peer Mentors. Mentorship will require an additional days training the following Saturday.

Peer Mentor Training (PMT) is also 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 guide the mentee in a way that allows the mentee to help him or herself through the difficulties that HIV can present.

"...This has been a very valuable program with lessons and actions that will make a difference in my ability to take care of myself, physically and emotionally..."

COMPAS

(continued from page 13)

Yep, for Spanish-speaking HIV-positive men in the Denver metropolitan area, zero is the loneliest number; it's the loneliest number since the number one.

COMPAS is a project of Denver Public Health, funded by CDPHE, which began in January of this year. Designed to respond to the unique needs of these members of the pos community, COMPAS consists of four basic elements: monthly educational forums in Spanish, a mentoring program to pair newly diagnosed positive men who speak Spanish with others who are already in care, a quarterly newsletter, and a website.



The word COMPAS is an abbreviation of the word compadre or compañero and means "buddy" or "pal." COMPAS intends to create an environment where Spanish speaking pos men can move beyond the numbers 'zero' and 'one' and not feel isolated, shamed, and alone. The goals of COMPAS are simple and yet ambitious: to build community and to help increase knowledge and understanding of HIV infection and its consequences among Spanish speaking pos men so that they can become more active participants and collaborators in their own medical care. For more information about COMPAS, call Marshall Gourley at Denver Public Health 303.602.3619.

CONFERENCE TIDBITS

(continued from page 3)

On the upside...

- An interesting study showed that for individuals who had achieved and maintained T-cells at 500 or higher for 3 years, their life expectancy essentially became the same as for everyone else in their age category in the general population (regardless of HIV status). This also points to the importance of diet, exercise, and smoking cessation, treating other conditions, etc, as these would essentially negate these findings. Unfortunately, this was only true with men.
- Although more complications and premature aging are seen in people with HIV (due in part to living longer), the research community is very pro-actively studying these issues. They are trying not only to better identify and describe these issues, but also examine and explore the best way to diagnose and treat these conditions.

"...I don't think it could have been a better group, nor could you have done a better job!"

- As stated by HIV One on One participants from the January 2010 SMT training.

For more information about our upcoming trainings or other HIV One on One events and volunteer opportunities please contact: Rick Smith rsmith00@msn.com or hivoneonone@yahoo.com

PHARMACEUTICAL CO-PAYMENT PROGRAMS AND PATIENT ASSISTANCE PROGRAMS:

- HIV
- HEPATIS B (HBV)
- HEPATITIS C (HCV)

*This information is provided by the
AIDS Treatment Activists Coalition (ATAC)*



➤ HIV:

CO-PAY PROGRAMS FOR HIV:

These programs offer assistance to people with private health insurance for the co-payments they have to make at the pharmacy for their HIV drugs. Some companies offer co-pay assistance for all of their drugs, including non-HIV drugs.

ABBOTT

Drugs covered: Kaletra and Norvir

Contact Information: 800-222-6885

Program Details: Abbott has two co-pay assistance programs. The program for Kaletra starts at the first dollar paid by the consumer, and covers \$50 per Kaletra prescription per month, plus \$50 per prescription per month for other drugs in the regimen up to \$100 total for the other prescriptions. The Norvir program kicks in after the consumer pays \$25 toward their co-pay and then covers the next \$75.

BOEHRINGER INGELHEIM

Drugs covered: Viramune

Contact Information: Card distributed by health care providers only

Program Details: The co-pay assistance starts at the first dollar paid by the consumer. The co-pay assistance covers \$50 per Aptivus or Viramune prescription per month. Currently the program runs for one year.

BRISTOL-MYERS SQUIBB

Drugs covered: Atripla, Reyataz, Sustiva, Videx and Zerit

Contact Information: 888-281-8981 for Sustiva and Reyataz or 866-784-3431 for Atripla or go to product websites (e.g. www.sustiva.com)

Program Details: The co-pay assistance program for Reyataz, Sustiva, Videx and Zerit covers the first \$200 of the co-pay per prescription. The program for Atripla starts after the first \$50 of a co-pay has been paid by the consumer. The co-pay assistance then covers up to \$200 dollars per prescription per month. Currently the program runs for one year.

GENENTECH / ROCHE

Drugs covered: None

Contact Information: None

Program Details: No program, might cover co-pays through their patient assistance program.

GILEAD SCIENCES

Drugs covered: Atripla, Emtriva, Truvada, Viread

Contact Information: 888-358-0398 for Emtriva, Viread or Truvada or 866-784-3431 for Atripla or go to product websites (e.g. www.truvada.com)

Program Details: The co-pay assistance starts after the first \$50 of a co-pay has been paid by the consumer. The co-pay assistance then covers up to \$200 dollars per prescription per month. Currently the program runs for one year.

MERCK & CO

Drugs covered: Isentress

Contact Information: 866-350-9232 or www.isentress.com

Program Details: The co-pay assistance starts after the first \$30 of a co-pay has been paid by the consumer. The co-pay assistance then covers up to \$400 per prescription per month. Currently the program runs for one year.

TIBOTEC

Drugs covered: Intelence, Prezista

Contact Information: 866-961-7169 or go to product websites (e.g. www.prezista.com)

Program Details: The co-pay assistance starts after the first dollar paid by the consumer. The co-pay assistance then covers 80% of the cost of the prescription up to the first \$200 of the co-pay. Currently the program runs for one year.

ViiV HEALTHCARE

Drugs covered: Combivir, Epivir, Epzicom, Lexiva, Rescriptor, Retrovir, Selzentry, Trizivir, Viracept and Ziagen.

Contact Information: 888-825-5249 or www.mysupportcard.com

Program Details: The co-pay assistance starts after the first dollar paid by the consumer. The co-pay assistance then covers up to \$100 dollars per prescription per month and includes non-HIV drugs. Currently the program runs for one year.

PAP PROGRAMS FOR HIV:

These programs offer free HIV drugs to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid or AIDS Drug Assistance Programs (ADAPs).

ABBOTT

Drugs covered: Kaletra, Norvir

Contact Information: 800-222-6885

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

BOEHRINGER INGELHEIM

Drugs covered: Aptivus, Viramune

Contact Information: 800-556-8317 or www.rxhope.com or www.pparx.org

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

BRISTOL-MYERS SQUIBB

Drugs covered: Atripla, Reyataz, Sustiva, Videx and Zerit

Contact Information: 888-477-2669 or www.pparx.org or go to product websites (e.g. www.sustiva.com)

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

GENENTECH/ROCHE

Drugs covered: Fuzeon

Contact Information: 877-757-6243

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

GILEAD SCIENCES

Drugs covered: Atripla, Emtriva, Truvada, Viread

Contact Information: 800-226-2056 or go to product websites (e.g. www.truvada.com)

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that

relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

MERCK & CO

Drugs covered: Crixivan, Isentress

Contact Information: 800-850-3430 or www.isentress.com

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

TIBOTEC

Drugs covered: Intelence, Prezista

Contact Information: 800-652-6227 or product-specific website (e.g. www.prezista.com)

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

ViiV HEALTHCARE

Drugs covered: Combivir, Epivir, Epzicom, Lexiva, Rescriptor, Retrovir, Selzentry, Trizivir, Viracept and Ziagen.

Contact Information: 866-475-3678

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

➤ HEPATITIS B (HBV):

CO-PAY PROGRAMS FOR HBV:

These programs offer assistance to people with private insurance for the co-payments they have to make at the pharmacy for their HBV drugs. Some companies offer co-pay assistance for all of their drugs, including non-HBV drugs.

BRISTOL-MYERS SQUIBB

Drugs covered: Baraclude

Contact Information: 866-715-9050. Ask the operator to speak to someone about the Baraclude Copay Benefits Program and ask for a card to be mailed to you.

Program Details: The co-pay assistance starts after the first \$20 of a co-pay has been paid by the consumer. The co-pay assistance then covers up to \$100 dollars per prescription per month. The program runs for six months.

GILEAD SCIENCES

Drugs covered: Hepsera, Viread

Contact Information: 888-358-0398

Program Details: The co-pay assistance starts after the first \$50 of a co-pay has been paid by the consumer. The co-pay assistance then covers up to \$200 dollars per prescription per month. There is also a program for people who pay for their prescription in full that covers the first \$200 per month.

GLAXOSMITHKLINE

Drugs covered: Epivir

Contact Information: 888-825-5249 or www.mysupportcard.com

Program Details: The co-pay assistance starts after the first dollar paid by the consumer. The co-pay assistance then covers up to \$100 dollars per prescription per month and includes non-HBV drugs.

PAP PROGRAMS FOR HBV:

These programs offer free HBV drugs to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid or Medicare.

BRISTOL-MYERS SQUIBB

Drugs covered: Baraclude

Contact Information: 800-736-0003 or visit www.bmspaf.org.

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

GILEAD SCIENCES

Drugs covered: Hepsera, Viread

Contact Information: 800-226-2056 or visit www.hepsera.com

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

GLAXOSMITHKLINE

Drugs covered: Epivir

Contact Information: 866-475-3678 or www.gskforyou.com

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

➤ HEPATITIS C:

CO-PAY PROGRAMS FOR HCV:

There are currently no co-pay assistance programs for HCV drugs.

PAP PROGRAMS HCV:

These programs offer free HCV drugs to low-income people who do not qualify for any other insurance or assistance programs, such as Medicaid or Medicare. None of the programs currently offer assistance with obtaining an HCV viral load test, however, which is a critical part of HCV treatment.

AMGEN

Drugs covered: Epogen*

Contact Information: 800-272-9376

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

**Note: Epogen is not a treatment for HCV, but it is a treatment for anemia, which is a side effect commonly caused by HCV treatment.*

GENENTECH/ROCHE

Drugs covered: Pegasys and Copegus

Contact Information: 877-734-2797

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

SCHERING

Drugs covered: Pegintron and Rebetol

Contact Information: 800-521-7157

Program Details: The PAP is for people who do not qualify for other assistance or health insurance programs and is limited by income. Most programs have limits that relate to the total household income compared to established federal poverty levels. Generally, programs will accept appeals for special circumstances if a person does not initially qualify and is turned down.

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

by Todd Grove

There are a series of changes that are being made that affect People Living with HIV/AIDS (PWLHA) who receive their medications through programs funded through the State of Colorado. This article will attempt to briefly cover those changes, but it is important that if you have questions about this article, you should talk to your case manager, social worker, pharmacist, or call the Colorado Department of Public Health and Environment (CDPHE) for clarification.

Item One: Removal of some medications that used to be covered under the AIDS Drug Assistance Program (ADAP) from the formulary effective April 1, 2010. Please notice that this will not include any medication used for the treatment of HIV, or for the most part, any medication that is used to prevent opportunistic infections.

Due to the ongoing economic recession, Colorado ADAP has had an increase in demand, with many new clients joining each month. Unfortunately, there has been no increase in funding. To preserve access for all current members and avoid a waiting list, cuts to the ADAP formulary can't be avoided. These cuts are being made with advice from our Medical Advisory Committee and input from community representatives, including ADAP members. This is a difficult decision that we know will affect many people, but we have tried other cost saving strategies, and we are left with no other choice.

The list of the drugs that are being removed from the ADAP formulary is available online at: http://www.cdphe.state.co.us/dc/HIVandSTD/ryanwhite/ADAP_Change_Apr10.pdf or may be viewed at your ADAP pharmacy or case management location. If one or more of your prescribed medications is being cut from ADAP, we strongly urge you to discuss your situation with your HIV care provider, pharmacist, and case manager. For many people, there may be affordable alternatives to ADAP, including medication assistance programs and low cost generic programs.

How will this affect Bridging the Gap, Colorado (Medicare-eligible) clients? If you do not receive "extra help", or the Low Income Subsidy from Social Security, you will have to pay a co-pay for medications that are being removed from the ADAP formulary only after you have reached the far side of the Medicare "donut hole." In other words, you may have to pay \$2.50, \$6.00, or 5% of the cost of the drug if it is not on the ADAP formulary.

Item Two: Change of the Mail Order Pharmacy for the ADAP (non-Medicare members). Please note that if you get your medications at Denver Health, University, or CHIP, This change will not affect you.

We would like to notify you of a change in the pharmacy location for members of the Colorado ADAP who currently receive medication from The Apothecary only. Prescription services received from The Apothecary Pharmacy in Boulder, Colorado, will now be provided by the Walgreen's Pharmacy located in the Rose Clinic in Denver.

This change will be effective in April 2010. If you have been an Apothecary Client, you will continue to receive your medication from the Apothecary Pharmacy until March 31, 2010. On and after April 1, 2010, you will receive your prescriptions from the Rose Clinic Walgreen's Pharmacy.

We know how important it is to remain adherent to your treatment and not miss doses of your medicine so the Department is taking steps to ensure that there is no disruption in your ability to receive your prescriptions. The Apothecary will work together with Walgreen's and your prescribers so that you can continue to access to the medication that you need.

During the month of March 2010, you might receive an early refill or a 60- day supply of your medication. This refill will help with this change and will prevent you from running out of medication while the switching of pharmacies takes place.

The Walgreen's pharmacy at the Rose Clinic is staffed with pharmacists that have received special training in the care and treatment of members enrolled in the ADAP program so you will continue to receive the highest in quality prescription services. You still have the option of picking up your prescriptions at the pharmacy or receiving them in the mail. Many members may find it more convenient to pick up prescriptions now that the pharmacy is located close to a number of doctors providing services. If you would like to transition to walk-in service, you will need to let the Walgreen's staff know about your change.

How will this affect Bridging the Gap, Colorado members?

If you get your medications through Bridging the Gap, Colorado, you may continue to use the Apothecary, but you will likely have to pay a mailing fee to receive your medications from the Apothecary going forward. You may consider moving your Medicare prescription drug services to Colorado Pharmacy in Denver. Contact them at (303) 863-7644 for more information on their services.

We understand that changes like these are often confusing and frustrating, and wish they could be avoided. We will continue to do all that we can to make any further changes the least disruptive possible. We hope to avoid making even more drastic reductions in services, such as those experienced in other states.

For further information on how to contact our programs, see our website at www.stdhivco.org and go to the HIV Care and Treatment Page, or call 303.692.2737 if you do not have computer access.

visit www.lifelube.org



HIV Care Checklist “Steve’s List” Compiled by Steven Johnson MD

***** Feel free to use this checklist with your medical provider *****

Treatment for Persons with HIV:

- Antiretroviral therapy
- Prevention/treatment of opportunistic infections
- Treatment of AIDS and non-AIDS malignancies
- Vaccines to prevent other diseases (e.g. influenza)
- Mental health care
- Substance abuse treatment & counseling
- Treatment of illnesses unrelated to HIV
- General age and gender-appropriate health care

HIV Primary Care Checklist:

- Combines HIV-specific and general age and gender-appropriate guidelines in a single list.
- Checklist is used by UCH HIV providers to track HIV care in patients (project initiated 2002).
- Note: This is not a complete list of important aspects of care which could also include screenings for bone disease, anal PAP smears, other STDs, family planning, annual eye exams, and screens important for subsets of patients (e.g. women, persons co-infected with HCV, foreign-born patients, etc).

Vaccines:

- ___ Hepatitis A vaccine
- ___ Hepatitis B vaccine
- ___ Influenza vaccine
- ___ Pneumococcal vaccine
- ___ Tetanus vaccine

HIV Parameters:

- ___ Anogenital exam
- ___ Antiretroviral therapy
- ___ Cervical Pap smear
- ___ MAC prophylaxis
- ___ PCP prophylaxis
- ___ TB testing

General Health Parameters:

- ___ Advance directives
- ___ Allergies
- ___ Breast cancer screen
- ___ Colon cancer screen
- ___ Dental care referral
- ___ Depression screen
- ___ Hepatitis B/C screen
- ___ Lipids/glucose screen
- ___ Hypertension screen
- ___ Syphilis screen
- ___ Prostate cancer screen
- ___ Safe sex counseling
- ___ Substance use counseling
- ___ Tobacco counseling



STOP THE PRESS!

As we go to press, Medicare has announced it will now cover facial fillers for HIV+ with lipoatrophy. Look for more information in our next issue or at:

www.ontheten.com/2010/03/medicare-changes.html

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 submission are subject to editing for length and clarity. Send articles or ideas to:

rebuilt-denver@yahoo.com

Put “Newsletter” in subject line.