



**SIN Colorado is a Gay Men's Social Network supported by Treatment Educat10n Network**

#### Upcoming & Recurring Events

Sunday Coffee Talk/Brunch  
Panera Bread, 13th & Grant Street  
First Sunday each month 11:00am to 1:00pm

#### Free SIN Yoga

Tuesday 4:30 (2670 Gilpin)  
Wednesday 5:15 (770 Broadway)  
Saturday noon (770 Broadway)  
Yoga Questions? Call Phil 303.358.3563

**SUMMER 2010  
VOLUME III, ISSUE IX**

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### 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**

## LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PRIDE MONTH, 2010, A PROCLAMATION

*by the President of the United States of America*

**A**s Americans, it is our birthright that all people are created equal and deserve the same rights, privileges, and opportunities. Since our earliest days of independence, our Nation has striven to fulfill that promise. An important chapter in our great, unfinished story is the movement for fairness and equality on behalf of the lesbian, gay, bisexual, and transgender (LGBT) community. This month, as we recognize the immeasurable contributions of LGBT Americans, we renew our commitment to the struggle for equal rights for LGBT Americans and to ending prejudice and injustice wherever it exists.



LGBT Americans have enriched and strengthened the fabric of our national life. From business leaders and professors to athletes and first responders, LGBT individuals have achieved success and prominence in every discipline. They are our mothers and fathers, our sons and daughters, and our friends and neighbors. Across my Administration, openly LGBT employees are serving at every level. Thanks to those who came before us—the brave men and women who marched, stood up to injustice, and brought change through acts of compassion or defiance—we have made enormous progress and continue to strive for a more perfect union.

My Administration has advanced our journey by signing into law the Matthew Shepard and James Byrd, Jr., Hate Crimes Prevention Act, which strengthens Federal protections against crimes based on gender identity or sexual orientation. We renewed the Ryan White CARE Act, which provides life-saving medical services and support to Americans living with HIV/AIDS, and finally eliminated the HIV entry ban. I also signed a Presidential Memorandum directing hospitals receiving Medicare and Medicaid funds to give LGBT patients the compassion and security they deserve in their time of need, including the ability to choose someone other than an immediate family member to visit them and make medical decisions.

*(continued on page 2)*

## POZ & POSITIVITY

*by Scott McGlothlen*

**P**eople who live with HIV and AIDS have a lot reasons to be pissed off at the world. It is difficult to feel a sense of pride when living life poz is so uneasy. First of all, you have to deal with the fact that you actually have one of the most frightening diseases of all time. Then, unlike many other diseases, you have to feel bad about it because of the shameful stigma attached. And on top of that the medications, while advanced, can often make things confusing both emotionally and financially.

Indeed, it is ironic to identify as "positive" when all of it can feel so negative. It is enough to make any of us feel downright frustrated and angry. And sometimes a little emotional heat can help fuel up the right passions to go out and do affirmative things for the community. But occasionally, anger can be a sneaky trap for any of us. In these cases, we have to ask the question: Are we directing our frustrations in the right way?

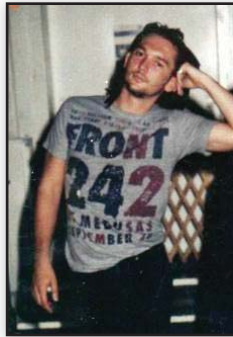
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## FESTIVUS 2010

by Rod Rushing

The year 2010 marks the 41st celebration of Pride. Our celebratory practices have changed little over the years. We, as Gay and Lesbian citizens of this nation (and the world) still take to the streets with the spirit of Festivus and liberation where it all began. My observation is that each year we still “come out” with our real selves after years of denial and living in the shadows. Street celebrations, marches, parades, and block festivals mark this rite of passage that most of us have gone through in our journey to find our tribe(s) of choice.

I came out in 1974 (I was 16) with just a suitcase, low-rise hip huggers, platform shoes, and enough train fare to get me to the large urban center nearest me. I no longer felt that I could masquerade as something else and the inner desire to run with my pack was just too hypnotic to resist. I left home and never looked back until 25 when a death in the family called to me almost as compellingly to return to my tribe of origin.



Rod Rushing, 1985

I now find myself moving through yet another quadrant in the medicine wheel of life. My needs for celebration and homage have gentrified. I will be 36 years openly gay and feel no struggles or challenges with most of the accessories of that lifestyle. My Queer sensibility is no surprise to anyone in my life- work, family, neighbors, friends, business associates. I have worked diligently to acquire this peace of mind in my life.

The same is true for my HIV Positive status. I seroconverted in 1985. It is no one's business, I understand. And if people don't want to know, then they should forget it or not listen. But I have learned living in Denver that if I don't speak its name (HIV) then perhaps very few people will. And I don't believe this is healthy or helpful to new persons testing positive every year or putting themselves in at-risk situations. People acquire HIV mostly by NOT discussing it, so supporting THAT practice of silence seems incredibly foolhardy and negligent.

Besides, HIV Positive Americans have contributed greatly to the LGBT movement. I think to GMHC, ACT-UP, Larry Kramer, Rock Hudson (albeit without intention) to name a few. These brave and determined individuals moved us as a culture from victims to empowerment with anger, desperation, and determination as the fuel. The intimate doctor visit forever changed because of the concept of individual responsibility when dealing with one's provider. Asking questions, waiting for explanations, and offering feedback were rarely seen pre- 1983, but are now commonplace due to these groundbreaking predecessors. They believed and saw often that Silence most certainly Equaled Death.

I have co-existed with a culture of silence both about homosexuality, HIV, mental health issues, and substance abuse and seen that silence create great damage. This year as I partake of Festivus, there will be room for not only

## PRIDE MONTH, 2010

(continued from page 1)

In other areas, the Department of Housing and Urban Development (HUD) announced a series of proposals to ensure core housing programs are open to everyone, regardless of sexual orientation or gender identity. HUD also announced the first-ever national study of discrimination against members of the LGBT community in the rental and sale of housing. Additionally, the Department of Health and Human Services has created a National Resource Center for LGBT Elders.

Much work remains to fulfill our Nation's promise of equal justice under law for LGBT Americans. That is why we must give committed gay couples the same rights and responsibilities afforded to any married couple, and repeal the Defense of Marriage Act. We must protect the rights of LGBT families by securing their adoption rights, ending employment discrimination against LGBT Americans, and ensuring Federal employees receive equal benefits. We must create safer schools so all our children may learn in a supportive environment. I am also committed to ending “Don't Ask, Don't Tell” so patriotic LGBT Americans can serve openly in our military, and I am working with the Congress and our military leadership to accomplish that goal.

As we honor the LGBT Americans who have given so much to our Nation, let us remember that if one of us is unable to realize full equality, we all fall short of our founding principles. Our Nation draws its strength from our diversity, with each of us contributing to the greater whole. By affirming these rights and values, each American benefits from the further advancement of liberty and justice for all.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim June 2010 as Lesbian, Gay, Bisexual, and Transgender Pride Month. I call upon all Americans to observe this month by fighting prejudice and discrimination in their own lives and everywhere it exists.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-eighth day of May, in the year of our Lord two thousand ten, and of the Independence of the United States of America the two hundred and thirty-fourth.

**President Barack Obama—June 1, 2010**

LGBT citizens of all shapes and colors, but room for these others too. There will be a world with NO STIGMA and NO SHAME for either lgbt citizens or for my poz brothers and sisters. Happy Pride... This year I will celebrate with Pride the legacy I enjoy that was left so graciously by my predecessors. Those brave and bigger-than-life souls that paved the way for my easy path did not face their fears so that I would be afraid to move forward. They fought back and shouted in the streets so that they might live and that I might live too. And it worked beautifully! And here is where I find Pride this year!

## POZ & POSITIVITY

(continued from page 1)

On March 30th, the Treatment Education Network and Community Forums held its annual dinner at Hamburger Mary's. The special guest speaker for this year was the esteemed Carlos Del Rio, MD, from Emory University in Atlanta. He spoke on the innovations in anti-retroviral therapy and did a fantastic job. The information was exciting and valuable. Truly this was a man whose passion has benefited the HIV and AIDS community immensely.



However, the post-speech Q&A session fell short on inspiration. It became less about the Q's of the actual topic and more about audience members' dissatisfactions. One person demanded that there should be more emphasis on providing government funding for those who can't afford

medications. Someone else expressed an irritation about the sociological studies being done for HIV when the obvious answer to most of them was that of stigma. These statements came out in a manner so frustrated; it almost felt like a verbal attack on our guest speaker. And while things like these are important issues and do need to be brought up, they did not seem at all relevant to the topic of the evening, much less to the important and significant work of Dr. Del Rio. One has to wonder, was this simply the expression of some honest anger at the wrong time?

Similar patterns seem to occur from within our own community. Gravity, the new social group for young people living with HIV, has received much criticism for the group's concept. Just as soon as they formed, their e-mail began flooding with messages saying that what we were doing was wrong. Postings popped up on Craigslist mocking the group, saying that Gravity's motto must be that anyone over the age of forty belonged to AARP. And even national on-line forums began arguing about the concept of this humble local project.

The main purpose of Gravity was never meant to exclude older generations. But it was no secret that the younger generations in the HIV world were not showing up in the local Denver community. So this group was a positive way to get these people connected to one another and hopefully get them more involved. And thankfully, Gravity has gone above and beyond with its results. Not only are people in their twenties and thirties finally showing up, but they are learning how to comfortably and socially navigate their HIV status. One attendee even talked about how he attempted suicide due to feeling like he was the only guy his age with HIV. I am so thankful that he was brave enough to express what others had felt. Now he has the opportunity to not feel so alone living with a disease that had its major occurrence twenty to thirty years ago.

With all of the good that something like Gravity can provide for the HIV community, it is difficult to see it get criticized by others calling it ageist and disrespectful. And similarly to the night of the forum with Dr. Del Rio, we wonder if this is another way that aggravated feelings can turn into negative frustrations than can eventually lead to vocalized strikes.

In life, it is easier to be angry than it is to be understanding. Empathy takes a lot of work and energy. But anger is effortlessly fueled by passion. As people living with HIV and AIDS, we constantly get painted into corners whether it is about sex, politics, or even human decency. We want to feel pride in our survival, not shame. So the more we feel pinned down, the more we want to fight back.

Sometimes our frustrations can build higher than we know how to tolerate because each of us bares more in our lives on top of being HIV positive. In this case we can easily open fire through the wrong routes and even at the wrong people. Feeling frustrated by how the government spends its money on HIV and AIDS? Me too, but why scowl a speaker who specializes in medicine technology? Feeling irritated by how the gay community regards age? I understand that. But why attack a social group trying to help young people feel better about their HIV status?

As a community, we would not want to attack the very people that try to help us. So when we open fire like this, it does not necessarily make sense. But it does not have to. Because when life gets this frustrating, it is hard to be rational and quite easy to be triggered. It is difficult to remember what the real problems are and the better ways of handling them.

If we can recognize this, then we can certainly take the steps to put the "poz" back in positivity. Anger does make for good fuel and that fuel is best released through negativity. While it does take more work, it could be incredible if we reigned in that fuel and found positive outlets in which to express it. We can find the best outlets to release this energy. And best of all, we can do this together... instead of at each other.

Feeling frustrated by how the government spends its money on HIV and AIDS? Use that energy to generate discussions in the community and contribute to the creation of other options for government funding. Find out the proper government officials to contact and the best ways to get them to listen to you.

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visit [www.gravitydenver.com](http://www.gravitydenver.com)



# IMPERMANENCE OR WTF HAPPENED TO MY ASS!

by Pat Gourley

*"You're so vain, you probably think this song is about you  
You're so vain, I'll bet you think this song is about you  
Don't you? Don't You? Don't You?"*

—Carly Simon

For those of us of a certain age (like older than say 40) and/or who have had HIV for many years and been on various HIV medicines the often unsettling and in certain ways ironic body changes that often occur can be very unsettling. A strange reshuffling of body fat seems to be the main outward and often most noticeable change. Facial wasting, skinny arms and legs, disappearing butt and odd accumulations of fat in the belly are all too common.

For me personally I haven't so much cared about the facial wasting, which I certainly have, I just think it makes me look more like Mick Jagger or Keith Richards. It could certainly be argued this is not a look to emulate, but they do seem to get by OK.



However a comment made to me by a health care provider about 10 years ago still sticks in my mind and I remember how incredibly hurt I was by his observation, something to the effect of "my we have some significant gluteal (ass) wasting going on here"! I was in some denial at the time that this was occurring and didn't care to have it pointed out. Now when I analyze my feelings about this from a more evolved perspective I am often reminded of Carly Simon's song quoted above.

Having lost dozens of close friends and literally hundreds of others I cared for as a nurse over the past nearly 30 years I am ashamed that I give any thought to my scrawny ass and gaunt face. There are tens of thousands of folks no longer around who I am sure would trade the grave for body changes related to HIV and the current medicines used.

Having said that though for those of us lucky enough to move forward in the lifelong dance that is HIV infection, these often-profound body changes are something I think we should pay some attention to. They certainly affected self-image which can have profound effects on well being. They also represent at least in part the potent side effects of the HIV medicines, which we should be aware of and not shrug off.

Two terms often used to describe these changes are "lipoatrophy" and "lipodystrophy". The prefix "lipo" means fat. You can think of it simply as losing fat where you don't want to lose it and having it wind up where you don't want it to be.

There is significant debate as to whether these body changes are due primarily to the medicines or HIV itself. Most HIV knowledgeable folks these days say it is likely a combination of both. I myself tend to believe that these changes are due more to the medications than to HIV itself.

Also, I should mention, though I'm not addressing in this piece, the often real effects the HIV drugs have on blood glucose, triglycerides and cholesterol and perhaps even indirectly on blood pressure and weight gain.

Having spent the last thirty years looking at many hundreds of people with HIV in various states of undress I believe there is significant differences between both men and women with full blown AIDS wasting and otherwise healthy individuals with well controlled HIV who have facial and butt wasting often accompanied by a large belly. There are two very different processes at work here. Some of the more current drugs may not have as much of a body changing effect but I think the jury is still out. We will need to wait until they have been in use for 10-15 years to see what changes they may be creating particularly in the aging population.

There is accumulating evidence that the prudent course of action is to start HIV medicines once your T-cell count falls below 500. There may soon be official advice for people to start as soon as they are aware of their infection no matter what the T-cell count.

The bottom line is that this is going to be a long haul. It would be great if truly peer educational sessions could be facilitated where folks would get together and share how they are coping and addressing their body changes. I do think they can be impacted somewhat by diet and exercise for example. Sharing what has worked and what hasn't including even the cosmetic interventions could be very helpful. There is tremendous individual variation impacted by many factors and a mutual sharing of personal experience could be very empowering.

I am aware that these issues have already been addressed from time to time in various public forums but these have often been sponsored at least in part by pharmaceutical interests or at best been led by medical talking heads with minimal sales pitches, either directly or implied.

Knowledgeable HIV expertise would be important to include in the discussions but it would be nice for it to be more HIV community based and less tainted by the interests of Big Pharma. The HIV community is quite capable of empowering itself around how to address these problems of body changes and our reactions to them as best we can.



visit [www.beonecity.com](http://www.beonecity.com)

Treatment Educat10n Network—TEN

# BROTHAS4EVER 10 YEARS STRONG!

by MaShawn Moore

The first meeting of Brothas4Ever (formerly Brothas4Life) was held in March of 2000, entitled "Twice Blessed or Twice Oppressed: Being Black and Gay." There were only 5 brothas who took part in this first meeting and on May 31st Brothas4Ever held its 450th meeting/10 Year Celebration. It drew over 50+ brothas young and old. The 450th meeting was facilitated by the 1st Program Director Brotha Lewis entitled, "Twice Blessed or Twice Oppressed: Being Black and Gay... 10 years later." Brotha Lewis compared how brothas felt 10 years ago about being gay and black and how brothas feel today. We have come a long way, but still have a long way to go.



Brotha Lewis asked what Brothas4Ever means to them. Here are what some Brothas have to say:



*"One of the things that I recognized is that, there were very few black people and black places to go... Brothas4Ever impressed me because it was a place where there were gay guys in abundance and to express things other than how big are you and*

*what are you doing tonight. It is a place where you can have intelligent conversation. I beg other people to come to Brothas4Ever because it is important for us to see each other in a different light other than drunk and in a bar. It is a great program for black gay males."*

—Brotha Gregory

*"I thought it was very interesting to see black people coming together and talking about issues that affect the community. I thought that it was really interesting. It was something that I needed at that time and something that I still need. The camaraderie and support that I get from the group is beneficial for me."*

— Brotha Chris

*"When I moved here from my home town I was used to gay black groups. Most of those revolved around sex or money and stuff like that. I like Brothas4Ever meetings because some of the subjects are thought provoking. It gives you something to think about and it gives you a chance to use brothas as a mirror to look at yourself. It is a place to be around positive people where it isn't about sex. The group allows me to be more comfortable in my skin. I don't have to look over my shoulder and I don't look at my life being a curse or anything like that. Being a part of Brothas4Ever has reinforced me being positive within my self and encouraging."*

— Brotha Joshua

*"Brothas being together is the best thing for me. Brothas coming together and bonding is very important to me and I can't do it any where else. Being present is being a part of community to me and that is so essential."*

— Brotha Sammy

As the 450th meeting comes to an end and the brothas begin to trickle out, I hope that the Brothas4Ever tradition continues helping brothas grow. As the Brothas4Ever motto states: We promote the physical, emotional, and spiritual health of same-gender loving African-American men by building community. I look forward with anticipation to see the Brothas4Ever community grow as it has in the last 10 years.



please visit our website at:

[www.ittakesavillagecolorado.org/programs/brothas.htm](http://www.ittakesavillagecolorado.org/programs/brothas.htm)

Also you can visit us on Facebook

([www.facebook.com/brothas4ever](http://www.facebook.com/brothas4ever)) or

MySpace ([www.myspace.com/brothas4ever](http://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](mailto:brothas4ever@hotmail.com).

## POZ & POSITIVITY

(continued from page 3)

Feeling irritated by how the gay community regards age? You probably are not the only one. Help create a social networking group for those floating in this very boat. With such positive action, feelings of isolation and aggravation can dissipate much more concretely. Over time, you can gain security over these frustrations and help your fellow man at the same time. And then let's connect our boats

By redirecting anger through positive actions instead of negative ones, the HIV community can hopefully advance not only faster, but more solid as well. Certainly, as a social group, we are only as whole as the sum of our parts. If history for gays and lesbians has shown us anything, having pride as a cohesive group can get you far. So imagine the places we can get if we treat HIV the same way. So now, more than ever, it is time to put down our swords and pick up our hammers. Let's take these equitable feelings of anger and help build a better tomorrow... for you, for me and for the ones we never even knew about. [www.gravitydenver.com](http://www.gravitydenver.com)



## TAKE PRIDE IN WHO YOU ARE

by Reverend Jim Chandler

Pride is one of those emotions we often misuse in our society. Like the words love or the use of the word “FREE” as it is used in advertising. When we talk of pride we are putting down others, or saying that we are better than, or putting down others who are not a part of our select group. Pride is something we should all embrace and demonstrate in our lives as a core value. Pride is something we should all value and value in ourselves as well as others.



In the past, by not allowing the GLBT community to express pride in who we are, the lack of pride had been used to belittle our relationships, keep us from expressing our nature and even take away our colorful long history.

In many ways we became “non people,” an anomaly, even a people to be feared or persecuted simply by removing our ability to show pride in who we are. Throughout history denying pride has been used as a tool used to control individuals. As we have emerged and started showing our pride in our contributions to the world it is becoming more and more apparent that we really have been a major force in the evolution of humanity. As a nationally recognized gay leader I have been asked to speak to groups representing all aspects of society on a wide variety of subjects from my perspective and my experience. We should all take pride in the unique and different perspectives we bring to the conversation as members of such a diverse community.

One of the most interesting and revealing is when I am asked to counsel straight couples, or talk with people who have never been exposed to our interpersonal relationships. In today's rapidly changing world the GLBT community, out of necessity, created a template which many others have found to be a useful tool, or at least presented some options for them to deal with the changing rolls today's relationships put forth.

There are many other ways we have become way showers for society to deal with change. We have had to deal with discrimination, unique celebrations, pandemics, government regulations, social service, legal issues, family dynamics, relationships, separation, aging, religion, and spirituality, or just every day living in ways we can contribute our vast knowledge and experience.

We should take pride in all we have accomplished over a short period of time and the leadership we can contribute in a society desperately looking for answers.

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



## ACTIVISM

by Brian Finch

Activism? What does that mean to you? Usually it's a word that conjures up chaining oneself to a pharmaceutical companies door, or taking to the streets.

In my life, this term has taken on a more subtle meaning. In the post-combination drug therapy era, there has been a redefining of what activism is vis-à-vis HIV.

Once access to treatment opened up (and I'm speaking from a Canadian perspective) organizational became stable, what was left? Although with our conservative government, we may have a fight on our hands.



Activism morphed into advocacy around systemic issues, such as what are the barriers to housing, access to medications etc. Taking to the streets had turned into sitting at tables with politicians and bureaucrats.

Acts of activism can be very simple, done in a group, or as an individual. Being out in the public is just as much activism as taking the risk to share your status with a few more friends.

In the grand scheme of things, what is next?

Instead of putting myself in the media, with PositiveLite.com, I have turned into community media. Being out and an example of someone who is now able to get on with my life is my form of activism, among others. There was a time when I let HIV stop me from not even pursuing goals, but from having them in the first place.

Today I have goals, and through exploring my own creativity and passions, I have found my new voice of the 21st century activism. Not allowing HIV to define me as a person is also another form under which I'd put in this category.

One writer on PositiveLite.com expressed that very thought, of how new it was to be public and how liberating it is. Conquering your fear is activism.



My version of creativity has been to join an improv group to work with clients of AIDS service organizations. Recently we have been working with positive/affected youth. The rewards of watching those who may feel isolated become part of a group, learn trust and gain confidence is immeasurable.

visit [www.positivelite.com](http://www.positivelite.com)

# 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](http://www.groups.yahoo.com/group/SINcolorado/join)

**SIN Men** is a worldwide social networking site for gay poz men. To join: [www.SINMen.net](http://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](mailto:gravity.denver@yahoo.com), or visit: [www.gravitydenver.com](http://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](mailto:PozHealth-subscribe@yahoogroups.com) or go to: [www.groups.yahoo.com/group/PozHealth/join](http://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](http://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](http://www.embracedenver.org) and join the group that is similar to Facebook, but available only to members.

## 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.

**YOUR HIV STORY GOES HERE**

The HIV Story Project & Under One Roof present the world premiere of...

**GENERATIONS HIV**

- A Video Story Telling Booth & New Media AIDS Quilt for the 21st Century -

An Official 2010 SF PRIDE Event!

**OPENING NIGHT CELEBRATION**  
Wed. June 16th - 6:00 - 8:00pm  
@ Under One Roof  
815A Castro Street  
San Francisco, CA 94114

**OPEN TO THE PUBLIC DAILY**  
@ Under One Roof  
June 17th - 30th  
815A Castro Street  
San Francisco, CA 94114

**GET INVOLVED**  
- Project 100: Top 100 HIV+ People  
- SALUD Y VIDA: HIV+ Stories  
- Love and Loss: HIV+ Stories  
- What Year Were You Born?  
- Tell us your HIV Story...

**WORLD PREMIERE - FRANKLIN**  
- The HIV Story Project  
- HIV+ Stories  
- Tell us your HIV Story...

**SAN FRANCISCO PRIDE**  
With Special Thanks to David Ortengren

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**HIV**



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

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

### UPCOMING EDUCAT1ONAL FORUMS

*(All forums are subject to change)*

**Tuesday July 13th:**

**Obama's Health Care Reform Act**  
**"What does it mean for you and your**  
**medical care and HIV prescriptions?"**

**August 10: Annual Potluck BBQ**  
**(location to be determined)**

**September 14:**  
**(topic to be announced)**

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

## HIV RETREATS AT SHADOWCLIFF:

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](http://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](mailto:Shadowcliff@hotmail.com) or 303.377.3127.

### 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:

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

Put "Newsletter" in subject line.



## ADVOCATES FOR RECOVERY

by Tonya Wheeler

**A**DVOCATES FOR RECOVERY - COLORADO (AFR) has been chosen to take the lead in Colorado to organize and participate in a national recovery campaign called Recovery Voices Count. This opportunity has been provided to AFR by Faces & Voices of Recovery, a national organization of individuals and organizations joining together to support local, state, regional and national recovery advocacy by increasing access to research, policy, organizing and technical support; facilitating relationships among local and regional groups; improving access to policy makers and the media; and providing a national rallying point for recovery advocates. The Recovery Voices Count campaign is part of our ongoing work to build a powerful advocacy movement of people in recovery, their family members, friends, and allies by supporting nonpartisan civic engagement in local, state, and national elections. Faces & Voices is working intensively in 12 states on the Recovery Voices Count campaign.



Recovery Voices Count engages people in long term recovery, their family members, and their allies in volunteer activities that help build community strength and organizational capacity to ensure that the voice and values of the recovery community is heard in the local, state, and national elections. The campaign supports and encourages several activities including voter registration, voter education, and voter turnout. Over the course of the Recovery Voices Count campaign, volunteers organize efforts such as registering voters at "Rally for Recovery!" and producing voter guides on candidates' positions. One of the most important activities is getting public officials on record about the issues that are important to the recovery community and then making sure people show up to vote on Election Day.

This year, the 2010 elections have the potential to determine the political landscape for the next decade. For those who accept the challenge, the goal is simple... to build a constituency of consequence one voter at a time. In addition to our national effort, Faces & Voices is working intensively in 12 states on the Recovery Voices Count campaign. Advocates for Recovery has accepted this challenge and will be working in the Denver Metro Community to carry the message to 2010 candidates that "We Recover and We Vote." Join us in making Recovery Voices Count!

Find more information about Recovery Voices Count at [http://www.facesandvoicesofrecovery.org/about/campaigns/recovery\\_voices\\_count/index.php](http://www.facesandvoicesofrecovery.org/about/campaigns/recovery_voices_count/index.php)  
If you would like to join this campaign effort please contact: Tonya Wheeler, Executive Director, Advocates for Recovery, [tonyawheeler@advocatesforrecovery.org](mailto:tonyawheeler@advocatesforrecovery.org), 720.435.0686

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

## THE PROBLEM WITH STRAIGHT PRIDE

by Michael A. Jones

**A** few weeks ago, thousands of students across the country, both gay and straight, honored an event called the Day of Silence. It's a day where students pledge to remain silent in order to honor the harassment that many gay, lesbian, bisexual, and transgender students face inside the classroom. After all, upwards of 80 percent of LGBT youth report feeling unsafe inside school.

There are some folks, however, who revolt against the Day of Silence. For them, honoring a day to draw attention to LGBT bullying is nothing more than caving in to the homosexual agenda. Because apparently taking a stand against bullying is heretical.

In a rural school district in Michigan, opposition to the Day of Silence took on a whole new level, with a group of about four dozen students showing up to school wearing "Straight Pride" T-shirts. The subtext? According to a Facebook group developed to organize the "Straight Pride" event, it was to point out that homosexuality was an "abomination," with one student proudly saying "Hell yeah, that's what I'm talking about ... I'm a queer beater and a chaser lol."

Not sure LOL is the best way to end that comment. More like WTF?

According to the Michigan Messenger, which interviewed a number of folks about the "Straight Pride" event, the "I'm a queer beater" comment was one of the more tame comments made by supporters of the "Straight Pride" T-shirts. One student even went so far as to suggest that the book of Leviticus calls for gay students to be put to death.

That drew an immediate rebuke from a host of organizations, including from a spokesperson at Michigan's Triangle Foundation.

"'Straight Pride' is a coward's way of showing off a straight privilege. A 'Straight Pride' celebration is a slap in the face to all other forms of relationship recognition," Alicia Skillman, Executive Director of the Triangle Foundation said. "Being able to celebrate, publicly, your form of relationship building is a privilege, a privilege that heterosexuals have day in and day out with no hesitation."

Behind Skillman's words is an important truth: straight students celebrate "Straight Pride" day in and day out by the mere privileges of heterosexuality. Generally speaking, straight students never have to worry about being beat up or ridiculed for holding their boyfriend's or girlfriend's hands. Straight students generally don't get threatened with being thrown off of a cliff because of their sexual orientation. Straight students don't get shot in the face during English class because of their sexual orientation. Straight students don't get teased about their perceived heterosexuality, to the point where they feel suicide is the only option.

*(continued on page 14)*

## MY PRETEND LIFE WITHOUT HIV

by Mark S. King

**M**y mother-in-law is visiting us this week. She's still active at 84, engaged in life, and accepts me completely as her son's longtime partner and a member of the family. So it's a shame she doesn't know the first thing about me.

That first thing is the fact that I am living with HIV. And she has no idea.

After some debate in the family it was decided that she not be told. The revelation would likely produce more questions than anyone could comfortably answer, and her own son's safety and health would almost certainly become a concern for her. I have enough to shoulder without her fears that I might harm her boy.

I had initially wanted her to know. How could she understand my work, my interests, and my capacity to care for my



community if she didn't know I was living with this disease? She doesn't know I wrote a book about surviving AIDS in the 1980's. She doesn't know about this blog you're reading, or the fun videos I produce about which I am so proud. I even take my meds away from the table or in the restaurant bathroom (it feels a little like my old, drug addict behavior).

I've never been in the closet about anything. I came out as gay to my family when I was 16. I've never had to play the game of pretending "he" was a roommate, or removing pictures from the dresser before family visited. And I'm famously impatient with those who insist on behaving that way. But I'm more understanding of HIV disclosure, because it feels more volatile, the consequences more dangerous. So being a voice for those living with HIV has been that much more of an important identity to me. It has defined me, by my own acts and words, for most of my life.

If I am stripped of my HIV identity... who am I?

To her, I am the convivial partner of her son, the very nice man who makes funny jokes and has some sort of online business and is going to the International AIDS Conference in Vienna this summer because he writes well. She loves me, I do believe, despite not really knowing anything about my vocation or the passion I have for it. That has had to be enough.

My own mother has known of my status since I tested positive in 1985. But this isn't my mother and every family makes their own choices, and my AIDS activism doesn't trump their valid reasoning for keeping my mouth shut.

So I pretend. That my health is unblemished, that my partner and I serenely support Democrats and AIDS Walkers with equal passion, and that my vocational role is that of a supportive house husband who occasionally dabbles in writing. I think my work ethic might cringe at the perceived arrangement most of all.

## DENVER GAY MEN'S CHORUS

by Ian Post

**T**here is an organization that has nothing at all to do with HIV that nevertheless played a large factor in my living, not merely surviving, with the virus for 17 years and counting. It is neither a support group nor a church. It is GALA (the Gay and Lesbian Association of Choruses) and is comprised of many performing choral groups around the world, all of which are either GLBT or GLBT-allied. The mission of GALA is simple: Change the world through song.



When I was first diagnosed in 1993 at the tender age of twenty-two, my world caved in. I had moved to New York City to try my hand at acting. I also auditioned for and was accepted into the NYC Gay Men's Chorus. Within that group, I did find support. Not the 'sit in a facilitated circle and cry together' type, but the 'yes, you're still alive, you're our brother, so sing with us' kind. The NYCGMC had been decimated by the virus, so there was also a little of the former as well.

I have moved around extensively within the United States. In each city where I landed, there was a GALA chorus waiting. Each chorus has its own distinct style; not only musically but socially. They all, however, share the most important thing: they are families. Sometimes dysfunctional, like all families, but always the members are there for each other. Here in Denver, it took me a few years before I was physically able to join the local GALA men's chorus, the Denver Gay Men's Chorus. Once I was, my rehab (both physical and mental) quickened exponentially. People who meet me now for the first time have no idea that I was in a nursing home only two years ago, and this is in large part due to the DGMC. The men (and women!) that I met there have made me feel a full part of the world again, with something to offer.



(continued on page 13)

Yes, I suppose she could know more about my HIV work, because people both positive and negative have devoted their lives and careers to this issue. But I won't tread there. I'm afraid to have the topic floating around the house too often.

Because, what if she asks? She just might come right out with a question, even indirectly, about how my own health has fared, and let me be clear. I refuse to lie about it. I have tried to help people understand this disease my entire adult life, and I would never deny that I have HIV.



At that point, all pretending would have to come to an end. By Mark S. King. You can read more from Mark at:

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

# MY GAY WORLD: PTSD—SERIOUSLY? STILL?

*by Russell Suggs*

Upon a recent visit to the lovely Dr. Frank Spinelli, I was shocked and dismayed to hear him utter the words, “Russell, I think you’re still suffering from Post Traumatic Stress Disorder.”

Honestly, I almost broke into tears. I was heartbroken to hear someone I trusted so much utter this diagnosis.

Surprised? No. But heartbroken... yes.

What could bring on such a diagnosis? You pick:

Growing up gay in the deeply Southern Baptist Evangelical South where (though loved) I lived under the constant threat of a very real and looming fiery eternity.

Becoming sexually active at age 12 with a boy who treated me with care and affection in private but ridiculed and physically abused me in public.

Severing ties with my family after moving to New York City and falling into the drug-fueled club culture of the late 1990’s, while simultaneously building a career in the fast-paced and demanding financial services industry. (See also “Leading a Double Life” syndrome.)

Ending my first long-term relationship of over five years with the man who was my first love and learning I was now HIV positive. (Gratefully, my partner did not seroconvert.)

Watching in despair as my office at World Trade Center #4 was destroyed on September 11th 2001, and spending the entire day wondering if my beloved team of thirty survived the attacks. (The entire team survived.)

Falling deep into the crystal meth-fueled, highly self-destructive bareback sexual supermarket culture, displaying little respect for anyone, including myself.

Having a psychotic break (or at the very least a full nervous breakdown) brought on by the use of crystal meth.

Losing the job that had for a decade defined my personality, provided for my every need, and fulfilled my burning desire to succeed.

Recovering my sanity, meeting and falling in love with the man of my dreams, uprooting my life to live with him... only to have him leave after learning of my sordid past.

Learning from the “man of my dreams” that my sordid past was far more public than I had ever understood or anticipated.

Redefining the term “outcast.”

Falling back into the deeply self-destructive patterns referenced above.

Recovering again, regaining my place as a senior leader in Corporate America, only to lose my spot along with tens of thousands of others during the market downturn, which led to the loss of my apartment and significant downgrade in lifestyle.

Not knowing where the next paycheck is coming from.

Still, through all this, I have never once considered myself a victim, and refuse to do so at this time. I willingly placed myself in all of the above situations and accept the consequences of my actions. I have a vibrant, loving family and have rebuilt every relationship that was ever tarnished by my sordid past.

Time and distance have taught me how common my story is. In fact, there is almost nothing unique about my story except that it is mine, and I am telling it. This has helped me realize that, in a very real sense, my story is all I have left. Or perhaps my story is unique because no matter the outcome it has a happy ending.

On the personal front, I have never been happier or physically healthier than today. My friends and family, including those I cut off years ago, now surround me with love and would guard me with their lives if need be. Respect and care is showered upon me from disparate corners of society; I call the Investment Banking Managing Director friend, just as I do a homeless LGBT young adult, and I am equally comfortable in conversation with both.

But then there’s the PTSD diagnosis. Seriously?

I’m afraid so according to the definition. Yes, the nightmares still come and lately I have begun to experience sleep paralysis, straining to cry out for help from dreams I cannot remember. Still, it was quite a shock to hear, but it was also the news I needed to get me off my depressed ass.

So what to do? The same thing I’ve always done. Place one foot in front of the other.

Each Sunday, I place one foot in front of the other and head out to support homeless LGBT young adults in our community. It keeps me grounded, and grateful. At this point, I’m just happy to be here and I know the rest will work itself out. Feeling sorry for yourself? I suggest you do the same.

Volunteerism not for you? Not to worry. To pull from one of my favorite plot devices in *Ally McBeal*, get yourself a theme song. Everybody needs ones. Place yourself in situations that support you and make you happy. Soon enough you’ll see, and feel, the smiles return.

Written by Russell Suggs and reposted from:

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



## A BRIEF DESCRIPTION OF TLC+

by Matt Sharp

**H**IV policy makers in the United States are seeking new evidence-based approaches to addressing persistent challenges in the epidemic. These include the following:

- An estimated 448,000 thousand of 1.1 million HIV-positive people are not engaged in care and treatment that could prolong their lives and help to prevent additional infections. 21% of HIV-positive people in the US are unaware of their HIV status. Because they test so late, 38% of newly tested HIV-positives receive an AIDS diagnosis within one year; 25% of HIV-positive people who know their status are not engaged in care and treatment that could prolong their lives
- 56,300 individuals become newly infected with HIV each year, a number that has remained constant for over a decade
- People of color and women experience significantly poorer HIV health outcomes than other groups.

In December 2009, a multi-disciplinary group of HIV/AIDS experts met to consider whether implementing a Test & Treat strategy could help the United States accomplish three important goals: 1) to increase the percentage of HIV-positive Americans who know their serostatus, 2) to improve the health outcomes of individuals who are HIV-positive, and 3) to reduce HIV incidence. These, as well as reducing health disparities, are also the goals President Obama has set for the National HIV/AIDS Strategy.

The Think Tank resulted in a recommendation to establish a national program called “Testing & Linkage to Care Plus,” or “TLC+” (the Plus referring to Treatment) as an element of the National HIV/AIDS Strategy. This program would have significant potential to help the US meet the three goals described above. (A review of scientific literature on this subject is available at [www.projectinform.org/TLC+](http://www.projectinform.org/TLC+).)

The Think Tank concluded that, in addition to the demonstrated benefits to the individual of HIV treatment, a substantial body of evidence indicates that viral suppression resulting from effective antiretroviral therapy makes it less likely that an HIV-positive person will transmit HIV to an HIV-negative partner during sex, even in the absence of condom use. Statistical models have come to differing conclusions about the extent to which programs to increase the diagnosis and treatment of HIV-positive people might reduce HIV transmission on a population-wide basis, but various models have concluded that they could have beneficial impact.

Predicated on the need for strengthened efforts to assure that nearly all HIV-positive Americans know their serostatus, TLC+ would establish a national standard of care in which all public and private testing providers work intensively with HIV-positive people as soon as possible after diagnosis. It would include linkage to a spectrum of care and support services including, but not limited to, primary medical care; social services to support entry to care, retention in care, and successful adherence to HIV treatment (when treatment is appropriate); and prevention with positives

counseling. Its components are designed to benefit people newly diagnosed with HIV, those who have not previously been ready or able to engage in care and treatment, and those who have been lost to systems of care and treatment. Its elements are also the same ones that would be used whether the goal is to assure individual health or to reduce HIV transmission.

The elements of TLC+ include:

1. Expanding both routine, population-wide HIV screening and targeted testing of individuals in groups at high risk for HIV;
2. Effective and immediate linkage of newly diagnosed HIV-positive people to primary medical care to assess HIV health. This includes screening and treatment for sexually transmitted infections (STIs), viral hepatitis and other health issues;
3. Effective and immediate linkage to social services, including housing, mental health, substance abuse and other services that will support HIV-positive people to remain in care; as well as innovative efforts to re-engage individuals who have been lost to systems of care;
4. Evaluation of eligibility for HIV treatment, counseling about treatment options, and assessment of services that might help a patient prepare to be in treatment, when and if they so choose;
5. Ongoing support for retention in care and adherence to anti-HIV treatment for maintenance of viral suppression; and
6. HIV prevention counseling and linkage to additional services that will support reductions in risk behaviors.

TLC+ would promote a much-needed integration of existing testing, care and treatment, support services and prevention programs at all levels of government and create specific and measurable outcomes for those efforts. While some medical providers and local jurisdictions are taking steps to implement TLC+, there is substantial need for a national program delivered through intensive collaborations of state and local health departments, medical providers, social services agencies, and AIDS service organizations, including advocacy, social justice and prevention-focused agencies.

TLC+ seeks to distinguish itself from the much discussed Granich model of “Test & Treat” in that it emphasizes the voluntary nature of participation in testing, care and treatment as well as the importance of providing an array of social services to support linkage to and retention in care and treatment.

A more extensive description of TLC+ is available at [www.projectinform.org/TLC+](http://www.projectinform.org/TLC+), as is a document of frequently asked questions and answers about TLC+. For more information, contact Matt Sharp or visit [www.projectinform.org](http://www.projectinform.org).

**visit [www.projectinform.org](http://www.projectinform.org)**



## SEXUAL ENCOUNTERS WITH UNDETECTABLE HIV-POSITIVE MEN

A Controversy about HIV Transmission

by Daniel S. Berger, M.D.

**M**any HIV experts have recently become embroiled in a new controversy: Does an undetectable viral load translate to significant reduction in HIV transmission during sex? If so, are condoms necessary? What message should be imparted by physicians to their patients who confront this situation in their daily lives?

In January 2008, an important and prestigious panel of experts from the Swiss Federal Commission for HIV/AIDS boldly produced the first-ever consensus statement saying that HIV-positive individuals on effective antiretroviral therapy and without sexually transmitted infections (STIs) are sexually non-infectious. This opinion was also published in the Bulletin of Swiss Medicine (Bulletin des médecins suisses). Hotly discussed at the International AIDS conference in Mexico City this summer, it was soon followed by a rejection statement by a joint Australasian group of experts.

The members and authors of the Swiss Federal Commission for HIV/AIDS are made up of the most reputable Swiss HIV experts, including professor Pietro Vernazza, of the Cantonal Hospital in St. Gallen, and President of the Swiss Federal Commission for HIV/AIDS, and professor Bernard Hirschel from Geneva University. Their opinion was based on a review of the medical literature and extensive discussion. They concluded with this statement: "An HIV-infected person on antiretroviral therapy with completely suppressed viremia ('effective ART') is not sexually infectious, i.e. cannot transmit HIV through sexual contact." The Swiss also considered study data from Rakai, Uganda, where no transmission event occurred in individuals who had viral loads lower than 1,500 copies/ml, although this was a relatively small study. In laymen's terms, this means that barebacking among HIV-infected persons who are on the cocktail who have undetectable viral load, would not transmit HIV to their partners.

However, the Australasian group soon rejected the Swiss expert consensus and responded that condom use and effective treatment of STIs is the only way to prevent HIV spread. They went further to suggest that there could be a fourfold rise in transmission if condom use is left awry. They based this on a mathematical model that utilized published data estimating relationships between viral load and HIV transmission risks; they also assumed that transmission does occur at all viral load levels, regardless of how low they may be. Without true data, many question the utility of using mathematical models to form factual declarations. One doesn't forget the mathematical model that was used by Dr. David Ho to regrettably forecast HIV eradication in patients who were at undetectable levels of

HIV on treatment. HIV latency was not well understood at that time.

With these two differing opinions at hand, a more balanced editorial commentary which was more practical emerged from the UK. Drs. Geoffrey P. Garnett and Brian Gazzard state that ignoring the effect of undetectable viral load would be dishonest. They welcomed the Swiss statement for having opened up the discussion to where we can further suggest to patients to consider HIV treatment and urge better adherence. This may promote a reduction in the risks for HIV transmissions and other infections.

### Harm Reduction

Let us reconcile ourselves to the widespread existence of safe sex fatigue. While many HIV-positive men abandon safe sex, some do this while engaging themselves primarily with other HIV-positive men. Incomprehensibly, many HIV-negative gay men have accepted the idea that they'll eventually seroconvert to HIV and thus avoid safe sex.

Addiction has also had a major impact on behavior. Methamphetamine addiction often results in irrational and relentless search for lust and sex with multiple partners by means of higher risk behavior. It is also associated with HIV seroconversions; other STIs while using is also associated with non-adherence to antiviral treatment. As a physician engaged in the research and treatment of HIV infection within the MSM community, I have observed a burgeoning epidemic of increasing HIV, hepatitis C, syphilis, and MRSA (resistant staphylococcal) infections.

Individuals who take extra precautions are always better off. Once becoming HIV and/or hepatitis C infected, there are tough consequences to face. Sexually active men should be responsible and have frequent HIV, hepatitis, and STI testing. Anal warts should be treated quickly to discourage the transmission of HPV. Anal Pap smears should be done when indicated. Finally, vaccination for HPV in gay men as a preventative step against development of anal cancer should be studied. At Northstar Healthcare in Chicago, Gardasil, the HPV vaccine, is currently offered to patients for this reason but is pending further study. HPV is the cause of anal cancer (and anal warts) and is a quickly rising problem among HIV-infected individuals.

*(continued on page 14)*

### DENVER GAY MEN'S CHORUS

*(continued from page 10)*

The members of the DGMC have joined together for the purpose of making an artistic statement: the Chorus, as it sings, provides educational, cultural and social enrichment for our audiences and ourselves, and we identify as an organization of gay, lesbian, bisexual and transgender (GLBT) people and supporters that is actively making a positive contribution to the entire community. Those of you that like to sing are welcome to come join us. Those of you who don't are invited to help support our mission (as well as be entertained) by attending our various performances. You do not need to be gay, or even a man, to join; we do not discriminate. I did forget one thing: Being part of the DGMC family is amazing fun. Come join us! More info: <http://www.rmarts.org/dgmc.php>

## ARTISTS IN RECOVERY

by Nick Sterner

The very first ever Artists in Recovery event will occur tomorrow night (6/3/10) at 5PM until close in the Forest Room Five (2532 15th Street, Denver, 80211). Here you will find artists of all types: musicians, actors, painters, sketch artists, and poets - artists confronting their addictions in a very unique and interactive format. People may come and go as they please and there is no cost to participate, but a \$20 donation is encouraged.

"This venue is a place for people to come and create in a supportive community," says founder Nick Sterner. "It's a foundation of connective tissue to their community." He says many of the homeless artists were opted out of the community or opted themselves out, and this is a chance to bring them back into the community.

If his name sounds familiar, it's because Nick has been involved in many homelessness and addiction-related causes, among them The Air Foundation for marathon runners. He's also a musician (singer/songwriter/guitarist) and writer. Nick left home at the age of 13 and received help from the Denver Children's Home.

Nick says he felt an urgency to create Artists in Recovery. He even dreamed about it. He says that his playing and writing helped get him through many tough times. And he feels strongly that the artistic nature of many people is suppressed by our very material, consumer-oriented society.

His other main accomplishment, The Air Foundation, is an organization that helps people confronting addictions and homelessness through Activity Inspired Rehabilitation. In 2007, he and his oldest son started preparing the homeless to run marathons. He trained people at the Denver Rescue Mission and holds a spring and fall marathon every year.

Artists in Recovery is an opportunity for artists to display and create their art in a social setting. His plan is to hold more events like this throughout the year, with each new event culminating in his ultimate vision: to come create in a supportive community. To contact Nick about Artists in Recovery or The Air Foundation, email him at [nick@theairfoundation.org](mailto:nick@theairfoundation.org).

### 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)  
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YOGA QUESTIONS? CALL PHIL 303.358.3563

## SEXUAL ENCOUNTERS WITH UNDETECTABLE HIV-POSITIVE MEN

(continued from page 13)

### Conclusion

Sexually active HIV-positive individuals are better off knowing their status and undergoing effective treatment and therefore reducing HIV transmission. Although HIV transmission has been curtailed among individuals who are undetectable and barebacking may be considered safe in some situations, there is still the prevalence of hepatitis C, syphilis, and resistant staph infection. On the other hand, HIV-positive persons in stable relationships with HIV-negatives, or individuals who understand the importance of adherence to HIV treatment while getting frequent STD (sexually transmitted disease) screening may provide effective harm reduction. Still, condoms should always be considered when sexually interacting with unknown partners.

Dr. Daniel Berger is a leading HIV specialist in the U.S. and is Clinical Associate Professor of Medicine at the University of Illinois at Chicago. He is the founder and medical director of Northstar Medical Center, the largest private HIV treatment and research center in the Greater Chicago area. Dr. Berger has published extensively in such prestigious journals as The Lancet and the New England Journal of Medicine and serves on the Medical Issues Committee for the Illinois AIDS Drug Assistance Program and the AIDS Foundation of Chicago. Dr. Berger has been honored by Test Positive Aware Network with the Charles E Clifton Leadership Award. Dr. Berger can be reached at [DSBergerMD@aol.com](mailto:DSBergerMD@aol.com).

If you would like to read the whole article it can be found at: <http://www.thebody.com/content/treat/art49400.html>.

## THE PROBLEM WITH STRAIGHT PRIDE

(continued from page 9)

In other words, the last thing straight students need is a T-shirt to show their pride. All they have to do is just show up for class.

Meanwhile, over the weekend a new study from Harvard's School of Public Health became available, illustrating that LGBT bullying is not only a real phenomenon inside America's schools; it's a downright epidemic. The study notes that LGBT youth are much more likely to be tormented at school, at rates that many people would think are alarming.

"I think people know there's discrimination, but they don't know the breadth or severity of it—or how lasting the impact is," said Andrea Roberts, the lead author of the study.

Yeah, come to think of it, WTF is the more appropriate acronym to end on. Reprinted from:

[www.gayrights.change.org](http://www.gayrights.change.org)



# CLEARED FOR TAKEOFF: WHAT ENDING THE HIV TRAVEL BAN MEANS FOR BLACK AMERICANS

by Nicole Joseph

In October 2009 the Obama administration announced its decision to end the ban prohibiting HIV-positive people from traveling and immigrating to the United States. The highly celebrated change took effect January 4. We asked Frank J. Oldham Jr., president and chief executive officer of the National Association of People With AIDS (NAPWA), for his thoughts on how this important policy change might affect Black America's fight against AIDS.

## Why was ending this ban so important?

A civil rights issue has been addressed for minorities, gay people, and women of all colors with HIV. It's long overdue. It was a completely backward policy.

## How will this change impact Black people—both HIV-positive and HIV-negative—particularly in the United States?

When someone dies of AIDS, they're really dying of poverty, racism, homo-hatred, stigma around substance abuse and no health care. African Americans make up 13 percent of the U.S. population and [almost] 50 percent of the AIDS population. Lifting the ban helps remove stigma and saves lives. NAPWA represents 1.1 million Americans living with HIV, over 50 percent of them Black, and we don't want them to progress to AIDS, [but they can] if they don't get care. Lifting the ban ensures that we can learn from people overseas how to best get people into care and keep them there.

## What possibilities exist now for Black people that didn't exist before?

The ban said that HIV is so horrible that if you [have HIV and] have family in other countries—whether it's Trinidad, Jamaica or a country in Africa—and you left this country, you could [have trouble] getting back in. If you had your meds and they saw them at the airport, you could be stopped. It's a total outrage. They were increasing AIDS stigma. The ban was an obvious injustice and violation of civil rights.

## What do Black Americans stand to learn from Black people fighting AIDS around the diaspora?

We can learn so much, for example, from countries in Western Europe, where the AIDS epidemic has not grown like ours. When you look at the infection rate in Washington, D.C., and compare it to HIV infection rates in London, Paris, Copenhagen and other Western European capital cities, we should be totally ashamed. There is also a lot to be learned from Africa, and a lot that we can offer in terms of controlling and ending their epidemic. Letting HIV-positive people from other countries into the U.S. who can present us with HIV interventions that are effective and have been evaluated, [helps us make] a stronger case to [encourage] the CDC to develop and implement similar interventions in the United States. Banning people with such experience and expertise has erected an iron curtain of fear, and it has

been deadly. This is especially true for gay men of all colors. I think that we should take every opportunity possible to learn more about access to care and how to stop HIV so that people don't progress to AIDS.


## What are the implications for Black Americans now that the International AIDS Conference will be held in Washington, D.C., in 2012? Does holding the conference in D.C. have implications for D.C.'s beleaguered AIDS-prevention efforts?

I think it's a dynamic and powerful statement. The District, which is 80 percent Black, has the highest HIV infection rate in the country. It is an example of the African American AIDS epidemic at its most tragic. With Washington being the capital of the U.S., having other countries come here can energize the domestic agenda. We have people of color in powerful places—African American people who understand the epidemic. We have those allies, and we need to work with them.

## What should members of the AIDS community, particularly its leaders, do to continue the momentum of this decision?

AIDS activists can help with health care reform and ending poverty and [can] support the Obama administration. We don't need to be so critical of the administration that we shoot ourselves in the foot. The AIDS community should embrace a new AIDS activism—a constructive and positive engagement with our allies in government. Rather than picking apart their decisions, we should work with and support them to get the best care and programs for people living with HIV/AIDS. It's a once-in-a-lifetime opportunity.

Nicole Joseph is a Chicago-based journalist and media researcher. Visit [www.blackaids.org](http://www.blackaids.org) to learn more.



Promotion  
Preparedness  
Prevention  
Protection

### DENVER HEALTH PRIMARY CARE CLINIC

#### SPRING CLEANING

**Did You Know?**  
Denver Health primary care clinic also provides dental services! We provide you with preventive, routine and emergency dental services tailored to your HIV infection in a state-of-the-art, user friendly and knowledgeable clinic. Meet Dr. Troy Bybee, DDS, Dentist

Dr. Bybee has been treating HIV/AIDS patients since the clinic in 1994. She received her Bachelor of Science degree from the University of Colorado-Denver and her DDS degree from Creighton University School of Dentistry. Dr. Bybee's Staff includes Lindsley Hose, Dental Assistant, Tanni Janus, RDH Hygienist and Julie Nutter, RDH, Hygienist.

The clinic is located at 605 Bannock St. 5th Floor. Hours are as follows: Monday-Thursday 7am to 6pm (closed 12pm to 1pm daily) No office hours Friday, Saturday or Sunday. To make an appointment contact us at **303.602.8713** or E-mail us at **IDDental@dhha.org**. We will respond within 1 business day. We are busy office so remember to make your appointment soon for a happy and healthy smile.



## POZIAM

by Robert Breining

After discovering that half of all new infections are people 25 years old and younger, I felt that those numbers are too large to ignore, and that it was my duty to stand up and do something!

A few years ago I became a campaign ambassador for Hopes Voice, and involved in their Does HIV Look Like Me? campaign. From that moment on, I have dedicated myself to spreading the word, not the disease!



POZIAM was designed so others around the world could share their stories and relate to others. When I was first diagnosed with HIV, I had no one to talk to other than doctors. I didn't want to hear all that medical talk. I wanted to talk to someone just like myself. Someone who felt the pain I felt. Someone who could relate to my feelings. Someone who was HIV+.

POZIAM was designed to inspire others like my father inspired me. Although he died of lung cancer and not HIV, his will to never give up inspired his only son to speak up and fight his battle with HIV/AIDS with words of existence.

Yes we do still exist, and we will continue to exist until this epidemic is stopped. The reason I have chosen to share my story, is to show the word that spreading the word and not the disease is just as effective as using a condom. Most people are afraid of the unknown. Most people don't think they know someone who is HIV+. People don't realize that their neighbor, coworker, friend, cousin, sibling, or child could be HIV+. Please visit [www.poziam.com](http://www.poziam.com)

*In hopes of Inspiring, Robert Breining*

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



## AIDS MEMORIAL QUILT

The AIDS Memorial Quilt, founded in 1987, is a powerful tool for use in preventing new HIV infections. As the largest ongoing community arts project in the world, The Quilt celebrates the lives of real people who were loved and lost to HIV/AIDS. Each person is remembered on a 6-foot stretch of fabric called a panel. Panels are created by the person's loved ones who use personal artifacts and clothing to honor their loved one. Eight panels are then sewn together to create a 12-foot square block. There are 47,000 panels that comprise the ever-growing AIDS Memorial Quilt.

As a reminder to the world that the AIDS epidemic is not over, Colorado AIDS Project brings a number of quilt blocks to Denver each year for public display. In the weeks leading up to AIDS Walk Colorado, blocks of The Quilt will be displayed in various locations throughout Denver. These blocks and 14 more will be displayed at Cheesman Park on August 14 as part of AIDS Walk Colorado.



If you would like to request a particular panel memorializing someone you know to be brought to Denver, please make a written request to Colorado AIDS Project by June 25th. Please include the following information with your request: Person remembered on the quilt, Person who created the quilt panel, Quilt block number. Visit [www.coloradoaidsproject.com](http://www.coloradoaidsproject.com)



## 6TH ANNUAL POZ CRUISE

OCTOBER 23-31, 2010

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