



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

The Newsletter for Treatment Educat10n Network—TEN

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

AUTUMN 2010

VOLUME III, ISSUE X

## INSIDE THIS ISSUE

WHEN OUR SHEROS DIE IN SILENCE	1
CAN ONE DAY CHANGE A LIFE?	1
BEAUTIFUL	2
ANN'S STORY	3
"GIRLS GET HIV"	3
A WOMAN'S WORTH	3
LEVEL 1 CARE FOR WOMEN	6
THE OTHER KIND OF EXPOSURE	7
THE INVISIBLE MAN	9
DOES THE GAY MEN'S HEALTH SUMMIT	
MAKE ME LOOK FAT?	12
TATTOO	14
IT'S ABOUT HOPE	15
REMEMBER	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.

## "WHEN OUR SHEROES DIE IN SILENCE"

by Penny DeNoble

Another one of our Sheroes made her transition on Friday, July 16th, 2010. She died without giving a name and face to the entity that invaded her body; AIDS.



She died without telling her story. Her impact in the Arts community was profound and the impression she could have made in the lives of the people who travel in the Arts circle locally, nationally and internationally, would have been immeasurable had she told her story.

It is important to tell our story. It is important to share with others how this virus has changed our life, and to describe the box that it sometimes forces us to live in. It is the hope that our story will help someone come out of the self-inflicted box of shame and suffering we allow ourselves to be placed in when we don't tell our story.

Be assured, that when we tell our story, there's a lesson for someone else that can be learned. When we tell our story, there are words of advice no matter how simplistic or profound, that someone will glean. When we tell our story, there's wisdom that can be learned from one who lives in a world of HIV/AIDS.

(continued on page 5)

## CAN ONE DAY CHANGE A LIFE?

By Tony R.

The other day, I read an article from a young man here in Seattle who recently became HIV+. After I replied, by letting him know how courageous he was for doing so in such a public way. I then realized that I was his age when I found out my status, which was 26 years ago. A lot has happened in those 26 years including, that I will celebrate 7 years clean and sober soon.

I certainly followed suggestions to get to where I am at today. One of those suggestions was to listen to others. Some of these suggestions came from mentors. These were both men and women. They said things, which I felt deep inside my heart at a time when I was ready to hear new things and do something different in my life. My mentors encouraged me, supported me, loved me, and occasionally were ready to call me on my shit.

My mentors also challenged me to get involved in my community. Around this time, I had a chance to hear Chris Bartlett talk about "Unspoken Mentorship." The theory is that we can all mentor someone without them knowing it. I loved the concept, intentional unobtrusive coaching.

(continued on page 2)

## BEAUTIFUL

By Rod Rushing

*"And everywhere we go the sun won't always shine  
But tomorrow will find a way. All the other times  
'cause we are beautiful... no matter what they say"*

— by Christina Aguilera

The OnTheTen/SIN newsletter and subsequent blog started simply because I had lived in our city for almost 20 years as an HIV positive citizen, yet I rarely saw any evidence that any other Coloradans were living successfully and happily with HIV. And I would encounter new pozlings and repeatedly hear that they felt like they were all alone in the world now. Here, any Coloradan can see and read proof that healthy, happy people with HIV exist in our community, and are thriving. On The TEN has become a part of my daily life. I blog regularly at ontheten.com, I have brunch the 1st Sunday of each month with Strength In Numbers at Panera at 13th and Grant, attend and volunteer at the monthly forums at 9th and Emerson as I can, go to the MounTEN SIN social weekend in Grand Lake in September, and try to hustle up articles to include in each quarterly issue of this publication. I do this with no great plan in mind, simply with conviction that it just BE done.

If you are newly diagnosed, and living in our beautiful state please hear this loud and clear. There is no need to sell the farm or go into hiding. Life can and does go on. Find another poz person who vibrates with your senses and find out for yourself how to move forward in a healthy way. HIV is certainly a force that infected our lives. The test for us is to choose whether it will become a force for good, or one that wreaks havoc.

In this issue, you will hear from Penny DeNoble. She has graciously decided to stand tall and make herself visible. And beyond that she enlisted several of her comrades to share their passions and perspectives for the enrichment of us all. I hope Penny will continue to be a part of On The TEN for a long time to come. I am honestly so proud that these beautiful individuals have stepped into the public light and forge another step towards the idea that living with HIV is OK.

World AIDS Day 2010 will occur before our next issue, so we are including what we can. 2011 heralds in the 30th year of AIDS in the US. There are numerous projects underway to commemorate this milestone. True to form, BCAP (with guidance from Dan Hanley) has tossed their hat in this ring for Colorado and begun a project called REMEMBER PROJECT that we hope to support in the year to come. Dan Hanley is including a bit about the project and is asking for your input and contributions. We definitely think it worth a look. You can find it at [www.rememberproject.org](http://www.rememberproject.org)

I have made the acquaintance of Tony Radovich of Seattle who has worked tirelessly to help create a peer support network for gay men who use crystal meth. He has worked with Susan Kingston and others from King County's Public

## CAN ONE DAY CHANGE A LIFE?

(continued from page 1)

All of us have the ability to have an impact on another person. If we choose to do so we can also foster relationships that will last for a long time. Thus creating opportunities for more deeper meaningful relationships. I have always been grateful to witness change in another person. It is often a profound and moving experience to watch the transformation over time.

On a Saturday a few years ago a group of us sat down and came up with a framework on mentorship in which we agreed, A Belief, that all of us can mentor someone and that we either sought out this role or it sought us out. Doing our best and recognizing that no one is perfect, try to do the right thing at the right time, acting in accordance with new behaviors that promote a clean and sober life style. This includes my conduct in regards to safer sexual behavior, respect for other people, and relapse prevention skills and tools. Abusing or using others in my community for my own needs or desires, without mutual agreement or consent, is an old behavior and life style, one that I, as a Peer/Mentor have chosen to give up.



By no means have I figured everything out. But, I do know when it is supposed to be.

Tony R.  
Seattle, WA.

Health Department and is helping to fulfill the promise of a 4-year SAMHSA grant. The lessons these guys have learned, and the wisdom they can offer is bound to be abundant. You can learn more about his mentoring work at <http://www.strengthoverspeed.org/>. S.O.s. seems to be doing much of what we in Colorado are, but adding a comprehensive after care strategy. Considering the well documented challenges of stopping meth use, and the numbers of new diagnoses that involve meth use in gay men, we may do well to look beyond our state borders for inspiration.

Finally, with all the financial changes going on almost everywhere around us, it may be that lost insurance, or inability to pay co-pays may happen. Don't freak out. Don't give up. Check out the options and if you can't see your way, go to brunch and ask some folks. Go to a forum and find out what others are doing. There is a way to work it out. There is always a way. The test for us in dealing with this force that is HIV is whether it causes our lives to fall apart or whether it brings us to a truly positive place.

Remember With Love....  
Rod Rushing.. poz since 1985

## ANN'S STORY

by Ann

In 2000, I fell in love with a man in central Wisconsin. We soon married and looked forward to a long, happy life together. After one month of marriage, my husband Chikezie, a Nigerian native, was arrested by the INS and charged with illegal entry into the U.S. During his incarceration I learned I was pregnant. Soon following, I was hospitalized for one week with acute fever, rash, and debilitating body aches. These symptoms led my doctor to suspect an acute HIV infection. He tested me with the ELISA and Western Blot. Both tests were negative. To his surprise my viral load by the Assay Viral Load Test was undetectable. Ruling out HIV, he diagnosed me with disseminated Herpes and was released without a recommendation that I return in three months for an HIV retest, when if I was indeed infected I should have sero-converted.

The remainder of my pregnancy was uneventful other than discovering I was carrying twin girls expecting to deliver in December 2000. The girls were delivered via C-Section, full term and healthy! I settled into motherhood breast-feeding the twins. The following month I received a call from the facility where Chikezie was being held. He had fallen gravely ill; diagnosed with disseminated TB, enlarged liver, spleen, Non-Hodgkin's Lymphoma and a cd4 of 7. An AIDS diagnosis!

My world literally turned upside down! If Chikezie had been infected while we were living together, I could be infected as well. Furthermore, the twins could share the same fate. I clung to the knowledge that I did not have a viral load when my doctor tested me in my early pregnancy, at what should have been a peak in viral levels if infected. January 2001, the same doctor ran another HIV test and I was indeed positive! Soon after, the twins were tested. One was positive and the other sero-converted soon after via breast milk. All three of us remained undetectable for viral load.

I was overwhelmed and fearful! Afraid for my family, me, the future and wondered how long did any of us have until death? I began selecting particular hymns to be played at our impending funeral. I also obsessively pondered as to HOW my doctor had missed my infection during my pregnancy?

A Family Nurse Practitioner (FNP) following the twins' care suggested we be tested for an HIV 1 non-B subtype. There had NEVER been a documented incidence of this strain of HIV in our area of Wisconsin. I soon learned because the source of infection was of West African descent where non-B infections are rampant; our viral loads were suspiciously low. January 2001, my cd4 count was 350, undetectable viral load by the viral load test.

(continued on page 8)

Treatment Education Network—TEN

## "GIRLS GET HIV?"

by Kari Hartel

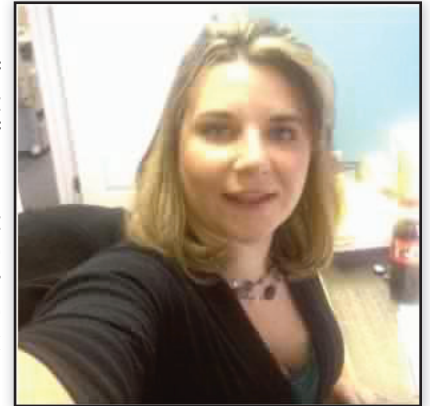
Worldwide, half of the people living with HIV/AIDS are women according to the World Health Organization. According to the CDC if women continue to become infected at the current rate they may soon surpass the number of men infected. If that's the case... I often wonder why I can walk into a classroom or a group of young women (and often times middle aged and older women too) and they seem so unaware of this disease?

I was diagnosed with HIV in 2005 just shy of my 24th birthday, but I am getting ahead of myself. I was 22 and in a serious relationship with a man I thought might be "the one." We had been together for about a year when we decided it would be ok to stop using condoms (I was on the pill and we were monogamous)

because man those condoms were expensive. While he remains a relatively short part of my story (we dated for another year and broke up) what happened during that relationship will stay with me forever.

About 6 months after we stopped using condoms, I got very sick. So sick in fact that after about three weeks of what I thought was the worst flu in history, I actually lost my job as a day-care provider (too much time off work). I went to the doctor three times during my battle with "the flu" and the doctor didn't seem to have an answer. They ruled out

(continued on page 9)



## A WOMAN'S WORTH

by Allyson N. Drayton

2010 has been a year of change and growth in the Women's AIDS Project, a program of The Empowerment Program. Empowerment provides services to all women, but what does it mean to be a woman living with HIV/AIDS? The complicated journey through a system of care often dominated by men; from diagnosis to "what now"? These are questions our women face, with many of them long time survivors from when care and support services were few, and when even fewer focused on women in particular. Today, women represent the fastest growing demographic of HIV infections.

The Women's AIDS Project (WAP) provides women who are living with HIV an avenue to express how the disease affects them personally - as a spouse, partner, mother, daughter or sister; as a substance user, sex worker, offender, or transgender - as each role carries its own responsibilities, fears and risks. Here, our women engage in Medical Case

(continued on page 6)



# 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 cPPS 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 Experienced Persons: BATAR: Boosted Reyataz/Truvada vs. Reyataz/Isentress (Community Research Initiative of N.E.) A study of atazanavir (Reyataz) and raltegravir (Isentress) in persons already successfully taking boosted atazanavir (Reyataz) and Truvada.**

- Conducted at DH only
- CD4 >200
- Undetectable VL
- No known protease inhibitor resistance
- Currently virologically suppressed on boosted Reyataz plus Truvada 48 weeks, 7 visits, most meds provided, help with copays if needed, King Soopers gift card incentive.

## **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 Experienced: A5247 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 = 200-350
- 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)

## **Persons who Experience Moderate Peripheral Neuropathy:**

A5252 is a randomized & blinded, placebo-controlled study of Duloxetine (Cymbalta) and Methadone for the treatment of HIV-associated painful peripheral neuropathy (ACTG). Participants stop all current pain medications (wash out). There are 4 different regimens through the course of the study. Each participant takes a regimen for a month, stops it for a week, starts the next one for a month, stops it for a week, starts the next one for a month, etc, for a total study time of 20 weeks. The different regimens are placebo, cymbalta, methadone and both cymbalta and methadone. Conducted at UC only.



# "WHEN OUR SHEROES DIE IN SILENCE"

(continued from page 1)

But most importantly, the telling of our story causes the story-teller to rise up with strength and confidence to stop hiding and believing societal perceptions and gain a strength that brings with it a realization that our voices **MUST** be heard and it **MUST** resonate loudly that the telling of our story is something that **HAS** to be done! It brings with it the courage to find our strength along with our voice.

We must be willing to change our perception that we have a limited story to share.

That perception must include thoughts that we have life-affirming, empowering and courageous stories of how we **ARE**, **CAN** and **WILL** survive and thrive with HIV/AIDS.

We cannot continue to live in the prison/the walls we've built for ourselves. We cannot allow ourselves or others to not be challenged by the reality of living with HIV/AIDS.

We must be willing to put a face to this virus in order to reduce the stigma and shame and to give other Sisters/ Sheroes the courage to step into the light of that which formerly held us in darkness.

We do NOT have the luxury of being nameless and faceless women living with HIV/AIDS any longer! **LIVES ARE AT STAKE!!** With 50% of all new infections occurring in women worldwide, I believe we have entered a time where we **HAVE** to choose...

We cannot leave this task; this responsibility to a few courageous women. We must **ALL** take up the mantle of accountability to ourselves and to others who are dying in their box. We must come alongside others who are ready to tell their story. We must reassure them that they don't have to die in darkness and obscurity.

Someone's life may depend upon us telling our story. Someone's life may depend upon us coming out of hiding, and of us overcoming our own fears and need for self-preservation, to give them the courage they need to disclose their status.

Disclosure at any level is essential to overcoming our overwhelming need for self-preservation, and will fill us with the courage to begin to truly live a life with no secrets and no shame.

It's the secrets that are killing us. It's the unwillingness to share our story that is helping to perpetuate the cycle of silence and shame and high-risk behaviors that put us in danger of exposure and possibly death of HIV/AIDS. To bring the HIV/AIDS epidemic to an end, we must recognize the value of women and girls' voices and know that our viewpoint will change the conversation.

These are life-defining moments...will we continue to allow this disease to ravish our communities or will we see this as a definitive moment where we rise up and allow our voices to be heard, so that no more Sheroes will have to die without telling her story? What do you choose?

## THE HIV LEGAL RIGHTS NETWORK

ANNOUNCES THE CREATION OF **POSITIVE BENEFITS**

AN ACCESSIBLE COMMUNITY SERVICE

WITH A HANDS-ON APPROACH

**POSITIVE BENEFITS** is an organized and comprehensive resource for people with HIV/AIDS who need aid not only in accessing confusing benefit and entitlement systems, but also help in successfully completing the necessary paperwork. By providing upfront assistance prior to the filing of applications for programs such as SSI/SSDI, **POSITIVE BENEFITS** will increase the chances of approval for claims that have merit. For those clients who continue to work, we will walk with them through the maze of health insurance issues, COBRA questions, unemployment, FMLA, and disability plans.

**POSITIVE BENEFITS** will eliminate barriers to health care, legal services, and medical case management. Through our interventions, we will reduce the burden on Ryan White Care dollars by assisting clients in accessing their all their financial, medical, employment, and disability benefits.

**POSITIVE BENEFITS** will survey existing AIDS Service Providers to ascertain current practices. We will support existing efforts while at the same time, fill in the gaps and advocate for the client.

**POSITIVE BENEFITS** is driven by the identified needs of our clients. We actively recruit additional partners within and outside of the HIV Community. Importantly, we seek assistance from those of you who are HIV Positive.

**POSITIVE BENEFITS** will publish an easy to read, easy to understand resource guide that will detail benefit programs available to the HIV community. For those who have Internet access, we will publish information on our web site.

**POSITIVE BENEFITS** will be housed at:

THE HIV LEGAL RIGHTS NETWORK at  
THE LEGAL CENTER • 303.722.0300  
455 Sherman St. Suite 130 • Denver, CO 80203  
Contact: Barry Glass LSW Program Director  
bglass@thelegalcenter.org  
We will build our website @ [hivlegalrights.net](http://hivlegalrights.net)

### *Biography of Penny DeNoble*

Penny DeNoble's journey into the world of HIV/AIDS began 24 years ago, with the loss of her husband from AIDS and her own personal diagnosis of HIV.

Over the years, Penny has worked with community organizations and churches to share the need for HIV/AIDS awareness and prevention. In 2007, she transitioned into full-time activism and entrepreneurship as a voice for this infected and affected by HIV/AIDS; particularly women.

In November 2009, she became a nationally certified Trainer and Instructor in HIV Education, Awareness and Prevention from The Department of Health and Human Svcs; HRSA Division, and AIDS Alliance for Children, Youth and Families, located in Washington D.C., and The Issue of Blood Outreach and Consulting Svcs was founded with it's vision to raise up leaders, voices and advocates to speak out against stigma, racism... associated with HIV/AIDS.

As Director of the Issue of Blood, she has collaborated with agencies in the area to provide outreach and educational services to populations at risk for various health and social concerns. She is a local and national leader for education, awareness and leadership development for HIV/AIDS.



## LEVEL 1 CARE FOR WOMEN

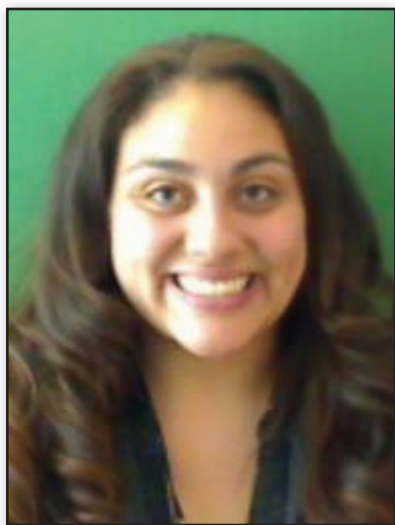
by Kristina Leahy, CHAA

Ladies, this here is our chance to take a step towards our health and well-being. Here at the ID Clinic at Denver Health, we pride ourselves on being unique and caring about our wonderful patients.

The Clinic offers primary care services for individuals with HIV as well as a few specialty clinics such as Neurology, Dermatology, Endocrinology, Proctology, Hepatitis, and Women's Care Clinic.

Dr. Shlay and Patty Caraway team up to give Women the care they need for both obstetrical and gynecological care, including preconception counseling, well woman care, evaluations for abnormal pap smears (colposcopy), contraception (including IUD insertions), prenatal and postnatal care, and care for the post-menopausal woman.

Worried about getting started? Don't be! We do our best to make enrollment here as easy as possible. We have our own financial screener to help the needs of patients who have no insurance as well as several different social workers/case managers to help with your Medicare and Medicaid needs. We also accept a variety of private insurances.



While in care, we help maintain your discount programs and help you get re-enrolled in the services you already have. We offer once a month groups for our Birthday ADAP (Aids Drug Assistance Program) Celebrations. These occur the 3rd Wednesday of the month at 3pm. All the Social Workers are there to help with the sometimes-difficult application process so you can receive assistance with your HIV Medications.

You can call or email me anytime with questions, appointment requests, and any other needs I can help you with. My number is 303.602.8710 or my email is [id\\_clinic@dhha.org](mailto:id_clinic@dhha.org). The clinic's hours are Monday through Friday from 8am to 5pm. I am here to help make your experience at the ID Clinic one of the best and easiest by helping with the enrollment process here.

Hope to hear from you ladies soon!!  
Kristina Leahy, CHAA



**THE BODY**  
The Complete HIV/AIDS Resource

## A WOMAN'S WORTH

(continued from page 3)

Management services and find support and guidance from case managers from all walks, and from the women who've gone before.

Among the many groups held at Empowerment, we have two groups that are specific to Poz women. Our general WAP group, held every Tuesday from 10:30-Noon, which focuses on health, life, and relationships (and everything in between). The social aspect of our groups is very important to many of our women, as most lack proper support. We have potlucks, field trips, and other social gatherings where our women can come together. The relationships built here go far beyond group mates to friends and confidantes; and it has even encouraged our women to take a stronger role in the community as advocates and council members.

Secondly we have VISION (Valuing Individual Success & Increasing Opportunities Now). VISION is a group held every Thursday from 4pm-6pm, and focuses on women who are positive as well as struggling with substance abuse. Dinner is also provided. This group gives our women a safe place to discuss how their substance use and HIV are linked, its effects on Viral Load, medication performance, and their general health. This is also a group that is open to women not specifically case managed at Empowerment.

If you or someone you know would like to get more information about services, or would like to attend our groups, please call 303.320.1989.

Keep living and loving  
– positively.

Allyson N. Drayton  
Medical Case Manager  
Women's AIDS Project  
The Empowerment Program  
[allyson-drayton@theempowermentprogram.org](mailto:allyson-drayton@theempowermentprogram.org)



## WORLD AIDS DAY SERVICE

MCC of the Rockies is expanding its annual World AIDS Day service to include more voices from the community. Join us Wednesday December 1 at 7 pm at 980 Clarkson Street as we remember the past, look forward in hope, and acknowledge our global realities through testimonial, music, and ritual.

Erica Cobb, Kirk Montgomery, Scott McGlothen and many others will lead our experience.

Treatment Education Network—TEN



# THE OTHER KIND OF EXPOSURE

by Scott McGlothlen

Almost anyone with a computer eagerly jumps on social networking websites to maintain friendly connections and as with the excitement to make new ones as well. But in a world where anything goes, technology makes our need for privacy a more unique and essential conundrum. How much of ourselves do we really need to expose?

All of us have qualities about ourselves that we love to share. Some of us brag about our sense of humors while others coo about their desires for long walks on the beach. Yet plenty of emotional turmoils swim around in our guts and rarely is anyone willing to put that out on the table with just anyone. People do this for good reason. Spilling your guts often results in being vulnerable. And nothing feels more vulnerable than a combination of disease and stigma.

As I pull into my third year of being HIV positive, I have a consistent curiosity to push the boundaries with this disease. I am now well aware of the fact that living life poz is not easy. A simple jog down craigslist lane shows that majority of people only want to meet others who are “clean” or “ddf.” And there is nothing quite like a moment in the office when coworkers talk about HIV and AIDS in a manner so ignorant that you want burst forth with first hand knowledge to help clear the myths. But we don’t burst forth and our need for privacy holds us back. Our fear of vulnerability keeps us quiet. And I, like many others, want that to change.

It is easier to point fingers at everyone else for the problems that exist not only within HIV but also within our lives. Looking at ourselves requires some major self-examination which can be quite frightening. But since we are the ones actually living with HIV, it does make sense that any level of new hope and progressive change truly starts with us. If gay history has taught us anything, it is that consistent social exposure can lead to awareness and understanding. And since HIV is mainly sexually transmitted, perhaps it is best to start creating this awareness in the bedroom.

However, consistent social exposure with being HIV positive can be extremely scary. You can face rejection on so many levels. As I continue my journey through HIV, I can’t help but notice one particular trend when it comes to sex and sexuality. There seems to be a common mentality that when engaging in sex, it is okay not to disclose your HIV status as long as you take all of the precautionary measurements to keep your partner safe.

One comrade furthered this argument, saying “I know my status and I am on meds. I am healthy and honor my boundaries more than someone who thinks they are HIV negative. Telling a sexual partner about my status will make it sound like I am putting them at risk more than I really am. It will only scare them off and therefore cause more damage.”

He had a point. It does make sense that a healthy HIV positive person who knows their boundaries could definitely be a

safer partner than an HIV negative person who rarely gets tested and occasionally lets their boundaries drop. Plus the massive trends of ignorance towards HIV (especially within the gay community) is more than enough reasoning to say that people would get scared off more easily.

Nonetheless, I had to question the notion of what actually causes more damage: disclosing or not disclosing. Not disclosing does indeed keep you safe from rejection and prevents scaring off the naïve. But it also perhaps keeps the naïve people at a level of ignorance. It is hard to believe that not discussing HIV can help create any awareness at all.

Disclosing our HIV status to our sexual partners does break down our privacy walls and makes us vulnerable in many ways. However, in various respects it is an unselfish act for the community as a whole. Even if you do scare off your sexy date, that person now has the ability to walk away with something on their mind that may not have been there before. Sure you may not get laid. But instead, you have given someone something to think about. And that just might be more powerful than an orgasm.

None of this falls into the category of being “easy.” In fact, kicking off a more open attitude towards HIV in the bedroom has got to be one of the hardest places to start. But as individuals, if we can overcome this fear in our beds, we can conquer the existing ignorance in all sorts of places in our lives.

That kind of power could change the way modern people live with HIV. Our social networking profiles would be a little bit more exposed as we would take a bit more pride in who we are. Our need for privacy will again evolve into something different. And the variation is that our discretion will no longer include one of the most influential things in our lives.



## ANN'S STORY

(continued from page 3)

Our blood was sent to the CDC in Atlanta, and the results were conclusive for an HIV non-B infection; HIV 1-A/C recombinant strain. Earlier viral load tests finally made sense. I had not presented with a viral load during my acute infection phase because the viral load test could not measure my virus. Our viral loads were measured with a branched chain DNA assay and my viral load climbed from undetectable to 11,000 copies. The twins' viral load were 500,000 and 49,000 copies and undetectable by the Assay Viral Load Test.

The twins immediately began a triple combination therapy close to one month old. All clinicians involved voraciously pursued information about subtypes and their special considerations. If any MD specialist had been aware of this vital information at least the twins could have been spared from being infected.

Chikezie was deported back to Nigeria in March 2001, with three months of medications. He died on August 18th, 2001.

Today the twins, now 9, and I continue to thrive. Our disease is under control but the stigma of HIV continues to be almost as complicated as the disease itself. ONLY someone living with it can truly understand the innumerable challenges and bias we face from those who CHOOSE to remain uneducated as to how HIV is and isn't spread. So much so, that even today, disclosure for us remains a huge issue. My goals today are to facilitate HIV awareness, to raise awareness and to raise the twins to be exceptional adults who ultimately survive the epidemic we call AIDS!

The Rebuilt+ Committee of the Denver HIV Resources Planning Council will be sponsoring 20 Scholarships to attend the SAGE of the Rockies Conference on LGBT Aging, October 8, 9, 10, 2010 at the Sheraton Hotel downtown Denver. To learn more about the conference and these scholarships, please visit the DHRPC website: [WWW.DHRPC.ORG](http://WWW.DHRPC.ORG) under the HAPPENINGS heading, click on COMMUNITY.

Beginning on September 24th, The NET will be conducting an ongoing open drop-in series for HIV+ and HIV Negative individuals. The series will take place on Friday afternoons from 4:00-6:00 pm. At Rocky Mountain CARES, 4545 E. 9th Ave. Suite 110. For more information, please visit the Rocky Mountain CARES Facebook page.



In response to our Early Intervention Services goals, Rocky Mountain CARES will be sponsoring FREE HIV testing days later this year. More information regarding these FREE HIV testing dates and other HIV relevant information will be posted on our Facebook page Rocky Mountain CARES.

## 2011 DATES FOR HIV RETREAT

The dates for next summer's HIV Retreats at Shadowcliff have been announced. The 2011 Retreats will be July 28-31 -and- August 18-21.

Both of retreats will be later than usual. The main reason for this is to avoid scheduling a retreat on PrideFest weekend (which is not scheduled in advance and fluctuates between the 3rd & 4th weekend in June).

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. 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 ... at an affordable 3-day mountain event 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.

The all-inclusive fee is on a sliding scale based on income and starts at \$80 for persons on disability or limited income. Registration will open late winter/early spring.

For more information, visit: [www.ontheten.org](http://www.ontheten.org) and click on "Retreat". Feel free to contact Michael with additional questions: [michael@ontheten.org](mailto:michael@ontheten.org) or 303.377.3127.



### 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



## "GIRLS GET HIV?"

(continued from page 3)

everything except HIV. I was a heterosexual female, who did not have a history of injection drug use, was in a committed relationship, and was not involved in any other "high-risk" behavior, so the thought to test for HIV never crossed the doctors' minds. After almost 4 weeks of misery I finally started to get better. I got back on my feet and continued on with life.

About a year later I decided to go into the doctor before my insurance coverage ended and have the works run on her, including an HIV test because I was ready to start dating again (Mr. Right...ended up not being "the one"). So, fast forward to my earlier proclamation...the doc called and "congratulations, you have hit the STI jackpot." I believe my exact statement as I sat across from my OB/GYN as she told me the news was, "well s\*\*\*, that really sucks!" However, I can't say that I thought my entire life was over and I am happy to report, it wasn't.

Over the years I think HIV has made me stronger as a person, a mother, a friend and certainly as an advocate and activist. This disease can be debilitating for people (both physically and mentally) but for me it was a calling. One of my favorite POZ magazines featured an article called "Wonder Women" (POZ, March 2010). The article details the lives of seven amazing women. They are women who have not let their diagnosis keep them down but instead have risen to the challenge that HIV presents. They have become activists in every sense of the world and have yelled back at this disease, "we will not let you beat us." Well I am here to say...I WILL NOT LET THIS BEAT ME or anyone else I can help keep afloat and for darn sure, not without a fight.

So, while it may seem like everyone around who has this disease is male take another look. We're out there and our voices need to be heard too. Thank YOU for listening! And by the way, girls do get HIV!!!

### 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.

## THE INVISIBLE MAN

by Brotha Reggie

It took me 33 years...well 17 years to finally find the man that was meant for me. Mr. Right, my king, a good black man. We met through mutual friends and it was love at first sight, or more like LUST at first sight. He is beautiful, 6'4, 196lbs, gym rat (not too muscular), gorgeous smile, and a voice like Michael Clark Duncan.

After first meeting we had an unbelievable dating period. He would take me out to wonderful restaurants, art gallery openings, the theater, whatever I liked to do or wanted to do he would do it for me. I was extremely happy, my blessing had been given to me. Then one night at dinner he told me he wanted to have a serious talk. I thought he was going to tell me that he wanted me to be his boyfriend. I went to his house and he had made me dinner, he decorated the table with white Calla lilies, my favorite flower, and we were having a nice conversation.

We were finishing our meal and he asked me if he could ask me a serious question. I thought this is it. This is what I have been waiting for. He proceed to ask me would things between us be different if he were HIV positive. I looked at him and I couldn't say anything. All I heard was HIV positive. This is not the question I wanted to hear. I wanted to hear would you be my boyfriend. After a brief second, more like 2 minutes, I asked if he was HIV positive and he said yes. At that moment in time it seemed like my dream relationship turned into a nightmare.

HIV in black community is a taboo subject and isn't talked about a lot, even among gay black men. It's like he has "it". I don't want to get "it". It is so hard to say those three letters - H I V. I admit I never said it until that night.

A week later Duane asked me to be his partner and I said yes. I didn't know that one word could change my life forever. There isn't a class or support group for serodiscordant couples. He had places to go to help him deal with the mental/emotional issues that come with being HIV positive, but I really had no place to go to deal with my emotional issues with dating someone that's HIV positive. It seemed like I became the caregiver. I made sure that he tried to stay as healthy as possible. When I was sick I tried to stay away from him. When he switched to new medicine and became sick, I nursed him back to health. Then I had to deal with the side effects of some of his medications like uncontrollable bowel movements, irregular sleeping habits, and mild depression. If I hadn't loved him, I know I would have left.

With all this going on in our relationship I was going insane. There are incredible resources for men who are HIV positive, but I too live with HIV everyday and I am invisible. It is easy to forget that people who support their HIV positive partner are in need of support as well.

# 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.

## POSITIVE WOMEN IN ACTION SUPPORT GROUP

**P**ositive Women in Action is an organization that is all about women helping women. We offer support groups and are gearing up to start an advocacy program where we pair up women who are newly diagnosed with HIV with women who have had the illness for sometime.

We also offer self-education programs such as personal finances, health care, and many other types of workshops. Part of our mission is to allow the women we serve have a voice in what types of programs they would like to participate in and we believe that women who are included in support groups and different programs have a higher quality of life. We want women to feel empowered and included. We make every attempt to accommodate our client's needs.

You may contact founders/directors Laura Solarin at 720.404.2332 or Diane Walker at 720.882.1616 for additional information.





## 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 Educational Forums

*(All forums are subject to change)*

**Tuesday, October 12:**

**Part 5 of HIV & Aging Series:**

**"Diabetes, High Blood Pressure, Kidney Issues"**

**Bill Burman MD, Denver Health**

**Tuesday, November 9:**

**Part 6: HIV & Aging Series:**

**"The Aging Epidemic"**

**David Cohn MD, Denver Health**

**Tuesday, December 7:**

**(topic to be announced)**

Treatment Educational Network—TEN

## "UB2" SIN Happy Hour



**Second Friday  
of the month  
6-7 pm**

**Meet UPSTAIRS at  
The Skylark Lounge  
140 S Broadway  
SE corner of S Broadway & Maple Ave**

**Bring a friend! See ya there.**

## UB2 HAPPY HOUR LAUNCHED (AGAIN)

The Strength In Numbers (SIN) "UB2" monthly happy hour has been launched again. "UB2" happened for several months several years ago, but was dropped due to lack of leadership. It has now been revived with the intent of keeping it going.

The September gathering was the 3rd event which have averaged 15-20 guys. The "happy hour guys" agree that it will catch on over time and grow.

The "UB2" SIN Happy Hour is the second Friday of every month from 6-7pm held upstairs at the Skylark Lounge 140 S Broadway (SE corner of Broadway & Maple). Stop by and bring a friend (or not).

Upcoming Friday dates are:

**October 8, November 12, and December 10.**

**REMEMBER... UB2 !**

## STOP PRESS NEW SSDI/SSI DISABILITY ELIGIBILITY RECOMMENDATIONS

As we go to press, an advisory panel has released new recommendations for SSDI/SSI disability eligibility for persons with HIV/AIDS. Most notable are reducing the T-cell criteria from <200 to <50, and greatly restricting qualifying opportunistic infections and other health conditions.

If and when adopted, the changes will affect new cases and not persons already on disability. It is uncertain if the new criteria will apply to cases undergoing review. There will be a public comment period (before approval) where widespread opposition is expected.

Look for more details in our next issue (late December). Meanwhile, the full report is available at:  
[http://www.nap.edu/catalog.php?record\\_id=12941](http://www.nap.edu/catalog.php?record_id=12941)



# DOES THE GAY MEN'S HEALTH SUMMIT MAKE ME LOOK FAT?

by Mark S. King

I took more time than usual choosing an outfit this morning, because of two terribly conflicting forces. First, I was on my way to the first day of the National Gay Men's Health Summit and, diametrically opposed to this fact, I went shopping for pants yesterday and discovered I now measure a 36 waist.

Believe me, I know I have my priorities screwed up. And I should celebrate the fact that I have now been smoke-free for seven months, and clean and sober for 21 months. Funny how quitting cigarettes and crystal meth can wreak havoc with your waistline.

But I've bought into gay cultural norms all my life. The hair, the body, the gym membership, the dance floor, you name it. My recovery process has rid me of a lot of my old ideas, but standing in a Neiman Marcus dressing room trying to squeeze into a size 36 definitely tests everything I've learned about loving myself and accepting my aging process.



Fate laughed at me in that dressing room, and kept right on cracking up when I arrived at the conference today and saw the first scheduled workshop: Body Image and Weight Issues Among Gay Men. Hilarious.

The video blog will introduce you to some of the fine people at this conference, and a discussion with the facilitator and another participant after the Body Image workshop (sorry for the intermittent audio track problems). You'll notice I layered my outfit, to little avail. Tomorrow, I'm considering a caftan. Or I'll realize what a silly old fool I can be, and return to the comfort zone of my worn 501's.

You can see Mark S King's video that accompanies this article at his site. [www.myfabulousdisease.com](http://www.myfabulousdisease.com) or at our blog [www.ontheten.com](http://www.ontheten.com)



## YOU ARE CORDIALLY INVITED...

### Growing Older: A Look at Kidney Disease

For  
(Case Managers, Social Workers, Medical Providers, Outreach Workers)  
Special Guest Facilitator

Richard Presnell, MD

Thursday, October 14, 2010

1:00 PM

Howard Dental Center  
1420 Ogden Street  
Denver, CO 80218

(Emerson School Bldg. North Entrance – 1<sup>st</sup> Floor Conf. Room)

Please RSVP to Hazel Ann Harris via phone 303.945.2383 by October 12, 2010  
\*\*Seating is Limited\*\*  
\*\*Lunch will be served\*\*

Sponsored by:



&

Howard Dental  
Center



## VISION Project

Valuing Individual Success and Increasing Opportunities

Support services for women living with HIV/AIDS  
who struggle with substance addiction

Drug & Alcohol Support Group, Case Management, One-on-One Counseling, & Incentives!

### VISION Group

A supportive substance abuse group  
for women living with HIV/AIDS

Come join us for a group that  
includes support, education and fun!  
You will also receive one-on-one mental  
health and substance abuse counseling.

Our group offers great incentives!

Thursdays 4-6 PM

at The Empowerment Program  
1600 York Street  
Denver, CO 80206

Call Aleesa for more information  
303-320-1989 ext. 226

[aleesa-brauer@empowermentprogram.org](mailto:aleesa-brauer@empowermentprogram.org)

Women enrolled may  
also be eligible for the  
following services:

- Intensive Outpatient Case Management
- Drug/Alcohol Treatment Services
- Mental Health Services
- Trauma Therapies
- Dual Diagnosed Services
- One-on-One Counseling
- Support Groups
- Parenting Groups
- Life Skills Class
- Acupuncture
- Employment Services
- Job Readiness Training
- GED Tutoring
- HIV/AIDS Prevention & Education
- Risk reduction materials; female & male condoms, bleach kits, and latex barriers
- HIV & Hep C Testing



Please join us for **Orientation** to learn more about the program and to enroll!  
(You must attend Orientation to receive services)

**Orientation Sessions:** Mondays at 10:00 am or Wednesdays at 1:30 pm

**Please call to make an appointment! 303-320-1989**

The Empowerment Program is recognized by the Division of Behavioral Health as a mental health specialty clinic and licensed outpatient drug and alcohol treatment facility providing group and one-on-one counseling for women.

## IT'S ABOUT HOPE

by Phill Wilson

**V**ienna, Austria - July 20, 2010 - Today's announcement about a breakthrough in microbicide development is reason to celebrate. While it is too early to declare mission accomplished--we are still years away from actually having an effective microbicide--a few hugs and kisses with a little patting of the back might very well be called for.

While this might be the single most important science story of this 18th International AIDS conference, it is also a story about redemption, tenacity, and hope. Two years ago South Africa, with the worst AIDS epidemic on the planet and an AIDS denialist for a president, was the pariah of the AIDS world. But with new leadership, a national HIV prevention and treatment plan, and new a monumental scientific breakthrough, like a Phoenix rising from the ashes, South Africa is a leader in the fight to eradicate HIV from the planet.

The last time this meeting was convened in 2008, microbicide research was basically dead in the water. Salim Abdool, Karim and Quarraisha Abdool Karim, the principal investigators on this current microbicide study worked on seven microbicide trials before coming up with this winning strategy. During this string of failure after failure, I'm sure that there were days when they asked themselves, why are we doing this. "It took us 20 years," says Quarraisha. "We've been through the difficult days when we organized the Durbin AIDS conference. That was a very difficult time for all of us," said Salim. "We were having to deal with trying to grapple with this problem and how we were going to move forward...and at the same time we had essentially an obstructionist toward anything in trying to move forward... especially anything having to do with antiretrovirals. God

forbid." But their dogged determination and willingness to stick with what they believed in and their commitment to help save women's lives caused them to stay their course.

But most importantly, this is a story about hope. "The women asked us, what can we do to protect ourselves? We had nothing to offer them," said Quarraisha. "Today although we don't have a microbicide, the results signal hope for women. That they have something that's 39 percent more effective than nothing."

These lessons would serve Black America well. Perhaps this example of a husband and wife team in rural South Africa with nothing but hope and an unwavering commitment to help save women's lives to will provide us with hope--hope for women who have been disproportionately affected by AIDS and for communities being decimated by the epidemic. For like the former government of South Africa, many of us have been living in denial, as the virus has invaded our community, now causing many of our neighborhoods--from Manhattan, where almost 20 percent of Black men are testing positive, to our nation's capitol, where in Southeast D.C., where roughly 1 in 20 residents has been diagnosed with HIV--to exhibit AIDS rates as high as many nations on the African Continent. But maybe we, too, can flip the script on our attitudes and beliefs, taking charge and changing the course of America's AIDS epidemic.

We now have a National AIDS Strategy that places the wellbeing of Black people front and center; we have health-insurance reform that provides care to the least among us; and now we have the building blocks of a microbicide gel that can reduce Black women's risk of becoming infected.

Phill Wilson, President, and CEO  
of the Black AIDS Institute



### AURORA GUYS, WATCH FOR THIS UPCOMING OPPORTUNITY

**R**ealizing how few services are available to those of you in the Aurora area, Tri-County Health Department will be starting a new social network testing program soon (in collaboration with Denver Health). It may be of special interest to poz guys with large social networks, especially if they have a passion for HIV prevention.

Tri-County Health will be seeking guys to do some recruiting for HIV testing within their social networks. Incentives will be offered both to individuals testing and to those who have referred them. More will be shared in upcoming issues as details are available.

### OTHER FREE SERVICES OFFERED IN AURORA AND NORTHGLENN

**T**ri-County Health is now offering free urine-based Gonorrhea/Chlamydia testing at clinics in its Northglenn and Aurora offices. Additionally, free Hepatitis A/B vaccine and free HPV vaccine (for those 18 through 26) are now available at those clinics. Free rapid HIV testing is also available.

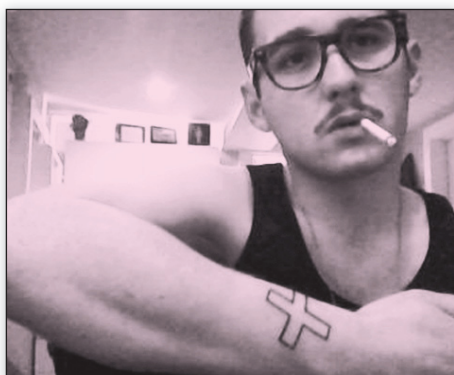
The Northglenn clinic is on Tuesdays 3:00-6:30 pm (3-4:30 for vaccines) at 10190 Bannock St. in Northglenn (104th & I-25 next to Sheplers). The Aurora clinic is on Fridays 1:30-4:30 pm at 15400 E. 14th Pl. #309 in Aurora (Colfax & Chambers). For a recorded message with this information, call 303.363.3018.

# TATTOO

by Brad

24-year-old Brad from Seattle shares the story behind the new tattoo on his right wrist.

Sitting in the doctor's office after class a few weeks ago, I had a sense of what was coming. I had blood drawn a week prior and got the call that my doctor needed to talk to me about the results of my blood work.



A thousand cups of coffee couldn't have gotten my blood going any more than it was that day. When I got into the room and had my doctor sitting in front of me, I thought the veins around my temples would explode. He ran down a list of other sexual transmitted diseases, and at the end of the list he looked me in the eyes. I was told that I'm HIV positive. My body shook, uncontrollably. I imagined all the blood running out of my face. He offered me time to get my thoughts together. I turned him down and asked for a smoke instead. He obliged but only if I promised to come right back. That's what hit me the hardest: his concern. I thought about his worry that I might not come back or that I could possibly hurt myself, that the severity of this diagnosis worries someone so much that they can hardly let you leave their sight for a smoke.

I walked outside, a friend was with me and before I could say a word, I looked into his eyes and broke down. A ton of bricks came crashing down square on my shoulders and I wanted to disappear – and to think this was only five minutes into the disease. I had a rather normal gay boy's life growing up; there was my time with drugs and depression, I was beaten up a few times, and safe sex practices were preached to me like the Bible. But at this moment I couldn't help thinking about how even in the queer community we sometimes make it pretty rough for each other. Gay guys don't always get along with lesbians and we sometimes

(continued on page 15)

## BEHAVIORAL HEALTH SERVICES: BUPRENORPHINE TREATMENT SERVICES



### THE BUPRENORPHINE PROGRAM

Suboxone® (buprenorphine) is an FDA-approved opioid medication used in treating opioid dependence. It is effective for treating opioid withdrawal and preventing relapse to opioid use.

Though, it is itself an opioid and can cause physical dependence, it is safer than most opioid drugs.

Our team includes psychiatrists, nurse practitioners, and counselors. Most clients are also enrolled in our substance use disorder services where they receive individual and group therapy. An individual treatment plan is developed with your physician and counselors to facilitate successful treatment. In some cases clients may suffer from anxiety, depression or other conditions which may complicate treatment. Our psychiatrists are available to treat these conditions to provide the best chance of success.

We accept many insurance carriers, including Medicaid, as well as private pay clients.

### INFORMATION LINE

**303.436.5711**  
for a free telephone consultation

### CLINIC LOCATION

667 Bannock St., Unit 9  
Denver, CO 80204

### BUPRENORPHINE EXPERTS

Charles Shuman, M.D.

# UPCOMING EVENTS AND OPPORTUNITIES:

- United States Conference on AIDS (USCA)  
Orlando, Florida  
September 12-15th, 2010  
Hilton Orlando Bonnet Creek
- Campaign to End AIDS (C2EA)  
Women's Advocacy and Leadership Summit  
Reno, Nevada  
October 14-17th, 2010  
Hyatt Reno Airport
- AIDS Coalition for Education (ACE)  
Denver, CO  
September 30th, 2010  
"HIV Over Fifty"  
Denver Botanic Gardens  
8am-12:30pm  
Register at: [www.acecolorado.org](http://www.acecolorado.org)  
Register by September 23rd, 2010

AIDS Alliance for Children, Youth and Families Consumer Leadership Corps Training Program applications now being accepted.

Do you know an HIV positive woman who is ready to take the next step in their development and make a difference in her community or clinic?

Maybe it's you. Are you living with HIV and eager to help others by sharing your experiences and building new skills to share also?

AIDS Alliance for Children, Youth and Families Consumer Leadership Corps Training Program uses a train-the-trainer model and curriculum to provide HIV-positive women with the training, skill building, and mentoring they need to be effective educators of their peers.

Consumer Leadership Corps participants are recruited each year from communities across the country. Priority is given to women living with HIV who are receiving care through Part D (Title IV) of the Ryan White CARE Act or affiliated with a Part D (Title IV) program as a volunteer or staff member. The program is free of charge to participants and all expenses are paid. Because the training and mentoring we provide is so intensive, the program cannot accept everyone who applies.

The application deadline for the Consumer Leadership Corps Training Program is 5:00 p.m. EST on Monday, September 20, 2010. All materials must be received on or before this deadline.

Please visit [http://www.aids-alliance.org/education/consumer/clctp\\_application\\_2010-2011.doc](http://www.aids-alliance.org/education/consumer/clctp_application_2010-2011.doc), for more information and to download an application.

Please mail all documents to:  
AIDS Alliance for Children, Youth & Families  
Attention: Arianna Smith/CLCTP  
1600 K Street NW Suite 200  
Washington, DC 20006

Or fax all documents to:  
AIDS Alliance for Children, Youth & Families, Attention: Arianna Smith/CLCTP Fax 202.785.3579. Please contact Arianna Smith at 202.785.3564 extension 180 for more information.



## WOMEN & FAMILIES

Colorado AIDS Project (CAP) offers a variety of services to support women and their families. CAP welcomes any questions regarding our services, and we look forward to hearing from you. If you would like to become a CAP client, or just have questions, please contact our Admissions Coordinator Angela Keady at 303-837-0166, ext. 482.

CAP offers case management services for women and men, as well as their families. The most important goals of case management are to support you in your healthcare and address barriers to healthcare in a safe and welcoming environment. Case managers can also help connect you to services for housing, mental health, substance abuse, public benefits, employment, and more.



**Colorado AIDS Project**  
www.coloradoAIDSproject.org

A fully stocked Food Bank supplements your resources and provides nutritious options that meet the unique needs of people living with HIV. You may qualify if your income is at or below 125% of the federal poverty level. CAP also provides bus tokens, as well as discounted bus passes to eligible clients. These transportation services further help you to attend medical appointments, as well as potential job interviews.

CAP has two permanent housing programs in the community, both of which are options for women. The CAP housing programs accept referrals for women who are currently experiencing homelessness. If you are a mother with children, we may also be able to help you locate housing opportunities in the community.

Our Employment Center offers various workshops to help prepare job seekers for the challenges of employment including: resume writing; interviewing skills, internet based employment searches, budgeting/financial literacy and basic computer skills.

CAP's counseling services provide mental health and substance abuse counseling to all individuals infected and affected by HIV. Services are available to individuals and in group settings. CAP has an ongoing weekly therapy group that is open to both men and women. If you want to know more about the counseling services we offer, please contact Mary Ann at 303.837.0166, ext. 490.

## TATTOO

(continued from page 14)

laugh at the transgender community. The men and women affected by HIV/AIDS are outcasts to us. I know because I've treated them that way myself. I used to think that these people had dug their own graves and played a losing game with the devil; that their problems were their own doing.

Suddenly, standing outside the doctor's office, I realized my world had changed. The reality of living with HIV might be very different from what I had in my head that moment. I know there have been medical advances. I know that compared to only ten or fifteen years ago, the disease has become somewhat manageable. And I know people can live full lives being HIV positive. But all that doesn't change my fears. It's hard for me to separate the reality from what my mind has turned into reality.

The last few weeks have been a whirlwind of emotion and I've started to learn that I need to throw out all the prejudices I've harbored. What makes me any better than anyone else? I'm just a twenty-four year old college student living in Seattle. But more importantly, who knows what tomorrow brings, good or bad. The only thing I can concentrate on now is my health and my friends and family. The weight of those crashing bricks from just a few weeks ago has eased away a little. I've come to terms with many of my misconceptions. A calmness has set in. When my mother died in 2003 I got a tattoo of her initials on my left wrist to remember the love I have for her and the pain of losing her. A few days after my diagnosis I decided to get another tattoo: the outline of a plus sign on my right wrist. My tattoo of my mom's initials is a constant reminder of love and pain, and to take advantage of the time we have and the people we love. I feel the same way about the new tattoo. I guess you could say I'm wearing my heart on my sleeve.

Reprinted at OnTheTen and Originally Posted by Felix at [www.buttmagazine.com](http://www.buttmagazine.com)



## Project Safe

Dr. Karen Corsi - Principal Investigator  
COMIRB #09-0827

is looking for participants  
for a research study

APPROVED

AUG 3 0 2010

COMIRB

You may be eligible if you are:

- Currently using methamphetamine
- HIV-positive male who has sex with men
- Receiving medical care for HIV

Compensation and transportation to Project Safe provided.

Completely confidential.

For more information call the  
University of Colorado Denver, Project Safe...  
1-800-429-9240

# REMEMBER

by Dan Hanley

I can remember the singing like it was yesterday. "Star" by Erasure cranks from my bedroom stereo while Felix and I are singing and dancing to our hearts' contents. At that time I had no clue that Andy Bell was gay or that one day our lives would be connected by HIV, yet his music touched me and was a part of my daily life.

Felix probably didn't count Erasure as one of his favorite bands back in 1991, but nonetheless he realized that I loved them, and once I heard an Erasure dance song, there was no stopping me. So he would just join in.

The house on Estabrook was home. A bit emptier in the later part of '91 as our housemate Tim (and Felix's life mate) had lost his battle with HIV/AIDS in March of that year. Yet for us, as many others affected by HIV/AIDS, life went on.

On July 6, 1992, Felix lost his battle with HIV/AIDS after about a ten-day stay at Portsmouth Naval Hospital. He was 30 years old the day he died. That day I lost a dear friend, a brother, a man so loved in his community that a cloud of sadness engulfed us for weeks. Several days after his death, in a standing-room only space filled with people who loved Felix, I sat and listened as dozens of people told Felix's story through their eyes and life experiences. I'd had many similar experiences and felt an overwhelmingly strong sense of gratitude that I had even known him and been able to have him as a part of my life.

To have Felix as a friend would forever change your life. Felix loved everyone. He would do anything for anyone. He was the best friend you could ever have. If Felix hugged you, you felt hugged. And loved. And like someone cared about you and what was going on in your life. His laugh would echo through a room or our house. His presence not only changed my life, but also changed everyone who knew him.

Eighteen years after Felix's death, I posted a note about him and the anniversary of his death on Facebook. Several people who knew him also posted a comment. We all remember him. I think about Felix on an almost daily basis -- not in sadness or loss, but in gratitude and appreciation.

I remember Felix. Who do you remember?

We've lost so many loved ones, and we continue to lose them. As the years go by, I have many times wondered if one day, the world would no longer know that Felix Godinez lived; that he



brought so much to this world; and that his death meant that we as a community had lost something so big that we would never be the same.

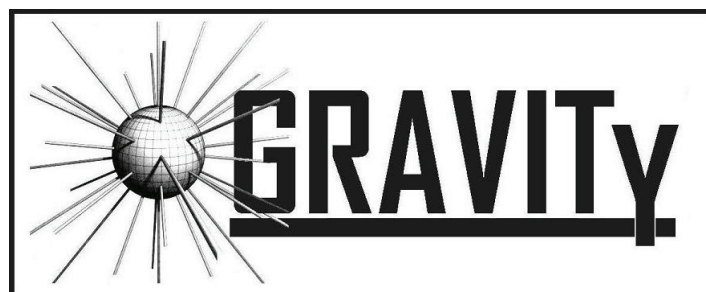
This is my story. This is why I wanted to create The Remember Project. The Remember Project will be the largest historic online archive of those we have lost to HIV/AIDS. The Project will allow us an opportunity to share our memories and offer people an opportunity to not only remember those we have lost, but to know about all the others, too.

I want people to know about Felix. I want people to remember him. I want people who were not even around in those times to know what happened -- in the hopes that we can stop it from happening again. I want people to remember the horrifying stigma of HIV/AIDS, most of which lingers on even today.

Who do you remember?

I would be thrilled if you went to our website [www.rememberproject.org](http://www.rememberproject.org). If you have a story of someone you remember, let us know. We are gathering the first 50 stories and will publish them as a group. Help us in remembering those we have lost.

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



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