

The Mission of **TEN** is to provide educat10n & informat10n for HIV-positive individuals in Colorado. In addition, we strive to empower individuals to be proactive in their mental and physical health and well-being. The newsletter 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 individuals have a lot to learn and gain from each other by sharing their experiences and information.

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



www.ontheten.org

The Newsletter of Treatment Educat10n Network—TEN

BUYING TIME FOR 30 YEARS

by Matt Sharp (from HIVandAIDS.com)

On the 30th anniversary of the first report of AIDS, long-time activist Matt Sharp reflects on his fight to survive and thrive with HIV.

Progress is marked in various ways, and sometimes it is difficult to recognize, especially if it takes 30 years and involves a sexually transmitted infectious virus. This is a common perspective among many people today who cannot imagine what it was like when AIDS tore through the gay community in the early '80s and '90s. They were unaware either because they were not around or were not even born yet.



Imagine for a moment the spread of an unknown plague killing young, healthy gay men in the prime of their lives. All before cell phones and the Internet, red ribbons, antiretroviral medications, and the new research into an HIV cure. The progress we have seen is real, yet it can be surreal for people like myself who lived through the epidemic of our time.

My own perspective living with HIV these past 30 years is unique, not only because I am still alive and thriving at 54 years old, but also because I was part of a community of incredible activists who—along with major scientific advances and some luck—were responsible for the progress we see in treating HIV/AIDS today. I have been very active in my own survival process, which has involved taking many risks.

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THE BEST OF TIMES ... THE WORST OF TIMES

by Rod Rushing

"Dr. Curran said there was no apparent danger to non homosexuals from contagion. 'The best evidence against contagion,' he said, 'is that no cases have been reported to date outside the homosexual community or in women.'" *The New York Times*

The summer of 1981 heralded so much fear. Now to the contrary, the summer of 2011 holds so much promise. 30 years ago on June 5th, the first reports of the onslaught of HIV in America thundered through our nation and the world. The profile and complexion of gay America, and the mechanics of American healthcare, have not been the same since.



AIDS galvanized a marginalized population (several, actually), and inspired them to fight back when they felt pressed into a corner. Many of the citizens around them became inspired as well and access to healthcare felt a shift that perhaps laid the first footprints on the road to national healthcare reform. (I'm not sure of that one, but I won't rule it out). The idea of patient and provider relationships surged in a new direction as AIDS patients began bringing developing treatment information to their providers in throngs. The idea of a working provider and patient dialogue would soon empower persons with illnesses of all kinds and a veil of separation became opaque. In the hearts and minds of many, HIV and AIDS, have both been an amazing teacher.

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THE BEST OF TIMES ... THE WORST OF TIMES

(continued from page 1)

Much thanks to Matt Sharp for sharing his experience with us. The decades that lay ahead may hold as many new challenges as the years that we have seen. I just hope our collective wisdom can somehow make the journey.

Three decades later, the beginning of national healthcare reform is before us. The first enrollments into the Medicaid system are set to unroll at the end of this year, beginning with those folks well below the Federal Poverty Level. Stay tuned as we try to help keep you abreast of just what's going on (and what isn't).

I want to be sure to recognize Lee Wagner, who is the new moderator for SIN Colorado. He brings great energy and new ideas to the group. I understand that the brunches have gotten more festive and the happy hour is hella fun. You are welcome to check them out. You'll find info listed in this publication. There is really nothing that compares to learning how others navigate this sometimes craggy treatment landscape. So many long term survivors is a great sign.

Perhaps most importantly for the hivsters of Colorado is the news that currently there is probably no need for a waitlist for ADAP on the horizon. Big Kudos to Arthur Powers for sharing his insight is definitely on the menu. Dealing with diagnosis can be challenging enough, so the idea of having to wait in line for access to treatment seems a little like getting tried twice for the same crime.

BUYING TIME FOR 30 YEARS

(continued from page 1)

Having recently spent time in Los Angeles, I was reminded of my early adult years there—coming out in 1981, the first days of the epidemic. I remember my own “seroconversion syndrome” one chilly autumn week when I was in bed with what I thought was a bad flu. At the time there was no rapid HIV tests or counselors, no flashy ad campaigns urging safe sex. But I recovered from that short illness unaware that I had become infected with the ticking time bomb of a virus not yet identified as HIV.


The first time I heard about HIV was in an alarming essay written by Larry Kramer, first published in the *New York Native* in 1982, entitled “1,112 and Counting,” referring to the death toll at that point. The essay was a community call to action. Shortly thereafter there was an incredible mobilization in the gay community, including professionals and lay people, artists and civil libertarians, who came together to do something about this new plague.

ACT UP (the AIDS Coalition to Unleash Power) was formed, and within a short amount of time a “good cop/bad cop” civil disobedience and diplomacy strategy was employed to counter AIDS stigma and fight for treatment. ACT UP maximized savvy media campaigns, civil disobedience, and grass roots HIV treatment education. The group, with chapters across the U.S. and later around the world, literally forced the government and pharmaceutical industry to conduct more research FASTER! Many ACT UP members are still alive today, yet sadly many died tragic deaths before they could take advantage of the treatments they had fought for.


Later I moved to Texas and then to Oklahoma to further pursue my professional ballet career. I didn't find out I was HIV positive until 1988. Even though I had incredible support and the best medical care in Oklahoma City, AZT (Retrovir) was just becoming available and I was not coaxed onto treatment. Because I read everything I could get my hands on about HIV, I knew I needed the most current treatments to stay ahead of the virus that was slowly invading my body, so I decided to move to ground zero, San Francisco.

In 1992 I joined ACT UP/Golden Gate as my friends and lovers were dying. We attended funerals weekly. We stationed buddies on hospital shifts to be with people who had been abandoned by their families, only to watch them succumb to a horrid fate that we knew we ourselves were susceptible to. We held our own guerrilla clinics in private apartments, administering toxic IV drugs like compound Q, desperate for anything that might keep us alive. Some of us focused on treatment activism. Most of us were completely self-taught, reading and learning about the latest advances in medical journals and finding “creative ways” to attend medical conferences. We held scientific journal clubs on Saturday mornings, inviting young researchers to teach us about HIV pathogenesis and any hopeful advances on the horizon.



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A benefit for
Howard Dental Center & TOPS
Tuesday, July 26
5:00 pm - midnight
Lala's Wine Bar & Pizzeria
 410 E. 7th Ave.
 (between Logan & Pennsylvania)



Bring your friends! 15% of food sales go to
HDC & TOPS

24TH ANNUAL
AIDS WALK COLORADO
 AUGUST 13, 2011 CHEESMAN PARK

JOIN OUR TEAM!

Treatment Educat10n Network (TEN) is a partner agency in AIDS Walk Colorado, Saturday August 13th. That means funds raised by our team benefit both CAP **and** TEN. So by participating in our team, you are helping TWO organizations!

Participation couldn't be easier:

Simply register at: www.aidswalkcolorado.org.

1. Click on "Register"
2. Click on "Join a Team"
3. Under "Join an Existing Team", click on the drop-down menu and select "Treatment Educat10n Network"
4. Click continue, and create a username and password (or sign in if you've registered in the past).
5. When soliciting pledges, tell people to go to the website and click on "Donate" and choose "Select a Walker." Then they can enter your name and make a donation... REALLY easy!

Several things to remember:

- This is a well known event with thousands of participants (gay & straight, poz & neg). Therefore, asking for a pledge or donation is really easy, and doesn't imply anything about your status or persuasion.
- Ask friends, relatives, neighbors, co-workers, etc.
- You do not actually have to show up and walk at the park... or you can come for the camaraderie & entertainment & kick-off & activities, but not walk... or you can do it all.



7th Annual Poz Cruise

* November 5-12, 2011 *

A 7-night sailing from Ft Lauderdale aboard the "Crown Princess" calling at Aruba, Curacao, & Bahamas

Rates start at \$726

More info: www.HIVcruise.com



THE STONEWALL HUDDLE

Fridays 3pm - 4:30pm.

Meet up at Unit 9 Denver Health Campus
 667 Bannock (OBHS)
 ground level yellow flag.

Drop in group for support, for information.
 A fresh approach to healthy living...
 Need Info?? 303-436-4981....

Colorado AIDS Project presents

BACKTRACKS

Return to the Heyday of
 Bell Bottoms, Butterfly Collars & Afros
 at this Fun & Funky Retro Disco Event

November 14, 2010

Tracks Nightclub, 3500 Walnut St.
 7 PM | 21+ with Valid ID | \$10 Donation at the Door

Bud Light Beer Bust
 The Greatest Retro Music of the Past Four Decades
 Special Performances by


 Ginger
Sexton


 Felony
Misdemeanor

www.coloradoAIDSproject.org/BackTracks.html

BUD LIGHT TRACKS OutFront



please visit
www.ontheten.org

Thank You !

The Denver Cycle Sluts raised
 \$1752.00 for TEN (HIV Retreats)
 at bingo & other 2011 events
 You sluts are sooo appreciated!



BUYING TIME FOR 30 YEARS

(continued from page 2)

We spread the word in lay terms to the community at large, urging testing, treatment, and care to all who would listen. As I lived through that fast moving yet perilous decade, I began to waste away from unknown causes. I had no appetite and couldn't eat. I had constant diarrhea and low-grade fever. My T-cells were dipping into the double digits. As with many of my AIDS activist comrades, I entered several clinical trials of experimental treatments we had learned about and fought for, only to witness slower HIV progression, but progression nonetheless. Knowing I was taking risks by enrolling in trials, I knew I had to do something dramatic, and I reversed the wasting syndrome by participating in the first large study of a new growth hormone product called Serostim.

By the mid-90s people with HIV began using a new class of drugs called protease inhibitors in combination with some of the older treatments. I had managed to stay alive long enough to use these new regimens, now known as highly active antiretroviral therapy (HAART). But because I had built up resistance to most of the available drugs by participating in dozens of clinical trials and expanded access programs, HAART was only minimally effective and I knew I was just buying time. In the years that followed I entered a highly experimental and invasive thymus transplantation trial, flying across the country to Vermont where I went on toxic transplant drugs and had my abdomen cut open. The only advantage to that study was to show that thymus transplantation could be successful in HIV positive patients. Since I had started the new protease inhibitors, the transplant had no tangible effect.

By the turn of the millennium, AIDS had taken its toll on the gay community, injection drug users, and people of color. Now the pandemic had reached astonishing proportions across the globe. Some 90% of AIDS cases occurred outside of the resource-rich U.S. New drugs were working for those who could access them, yet the disease still spread.

By the time I moved to Chicago in 2000, I had gone on disability but was healthy enough to know I was not at the end of my rope. I tried another promising new treatment known as Fuzeeon (enfuvirtide or T-20) that was injected under the skin twice daily. I knew about the drug because treatment activists had been meeting with the company developing it. But the drug was simply not effective enough to change the paradigm, at least for me, and it was the most expensive drug in the AIDS armamentarium.

Dozens of HIV drugs came on the market in just 20 years. The turn-around in the amount of death and dying was remarkable in the U.S. and other wealthy countries. Yet less developed countries in Africa, Eastern Europe, and elsewhere were seeing an explosion of AIDS that was deteriorating economies and ending hundreds of thousands of precious lives because of poor health care, stigma, and lack of access to antiretroviral treatment. Miraculously, I maintained by own health, going back to work in 2004 and staying fit with regular gym workouts. In 2008 I was the second person to receive expanded access to the first drug in a new class called integrase inhibitors, in combination with a new protease inhibitor that I had not yet tried. I had astounding success, bringing my virus levels to undetectable for the first time, but my T-cells remained stubbornly low.

With the new treatments many people with HIV returned to health and work, getting on with their lives. But new complications appeared and the phenomenon of aging began affecting those of us who had been fortunate enough to live to tell the story of AIDS. ACT UP chapters had long been abandoned and the community became unusually apathetic. The epidemic was still raging in the rest of the world, and much of the attention to AIDS went there. Antiretroviral drugs were not reaching everyone who needed them even in the resource-rich US, where the epidemic remained flat. Hope for a vaccine began to fade, and mention of the word "cure" was verboten.

I was still buying time looking for something to boost my T-cells despite having had undetectable virus for 4 years. Then came the news of the incredible case of one man from Berlin who was cured of AIDS. He had received a life-saving bone marrow transplant for his leukemia using HIV-resistant donor cells. The result appeared to be a fluke that was ignored by major scientists until a few doctors—including prominent University of California at San Francisco researcher Stephen Deeks—and long-time AIDS community leader Marty Delaney brought attention to the case.

Today there is real hope for a cure based on new energy and excitement from a dedicated group of researchers and AIDS treatment activists. We know that there will be significant barriers to total HIV eradication, yet there will most likely be strategies moving towards a functional cure, perhaps enabling people to stop antiretroviral drugs. The process is slow as much is yet to be understood, but after 30 years this is real progress. I still stay involved in HIV/AIDS after 30 years to help lead the cure effort with some of the same treatment activists I knew from the early days. I recently enrolled in a risky gene therapy protocol mimicking the Berlin patient's success. For me much has not changed in 3 decades except that I can look back and say I am still buying time and will not stop fighting until there is a cure.

As we go to press, there are still a few spots left at each Retreat !



2011 HIV Retreats at Shadowcliff

July 28-31 & August 18-21

Shadowcliff Lodge * Grand Lake, Colorado

A 3-day weekend retreat in the mountains.

More information and registration at:

www.OnTheTen.org/retreat

or 303.377.3127

QUESTIONABLE?

by Diane Walker

Back in 1986-88, I was a serious party girl! I think I became a partier because of my strict upbringing. I attended a parochial high school where there were a lot of rules I had to follow in order to be a good student. My parents were very strict about doing well in school, staying focused on my education and finishing school.

So when I got to college I just let loose! I was a Little Sister for the Kappa Alpha Psi fraternity and there was a lot of hazing for the pledges. Part of the hazing process was to



see how many of the Little Sisters they could sleep with. In hindsight, I realize that was high-risk behavior, but when you're 18, you don't think the same way you do when you're 40. I will not name the number, but trust me when I say I helped a lot of pledges with their hazing! I also attended a lot of frat parties where there was excessive drinking and drug use. Many days I did not attend classes because

I couldn't get up in the morning. I was kicked out of college because the party lifestyle took priority over my education.

After that, life became somewhat normal. I worked and took basic classes at a junior college, trying to make up for time wasted at the four-year college. That's when I met who I thought was "Mr. Right." We met at church. My life slowed down and changed for the better ...so I thought! We got married in '90, had two children, divorced in '99, and I remarried another man in 2000. That summer, I started experiencing symptoms. After blood work was done based on severe weight loss and scabs on my body, a dermatologist suggested I go to my primary care physician. He suggested an HIV test. I thought that was the most ridiculous thing I had ever heard in my life, because at the time I wasn't educated about who could contract HIV. I thought it was only in gay men or people who used IV drugs. After great convincing, I agreed to get tested. Three days later the clinic called asking me to come in and see the doctor for my results. I figured this was standard procedure, not at all thinking he was going to tell me I had HIV.

That was when the doctor told me that everything looked good, except for the HIV test that was positive. Again, because of my lack of education, I thought "positive" was a good thing. He clarified and explained *"No, it isn't a good thing ...you have the disease and we have to put you on meds right away."* My jaw dropped ...I was in disbelief! I didn't want to believe it, and lived in denial for several months. I sunk into a depression, was suicidal, thinking there was just no way I could have HIV! At the time, my current husband was detained. I went to see him, told him about my status, and gave him the option to walk away or stay in the marriage. He chose to stay, saying his marriage

vows were for life. That made me a stronger person, and made me commit to him in his challenging situation of confinement as well!

He has been a tremendous support for me. If it weren't for my him, I don't know where I'd be right now. He encouraged me to be strong, to get support, to get educated, and to help others, which is why I am where I am today.

Around 2007, I located the whereabouts of my sons' father and learned he was in Denver City Jail for minor charges. I asked for and was given a 10-minute visit with him, because I NEEDED to know if he had HIV. After not seeing him all those years, I asked him if he was positive, and he shook his head "yes." What saddened me was that he tried to place the blame on me, knowing he abused drugs and could have given it to me, especially since we were both diagnosed around the same time. Because of my high-risk lifestyle, it is questionable about how I contacted the virus. I believe it is vitally important for people to get tested, and be safe and conscious of their environment at all times. It's also important for HIV+ persons to find a good support system and educate themselves about the virus. There is always something we can learn from one another.

"My great hope is to laugh as much as I cry; to get my work done and try to love somebody and have the courage to accept the love in return." —Maya Angelou

QUILT PANELS IN DENVER

The AIDS Memorial Quilt, founded in 1987, is a powerful tool for use in the prevention of 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 over 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 24th. Please include the following information with your request: Person remembered on the quilt, Person who created the quilt panel, Quilt block number. To make a request go to www.aidswalkcolorado.org and follow the prompts.

TEN *from* TEN

1 Men with long index fingers are at a lower risk for prostate cancer. British scientists compared the hands of 1,500 prostate-cancer patients and 3,000 healthy men. Those whose index finger was longer than their ring finger were 33% less like to develop the potentially fatal disease.

2 Monthly SSDI benefits will increase 1.2% in 2012, after 2 consecutive years with no increases. However, Medicare Part B deductions will increase from \$96.40 to \$113.80, negating the increase for most recipients. If you are on SSDI, multiply your **gross** monthly amount by 1.2% and then subtract \$17.40. This is how much your check will increase. If it's a negative number, expect no change as there is a provision where benefits cannot decrease.

3 Adding the anti-cytomegalovirus drug valgancyclovir to an ARV regimen calms down immune system inflammation in people with HIV, according to a recent study. Even when HIV is well controlled, the presence of residual virus causes the immune system to remain in a state of high alert, a syndrome called inflammation, which has been tied to serious health problems such as cardiovascular disease, diabetes and kidney disease.

4 The Equal Employment Opportunity Commission has released the final revised version of Americans with Disabilities Act regulations. The EEOC's new regulations clarify that impairments of major bodily functions -such as being HIV positive- qualify as disabilities under the law. The revisions were triggered by ADA Amendments of 2008, which overturned Supreme Court rulings that defined "disability" narrowly, reinforcing the inclusive intentions of the original legislation.

5 According to the Onion, just months after marrying 29-year-old Kate Middleton in a ceremony watched by 2 billion people worldwide, Prince William announced Tuesday that he and Middleton have divorced, and that the entire marriage was "a tremendous mistake in every possible regard." "I really don't know what I was thinking—we're a terrible match, I don't love her and never have, and, to be honest, I never really had any interest in being married in the first place," announced the now unattached Prince William to a dead-silent British press corps. "People thought our wedding was some sort of fairy tale, but I assure you it was all just some ghastly ceremonial farce that got out of hand. I'm just relieved it's over, frankly. And I'm glad I'll never have to see that awful woman again."

6 A chemical in the brain controls sexual preference in mice, according to scientists in China. Male mice bred without serotonin lose their preference for females. Researchers say it's the first time that a neurotransmitter has been shown to play a role in sexual preference in mammals. But experts have warned about drawing conclusions about human sexuality. Sexual behavior in mice is thought to be driven by their sense of smell. There is very limited evidence for altered responses in the brains of homosexuals. "At this time therefore any potential links between serotonin and human sexual preferences must be considered somewhat tenuous."

7 Sex may double the risk of a heart attack immediately or within 2 hours; and physical exercise may be even more hazardous, with triple the chance. However, the risks were smaller for those "with high levels of habitual physical activity." Despite the short term risk, there are long-term benefits from sex and exercise in reducing heart disease. People who want to become physically active should mimic spring baseball training by starting slowly, and building up to maintaining regular and frequent sex and exercise.

8 The FDA has approved rilpivirine (Edurant) for **people starting treatment for the first time**. It is now the fifth NNRTI drug, and a welcome addition to that class. The only 2 concerns were it appears to be less effective if starting with viral loads above 100,000; and people with high viral loads experienced more resistance mutations. There are plans to create a combo pill with Truvada, as an alternative to Atripla.

9 At a recent conference, *Treatment As Prevention* (TAP) was called "the light at the end of the tunnel". TAP is about lowering a community's viral load to stop the spread of HIV. In the US, we need to:

- identify poz people who do not know their status;
- link these individuals into care; - get & keep these people on therapy, and keep them adherent. This could prove to be quite challenging to most ADAPs in this economy.

10 The AIDS clinical Trials Group (ACTG) has reorganized its scientific research structure. The 3 scientific arenas used to be: ARV drugs & strategies, HIV & drug complications, and immunology. The new committees are: Viral Eradication & HIV Reservoirs; Inflammation and End-Organ Disease; Hepatitis; and Tuberculosis. Other (sub)committees are: Antiretroviral Strategies; Co-Infections & Malignancies; Oral Health; Women's Health; and Neurology. Watch for more info in the next issue of TEN.

MEET NEW SIN LEADER LEE WAGNER

Note: Founding SIN Colorado facilitator, Rod Rushing has passed the leadership to Lee Wagner. We want to thank Rod for all his time & energy getting the group going and keeping us all on track. "Thanks so much Rod... Great job!"

I'm glad to help take on the SIN networking activities. Rod has left some large shoes to fill!

I wanted to introduce myself and why I am so passionate about SIN activities. I've been positive for over 20 years. I found out in the early 90s, when I was farming in Nebraska.



I did a few CDC medication trials, learned all about alternative treatments, participated in AIDS walks and World AIDS Day services. I've lost a few close friends, and heard about countless others that joined the ranks of HIV+. Saw the AIDS quilt on the DC Mall; visited folk in the hospital, and yeah, went to a few funerals. I went to several prayer services, and support groups, leading more than a few. I've had

a doctor cower in the corner of his office, not wanting to touch me, and felt the slap of rejection from the arrogant well. Through it all, there seemed to be no substitute for a strong supportive network of family and friends. I am very blessed to have such a supportive family and many friends, still there's a connection between poz folk that is quite unique. It's this unique bond that I think helps me have a healthy positive life.

I currently work at Porter Hospital with the Psychiatric Emergency Team and also do individual and group counseling. When I'm not working, I like cooking dinner with friends, community gardening, church activities, or theater and arts. I can never seem to get enough time to go to the mountains, but treasure the time I do. Being positive didn't slow me down, it propels me to get as much as I can out of life.



My hope for the future of SIN is to grow our community and be supportive of others. I can't emphasize enough the importance of learning all you can about keeping your mind, spirit and body healthy. Yeah, that includes a healthy sex life. We are social beings. SIN is about keeping your social life healthy.

I hope you take some time to come to one of the SIN events. Coffee every first Sunday. Happy Hour every second Friday. The Yahoo group is a great venue to post activities. We have also started a secret Facebook page just for SINColorado. Let me know if you have any ideas. I'm thinking white-water rafting this summer would be fun. I'll keep you posted! Hope to see you soon. LEE!

PRIDE ... OUR GIFT TO HUMANITY

by Rev. Jim Chandler

I remember my first Pridefest. It was around 1970 in Los Angeles. The celebration was called the "Christopher Street West Parade," named after the location of the Stonewall Inn on Christopher Street New York City and the protest that took place there in the late 1960's. The Los Angeles parade ended with a conflict between the gay participants and the LA Police. I had to go down to police headquarters to report on the violence perpetrated by the police department. We've come a long way since that time.

Now the festivities here in Denver include tens of thousands of member of the gay, lesbian, bisexual, and transgender, communities joined by their many thousands of friends and families, joined by friends, civic leaders, and organizations, coming together with a parade replacing the protest, and two days of festivities of diversity and celebration for all.



This wonderful and open celebration may be one of our greatest gifts to our community, one that started violently outside a gay bar in New York over forty years ago and continues to grow each year. Look at how we have changed, and how this change has changed the world we live in. The universal message of Pridefest is that each of us should celebrate and be proud of who we are. The great creator, by whatever name we wish to call it, has made each of us different; we each are a unique combination of our country of origin, our relationships, our education, and our singular expression of life, one expression of creation unlike any one of the billions of other people on this earth. We may try to conform, but it is our uniqueness which makes us special. Remember nothing has ever been achieved by being just like everyone else. It is only the person who thinks differently, thinks outside the box, or has a new perspective or expression in life who makes a change.

This year, take time to celebrate and take pride in what makes you different; knowing this is a gift from God that no one else has received. Take pride in this gift.

"UB2" SIN Happy Hour

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



Meet **upstairs** at
The Skylark Lounge
140 S Broadway

SE corner of S Broadway & Maple Ave

First drink is free if you have never attended before!

The Yoga Group - for **pozitive** people

Tuesdays: 4:30-6pm * 2670 S Gilpin St
(call Claudia for info: 303.744.3407)

Wednesdays: 5:15-6:45pm & Saturdays: 12-1:15pm

Iyengar Yoga Center * 770 S Broadway
(more info: 303.575.1673 * www.yogagroup.org)

Join us. No reservations necessary!
Wear loose-fitting clothes

Since 1989, the Yoga Group has provided free classes for people with HIV in a friendly, relaxed environment. We have found yoga helpful in maintaining health, relieving drug side-effects, and providing emotional support.

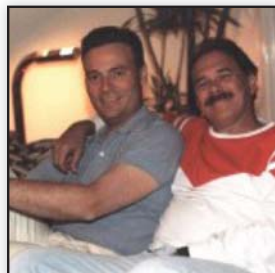
Yoga Group classes are free for all positive people regardless of current health condition, or previous yoga experience. Your partner is welcome to join us for a nominal fee of \$5 (free on Saturday).



HIDING FROM THE "AIDS AT 30" MEDIA STORM

by Mark S King www.myfabulousandisease.com

I shuttered myself from most of the hoopla surrounding the "AIDS at 30" milestone (we seem to have agreed on June 5, 1981, when an item in the Morbidity and Mortality Weekly Report reported deaths among gay men). The trauma of those early years is tough for me to revisit. Every media piece seemed to be about the past and it all felt emotionally overwrought and indulgent. I skimmed the coverage and secretly wished it would just go away.



Revealing the intensely personal isn't normally a problem for me; I wasn't shy about addressing our darkest days in

WOMEN IN RECOVERY - ADDICTION AND HIV

My name is Stephanie and I am a 47 year old recovering addict living with HIV. When I was first diagnosed in 2007, I was in Adams County Jail: the consequences of my actions. I had relapsed in 2005 after 9 years of sobriety. When I was diagnosed as positive, I had no where or no one to turn to and knew nothing about the illness, other than the stigma that is attached to HIV by a uniformed society. I left Adams County and went into drug and alcohol treatment and began to educate myself, reaching out for help every way I could. The program I was in didn't have the knowledge to educate me regarding HIV, but I utilized the opportunity to speak out about my journey. I knew that in order to survive this illness I had to seek medical, emotional, and spiritual assistance.



It was very frustrating, as a woman living with HIV, to find resources, guidance and help with this illness; and so it has become my life's goal to reach out to women that are struggling with trying to recover from addiction and HIV. We CAN live a life full of hope, faith, and courage; being diagnosed is not a death sentence, as I once thought it was. Education is the key. Having other women to communicate with, reach out to, and help us stand until we can stand on our own, is also key. This helps and allows us to get through the initial shock of being diagnosed, and then leading full, productive lives as women, mothers, wives, sisters, etc.

Women are still a powerful force in this world and being diagnosed with HIV does not mean the end of your life. With help, it can actually be the beginning of the most fulfilling life that you have ever had. It is my dream to be used as a tool to help women achieve their fullness in whatever way our Higher Power has seen fit to use us. If you are reading this, then your life is still full of hope and purpose. Let's work together, as women, to help each other reach our fullness in life! Your life is not over, it is only just beginning!

my video blog entry *Once, When We Were Heroes* (right), so it's not like I can't go there. Maybe the sheer volume this month of tragic stories and heartfelt blogs and "I Was There" interviews was too much for my scarred psyche. It could also be an ego thing. All these extra voices showing up and piling on their stories. Hey Missy, that's my gig, move it along, thank you very much. During the media frenzy of "AIDS at 30" I felt like a professional drag queen refusing to venture out on Halloween. Too much competition. And from such amateurs.

This week I finally paid more attention to what has been written this month, and of course, it's pretty damn good. The 30th (what? Celebration? Anniversary? Commemoration? Did we decide on something?) yielded some tremendous coverage at *The Body*, my favorite online HIV resource. And obviously, how the hell can people appreciate our AIDS history is we don't document it at every opportunity?

(continued on page 11)



COMMUNITY EDUCAT¹⁰NAL FORUMS

"By the Community For the Community"

Second Tuesday of the Month (usually)

* free dinner 6pm * presentation 6:30pm *

Community Room at Our Saviors

9th & Emerson (enter on the side from Emerson)

More info: www.OnTheTen.org or 303.377.3127

Upcoming Forums:

- Tuesday July 12:
Forum CANCELLED
- Tuesday August 16:
4th Annual Potluck BBQ
(bring a side dish) * 6pm
Held in the backyard gardens
of the historic residences at
930 Humboldt St (enter north side)
- Tuesday September 13:
"HIV & Stigma"
Juan Carlos Riascos
Miami FL

THANK YOU VOLUNTEERS!

TEN wants to thank all the volunteers who helped pour beer at the Wrangler Charity Beer Bust on Sunday July 3. We made \$1251.00!

Bob, Bobby, Brandon, Brian, Bryan, Bruce, Claire, Don, Eric, Greg, Jeff H, Jeff W, Jige, Joe, John, Jose, Ken, Kurt, Lee, Louis, Luke, Michael B, Michaelangelo, Michael D, Michael P, Paull, Robert, Rocky, Scott, Slade, Steve, Thomas, Tim, Todd, Tom, Tor, Troy

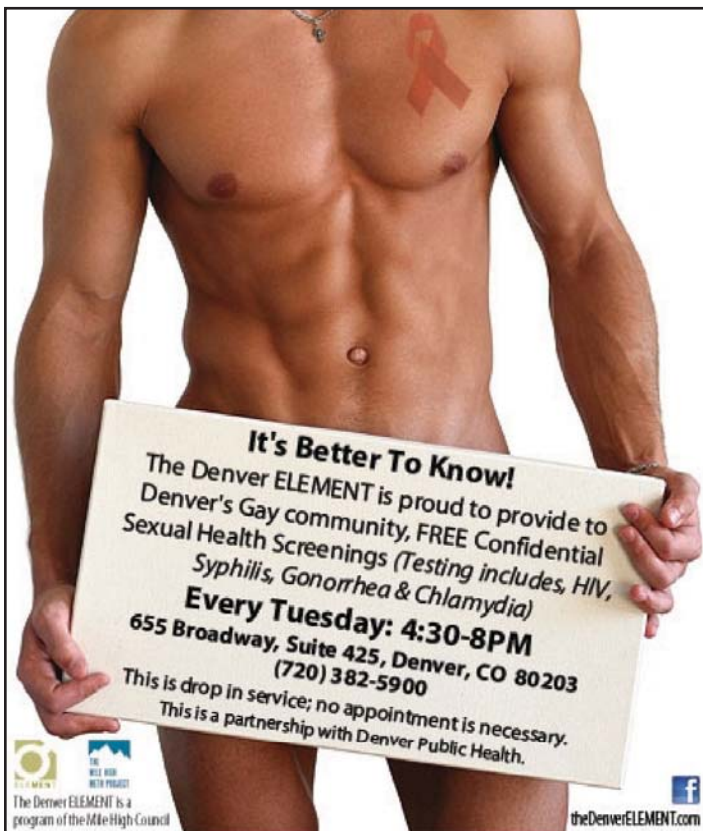
If you would like to volunteer for the beer bust on Sunday October 16th, email retreat.shadowcliff@gmail.com or call 303.377.3127

THE DENVER
WRANGLER
17th St and Logan, Downtown Denver, Colorado



visit www.gravitydenver.com

*"A social network group for
poz folks in their 20s & 30s"*



DONATE \$ CONTRIBUTE \$ DONATE \$ CONTRIBUTE \$ DONATE \$ CONTRIBUTE \$ DONATE \$ CONTRIBUTE \$ DONATE \$ CONTRIBUTE

Treatment Educat¹⁰n Network is a small grassroots non-profit organization.

With no paid staff, all of our resources go directly to fund our programs.

Please consider supporting TEN with a fully tax-deductable donation.

No amount is too small or too big.

Checks can be sent to: TEN * Box 9153 * Denver CO 80209-0153

-OR- you can click on our PayPal "Donate" button at www.OnTheTen.org

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Ryan White Part A Priority Setting and Resource Allocation Process Dates

Community Meetings

Thursday, August 18th – 5:00 to 8:00pm Ryan White Part A
Priorities Input Meeting

- Gather input for Planning Council members to consider at Priorities process
- Who should Attend: HIV + community members and Providers

Thursday, September 15th – 5:00 to 8:00pm Ryan White Part A
Priorities Results

- Report out decisions made at Priorities to the community.
- Evaluate Community Input process.
- Who should Attend: HIV + community members and Providers

Special DHRPC Meetings

Thursday, September 1st – 11:00 to 6:00pm

- Planning Council Meeting on Priority Setting
- Who should Attend: Planning Council Members

Thursday, September 8th – 11:00 to 6:00pm

- Planning Council Meeting on Resource Allocation
- Who should Attend: Planning Council Members

Location: All meetings will be hosted at the same facility; Mi Casa Resource Center
Community Hall 360 Acoma Street Denver, CO 80223

Food, Daycare and Transportation will be provided for all
Community Meetings and Forums

- Must RSVP call 720.865.5503 or email council@dhrrpc.org



HEALTH CARE IS A BASIC HUMAN RIGHT

720.865.5503 | www.dhrrpc.org

MEDIA STORM

(continued from 8)

Asking the gay bloggers at The Body to speak back and forth between generations about their HIV/AIDS experience was inspired. Anyone under 35 is my favorite audience, although the over-40 crowd probably understand me a lot better.



I also really enjoyed Nelson Vergel's interview with Dr. Michael Gottlieb (left), the man who published the first report of some rather strange deaths among gay men. Dr. Gottlieb also happened to be my physician in Los Angeles when I was diagnosed with HIV in 1985. During

those days, I once forced Dr. Gottlieb to tell me his best guess for my lifespan, and he went out on a limb to say I could make it to 40. That birthday came and went, ten years ago. When the preeminent expert in the field gets it that wrong, you know we've had more success treating this virus than anyone had hoped in the early days. Thank God.

Elsewhere, I admired Regan Hofmann's (right) recent editorial at Poz Magazine immensely. With nary a glance backward, she sat squarely in the present and outlined the thirty issues that are most important to the crisis today and in the future. It was also a solid primer on the emergence (and debates about) new prevention theories like Post-exposure and pre-exposure prophylaxis and "test and treat."



Once I allowed myself to "face the past" by checking out Karen Ocamb's amazing reports from the early days of the crisis, I was happy I did. Karen is a Frontiers news editor who has been covering LGBT issues in Los Angeles for 30 years, and in her collection of stories from the AIDS frontlines of the 1980's (complete with video she shot herself), she takes us along to an early AIDS protest (left), to early treatment activism meetings and to the unfolding of the AIDS quilt. Karen's close relationship with history and her "home movies" give the stories amazing intimacy. I recommend the series highly. The media rush of tragedy and inspiration known as "AIDS at 30" is dying down. As much as I want coverage of HIV and for there to be constant prevention messages, I'm a little relieved. I can comfortably go back to debating our current treatments and campaigns, sharing sweet and funny stories about my life with HIV, and wondering why the hell the media doesn't pay more attention to HIV/AIDS.



We all have our coping mechanisms. Allow me a little healthy denial. As always, my friends, please be well. Mark
www.myfabulousdisease.com

WE WANT MEN!

We are looking for guys interested to become recruiters in the social network project

It is simple:

- **You get** \$50 gift card to interview
- **You give** out vouchers which offer \$20 gift cards for other men to get an HIV test
- **You get** another \$20 gift card each time your vouchers are used by men who have sexual risks with other men

Hook Up, Link Up, Check Up is a program from by Tri-County Health Department and Denver Public Health funded by the Colorado Department of Public Health and the Environment targeting men from 18-55 who have male sex partners to test for HIV.

Contact:

Shannon 303-363-3067 scornelius@tchd.org

Marshall 303-602-3619 Marshall.Gourley@dhha.org



SIN Coffee Get-together

First Sunday of Every Month

11am - 1pm



Panera * 13th & Grant

(free parking in garage: turn in to the right from westbound 13th just after alley but before Grant)

coffees and light brunch fare
are available (but not required)

... casual conversation with other gay poz guys ...
(this is not a support group or heavy discussion group)



Watch for NEW LOCATION in OCTOBER !



a u t u m n

Moun^{ten} SIN

w e e k e n d

September 15-18 2011

* Shadowcliff Lodge * Grand Lake Colorado *

** a social weekend for gay poz men **

- ❖ Half-day hike in Rocky Mountain National Park
 - ❖ Road excursion on Trail Ridge Road in RMNP
 - ❖ Rocky Mountain Repertory Theatre *"Almost Heaven"*
 - ❖ Putt-Putt Golf
 - ❖ Fishing
 - ❖ Bowling
 - ❖ Bicycling
 - ❖ Boating
 - ❖ Horseback Riding
 - ❖ Elk Bugling in RMNP
 - ❖ Campfires
 - ❖ Group games & activities
 - ❖ Hot Sulphur Springs
- (all activities are optional)

The weekend is \$139-149 (includes lodging & all meals)

Arrive Thursday afternoon or early evening, depart Sunday late morning

More info & sign-up link:
www.mounTEN-SIN.blogspot.com

Moun^{ten} SIN Autumn weekend is organized by Treatment Educat¹⁰n Network (TEN) for Strength In Numbers (SIN)

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 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 Experienced: A5258: 24 week exploratory study to see if chloroquine can reduce immune activation (ACTG)

- Conducted at UC only
- Taking ART but not protease inhibitors
- Undetectable VL for >2 years
- CD4= <350

ART Experienced: A5275 A pilot study to determine the effect of Atorvastatin on "markers" of inflammation (ACTG)

- Conducted at UC and DH
- ART regimen must include a boosted Protease Inhibitor (at least 6 months with no plans to change)
- Undetectable VL for >2 years
- LDL <130
- Fasting Glucose <110 and fasting triglycerides <400
- No active Hepatitis B or C
- No known inflammatory conditions

Lung Microbiome Study: 48 week study learning more about pulmonary complications of HIV

- Conducted at UC only
- Over 18 & under 65 years old
- HIV positive and negative
- Smokers and non-smokers
- Weight over 110 lbs
- No antibiotics within 30 days and no inhaled corticosteroids within 14 days of study entry
- Compensation provided

HIV Negative: Vaccine Study (for prevention) ("*Stand Up For Love*" in various publications)

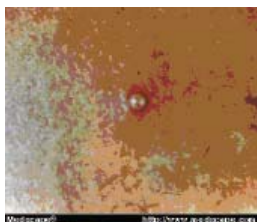
- Conducted at UC only
- Sexually active men who have sex with men
- 18-50 years old
- Must be circumcised
- Meet certain lab criteria
- CANNOT get HIV from vaccine

SYPHILIS & NEUROSYPHILIS

What are the symptoms?

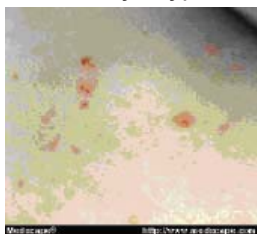
Syphilis is actually a single disease made up of several different stages. The symptoms of syphilis depend on the stage of disease.

Primary syphilis: In most cases, the only noticeable symptom of primary syphilis is a painless sore (called a “chancre”) that develops within two to six weeks after someone has been infected with *T. pallidum*. The sore usually develops on the penis, vulva, vagina, or anus. It can also develop on the cervix, tongue, lips, and other parts of the body. The sore usually heals within a few weeks without treatment. Here’s what a syphilis sore/chancre can look like...



HIV is much easier to transmit when these sores are present. Someone who is HIV positive and has a syphilis sore is much more “infectious”—that is, likely to transmit his or her HIV—than someone who does not have a chancre. Similarly, HIV-negative people who have a syphilis sore are at a much higher risk of becoming infected with HIV if they have unprotected sex with someone who is HIV positive. If you have primary syphilis and do not receive treatment, it’s possible that your infection will progress to secondary syphilis.

Secondary syphilis: The most common symptom of secondary syphilis is an outbreak of small, pox-like lesions—usually brownish-pink in color—that seem like a non-itchy rash when clustered together. They can appear anywhere on the body, but a rash and lesions on the palms and soles of the feet are classic symptoms of secondary syphilis. Here’s what the rash can look like...



These lesions are highly contagious! They can spread the bacteria if the skin is broken. They can also take several weeks or months to heal, and possibly recur, without treatment.

Secondary syphilis can occur months to years after primary syphilis, and can last two years or more. Other possible symptoms of secondary syphilis include fever, fatigue, soreness, and aching.

Latent syphilis: Latent (hidden) syphilis is diagnosed when a person has antibodies to the bacterium but doesn’t have any symptoms of the infection. Even though someone with latent syphilis generally isn’t considered infectious—meaning that they are unlikely to transmit the bacteria to others—treatment is recommended to prevent serious late-stage disease complications.

Latent syphilis can either be *early latent* or *late latent*, depending on how long someone has had the infection. People with late latent syphilis (those who have been infected for at least a year) or latent syphilis of unknown duration (those who don’t know how long they’ve been

infected) require more aggressive treatment than those who with early latent infection (those who have been infected for less than a year).

Tertiary syphilis: If primary, secondary or latent syphilis is not treated, the bacteria can spread and damage internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones and joints. This can lead to a variety of serious health problems, including stroke, paralysis, aneurysms, and heart disease.

Neurosyphilis: This occurs when *T. pallidum* infects the brain or spinal cord (central nervous system). Infection can occur during any syphilis stage and can cause serious neurological damage, including paralysis, numbness, gradual blindness, and deafness. Neurosyphilis can be serious enough to cause permanent disability or death. Studies have found that HIV-positive people infected with *T. pallidum* are more likely to develop neurosyphilis, even during the early stages of infection.

VIAGRA CONDOM

No, we aren’t making this up. Yahoo. News reports the development of a new condom, lined inside with a Viagra-like vasodilating gel, to (er) encourage men who find the use of condoms (um) discouraging. The device is close to approval in the United Kingdom and may be on the market there as early as next year.

“Although CSD500 isn’t meant to compete with Viagra, despite its nickname,” reports Yahoo, “a check of online sales of [Viagra] would suggest there’s no shortage of men who use it recreationally, which bodes well for future sales of an erection-encouraging condom.”

“But regulators are more interested in what the condom promises to do for rates of sexually transmitted infections (STI). A product that improves firmness and duration will surely encourage condom use, but the CSD500 also combats another common cause of STI transmission: condoms that slip off because of erectile problems.” If it promotes safer sex, we’re all for it. And we can’t wait to see how they advertise it.

 **REPORT:
COULD A
NEW “VIAGRA”
CONDOM
ENCOURAGE
SAFER SEX?**

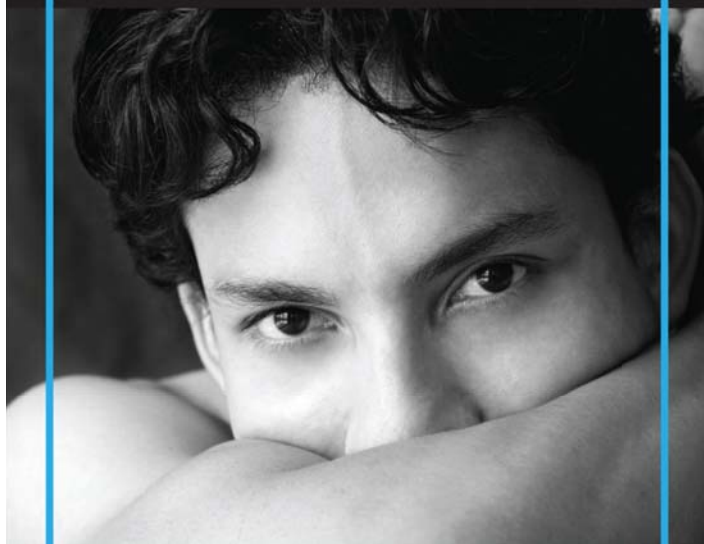
Would you like to contribute to this newsletter?

The *TEN* Newsletter is published quarterly and welcomes submissions on anything HIV-related.

All submissions are subject to editing (for length & clarity) and should be 500-600 words or less.

Please send articles to rebuiltdenver@yahoo.com (put “newsletter” in subject line).

A REALLY BAD 3-WAY:



You, Him, & Syphilis

New Cases of Syphilis have **NEARLY TRIPLED** in Colorado since 2007.

Last year **92%** of all early cases of Syphilis were found among MSM* (*Men who have Sex with Men).

Syphilis is **EASILY CURED** with treatment.

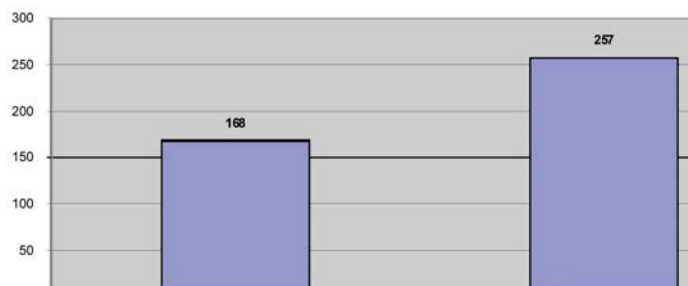
SYPHILIS ON THE RISE!

Did you know the risk of acquiring syphilis is increasing in Colorado?

In the year 2010, there were 257 cases of early syphilis reported. That is an **increase of 53%** from the 168 cases in 2009.

Of those 257 cases, **9 out of 10 are gay men** and **over half are HIV positive**.

Number of Persons with Syphilis in Colorado



Want information on testing, symptoms, and treatment?

Go to www.INSPOt.org
Or call 303-692-2700.



Colorado Department
of Public Health
and Environment



S U P P O R T G R O U P S

Every Monday 1-2pm: "Positive Outlook" (drop-in)

It Takes a Village * 1475 Lima St * Aurora 80010 * More info: 303.367.4747

Every Tuesday 5:30-7pm: "Positive Support" (closed group, sign-up required)

CAP * 2490 W 26th Ave 3rd floor * Denver 80211 * More info: Mary Ann 303.837.1501 x490

Every Wednesday 6:30-8:30pm: "Going Strong" (closed group, sign-up required)

9th & Sherman * Denver 80203 * More info: Paul or Ryan 303.399.9988

Every Thursday 7-9pm: "Compas" group for Spanish-speaking men (drop-in)

Denver Health * 6th Ave & Bannock St * Denver 80204 * More info: Marshall 303.602.3619

Every Friday 4-6:30pm: Support Group (drop-in)

Rocky Mountain CARES * 4545 E 9th Ave * Denver 80220 * More info: Adrian 720.883.7761

Fourth Tuesday of the Month 5:30-7pm: HIV & Hep-C Co-Infected Group (drop-in)

Meet in lobby 1735 York St * Denver 80206 * More info: Ugur 720.335.5403

First Wednesday of the month 6-8pm: Group for Poz & their partners (drop-in with potluck dinner)

SCAP * 1301 S 8th St Ste 200 * Colorado Springs 80905 * More info: 719.578.9092 / 800.241.5468

Third Wednesday of the month 6-8pm: Poz only Group (drop-in with dinner provided)

SCAP * 1301 S 8th St Ste 200 * Colorado Springs 80905 * More info: 719.578.9092 / 800.241.5468

If you would like to list your group, please leave a message for Michael at 303.377.3127

CALENDAR of EVENTS

July

- 2 (Saturday) free day: Denver Art Museum (13th & Broadway)
- 3 (Sunday) 11am: SIN Brunch at Panera (13th & Grant)
- 7 (Thursday) 5pm: DHRPC Meeting at 1437 Bannock St Rm 389
- 8 (Friday) 6pm: SIN Happy Hour upstairs at the Skylark (Broadway & Maple)
- 16 (Saturday) AWC: Hamburger Mary's Patio Party
- 16 & 17 (Sat & Sun) EMBRACE: Community Building Weekend
- 21 (Thursday) 7-9pm: EMBRACE Heart Circle at ELEMENT 655 Broadway Suite 425
- 22 (Friday) 11:30am: University of Colorado CAB (d)
- 22 (Friday) AWC: Ginger Sexton's Apocalyptic Ball
- 24 (Sunday) AWC: Stike Out AIDS Bowl-A-Thon at Lucky Strike (Denver Pavilions)
- 24 (Sunday) AWC: Wrangler Beer Bust
- 26 (Tuesday) 5pm: "Toast to Teeth" Howard Dental benefit: Lala's Wine Bar & Pizzeria 410 E 7th Ave
- 27 (Wednesday) 5:30pm: Denver Health CAB (c)
- 28 (Thursday) AWC: Toast Against AIDS Happy Hour at Interstate Kitchen & Bar
- 28-31 (Thursday-Sunday) HIV Retreat at Shadowcliff (in the mountains)
- 30 (Saturday) AWC: Dog Wash at Paw Wares
- 31 (Sunday) AWC: Lube Wrestling Event at X Bar



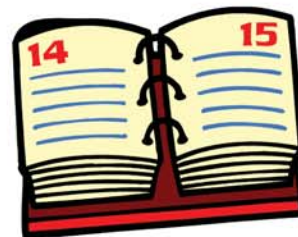
August

- 7 (Sunday) 11am: SIN Brunch at Panera (13th & Grant)
- 3-7 (Wed-Sun) "Rendezvous" Camping (Medicine Bow NF Wyoming)
- 4 (Thursday) 5pm: DHRPC Meeting at 1437 Bannock St Rm 389
- 6 (Saturday) free day: Denver Art Museum (13th & Broadway)
- 6 (Saturday) AWC: Nicole Sommers' Les Girlz Event at Casselmans
- 7 (Sunday) AWC: AIDS Walk Colorado Pre-Party at Vinyl
- 12 (Friday) 6pm: SIN Happy Hour at Skylark (Broadway & Maple)
- 13 (Saturday) 9am-2pm: AIDS Walk Colorado (Cheesman Park)
- 15 (Monday) 6pm: ELEMENT: Probe Conversation: "What's Safe to You?"
- 16 (Tuesday) 6pm: Potluck BBQ 930 Humboldt St (in lieu of monthly forum)
- 18 (Thursday) 5pm: DHRPC Community Input Meeting #1 (e)
- 18 (Thursday) 7-9pm: EMBRACE Heart Circle at ELEMENT 655 Broadway Suite 425
- 18-21 (Thursday-Sunday) HIV Retreat at Shadowcliff (in the mountains)
- 22 (Monday) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 24 (Wednesday) 5:30pm: Denver Health CAB (c)
- 26 (Friday) 11:30am: University of Colorado CAB (d)
- 28 (Sunday) free day: Museum of Nature and Science (17th & Colorado Blvd)



September

- 1 (Thursday) 11am-6pm: DHRPC Resource Allocation part 1 (e)
- 3 (Saturday) free day: Denver Art Museum (13th & Broadway)
- 4 (Sunday) 11am: SIN Brunch at Panera (13th & Grant)
- 8 (Thursday) 11am-6pm: DHRPC Resource Allocation part 2 (e)
- 9 (Friday) 6pm: SIN Happy Hour at Skylark (Broadway & Maple)
- 13 (Tuesday) 6pm: Community Educational Forum (b)
- 15 (Thursday) 5pm: DHRPC Community Input Meeting #2 (e)
- 15 (Thursday) 7-9pm: EMBRACE Heart Circle at ELEMENT 655 Broadway Suite 425
- 15-18 (Thursday-Sunday) SIN Mountain Weekend (in the mountains)
- 18 (Sunday) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 24 (Saturday) Boyfriend University begins (ELEMENT)
- 26 (Monday) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 28 (Wednesday) 5:30pm: Denver Health CAB (c)
- 30 (Friday) 11:30am: University of Colorado CAB (d)



CAB = Community Advisory Board SIN = Strength In Numbers Colorado
DHRPC = Denver HIV Resources Planning Council (Ryan White funded services)

AWC = AIDS Walk Colorado Events (www.aidswalkcolorado.org)

ELEMENT = www.thedenverelement.com *** EMBRACE = www.embracedenver.com

(a) CNDC 4130 Tejon St Suite A (Maria 720.865.5503)

(b) Our Saviors Community Room 9th & Emerson (enter on the side from Emerson)

(c) Denver Health 6th & Bannock Rm 245 (Julia 303.602.8742)

(d) U of C 12401 E 17th Rm 360 (nr Colfax & Peoria) (Maiki 303.724.0797)

(e) Mi Casa Resource Center Community Hall 340 Acoma St

If you have an event for the calendar, send to: michael@OnTheTen.org or leave a message at 303.377.3127