

The Mission of **TEN** is to provide educat**10**n & informat**10**n 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.

WINTER 2011
VOLUME IV, Issue XV

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SIN Colorado is a Gay Poz Men's Social Network supported by Treatment Educat**10**n Network



www.ontheten.org

The Newsletter of Treatment Educat**10**n Network—TEN

"MAKING WOMEN COUNT"

(at the International AIDS Conference 2012)

Compiled by Penny DeNoble

After a 23-year absence from the US, the International AIDS Conference (IAC) will take place in Washington DC in July, 2012. This conference is the moment to have the voices of women and girls heard.

Women and girls living with HIV account for over half of the 33.4 million people living with HIV globally. 26% of new HIV cases occur in young women 15-24 years old, and women account for at least 30% of the epidemic in the US. Women and girls are disproportionately affected by HIV, with AIDS being the leading cause of death among women of reproductive age. In many regions, due to social, cultural, and/or religious norms, the rights of women are routinely violated. Globally, young, poor, and transgender women face unique challenges and circumstances related to HIV prevention, care, treatment, support, and fundamental human rights.



The 19th International AIDS Conference **MUST BE** a defining moment where women speak up, speak out, stand up, and most of all are counted in the HIV fight. One such campaign ensuring that this occurs is the "**Make Women Count**" Campaign. This coalition of institutional and individual partners was created to give voice to women and girls worldwide. As world leaders and elected officials shape their response to the HIV pandemic, we must hold them accountable to ensure women and girls are counted in any and all strategic planning for care, prevention services, and research. Proportionate funding must be allocated to integrate women-centered care as a part of social and cultural standard. Also, the campaign demands all countries provide proportionate research funding, resources, and prevention strategies for women and girls. So, if women are over 50% of the global epidemic, at least 50% of scholarship participants, plenary speakers, workshop presenters and workshop topics at AIDS 2012 should be women and on women and girls' issues.

For women interested in attending the IAC, scholarship information is listed on the page 2. Finally, for those women who are unable to attend the 2011 IAC, let's begin strategizing as a Denver community as to how to set up local hubs where women can still have access to the vital information and be a voice for women around the world as we advocate for human rights and gender justice that would ensure women and girls have equal access to prevention strategies that decrease our vulnerability to contracting HIV.

Be Well! Go Well! Live Well! Love Well!

AIDS 2012 CONFERENCE SCHOLARSHIP INFORMATION

The conference organizers are committed to making AIDS 2012 accessible to people from resource-limited settings and communities, researchers, young people, community activists and civil society representatives.

Scholarships provide financial assistance to a number of people from resource-limited settings and communities, key affected populations, people living with HIV, young people, researchers, and students to help them attend the conference. The International Scholarship Programme is open to everyone around the world. Priority will be given to those whose participation will help enhance their work in their own communities, to those who are able to assist in the transfer of skills and knowledge acquired at the conference, and to those whose abstract, workshop or programme activity (Global Village or Youth Programme) submission has been selected. Scholarship selection will be based on a non-biased scoring system established in advance. A Scholarship Review Committee will contribute to the reviewing and scoring of the applications.

Although every attempt will be made to assist as many people as possible, we regret that there are only a limited number of international scholarships available. On average, less than 10% of applicants are awarded. Applicants are therefore strongly encouraged to seek other funding as well. Scholarship applicants will be able to request a full or partial scholarship. A full scholarship includes: Registration to the conference; Economy-class travel; Shared accommodation in a budget hotel or dorm; and a modest daily living allowance. A partial scholarship includes any combination of the above.

Applications will be open from 8 December 2011 to 15 February 2012. More information will be provided in the upcoming months. It is also encouraged that individuals/organizations who are interested in attending IAC, discuss other fund raising options.

AIDS 2012 Scholarship Team
c/o International AIDS Society
Email International Scholarship:
internationalscholarship@aids2012.org



visit www.gravitydenver.com

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

FOR COMMITMENT TO END AIDS

The National Association of People With AIDS (NAPWA) warmly congratulates President Obama for declaring today that we can, should, and will end AIDS in the world and in America.

Mr. Obama's remarks reflect a remarkable year of advances in treatment, prevention, and - crucially - treatment as prevention. We know now that we have the scientific tools to make new infections a thing of the past. Mr. Obama's speech shows us there is political will to act on the science. The excitement, hope, and determination on the George Washington University stage were electric.

A serious campaign to end the epidemic will require public resources. HIV funding will have to grow to levels needed to reach all infected Americans, link them to care, and help them stay in care. That is a major political commitment, and we salute the President and supporters on both sides of the aisle for their courage in making it in this economic and political climate.

We recognize that government cannot end the epidemic by itself. HIV stigma and homophobia prevent too many Americans from getting tested for HIV and learning their status. Health care systems that under serve lower-



income Americans and dysfunctional drug laws keep too many who know they are positive out of treatment. Those problems won't be solved in Washington alone.

Ending stigma and homophobia and leveling the health care playing field for lower-income Americans and minorities of all kinds will demand the moral and political will of all Americans, not just our leaders in Washington. But the President's speech today reminded us of Presidents Eisenhower's, Kennedy's, and Johnson's leadership from the top to enlist America's moral and political will in the fight to end segregation. Ending the HIV epidemic today is just as much a matter of justice as ending segregation was then. We salute the President and the distinguished guests who joined him at George Washington for saying, *Yes, this is about justice, yes, we can do this, and yes, we will.* We salute them for calling on America for its best.

About NAPWA

NAPWA is today and has been for 25 years the oldest, most trusted voice for saving and improving the lives of people impacted by HIV/AIDS. Founded as a 501(c)(3) charitable organization in 1983, NAPWA advocates for the lives and dignity of all people living with HIV/AIDS, especially the 1.2 million Americans who live with it today. We want the epidemic to end, and we want life to be better for people with HIV until it does. NAPWA is based in Silver Spring, Maryland. More information is available at www.napwa.org.

AMERICAN GAY CULTURE: A MEANDERING STREAM

by Rod Rushing



i have been mulling over what i might write about the film j. edgar. i saw it on sunday afternoon and was fairly gobsmacked for some reason. it has taken a day or so for me to ascertain what that might be about. the film is like a mountain stream in late august. it flows gently from here to there and back again. there are no visible rapids and what surprises exist are due more to the invisible depths than what is evident to the eye. that makes sense because john edgar hoover was much more than met the eye. he lived a dual-storyline his entire career. eastwood seems to mirror this with the tale that he spins rolling back and forth between the decades and the insanity(or do i mean drive?)that became hoover at the last years of his life. leonardo is sublimely eloquent. his expression of this historic character is loving and studied, directing me to both understand and empathize with j edgar's duality. as he dons the makeup that is the elder g i man, it is seamlessly natural to forget who is the actor. perhaps i gush a little too much here, but i honestly can't remember a performance that took my breath away quite like dicaprio's hoover. it was really like my first slice of rhubarb pie- both sweet and tangy with both of those seeming dominant.



what is there to say about armie hammer. he again has cashed in on his blue blood demeanor to present a 1920's poof, who

only needs a green carnation to complete the stereotype. the tension between the two actors seems real, as does the overly cautious and entangled relationship that they boarded to ride together as j edgar shaped a federal bureau of investigation for america. typically i don't like blondes, but somehow he stirs something in me that finds his silver spoon aesthetic not only endearing but attractive.

and when these two characters reach a tipping point in their relationship, i was achingly reminded what it was like to be closeted. there is such a struggle between fear and desire. i don't know how true to history this story is. i should care, but frankly i don't. i do understand that here is another tortured gay couple's story being played out on the big screen as directed by a heterosexual man. to pretend that lgbt love was without strife seems ignorant. to pretend that our predecessors were flawless is childlike and denialist. gay lives were taut and tenuous most of the time. clint's position is one of not assuming too much. he believes they loved each other. he believes they feared detection. he implies others knew about them. he insists the viewers find empathy or not. he insists we think about it.

i wish there were more gay directors who could be as deft with telling our stories as mr. eastwood and the celebrate mr. lee (brokeback mountain fame). lgbt culture is indebted to these men. they respect without much embellishment. and they let viewers make their own opinions. i felt pride in seeing gay men love- even if it wasn't wholesome, because i know we love. and i know we have tasted tragedy. i also know we have lost and we have won. both sides of this truth are evident in this storytelling. it gently rolls to and fro and a love seems to whisper in the breeze

judy dench again shines here. she is understated, yet supports much of the first hour of the film. her most powerful line for me- "no son of mine will be a daffodil" embodies the stigma that homosexuals endured for most of american history up through the 20th century.

as a post script- what does any of this have to do with HIV you might ask. in my mind, the very concept of gay liberation and gay pride has everything to do with the advancement of AIDS research in this country and the world, as well as the deconstruction of the 20th century medical model of treatment.

gay men in our usa were hit hard and hit fast in the early 1980's with the virus. we were a population already energized with a short 10 years of fighting back the oppression that had outlined the gay american existence. Many of our comrades were dying and believed they had nothing to lose. We had made a cultural decision not to live closeted and wishful lives, but to greet life in full view. we faced becoming quarantined and unmentionable again, it was clear that protest and opposition held much less consequence than silence. so many fought and fought hard. the spoils of these battles are almost inconceivable. pharmaceutical companies lowering prices. the FDA permitting experimental drugs onto the market without years of studies. confidentiality around medical information. AIDS discrimination prevention laws becoming part of our constitutional protections.

so as this story of american gay culture continues to meander and join the larger american tale, we find that again underprivileged and oppressed classes can resist and create change. this must truly be an american narrative. i cannot wait to follow our history's meandering further.



please visit
www.ontheten.org

ACID REFLUX: AN IRREVERENT WALK DOWN MEMORY LANE.

by Brian Finch

Publisher, and reposted from [www. positivelite.com](http://www.positivelite.com)

My inspiration was the dark humour of a bunch of guys in AIDS in the 1980s and early 90s who created their own Zine called, Diseased Pariah News. These were dark times and they required dark humour.



While trying to find an old photo I came across some of my old graphics for my blog, Acid Reflux, that I began in 2005. Way back then I wanted to start writing, but I wasn't quite sure how to go about it. I just knew that I wanted to write. Blogs were becoming more popular at that point and they were quite easy to set up. These were the days before Twitter and Facebook, and a blog was one of the principle ways to communicate via the new "social media."



My inspiration was the dark humour of a bunch of guys in AIDS in the 1980s and early 90s who created their own Zine called Diseased Pariah News. These were dark times and they required dark humour. It was the only way I could get through the era of no real hope for treatment, while watching friends and acquaintances die. I can see complete copies that I'm happy to say they've finally put online. It's part of our history, check it out.

Some people were highly offended by Diseased Pariah News. However, I loved it. Who could forget the fake ads for "AIDS Barbie" and their matching Bob Mackie design bedpans? AIDS Barbie also had the Malibu Home Hospice, which was the camper on the go.

Every month had the "Innocent Victim" poster boy. Remember this was a time when there were clear distinctions between those deserving this terrible death and those who didn't. Children and those with blood disorders were on the top of the innocent victims list; also fairly high were the wives of bisexual men.

There were a couple reasons why I named my blog "Acid Reflux." One was the cardinal rule of the day - begin your website with a letter of the alphabet so you end up near the top of the list. At the time I was dealing with a lot of acid reflux; it was horrible.

Most of all I had the image of Dame Edna in her show sitting down at a table on the stage that she shared with a couple audience members. She kept stealing the guest's napkin to cover her mouth during bouts of acid reflux, usually occurring when talking about her lesbian daughter breeding pit bulls, and the awful stench in their house.



Looking back at these images I really see how much I've toned it down. Back then I wanted to shock people. My theory was that I was not going to be defined by others, I was going to do it myself, and this was how I was going to do it: with my own brand of irreverent humour.

During this time a fellow named Kostas in Greece, a man I've never met to this day nor have seen an actual photo of, began to send me these great images. I soon began asking him to make up banners etc for me. This one I made myself, you can see the difference in quality!



Part of my shtick at the time was that it was hard to pull off HIV as glamorously as I could. This started when a friend of mine many years ago came to me after getting his test results, still worked up with all the stress he put himself under - he told me that it came back negative. I put my hand on his leg and said, "It's OK Steve, it's not for everyone, not everyone can pull it off as glamorously as I can, you'll be OK."

To this day I do warn people that it does take a lot of work to pull off HIV as well as I do, and this is best left to trained professionals. I think Dr. Oz would agree. There are some out there who have found themselves positive and become frustrated as it takes time to learn the ropes.



I've now come out with my treatment décor tips. Acid Reflux may be gone, but its spirit lives. How to make your surroundings work with your pill colour palette? Prezista is the hardest, being bright orange, but remember your color fundamentals of complementary colors

and think green, along with a few neutrals.

Anyway I digress. I had a lot of fun writing in those days just allowing my imagination to take off and not think about what others thought.

Today being the publisher of PositiveLite.com has brought me into another stage of evolution where I find myself not wanting to be as wide open in my personal life, and a little, and I know it's shocking, camera shy. However writing this post reminds me that I have to put a bit more fun back into AIDS, or at least my AIDS.

Now on to some of the images! I went to a conference in Africa and then in Australia. I had Kostas make up a poster for my alter ego, Miss Retro Virus, for her world pandemic tour complete with tour dates. He also made up some very fun banners for each country I was in.



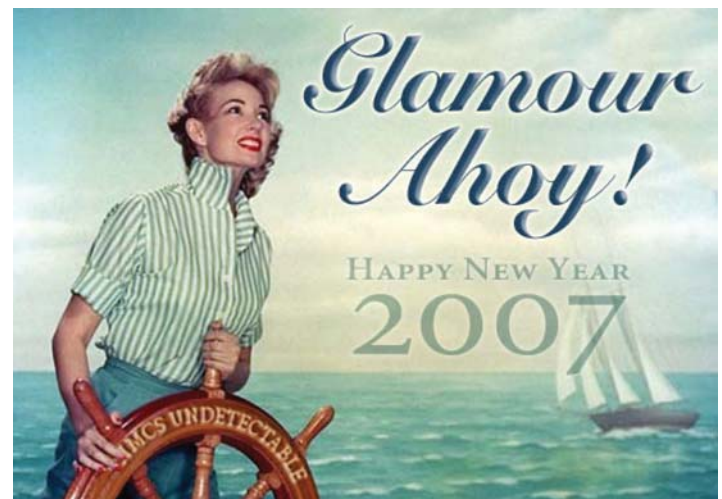
When I started my everything-but-the-kitchen-sink combination of medications in 2006, I wrote all the way through that. Trust me when I tell you it wasn't pretty, especially with the Sustiva and losing my ability to even write complete sentences. I still shared this difficult experience and kudos to anyone who attempted to read it.



After doing my World AIDS Day interviews several years ago, I had been on the D-list tour while my friends were talking to the national newspapers, I just finished public access television and 24 Hours free news magazine (the one you

read on the subway and litter the floor with). After getting out of the Rogers TV station, basking in the afterglow of appearing in between a group of modern dancers and a guy selling "Scorned Women Hot Sauce," I declared that I was the "Kathy Griffin of AIDS"

And finally one more glamour shot while I walk down memory lane....



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).

THE LONG ROAD HOME FROM RELAPSE

by Mark S King

Florida highways have lovely rest stops. You would expect that from the Turnpike, where toll booths charge a premium every so often, but the manicured picnic areas continue even as you drive further north and onto I-75. I'm on a cement bench in a concession area, chomping down corn chips and a Mountain Dew, away from the dog walkers and the families gathered at picnic tables, when I notice that my jeans are gathered sloppily around my waistline, cinched so much tighter than before. How much smaller has my waist become in such short a time? I wonder. One inch? Two?

People sometimes stroll near me on their way to the restrooms, and I keep my eyes down, afraid I might look too disheveled for their comfort, or worse, that my shame might be clearly written across my face. That they might see what I've done, and return a glance of judgment or pull their children closer. The self pitying tone of these words doesn't suit me. Pity is such a useless emotion at a time like this. Let me start again. The drug relapse came over me like a sickness, as if I was coming down with something, slowly, over weeks. The breakup with my former partner last month in Ft. Lauderdale had been cordial, and he and I continued living together while I made plans to relocate back to Atlanta. First, though, Thanksgiving would be spent with his family, as a final goodbye and a chance to show our unity — and of what remained of our broken love — during this trying time. But my disease of addiction had already begun rearranging my thoughts, shuffling my priorities in a bid for dominance over the vigilant recovery I had practiced, proudly and successfully, for nearly three years. Small changes crept into my behavior, not about drugs precisely, but other, vaguely related habits that had once accompanied my drug use.

A return to the gym and a shallow fixation on my body. Smoking, a habit broken for two years, returned in secretive fits and starts. A feeling of entitlement — to do as I pleased, to eat junk or get laid — swept over me like a declaration of



freedom that hid its true intentions in the fine print. And then the clarion call became more explicit, as involuntary images of using drugs bombarded me, plaguing my sleep and my daydreams. But while my memories of life as an active addict had previously been reduced, finally, to dark and sinister snapshots of a pitiful existence, these new images were more seductive, promising euphoria, fast sex and most of all, a lurid escape from my own feelings.



When my former partner left town on business the week before Thanksgiving, the drug addict inside me made a break for it.

It's startling, really, the speed at which a recovered crystal meth addict, filled with a sense of purpose and a devotion to helping others dealing with this disease, can be transformed into a selfish liar. About as long as it takes the first, transformative rush of the drug to enter your body. But the images that promised everything delivered nothing. Or that is, they delivered the usual package of misery that I should have expected, from my own past experiences and the many, many stories of woe I have heard from other addicts. Those images — the real ones I witnessed during my relapse rather than the counterfeit promises with which my disease had baited me — haunt me now. I don't want to conjure them, the lesson has been received, but they roll on. Images of desperation, of blood and jeopardy and strangers with my fate in their hands.



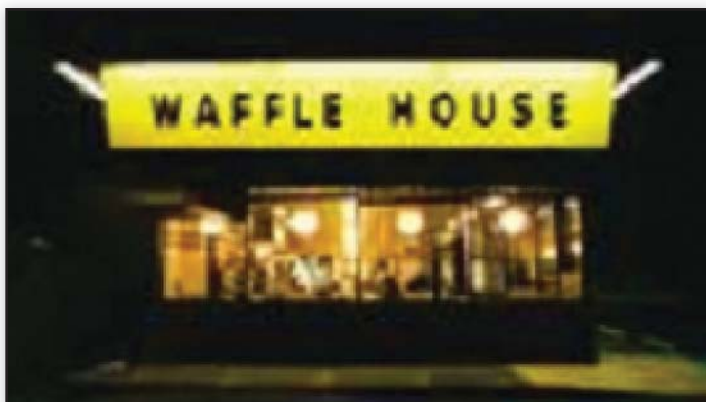
The street crack dealer, with whom I am pleading to please return the keys he has taken from my pocket, who tells me he is going to "rent" my car for errands, who threatens me through a manic grin and all the while I am trying to convince him to please, please just give back the car. You don't need to hear this. This is mine to endure and overcome. Let me start again.

There are many motels sprinkled along the exits in Orlando, and I scouted out several before choosing one that allowed me to park directly in front of my room. With the car piled high with my belongings, I had to be sure no one would steal it. Despite the exhaustion of the previous week I slept fitfully, waking to peer out the window and survey any disturbance, fearful that my despair could multiply. The rolling stone of misfortune can gather plenty.



This long drive was unplanned, of course, the consequence of my relapse, when after days of not being where I was supposed to be and phone calls piled high with deceit, my former partner pegged my insanity and sent me a text from his business trip, asking me to leave before he returned. My disregard for our home, the dogs, and my personal safety was simply too much. A mutual friend arrived to care for the house. I would pack and leave within a day, to sit out the holidays with family in Shreveport, Louisiana, a thousand miles from Ft. Lauderdale.

Even before his discovery, the awful realization of what I had done, how I had taken our gracious final days together and twisted them into something horrific, had actually spurred my relapse further, as I sought escape from my own wreckage. By the time his text appeared on my phone, the smoke was clearing, the fever had broken, but it was far too late.



The comfortable highways of Florida eventually gave way to the ruined roads of Alabama and Mississippi, badly spackled with tar, and my car rumbled with the thumpa-THUMPA-thumpa of their scarred surfaces. I wondered if the framed pictures in the trunk might break, if the towels I had wrapped them in might not be enough. The towels; the guest room towels. They didn't really belong to me. It set off another round of worry, and I wondered if a new label might be added to my sadly recycled identity. Drug addict. Liar. Thief.

I had turned back once already, when I had first driven onto the freeway before realizing I had his watch on my wrist, a watch I had always worn but wasn't mine. I drove back to return it, and in the hour or so I had been gone, the quiet house had abandoned any welcome for me. I placed the watch on a table and locked up again. It felt like trespassing.

In Mobile, Alabama, I stopped again for the night and this time managed a full twelve hours of dreamless sleep. In the morning at the Waffle House, I ordered steak, eggs and hash browns, smothered and covered, and dismissed thoughts of what my trainer might think about my diet on the road. Explaining my relapse is beyond me, beyond logic, and yet here I sit, trying to understand and explain. It maddens me, the choices I have made, and reminds me that the disease most capable of killing me isn't HIV, it is drug addiction. But this chronicle reeks of defeat, and I am not feeling defeated today. Let me start again.

The miles upon miles of endless highway give way to Louisiana, and Shreveport finally appears on a freeway sign. I relax into the anticipated embrace of family. My tired car pulls into Mom's driveway, and my brother — also gay and also an addict in recovery for more than a decade — greets me with an extended hug, and we begin the business of unloading the car immediately, as if to shoo away the evidence of my drive and the depressing reason for it. A guest room has been prepared, a closet cleared. For the next month, as I deal honestly with my tender wounds, this will be home. Mother arrives from the hair salon, and her cheerful. And how is my favorite redhead doing.? She tells me that everything is going to be fine. She knows why I've come home, and she doesn't require a single detail.

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).



I've already begun the business of rededicating myself to my program of recovery, and there is pride in that. There is joy, in fact, once the truth has been told, and the work to rebuild can begin. Not regretting the past, even the recent past, is a difficult job, but too much time spent looking in the rear view mirror hardly bolsters me for the road ahead. I am grateful, to have regained my footing after a few terrible days, to have survived it, to have my freedom to make better choices. And I am filled with gratitude for the friends and family who have given me a precious gift. They let me start again. Written by Mark S. King and reposted from his blog: www.myfabulousdisease.com

Treatment Educat10n Network www.ontheten.org



COMMUNITY EDUCAT1ONAL FORUMS

"BY THE COMMUNITY ... FOR THE COMMUNITY"

Tuesday, January 10: Navigating the Rough Waters

How Upcoming Changes Might Affect Your Access to Health Care & Other Services

Bob Bongiovanni and Todd Grove

Colorado Department of Public Health, HIV Care & Treatment Program

(usual location, see below)

Tuesday, February 14: topic tbd

tentatively Dr Ken Greenberg

(usual location, see below)

Tuesday, March 12: Highlights from CROI

Annual Update & Report from the large HIV Conference

Dr Steve Johnson & Dr Tom Campbell, University of Colorado ID Clinic

(usual location, see below)

*** FREE DINNER 6 PM ***

*** FORUM 6:30 PM (NO RSVP REQUIRED) ***

COMMUNITY ROOM AT OUR SAVIORS

9TH & EMERSON (LOWER LEVEL, ENTER ON THE SIDE FROM EMERSON ST)

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TEN (TREATMENT EDUCAT1ON NETWORK)

WWW.ONTHE10N.ORG

(IF YOU HAVE MEAT, WHEAT, OR OTHER FOOD ISSUES AND PLAN TO ATTEND, PLEASE LET US KNOW BY EMAIL TO: FORUMS.COLORADO@GMAIL.COM)


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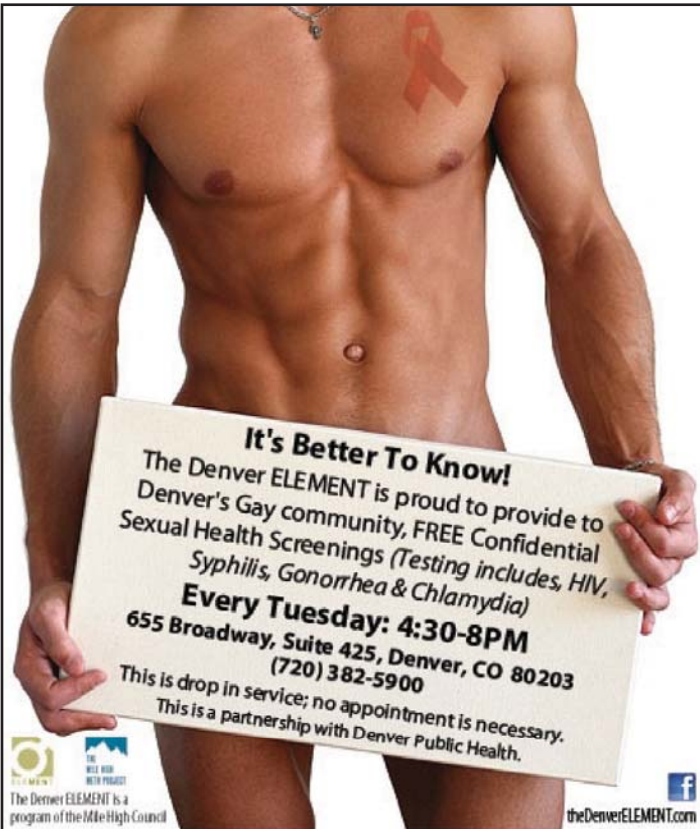
* www.aidsmeds.org * www.treatmentactiongroup.org * www.projectinform.org *

* www.beonecity.com * www.wix.com/poziam/poziam * www.lifelube.blogspot.com *

WEB RESOURCES WEB RESOURCES WEB RESOURCES WEB RESOURCES WEB RESOURCES



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...



It's Better To Know!
 The Denver ELEMENT is proud to provide to
 Denver's Gay community, FREE Confidential
 Sexual Health Screenings (Testing includes, HIV,
 Syphilis, Gonorrhea & Chlamydia)
Every Tuesday: 4:30-8PM
 655 Broadway, Suite 425, Denver, CO 80203
 (720) 382-5900
 This is drop in service; no appointment is necessary.
 This is a partnership with Denver Public Health.

The Denver ELEMENT is a
 program of the Mile High Council

theDenverELEMENT.com



2012 HIV Retreat at Shadowcliff
July 5 - 8

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

LORA LEE

My name is Lora. I'm 38 years old. My story begins exactly 20 years ago. I was shot while walking home from work. I remember hot pain as I fell to my knees, being kicked in my ribs and face. I can still see flashes of things, and I clearly remember being thrown out of a car and a man saying "Welcome to the world of AIDS." The rest is a blur - flashes of people - lights - noise - I woke up a month later in the ICU. My wife at the time was by my side asking "What happened?" It was a tough battle as I

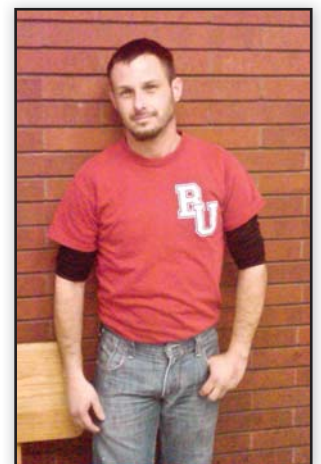


had not only been shot, I had been stabbed numerous times, every rib broken, and brutally raped. Being a lesbian and having this experience changed not only my relationships, but especially my then wife of 5 years... but ironically enough, also challenged me. It brought back feelings and memories of my sexual abuse as a child. I was pregnant from this rape and chose to keep him, however 3 1/2 months into my pregnancy I lost him. It was a bittersweet moment, and as I write this tears fill my eyes. An innocent party in a horrible life-changing event

About 6 months later, I went in with my wife for an HIV test. Her results came back in 2 weeks, but mine took more than 6 weeks. I remember being called to the doctor's office, and the woman didn't have to say anything- the look on her face when she opened my file said it all. I sat there numb, couldn't say anything as tears ran down my face. As I walked out, I remember thinking I'm so lucky for a wonderful woman by my side. I got home and she was like "You gave me AIDS? You have AIDS! OMG!" A horrible incident ... needless to say she was out of there so quick. I felt so alone. I turned to pills thinking I could make this all go away. So I stayed in the "river of denial" for a very long time.

Then one day it hit ... reality check ... so I have turned a horrible experience into a life learning and teaching passion. People don't realize lesbians are targets too. I strive to reach out to women and kids, especially troubled youth, in hopes that my experience can help someone else. I am truly honored and blessed to write my story for you. Thank you all ... one love ... blessed be.

Bryan regularly volunteers for many of TEN's programs. In addition, this year he raised the largest amount of money for P.A.W.S. (Pets Are Wonderful Support) which provides support for pet care for HIV+ persons. Bryan also volunteers at The Center. He was recently chosen as Mr. Charlie's December 2011.



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

AMC= AIDS Malignancy Consortium

> = 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)

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

Blinded = you do not know if you are receiving drug or placebo; (**double-blinded** = your doctor also doesn't know)



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: Exploratory study to see if chloroquine can reduce immune activation (ACTG)

- Conducted at UC only (24-week study)
- Currently on ART
- Undetectable VL for >2 years; CD4= <350

ART Experienced: A5275: 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; fasting triglycerides <400
- No active Hepatitis B or C. No known inflammatory conditions.

ART Naïve: A5272: Study of oral HPV shedding and oral warts after initiation of ART (ACTG)

- Conducted at UC and DH (48-week study) \$25 gift card per visit
- For persons already planning to start ART for the first time

ART Naïve: A5303: Bone, neurocognitive, & immunological effects of an ART regimen that includes maraviroc (Selzentry) (ACTG)

- Conducted at UC and soon at DH (48-week study)
- VL = >2000 (virus must be R5 tropic, which is most people)
- HIV medications provided; study includes DEXA scans
- Placebo-controlled (and double blinded)

ART Experienced: A5286: Using rifaximin for those with incomplete CD4 recovery yet undetectable viral load (ACTG)

- Conducted at UC only (12-week study)
- Undetectable VL for >1 year; CD4= <350

ART Naïve: A5296: Sevelamer for reducing endotoxemia and immune activation (ACTG)

- Conducted at UC only (16 weeks: 8 weeks on drug and 8 weeks off drug)
- Not taking any ART (either naïve or haven't taken ART for 24 weeks)
- CD4 = >400

ART Experienced: A5293: ER niacin vs fenofibrate for lipids and inflammation in HIV+ with low HDL (ACTG)

- Conducted at UC only
- CD4= >100
- HDL = <40; Triglycerides = 200-800

HEP C: A5277: Safety and activity of HCV entry inhibitor ITX5061 in mono-infected adults (ACTG)

- Conducted at UC only
- HIV negative
- HCV treatment naïve
- HCV genotype

COMING SOON...

HPV Prevention: A5298: HPV vaccine to prevent anal HPV infection in HIV-infected men

- Conducted at UC and DH
- Age = >27 yrs
- Followed for 3-4 years
- Placebo controlled (and blinded)
- Receptive anal sex (penile or oral) within one-year of study entry

Tuberculosis: A5279: Ultra short-course rifapentine / isoniazid for prevention of active TB in HIV+ individuals with latent TB (ACTG)

- Conducted at UC and DH
- 3-4 year study (10 visits in 1st year, 4 visits each year after that); \$10 gift card per visit
- On or off ART within certain parameters
- Includes DEXA scans

HPV: AMC 076: Infrared coagulator (IRC) ablation vs expectant management of HGAIN (high-grade anal intraepithelial neoplasia) (AMC)

- Conducted at DH only
- 2 year study
- Men and women
- CD4 = >200
- No history of anal cancer and no prior treatment of HGAIN
- Biopsy-proven AIN 2 or 3

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

ACTGACTGACTGACTGACTGACTGACTGACTGACTGACTG



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

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 Thursday 3-5pm: "Vision!" substance abuse treatment group for women
Empowerment * 1600 York St * Denver 80206 * More info & sign-up: Aleesa 303.320.1989 x226

Every Friday 2-3pm: Women's Support Group (drop-in)
Empowerment * 1600 York St * Denver 80206 * More info: Liza 303.320.1989 x220

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

Second & Fourth Friday 2:30-3:30pm: "Stay Out of Jail Free" for formerly incarcerated (drop-in)
It Takes a Village * 1475 Lima St * Aurora 80010 * More info: 303.367.4747

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



8th Annual Poz Cruise

* October 28 – November 4, 2012 *
A 7-night sailing from Ft Lauderdale
aboard the “Ruby Princess”
calling at St Maarten, St Thomas,
Grand Turk & Bahamas
Rates start at \$698
More info: www.HIVcruise.com

Merging CAPs

A Bold Move to Meet Evolving Need



DCAP – NCAP – SCAP – WestCAP
<http://mergingcaps.wordpress.com/>

SIN Coffee Get-together

First Sunday of Every Month

11am - 1pm



Barracuda's * 1076 Ogden St 80218

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)

How To Survive A PLAGUE

DIRECTOR David France SCREENWRITER
David France, T. Woody Richman, Tyler Walk
U.S.A., 2012, 120 min, color



Faced with their own mortality, an improbable group of mostly HIV-positive young men and women broke the mold as radical warriors taking on Washington and the medical establishment. How to Survive a Plague is the story of two coalitions—ACT UP and TAG (Treatment Action Group)—whose activism and innovation turned AIDS from a death sentence into a manageable condition. Despite having no scientific training, these self-made activists infiltrated the pharmaceutical industry and helped identify promising new drugs, moving them from experimental trials to patients in record time.

With unfettered access to a treasure trove of never-before-seen archival footage from the 1980s and '90s, filmmaker David France puts the viewer smack in the middle of the controversial actions, the heated meetings, the heartbreaking failures, and the exultant breakthroughs of heroes in the making.

Blisteringly powerful, How to Survive a Plague transports us back to a vital time of unbridled death, political indifference, and staggering resilience and constructs a commanding archetype for activism today. - D.C.



I WANT YOU ! TO TELL YOUR STORY ABOUT BEING AN HIV+ VETERAN

The Positive Project is the largest video collection of HIV+ persons in the world. Over 150 HIV+ people from across the country have stepped up and spoken out to educate others. Stories are kept in a digital archive available on the Internet for free public access. If we can't talk about it, we can't change it. We are a non-profit community based organization helping the world talk about HIV/AIDS. Learn more and see interviews at www.ThePositiveProject.org

HIV-positive veterans are needed for a video interview.

- ❖ You need to be out about your status, willing to sign a consent, and able to spend about 1.5 hours of your time.
- ❖ You will receive a DVD copy of your full unedited interview, a \$25 gift card, and the satisfaction of helping others.

Call Tony Miles at 303-733-0545 to reserve a spot to add your story! TMilesPhD@aol.com

TEN from TEN

1 NAPWA called on Milton Hershey School to reverse its decision to deny admission to a 13-yr-old straight-A student, solely because he is HIV+.

Reaction has been immediate and angry, citing lessons learned from Ryan White. The school argued that this case was completely different from Ryan White's, because Milton Hershey is a full-time boarding school, not a day school. NAPWA urged the Milton Hershey School to rethink that - urgently, and not just for the sake of the young man denied admission. HIV is not spread by casual schoolyard contact. If the school is concerned about the possibility of more intimate contact, it should do what every school should do: educate its students about the risks of unprotected sex and the reasons they have to protect themselves. Both parties involved in a sexual encounter are responsible for their behavior.

2 The global AIDS Fund says it has run out of money to pay for new grant programs for 2 years, which is likely to impact poor AIDS patients around the world. They cited economic woes brought on by debt crises in the US and Europe. A panel recommended the fund must adopt tougher financial safeguards after a storm of criticism and doubts among some of its biggest donors.

3 Marine General James Amos, the face of opposition in the military to lifting the ban on gays serving openly, now acknowledges his concern that the repeal would undermine the war effort has proved unfounded. In fact, he says, Marines have embraced the change. In an AP interview, Amos called the repeal in September a "non-event". He sees no sign of disruption in the ranks.

4 At least six HIV+ people have died after evangelical churches in Britain reportedly told them to stop taking their medications because they had been healed by God. Pastors at several churches said they could be healed through an exorcism-like process that involved shouting over the patients and spraying water in their faces. A pastor at the Synagogue Church of all Nations (SCOAN) told one undercover reporter - who actually is HIV positive - that they had a 100% success rate.

5 Fewer US adults are smoking, and those who do light up are smoking fewer cigarettes each day. According to a CDC report, 19.3% of adults said they smoked last year, down from about 21% in 2005. The rate for smoking 30 or more cigarettes a day dropped to about 8% from almost 13% during the same time period.

6 The International Diabetes Federation predicts that one in 10 adults could have diabetes by 2030, according to its latest statistics. In a report, the advocacy group estimated that 522 million people would have diabetes in the next two decades, based on criteria such as aging and demographic changes. The figure includes both types of diabetes.

7 The AIDS epidemic has hit a plateau, with 2.7 million people becoming newly infected each year for the past 5 years, according to the annual report released by UNAIDS. Almost 7 million people are receiving treatment - more than half of them thanks to US taxpayers - and that number has been steadily rising. But it is still not close to catching up to the new infection rate: Last year, 1.35 million got on treatment for the first time, meaning 200 people were newly infected for each 100 newly treated.

8 On November 18, President Obama signed the "Consolidated and Further Continuing Appropriations Act 2012" which provides appropriations through September for several agencies, including HUD, whose budget is \$3.8 billion below the 2011 budget. Originally the House had recommended and passed legislation that appropriated \$334m (flat-funding) to HOPWA (Housing for Persons with AIDS) but the Senate had passed a \$34m reduction. In the just signed "mini-bus" the House split the difference and recommended HOPWA be funded at \$332m in FY12. HOPWA has typically enjoyed broad bi-partisan support and this cut represents one of the few times in the program's history when funding has been reduced. While HOPWA fared better than a number of other critical housing programs, this cut of more than \$2 million will mean less housing assistance through HOPWA is available as the need continues to grow.

9 The administration is unable to show that the billions of dollars spent in the war on drugs have significantly stemmed the flow of illegal narcotics in to the US, according to two government reports. Contractors were paid more than \$3 billion to train local prosecutors and police, to help eradicate fields of coca, operate surveillance equipment, and otherwise battle the widening drug trade in Latin America in the last 5 years.

10 According to the Onion, struggling to secure much-needed funding, PBS began its winter pledge drive with the debut of *Nova: Boobs A-Bouncin'*, a 2-hour special devoted to the science of breast mobility - covering all the ups-and-downs, side-to-side, and other jiggling patterns of breasts in motion.

WORLD AIDS DAY

The Women's AIDS Project staff at the Empowerment Program celebrated World AIDS Day by donning the T-shirts given to us from the Denver Office of HIV Resources. Here we are on 12-1-11.



Pictured are (from left to right)

Aleesa Brauer, WAP Program Manager, WAP Case Manager, and VISION Therapist; Liza Johnson, WAP Case Manager; Juana Soto, Bilingual Case Manager and HIV Prevention Specialist; Marie Cook, WAP Therapist; and Allyson Drayton, CHAPP Program Administrator and HIV Prevention Specialist

Rica Rodriguez, WAP Case Manager and Criminal Justice Specialist, is also pictured here in a great shot next to a beautiful piece of artwork at Empowerment.



"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

Hep C connection

HEPATITIS C

It is estimated that about 25% of people infected with HIV in Colorado are also co-infected with hepatitis C virus (HCV). HCV is a virus that causes scarring to the liver, and can lead to liver disease and liver cancer. HCV is only transmitted through blood-to-blood contact and is not considered a sexually transmitted infection; however, new information shows that HCV can be spread through men who have sex with men depending on the type of activity because of potential blood-to-blood interaction. Please review this article for additional information:

<http://www.hivandhepatitis.com/hcv-disease-progression/acute-hepatitis-c/3112-hcv-can-be-sexually-transmitted-between-hiv-men>

Individuals with HIV should be regularly tested for HCV if they have continuous risk factors for contracting HCV. HCV has been shown to cause damage to the liver at a faster rate among people that are co-infected with HIV.

Please contact Hep C Connection with any questions, for additional information, or for free hepatitis C testing.
1-800-522-HEPC (4372) www.hepc-connection.org



Women's AIDS Project
of The Empowerment Program, Inc.
1600 York Street, Denver, CO 80206

The mission of the Women's AIDS Project (WAP) is to provide participant-centered services to women living with HIV/AIDS and to women at risk for HIV infection.

WAP Group - Women's Support Group

This support group focuses on education and support to women who are living with HIV/AIDS. We provide a supportive group where positive women can talk about issues related to living with HIV/AIDS and discuss the surrounding issues such as post traumatic stress, trauma, substance abuse and violence. It gives women the opportunity to share their experiences and receive encouragement.

Fridays: 2-3 pm

Refreshments are served.

Facilitator Liza Johnson, WAP Case Manager

VISION SUBSTANCE ABUSE TREATMENT GROUP AT THE EMPOWERMENT PROGRAM

- VISION is "a place to come where I can share personal things about myself & my life and know people can relate. It's also a place that I can feel safe & know what I say here, stays here."
- "I come to VISION to be around other HIV+ women and have some camaraderie with people that share something with me. I also come for the support."
- VISION has "been here with me through many different stages of my life. I have received help and support through the years."
- VISION is "some place to come to and be supported."
- VISION group means "to be with clean people and discuss staying clean."



Mary Lindeman (pictured) stated: VISION is "a group of HIV+ women that are currently battling addiction or have addiction in their past." She comes to VISION "for the social aspects, to keep in contact, and talk with the other women who are just like me." Mary said, "it supports me during my ups and downs

and I share what's going on in my life, and keep up with all my peers."

NOTE: You do not have to be part of WAP to participate in VISION! You can receive case management services at any ASO and still participate! Call Aleesa at 303.320.1989 x226 for information! VISION meets on Thursdays from 3-5 pm. We offer a meal, incentives, and support.

"SURVEILLANCE" ... A PERSPECTIVE BY CARL E

It was a beautifully presented carpet, eloquently laid out, every weft and warp accounted for.... The Colorado Department of Public Health and Environment et.al. laid out a convincing case for the necessity of implementing the Web-based ARIES record keeping software on December 5th in a community forum at the Daniels Foundation Building. It was presented well, it was convincing, it was presented as inevitable...truly a beautiful carpet. Although several concerns from various AIDS projects, mental health professionals, and community members were voiced, a lifting of one beautiful corner of that carpet and a prompt sweeping by the state agencies served to hide the majority of the criticism from public view.

But, all told, it was a carpet. And like all carpets it hides the underlying floor. In this case it hides the concerns of the HIV positive community's valid concerns as to how information captured by this Web-based program will be used. The word the state uses is "surveillance." Now maybe it's just me (no, it's not) but any time the word "state" and "surveillance" are used in the same sentence I check my wallet and make sure my dues to the ACLU are paid up. Maybe we have become hardened to the word surveillance in the day and age of the "Patriot Act," but I think not. "Surveillance" is a dirty word, pure and simple.

"Surveillance" is also unconstitutional when it concerns those parts of our lives in which we have a reasonable expectation of privacy. My blood, my body, my doctor, my lawyer, my counselor, my sex partners... the list goes on...are not the data points legally collectable by the state (even though the NSA seems to think they are). The fourth amendment of the Bill of Rights spells this out. The Health Insurance Portability and Accountability Act says that I have the right to a complete accounting of when such information is even passed to another entity. The Americans with Disabilities Act further strengthens the legal recourse against this sharing when the information involves a person covered by the act.

Now, I don't want to come off as unconcerned to the plight of state agencies. I understand the necessity of justifying expenditures with demographics. The state agencies have the need to collect numbers to remain funded, but they have no need to collect my phone number, social security number, house number, license plate number, shoe size, or anything else that is personally identifiable and post it on the web. Yes WEB, this is a web-based application. It has good security, 128 bit security. So what! It's accessed by the WEB for the love of Pete! From the same computer that is used by the guy getting the joke of the day by e-mail. IT IS NOT SECURE!

So should we let the state agencies implement their program (pogrom). Well it depends, did we let the NYPD continue rousting the Stonewall Bar? The Government uses "surveillance" for many purposes, sooner or later those purposes go to hell. The road to Hell is paved with good intentions ... and laid with beautiful carpets.

Slut Bingo !

(benefits The HIV Retreat at Shadowcliff)

Friday February 10th 2012

Balls drop at 8pm (doors open 7pm)

Club M at Hamburger Mary's * 17th & Washington



CALENDAR of EVENTS

January

- 6 & 7 (Fri & Sat) free day: Denver Zoo
- 6 (Fri) free day: Chatfield Botanic Gardens
- 7 (Sat) free day: Denver Art Museum (13th & Broadway)
- 8 (Sun) 11am: SIN Brunch at Barracudas (1076 Ogden)
- 9 (Mon) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 10 (Tue) 6pm: Community Educational Forum (a)
- 13 (Fri) 6pm: SIN Happy Hour upstairs at the Skylark (Broadway & Maple)
- 16 (Mon) free day: Denver Botanic Gardens
- 18 (Wed) free day: Denver Zoo
- 20 (Fri) 9am-5pm: DHRPC Annual Retreat location tbd www.dhrpc.org
- 25 (Wed) 5:30pm: Denver Health CAB (b)
- 27 (Fri) 11:30am: University of Colorado CAB (d)
- 30 (Mon) free day: Museum of Nature and Science (17th & Colorado Blvd)



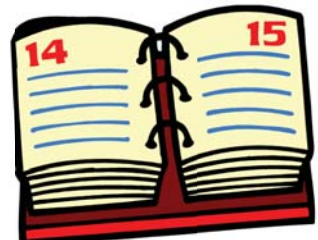
February

- 2 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 3 (Fri) free day: Chatfield Botanic Gardens
- 4 (Sat) free day: Denver Art Museum (13th & Broadway)
- 5 (Sun) 11am: SIN Brunch at Barracuda's (1076 Ogden)
- 5 & 6 (Sun & Mon) free day: Denver Zoo
- 10 (Fri) 6pm: SIN Happy Hour at Skylark (Broadway & Maple)
- 10 (Fri) 8pm: Cycle Sluts Bingo (benefits HIV Retreat) Hamburger Mary's (Club M)
- 14 (Tue) 6pm: Community Educational Forum (a)
- 16 (Thu) free day: Denver Zoo
- 16 (Thu) 11am: DHRPC Rebuilt+ (PLWH) Committee: 200 W 14th Ave 3rd fl conf room
- 18 (Sat) 6pm: Mad Hatter Bingo Ball benefit for Howard Dental at Casselman's 2620 Walnut
- 20 (Mon) free day: Denver Botanic Gardens
- 22 (Wed) 5:30pm: Denver Health CAB (b)
- 24 (Fri) 11:30am: University of Colorado CAB (d)
- 27 (Mon) free day: Museum of Nature and Science (17th & Colorado Blvd)



March

- 1 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 2 (Fri) free day: Chatfield Botanic Gardens
- 3 (Sat) free day: Denver Art Museum (13th & Broadway)
- 4 (Sun) 11am: SIN Brunch at Barracudas (1076 Ogden)
- 5-8 (Mon-Thu) CROI (HIV conference) Seattle WA
- 9 (Fri) 6pm: SIN Happy Hour at Skylark (Broadway & Maple)
- 13 (Tue) 6pm: Community Educational Forum (a)
- 15 (Thu) 11am: DHRPC Rebuilt+ (PLWH) Committee: 200 W 14th Ave 3rd fl conf room
- 27 (Tue) free day: Denver Botanic Gardens
- 28 (Wed) 5:30pm: Denver Health CAB (b)
- 30 (Fri) 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) www.dhrpc.org
 (a) Our Saviors Community Room 9th & Emerson (enter on the side from Emerson)
 (b) Denver Health 6th & Bannock Rm 245 (Julia 303.602.8742)
 (c) U of C 12401 E 17th Rm 360 (nr Colfax & Peoria) (303.724.0797)

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

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Treatment Educational 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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