

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.



AUTUMN 2012
VOLUME VI, ISSUE III

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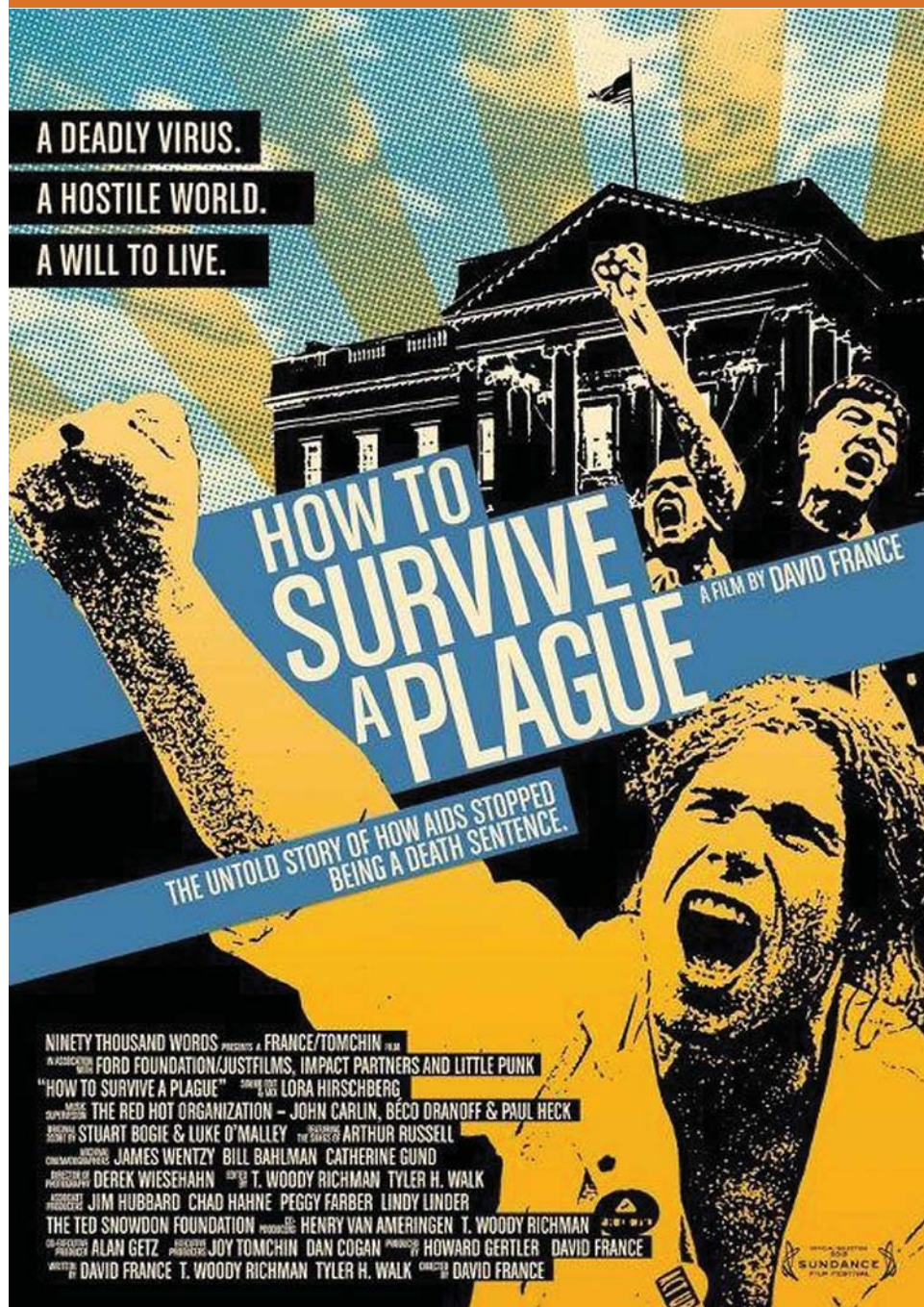


SIN Colorado is a Gay Poz Men's Social Network supported by Treatment Educat**10**n Network



www.ontheten.org

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



LONG AWAITED DOCUMENTARY ARRIVES

TEN is excited to announce the long awaited documentary "**How To Survive A Plague**" a film about the heroic acts of **ACTUP** and **TAG** consisting of people with and without AIDS in America during the first 10 years of the epidemic.

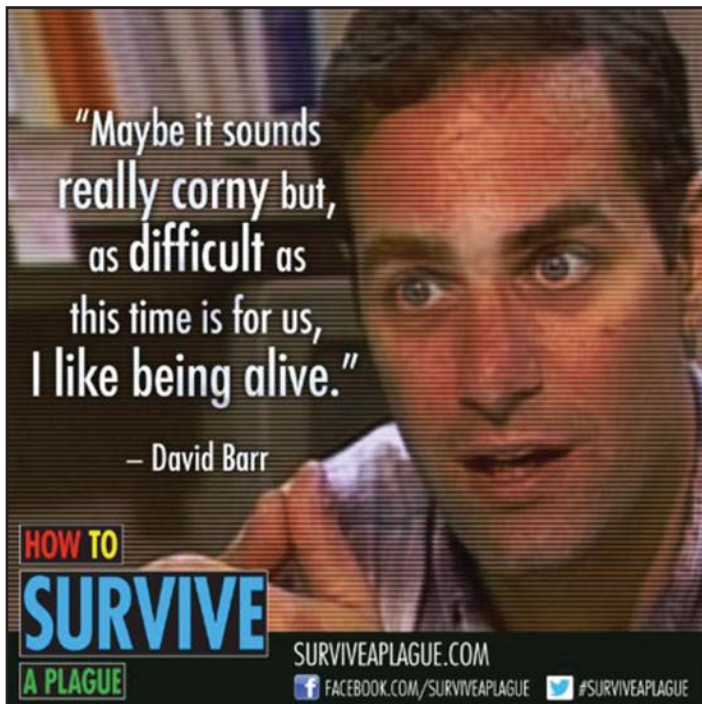
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LONG AWAITED DOCUMENTARY

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The actions and activism of those Americans changed the course of the availability of medical treatment, the freedom and humane treatment of LGBT Americans, the doctor-patient relationship, and changed the lives of millions of people worldwide. We highly encourage you to take time to look back and see what amazing efforts created a fast track to research and treatment which most of us benefit from today.

**Denver Film Center Colfax—Denver, Colorado
Opens Friday October 12, 2012!**



"Faced with their own mortality an improbable group of young people, many of them HIV-positive young men, 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.

THEN: ACT UP and their colleagues fought for nine years before winning life-saving medications. They organized a mass movement, they took to the streets, they made art, they made noise, they made a difference. Their tools included clear demands, arresting graphics, media savvy, and an ability to learn from their mistakes and refine their



strategies. And a sense of humor, when appropriate, in combination with their urgent and ethical message.

Whether outside the halls of power with banners and bullhorns, or inside at the table with leaders in research, treatment, drug-development, and funding, they never deviated from their fundamental objective: Finding drugs to save their lives and the lives of six million others as well."

Here are some quick reviews from around the country...

"...The first documentary that I have seen that does justice to this story of a civil rights movement rising from the ashes of our dead."

—Andrew Sullivan,
The Daily Beast

"Tells the story of these activists and the organizations they built... in compelling detail. Their fight was a Gandhian one—using the tactics of non-violent civil disobedience, the creativity of the gay community, and the effective but tough slog of grassroots participatory democracy."

—Chris Beyrer, *The Lancet*

"Served powerfully, with minimal adornment... A moving and meticulous documentary about AIDS activism in the late '80s and early '90s"

—A.O. Scott,
The New York Times

"...An epic celebration of heroism and tenacity, and less directly, a useful template for any fledgling activist movement, demonstrating the effectiveness of inside/outside strategy."

—David Rooney,
The Hollywood Reporter





How Is Your HIV Glamorous?

by Alex Garner, Editor-at-Large

"You're glamorizing HIV." It's an accusation we hear all the time. Many people seem to believe that if you talk about HIV in a way that veers beyond the very strict confines of



what is acceptable, that you are somehow "glamorizing it." To them glamorizing HIV is akin to encouraging it and pretty soon all those who've made HIV glamorous are also responsible for scores of new infections.

I know it's absurd but I heard it just a few weeks ago when planning a photo shoot of HIV positive people. So I figured,

instead of trying to fight them or convince them of their lunacy, why not show them? Why not show the general public just how glamorous HIV can be?

I know it sounds ridiculous. Anna Wintour never declared HIV chic and its cleavage has never been exposed on the cover of *Vogue*. So how can HIV possibly be glamorous?

Maybe it's more like how *Glee* glamorizes homosexuality by daring to depict gay teenagers on television. *Glee* successfully makes homosexuality alluring and enchanting by showing LGBT teens struggling with their identities, standing up to bullies and being ostracized from their families, all while singing and dancing.

Basically, if HIV positive people speak openly and honestly about their lives, they can be accused of glamorization. The acceptable HIV narrative has been one of regret and repentance. People expect you to apologize for getting yourself infected and to live as a cautionary tale for all the negative people out there. You shouldn't be ashamed but don't move so far from shame that it might seem like pride.

When it comes to sex, you can't have a frank discussion about sex without condoms because then it's a double whammy. You are glamorizing HIV and barebacking. If HIV-positive men are audacious enough to claim their sex lives then they become the enemy because they are setting a bad example. After all, a common underlying theme in prevention is that sex leads to infection and it's something you'll have to give up if you seroconvert.

Oh why oh why can't my HIV be more glamorous? Why can't I have a Prada pillbox for my life saving medications? Why doesn't the paparazzi stalk me when I visit the pharmacy or go in for a check up? And more importantly, how can I have my glamorous lifestyle depicted in captivating black and white. Like old Hollywood glamour shots?

Better yet, I could create a Madonna/*Vogue* inspired video complete with diamonds, furs (faux fur in West Hollywood), wind machines, and Voguing gay boys. That would be the height of glamour for my HIV.

If they want glamour, let's give them glamour. What would you do to make HIV the must have disease of the season? How is your HIV glamorous?

HORWITZ CREATED AZT, FIRST TREATMENT FOR AIDS

by Paul Vitello / New York Times News Service

Published: September 22, 2012 4:00 AM PST

Jerome Horwitz, a scientific researcher who created AZT in 1964 in the hope that it would cure cancer, but who entered the medical pantheon decades later when AZT became the first successful drug treatment for people with AIDS, died on Sept. 6 in Bloomfield Township, Mich. He was 93.

His wife, Sharon Horwitz, confirmed his death, which had not been widely reported until this week.

Horwitz never achieved much fame and did not earn a penny for making the AZT compound. The riches — billions of dollars eventually — went to the drug company that tested it, patented it and, in 1986, won federal approval for it as the first treatment proven to prolong AIDS patients' lives.

Horwitz told interviewers that when AZT (short for azidothymidine) had failed as a cancer drug, he literally put it away on a shelf in disappointment and moved on to explore other ideas, never bothering to patent it.

To console himself, he half-kiddingly told colleagues at Wayne State University's cancer research center in Detroit that AZT and several similar drugs he had developed were "a very interesting set of compounds that were waiting for the right disease."

That set of compounds not only proved useful 22 years later in combating full-blown AIDS; it also defined a new approach to attacking disease by stealth.

Horwitz called the family of compounds he and his colleagues had developed "dideoxythymidines." All were synthetic forms of components of DNA known as nucleosides, a building block of genetic material. The researchers had injected AZT into cancer cells, hoping it would act like a Trojan Horse to hinder cell growth by confusing the DNA's real nucleosides.

The stealth approach did not work against cancer, but it provided the foundation for the development of anti-viral drugs now used in treating the human immunodeficiency virus (HIV), as well as hepatitis and herpes.

"It would be hard to put a number on how many lives have been saved because of these three drugs," said Nathalia Holt, an AIDS research fellow at the Ragon Institute of Massachusetts General Hospital, MIT and Harvard. She referred to AZT and two other compounds Horwitz created, known as didanosine and stavudine. "They form the basis for the anti-viral therapy we use today."

AZT collected dust on the shelf until the mid-1980s, when public awareness of the growing death toll from AIDS prompted a widespread search for treatments. Along with thousands of other drugs being tried in laboratories, the pharmaceutical company Burroughs Wellcome asked the National Cancer Institute to determine whether AZT might be effective in treating people with AIDS.

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WILLS, TRUSTS, POWERS OF ATTORNEY: MAKING SENSE OF IT ALL

by Erica Johnson, Esq.

When people hear the term "Estate Planning" they think it is only for the rich and old. That isn't true. Everyone needs a plan. If you don't make your own plan, the laws of the state where you live will apply. The following are the items that you should discuss with a qualified estate planning attorney to protect yourself and the ones you love.

Wills or Trusts

For those in the LGBT community, the importance of having a Will or a Trust is based on the fact that the laws that apply when someone dies without a Will or Trust (intestacy laws) do not provide for one's partner, friends, any charities, etc. You have to set out your wishes in a valid Will or Trust if you want them to be carried out.

Durable Property Power of Attorney

A durable power of attorney for property allows you (the principal) to appoint someone else (the agent) to make financial decisions for you. A good power of attorney document should name a primary agent and at least one back-up agent, if not two. The power of attorney should be durable, which means that it remains effective even if you become incapacitated.

Medical Power of Attorney

A medical power of attorney allows you (the principal) to appoint someone else (the agent) to make medical decisions for you in the event you are unable to make such decisions for yourself. The document should name a primary agent and back-up agents if possible. When the agent appointed is not a blood relative, the power of attorney should also state that the agent should be able to visit you in any health care facility.

Living Will

A Living Will is designed to allow you to state your directions with regard to whether you would like to have life sustaining procedures implemented or continued in the event you are declared terminal or in a persistent vegetative state. Living Wills vary by state, so you should be dealing with an attorney in the state where you live.

Last Remains Declaration

A last remains declaration allows you to make a legally binding written statement regarding what is to happen to your last remains at your death. The declaration also allows the appointment of an agent, and successor agents, to have the burial or cremation carried out. Under Colorado law, such a written statement is legally binding on the funeral home. Without such written statement, the law provides that the decision makers will be your blood relatives.

HIPAA Release

A HIPAA release (Health, Insurance, Portability, and Accountability Act) allows the release of medical records and information to your partner, and or other friends or family members, if desired. It is important that you sign a general HIPAA Release, not just the one you may have signed at your doctor's office. The release at your doctor's

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)

look for us in east area by fireplace,
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)



please visit
www.ontheten.org



visit www.gravitydenver.com

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

office only covers records at that office, not information that may be needed if you are in an emergency situation.

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Treatment Educat10n Network—TEN



TREATMENT EDUCAT10N NETWORK | WWW.ONTHETEN.ORG

TEN & THE NET ARE A WAY TO

- Learn about HIV
- Reach out to others, creating a strong support network
- Dismantle the stigma of HIV
- Deal with specific issues surrounding being HIV+
- Be a stronger advocate for your own healthcare

THE NET | TREATMENT EDUCATION NETWORK

GRAVITY | SIN COLORADO | BRISTOL-MYERS SQUIBB

WHO Newly HIV diagnosed (< 2yrs.)

WHAT Dinner and a Slide Set

WHERE Maggiano's 16th Street Mall Denver

WHEN TBD

HOW RSVP 303-436-4981



VOLUNTEERS NEEDED SUNDAY OCTOBER 21ST

Volunteers are needed to pour beer at the
Wrangler Charity Beer Bust on Sunday October 21.

Proceeds will benefit

Treatment Educat10n Network (TEN) programs
(including the Retreat at Shadowcliff)

Please volunteer by email or phone:
retreat.shadowcliff@gmail.com

or call 303.7777.208

THE DENVER
WRANGLER

17th St and Logan, Downtown Denver, Colorado

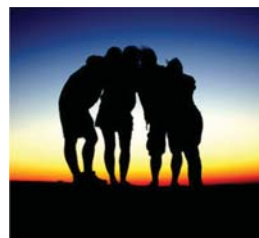
HORWITZ CREATED AZT, FIRST TREATMENT FOR AIDS

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When a group of scientists financed by the institute found that it was effective, the drug company filed for and received a patent. (The company later became GlaxoSmithKline.)

The approval of AZT made Horwitz briefly famous. Newspapers wrote about him and "ABC World News Tonight" profiled him as a "Person of the Week." But for Horwitz, the publicity was soured by the loss of potential income.

But he got over it, he said. "If I was ever bitter, it's long since passed," he said in 2005.



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....

U.S. HEALTH PANEL LIKELY TO MAKE HIV TESTS ROUTINE

WASHINGTON (Reuters) - A U.S. health panel may soon make HIV testing as standard a practice as checking cholesterol levels, a move that would fundamentally change how the virus is detected and treated.

The U.S. Preventive Services Task force, a government-backed group of clinicians and scientists, is expected to make a new recommendation on HIV screening available for public comment before the end of the year.

Health officials close to the panel, speaking on condition of anonymity, see it making a positive recommendation for routine screening, updating their current position, issued in 2005, which leaves the decision up to doctors.

Under President Barack Obama's health care law, passed in 2010, insurers are required to cover preventive services that are recommended by the task force.

"This would be one of those major sea changes ...moving away from what has been somewhat the segmentation of HIV - either by population, by geography," said Michael Kharfen, chief of community outreach for the Washington, D.C., Department of Health. Kharfen, who worked on the frontlines of the HIV epidemic in New York in the 1980s, recalls when the prognosis for the disease was "practically certain you were going to die. "It still will take culture change for medical providers, but this will be a tremendous leap," he said.

The HIV/AIDS epidemic remains a significant health challenge in the United States, with an estimated 1.2 million people living with the disease. Of this group, the U.S. Centers for Disease Control and Prevention (CDC) estimates that 20 percent are unaware of their infection.

Nearly 60,000 new cases of the human immunodeficiency virus that causes AIDS are reported nationally every year.

The CDC and other prominent groups have already called for routine HIV screening as a way to reach a much broader population and reduce the stigma some associate with showing up at an HIV clinic. But a recommendation from the task force would carry greater weight, as the U.S. health reform law of 2010 will require insurers to cover preventive services it endorses.

Global health officials have also stepped up the call for earlier treatment of people infected with HIV. New studies show that the latest HIV medications not only can extend the lives of patients for decades but are also one of the most potent ways of preventing their sexual partners from contracting the disease. Early treatment of HIV has been reported to cut transmission risk to uninfected partners by 96 percent.

"All health care providers have a responsibility to find cases of HIV because we don't know where they are," said Dr. Lisa Fitzpatrick, who directs the United Medical Center, an HIV clinic in Washington. While doctors in the past focused on higher risk groups such as men who have sex with men, she said, "HIV is in the general population now."

WEIGHING THE EVIDENCE

In 2006 the CDC recommended testing everyone between the ages of 13-64 at least once. They have since been joined by professional groups such as the American College of Physicians and the HIV Medicine Association.

The fact that the CDC and the task force came to different conclusions, even in the face of similar evidence, is likely to have stemmed from differences in their respective missions.

"We are looking at public health. The task force may be looking more at clinical care and the integration of prevention services within the clinical setting," said CDC Executive Director Kevin Fenton.

The task force is charged with weighing the potential harm of a test against its possible benefits. In 2005 the panel was not convinced by the available evidence that widespread screening would have the desired effect of helping prevent new infections by changing the behavior of the patient who tested positive.

"We did not find that evidence at that time compelling enough to say that we were confident that more people would benefit than the people who had HIV detected," said Dr. Michael LeFevre, co-chair of the task force.

"Obviously that was seven years ago," he said, noting that new scientific evidence has since emerged showing that the very treatment of infected people can help prevent them from passing on the disease. He said that will be factored into the panel's recommendation this fall.

THE COST EQUATION

While the task force doesn't factor cost into its considerations, the CDC and other health care providers do. Researchers at Stanford University estimate that over a 20-year period, expanding HIV testing to the general U.S. population would reach \$27 billion dollars.

A more cost-effective solution proposed by the researchers, and in line with CDC recommendations, would be to do a one-time screening of the general population, followed up by annual testing in areas with greater prevalence of the disease.

Such a strategy would prevent an estimated 212,000 new infections and even lead to long-term healthcare savings, when the lifetime cost of \$367,000 for HIV treatment is considered.

Private initiatives have also sought to make HIV screening more accessible and affordable. The CDC has a pilot program with drugstore chain Walgreen Co and other pharmacies for free, rapid HIV tests, whose wholesale cost is about \$20 each.

The U.S. Food and Drug Administration recently approved the first over-the-counter, self-administered HIV test from OraSure Technologies, which is expected to sell for \$60. A positive result would require follow-up at a doctor's office. Adding an HIV screening to a routine blood exam would amount to \$1.50 per patient.

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ATRIPLA, SUSTIVA COMPONENT LINKED TO NEURON DAMAGE

www.AIDSMEDS.com September 28, 2012

A byproduct formed during the breakdown of efavirenz—found in Sustiva and Atripla—appears to damage nerve cells, according to new Johns Hopkins University research published online ahead of print by the Journal of Pharmacology and Experimental Therapeutics and summarized in a news announcement. The scientists hypothesize, but did not conduct the studies necessary to prove, that this may contribute to cognitive impairment in people living with HIV.

Efavirenz is known to be very good at controlling the virus and is one of the few that crosses the blood-brain barrier and can target potential reservoirs of virus in the brain. It may also cause a variety of central nervous system-related side effects, such as nightmares and feeling “buzzed” during the first few weeks of treatment. Now it appears as if 8-hydroxyefavirenz, one of the metabolites created when efavirenz is metabolized by the liver, can damage important “dendritic spines” of neurons—the cells’ critical information processing points.

Is this toxicity clearly associated with, and indeed a cause of, memory declines and other neurocognitive problems in people living with HIV? Additional research, including analyses of data involving people who have been using efavirenz compared with those who have not, will be necessary. The researchers did note, however, that “concentrations of efavirenz and [8-hydroxyefavirenz] in the cerebral spinal fluid of HIV-infected [NorthEastern AIDS Dementia study participants] taking efavirenz were within the range that damaged neurons in culture.”

The Johns Hopkins researchers add that a minor modification to efavirenz’s structure may block its effects on nerve cells, without affecting the drug’s effectiveness.

U.S. HEALTH PANEL LIKELY TO MAKE HIV TESTS ROUTINE

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LeFevre, a primary care doctor in Missouri, cautions that the barriers to testing go beyond the rating of a single agency.

“I can’t think of another blood test in all of my practice that carries that baggage,” he says of the pre-test consent, counseling, and post-test follow-up that HIV screening requires.

United Medical Center’s Fitzpatrick agrees. “This test is all about talking about sex and facing things about your patient that you feel uncomfortable facing,” she said. “For years this was considered a gay disease so doctors did not get into the habit of talking about HIV or thinking that their patients might have HIV because they may not have had gay patients or they might not have known they have gay patients.”

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 Sundays: 10:15-11:30am

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).

Yoga is also available in Colorado Springs every Saturday 10:30a-12:30p at Pikes Peak MCC, 1102 S 21st St



The Denver ELEMENT is seeking a creative and energetic individual who is intimately connected with Denver’s gay male community. The **Positive Impact Program Coordinator** will facilitate several small groups of HIV+ gay/bi men to help build HIV status disclosure and communications skills, and to create a supportive and empowering environment that result in a new social norm of reduced risk behaviors and reduced HIV infection in Denver’s gay/bi male community. Extensive group facilitation, public speaking, and training experience are essential. Some counseling experience is preferred. Experience and strong knowledge of HIV and persons living with HIV is necessary.

For a full position description and more information, please visit our website at

<http://www.thedenverelement.com/job-opportunities/>

How to apply: If interested, please email a letter of interest outlining your experience as it relates to this position, your résumé and salary requirements to sean@thedenverelement.com. Submissions will be accepted through October 8, 2012.

MOUNTAIN SIN WEEKEND 2012

On a lovely Thursday afternoon (Sept 13), fifteen adventurous gay poz guys headed for the high country. The magic of the mountains beckoning us to discover their serenity & bask in their beauty. One by



one, the cars pulled into Shadowcliff with a whole lot of baggage, food, and other things, including a keg of Pyramid Brewery's Outburst IPA (8.5% ABV) from Portland, Oregon. Less than a few hours later, "Happy Hour aka Hoppy Hour" began outside on the deck of

Cliffside Lodge, kicking off Mountain SIN 2012. The weather was "Colorado Mountain Autumn Perfect" with daytime highs in the 70s under stupendous deep blue skies without a cloud to be seen, a perfect prelude for the rest of our stay.

A little bit later, after a few pints with Will and Austin from the Shadowcliff staff (*young-uns*), the SINners sat down to a garden salad followed by a hearty and meaty spaghetti dinner with garlic bread. Dessert was "Peaches & Cream" pie from Colorado Cache made from fresh Denver-grown peaches. After dinner,

we shifted to our 3rd floor lounge for a fire (*or attempted fire*) and rounds of "Menga" (a more manly version of Jenga played with larger wooden pieces... *we like larger wood*). Later and after some pints, staffers Will & Austin performed



the "gangnam style" dance for us (a Korean pop song that's gone viral)... amazing to see how they coordinated to the video! Then eventually Bobby, Bryan, Chris, Clark, David, Doug, Jeff, Joe, Keith, Lee, Michael D, Michael M, Robert, Steve, and Tor went to bed and slept like SInful logs.

Friday morning we awoke to fresh coffee, a rich egg bake, oatmeal, and fruit. Unfortunately, Clark suffered increased pain from a biopsy and had to cut his weekend short (*what a drag!*) After we made our lunches, we headed off on a road excursion thru Rocky Mountain National Park, minus a few SINners who were too hung over to do anything. The overlooks were amazing (Medicine Bow Curve, Gore Range, Lava Cliffs, Rock Cut, Forest Canyon, and our favorite, Rainbow Curve (*go figure*), and we worked our way to the bottom (*go figure*) of the long valley for lunch at Endovalley

Picnic Area. Then up the 9 mile one-way dirt Old Fall River Road, which was breathtakingly beautiful with all the Aspens in full glory. Upon returning to our lodge, most hung out and relaxed, but Joe, Michael, and Robert took staff-guys Will and Austin on ATVs for several hours of off-road back-country scrambling. They came back dirt filthy, tired, sore, and a bit poorer since Austin had gotten a bit out of hand and damaged his ATV, causing Michael to forfeit his deposit. Ooops!



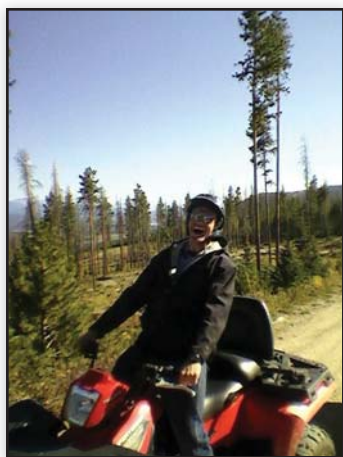
So the afternoon crept on and became Happy Hour once again with our potent IPA. Then we dined on baked BBQ chicken (which Steve had worked very hard slicing off all skin and fat... *aka circumcision*) with Greek salad, zucchini, and baked beans, followed by brownies. After dinner, Chris, David, Jeff, Keith, Steve, and Tor headed down the hill to the Rocky Mountain Repertory Theatre to see a performance of "*The Marvelous Wonderettes*" which entertained them all (*except for the lack of any male performers to ogle*). The others hung out in the lodge with some games, and had a campfire out at the point.

Early Saturday morning, Steve got up and rented a kayak to paddle in the pristine glass-like waters of Grand Lake. He "bumped" into another early morning kayaker, a totally hot hunk from Australia (*vibes were in the misty air*). The "later risers" had another hearty egg bake breakfast with oatmeal and fruit. Then once again we packed our lunches and headed off to the East Inlet Trail for a 7-mile 5-hour hike up to the "*vagina*" at the end of the valley and then continued further beyond. We ceremoniously sang "*Happy Birthday*" to Lee at our very picturesque and scenic turnaround point. The trail took us through lush groves of Aspens complete at their peak, which had us gazing intently for minutes at a time. Unfortunately on the return, Keith sprained his ankle on a large rock on the steep part of the trail, and had to carefully and slowly complete the hike down. Jeff jogged down alone to jam to his music without disturbing the sounds of nature.



Meanwhile, Michael M & Joe (who did not hike) had a great kayak excursion on the lake, cruisin the hotties on the shore, *just working those manly arms*, but Michael kept splashing





Joe, because of course Joe was behind Michael. In the afternoon, David, Jeff, Chris, Robert, Lee, and Tor headed off for a nice soak in the pools at Hot Sulphur Springs, while the others enjoyed Happy Hour on the deck with “*Call Me Maybe*” again and again. Somebody probably went off to a secluded spot to rub one out, spewing virus-free semen on the forest floor, causing no risk to the fox, deer, elk, moose, and bears roaming around.

At dinner we feasted on Greek Salad, boneless Angus Ribeye steaks (grilled to perfection by MM), baked potatoes and broccoli, followed by warm fresh-baked cookies with ice cream and dark chocolate sauce (and yet another round of “*Happy Birthday*” for Lee). We relaxed a bit then headed to the quaint & aging “small-town” bowling alley where most engaged in several exciting games of strikes mixed with gutter balls. The jukebox was cookin’ and we were dancin’ (along with the locals). To Lee’s relief, the *creepy-beer-stalking-lady* was not there. However, it was entertaining to watch Jeff trying to practice (as a *virgin bowler!*) by renting his own lane next to ours, tossing ball after ball after ball after ball after ball...



We heard that the local bars were completely lame, so everyone ended up back at the lodge with our faithful and ever-flowing IPA keg, along with some games. *Then we all prayed and asked Jesus to forgive us SINners for the whole weekend... (or something on our knees...)*

Sunday morning Keith labored over his “southern-style” home-cookin’ delicious batch of biscuits and gravy, with fruit and oatmeal. After breakfast, we reluctantly cleaned up, packed up, loaded the cars, and said our good-byes, having to wait another whole year for Mountain SIN 2013.



Note: Since many expenses are fixed, the cost of the weekend depends on the number attending (more people = costs divided up more = less cost). This year we had 3 nights lodging and great meals for \$140 each, which was an incredible deal. If you are interested in attending next year, watch for ads, flyers, and emails starting late spring.

“A ONCE HOPELESS BLESSING”

by a Grateful Mother

I am very proud to say that I am an HIV+ woman who has given birth to two beautiful HIV-negative children. My first child just turned ten years old and my newborn is now seven weeks old. I feel blessed and I am extremely thankful to science and research for all of the amazing work they have done!

Allowing women like me to be given the choice and opportunity to have children, and the security to know that our children can live a healthy life without the worries of HIV is a tremendous blessing!

I jumped the gun after a doctor who didn’t know much about HIV, diagnosed me with cervical dysplasia, and said “If you want to have children it would have to be now or never, because of your dual diagnosis.” I was freaked out thinking to myself, “I have waited until I felt I was mature enough and ready for children to have them and now this?” My emotions ran wild and I was up one day and down the next, confused as to what to do and where to go from here. I also feared that if I ever attempted to have a child it would certainly be born with HIV. So after many discussions with my partner & feeling that there was no other choice, I had the birth control taken out after having it for ten+ years, and got pregnant.

I have been HIV+ for 23 years and had my first child when I was 26 years old. Prior to that, I didn’t know about the statistics and medications which could reduce the transmission rate from mother to child. It wasn’t until I was already pregnant that I was introduced to the Children’s Human Immunodeficiency Program (CHIP). They gave me the knowledge and security that I needed to ease both my mind and my partner’s mind, that our child had a fighting chance to be born HIV-negative as long as I kept my viral load undetectable throughout my pregnancy.

I began an Antiretroviral (ARV) treatment immediately and I was closely monitored throughout my pregnancy. I was given a wealth of knowledge and received excellent treatment medically, emotionally and morally. So needless to say once the decision to conceive again came about, I consulted with the CHIP staff prior to conceiving and began the same ARV regimen I was on during my first pregnancy and maintained an undetectable viral load.

Pill fatigue had become an ongoing obstacle in my last pregnancy mostly because I hadn’t been on medications prior to becoming pregnant and now I had this daily ritual of taking pills. It was hard on my digestive system and often made me feel ill. But I had to keep the bigger picture in sight and remember that it was in the best interest of my unborn child. At the end of the day I felt better about my decisions to keep adherent to my medications, which resulted in two beautiful happy, healthy and HIV- children.

My advice to any HIV+ woman who is considering having children is to not be afraid of the unknown, talk with your primary care giver with any questions or concerns. Contact the CHIP clinic and their well-informed team of professionals to seek advice and support.

JANIECE'S STORY

by Janiece

Greetings, my name is Janiece and I feel like it's time to tell my story. I was born April 12, 1967, and three weeks later my father was sentenced to prison. My mother was one of the top female barbers of her time but she died of a broken heart in February 1969. My Grandmother raised me and she was truly from the "old school," but she was a great provider and had great wisdom about people. My Grandmother did her best as a single grandparent, even though she was not able to do a lot of things that parents do with their kids. I am thankful for her positive influence and insight into people. She did her best to shield me from all the bad things in life.



My father was released from prison several times in my life. We didn't have much time to spend together, but we now have an understanding and love each other very much. My father is currently in prison and we keep in touch by letters and phone calls as often as possible. He seems to understand me even though I am transgender, and I appreciate him for trying to understand.

My life hasn't been all that bad but as for everyone in this life, it hasn't been easy. I was diagnosed HIV positive in May of 1990, and I believe it was because I was looking for a love in all the wrong type of men. I did find a special love in a wonderful man (M.A.H.). He was wonderful and reminded me of a chocolate version of David Copperfield but in 1996 he passed away of complications due to AIDS. The issue I have is the fact I have spent all of these years trying to find a man like him, and don't think I ever will.

Being a male to female transgender person with HIV isn't an easy cross to bear, but I must admit that God has kept me undetectable for a very long time, along with the medications I've taken over all these years. All I can do is be thankful for my life and deal with the depression and loneliness, and try to do God's will and hope to be rewarded with a sense of happiness that I see in young couples these days. I have faith that God will send me a mate that loves me almost as much as (M.A.H) did, before I leave this world. I know it and want to fulfill God's will to help others like me deal with the hand they've been dealt, in the best way possible. Having a mate or significant other isn't a main factor of life, but having someone by your side that loves you and not what sexual act you may be able to perform makes life a little more complete and worth living.

Sometimes I feel that my ability is to advise others and see some of the future. But it's dumb to advise others and see a little into the future when you don't follow your very own advice or future insights, isn't it? The way I feel about people is this: There are people or circumstances that shape and mold them into who they are, and there are people who are just rotten to the core. Life is hard and there are obstacles that we as survivors get past, and some just don't. All I can tell you is do your best to love, live and pray (to God or a

POSITIVE LIVING

Positive Living is a small group intervention for men who have sex with men who are living with HIV/AIDS. We meet to hopefully develop coping skills needed to make decisions regarding whether, when and how to disclose to family, friends, and sexual partners. We also try to provide information on how someone may be able to build healthier and safer sexual relationships.



The groups will typically be two days, Friday evenings and Saturday most of the day. There are two English speaking and three Spanish speaking groups that will occur by the end of the year. We provide snacks and

refreshments as well as a full lunch on Saturday. There will be a \$75 incentive for participating but one must commit and be present for both days.

If interested, contact:

Jesse Chavez | 303.602.3647

jesse.chavez@dhha.org or

Marshall Gourley | 303.602.3619

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 rebuilt-denver@yahoo.com (put "newsletter" in subject line).

Higher Power); keep the faith and fight depression head on, and try not to self-medicate if you can. Keep on living and do your best to remain optimistic, and do not let drama be your friend.

I'm not a religious person but I am a spiritual person and there are spirits out there that we may not recognize, so keep your spirits and guard up at all times, for the ones that don't mean you any good. Forgive the ones that have done you wrong and get it or them out of your life and enjoy your life as much as you can. We do not know what is beyond this life, but I do know my God wants me as happy as possible. Do His will and just maybe someone who is true will love me as much as He does. I will keep on living and loving and helping as much as I can, in order to do my God's will. That is my purpose, even if I may have to do it alone.

I must admit this was therapeutic for me to take the time to write this even though I've only touched the surface of myself.

Thanks!



1988

LEVI'S® EMPLOYEES CREATE
AN AIDS MEMORIAL QUILT PANEL
HONORING FRIENDS & CO-WORKERS
AFFECTED BY AIDS.

2012

OUR NEW QUILT SHARES WHAT
ENDING HIV/AIDS MEANS TO US.

OUR 2012 AIDS MEMORIAL QUILT IS COMING TO
YOUR LOCAL LEVI'S® STORE, IN RECOGNITION OF
THE STORE'S OUTSTANDING COMMITMENT TO
THE FIGHT AGAINST HIV/AIDS AND ITS POSITIVE
IMPACT ON THE COMMUNITY, INCLUDING HUNDREDS
OF SERVICE HOURS BY EMPLOYEE VOLUNTEERS.

WHEN YOU BRING THIS INVITATION TO THE LEVI'S® STORE IN
THE CHERRY CREEK MALL, LEVI STRAUSS & CO. WILL MAKE A
\$10 DONATION (UP TO \$2,500) TO COLORADO AIDS PROJECT.



RED BALL DECEMBER 2, 2012 | 7PM EXDO EVENT CENTER

Red Ball is an ultra-chic signature event of Denver Colorado AIDS Project that blends high-end fashion from a number of local designers, innovative and outrageous hairstyles from over a dozen local salons and exquisite make up artistry to produce an evening of style and flair unlike any other.

A fiery cocktail reception, amazing entertainers, a substantial and compelling silent auction and special guests make this the event to see and be-seen in Denver.

Funds raised at Red Ball support services provided by Denver Colorado AIDS Project and its mission to prevent the spread of HIV and AIDS and provide for those affected by the disease.



SUPPORT GROUPS

Every Tuesday 4:30-6pm: "Let's Chat" (closed group, sign-up required)
CAP * 2490 W 26th Ave 3rd floor * Denver 80211 * More info: Brian 303.837.1501 x490

Every Tuesday 11am-12:30pm: "Healing Ourselves: Addressing HIV, Trauma & Addiction" (drop-in)
It Takes a Village * 1475 Lima St * Aurora 80010 * More info: Crystal 303.367.4747

Every Wednesday * 6:30-9pm: "theNetwork" (closed group, sign-up required)
Rocky Mountain CARES * 4545 E 9th Ave Suite 110 * Denver 80220 * More info: Adrian 720.883.7761

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 303.7777.208

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



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: A5251: Randomized Trial of Enhanced Nursing Telephone Support to Improve Medication Self-Management and Viral Outcomes of ART-Experienced Patients

- Conducted at DH only
- Enhanced nursing telephone support verses usual ACTG site care
- 72 weeks (48 weeks of intervention/control and 24 weeks of follow-up)
- History of prior non-adherence to ART; experienced virologic failure on combination ART

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

- Conducted at UC only
- CD4= > 100
- HDL = < 40 for men, < 50 for women; Triglycerides = 150-800

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

- Conducted at UC only (48-week study)
- VL = > 2,000 (virus must be R5 tropic, which is most people)
- HIV medications provided for free; study includes DEXA scans
- Placebo-controlled (and double blinded)

Tuberculosis: A5279: Ultra short-course rifapentine / isoniazid for prevention of active TB in HIV+ persons 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

HEP C: A5294: Trial of Boceprevir, Interferon Alfa 2b and Ribavirin in HCV/HIV Coinfected Persons (ACTG)

- Conducted at UC and DH
- Must have HCV genotype 1 – can be treatment naïve or experienced
- Must be on stable ART
- Must have CD4 > 200, VL < 50,000

HEP C: A5309: Pharmacokinetics and Drug Interaction Potential of Boceprevir in HIV/HCV Co-Infected Persons (ACTG)

- Conducted at UC only
- Sub-study of A5294, must have same qualifications

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, 18-50m years old (must meet certain lab criteria)
- Must be circumcised
- Participants CANNOT get HIV from vaccine

COMING SOON

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)
- CD4 = >200; Men and women
- No history of anal cancer and no prior treatment of HGAIN
- Biopsy-proven AIN 2 or 3

ART Naïve: A5292: Compare effects of ART vs statins on endothelial function and inflammation (ACTG)

- Conducted at UC only (24-week study) For people with elevated cardiac risk.
- CD4= >500; VL >2000
- Either pravastatin alone for 24 weeks -OR- Atripla alone for 12 weeks then pravastatin added for another 12 weeks

ACTGACTGACTGACTGACTGACTGACTGACTGACTGACTGACTG



the NET- A Peer Support Series reaches out to individuals who are impacted by HIV. Fall into the NET with Rick Smith, the creator and founder of the NET, who facilitates with his dynamic established leadership this independent grass roots program that is not affiliated with any medical organization. We invite you and those you think could benefit from the

NET's services to join him this Fall, 2012 for the **NET- A Peer Support Series**, date and location to be announced. The NET is dependent upon your participation for its success. Please join Rick and offer your support either as a new participant or as a previous mentor/participant to help with this new grass roots approach and help us form our own HIV support network.

The NET was first launched in the fall of 2008 as a program by HIV+ people for HIV+ people. We look forward to offering you a safe supportive place to grow and learn! Since then it has continued to grow, reaching many HIV+ and HIV- men, woman and transgender people of all sexual orientations.

If you are uncomfortable with or your schedule does not allow for the group experience, we can offer you access to a personalized mentor. These mentors are past participants of the NET series and have volunteered to be of support to you. If you find yourself in a situation that is overwhelming they can extend guidance and emotional support while you navigate difficult moments.

The NET is a way to:

- Learn about HIV.
- Reach out to others, creating a strong support network.
- Dismantle the stigma of HIV.
- Deal with specific issues surrounding being HIV+ or supporting a HIV+ person.
- Teach HIV+ people to be stronger advocates for their own healthcare.
- Create a loving safe space to grow as a person.

What types of services does The NET offer you?

- A "closed" group for HIV+ people that meets weekly. This is a nine week series that has a structured educational plan in addition to offering emotional support.
- Periodic social get-togethers for all past and present NET participants.
- Self- Management Training seminars focused on making you a stronger advocate for your medical care.
- A "closed" group for HIV- people who are supporting a HIV+ loved one. (Coming Soon)

Is there a charge for the NET?

No. This service is available to you at no cost. However, we welcome donations to help us meet the administrative costs for supplies and materials used during the sessions. . Additionally, as a way to show your appreciation for these services we ask that you give back to the HIV community by volunteering in some way such as in the role as a Peer Mentor If you are in need of HIV living support by a peer mentor who has learned to live with the issues of HIV and how to manage these new life defining challenges...

...and/or if you have questions about the NET's services, please contact us at:

Rick Smith 303.883.8043 or
email him at rcsmith00@msn.com

Rick Smith is the founder, creator, and facilitator of the **NET – a Peer Support Series** and has impacted hundreds of individuals living with HIV to take their power back and be all they dreamed of being for more than 10 years

"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

TEN *from* TEN

1 Alcohol enemas, a trendy new way for college kids to get drunk, are giving university student's parents, administrators, and health care workers a new fear. Not long ago, a twenty year-old student was admitted to the emergency room at midnight with a blood alcohol content of 0.448%, more than 5 times the limit for DUI. Injuries to his rectum led hospital staff to think he was sodomized. He had no recollection of receiving the enema and no recollection of losing control of his bowels and defecating on himself. These enemas have been the punch lines of YouTube videos and a song by the punk band NOFX called "Party Enema".

2 Premiums for popular private insurance plans through Medicare are increasing only slightly in 2013, trumpeting good news for skeptical older voters on a closely watched election year issue. Average monthly premiums for Medicare Advantage plans will rise by \$1.47 to \$32.59. When premiums and out-of-pocket costs such as co-pays are combined, Medicare estimates that on average, beneficiaries will actually spend less.

3 Fewer calories does not extend our life span, a new study has shown. This major study was conducted for over 20 years on rhesus monkeys, where their diets were controlled. The skinnier monkeys, who had less food and calorie intake, did not live any longer than those kept at more normal weights. Some lab tests improved, but only in monkeys that were put on the diet when they were old. The causes of death were the same in both the underfed and the normally fed monkeys.

4 People in the US are smoking more cigars and pipe tobacco even as cigarette use declines. Pipe tobacco smoking increased more than five-fold and cigars more than three-fold from 2000 to 2011. Cigarette consumption continued its more than decade-long decrease, dropping 2.5% from 2010 to 2011. The CDC and anti-smoking advocates attributed the increase to changes in tobacco company practices and federal tax policies that make it less expensive than cigarettes.

5 A Longmont man was arrested for urinating on a woman after she rejected his advances. The woman told police she was standing next to the bar at Shooters Bar & Grill in Boulder at about 11:45pm when a man came up behind her and put his arm around her. She turned around and said, "Um, really?" and he took his arm off her. A few seconds later, she thought he was spilling his beer on her but turned around and saw him urinating on her as if she were a urinal.

6 Pharmaceutical-industry heavyweights are teaming up to address the challenge of improving the way experimental drugs are tested so they can be approved and reach patients faster. Ten top US & European drugmakers have started TransCelerate, a non-profit organization to collaborate on the problem. Research productivity has been declining while costs have been rising over the past few decades. About 5,000-10,000 potential drugs fail for every one approved, although all but about 5 of those compounds are scrapped by the time costly tests in people begin. Including all the failed drugs, the cost of getting one approved has risen from about \$140 million in the 1970s to more than \$1.2 billion. This is partly due to the fact that the process from finding a compound to getting it approved takes 10-15 years. TransCelerate will aim to shorten that time and reduce costs along the way by developing strategies to make it easier and quicker to set up and run clinical trials.

7 A chef who told police he boiled his wife's body for four days to hide evidence of her death was convicted of second-degree murder in Los Angeles. The 49 year old man showed no reaction when the guilty verdict was read.

8 Researchers have identified a mysterious new disease that has killed scores of people in Asia and some in the US with AIDS-like symptoms, even though they are not infected with HIV. The patient's immune systems become damaged, but it is unknown what triggers this. However, the disease does not seem to be contagious, and does not involve a virus.

9 A new government survey shows 12 states now have *very high* obesity rates. More than a third of adults are obese, but the rates vary by state. At least 30% of adults are obese in Alabama, Arkansas, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Oklahoma, South Carolina, Texas, and West Virginia. Colorado was the lowest at just under 21%.

10 According to the Onion, following a recent medical study touting the benefits of circumcision, middle school gym teachers have also announced their support for the procedure, declaring it the more hygienic and aesthetically preferable alternative. Teacher representatives stressed that they did not dislike uncircumcised penises per se, but simply found them less than ideal. "No boy should have to go thru life with a disease-ridden flap of skin obscuring the elegant curve of his glans. We want to see healthy happy boys out there, unencumbered by unsightly folds of loose foreskin."



COMMUNITY EDUCAT1ONAL FORUMS

"BY THE COMMUNITY ... FOR THE COMMUNITY"

Tuesday, October 9: **"HIV & Diabetes"**

Deanna Merrill, Pharm D, MBA, Medical Scientist with ViiV Healthcare

(usual location, see below)

Tuesday, November 13: **"HIV & Aging"**

Richard Presnell, MD

(usual location, see below)

Tuesday, December 11: **"Anxiety & Depression"**

speaker to be announced

(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)

SPONSORED BY

TEN (TREATMENT EDUCAT1ON NETWORK)

WWW.ONTHE**TEN**.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)

WEB RESOURCES WEB RESOURCES WEB RESOURCES WEB RESOURCES WEB RESOURCES

* www.thebody.com * www.aidsinfonet.org * www.poz.com * www.tpan.com *
* 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

CALENDAR of EVENTS

October

- 1 (Mon) free day: Denver Botanic Gardens
- 4 (Thu) 5:30-8pm: Colorado AIDS Project Open House (2490 W 26th Ave Ste 300)
- 4 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 6 (Sat) free day: Denver Art Museum (13th & Broadway)
- 7 (Sun) 11am: SIN Brunch at Panera (13th & Grant)
- 7 (Sun) free day: Museum of Miniatures, Toys & Dolls (1880 Gaylord St)
- 9 (Tue) 6pm: Community Educational Forum (a)
- 11 (Thu) Howard Dental Center Open House 5-7pm (1420 Odgen St)
- 12 (Fri) 6pm: SIN Happy Hour upstairs at the Skylark (S Broadway & Maple)
- 12 (Fri) "How To Survive a Plague" opens Denver Film Center (2510 E Colfax Ave)
- 13 (Sat) free day: Denver Firefighters Museum (1326 Tremont Place)
- 14 (Sun) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 18 (Thu) 11am: DHRPC Rebuilt+ (PLWH) Committee: 200 W 14th Ave 3rd fl conf room
- 19-21 (Fri-Sun): SIN weekend at Valley View Hot Springs
- 21 (Sun) 4-8pm: Wrangler Beer Bust (benefits TEN) *see volunteer notice pg 5*
- 24 (Wed) 5:30pm: Denver Health CAB (b)
- 25 (Thu) 12pm: Rocky Mountain CARES Education Series: "Importance of Adherence" (d)
- 26 (Fri) 11:30am: University of Colorado CAB (d)
- 31 BOO!



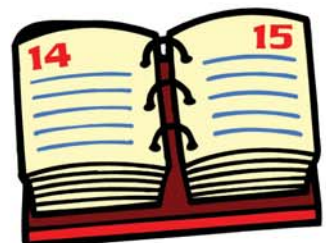
November

- 1 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 2 (Fri) free day: Denver Botanic Gardens
- 2 (Fri) free day: Chatfield Botanic Gardens
- 3 (Sat) free day: Denver Art Museum (13th & Broadway)
- 4 (Sun) 11am: SIN Brunch at Panera (13th & Grant)
- 4 (Sun) free day: Museum of Miniatures, Toys & Dolls (1880 Gaylord St)
- 5 (Mon) free day: Denver Zoo
- 9 (Fri) 6pm: SIN Happy Hour at Skylark (S Broadway & Maple)
- 13 (Tue) 6pm: Community Educational Forum (a)
- 15 (Thu) 11am: DHRPC Rebuilt+ (PLWH) Committee: 200 W 14th Ave 3rd fl conf room
- 16 (Fri) free day: Denver Zoo
- 19 (Mon) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 28 (Wed) free day: Denver Zoo
- 28 (Wed) 5:30pm: Denver Health CAB (b)
- 29 (Thu) 12pm: Rocky Mountain CARES Education Series: "Health Outcomes: Then-Now-Looking Forward" (d)
- 30 (Fri) 11:30am: University of Colorado CAB (d)



December

- 1 (Sat) World AIDS Day
- 1 (Sat) free day: Denver Art Museum (13th & Broadway)
- 2 (Sun) 11am: SIN Brunch at Panera (13th & Grant)
- 2 (Sun) 7pm: Red Ball (Exdo Events Center)
- 2 (Sun) free day: Museum of Miniatures, Toys & Dolls (1880 Gaylord St)
- 6 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 9 (Sun) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 11 (Tue) 6pm: Community Educational Forum (a)
- 14 (Fri) 11:30am: University of Colorado CAB (d) (*Note: 2 weeks early due to holiday*)
- 14 (Fri) 6pm: SIN Happy Hour at Skylark (S Broadway & Maple)
- 20 (Thu) 11am: DHRPC Rebuilt+ (PLWH) Committee: 200 W 14th Ave 3rd fl conf room



Colorado Springs:

Yoga: Saturdays 10:30am & Thursdays 5:30pm (Pikes Peak MCC 1102 S 21st St)

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)
 (d) Rocky Mountain CARES-Rose Hospital Lecture Room #3 4545 E 9th Ave (RSVP Adrian 720.883.7761)

If you have an event for the calendar, send to: michael@OnTheTen.org or leave a message at 303.7777.208