

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.

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INSIDE THIS ISSUE

THE NET	3
BEING POSITIVE WITH BEING POSITIVE	5
VIVA LA VIDA ONLINE	6
BREAK THE SILENCE	7
INTERNATIONAL AIDS CONFERENCE	8
LEFT TO PICK UP THE PIECES	9
TREATMENT ACTION GROUP	10
SUPPORT GROUPS	11
ACTG CLINICAL TRIALS	12
US NATIONAL HIV/AIDS STRATEGY	13
TEN FROM TEN	14
COMMUNITY EDUCAT 10 NAL FORUMS	15
WEB RESOURCES	15
CALENDAR OF EVENTS	BACK



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

ACTIVIST SPENCER COX DIES FROM AIDS



Spencer Cox, an AIDS activist whose work with a cadre of lay scientists helped push innovative antiretroviral drugs to market, creating the first effective drug protocols to combat the syndrome, died December 18 in Manhattan. He was 44. He was one of the most brilliant of the first generation of AIDS treatment activists.

Cox was featured prominently in the recent documentary about the AIDS epidemic, *How to Survive A Plague*. Watch Cox's heartfelt reflections on a pivotal moment for AIDS patients from the film at: www.youtube.com/watch?feature=player_embedded&v=unDyouBoo9M

Spencer was a prominent voice in the fight against AIDS for more than two decades. In 1989, at age 20, he had joined ACT UP, the organization devoted to pushing government and private industry, often with demonstrations, sit-ins and other tactics, to dedicate more resources for AIDS treatment and prevention. In 1992, he co-founded TAG (*Treatment Action Group*) to focus on accelerating treatment research. Spencer schooled himself in the basic science of AIDS and became something of an expert, a "citizen scientist" whose ideas were sought by working scientists. While still in his 20s he represented people with AIDS in high-level meetings with the FDA and other agencies and private companies.

"It's as if President Reagan shot Spencer when he was 18 in 1988 and the bullet didn't kill him fully until now."

(continued on page 2)

DAMNED BUT BEAUTIFUL

by Spencer Cox, May 1997

This boy's not giving up the butt without a fight

Mass is stunningly beautiful. I say that not to be conceited but merely as a statement of fact. Even my straight gastroenterologist gets a woodie looking at my derriere. Just the other day, a group of friends made me turn around and show them my denim-encased buttocks. "Why," one of them gasped, "you have a bubble butt!" I smile demurely.



I can only take a little bit of credit for it—oh, like any gay boy in Manhattan, I do lunges and the Stairmaster thing and even an obnoxious machine called "The Buttblaster"—but most of the credit goes to two anabolic steroids prescribed for occult reasons having to do with advanced HIV infection. I'm just making the best of a bad situation. My butt's not even fully functional. Due to a drug toxicity last year, I required surgery which has caused sporadic pain during important uses. Don't worry—I'm not going to go into details of either the surgery or the uses.

(continued on page 2)

DAMNED BUT BEAUTIFUL

(continued from page 1)

But according to my blood work, I should've been dead about 10 minutes ago, so having a decorative bottom is, well, an unexpected but pleasant joy. Never let it be said I'm not the cockeyed optimist, always looking for the silver living in every cloud.

I'm told some people view AIDS as a welcome relief from the body culture that has overwhelmed gay men in the past decade: An excuse to let it all go to hell, as it were. Not me. I don't intend to look sick gracefully—I intend to fight it every step of the way. With God as my witness, I'll be the last queen in Manhattan slathering two inches of Max Factor Egyptian No. 2 pancake base over every single KS lesion rather than give up one moment of whatever attractiveness may have accrued.

Let's face it—most people don't find visible signs of disease very sexy, and those who do scare the hell out of me. I remember a magazine article from several years ago in which some boy glowed with warm fuzzies because a trick had licked his Hickman catheter. I remember thinking that if someone licked my Hickman catheter, I wouldn't be able to run far enough or fast enough from them.

Like many gay men, I was one of the kids who got picked last. You know the ones—we threw like girls, tripped over third base and always missed the pop fly (whatever that might be). Now, thanks to the steroids, I am no longer one of those kids. I'm like Elizabeth Taylor in Ash Wednesday, after she gets her face and boobs lifted and learns to wear sable hats (hint: my birthday is coming, and I'd love a sable hat).

Now, I'm well aware of the group of prudes who like to complain about something they poetically call body fascism. "It's so shallow," they sniff self-righteously. Apparently they have something against boob jobs and sable hats, pecs and biceps. In order to be truly profound, you have to be homely.

Well, I've looked into the abyss. I didn't like it. I long for a shallow life where I never have to worry about dying before I'm 30. I would kill for a life in which having 16-inch biceps was the biggest challenge in my day. Does having a pretty bottom make me a better person? Absolutely not. But my comely tuchus does add substantially to my quality of life. It adds a little bit of shallowness—I may not be assembling a 401(k) retirement plan, but every now and again, I can still pull a wolf whistle. And when every day may be one's last, that ain't chopped liver.

Sooner or later, it will probably all go away. I'll get gnarly and sick-looking, and my butt will acquire that flat, saggy, late-stage look. Boys will stop turning around to watch me walk away. I'll have to find other reasons to get up in the morning. No big deal. Maybe it'll be that opportunity I've always wanted to move to Fire Island, wear a rainbow-flag caftan and flip-flops, smoke Virginia Slims and play Edith Piaf CDs all day, singing along. Non, je ne regrette rien. But until then, why shouldn't I work my firm, melon-like posterior for all it's worth? I'm entitled. Let the prudes look into the abyss for a little while. Have a field day, guys. So don't hate me because my butt is beautiful.

ACTIVIST SPENCER COX DIES

(continued from page 1)

"You can't understand how incredibly scary it was for him to sit down at the table of the FDA Anti-Viral Advisory Committee as the PWA rep and take on the scientific establishment," wrote David Barr, an original TAG member, "It took incredible courage and a whole lot of arrogance. You need to understand how lonely it was to sit at those tables, how much you felt like a complete fraud, yet also right and right to be there."

In 1995, when protease inhibitors began to show promise for treating patients, he designed a human drug trial for Ritonavir, which was being developed by Abbott. The trial created two groups: one continued taking the medications already prescribed plus placebo, the other continued on their medications plus ritonavir. The plan was controversial because no one wanted to receive a placebo, and many patients and activists believed the best course was to approve the drug first and test later. Mr. Cox's design, however, allowed for both speedy data gathering and a relatively accelerated approval process. After six months, those on ritonavir had half the mortality rate of those on placebo; the drug was approved on February 28 1996.

The next day, a rival drug developed by Merck, indinavir, was approved as well. "Spencer single-handedly sped up the development and marketing of the protease inhibitors, which currently are saving 8 million lives," says TAG executive director Mark Harrington. "He was absolutely brilliant, just off the charts brilliant." The US and European/Australian/rich-world death rate from AIDS dropped by 70% in 2 years, and 14 million life years have been subsequently saved through this approach. Unfortunately, Spencer himself did not benefit from these advances and indeed succumbed to a form of therapeutic nihilism and despair which led him to his untimely death from advanced AIDS and organ failure.

"Spencer pushed for data-driven decisions," said Dr. Anthony Fauci, director of NIAID, "He wanted the facts and was always very meticulous about getting good data rather than just screaming for getting something approved. It's a great loss. He was part of a historic group of people."

In recent years he wrote on AIDS issues for POZ and other publications, and founded a short-lived organization called the Medius Institute for Gay Men's Health, which was concerned with issues faced by gay men as they grow older, among them loneliness, depression and substance abuse. TAG's Harrington also said Spencer himself struggled with an addiction to methamphetamines. Some months ago, he said, a despairing Mr. Cox had apparently stopped taking his medication. "He saved the lives of millions, but he couldn't save his own." Spencer died of despair, racism, homophobia, AIDS-phobia, and a host of other ills that afflict our country and our world. He will go down in history—but we wish he were still enriching our world today. We love and honor his work, life, legacy, and memory.

(continued on page 3)



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.



CATCH THE 2013 CROI CONFERENCE AT HOME !

MARCH 3-6, 2013

All webcasts and podcasts from the conference will be posted within 24 hours of being presented, available at: www.retroconference.org

To watch video presentations:

- Click "View Webcasts and Podcasts"
- Choose how you want to search
- You can search by session, title, speaker, or organization

To read abstracts and posters:

- Click "Search Abstracts & Browse Program"
- Then you can search by Title, keywords, Paper #, Author, Session # etc, using different criteria (similar to an online library search)

ACTIVIST SPENCER COX DIES

(continued from page 2)

You can watch a tribute to Spencer by Anderson Cooper on his daytime talk show at: www.andersoncooper.com/videos (search for "Anderson Remembers AIDS Activist Spencer Cox")

***"Bring joy to your life.
Don't worry about being appropriate.
Worry about being kind.
Worry about being generous."
—Spencer Cox, AIDS Activist
(1968 – 2012)***



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** February 26th, 2013
- HOW** RSVP 303-436-4981



Slut Bingo !

(benefits The HIV Retreat at Shadowcliff)

Friday May 10th 2013

Balls drop at 8pm (doors open 7pm)

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



visit www.gravitydenver.com

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

Treatment Educat10n Network www.ontheten.org

BEING POSITIVE WITH BEING POSITIVE

by anonymous

The journey of knowing you are positive with HIV is very different from being positive about knowing. There are so many emotions and thoughts about being positive that you are crowded and blocked. Some of the emotions and thoughts are individual and some are what every person with HIV goes through. Regardless, there are so many kinds of emotions to work through. Who can really put something like this into (a positive) perspective? Who would want to accept something of this magnitude? It is as if your world is spinning out of control and making you dizzy without moving. When I was diagnosed 13 years ago, I had an attitude of being positive without explanation, a place of calm that could have only come from God. My doctor was shocked and could not understand my reaction, or lack of reaction. She made a comment that when people find out they break down, some screaming and running out of the office. The only explanation I could give her was that it was rooted in God and even now I can still feel that same calm and peace 13 years later. She sent me to an HIV doctor whose test showed not only was I HIV+ but I also had AIDS, now a different type of emotion and fear surged through taking yet another direction of being out of control.

My first thought was my daughter and the second was how I was going to tell my family, but still calm and peaceful in how I was handling what I heard. At my next appointment with my primary doctor, again she was shocked when I told her I had been diagnosed with AIDS because of the lack of reaction. She made a comment that maybe it was for me to be positive to reach out to others, but I immediately said not I was not going to let anyone in on this. The main reason at the time was the fear of their reaction, the fear of them being afraid to be around me. All of this comes from the fear of not knowing and the fear of the unknown, which are two very different places to be both for those who are positive and those that are told. I began my taking my medicine and going through a very hard bought of sickness from the reaction of the medicine but I just continued to push through, again in a place of calm. When I returned to my HIV doctor, I was in remission and no longer had AIDS, just HIV+. Wow that was huge to me. God turned it around in 3 months. I decided without realizing it that I was changing HIV to hiv and would continue without fail to be positive about being positive.

For years I have ignored the words of my doctor even though I knew on some levels she was right that it is important to help support others and encourage a positive outlook. I am not completely comfortable with sharing this with everyone but I still want to reach out as best I can to give back to anyone who may need it, in whatever way they need it. My attitude of being positive is rooted in God and I want to spread that so that it covers being hiv or having aids, to rise above and live with this heads up in a positive attitude. By pulling from sources of positive you will walk this journey upright and lifted. Now I know there are some of you that are reading this that have had a much harder time in this journey including the loss of a friend or loved one, but I still



Rocky Mountain CARES

CARES PHARMACY

The newest addition to Rocky Mountain CARES is the *non-profit* CARES Pharmacy. CARES Pharmacy offers a full range of medications, including HIV and non-HIV medications.

Any person, whose insurance allows it, is eligible to use CARES Pharmacy. All of the profits will remain in the community supporting HIV/AIDS through programs and services offered by Rocky Mountain CARES.

The pharmacy's convenient location will be in the lobby of 4500 E 9th Ave directly across the street from Rocky Mountain CARES.

Mail order is available immediately and the pharmacy will be opening in January 2013.

For more information contact Shannon Southall:

303-951-3694

or

ssouthall@rockymountaincares.org

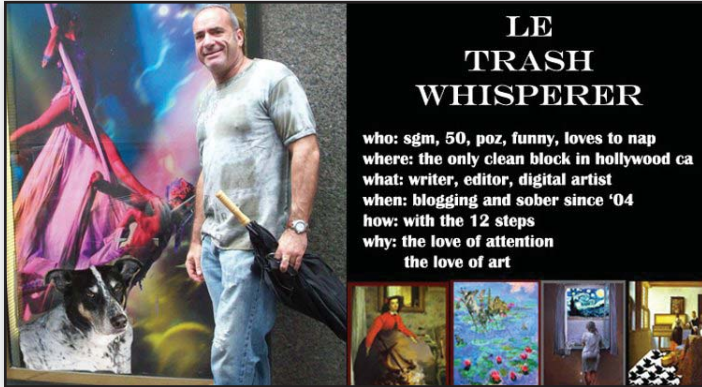
want to encourage you to live positive and not live being positive no matter what stage you may be facing. There are some reading this that may have found their positive source and thrive in it, and openly help others, or ones like me that want to spread being positive through support without being completely open. No matter were you fit in, we are all in it together and so I encourage everyone to rethink this and turn it from a disease and illness to a condition that we overcome by being positive.

I am a firm believer in the footprint poem that reads "Footprints in the Sand"—One night I dreamed I was walking along the beach with the Lord. Many scenes from my life flashed across the sky. In each scene I noticed footprints in the sand. Sometimes there were two sets of footprints, other times there were one set of footprints. This bothered me because I noticed that during the low periods of my life, when I was suffering from anguish, sorrow, or defeat, I could see only one set of footprints. So I said to the Lord, "You promised me Lord, that if I followed you, you would walk with me always. But I have noticed that during the most trying periods of my life there have only been one set of footprints in the sand. Why when I needed you most, you have not been there for me?" The Lord replied, "The times when you have only seen one set of footprints in the sand, is when I carried you." This is why from the onset of being told I was calm and peaceful because God carried and still carries me.

VIVA LA VIDA ONLINE

by Rod Rushing

since about 1995, my life has consistently included computers. they have become integral with my daily living. since the early 2000's, i traded the dating sites for information and networking sites and this propensity to live online has taken flight. i am a complete facebook cling-on, i have a profile on linkedin, i have both a twitter account and manage one for TEN. We have a TEN facebook page, and i have 4 blogs including one for TEN (oh and we are looking for additional bloggers for the TEN blog). in all this i have made friends, confidants, and supporters across the globe.



in 2007 a local gay men's HIV networking organization named SIN (strength in numbers) came under my charge. i called on a friend i had met online to help me throw the 1st big party. his name is mark olmsted and he has a blog (how we met) called "Le Trash Whisperer." mark was in some very similar circumstances as me and his friendship offered me support and guidance when i was struggling to find it at home. i actually went to a sober roundup in provincetown to meet mark face-to-face. later he flew to Denver from LA (along with Bryan Levinson—SIN founder) and Denver's HIV community had a giggle and kick at Lannie's.



another gentleman i met online goes by the name "willie." willie was in his late 20's when our paths (blogs) crossed. i was writing a blog called "kickin tina" about my early journey of recovery from addiction (specifically crystal meth). willie had been out on a particular new years eve and had been drinking heavily. he crashed his car into

a tree and to my recollection—totaled it. he woke up on new year's day and decided it was time to do something different and so he quit drinking. he has remained sober since. willie has lived in south africa, in taiwan, in missouri, and again in south africa through the years. his blog "enjoy your life cafe" has kept me informed of his whereabouts and his progress over the years. he remains charming and good-hearted to this day.

visit Rod's Ten Blog at www.ontheten.com



through a fellow blogger richard kearns (now passed) i was introduced to jim pickett of chicago. jim is an ambassador for the chicago aids foundation and has become the microbicide czar for the planet. jim is a gay man who loves and respects other gay men and has been advocating globally for gay men's health issues through his work with irma and their blog "lifelube." richard sent jim a copy of a blog post i wrote in 2008 and jim published it. i have been an ardent and faithful admirer of his since then.

any hiv positive gay man with much online presence cannot miss the sensation that is brian finch from canada. he is a complete and total scream. he has been advocating for the rights of hiv positive folks in canada since at least the 90's and has become an ambassador to other nations for his views and his savvy. he co-founded an hiv information and networking online magazine ("positive lite") with several colleagues and in recent years taken up comedy and keeps himself and the people around him amused. (very much so i would bet). brian has graciously allowed this newsletter to reprint several of his articles over the years. and he always keeps my heart light and my perspective tilted.



mark s king also through my kickin tina blog, i came to know a devilish actor/writer named mark s king of atlanta. mark is also in recovery from meth addiction and has an amazing ability to deliver his ideas and experiences to readers in a sort of down-home let-me-tell-you-a-story sort of way. mark penned a book, writes for several sites including thebody.com, hosts his own blog—myfabulousdisease.com, and even does a drag queen in recovery act (quite smart actually) named anita mann. mark has also graced our newsletter with columns through the years of our publication and he has a small but really lovely set of vids on youtube. he remains one of the more entertaining online presences i can name. (also a fabulous host on the Annual Poz Cruise.)



(continued on page 7)

VIVA LA VIDA ONLINE

(continued from page 6)

finally, through facebook and a program called "strength over speed" i became acquainted with tony radovich. we don't speak often, but we do share musical selections



now and again on facebook. he has been actively involved in a 4 year samhsa grant for peer coaching for gay men (both poz and neg) who are looking to get their meth use under control. this still seems such an admirable

venture, and tony is so very spiritual and full of kindness, that i am almost honored to have made his acquaintance.

these are a handful of individuals who have changed my life over the last 10 years. i needed support and i needed a change. i hadn't met any of them, yet became very connected and shared ideas and support. there are many others- like frontiers la (hiv site), hivster, towleroad, ed negron and the work-in blog, bilerico, white crane, nelson vergel, thebody.com, and lady bunny to name a few. the internet - and online living has been part of a metamorphosis for me. somehow i have grown my life, stretched my heart, and fed my brain. and i did it all without an m4m site or a profile which asked my favorite sexual position.

in no way, do i compare myself to my heroes. their talent far outweighs what i might have. and these guys don't comprise my dinner partners, or my movie dates. but they do remind me i might not be that



crazy and that i am not alone as i work towards bettering my life. and they help me believe that it is okay to want a "better" world. here's to 2013 my friends. i hope it's a better world for us all.



Treatment Educat10n Network—TEN

BREAK the SILENCE [breyk• the • sahy-luhns] (n.) The BREAK the SILENCE Campaign is reviving the battle against this pandemic of silence by uniting the voices of politicians, celebrities and everyday people that refuse to accept these stifling circumstances.

www.btscampaign.org

Joel Simkhai, founder and CEO of Grindr LLC, had always been looking for a better way to meet people around him. After several attempts, the advent of the iPhone and GPS allowed him to combine technology and insight and create a social network revolution. Since being offered in the Apple App Store in 2009, Grindr is the most used, and most popular gay men's social network on the planet.

Joel firmly believes that the HIV+AIDS epidemic is simply not over. He posits that we sometimes think that HIV+AIDS only happen in other countries, ethnicities, age groups,




and cultures. Recent data indicates that youth age 13-18 and the elderly are two groups that are often not tested regularly for HIV. A

recent study indicates that

as many as 46% of high school students have had sexual intercourse, and the elderly account for almost one quarter of people living with HIV+AIDS.

Joel exclaims that you can accelerate the decline of HIV in America by getting tested, knowing your status, share your status, and consistently practice safe-sex. He thinks that social media and specific networks can contribute awareness and promote responsible behavior. Lastly, Joel warns that we often negotiate safe sex based on emotion, physical attributes, or simply because you are assured that your partner is clean or HIV negative. We simply cannot allow this to continue because nearly half of gay men do not know their status. Remember, HIV does not discriminate based on race/ethnicity, religion, national origin, color, sex, age, or disability.



SCHOOL OF MEDICINE
Colorado AIDS Clinical Trials Unit
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

COMIRB: 11-1026
Principal Investigator:
Dr. Thomas Campbell

A5293 - Raising the good cholesterol and reducing inflammation

A Research Study Comparing Niacin vs. Fenofibrate to Help Blood Vessels Work Better

- People with low HDL (good cholesterol) have a higher risk of heart disease and may have problems with how their blood vessels relax.
- When the inner lining of blood vessels is not working properly, they have trouble expanding properly, which contributes to the development of heart and blood vessel disease.
- Niacin and fenofibrate are medications that raise HDL.
- This research study is to see if taking either extended-release niacin or fenofibrate for 24 weeks will help your blood vessels work better by improving their function and increasing HDL.

Key requirements:


Inclusion

- Low HDL (good) cholesterol: <40 for men & <50 for women
- Elevated Triglycerides (150-800)
- Stable HIV meds for 1 year
- CD4 T cells >100
- Undetectable HIV Viral Load

Exclusion

- History of heart disease, diabetes or untreated high blood pressure
- Currently on cholesterol lowering medications

Contact:
Graham Ray, Study Coordinator
303-724-0712



MY EXPERIENCE AT THE INTERNATIONAL AIDS CONFERENCE

by Penny DeNoble

A little about the journey... I arrived safely and had the opportunity to share a home-cooked meal and time with a dear friend of mine, who lives in DC. I had a good night's rest and I was off to the races very early the next morning! I found my way around the DC Metro very well and was able to get to the DC Convention Center with no mishaps. The DC Convention Center has got to be the largest indoor forum I have ever been in in my life!! It takes up at least 10 city blocks and the only way to get from one building to the next, is by walking. All who were gathered in DC for the International AIDS Conference, got their exercise in for 2 weeks, trust me! The main session hall alone was the size of 3 football fields we were told, holding 7000 people! YIKES!

The 1st 5 days I spent as a volunteer for the conference. The first 3 days we gathered to assemble 30,000 delegate bags. Most of this work was on our feet, so needless to say, with the chronic problems I have with the nerve damage in my legs, this was not fun! I had to find jobs that were conducive to me sitting and or being in one place. Imagine this scene...I walk into the area where we gathered to begin the assembling, and I see mountains and mountains of boxes, filled with literature for the bags! Overwhelming, to say the least...! The atmosphere was fairly jovial as people introduced themselves to one another and immediately began to converse and share stories as to what brought them to the IAC in DC. The 1st day alone, I met volunteers from 12 different countries. I was a bit overwhelmed by the enormity of it all but soon into the assembling of name badges, a dear friend of mine walked in and that really helped me to settle down quite a bit! One of the lessons I learned while away that in this world of HIV advocacy, it truly is a small circle. Literally within the 1st 4 days, I saw soooo many people I knew from across the U.S. It truly felt like a GINORMOUS Family Reunion!

After the 3rd day, my duties switched and I became a badge-checker for 2 days. Again, I had the opportunity to meet and greet people from all over the world; name a country and they were there (yup even conservative and restrictive Middle Eastern and African countries had representatives there) My legs began to bother me again as I was standing on my feet for hours at a time, but a friend recommended I buy some pressure hosiery that would help the blood to circulate in my legs, and so that helped immensely! So I'm gonna name-drop a little here... I did have the opportunity to see Bill Gates, who came through one of the gates I was working, as well as the Mayor of DC. Bill was surrounded by body guards, but the Mayor was very kind and polite coming in.

I was a part of a Media Delegation with SisterLove, Inc, from Atlanta, Georgia. There were 12 of us altogether, and 6 of those women were from South Africa. It was so great being able to meet, connect and bond with them and have very engaging discussions about the things happening in the US, SA, and what the commonalities and differences are. It was an incredible experience, and I intend to stay connected to as many of these women as possible! One of the things we were asked to do by the Executive Director of the organization was to focus on a particular track that we wanted to follow and I chose BioMedical Interventions and its effect on women living with HIV. That was very wise advice, because there were hundreds and hundreds of events, sessions, workshops and such, that occurred every day, and if one wasn't particularly focused, one would have been paralyzed in fear because it all was so very overwhelming!!! One of the other exciting ventures I took upon myself was to capture as much of the conference with pictures. I have posted many of the albums on Facebook, but if anyone wants to see them, I can certainly treat you to a private viewing, as well as send you some.

I did take time off to play...The 2nd Tuesday I was there, I engaged in the "Women Making Waves" March that ended at the White House. There were 5 arms of this march addressing 5 social justice issues. We all started in different directions of DC, and converged at the park across from the White House. It was pretty exciting to say the least, by being able to shut traffic down in the heart of Washington and I served as a Marshall for the people marching with us. I also hung out with a dear friend of mine on Wednesday, and we went to the Washington Mall to view the AIDS quilt. It was the 1st time in 26 years that the entire quilt was displayed and it was very moving!! We also visited the new Martin Luther King Memorial, that is quite astounding as well!! The temperatures were miserable hot, but we persevered and enjoyed one another's company, especially since we only see one another every 2 years or so...

I had lunch with one of my dear mentors and it was so wonderful having her speak life and encouragement into the lives of the many women she has mentored and loved on for the last few years! Many of us from the SisterLove delegation had an amazing African dinner together on the last official night of the conference! It was a great time of relaxing and celebrating our wonderful achievements and the food was beyond delicious!

I had an opportunity to spend Saturday, Sunday, and Monday, in Virginia, with a dear friend of mine. She was so very kind and asked me what I wanted to do while I was there for that very brief time. I told her to rest and to get to the ocean. So, that Saturday, she drove me to the ocean, where I was able to dip my feet in the water, exhale, and give thanks to an Amazing God for the great and marvelous things I was privileged to experience!!

On Wednesday, Sept. 12th, 2012, I co-presented with another organization about the issues that affect women in particular, that we gleaned from the conference. It was a great turnout and the presentations went very well. Thanks so very much for the incredible love extended on my behalf! It truly was a life-changing experience I may never have an opportunity to repeat!

LEFT TO PICK UP THE PIECES: PARENTING A CHILD WHO HAS LOST THE OTHER PARENT TO "AIDS"

by Jasmine Peters

I never thought that our last words would be an argument over who our beautiful daughter looked more like. He was charming. He was handsome. He was a Minister. He was perfect to co-create with. We both agreed that we wanted children. Best of all, he didn't have a problem with me being gay.

What he wasn't was honest. He didn't share with me the fact that he was HIV positive, let alone had full-blown AIDS and I didn't find out until after he passed.



I would spend the next two years having myself and my daughter tested every six months for HIV/AIDS. Then an additional year of my doctor convincing me that it was ok to stop getting us tested.


My daughter had a lot of general questions about her dad, which I wasn't able to answer. What did he look like? What did he say about her? Who won the argument? When was his birthday? What was he like? We made it all the way to

middle school without her and I have to discuss in detail her fathers' death and what exactly was HIV/AIDS. Then the dreaded day was upon us.

She came home in tears and plopped down on my bed in great despair. Trying to figure out how to provide comfort to her, I asked her what was wrong. She told me that kids in her Health class scooted their chairs away from her when she shared with them that her father passed away of AIDS. The teacher did nothing to help the other kids understand that it was not her dad that was infected, NOT her, nor did her teacher provide comfort to her in her time of need. As I put my arms around her to provide comfort, I found myself engulfed in anger. Not at the teacher, not at the students, but at myself. I should have had this conversation with her years ago, but instead I ran. Full of bitterness, unforgiveness, and lack of understanding of the disease, I didn't feel that I was "fit" to have the conversation. Instead of researching with her, I still chose to run and provided enough comfort to now have to answer the tough questions.

Now, fifteen years later I am ready to grieve the loss of the "other parent." As I go through the grieving process, I am learning that forgiveness is essential to my emotional, mental, physical and spiritual wellbeing. I now understand that forgiveness is not for him, but for me. I am now available to answer questions that my oldest daughter has about her father, AIDS, and her father having AIDS.

ADMIT ONE




DROP IN BE HEARD BE SEEN FIND OUT

Gal

GOOD HEALTH GREAT LIFE

Gal!

**coffee and snacks
friday lunch time meet up**



we're not gossiping we're networking

FRIDAYS 11:30AM - 12:30PM
Meet up at Unit 9 Denver Health Campus
667 BANNOCK (OBHS) SECOND FLOOR

A FRESH APPROACH TO HEALTHY LIVING
 Drop in group for support & for information
CALL FOR MORE INFO 303-436-4981

I am thankful for not testing positive and the fact that my life and her (my daughter's) life was spared, instead of sitting in bitterness over a situation that I would never be able to change. You can only give what you have. If you don't have the knowledge, then you can't provide the knowledge. So it is important to educate yourself.

It is OK to love someone, but it is more important to love myself. It is my responsibility to care for myself, including but not limited to, my physical health. Love is a lot of things, but ignorant is not one of them. If you don't know, then ask. If you want to know, then ask. If you are unsure, then ask. The point is to just ask. Educate yourself and save a life.



2013 HIV Retreat at Shadowcliff July 11 - 14

Shadowcliff Lodge
Grand Lake, Colorado

A 3-day weekend retreat in the mountains.
More information and registration at:
www.OnTheTEN.org/retreat
or 303.7777.208

TAG

Treatment Action Group

HCV TREATMENT PIPELINE UPDATE

by Tracy Swan, Treatment Action Group, New York

It is difficult to be anything other than dazzled by astounding cure rates of up to 100% from a multitude of interferon-free hepatitis C virus (HCV) clinical trials presented at the American Association for the Study of Liver Diseases (AASLD) meeting in November 2012. Proof of concept has been established: hepatitis C, a disease that claims more than 350,000 lives annually, can be cured with three months of oral antiviral drugs.

These incredible advances bear scrutiny, since most of these interferon-free trials enrolled people with minimal liver disease—many of whom were being treated for the first time. Information about safety, efficacy, and tolerability of interferon-free regimens is needed in other groups, such as people coinfecting with HIV, liver transplant candidates and recipients, and people with cirrhosis (especially those who are treatment-experienced)—in other words, people with the greatest immediate need of a safe and highly effective cure. Read the update online at:

<http://www.pipelinereport.org/toc/HCV/dec-treatment-pipeline-update>

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



9th Annual Poz Cruise

* November 2-9, 2013 *

A 7-night sailing from Miami
aboard the "Carnival Liberty"
calling at Cozumel, Belize,
Honduras, & Cayman Islands

Rates start at \$578

More info: www.HIVcruise.com

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)



VOLUNTEERS NEEDED

SUNDAY MARCH 24TH

Volunteers are needed to pour beer at the
Wrangler Charity Beer Bust on Sunday March 24.

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

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).



please visit
www.ontheten.org

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

10 week group on Wednesdays several times per year 6-8:30pm: "4 to Thrive" (closed group, sign-up req'd)
Rocky Mountain CARES * 4545 E 9th Ave Suite 110 * Denver 80220 * More info: Rica 303.951.3694

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 1-2:30pm: "HIV+ Women's Group" (closed group, sign-up required)
DCAP * 2490 W 26th Ave 3rd floor * Denver 80211 * More info: Brian 303-837-1501 ext 490

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

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

New group for women in 2013 at Rocky Mountain CARES * More info: Rica: 303.951.3694

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

- Conducted at UC only (24-week study)
- 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
- ART naïve (never taken HIV meds)
- 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

ENGAGING THE BLACK COMMUNITY IN ACHIEVING THE GOALS OF THE US NATIONAL HIV/AIDS STRATEGY: FUTURE DIRECTIONS

by Penny DeNoble

My primary focus for attending this session at the International AIDS Conference was to hear the panel address this issue, take a few nuggets, and compile information that would give the Black community some momentum in engaging in care and embracing the tenets of the U.S. National HIV/AIDS Strategy.

With the celebration of the one year anniversary of the NHAS, it is generally accepted in the Black community that there needs to be some candid conversations taking place in the Black community about how we take charge of our health and our lives. The consensus of the panel indicated that Prevention and Treatment services have to fit like a glove, in meeting the needs of the Black community. This also includes ensuring that Black women have to be engaged in services.

The most encouraging idea I heard come out of this session, which resonated with me during the entire conference, is how there has to be a paradigm shift in how service-related organizations and the medical care systems have been taking care of their clients. The general consensus is that in this realignment of services, the clients must be first and the systems must be second. Thirty-one years into the HIV virus, the systems must now change in order to keep pace with the sustainability of life the era of anti-retrovirals have contributed to.

Organizations that serve communities of color and marginalized communities have to be more open to partnering and combining their funding resources to take care of their clients. I think this approach would be very helpful to marginalized communities, because this would ensure the resources are there, once members of this community are plugged into care. It was also discussed with this panel that there needs to be candid talk around how to communities answer the resources challenge, as they begin to dry up in their communities. That has to be some creative thinking outside the box regarding how to think more creatively about how to pay for primary care services for clients.

A couple of suggestions that were brought forth were that community-based organizations should consider integrating their services with academic institutions. This would enable both the organization and the institution to make a contribution to turning the tide of HIV in their communities through services, funding, education, and awareness. Another suggestion was that organizations and primary care establishments expand their services that people will pay for and not donate to. This creativity will allow others in the communities to feel like they have invested in a necessary and great cause.

However, the bottom line is this: because of the disparities in mortality (which should no longer be an issue), housing, violence, and mental health, marginalized communities



of color have a personal responsibility to creatively aim to increasing testing and awareness; especially among those populations most affected; women, youth, msm and heterosexual men. We need to hammer home the message in multiple campaigns that are culturally competent to reach our communities. This positive outreach is our responsibility to shape the mindsets of our communities, who have to come to the line that's drawn in the sand that indicates we have to uphold ourselves first. We must, as endangered communities that our lives are worth that much!

"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 A nursing home in Illinois is being sued for apparently allowing a 90-year old alzheimer's patient to grow 57 maggots in her ear. She was taken to the hospital when a nurse spotted a maggot. At the hospital, the larvae of flies crawled out of the ear as the maggots were removed, which were determined to be 3 days old. The attorney asked: "How could someone wash her hair and not notice 57 maggots?", and is seeking at least \$50,000 in damages.

2 It is possible to create steam within seconds by focusing sunlight on nanoparticles mixed into water, according to new research. That suggests myriad applications in places that lack electricity or burnable fuels. A sun-powered boiler could desalinate sea water, distill alcohol, sterilize medical equipment and perform other useful tasks.

3 A Miami woman who spent 42 years in coma has died. Ewarda O'Bara was a high school student in 1970 when she fell ill, threw up her medicine and slipped into a diabetic coma. She passed away at age 59.

4 An Iranian news agency picked up -as fact- a story from The Onion about a supposed survey showing an overwhelming majority of rural white Americans would rather vote for Iranian President Mahmoud Ahmadinejad than President Barack Obama. But of course it was made up, like everything in the just-for-laugh newspaper. The English-language service of Iran's semiofficial Fars news agency republished the story, but then later it appeared to have been taken down. Calls to Fars representatives were not returned.

5 An independent panel that sets screening guidelines has proposed that all Americans ages 15 to 64 should get an HIV test at least once - not just people considered at high risk. The test should be as common as cholesterol checks.

The CDC is testing free rapid HIV tests at pharmacies and in-store clinics through a \$1.2 million program. The tests are already available at 7 places, including Washington DC, Oakland, California, and an Indian health service clinic in Montana. The CDC will soon pick 17 more locations.

Athens is seeing an alarming increase in new HIV infections, particularly among intravenous drug users, as Greece struggles through a protracted financial crisis in which funding for health care and drug treatment programs have been slashed. 10 to 14 new infections from 2008-2010 shot up to 206 new cases last year and 487 by October this year - a 15-fold and 35-fold increase.

6 Heart Disease: a) Looking older (receding hairlines, bald heads, creases near earlobes, bumpy deposits on eyelids) is a greater chance of developing heart disease than younger-looking people in the same age range, a new research study suggests; b) Testosterone may benefit seniors with chronic heart failure. One group received testosterone + exercise and the other a placebo + exercise, and the heart health outcomes were better with testosterone; c) A study showed that a nadir CD4 cell count less than 350 was associated with worse endothelial function in men on stable ART. This association was greater than that of traditional CDV risk factors. The study provided compelling evidence that earlier initiation of ART at higher nadir CD4 counts may have a favorable impact on cardiovascular risk; d) and last, *please don't tell Lark Lands*, a study showed that multivitamins have been shown to lower cancer risks for older men, but do not affect their chance for CVD. The bottom line: Dietary supplements have varied effects, and whether one is right for you may depend on your personal health profile, diet, and lifestyle.

7 A Florida man died after winning a roach-eating contest when he choked on "arthropod body parts" and his vomit, according to a report from the Broward County medical examiner. From "qualifying" to the "grand-prize-ivory-ball-python" contest, Eddie Archbold, 32, ate 2 ounces of meal worms, 35 horm worms and a bucketful of discoid roaches.

8 A Zimbabwean politician says women should be forced to bathe less and shave off their hair to make them less attractive to men and help curb the spread of HIV. He believes the killer disease had spread because men found it difficult to resist attractive and well-dressed women. He compounded his comment explaining that moisture inside women's bodies made them more vulnerable to the virus, not so with men. He said, "There should be a way to suck out that moisture."

9 Ecuadorean officials announced the famed giant *Lonesome George* tortoise, estimated to be ~100 yrs old, has died. Probably the last member of his species (*Geochelone abigdoni*), and a symbol of the island that inspired Charles Darwin's ideas on evolution.

10 A study by NYU medical researchers suggests that the HIV drug maraviroc could be a potential therapy for *Staphylococcus aureus*, a notorious and deadly pathogen linked to hundreds of thousands of hospitalizations each year.



COMMUNITY EDUCAT1ONAL FORUMS

"BY THE COMMUNITY ... FOR THE COMMUNITY"

Tuesday, January 15 (note: 3rd Tuesday):

"... apart from keeping me alive ... What really happens when I take a pill?"

Kyle Hammond PharmD & Pete Anderson PharmD, University of Colorado

Tuesday, February 12:

topic to be determined

(usual location, see below)

Tuesday, March 12:

"Annual Highlights from large HIV Conference (CROI)"

Tom Campbell MD & Steve Johnson MD, University of Colorado

* 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

January

- 3 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 4 (Fri) free day: Chatfield Botanic Gardens
- 5 (Sat) free day: Denver Art Museum (13th & Broadway)
- 6 (Sun) 11am: SIN Brunch at Panera (13th & Grant)
- 6 (Sun) free day: Museum of Miniatures, Toys & Dolls (1880 Gaylord St)
- 11 (Fri) 6pm: SIN Happy Hour upstairs at the Skylark (S Broadway & Maple)
- 11 (Fri) free day: Denver Zoo
- 12 (Sat) free day: Denver Zoo
- 15 (Tue) 6pm: Community Educational Forum (a)
- 17 (Thu) 11am: DHRPC Rebuilt+/POC (PLWH) Committee: 200 W 14th Ave 3rd fl conf room
- 21 (Mon) free day: Denver Botanic Gardens
- 23 (Wed) free day: Denver Zoo
- 23 (Wed) 5:30pm: Denver Health CAB (b)
- 25 (Fri) 11:30am: University of Colorado CAB (d)
- 28 (Mon) free day: Museum of Nature and Science (17th & Colorado Blvd)



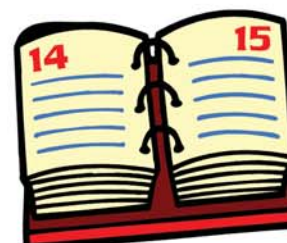
February

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



March

- 1 (Fri) free day: Chatfield Botanic Gardens
- 2 (Sat) free day: Denver Art Museum (13th & Broadway)
- 3 (Sun) 11am: SIN Brunch at Panera (13th & Grant)
- 3 (Sun) free day: Museum of Miniatures, Toys & Dolls (1880 Gaylord St)
- 7 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 8 (Fri) 6pm: SIN Happy Hour at Skylark (S Broadway & Maple)
- 12 (Tue) 6pm: Community Educational Forum (a)
- 21 (Thu) 11am: DHRPC Rebuilt+/POC (PLWH) Comm: 200 W 14th Ave 3rd fl conf room
- 24 (Sun) 4-8pm: Wrangler Beer Bust (benefits TEN) *see volunteer notice pg 11*
- 27 (Wed) 5:30pm: Denver Health CAB (b)
- 27 (Wed) free day: Denver Botanic Gardens
- 29 (Fri) 11:30am: University of Colorado CAB (d)



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) RMC Education Series held at Daniel's Fund 101 Monroe St RSVP: Rica 303.951.3694 x37

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