

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

RECOVERY ORIENTED SYSTEMS OF CARE2	
HIV RETREAT AT SHADOWCLIFF	3
DIARRHEA DRUG APPROVED FOR HIV+	4
DISCLOSING TO MY GUY	5
THE NET	6
I'M SORRY MY HIV OFFENDS YOU	7
TIDBITS FROM THE 2013 CROI	8
HEADS UP ON FILING TAXES!	9
SUPPORT GROUPS	11
ACTG CLINICAL TRAILS	12
DO COCKTAILS & HIV MIX?	12
WEB RESOURCES	13
COMMUNITY EDUCAT 10 NAL FORUMS	15
CALENDAR OF EVENTS	BACK



SIN Colorado is a Gay Poz Men's Social Network supported by Treatment Educat10**n Network**



www.ontheten.org

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

TODD GROVE RECEIVES CARL FRAZIER AWARD

TEN (Treatment Educat**10**n Network) and SIN (Strength In Numbers) Colorado have chosen Todd Grove to receive the 2013 Carl Frazier Memorial for excellence in HIV community advocacy. The local recognition began in 2009 as a response to the untimely loss of one of its members in July 2008. The CFM was created to commemorate Carl, as well as promote a stronger sense of community among Colorado's HIV positive citizens. Previous recipients were Arthur Powers in 2009, Michael Beatty in 2010, Anthony Stamper in 2011, and William Lewis in 2012. This award has been a mechanism for the poz community to say *Thank You* to one of our own. Todd is a shining example of consistent community input. The award is presented at the annual Tim Gill Endowment Fund Community Educat**10**nal Forum, held this year on April 9th.

TODD'S STORY

Today is a remarkable day in a year that will be one that sees as much change as I have experienced in my (soon to be 50) years. Governor Hickenlooper signed the civil union bill in Colorado, granting GLBT residents many of the rights and responsibilities that we have fought for so long. I reflect back on my "coming out" journey—growing up in Summit County, the one other gay man that I knew there. I think of coming to Boulder in the fall of 1981...the first time I looked down the long hall by the campus book store to try to see what was going on in the "Boulder Gay Lib" offices. I remember the first time I got up the nerve to go to the 18 and over gay bar in Denver (ironically called "The Grove"). I met my first boyfriend Louis there. He was the D.J. – so handsome, and so funny. The sarcastic/ bitchy gay sense of humor that was so new to me.



We had our ups and our downs, but I loved us as a couple. I remember hanging out, dancing, and having the times of our lives. By the time that the first information about the "gay cancer" really started to be noticed, I didn't pay all that much attention. (Was it poppers? It's pretty much on the coasts, right?). I was with Louis- I was worried about my friends, but not for us so much. I probably had too much fun...and took a couple of extra semesters to complete my Poli Sci – International Relations degree in 1986.

Everything changed in the fall of 1987. Louis was diagnosed with shingles. Shortly after, he was tested HIV positive at the Boulder County Health Department. I set an appointment for myself a week later, even though I was certain of the results. We sought assistance through the Boulder County AIDS Project. They saw so many come through their doors, knowing that most, if not all, would die from that disease. They took excellent care of Louis, and many other dear friends. I agreed to be on the Speakers Bureau, and did HIV presentations at high schools and colleges. My doctor, while a wonderful man, proclaimed I shouldn't count on seeing 30 years old. I was relatively healthy by comparison to Louis, though. And I realized my dream of being a diplomat in the State Department was at an end – no poz allowed.

(continued on page 2)

ROSC- RECOVERY ORIENTED SYSTEMS OF CARE

by Rod Rushing

The following information was cut and pasted from the SAMHSA website. It is the up-to-date information regarding healthcare reform with regard to substance abuse and mental health treatment. This particular information is of particular interest to me because I work in these fields. And these issues intersect in my life every day in many ways. I believe (through and through) that these issues are worth spending my days around. Some people I know and some people I care about have struggles with



these issues that swallow up their lives. So the idea of equal access to treatment is almost worth the national debt.

But along with parity comes the idea that treatment for both mental health and substance abuse have a mandate to improve their efficacy to coincide with their accessibility. In their current state, these treatment modalities offer stigma, uncertainty, an extremely low percentage of successful outcomes, options that are designed for the providers benefit and not the recipients- i.e. 28 day in-patient- 90 day outpatient- etc, the focus of substance abuse and mental health will need to expand from treatment to recovery/ resilience if it is to be taken seriously. As science moves us forward in understanding, it reveals to us that the brain effects caused by substance and chemical imbalance are lifetime issues for the majority of us and we need to look towards caring for those issues with long-term solutions. Recovery-Oriented Systems of Care are the options that the movers and shakers are looking towards. We might have much better outcomes when we start to treat the whole person for the whole of their lives.

On October 3rd, 2008, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 was signed into law. This new Federal law requires group health insurance plans (those with more than 50 insured employees) that offer coverage for mental illness and substance use disorders to provide those benefits in no more restrictive way than all other medical and surgical procedures covered by the plan. The Mental Health Parity and Addiction Equity Act does not require group health plans to cover mental health (MH) and substance use disorder (SUD) benefits but, when plans do cover these benefits, MH and SUD benefits must be covered at levels that are no lower and with treatment limitations that are no more restrictive than would be the case for the other medical and surgical benefits offered by the plan.

The Mental Health Parity and Addiction Equity Act:

Eliminates the practice of unequal health treatment. This practice has kept individuals with untreated substance use and mental health disorders from receiving critically important treatment services. Providing parity provides insurance coverage for substance use and mental health disorders equally to other chronic health conditions like diabetes, asthma, and hypertension. *(continued on page 4)*

TODD'S STORY

(continued from page 1)

I settled into what I now see was a self-defeating circling pattern – round and round without direction, waiting to be see the onset of the inevitable wasting, purple lesions, and other maladies that were beginning to show in my friends. I worked in the bars, as a DJ, bartender, bar back in both Denver and Boulder (remember the Metro, the Yard? Only the Compound survives). The first of my friends died in 1990, and many others followed suit.

I accidentally stumbled into AIDS activism through another of my jobs- as a travel agent. I went to a meeting about the 25th Anniversary of the Stonewall uprising in New York City in June of 2004. By the time I came home from that meeting, I was co-chair of HIV & AIDS for the international organizing committee. South Africa had just signed its new constitution, and health professionals and volunteers from the former Soviet-block came to New York to learn about HIV/AIDS and start their own organizations at home. It was uplifting and inspiring. Little old me hanging out with Liza and Harvey Fierstein and Carol Channing was pretty cool, though.

By the time Louis succumbed in 1995, I had become quite sick myself. I didn't take the single dose AZT (I'm glad), but by 1997, I had a viral load nearly a million and less than 100 t cells. I was able to qualify for disability. Since I didn't have a long work history, I got a whopping \$635 a month in SSDI, but I got help from the state with Insurance Assistance, and then ADAP when my COBRA ran out. I got Medicare, and lived an unremarkable life in the bar scene, working under the table and living in a trailer. But Stonewall had sparked something in me, and I decided to apply to do HIV testing at the Boulder County Health Department... drawing blood in the same room I received my results. I volunteered with the Coming Out Boulder/ OASOS groups. My story seemed to bring a sense of reality to HIV and AIDS to these LGBT teens, since I had began to recover my health and no longer looked "sick."

Soon after, Robin Bohannon, my case manager at BCAP had taken over as Executive Director there. One day she asked me, "Are you tired of wasting your brain and talents yet at that bar?" I realized that it was time for a change...not the healthiest lifestyle for me. While I was lucky enough to never develop a serious addiction like many of my friends, I certainly was no saint. I started as her assistant for 20 hours a week, then became manager of facilities and client assistance programs. I worked with our HOPWA (housing) clients, and the clients who were on the Insurance Assistance Program. Suddenly I had to weigh the enormous decision whether to put my eligibility for disability on the line and go to full time. I was counseled on "trial work periods," and counted the months down. I knew I had three years in which I could return to SSDI and Medicare if my health failed, so I took the leap.

(continued on page 3)



please visit
www.ontheten.org

TODD'S STORY

(continued from page 2)

I found that I adored working with our case managed clients, and the BCAP family. It was extremely helpful to have experienced many of the programs and benefits as a client – I think I was able to share a perspective where I worked that was missing. In late 2005, a job became available in HIV at the State Health Department, and I was encouraged to apply. Leaving Boulder was a daunting thought, and government was going to be very different than the BCAP house.

My time at CDPHE has been a whirlwind. My proudest accomplishments are working with my coworkers, community providers, and HIV activist volunteers to drastically expand the Health Insurance Assistance Program, and to create the Bridging the Gap, Colorado Medicare wrap-around assistance Program. Colorado managed to avoid an ADAP waitlist and loss of benefits that occurred in 18 states over the last three years as we figured out how to apply for rebates for the drugs that we purchased through insurance and Medicare, bringing in over 7 million dollars since the fall of 2010. We feel confident that we can weather the impacts of sequestration and other Washington DC debacles with our program intact. I believe Colorado has built an excellent program, and it seems that our counterparts in other state HIV programs agree—we have hosted “best practices” site visits and act as peer mentors to two different states.

So...why am I sharing all of this? As many readers have experienced, the desire to work as opposed to the fear of losing benefits is a HUGE thing to consider. Throughout the history of HIV, healthcare policy in Colorado pretty much assured that you had to be nearly dead to qualify for disability and Medicaid/Medicare. But those that responded well to HAART and recovered physically found themselves caught in a trap. The system set up a situation where we had to keep our earnings super low—or even under the table—to keep our medical care. For many, this situation has meant years and years of time out of the productive work environment. Some of us even missed the tech revolution, and didn't learn computer applications that elementary school kids use today.

(continued on page 5)



HIV RETREAT AT SHADOWCLIFF

Registration NOW OPEN

Registration for the 2013 HIV Retreat at Shadowcliff is now open. This year the retreat will be held July 11-14.

These annual 3-day weekends are held at the Shadowcliff Lodge, built on cliffs adjacent to Rocky Mountain National Park, overlooking a lake, a roaring stream, the mountains, and the Town of Grand Lake (about two hours by car from Denver).



The purpose of the retreat is to offer a proactive environment where poz folks can empower themselves with knowledge and skills about health, living, and coping... in a setting of friendship, safety and acceptance... by providing an affordable 3-day mountain getaway in an awesome setting with a full agenda of educational, social, and other activities.



The weekend agenda has a full program of educational workshops & interactive seminars, body therapies (massage, chiropractic, reflexology, energy work, and acupuncture), discussion groups, and various other sessions & social activities. If needed, transportation is available from Denver through a carpool.

The retreat fee is \$195. The actual per person cost for someone to attend the retreat is \$245, however all HIV+ persons automatically receive a \$50 scholarship, reducing the fee to \$195. In an effort to make the retreat affordable to all, individuals on disability or restricted income (based on federal poverty income levels) are able to apply for a financial assistance scholarship for amounts up to \$115, reducing the fee to as low as \$80. The fee is all inclusive and covers 3 days lodging, all meals, all body therapies, and all activities. The only additional expenses are a gratuity for the summer staff at the Shadowcliff Lodge, and gas money (\$7 or so) for the drivers in the carpool. Scholarship monies are provided by fund-raisers, grants, and generous donations from individuals.



For more information and to register online, visit:
www.OnTheTen.org and click on “HIV Retreat.”

If you do not have access to the internet, you may register by phone (leave a message for Michael at 303.7777.208). Space is limited and everyone is encouraged to register as soon as possible. Feel free to contact Michael with additional questions:

retreat.shadowcliff@gmail.com or 303.7777.208.

"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

DIARRHEA DRUG APPROVED FOR HIV+

The US Food and Drug Administration approved Fulyzaq (crofelemer) to relieve symptoms of diarrhea in HIV/AIDS patients taking antiretroviral therapy, a combination of medicines used to treat HIV infection. Diarrhea is experienced by many HIV/AIDS patients and is a common reason why patients discontinue or switch their antiretroviral therapies. Fulyzaq is intended to be used in HIV/AIDS patients whose diarrhea is not caused by an infection from a virus, bacteria, or parasites. Patients take Fulyzaq two times a day to manage watery diarrhea due to the secretion of electrolytes and water in the gastrointestinal tract.



Derived from the red sap of the Croton lechleri plant, Fulyzaq is the second botanical prescription drug approved by FDA. A botanical drug product is often a complex mixture derived from one or more plant materials with varying degrees of purification. In 2006, the FDA approved the first botanical prescription drug, Veregen (sinecatechins), a treatment for external genital and perianal warts. The drug is not yet available in pharmacies. The manufacturer is anticipating distribution in the 2nd quarter of 2013.



HELP NEEDED

TEN is looking for an accountant who could donate a bit of pro bono time for our organization.

If you qualify or know an accountant who would consider this, please contact Michael at 303-7777-208

ROSC- RECOVERY ORIENTED SYSTEMS OF CARE

(continued from page 1)

Improves access to much needed mental health and substance use disorder treatment services through more equitable coverage. Millions of Americans with mental health (MH) and/or substance use disorders (SUD) fail to receive the treatment they need to get and stay well. The lack of health insurance coverage for MH and SUD treatment has contributed to a large gap in treatment services. Improving coverage of MH and SUD services will help more people get the care they need.

Recovery-Oriented Systems of Care (ROSC) is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. SAMHSA/CSAT

Note: Prevention Services also play a major role in developing ROSC.

ROSC will require developing supports and services that provide self-directed approaches which respect the role of personal choice and commitment in pursuit of health and wellness. Developing a ROSC also requires helping engage people and families in support networks in their communities, to ease their integration back into the community and get their lives back on track. Linking people to services and supports helps sustain long-term recovery. The services and supports may include resources such as:

- recovery centers in your community;
- recovery activities and websites;
- peer support;
- mutual help groups;
- faith based supports;
- housing;
- transportation;
- education and vocational;
- mental health services;
- medical care, including HIV Services;
- financial and budget counseling;
- legal, and advocacy services;
- alcohol/drug and gambling services;
- prevention for children and adolescents; and
- parenting and family services.

Developing a Recovery Oriented System of Care that is built on the strengths and resilience of individuals, families and communities who are actively taking responsibility for their health and wellness drives the continued efforts to build a foundation for recovery in our future.

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).

DISCLOSING TO MY GUY

a personal story by one of our poz-sisters

Wow! I met a man who makes me laugh all the time until I'm laughing to joyful tears of laughter. Not me??? Yes, it happened to me! I met this man on my 50th birthday!! On this day, I'm even being given a birthday party. Shoot, I know I can count on one hand the birthday parties I've had, including this one. This party was small but I shared a genuine love and respect for everyone that was there. This was rare for me and so to bring a man NO ONE knew was an "All eyes on HIM" moment. They ALL loved him!! Go figure!

Now this is the first man I felt connected to and the first time I experienced the fear of even thinking I'm going to have to disclose...because I LIKE this man...for real!! My mentor was also at my party and yes, she saw the joy that was "All over me!" LOL! Not one person that walks the earth is perfect. I just have to say this...each one of us that has breath has...can I keep it real...ISSUES in our lives. I shared a lot of life's ISSUES with this man. He is not a harsh man, not selfish, and...it's just something about him.

Because of some of the hurdles that I've been blessed to overcome, I "personally" understood what he was going through. WOW!!! But I'm not worthy to enjoy a man because I have an HIV diagnosis. I feared outright telling him. I was insistent on protective sex. I speak publically about HIV/AIDS. I've not had a "relationship" with a man in many, and definitely not in 7 years that I've been diagnosed. We talked about everything. He didn't catch on when I'd say, "I'll never hurt you or cause you harm." I meant that statement deep in my heart. Yes, we had a few occasions when we didn't use protection. I wanted to keep this man. I was living a double standard. I'd react in an ugly manner because I wasn't being honest. I was digging a hole in my heart and my convictions.

My mentor was having a meeting and suggested I bring him because the topic would be good for him to participate in. I said OK, I'll invite him. I told him I'd like him to attend a meeting with me. Oh my goodness! I'm all shaken up...that statement was

Ninth Annual GLBT POZ Cruise

November 2 - 9, 2013

Sailing from Miami on the Carnival Liberty

Cozumel • Belize City • Roatan • Grand Cayman





- Snorkeling & Diving
- Clothing Optional Beaches
- Shopping
- White Sand Beaches
- Barbecue Lunch
- Cocktail Party
- Exclusive Ship Activities

Rates for this cruise begin at only \$469.00 plus \$99.00 GF&T

Includes all meals, entertainment & events exclusively designed for our group.

We are pleased to offer our Ninth Annual Cruise for gay men and women living with HIV. Of course your negative family and friends are invited to join us too!

The magnificent Carnival Liberty will host our group as we sail roundtrip from Miami.. Rates cruise includes all meals and entertainment. The ship comfortable cabins, many with private balconies! Enjoy Las Vegas style review shows, relax in a world class spa, and try your luck at the casino.

We will have many private events exclusively for our group to entertain as well as inform. This is the most unique travel experience for people living with HIV. Leave your cares at home and enjoy a fabulous week of fun. From the opening cocktail party the feeling of belonging, family, and camaraderie is quite evident. We invite you to see why many who have sailed with us return year after year. Many have called this the best vacation of their lives.

www.hivcruise.com

Rates are cruise only and quoted in US dollars per guest, double occupancy and is capacity controlled. Government feefaxes are additional per guest. Restrictions apply. Ship Registry: Bermuda. Princess reserves the right to re-instate the fuel supplement for all guests at up to \$9 per person per day if the NYMEX oil price exceeds \$70 per barrel.









For reservations and information, please contact:
Paul@cruisedesignstravel.com or call
954.566.3377 • Toll Free 888.640.SHIP (7447)
Heterosexual POZ Cruise: www.positivecruise.com

how do I begin my disclosure? "So do you believe me when I said many times I'd never hurt you?" He says yes. I've tried many times to tell you I'm AIDS-diagnosed. The look in his eyes made me attempt to leap away from him and he caught me. No, he was not hurtful toward me as he grabbed my arm. Yes, I cowardly wanted to run. I did just what I said I wouldn't do...I hurt him. I really intended to attend the meeting to escape the moment. I knew I'd never have a man that wasn't positive, to like me at this very moment. He asked how I could do this to him. Not once did he raise his voice, but looking in his eyes made me feel like I was in danger. I had no need to really be scared that this man may hurt me but no way could I leave. I texted my mentor letting her know I had just disclosed. She asked if I was OK. Thank you, Mentor!!

As I returned my attention back to my guy, he asks me why didn't I just tell him and why did I allow intercourse without protection, after being adamant about being protected? That's one thing I liked about you, he said. He continued to lay on the sofa while talking to me. He allowed me to educate him and to express my honesty as to the stigmas I live with. He was willing to get tested by my doctor. We worked through that disclosure issue. WOW!

(continued on page 7)



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, who facilitates 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 for **the NET**, date and location

to be announced. We look forward to offering you a safe supportive place to grow and learn!

- 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 health care.
- 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)

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 & be all they dreamed of being for more than 10 years.

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



TODD'S STORY

(continued from page 3)

Everything changes again in January 2014. "ObamaCare," a term that the President rightly embraces now, finally becomes effective. This has enormous implications for all Americans, not just those with HIV. No longer will people have to rely on a disability status to qualify for Medicaid. If you make less than 138% of federal poverty level (about \$15,000 for an individual), you qualify for the program. Medicaid is insurance, unlike CICP. It covers things like specialty care, a much larger medication formulary than ADAP, and can be used at many more service providers.

Working individuals who don't get affordable insurance through their employer that are making above 138% of FPL will be eligible to apply for private insurance through the Colorado benefits exchange. They can't be charged a higher premium based on anything other than age, location, and smoking status- there will be NO MORE pre-existing conditions clause. The government will provide assistance with premiums and co-pays for everyone under roughly \$46,000 (individual) – and Colorado ADAP intends to help with the remaining costs. Over the next 9 months, you will be hearing a lot of information about these changes from ADAP and your other medical and case management providers.

My hope in sharing my story helps to inspire others to consider taking chances in their lives. I fully understand that many of my HIV positive brothers and sisters are not, and may not ever be healthy enough to work again. Those who currently have Medicaid or Medicare (or both) will not be affected by healthcare reform. But I wanted to emphasize the fact that the HIV playing field has changed in many ways. I would love to see Congress recognize this fact, and provide vocational rehabilitation and job retraining funding to assist so many of us who have been out of the workforce or who are underemployed to keep benefits.


With the stroke of his pen, the Governor signed the Civil Unions bill into effect today. Perhaps one day I will find someone that I would like to take that walk with, too. It's inspirational to know that should I do so, I would be legally entitled to protections and responsibilities that I could not have imagined back in college. If Louis' family had not been kind and accepting, I might have been preventing from even seeing him in the hospital. Things change...and change is often a very good thing. I wish all of our friends were here to see it.



<http://gravitydenver.angelfire.com>

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

ADMIT ONE




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Gab

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www.gaylife.about.com
www.thepositiveconnection.com




Disclaimer: TEN is not endorsing or recommending these websites, nor have we vetted any of them for credibility and legitimacy. As with any dating site, common sense caution should be exercised.

RisQué

FUN • SAFE • EROTIC

RisQué is a very interactive workshop for gay/bi men ages 18-24, and is part of The Denver ELEMENT's Denver PIQUE program. This peer-driven program uses group discussion, smaller group exercises, and role-play to educate participants on prevention messages and to provide them with the skills and tools to disseminate that information and education into their social networks and the community. For more information about PIQUE or RisQué, or to register for the workshop on April 17, please contact Pieter Tolsma, our Program Coordinator, via email at DenverPIQUE@thedenverelement.com or call 720.382.5900.

Denver PIQUE is modeled after the national MPowerment Project—A HIV prevention program for gay and bi male youth.

I'M SORRY MY HIV OFFENDS YOU

by David Duran, Freelance Journalist



It's easy to be an ass on mobile dating apps because you can hide behind a cell phone. It's also easy to get your feelings hurt if you don't quickly come to terms with the fact that guys online can be vicious. Most men online put it all out there and can be so upfront about what they do and don't like. Some even go as far as to flat out say, "no fems," or "no Asians," or "no fatties." Apparently, honesty can show how ugly someone truly is on the inside. But what I find most offensive is the treatment of HIV-positive guys who are online looking for most likely the same thing you are. "I'm clean, UB2." —The most ignorant statement most commonly found online.

I get that we all have preferences and I understand that you may think it's easier to just put it all out there, but the truth is, you are offensive and your tag lines are offensive. I get it, not everyone is up to date on HIV education, and not everyone is OK with dating or hooking up with someone who is positive. There is absolutely nothing wrong with that. It's the delivery in which you choose to respond. Each time I am in a good conversation with someone on one of these apps and it turns potentially sexual, I gear up for the question I ultimately know is coming. On a side note, I appreciate the fact that most guys are asking about status. But what do most of these guys online want to hear after asking? Are they just asking to ask and get it out of the way, or do they truly want an honest answer?

(continued on page 14)

2013

20th Conference on Retroviruses and Opportunistic Infections

March 3-6, 2013 Georgia World Congress Center, Atlanta



TIDBITS FROM THE 2013 CROI

by Michael Dorosh

CROI is the large annual HIV conference that was held March 3-6, 2013 in Atlanta: 4206 attendees from 92 different countries (46% international), 278 Young Investigators, 34 Int'l Scholarships, 27 Community Educators; 8 Plenaries, 10 Symposia, 18 Themed Discussions, 1063 Abstracts (out of 1801 submitted), 45 Late-Breakers (out of 187 submitted). Sessions were 8:30am-6pm for 4 days, with a huge amount of data, reports, and findings from a plethora of research.. Here are a few tidbits from the conference (which was the 20th CROI):

- The “Mississippi Baby” (like the “Berlin Patient” last year) received attention and debate. Infant was born to HIV+ woman who received no prenatal care. Mother was found to be HIV+ at delivery, but the clinic was not “state of art” so it did not have the ARV drugs normally given to prevent mother-to-child transmission at birth. Baby tested HIV+ with DNA & RNA assays, and began a potent 3-drug regimen at 30 hours of age. This continued for 18 months when ARV therapy was stopped. Viral load was detectable on days 7, 12, 20; then <20 copies from day 29 until 26 months, then HIV antibody negative, indicating a functional cure. Either the baby never was truly infected (prevented by early ART) or the baby became functionally cured since ART was initiated before establishment of a latent reservoir. This case suggests that very early treatment of HIV may prevent establishment of a latent reservoir and achieve a “functional” cure.
- Work has progressed over the last year on the prodrug of tenofovir (brand name Viread), called “TAF.” This PK enhanced version of the drug becomes the active form of the drug in our bodies quicker and with less steps. Due to its unique PK properties, a much smaller dose (mg) is needed for efficacy. It is moving forward and will probably receive approval sometime this year. When that happens, the manufacturer will replace the current drug with the new version in all its uses. Tenofovir (Viread) is a stand alone drug and also a component of Truvada, Atripla, Stribild, and Complera.
- Currently, the integrase inhibitors available are Isentress (raltegravir) and elvitegravir (as a component of Stribild). Dolutegravir is a 3rd integrase in development. 24-week clinical trial data was presented showing greater efficacy than raltegravir in experienced patients and a lower incidence of drug resistance. Like raltegravir, it also is well-tolerated with few side effects.
- Results from the ACTG “OPTIONS” study in experienced patients with failing ART regimens were presented. The data concluded that when constructing a new regimen to replace a failing regimen, it didn’t matter whether or not NRTI-drugs were used. NRTIs include tenofovir (Viread), AZT, abacavir (Ziagen or Epzicom), 3TC, FTC, Truvada, etc. So now clinicians can feel comfortable putting together a new regimen using only drugs that patients are not resistant to, without feeling the need to include “nukes” (NRTIs).
- Persons with HIV and Hepatitis B can be treated for both if their HIV regimen includes FTC or 3TC or tenofovir. In addition, HBV can be treated with entecavir and telbivudine. Persons who never got HBV should get vaccinated. Certain HIV regimens can protect against HBV infection (but getting a vaccine makes more sense).
- ARV therapy helps protect against certain types of cancers (but other types are less affected by ARV or immune response). Other cancers are more related to smoking, HPV, hepatitis, and other factors.
- Treatment for Hepatitis C continue to advance with both approved drugs and drugs in development. HCV drugs presented at the conference include ABT-450, boceprevir, faldaprevir, simeprevir, telaprevir, sofosbuvir, ABT-450, ledipasvir, ABT-072, and ABT-333. Many exciting advances will continue this year and beyond.
- Aspirin use was lower among HIV+ than HIV-, with a greater relative difference among those with significant heart disease risk, and was associated with reduced risk for heart attacks among HIV- but not among HIV+. More studies are needed on aspirin in HIV+ persons.
- Low CD4 cell count despite effective ART is associated with inflammation and poor cognitive performance; and immune activation continues to contribute to neurocognitive disorders despite virologic suppression.

- Persons who switch from Atripla as one pill, to multiple pills of the drugs contained in Atripla, did not have worse or poor virologic response. This is good news at a time when ADAP funding may get crunched, and persons may need to take the drugs individually as opposed to one pill, for ADAP program funding and budget issues.
- The 30-day inpatient hospital readmission rate for HIV+ persons is nearly double that for HIV-, therefore clinicians should pay more attention to follow-up visits, discharge planning, and other interventions.
- HIV+ perimenopausal women experience increased hot flash severity and greater interference with sleep, mood, and quality of life compared to HIV-. We should be understanding and sensitive to our menopausal HIV+ sisters!
- HIV-negative young men in PreP trials with Truvada had less receptive sex while in the trial, indicating that taking PreP may not increase risky behavior. Also, those who perceived themselves at risk had better pill adherence.
- Augmented IFN responses in HIV+ cocaine users potentiate chronic inflammation and immune dysfunction on ART through mechanisms involving IDO activation, altered tryptophan metabolism, and disruption of the hypothalamic-pituitary-adrenal axis. In other words, HIV is already reeking havoc on us, adding to that is absurd.
- The prevalence of fractures was significantly greater in HIV+ patients. Beyond DXA-scans, assessment should be performed on patients who have bone mineral density reduction. Risk of fracture is 50% higher in HIV+ Medicare patients than HIV- Medicare patients, and is present for both older and younger HIV+ persons.
- Statins might reduce all-cause mortality, but impact on those with no co-morbidity seems absent. Statin exposure is associated with a trend towards reductions in non-AIDS complications and mortality in HIV+ persons on ART. Impact appears greater for high-potency statins. Statins in HIV+ associated with decreased risk of diabetes, although a confounding by indication cannot be excluded. Statins MAY increase risk of diabetes in certain situations, but patients should be monitored for DM and treated if necessary, rather than taken off statin therapy.
- Risk of diabetes is associated with weight gain after starting ART. HIV+ persons should limit excess weight gain after ART initiation, especially if they have other risk factors for diabetes.
- HIV is an independent predictor of lower bone mineral density compared to HIV-.

Want more from the Conference?

Watch videos of presentations and read abstracts and posters on line at: **www.retroconference.org**

To watch presentations & read abstracts:

- Choose how you want to search
- You can search by session, title, speaker, organization, date/time, etc.

Recommendations (in order of preference):

1. Abstract #71 Chris Beyrer
"The Global MSM HIV Epidemic: Time to Act"
2. Abstract #120 Sharon Lewin
"ART and Inflammation:
Implications for the Approach of Care in 2013"



"Get Involved, Get Informed,
Make A Difference."

SAVE THE DATE

The Denver Metro Area's Annual Ryan White Part A and MAI
Priorities Setting and Resources Allocation Process FY 2014

Community Input Session:

Tuesday, June 4th from 5:30 – 7:30pm
Designed to gather input for Planning Council
members to consider at priorities process with
results and evaluation to follow.

DHRPC Priority Setting Part A and MAI Meeting #1:

Friday, June 14th from 9am – 5pm

DHRPC Resource Allocations Part A and MAI Meeting #2:

Friday, June 21st from 9am – 5pm

Location for all events:

McNichols Civic Center
144 West Colfax
Denver, CO

(corner of West Colfax
and Bannock)

To RSVP call
720-865-5501 or email
carriew@dhrpc.org

HEALTH CARE IS A BASIC HUMAN RIGHT

720-865-5501 | www.dhrpc.org

DO YOU FILE TAXES EACH YEAR? HEADS UP!

With the changes coming up through the Affordable Care Act, it is more important than ever to file your income taxes. Many of the benefits you receive will be based on your tax filings. Even if you haven't filed for a long time, or don't think you make enough to make it worth it, you will find that not doing it will become a huge headache going into 2014.

File Your Taxes Faster, Easier & for Free!



IT'S FAST. IT'S SAFE. IT'S FREE.

The IRS now has
a free tax filing
service available
on their website.

If your income is \$57,000 or less you are eligible to use Free File. This is a free service that offers free federal tax preparation and e-file options for all taxpayers. Free File is made possible through a public-private partnership between the IRS and commercial tax software companies.

VOLUNTEERS NEEDED

SUNDAY JUNE 16

PRIDEFEST SUNDAY!

(WE'LL NEED EXTRA VOLUNTEERS)

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

Proceeds will benefit

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

Please volunteer by email or phone:

retreat.shadowcliff@gmail.com

or call 303.777.208

THE DENVER
WRANGLER

17th St and Logan, Downtown Denver, Colorado

Save the Date !

Mountain SIN

autumn weekend

September 19-22

* Shadowcliff Lodge *

* Grand Lake Colorado *

- ❖ Half-day hike in Rocky Mtn National Park
- ❖ Road excursion on Trail Ridge Road in RMNP
- ❖ Rocky Mtn Repertory Theatre "Ring of Fire"
- ❖ Bowling, Putt-Putt Golf
- ❖ Fishing, Bicycling
- ❖ Elk Bugling in RMNP
- ❖ Campfires
- ❖ Group games & activities
- ❖ Hot Sulphur Springs

(all activities are optional)

Arrive Thursday afternoon/evening, depart Sunday late morning

More info: www.ontheten.org/mountainSIN



DENVER
**DINING
OUT FOR
LIFE®**

Thursday April 25

diningoutforlife.com/denver

BENEFITING



PROJECT
ANGEL HEART

DISCLOSING TO MY GUY

(continued from page 5)

Now, let's get back to life's ISSUES. We dealt with other ISSUES to and I can say it wasn't about my diagnosis. The other issue and a very major one is our substance abuse. I continue to deal with these issues. Thank goodness I'm not what and where I used to be. We as people can only change when we are honest accepting that a change needs to be made. I had issues and today I realize forgetting that I suffered for a long time getting to where I am today. I was so pushy and I pushed him away and belittled him. I demanded he change, and then...he left one day and didn't return for months. I didn't hear a word from him. I lost him...or so I thought.

We are now back together and both look forward to living our life together. Yes, we always used a condom now and when I look into his eyes, I see that he loves me for me. We listen, share, and agree to disagree with one another, working on our issues. We are growing together. He IS MY GUY!

SIN Coffee Get-together

First Sunday of Every Month

11am - 1pm



*** * * New Location! * * ***

Panera * 640 S Colo Blvd Glendale

-SW corner South Colo Blvd & Cherry Creek Dr South-
(attached to Hilton Garden Inn)

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)



Positive Impact is a program for HIV+ gay/bi men who have a history of coping with injection drug use. It is a 5-session educational small group experience in which participants will learn to strengthen their communication/negotiation skills around less risky sexual behavior with partners, increase their skills around status disclosure, and

develop stronger relationships with their friends, families, and support networks. Group members gain skills and experience through interactive discussions, role plays, and watching relevant skills in action via movie clips. Positive Impact is FUN, educational, and enlightening. Together, our groups of HIV+ men discover their sense of empowerment and strength as valuable and loved members of our community. Their relationships with friends, families, and partners are stronger, and the Impact that they will have on our community is invaluable.

Participants will receive a \$50 gift card to King Soopers, and breakfast, lunch, and dinner will be provided.

The sessions are Friday, April 12 from 6 - 9 PM, and Saturday, April 13 from 10 AM - 4 PM. For more information, or to enroll for the series on April 12 and 13, contact: **Grant Scovel, Program Coordinator** via email at PositiveImpact@thedenverelement.com or by phone at **720.382.5900**.



please visit
www.ontheten.org

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

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 303.777.208



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

ACTGACTGACTGACTGACTGACTGACTGACTGACTGACTG

DO COCKTAILS AND HIV MIX?

by Alex Garner

Many of us have had the experience of going out to a bar or club, having a few cocktails, or more than a few, and then coming home, plopping on the bed and going to sleep. Unfortunately that might mean missing a dose of your daily antiretrovirals. Adherence is rarely 100%, for various reasons, but I was surprised to hear about people eschewing their HIV medications if they are going to drink. Apparently some people believe that alcohol and HIV meds don't mix so they simply don't take them if they have alcohol in their system.

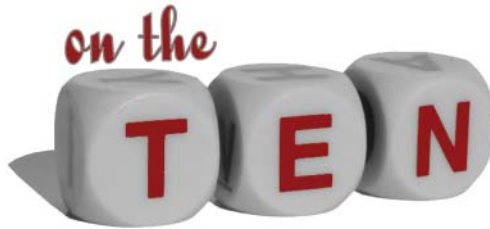
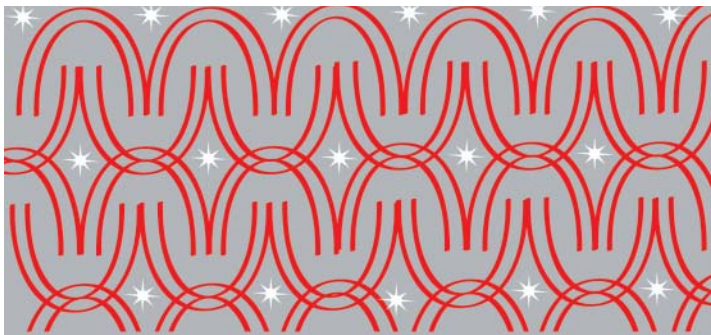
A recent study seems to indicate an interesting impact of alcohol use on adherence. A stunning 51 percent of the participants reported that when they drank they skipped their ARVs—for a variety of reasons. Some of them

would only skip one dose, while others would stop their medications in advance of drinking and wait until the alcohol was cleared from their bodies to start up again.

Seth Kalichman PhD, a professor of psychology at the University of Connecticut and the study's lead author, says, “It appears people have generalized the message to their antiretrovirals, although there really is no indication that they shouldn't be mixed [with alcohol]. With a really big exception: people who have liver disease, including hepatitis C, [for whom] the combination of antiretrovirals and alcohol can actually be very dangerous.

It appears there is a great deal of miscommunication between doctors and patients when it comes to mixing alcohol and HIV medications. I can fully understand the conundrum one faces when it comes to mixing HIV and other substances.

(continued on page 14)



THE NEW | Treatment Education Network | GRAVITY

TEN & THE NET ARE A WAY TO SIN Colorado | Bristol-Myers Squibb | Gilead Sciences

Learn About HIV WHO Newly HIV Diagnosed (<2 yrs.)

Reach out to other, creating a strong support network WHAT Dinner and Slide Set

Dismantle the stigma of HIV WHERE Maggiano's 16th Street Mall Denver

Deal with specific issues surrounding being HIV WHEN May 28th and July 2nd, 2013

Be a stronger advocate for your own health care HOW RSVP 303.436.4981

DENVER HIV RESOURCES PLANNING COUNCIL

www.dhrpc.org

The Denver HIV Resources Planning Council has been busy this year focusing on Aging with HIV as a part of its People of Color Leadership (POCL) and Rebuilt + People Living with HIV/AIDS (PLWHA) Committee. This group worked to create an awareness campaign educating PLWHA and

providers on the needs of this population aged 50+ and the unique issues they face. As we conclude our efforts within the aging population the committee will start a new workgroup to assess Health Disparities in the African American community. We hope to increase the involvement of communities of color in our activities and invite all interested parties to participate.

Who: People living with HIV/AIDS and service providers working within the HIV/AIDS field

When: The 3rd Thursday of each month

Where: 200 W 14th Ave 3rd Floor Room

Why: Our committees meet regularly to help facilitate our mission: to assist in the coordination of high quality, culturally proficient delivery of HIV/AIDS services in the Denver Transitional Grant Area (TGA).

Visit our website for upcoming details and how to get informed, get involved, and make a difference!

www.dhrpc.org

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

Pharmaceutical companies offer free drugs and co-pay assistance to help with cost sharing.

It's important to apply even if you don't meet the posted eligibility criteria. Many companies make exceptions.

A listing of the various programs below can be found on the Fair Pricing Coalition (FPC) website: fairpricingcoalition.org/projects/

HIV:

Patient assistance up to (and sometimes greater than) 500% FPL: A single form allows you to apply for assistance from nearly all pharmaceutical manufacturers. The common form may be found at: hab.hrsa.gov/patientassistance. Additionally, each individual company application may be accessed at: fairpricingcoalition.org/projects/

Co-Pay Program for people with private health insurance: Contact each manufacturer directly to obtain a discount card: fairpricingcoalition.org/projects/ OR positivelyaware.com/copay

VIRAL HEPATITIS:

For detailed information on the available programs as well as a list of company contacts for **co-pay and Patient Assistance Programs (PAPs):** fairpricingcoalition.org/projects/

I'M SORRY

(continued from page 7)

It's almost become robotic for some to just ask and get the question out of the way. But how do you know if your potential partner is telling the truth or just going along with you to get into bed with you? It would be so easy for someone to just say, "yea, me too." Is that all it takes for you to trust them? Are you that desperate to get undressed that a few simple words you know damn well could be complete bull are enough to persuade you? What is most fascinating to me are the responses from these sex seekers to those who are honest with them.

Disclosing to anyone that you are HIV-positive is not an easy task. It takes courage and at times a thick skin, especially when dating. I know that personally, when chatting with guys online, the moment that question is asked, I cringe and tell myself that it's better to just get it out of the way and move on if he's not OK with it. I'll usually respond quickly and then log off for a few moments to continue my pep talk to myself before returning to the conversation. At times I return and there is no response. It's like my honesty doesn't merit a response or even a "no thanks." But what infuriates me are the guys who just automatically block you. I'm sorry; did I say something so offensive to you that you felt you needed to block me? Is my HIV status that repulsive to you? Or are you just a selfish coward who can't properly end a conversation in a courteous way?

It's hurtful when gay men act the way they do online. I'm proud of myself each time I am upfront, honest and disclose my status. It's not an easy thing to do, but I have come to terms with who I am, and I am not ashamed. I don't even feel the need to defend myself or give excuses for my status. Why should I? But it does cut deep when your own community casts you out and looks down upon you. So quickly they forget their history and so quickly they turn a cheek to their brother who was once in their shoes. It's an unfortunate ignorance that plagues our community and as much as I am hurt, angered and disgusted by the treatment I receive at times from my brothers, I hope that they never are faced with my situation.

DO COCKTAILS AND HIV MIX?

(continued from page 12)

In 1997 I was a pre-circuit boy and considered doing the drug ecstasy for the first time. I had just attended a conference for HIV-positive youth and while there someone shared with me a story about a young man in Germany who took ecstasy with his protease inhibitor and died. The claim was that the protease had somehow exponentially increased the effect of the ecstasy and he overdosed.

(continued on page 15)



COMMUNITY EDUCAT10NAL FORUMS

"BY THE COMMUNITY ... FOR THE COMMUNITY"

Tuesday, April 9: "Targeting Latent HIV Infection: the Road Towards Eradication"

David Margolis MD, University of North Carolina Chapel Hill

Annual Tim Gill Endowment Educat10nal Forum at Hamburger Mary's

RSVP required: Visit www.ontheten.org/forums for RSVP information on the flyer.

Tuesday, May 14: "HIV & HPV in MSM"

Bethsheba Johnson, MSN, GNP-BC, AACRN, Community Medical Scientist, Gilead Sciences

(usual location, see below)

Tuesday, June 11: topic and speaker TBD

(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 EDUCAT10N NETWORK)

WWW.ONTHETEN.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)

DO COCKTAILS AND HIV MIX?

(continued from page 14)

Needless to say, I freaked out upon hearing the news. I really wanted to go to a circuit party and try ecstasy but I didn't want it to lead to my early demise. This was before the internet had taken off so I really couldn't Google "ecstasy and HIV" to get an answer. I remember I had a friend send me a newspaper clipping that described the tragic incident in a German disco. Most of the research, and numerous friends, told me I was overreacting but I was still nervous when it came time to choose whether or not to take that little pill. I did take it, of course, and I was fine. I was more than fine; I had one of the best nights of my life.

That's what poz people do. We navigate the risks in our life and we make decisions based on lots of different factors. Ideally, we should be making the most informed decisions possible and that means having honest discussions with our doctors or providers. If you can't speak openly with your doctor or nurse about sex or drugs or other delicate subjects, then you need to find a new provider.

That's the lesson of this research. We need to improve communication between doctors and patients. As patients we have to be willing to talk about all aspects of our lives with our doctors. And we have to hold doctors accountable if they respond with judgments or condemnation. People with HIV can live life and have fun while still adhering to our medications. We simply have to take control. We've got to be empowered and be informed and be willing to speak up for ourselves and our choices. Bottoms up!

CALENDAR of EVENTS

April

- 4 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 5 (Fri) free day: Chatfield Botanic Gardens
- 6 (Sat) free day: Denver Art Museum (13th & Broadway)
- 7 (Sun) 11am: SIN Brunch at Panera (640 S Colorado Blvd)
- 9 (Tue) 6pm: Community Educational Forum (special TG at H-Mary's RSVP req'd)
- 12 (Fri) 6pm: SIN Happy Hour upstairs at the Skylark (S Broadway & Maple Ave)
- 12 & 13 (Fri & Sat) Poz Impact (see pg 11)
- 17 (Wed) Risque (see pg 7)
- 18 (Thu) 11am: DHRPC Rebuilt+/POC (PLWH) Committee: 200 W 14th Ave 3rd fl conf rm
- 20 (Sat) LGBT Job Fair at The Center 1301 E Colfax (www.glbtcOLORADO.org)
- 20 (Sat) 5:30pm: Human Rights Campaign "Mile High Gala" Grand Hyatt (www.milehighgala.com)
- 20 (Sat) ICRME Coronation 40 "A Mile High Affair, The Making of a Monarchy" (www.denvercourt.org)
- 21 (Sun) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 22 (Mon) free day: Denver Botanic Gardens
- 24 (Wed) 5:30pm: Denver Health CAB (b)
- 25 (Thu) Dining Out for Life (100s of restaurants: breakfast, lunch, dinner) benefits Project Angel Heart (see pg 10)
- 26 (Fri) 11:30am: University of Colorado CAB (c)
- 28 (Sun) free day: Denver Art Museum (13th & Broadway)



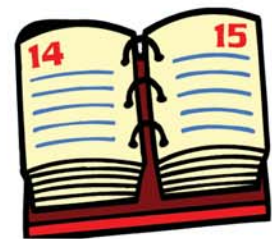
May

- 2 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 3 (Fri) free day: Chatfield Botanic Gardens
- 4 (Sat) free day: Denver Art Museum (13th & Broadway)
- 5 (Sun) 11am: SIN Brunch at Panera (640 S Colorado Blvd)
- 10 (Fri) 6pm: SIN Happy Hour at Skylark (S Broadway & Maple Ave)
- 10 (Fri) 8pm: Cycle Sluts Bingo benefits TEN at Hamburger Mary's (see pg 6)
- 12 (Sun) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 14 (Tue) 6pm: Community Educational Forum (a)
- 16 (Thu) 11am: DHRPC Rebuilt+/POC (PLWH) Committee: 200 W 14th Ave 3rd fl conf room
- 17 (Fri) 6pm: "Art for Life" at Abend Gallery University & Colfax (benefits Project Angel Heart)
- 18 (Sat) 7pm: "Boots & Boxers" Underwear Auction Krewe of Chaos benefit at Castlemans 26th & Walnut St
- 22 (Wed) 5:30pm: Denver Health CAB (b)
- 28 (Tue) 6pm: "HIV 101" Dinner for Newly Diagnosed (see pg 13)
- 31 (Fri) 11:30am: University of Colorado CAB (c)



June

- 1 (Sat) free day: Denver Art Museum (13th & Broadway)
- 2 (Sun) 11am: SIN Brunch at Panera (640 S Colorado Blvd)
- 3 (Mon) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 4 (Tue) 5:30-7:30pm: Ryan White Priority Setting / Resources Allocation Process (see pg 9)
- 6 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 7 (Fri) free day: Chatfield Botanic Gardens
- 11 (Tue) 6pm: Community Educational Forum (a)
- 11 (Tue) Mile High Freedom Band free concert at City Park Pavilion to kick off Pride
- 13 (Thu) Gay Men's Chorus "Dance the Night Away"
- 14 (Fri) 9am-5pm Ryan White Priority Setting / Resources Allocation Process (see pg 9)
- 14 (Fri) 6pm: SIN Happy Hour at Skylark (S Broadway & Maple Ave)
- 15-16 (Sat-Sun) PrideFest (we could say Colfax Ave and Civic Center Park, but instead we're saying "the universe")
- 16 (Sun) 4-8pm: Wrangler PrideFest Beer Bust (benefits TEN) (see volunteer notice pg 10)
- 20 (Thu) 11am: DHRPC Rebuilt+/POC (PLWH) Comm: 200 W 14th Ave 3rd fl conf room
- 26 (Wed) 5:30pm: Denver Health CAB (b)
- 28 (Fri) 11:30am: University of Colorado CAB (c)



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)

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