

The Mission of **TEN** is to provide educat**10**n & informat**10**n for HIV-positive individuals in Colorado. In addition, we strive to empower individuals to be proactive in their mental and physical health and well-being. The newsletter is a peer-based collaborative effort, and we encourage material written and contributed by poz individuals to achieve our goal of being "by the community, for the community." We believe that "knowledge is power" and that individuals have a lot to learn and gain from each other by sharing their experiences and information.

WINTER 2013
VOLUME VII, ISSUE IV

INSIDE THIS ISSUE

BRYAN	2
ANNUAL POZ LIST	3
PENNY DeNOBLE	3
DENTAL RESOURCES	3
FIGHTING HIV WITHOUT CONDOMS	4
HIV RETREAT AT SHADOWCLIFF	5
STOP BLUDGEONING YOUNG GAY	7
10TH ANNUAL POZ CRUISE	7
ADAP UPDATES	8
KEY HIV PROTEIN STRUCTURE	9
SHADOWCLIFF FOUNDER DIES	11
FREQUENCY OF LAB TESTING	11
SUPPORT GROUPS	12
WEB RESOURCES	12
ACTG CLINICAL TRAILS	13
IMPROVE PENIS CURVATURE	14
AMAZING BRUSSELS SPROUTS	14
COMMUNITY EDUCAT 10 NAL FORUMS	15
CALENDAR OF EVENTS	BACK



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

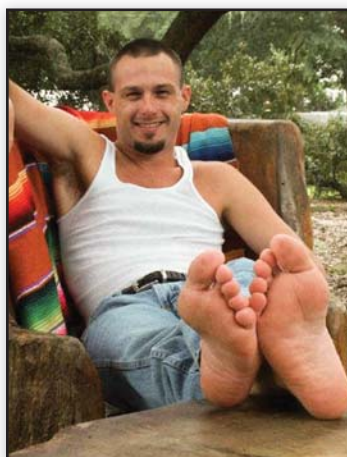


www.ontheten.org

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

BRIAN MCKAY 1972—2013

Bryan McKay passed away suddenly and unexpectedly on November 5, 2013. He will be missed by many, especially in the HIV community, the gay community, and all the organizations where he volunteered.



Bryan was a regular volunteer for Treatment Educat**10**n Network (TEN) programs. He attended the forums, the retreats, contributed to the newsletter, and enjoyed the annual Mountain SIN weekends. He also had a blast on the annual Poz Cruises in 2011 and 2012.

In addition to his work with TEN, Bryan was involved with many groups and organizations, giving hours and hours of his time to various endeavors. These include the GLBT Community Center of Colorado (the Center), the Men of Charlie's, The Imperial Court of the Rocky Mountain Empire (ICRME), Pets Are Wonderful Friends (PAWS), The Denver Element, and the Denver Colorado AIDS Project (DCAP).

McKay was the first to sign up for the Center's street team, leading groups into local businesses and connecting the Center's crucial services to people in the community. He invested more than 1000 hours at the Center in the past 3 years, reaching out to more than 2000 people. "In my opinion and in my eyes, Bryan has set the standard of what it means to be a volunteer at the Center," said Juli German, "I think what he wanted most was to make the world a better place. And in his heart of hearts, Bryan really believed that was through volunteering." He worked at the front desk, spoke to panels at universities, tabled events, helped with fund-raising & volunteer orientation, and even assisted with maintenance at the facility.



Anthony Aragon, ICRME's current Empress said Bryan was one of the first to volunteer when Aragon launched his campaign last August. "He continuously put others first, and not just through his advocacy work. He didn't let his health issues deter him from volunteering and reaching out to people. Every single day, Bryan would reach out to somebody and just ask how they were doing or send them a text: *hope you're having a good day.*"

(continued on page 2)



CREATING A STRONGER, MORE EMPOWERED GAY COMMUNITY

ELEMENT

DENVER PIQUE
A GROUP FOR 18-24 YEAR OLD GAY, BI, AND QUESTIONING MEN BUILT TO PROMOTE HEALTHIER SOCIAL ENGAGEMENTS AND REDUCE STIGMA IN OUR COMMUNITY

Poz impact
PROVIDES CONFIDENTIAL TWO DAY WORKSHOPS FOR GAY AND BI MEN WHO ARE LIVING WITH HIV AND HAVE AT SOME POINT INJECTED DRUGS. (JANUARY 24/25 FEBRUARY 21/22)

MILE HIGH RECOVERY PROJECT
GROUP WORKSHOPS FOCUSED ON AN INDIVIDUAL'S RECOVERY FROM SUBSTANCE ABUSE AND ADVANCEMENT TO A HEALTHIER AND HAPPIER LIFESTYLE

WWW.THEDENVERELEMENT.COM
FACEBOOK.COM/DENVERELEMENT
720-382-5900

THE DENVER ELEMENT IS A PROGRAM OF MILE HIGH BEHAVIORAL HEALTHCARE



BRIAN MCKAY

(continued from page 1)

Aragon and many others have pledged to do the same calling it the Bryan Way, committing to reaching out to at least one person every single day in 2014. "We were all blessed," Aragon said. "Bryan was a kind-hearted human being. It was just his infectious smile and his positive outlook. It was never about him. It was always about other people. He was always wanting to make sure that other people were okay."

OutFront's Mike Yost wrote: *LGBT advocates remember Bryan McKay for his selflessness, contagious enthusiasm, and unyielding dedication as a volunteer. His ebullient altruism and devotion to serve endures with those he worked with.*

As of newsletter press time, cause of death was still unknown to us. However, we believe it was not suicide nor HIV-related. Bryan's Life was celebrated on November 15 with a Memorial Service at the Metropolitan Community Church of the Rockies followed by a special celebration gathering at Charlie's.

BRYAN

by Rod Rushing - www.rebuiltdenver.blogspot.com

it's been a sad couple of weeks for me. i somehow got turned around in my life and lost touch with the direction in which i was heading. it was confusing, it was humbling, and it was maddening. i interviewed for new jobs and have considered going rogue and once again living as a bohemian might-pursuing truth and joy with a devil-may-care attitude (emphasis right now on considered). in the midst of my melt-down came the news that sweetness bryan mckay had passed



it seems bryan has been part of my world for many years now. so enmeshed is he that i struggle to remember when our paths first crossed. i am sure it was just after i started the strength in numbers gig. i do remember going on an impromptu hike just outside boulder with a few poz guys of whom bryan was included. 5 minutes into the hike, his seizure disorder kicked in, he collapsed on the trail and was chucking up liquid and trying to catch his breath. it was both frightening and frustrating as we all turned back to head home to make sure that bryan was safe

this contrast of emotion i describe would become my emotional soundtrack when it came to bryan. he was the sweetest soul and so easy to be around. he volunteered at about 10 different community organizations around town and was always oozing with positivity and good will. he was likeable, thoughtful, and mostly uncomplicated. he watched soaps, award shows, and professional sports on tv. his taste in music was uber-ultra gay with the obligatory colorado country twist thrown in. there was not so much outwardly remarkable about him- other than his good looks- he was very much like a favorite pashmina

the yin-yang aspect of my feelings for bryan are intoxicating. it is like sitting on the edge of a canyon knowing i have to go in some direction, but too amazed at the view to find the where-with-all to make a move. there is some quality in this uncertainty which compels me to love my life. the not-knowing all of this gives me grist for the mill

thank you bryan for breezing through my world and clearing out some cobwebs on your way. i will always be grateful, i will always be smiling, and i will always wonder



Follow abstracts at:
www.CROI2014.org

**21st Annual
Conference on
Retroviruses
and
Opportunistic
Infections**

**3-6 March 2014
Hynes Convention
Center
Boston,
Massachusetts**

**Conference
Highlights
presented at
Community
Educational Forum
Tuesday 8 April
2014**

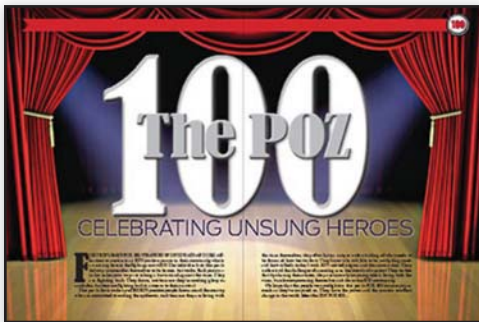
ANNUAL POZ LIST

The December 2013 Poz Magazine released its annual **POZ 100** list, honoring individuals who are unsung heroes in the fight against AIDS. We are proud to announce our very own Penny DeNoble was one of the "100."



From POZ Magazine: The individuals on this year's list may not consider themselves to be heroes, but we do. Each person—in his or her own way—is taking a brave stand against the virus. They are fighting back. They do so, not because they're seeking glory or accolades, but because fighting back is a means to their survival.

This year's list is made up of 100 HIV-positive people from around the country who are committed to ending the epidemic. And because they are living with the virus themselves, they often have a unique understanding of what needs to be done and how best to do it. They know what it's like to be newly diagnosed and how it feels to deal with HIV-related stigma and discrimination. They understand the challenges of accessing care, treatment, and support. They realize that by sharing their stories, they are not only inspiring others living with the virus, but also empowering themselves and the entire HIV community.



We hope that the people we spotlight on this year's POZ 100 inspire you as much as they've inspired us. They have the power and the passion to effect change in the world.

PENNY DENOBLE

Penny DeNoble has been an educator, community activist, and HIV advocate for 15 years. Her organization, The Issue of Blood, is an outreach and consulting service that aims to bring awareness, education and information about the prevention of HIV and other STIs and unplanned pregnancies. She collaborates with other AIDS organizations in the Denver area, and she sits on the board of The Greater Denver Interfaith Initiative and is the vice-chair of the Denver HIV Resources Planning Council. Penny is a member of the 2020 Leading Women's Society, The White House Project's MAC AIDS Fund Advisory Committee, Positive Women's Network, Treatment Advocacy Group, and AIDS Alliance for Children, Youth, and Families. Her goal is to help HIV-positive women reach their communities through education, leadership development, and advocacy.



Founder and Director
The Issue of Blood
Denver, Colorado
Positive since 1986

Check out: http://www.poz.com/articles/poz100_intro_2806_24741.shtml (click on "D-F")

DENTAL RESOURCES



DENTAL CLINICS:

Howard Dental Center
1420 Ogden Street,
Denver—Contact Hazel
303.832.0772

– For HIV+ persons:
a full and complete array
of all dental services;
comprehensive &
integrated oral health
care.

– Through the Integrated Care Initiative, patients
receive preventive care education & resources.

Community College Denver Dental Hygiene Program

Lowry Campus Bldg 753
1062 Akron Way, Denver—303.365.8338

- Exams, x-rays, & cleanings at reduced rates
(rates lower for seniors and children)

Inner City Health Center Dental Clinic

3405 Downing Street, Denver—303.296.4873

- Sliding scale fee; Medicaid for extractions only;
\$90 flat fee for emergencies—limited availability

New Hope Dental Services

4200 W Conejos Place, Denver—720.956.0310

University of Colorado School of Dental Medicine

13065 E 17th Ave, Aurora—303.724.6900

Denver Rescue Mission

1130 Park Ave West, Denver—303.294.0157

- 2nd Tuesday of each month, call for appointment

DENTAL FUNDING ASSISTANCE:

AV Hunter Trust Inc

650 S Cherry Street, Suite 535,
Glendale—303.359.5450

- Complete application with your care coordinator
and submit written evaluation/estimate from
dentist

Donated Dental Services—303.534.5360

- for disabled, elderly and/or chronically ill
by application
- Currently only accepting new clients
diagnosed with developmental disability

Friends of Man PO Box 937, Littleton—303.798.2342

- Can apply for assistance with dentures
and some other needs
- Does not help with crowns, implants, bridges,
root canals, x-rays, exams
- Complete application with your care coordinator
and submit written evaluation/estimate
from dentist

FIGHTING HIV WITHOUT CONDOMS?

From "The Dish: Biased and Balanced" Dec 6 2013 @ 2:34pm

<http://dish.andrewsullivan.com/>

About fifteen years after most gay men figured it out, Mark Joseph Stern stumbles onto the truth that, with HIV no longer a death sentence in developed countries, the era of simply scaring gay men away from unprotected sex is over. And, unlike so many well-meant public health campaigns, he is prepared to tell the obvious truth: Bareback sex feels better for both partners. At some point, almost every gay man will learn this fact—so why lie about it?



Indeed. That one fact combined with one other – that middle-class gay men can suppress the virus indefinitely with the cocktail – has to be integrated into a sane, safer sex message. I've been banging on about

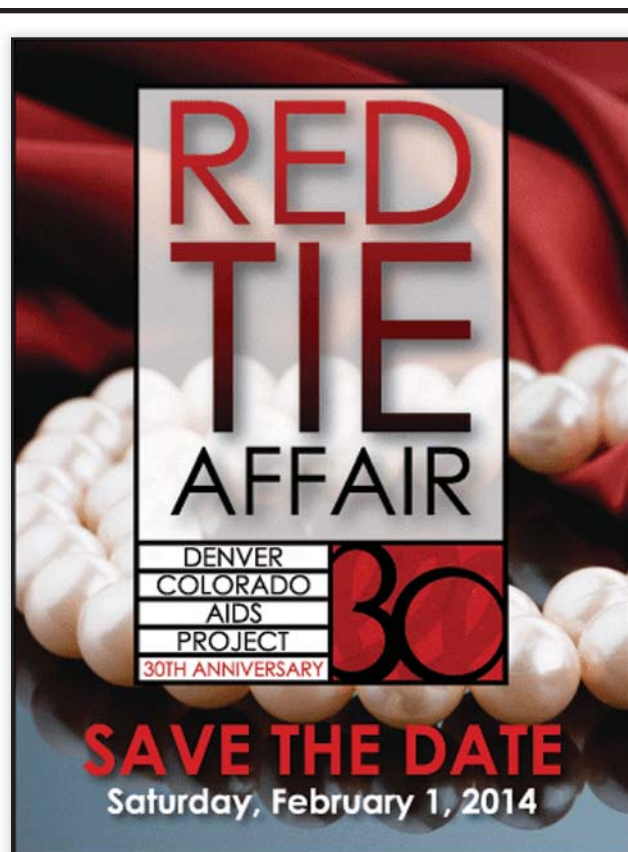
this for years, of course, and there have been initiatives, in San Francisco particularly, where these insights have indeed been integrated into public health campaigns. And they've been among the most successful in restraining infection.

But Stern goes one step further: If we don't give gay men the promise of the reward, a foreseeable end to the hassles of condoms, they're bound to get frustrated and either slip up or give up. Giving men the goal of a committed relationship—and with it, the perk of unprotected sex—might convert barebacking from a forbidden fruit to a reward worth working toward.

Yes, and no. First off, can we retire the term "barebacking" and simply refer to it as sex without condoms, i.e. the activity formerly known as sex? Stigmatizing latex-free sex as "barebacking" may have had some logic in the plague years, but it can be psychologically toxic today. It renders the most intimate of sexual interactions a pathology, and that can't be right.

Second, the prize of non-rubbered sex in a monogamous relationship is a little more fraught than Stern makes it out to be. It makes huge sense if both men are HIV-positive. In that case, there is no danger that sex outside the marriage – sometimes lied about, or hidden, or unspoken – can lead to indirect infection, because both men are infected already. But if both men are negative, it puts much more pressure on monogamy and on a marriage than might be wise. One slip and you're not only betraying your partner, you could also be deeply damaging his health. Although it's noble as an ideal, the standard here may be simply practically too high, certainly over a lifetime, for most men to achieve. And the consequences of failure can be terrible for a relationship.

(continued on page 5)



DENVER MUSEUM OF NATURE AND SCIENCE

SATURDAY, FEBRUARY 1, 2014, 6-10 PM

Red Tie Affair is an elegant night of cocktails, dinner and dancing with a special presentation honoring volunteers, corporate partners and other influential individuals that have contributed to the success of Denver Colorado AIDS Project, and a retrospect of 3 decades of service in the Denver Metro community.

The evening will also feature DCAP's Red Tie Project—a collection of 30 one-of-a-kind ties that have been personalized by various celebrities and local designers that will be auctioned off throughout the evening, as well as a chance to win a special pearl jewelry piece in honor of DCAP's pearl anniversary. Ticket information at www.DenverCAP.org or call Maryjane Jarvis 303.962.5302.

Red Tie Cocktail Attire is suggested.

2001 COLORADO BLVD., DENVER, CO 80205



please visit
www.ontheten.org

FIGHTING HIV WITHOUT CONDOMS?

(continued from page 4)

I think we should leave it to married couples or committed lovers to figure their way through this – and avoid harshness and easy judgment. We're all human and in sexual desire, more human and flawed than in most other areas. But, as a practical matter, you don't have to restrict non-rubbered sex solely to monogamous married couples to have an impact on infection rates.

The more important goal is for HIV-positive men to have sex mainly with other HIV-positive men, restricting the virus to a pool of the already infected. This is called "sero-sorting" and it has happened for years (it was my strategy back in the day for making sure I never put anyone at risk). It has cut infection rates markedly where it has prevailed. But for the HIV-negative, sero-sorting is a lot trickier. You simply cannot know if your sex partner is positive or not. He may not even know. Leaving rubbers behind is a big risk always in this context, even though it is far, far smaller than it once was. A more practical option for HIV-negative men is to go on Prep – take preventive HIV drugs to make infection far less likely even without condoms, and to use condoms outside a truly monogamous relationship or marriage.

So add it up: tout the intimacy of rubber-free monogamy for some; encourage HIV-positive men to have sex with other HIV-positive men; get as many HIV-negative men onto preventive drugs that can drastically lower the risk of infection; and, above all, encourage disclosure and testing so that gay men, rather than being treated like children, can assess all the information and make informed choices. This wouldn't be a panacea, but it would be a constructive way forward.



HIV RETREAT AT SHADOWCLIFF

July 10-13, 2014

Registration NOW OPEN

Registration for the 2014 HIV Retreat at Shadowcliff is now open. 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 \$110, reducing the fee to as low as \$85. 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 fundraisers, 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 303.777.208). 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 303.777.208.

Slut Bingo !

(benefits The HIV Retreat at Shadowcliff)

Friday January 10th 2014

Balls drop at 8pm (doors open 7pm)

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



PUT AN END TO THOSE ACHES AND PAINS!

- Natural Pain Relief and Stress Reduction Specialist
- Highly Effective Hands-On Body Therapies
- 30 Minutes FREE for the First 5 New Clients of the Month!
- Available on the Weekends
- Mention *Treatment Educat1On Network (TEN)* and we will donate 10% of your fee to the support of this organization!

The Holistic Center of Colorado Ltd.
4045 Wadsworth Blvd. Suite 270
303-482-2588
Visit Us At: www.holisticcolorado.com

Practitioner Christopher (at the Holistic Center) has been a volunteer at the HIV Retreat at Shadowcliff for over 15 years, providing energy work therapies.

TEN BOARD OF DIRECTORS OPEN POSITIONS

Treatment Educat1On Network is accepting applications to serve on its Board of Directors.

Qualifications are:

- Persons who believe in TEN's mission to provide education to persons living with HIV.
- Ability to volunteer some time to one or more of TEN's 3 main programs (*monthly Forums, quarterly Newsletter, and annual Retreat*)

If interested, call 303.7777.208
or email: ontheten@gmail.com

POZ ROMANCE POZ DATING POZ ROMANCE POZ DATING

www.voltage.com

www.personals.poz.com

www.hivdatingonline.com

www.positivesingles.com

www.hivdatingservice.com

www.positivesingles.com

www.positivesdating.com

www.positivelove.com

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.

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



"UB2" SIN Happy Hour



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

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

SE corner of S Broadway & Maple Ave

First drink is free if you have never attended before!

STOP BLUDGEONING YOUNG GAY MEN WITH OUR AIDS TRAGEDY

by Mark S King * www.marksking.com

Lesley was my closest friend to become sick in the 1980's, and he fought bravely until his death from AIDS. Today, there are little rituals I have to honor his memory, and I often write about him, the first of many friends lost to the epidemic. But there's something I will not do. I will not dig up Lesley's body and beat young gay men with his corpse. Lesley didn't perish so I could use him as a scare



tactic. He wasn't a cautionary tale. He wasn't a martyr. He was a man with the same passions and faults as anyone else, and I won't use his death as a blunt instrument. Plenty of us are more than happy to rob graves, however, in an attempt to frighten gay men into acceptable behaviors. This kind of horror-by-proxy happens all the time.

Concerned but misguided gay men of a certain age hear whatever the latest HIV infection rates are, and they pull the AIDS Crisis Card. "If their friends all died like mine did, maybe they would think twice before having sex without a condom," goes a typical remark, drenched in self pity and tenuous logic. This statement misrepresents our lost friends and oversimplifies the state of HIV today. It projects our grief in the direction of those who bear no responsibility or resemblance to what we experienced. It subtly blames our departed friends for their mistakes, and then tries to equate them with a new generation of gay men who are much too smart to buy into it. So frozen in time is our victim hood, it hardly allows for the facts of the here and now.

Young gay men are more aware of HIV than my generation ever was. They simply relate to it differently, having come of age since the advent of successful treatments. Asking them to fear something they have literally grown to accept is as realistic as asking them to perform "duck and cover" drills in case Russia drops the bomb. To view these young men and say, in effect, "if only you saw all the death that I saw..." is a wishful fantasy that disturbs me on all sorts of levels, and it says far more about us than it does about them. I understand these attitudes come from a place of complicated emotions, ranging from grief, primarily, to our own shame or guilt over dodging a bullet—and it may come from a sincere need to share our experience with others. The punishing tone that often accompanies it, though, isn't going to win the respect or investment of younger men. It makes us as relevant as old men on the front lawn waving a rake at youngsters.

I take our community history very seriously. I've written a book about the dawn of AIDS in Hollywood, have read *And the Band Played On* more than once, cheered on the activists in the documentary *How to Survive a Plague*, and can't wait for the release of Sean Strub's upcoming AIDS memoir, *Body Counts*.

(continued on page 10)



10TH ANNUAL POZ CRUISE NOVEMBER 1-8, 2014

Sailing round-trip from San Juan, Puerto Rico to Barbados, St. Lucia, Antigua, St. Maarten, and St. Thomas, we anticipate this year to be a very special sailing, not only because we celebrate our tenth year, but we sail to our most exotic destinations yet! Our annual cruise includes an upbeat, vibrant mix of people with an amazing blend of education, adventure, and mutual support you've never experienced. This will be a week you'll never forget!

The Celebrity "Summit" will be our "home away from home" for the week. Celebrity is known for outstanding cuisine, superior service and entertainment, and a cozy yet sleek modern décor. In fact, Celebrity Cruises has been named the number one large cruise line by both *Travel & Leisure* and *Conde Nast* magazines!!

We will sail from San Juan to a vibrant array of charming Caribbean islands. Our first stop is Barbados, a British Colonial island known for spectacular white sand beaches and snorkeling. Our second port of call takes us to the majestic and lush island of St. Lucia with its rugged interior of rain forest, volcanoes, and hot springs. The next day we arrive in charming Antigua which boasts 365 beaches, one for every day of the year. Here you will also find old sugar plantations and rum factories. Next up is St. Maarten (half French and half Dutch) and on the top of many people's list is a stop at famed Orient Bay Beach, which has a clothing optional area. Our final stop takes us to the shopping capital of the Caribbean, St. Thomas. Here one can find some the best buys as well as beautiful cove like beaches such as Magan's Bay and Little Magan's (a small gay friendly beach).

This is not an exclusively chartered ship (like RSVP or Atlantis), but we are a large group with our own private group activities including cocktail parties, disco nights, plus R (maybe X) rated games, which are very well received. Join our private excursions designed exclusively for our guests, which tend to be less expensive than similar excursions offered by the cruise line ...and way more fun!

Returning as our Emcee for the fifth year is author and blogger Mark S King. Mark's blog "*My Fabulous Disease*" is one of the most widely read blogs in the country. Now you can also read Mark's book, "*A Place Like This*." Mark's flair for humor his ability to connect with the group makes him the perfect fit. Welcome back Mark!

This is truly a unique travel experience for people living with HIV, the only one of its kind. Our special events offer the chance to bond with your fellow group members, whether it is one of our many private social events or an educational workshop. The Poz Cruise is a week to be remembered. We hope our terrific memories this year will include you!

RATES START AT \$622

FOR MORE INFO: WWW.HIVCRUISE.COM

**IMPORTANT ADAP UPDATES:
AFFORDABLE CARE ACT
IMPLEMENTATION**

12/31/2013 Happy New Year!

John W. Hickenlooper, Governor
Larry Wolk, MD, MSPH
Executive Director and Chief Medical Officer
Dedicated to protecting and improving the health and environment of the people of Colorado
4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
Located in Glendale, Colorado
www.colorado.gov/cdphe



As most of you know, January 1 2014 was the first day of coverage for people who enrolled in insurance or Medicaid due to the Affordable care Act, or Obamacare.

Colorado ADAP and our partners at HIV clinics, case management agencies, and social worker staff have been working very hard to help people who have been receiving medications through ADAP and medical care through CICP to transition into new coverage as is required under the Ryan White Program legislation. We are over half way through our list of people that need to make the switch. If you have legal status in the United States, you must do everything in your power to apply for coverage at some point between now and March 31st.

Colorado ADAP has done everything in our power to assure that to the extent we can do so, all ADAP members should be able to fill their medications without complications when they present at a pharmacy in January. That said, there are a number of potential issues that might face our members – particularly those who are moving to a new kind of insurance coverage. Our staff has utilized information provided to us by those individuals working in the field to categorize the type of medication coverage that an enrollee will have on January 1st. For example, if the form states that you were successfully enrolled in Medicaid, we moved you to the new SWAP plan. If on the other hand, the form stated that you were enrolled in an insurance plan, they were moved to the Health Insurance Assistance Program (HIAP).

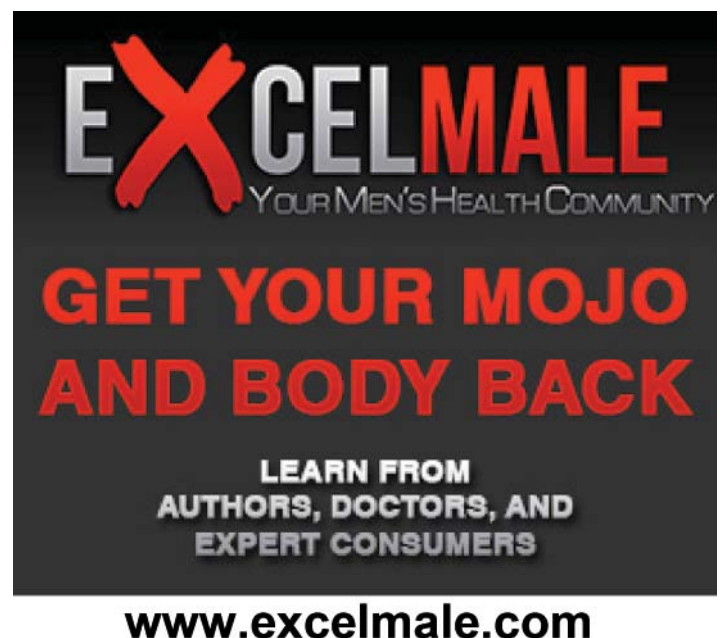
For any of you that are moving from one ADAP group to another effective January 1, 2014, Ramsell Public Health generated new prescription co-pay cards December 31, 2013. They will be mailed to you at your most current address. The date of the card will indicate the next date you must recertify with ADAP by.

WE STRONGLY ENCOURAGE OUR MEMBERS TO CONTINUE TO USE THE ESTABLISHED ADAP PHARMACIES (DH, UH, Walgreens at Children's or Walgreens at Rose) for their initial fills on either Medicaid, or on an insurance plan. If there is any difficulty in the billing of a claim, these pharmacies will be able to contact ADAP and ask that you be temporarily returned to HMAP until the issue with the insurance can be rectified. Using any other pharmacy, there is no way for the ADAP to intercede to help, **and we will not reimburse anyone for our of pocket costs they pay themselves.**

Please be aware that there are the normal dozens and dozens of ADAP members who have failed to submit their six month ADAP recertification or their Bridging the Gap Application for 2014. Do not automatically jump to the conclusion that your medication issue is due to an ACA problem before confirming that you have all of your documents up to date.

If you have any questions regarding this information, you may call the ADAP Helpdesk at 303-692-2716.

Todd Grove, HIV Care & Treatment Program, CDPHE – ADAP (303) 692-2783 todd.grove@state.co.us



TREATMENT EDUCAT¹⁰N NETWORK

learn about HIV. get the basics

deal with specific issues surrounding being HIV+

dismantle the stigma of HIV

reach out, create support

be a stronger advocate for your own health care

WHO: newly diagnosed (less than 2 yrs)

WHAT: dinner, slide set, discussion

WHERE: centrally-located restaurant

WHEN: tuesday 25 february 2014

HOW: rsvp and/or more info 303.777.7208

sponsored by bristol-myers squibb



To take part in a clinical trial is a huge decision, it's your own personal decision and it takes commitment.

Brian Kanyemba

Watch **The Rectal Revolution is Here** to learn more about rectal microbicide clinical trials and how to participate.



KEY HIV PROTEIN STRUCTURE REVEALED

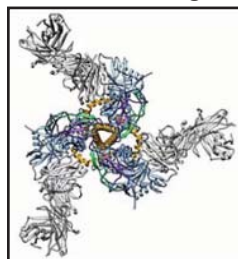
November 25, 2013—www.nih.gov

Researchers have developed a more detailed picture of the protein largely responsible for enabling HIV to enter human immune cells and cause infection. The findings could help guide vaccine design.

This model shows a birds-eye view of the trimeric structure of Env, a protein on the HIV surface that enables it to infect cells. Courtesy of the Scripps Research Institute.

HIV, the virus that causes AIDS, infects more than 34 million people worldwide. Once in the body, HIV attacks and destroys immune cells. Current treatment with antiretroviral therapy helps to prevent the virus from multiplying, thus protecting the immune system.

Despite recent advances in treatment, scientists haven't yet designed a vaccine that protects people from HIV. One challenge is that a viral surface protein known as Env can mutate rapidly. Resulting changes to the protein's surface enable it to evade the immune system. An in-depth understanding of the structure of Env is critical to determine how the virus gains entry into cells. Env is also a major target for potential HIV vaccines.



Env extends from the surface of the HIV virus particle. The spike-shaped protein is "trimeric"—with 3 identical molecules, each with a cap-like region called glycoprotein 120 (gp120) and a stem called glycoprotein 41 (gp41) that anchors the structure in the viral membrane. Only the functional

portions of Env remain constant, but these are generally hidden from the immune system by the molecule's structure.
(continued on page 10)

STOP BLUDGEONING YOUNG GAY MEN WITH OUR AIDS TRAGEDY

(continued from page 7)



There is enormous value in preserving our history — and in recognizing that many of us still carry trauma born of that time. Community advocates have stepped up work to help us process what we went through a generation ago. Post Traumatic Stress Disorder (PTSD) is a very real phenomenon for longtime survivors, and excellent community forums have been mounted to explore these areas by the Medius Working Group in New York City and the “Let’s Kick (ASS) AIDS Survivor Syndrome”

project in San Francisco. Hopefully, other cities and LGBT organizations will follow suit. That important work is quite different, however, from allowing our past to blind us to the present.

When we raise our finger and say in a voice filled with foreboding, “people think you only have to take a few pills and that’s it,” we are denying the actual experience of a lot of people with HIV. For many like me, taking a few pills a day is, in fact, the only impact HIV has on my life. Research suggests I will live a normal lifespan and am more likely to die from cigarettes than HIV. And I’m not going to deny all that in order to advance a fright-show story line that isn’t my experience. There are young voices telling new stories, thankfully. Gay writers living with HIV such as Patrick Ingram, Josh Robbins, Tyler Curry, Aaron Laxton, Robert Breining and the irascible Josh Kruger are peering across the generational divide (I have HIV antibodies older than they are) and they seem bemused. Their blogs suggest a post-AIDS life of full engagement and purpose. I consider this progress.

If their lives (and writings) don’t include burying friends or serious health concerns, wasn’t that our goal all along? Nowhere has our AIDS tragedy mind set done more damage than in the rollout of the unfairly maligned Pre-Exposure Prophylaxis (PrEP), the prevention breakthrough that allows HIV negative people to take anti-HIV medication to avoid infection. It is largely viewed as an alternative to condoms, which has quickly labeled HIV negative men taking PrEP as “barebacking sluts” by people coming unhinged at the very idea of unprotected sex. (Note: I remember when gay sex never involved condoms. It was glorious. I always thought getting back to a place where we had a real choice in the matter was kind of the point.) There is something about the simplicity of PrEP (a pill a day! no condom negotiation! no guilt or judgment!) that is driving older gay men up the wall, considering their resistance to it and spurious claims of inefficacy, cost, and side effects.

KEY HIV PROTEIN STRUCTURE REVEALED

(continued from page 7)

X-ray analyses and low-resolution electron microscopy have revealed the overall architecture and some critical features of Env. But higher resolution imaging of the overall protein structure has been elusive because of its complex, delicate structure. To gain a clearer image, a team of scientists at the Scripps Research Institute and Weill Cornell Medical College engineered a more sturdy form of the protein. Their work was supported in part by NIH’s National Institute of Allergy and Infectious Diseases (NIAID), National Institute of General Medical Sciences (NIGMS), and National Cancer Institute (NCI). The results were published in 2 papers online on October 31, 2013, in Science.

Using cryo-electron microscopy and X-ray crystallography, the researchers determined the detailed structure of Env. The team revealed the spatial arrangement of the Env components and their assembly. They determined the gp120 and gp41 subunit relationships as well as the interaction with neutralizing antibodies, which can block many strains of HIV from infecting human cells.

“Most of the prior structural studies of this envelope complex focused on individual subunits, but the structure of the intact trimeric complex was required to fully define the sites of vulnerability that could be targeted, for example with a vaccine,” says Scripps researcher Dr. Ian A. Wilson, a senior author of the papers.

“Now we all need to harness this new knowledge to design and test next-generation trimers and see if we can induce the broadly active neutralizing antibodies that an effective vaccine is going to need,” adds Weill Cornell scientist Dr. John P. Moore, another senior author.

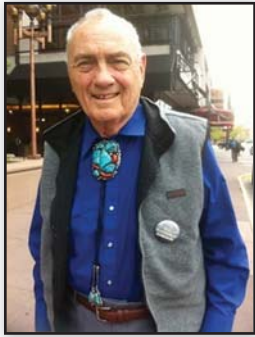
Tellingly, younger gay men have voiced fewer objections. The facts are these: PrEP is at least as effective as condoms when used properly. The drug currently used for PrEP, Truvada, is well tolerated with few side effects. And despite fears and misinformation, it is being covered by insurance providers (do you know of even one claimant that has been denied?). For those without insurance, Gilead, the maker of Truvada, has a generous patient assistance program that allows you to earn a sizeable income and still get the medication. Perhaps, in the end, we are simply victims of our own success as advocates. We successfully entrenched the immediate, mortal danger of HIV, the shameless inaction of our government, and the profit-driven, opportunistic role of the pharmaceutical industry. Anything that veers from that narrative, especially for those of us who lived it, feels like betrayal. Yet here we sit, in an age that confounds so much of what we once knew to be true. The 1980’s are history. They are not a prevention strategy. The war as we once knew it to be, the one Lesley and so many others fought so valiantly, is over. May they rest in peace. Mark



please visit
www.ontheten.org

SHADOWCLIFF FOUNDER AND HIV RETREAT CREATOR DIES

Warren Rempel passed away peacefully on Friday evening, December 27, 2013. He is survived by his wife Patt, his son Peter and his daughter Sue, in addition to many other relatives, and most especially the hundreds of friends who knew and loved him. Warren turned 88 on December 14.



Warren and Patt founded and created Shadowcliff in Grand Lake, Colorado. They also created the HIV Retreat at Shadowcliff shortly after their son Scott died of AIDS in 1989. After several summers, they continued to host the HIV Retreat at the Shadowcliff facility, but turned

the organizing over to independent Directors. Today the Retreat is a program of Treatment Education Network, but remains near and dear to Pat and Warren's hearts.

The Shadowcliff story begins with a tent and a campsite on the banks of the North Inlet stream. In 1956, Patt and Warren dreamed of building a simple, rustic lodge and purchased 2 lots. Inspirational morning meditations atop a granite promontory or "cliff" ("the Point") which overlooked Grand Lake and Shadow Mountain Lake, served as the source of the dream which became Shadowcliff. After a year or two of camping by the stream the Rempel's purchased the remainder of the land and began the first building project in 1959. He was a campus minister and she was a VA nurse, both with limited incomes, so creatively funding the endeavor was an amazing feat. By 1981, two lodges, three cabins and the Chapel (meeting room) were built. More than 650 volunteers from 42 different countries combined their talents and labors to build Shadowcliff—a place to reconnect with the natural world. This volunteer tradition continues as more than 100 volunteers participate each year in work projects during May (pre-season opening) and throughout the regular season.

The Rempel's created Shadowcliff as a mountain sanctuary, and during the last decade it has also become a source of education, strategic planning, and inspiration, teaching nature's sustainability principles to individuals, businesses and governments.

When it was time for them to retire in 2000, they turned down a multi-million dollar offer for Shadowcliff, knowing it would be redeveloped; and instead, ensured that it would continue as the fulfillment of their dream under a non-profit organization. They received one dollar for the property.

The Shadowcliff created by Warren & Patt is a magical place, a spiritual place, and a place full of energy and life—from the North Inlet Stream, the wind, the powerful sun, and mighty summer storms ... to the trees, wildflowers, and abundant wildlife that surround and frequent the grounds. Guests, groups, and retreats come from all over the world to live, learn, reflect, share, gain understanding, reconnect and have fun. This has been a perfect fit for the HIV Retreat at Shadowcliff, now in its 22nd year.

FREQUENCY OF LAB TESTING

A recent HIVMA (HIV Medicine Association) paper mentions an encouraging trend that allows "SOME" HIV+ folks to see their HIV doctor less often. Here's what the DHHS guidelines say about the two main labs we all get:

"In patients on a stable ARV regimen, viral load should be repeated every 3 to 4 months or as clinically indicated. Clinicians may extend the interval to every 6 months for adherent patients who have suppressed viral loads for more than 2 to 3 years and whose clinical and immunologic status is stable."

"...for the patient on a suppressive regimen whose CD4 cell count has increased well above the threshold for opportunistic infection risk, the CD4 count can be measured less frequently than the viral load. In such patients, CD4 count may be monitored every 6 to 12 months, unless there are changes in the patient's clinical status"

There are other caveats for these labs that take into consideration the co-existence of other conditions and the use of certain other meds. These recent articles emphasize that the fact that we are living longer means that HIV specialists will need to be more vigilant in terms of primary care issues: "people with HIV are at increased risk for common health conditions, such as high cholesterol and triglycerides, due to the infection itself, ART or traditional risk factors such as smoking and eating unhealthy foods, and doctors must be vigilant about monitoring those levels."

The HIVMA guidelines (www.HIVMA.org) include "new recommendations for screening for diabetes, osteoporosis and colon cancer, and suggest patients with HIV should be vaccinated against pneumococcal infection, influenza, varicella and hepatitis A and B. There also is a more robust section on sexually transmitted diseases..."

In addition, some medications may require more frequent monitoring via other kinds of labs. This is likely more applicable with increasing age and the use of more meds.

Yes, it is good news that we are living longer! Yes, it is good news that lots of folks can reduce office visit frequency (especially if they receive primary care separately). Yes, it is good news that therapy has reached a new level of excellence over the last 5 or 6 years with the availability of very highly effective, adherence-friendly, and highly forgiving regimens!

As always, any decision about an individual's care strategy should be the product of collaboration between the patient and provider.

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).



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

Every Monday 7pm: "Brothas4Ever" group for African-American gay/bi men (drop-in)
It Takes a Village * 1475 Lima St * Aurora 80010 * More info: Calvin 303.367.5021

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: Hassan 303.367.4747

Every Wednesday 6-8:30pm: "4 to Thrive!" (starts Feb 19)(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 Wednesday, Thursday, & Friday 11am-noon: Substance Abuse Treatment Groups for HIV+ (drop-in)
It Takes a Village * 1475 Lima St * Aurora 80010 * More info: 303.367.4747

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

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

Treatment Educat¹⁰n Network is a small grassroots non-profit organization.
With no paid staff, all of our resources go directly to fund our programs.
Please consider supporting TEN with a fully tax-deductable donation.
No amount is too small or too big.

Checks can be sent to: TEN * Box 9153 * Denver CO 80209-0153
-OR- you can click on our PayPal "Donate" button at www.OnTheTen.org

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

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

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

ACTG= AIDS Clinical Trials Group 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 (Elite Suppressors): A5308: Evaluate effect of Complera (emtricitabine + rilpivirine + tenofovir disoproxil fumarate) on CD4 count & T-cell activation, markers of inflammation, and viral reservoirs in "Elite Controllers" (ACTG)

- Conducted at UC (study length 14 months - 2 years)
- CD4 = any; VL < 500 for the past 2 years
- Complera provided; participants given the option to: stop medication and leave study at 14 months, stop medication and be followed up for 1 year, continue medication and be followed up for 1 year
- all patients will receive study drug from week 12 to week 60 and then an option to receive another 48 weeks of treatment

Inflammation: A5314: Effect of Low Dose Methotrexate on Inflammatory Markers and Endothelial Function (ACTG)

- Conducted at UC
- Low dose methotrexate or placebo for 24 weeks followed by 12 weeks observation
- Taking ARV with VL <400 for >24 weeks; CD4 >400
- 40 yrs or older
- You must have documented coronary risk (moderate or high)

Inflammation: A5317: Effect of Telmisartan to reduce AIDS-related Fibrotic and Inflammatory Contributors (ACTG)

- Conducted at UC (opening soon)
- Telmisartan 40mg daily for 4 weeks followed by 80mg daily for 44 weeks -OR- no treatment (comparator group)
- Taking ARV for >48 weeks; VL <200; any CD4
- Study includes 2 fat and lymph node biopsies (with \$150 reimbursement)

Cure Research: A5315: Single dose Romidepsin to Assess Safety, Tolerability and Activation of HIV-1 Expression (ACTG)

- Conducted at UC (opening soon)
- **YOU WILL NOT BE CURED OF HIV.** Your participation will only advance and contribute to cure research science
- One dose of romidepsin -or- placebo followed by various lab assays for analysis of effect
- Taking ARV with VL <50; CD4 >300
- Must have either efavirenz (Sustiva, Atripla) -OR- raltegravir (Isentress) as part of your current HIV regimen
- Study involves 3 leukopheresis procedures

Kidney Problems: Gilead-0112: Open label study of elvitegravir + cobicistat + emtricitabine + TAF single tablet regimen in people with mild to moderate kidney disease

- Conducted UC
- ART experienced or naive
- Creatinine clearance 30-49
- All participants get study drugs for at least 96 weeks

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

- Conducted at UC
- 3-4 year study (10 visits in 1st year, 4 visits each year after that);
- ART naive (never taken HIV meds) or on Sustiva or Nevirapine

HEP C: BMS 032-Interferon Lambda-1a in combination with ribavirin and daclatsvir in HIV/HCV coinfecting genotype 2 or 3 individuals Naïve to HCV treatment

COMING SOON

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

HEP C: Treatment for persons coinfecting with HIV & HCV (genotype 1) (Abbvie 004-ABT-450/Rtv/ABT-267 and ABT-333)

- Conducted at UC
- HCV treatment naive or experienced
- HIV treatment must be either boosted atazanavir (Reyataz) -OR- raltegravir (Isentress)

ACTGACTGACTGACTGACTGACTGACTGACTGACTGACTG



LEARN ALL ABOUT PROJECT ANGEL HEART

**at Special Open House
Saturday 11 January 2014 / 11:30am-1:00pm**

Project Angel Heart, 4950 Washington St, Denver 80216

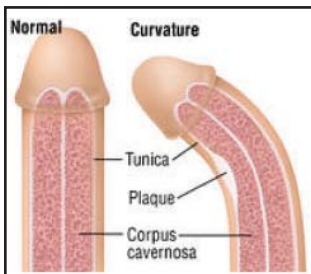
Are you interested in learning more about how we prepare and deliver meals to clients like Sister Regis? Or are you just excited about the work we do? Then stop by the upcoming open house at our Denver headquarters!

On Saturday January 11, we're inviting anyone who is interested to come by our building for a tour of our kitchen and to learn more about Project Angel Heart. Guests will hear all about how we freshly prepare, modify, and deliver nutritious meals to more than 900 Coloradans each week. Light refreshments will be provided. We hope to see you there!

FDA APPROVED 1ST DRUG TO IMPROVE PENIS CURVATURE

from Nelson Vergel's "Excel Male" www.excelmale.com

The FDA approved a new use for Xiaflex (collagenase clostridium histolyticum) as the first FDA-approved medicine to treat men with bothersome curvature of



the penis, a condition known as Peyronie's disease. Xiaflex is the first FDA-approved non-surgical treatment option for men with this condition, who have a plaque (lump) in the penis that results in a curvature deformity of at least 30 degrees upon erection. Peyronie's disease is caused by scar tissue that develops under

the skin of the penis. This scar tissue causes an abnormal bend during erection and can cause problems such as bothersome symptoms during intercourse. Search Xiaflex and Peyronie's Disease for more information.

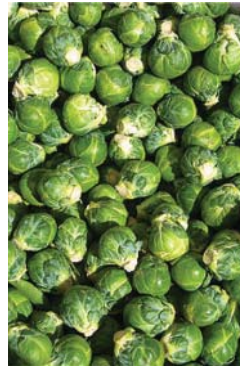
HAVE YOU NOT FILED TAXES EACH YEAR?

With many benefit changes this year through the ACA, 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.

THE AMAZING HEALTH BENEFITS OF BRUSSELS SPROUTS

by Michael Ravensthorpe—Thursday, December 26, 2013

www.naturalnews.com



The Brussels sprout is a plant widely cultivated in Europe for its edible green vegetables. These vegetables, which resemble diminutive cabbages, are usually steamed, boiled, sautéed, or baked. It's not an accident that Brussels sprouts, like other cruciferous vegetables such as broccoli and kale, have a famously unpleasant taste. These vegetables are packed with so many antioxidants, minerals and vitamins that their appeal to our taste

buds was always destined to be limited. Their appeal to the rest of our bodies, however, is considerable.

Rich in essential vitamins - One serving of Brussels sprouts (half a cup) supplies us with 20 essential vitamins, including 48 mg of the important antioxidant vitamin C, numerous B vitamins and 604 IUs of vitamin A. Vitamin A helps our retinas detect color, while the carotenoids zeaxanthin and lutein - which sprouts also contain - help filter light so that our retinas aren't exposed to harsh ultraviolet rays. For this reason, Brussels sprouts are especially good for growing children and adults with deteriorating eyesight.

Half a cup of Brussels sprouts also contains 78 micrograms of vitamin K, a fat-soluble vitamin that is synthesized by plants and commonly found in leafy green vegetables. Vitamin K plays a major role in blood clotting and is often applied to the skin to accelerate healing or to reduce swelling and bursting. A deficiency in vitamin K results in several blood-related issues, including nose bleeding, heavy menstrual bleeding and gum bleeding.

Cancer-fighting properties - According to the Linus Pauling Institute, Brussels sprouts are rich in glucosinolates, compounds that belong to a group of phytochemicals called isothiocyanates. Glucosinolates are proven to stimulate apoptosis (programmed cell death) in cancerous cells and also help eliminate potential carcinogens from the body. That said, research published in the 2003 edition of the British Journal of Nutrition showed that boiling sprouts and other cruciferous vegetables for just 9-15 minutes decreases their total glucosinolate content by 18-59 percent. Consequently, the researchers recommend steaming or stir-frying them to help retain their cancer-fighting properties.

High in fiber - Of the 6 grams of carbohydrates found in half a cup of Brussels sprouts, 2 grams come from dietary fiber. Fiber's laxative qualities are well-known, but it has also been shown to reduce blood cholesterol, reduce the risk of cardiovascular disease and even guard us from type 2 diabetes.

Sprouts also contain zinc, potassium, calcium, phosphorus, magnesium and manganese, as well as generous amounts of protein.



COMMUNITY EDUCAT1ONAL FORUMS

"BY THE COMMUNITY ... FOR THE COMMUNITY"

Tuesday, January 14: "HIV & Aging (*it's been a while since our last update*)

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

(usual location, see below)

Tuesday, February 11: "The Evidence and Implications
Behind an Undetectable Viral Load"

Jacob Langness, Clinical Pharmacy Specialist, PharmD, BCPS University of Colorado Health

(usual location, see below)

Tuesday, March 11: topic & 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 EDUCAT1ON 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)



**As part of Rocky Mountain CARES,
your participation creates sustainability for RMC.**

All revenue created by CARES Pharmacy will be
put right back into services provided and then
ultimately with a goal of giving back to OUR community.
If you have private insurance, here is what you can receive:

- ~ Prescriptions delivered FREE (home or other address)
- ~ Discreet & confidential packaging
- ~ Refills can be ordered online

More information email Jason at: jstrasser@caresrx.org

CALENDAR of EVENTS

January



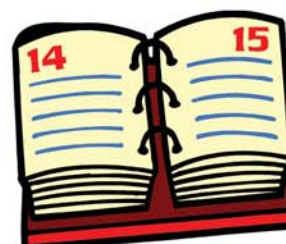
- 2 (Thu) CANCELLED: DHRPC Meeting: 1437 Bannock St Rm 389
- 4 (Sat) free day: Denver Art Museum (13th & Broadway)
- 7 (Tue) free day: Chatfield Botanic Gardens
- 8 (Wed) free day: Clyfford Still Museum (1250 Bannock St)
- 10 (Fri) 6pm: SIN Happy Hour upstairs at the Skylark (S Broadway & Maple) (see pg 6)
- 10 (Fri) 8pm: Cycle Sluts Bingo (benefits TEN) Hamburger Mary's (see pg 6)
- 10 (Fri) free day: Denver Zoo
- 11 (Sat) 11:30am-1pm: Project Angel Heart Open House (see pg 14)
- 13 (Mon) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 14 (Tue) 6pm: Community Educational Forum (a) (see pg 15)
- 16 (Thu) 11am: DHRPC Rebuilt+/POC (PLWH) Committee: 200 W 14th Ave 3rd fl conf room
- 20 (Mon) free day: Denver Botanic Gardens
- 22 (Wed) 5:30pm: Denver Health CAB (b)
- 22 (Wed) free day: Denver Zoo
- 24-25 (Fri-Sat) Poz Impact workshop (see pg 2)
- 31 (Fri) 11:30am: University of Colorado CAB (d)

February



- 1 (Sat) 6-10pm: Red Tie Affair (see pg 4)
- 1 (Sat) free day: Denver Art Museum (13th & Broadway)
- 2 (Sun) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 2 (Sun) free day: Denver Zoo
- 3 (Mon) free day: Denver Zoo
- 4 (Tue) free day: Chatfield Botanic Gardens
- 6 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 11 (Tue) 6pm: Community Educational Forum (a) (see pg 15)
- 14 (Fri) 6pm: SIN Happy Hour at Skylark (S Broadway & Maple) (see pg 6)
- 17 (Mon) free day: Denver Botanic Gardens
- 20 (Thu) 11am: DHRPC Rebuilt+/POC (PLWH) Committee: 200 W 14th Ave 3rd fl conf room
- 20 (Thu) free day: Denver Zoo
- 21-22 (Fri-Sat) Poz Impact workshop (see pg 2)
- 25 (Tue) 6pm: Newly Diagnosed Dinner (see pg 9)
- 26 (Wed) 5:30pm: Denver Health CAB (b)
- 28 (Fri) 11:30am: University of Colorado CAB (d)

March



- 1 (Sat) free day: Denver Art Museum (13th & Broadway)
- 2 (Sun) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 3 (Mon) free day: Denver Botanic Gardens
- 3-6 (Mon-Thu) CROI conference in Boston (see pg 2)
- 6 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 11 (Tue) 6pm: Community Educational Forum (a) (see pg 15)
- 11 (Tue) free day: Clyfford Still Museum (1250 Bannock St)
- 13 (Thu) 6-9pm: *Jokers, Jewels & Justice* fundraiser for The Center (Brown Palace Hotel)
- 14 (Fri) 6pm: SIN Happy Hour at Skylark (S Broadway & Maple) (see pg 6)
- 20 (Thu) 11am: DHRPC Rebuilt+/POC (PLWH) Comm: 200 W 14th Ave 3rd fl conf room
- 22 (Sat) free day: Denver Botanic Gardens
- 26 (Wed) 5:30pm: Denver Health CAB (b)
- 28 (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)

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