

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.

SPRING 2014  
VOLUME VIII ISSUE II

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



[www.ontheten.org](http://www.ontheten.org)

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

## BRYAN MCKAY RECEIVES CARL FRAZIER AWARD (POSTHUMOUSLY)

TEN (Treatment Educat**10**n Network) and SIN (Strength In Numbers) Colorado have chosen Bryan McKay to posthumously receive the 2014 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, William Lewis in 2012, and Todd Grove in 2013. This award has been a mechanism for the poz community to say *Thank You* to one of our own. Bryan was a shining example of consistent community input.



(continued on page 2)



## WaterCourse Foods

"Non-Profit Mondays"

benefits Treatment Educat**10**n Network

Monday, 5 May 2014

Have lunch or dinner at WaterCourse Foods (tell everyone you know) and a percentage of sales will benefit TEN.

The higher the sales, the higher the percentage cut, so we need to fill the restaurant all day!  
(also a fun way to celebrate Cinco de Mayo)

837 E 17th Ave (17th & Emerson)

## BRYAN MCKAY RECEIVES CARL FRAZIER AWARD (POSTHUMOUSLY)

(continued from page 1)

The award is presented at the annual Tim Gill Endowment Fund Community Educational Forum, held this year on May 13th. Bryan had volunteered for Treatment Educat10n Network, Element, CAP, GLBT Center, ICRME, PAWS, Embrace, MCC, and at Bronco games. He had 1,411 Facebook friends!

## BRYAN, ABSENT BUT EVER PRESENT

by Philip Doyle

As Pride rolls around this summer, I will especially feel the absence of Bryan McKay. He always seemed to find me as I marched in the parade. It was really the time of the year where he shined... Scurrying around the marchers with a bottle of water in hand, jumping into sight seemingly out of nowhere, and then disappearing among the throngs of tweens wearing nothing but low cut briefs.

I had a fascinating friendship with Bryan. He was a beautiful soul. He rode through his time in this world an omnipresent passenger with a carefree grin, just looking for a chance to help out. And yet, inevitably he would get my gander up with an off the cuff remark from one of his soapbox grabbing, conservative grandstanders. I could debate him until I was so riled up I would be red in the face and stuttering in dumbfounded disbelief.

So initially our good byes were always filled with a sense of frustration on my part. How could such a great guy be so diametrically opposed to me politically? It's crazy. In the end, I came to expect it, and even, kind of, love it. Brian's most admirable quality was how he let everyone believe what they wanted. About each other, and about ourselves.

The last time I saw Bryan; he appeared out of nowhere and gave me a hug. Now those who know me well, know that at first glance, I'm not really a touchy-feely kind of guy. But again, Bryan was just being Bryan. We said our "What's up's?" and parted ways. A couple minutes I passed him again, and he gave me a second hug. I asked him "Geez Bryan, two hugs in less than two minutes! Frosting! What gives?" Bryan said that he hadn't seen me in a while, and he was just making up for lost time. With that, he said his last goodbye. His words reverberated in my head when I heard of his passing the next day.

I'm proud that TEN and SIN have chosen Bryan McKay to receive the 2014 Carl Frazier Memoriam for excellence in HIV community advocacy. He quite deservedly joins some of people who I admire for their contributions to our community, like Todd Grove and Michael Beatty. Personally, the best part will be allowing people to stop and focus again on Bryan. Recognize the way he lived. Then say another goodbye.

## DEATH OF THE PARTY STUDY: METH IS THE MOST DAMAGING DRUG FOR GAY MEN WITH HIV

A recent study of people with HIV who use recreational drugs isn't good news for tweakers: those who used crystal meth showed troubling blood test results as compared to those who used other drugs.



The study by the University of San Diego examined gay drug users who were HIV+, including guys who used meth, cocaine, pot, alcohol and various other party drugs. All of them were on effective treatment and had low levels of virus in their blood. But the similarities ended there. Meth users had lower T-cell counts and more measurable HIV in their semen. Good T-cell counts are seen as critical to long term health with HIV. It isn't yet clear if the amount of HIV in semen means the person is more infectious. The one-year study defined meth use as at least one reported use during the study period.

Meth is notorious for creating confusion and hyperactivity in addicts (if you've been around someone who was "tweaking" you get the picture), so it's reasonable to assume the meth users in the study didn't take their meds regularly. But according to the research, the meth users reported as much adherence to their medications as the other drug users in the study. The study results suggested to researchers that meth may do something damaging to the cells that other drugs do not.

(continued on page 5)

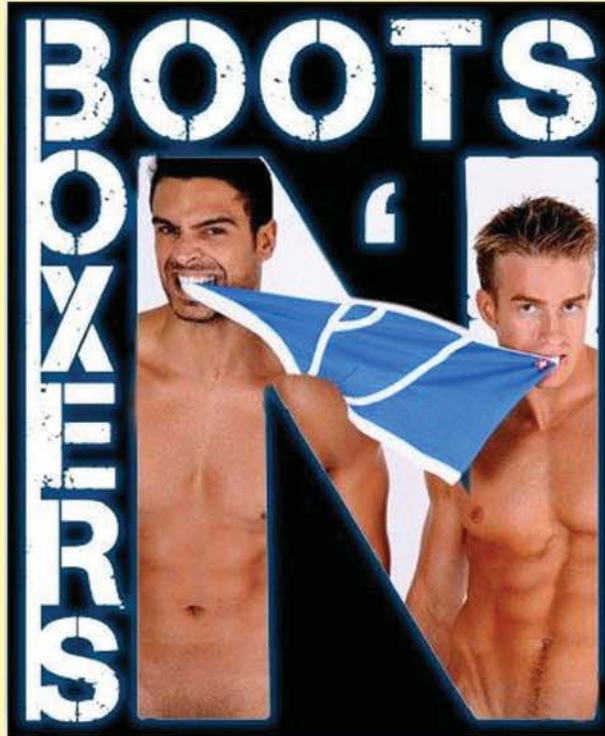
### PUT AN END TO THOSE ACHES AND PAINS!

- 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 Educat10n 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](http://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.





## BOOTS N' BOXERS "007"

SATURDAY 17 MAY \* 7PM

Casselman's

2620 Walnut St Denver

Boots N' Boxers annual underwear auction is now in its seventh year. Created and run by the Krewe of Chaos, it features some of the hottest underwear and swimwear modeled live by Denver guys.

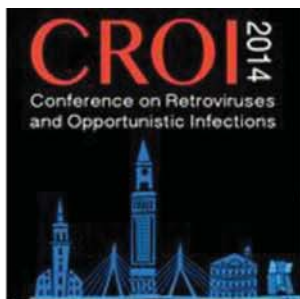
The auction benefits **Treatment Educat10n Network**.

\$10 in advance (online add \$2 service fee), \$20 at the door

More info: [www.bootsnboxers.org](http://www.bootsnboxers.org)







Tx = treatment	ART = HIV drug therapy
/r= boosted with ritonavir	DRV = darunavir (Prezista)
ATV = atazanavir (Reyataz)	RAL = raltegravir (Isentress)
DTG = dolutegravir (Tivicay)	EFV = efavirenz (Sustiva)
RPV = rilpivirine (Edurant; Complera)	
Epzicom = ABC (abacavir) + 3TC (lamivudine)	
Truvada = TDF (tenofovir) + FTC (emtricitabine)	
Atripla = EFV + Truvada	
BMD=bone mineral density	
COPD=chronic obstructive pulmonary disease	
nukes = nucleoside reverse transcriptase inhibitors (NRTI)	
non-nukes = non-nucleoside reverse transcriptase inhibitors (NNRTI)	

## Tidbits from the 2014 CROI

by Michael Dorsch

CROI is the large annual HIV conference that was held March 3-6, 2014 in Boston: 4103 attendees from 85 different countries (47% international), 322 Young Investigators, 34 Int'l Scholarships, 28 Community Educators; 6 Plenaries, 9 Symposia, 16 Themed Discussions, 953 Abstracts (out of 2137 submitted), 74 Late-Breakers (out of 217 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 21st CROI):

- If starting ART for the first time, a 2-drug regimen of RAL + DRV/r was non-inferior to DRV/r + Truvada, in terms of safety, tolerability, and virologic efficacy, which could lead to approval and recommendation for a 2-drug regimen without the use of NRTIs ("nukes").
- Early ART in primates, when initiated prior to peak virus replication, limits systemic virus dissemination and seeding of the reservoir in peripheral and mucosal compartments. A delay as short as 3 days during the "hyperacute" phase can result in a much higher reservoir size, once therapy is started and maintained. Aggressive monitoring for acute infection with immediate introduction of ART could profoundly influence treatment outcomes.
- Three regimens were compared: ATV/r + Truvada **-vs-** RAL + Truvada **-vs-** DRV/r + Truvada. All had high and equivalent rates of virologic control. However, when considering both efficacy AND side effects, RAL was superior to ATV due to elevated bilirubin; and to DRV/r due to gastrointestinal issues.
- BMS-068, a new attachment inhibitor (targeting gp120) in combination with RAL+TDF studied in Tx-experienced patients showed favorable safety, tolerability, and efficacy (using ATV/r + Truvada as a comparator). The drug has great potential for experienced patients with limited options for new regimens. Studies will continue.
- GSK-744, an new integrase inhibitor, in combination with RPV was safe and well tolerated with good virologic efficacy as suppressive maintenance therapy (after standard initiation therapy) when compared with commonly prescribed 3-drug regimens. Both drugs are being developed as long-acting compounds, which could be co-administered ~once a month for maintenance therapy (eliminating the need for oral daily pills). Research and development will continue.
- Doravirine, a new & novel NNRTI (non-nuke) with Truvada had numerically greater virologic response than Atripla, with less side effects, in Tx-naïve patients. In vivo studies indicate it is not cross-resistant with other NNRTIs. The drug has potential for experienced patients with mutations for other NNRTIs. Development of this drug will continue.
- DTG+ABC/3TC was superior to Atripla, and was well-tolerated, in a 96 week Tx-naïve study. Development of a once-a-day fixed dose combination of these drugs will move forward.
- Depression, anxiety, stress, insufficiency in thinking, and paranoia were common among patients on long-term EFV therapy when using the SCL-90 test. After switching drug regimens, these symptoms improved significantly to near normal levels, especially if the symptoms were high. Neuropsychiatric assessment, the SCL-90 in particular, could identify those that may benefit most from the discontinuation of EFV.
- A study where HIV+ walked briskly for 1 hour 3 times per week improved aerobic fitness, metabolic markers, and was associated with improvement of immune activation markers and possibly adipose tissue and muscle homeostasis. And in another study, faster walk pace, faster chair rise pace, and greater physical activity were associated with both higher physical and mental Quality of Life, independent of HIV-related mortality risk. Exercise programs to increase physical activity and improve speed and power should be evaluated as interventions to improve QoL during ART.
- Successfully treated persons over age 50 have 2 or more geriatric syndromes, which was associated with CD4 nadir (lowest ever). The high frequencies of syndromes, especially difficulty with instrumental activities of daily living and pre-frailty, merit consideration of new clinical care paradigms incorporating geriatric medicine principles.
- In veterans, depression is associated with an increased risk for incident heart failure regardless of HIV status. Among HIV+ vets, those with depression had a higher rate than those without depression.
- In Tx-naïve persons starting therapy with Truvada, 96 week BMD losses were similar when used with ATV/r and DRV/r, whereas RAL had significantly less BMD loss than the combined PIs arms. In contrast, total body BMD loss was slightly greater with ATV/r than DRV/r.
- Major adverse cardiac events including heart attack (MI), stroke, angina and coronary revascularization were more common among HIV+ patients than HIV-. This underscores the need for targeted interventions to prevent CVD particularly in an aging HIV population.



- Among treated HIV+ adults, more life years may be lost through smoking than through HIV. This increases markedly with age. Interventions for smoking cessation should be prioritized. The study looked at ~18,000 people over a long period. In another study, COPD was high in HIV+ smokers and was a new diagnosis in the majority of cases. Potential increased risk with marijuana use deserves study. And yet another study concluded that in well-treated HIV+ the risk of cancer is increased ~two-fold compared to HIV-, especially in smokers.
- Vitamin D/calcium supplementation mitigated the loss of BMD seen with initiation of Atripla, particularly at the hip, which is the site of greatest concern for fragility fracture. Future research will evaluate the potential of this safe, low-cost preventive measure to attenuate bone loss associated with other regimens.
- In a large sample of relatively young HIV+ adults, low baseline BMD and increasing age were strongly associated with elevated risk of incident fracture, highlighting the potential value of DEXA screening in this population.
- Although the majority of sexually-active HIV+ adults in care disclosed their status to all sexual partners in the past year, over 1 out of 4 (an estimated 69,380) did not. Disclosure was less likely among those who engaged in behaviors that increase the risk of transmission (i.e. substance use and unprotected sex), highlighting the need for increased prevention efforts to encourage disclosure and receipt of risk reduction counseling among these populations.
- HIV+ sexually active MSM taking erectile dysfunction meds were significantly more likely to have unprotected sex. Despite being prescribed by the HIV provider, only 40% of MSM received risk reduction counseling. HIV providers should be aware of the associated risk and offer risk reduction counseling.
- Rosuvastatin (Crestor) improves hip bone mineral density, but worsens insulin resistance.
- Pitavastatin (Livalo) was superior to pravastatin (Pravachol) for lowering LDL cholesterol in HIV+ after 52 weeks.

## Want more from the Conference?

Watch videos of presentations and read abstracts and posters on line at: [www.CROIwebcasts.org](http://www.CROIwebcasts.org) and [www.CROI2014.org](http://www.CROI2014.org)

To watch presentations & read abstracts:

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

Recommendations (in order of preference):

1. Plenary: Serena Spudich (Wed)  
"NeuroHIV in 2014: Beyond Dementia"
2. Plenary: Adeeba Kamarutuzaman (Tue)  
"HIV in People Who Use Drugs"

## DEATH OF THE PARTY

(continued from page 2)

Meth is viewed as a strong factor in becoming infected with HIV in the first place, due to its lowering of inhibitions and its reputation as a sex drug. The new study suggests that using meth doesn't do your health any favors after you get infected, either. Gay men report higher levels of drug and alcohol addiction than men in general, with crystal meth becoming a particularly destructive force during the last 15 years. Crystal Meth Anonymous meetings are thriving in most major cities in the United States. If you or someone you know might have a problem with meth, a good place to start is [www.crystallmeth.org](http://www.crystallmeth.org) or contact your local chapter of Narcotics Anonymous.

## TEN BOARD OF DIRECTORS OPEN POSITIONS

Treatment Education 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](mailto:ontheten@gmail.com)

**POZ ROMANCE POZ DATING POZ ROMANCE POZ DATING**

[www.voltage.com](http://www.voltage.com)  
[www.personals.poz.com](http://www.personals.poz.com)  
[www.hivdatingonline.com](http://www.hivdatingonline.com)  
[www.positivesingles.com](http://www.positivesingles.com)  
[www.hivdatingservice.com](http://www.hivdatingservice.com)  
[www.positivesingles.com](http://www.positivesingles.com)  
[www.positivesdating.com](http://www.positivesdating.com)  
[www.positivelove.com](http://www.positivelove.com)  
[www.gaylife.about.com](http://www.gaylife.about.com)  
[www.thepositiveconnection.com](http://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.



**Art for Life**

An evening of food and fine art, in support of Project Angel Heart's home-delivered meal program.

May 9, 2014 from 6:30 - 10:00 pm  
Abend Gallery, 2260 East Colfax, Denver  
800-288-3726

**Buy tickets now!**  
[ProjectAngelHeart.org](http://ProjectAngelHeart.org)

EVENT SPONSORS  
Michael R. Ragsdale, MD and Kevin A. McLane • ANB Bank • dpcNetworks  
**SouthwestArt**



# HIV/AIDS: THE FIGHT ISN'T OVER

by Warner C Greene MD PhD

Director and Senior Investigator, Gladstone Institutes

**NOTE from TEN:** Dr. Greene will be our guest presenter at the annual Tim Gill Endowment Educational Forum held at Hamburger Mary's on Tuesday May 13. (RSVP required)

As a scientist, I've dedicated more than two decades of my career to stopping HIV/AIDS. And since the disease first emerged in 1981, we have made tremendous progress against it. But there's no better season than summertime—as Pride events take place across the country—to face facts. So while I do applaud the call from United Nations Secretary-General Ban Ki-moon to halt and reverse the spread of AIDS by 2015, I want to make it clear that so much needs to change between now and then to make that possible.

Not only does the number of those living with HIV continue to grow, but the very medications devised to treat HIV/AIDS, paradoxically, may now be inhibiting our fight to stop one of the deadliest epidemics ever to strike mankind. It was a medical milestone when combinations of antiretroviral medications (ARVs) became widely available more than a dozen years ago and began to block HIV's destruction of the human immune system. We all cheered as these wonder drugs significantly cut the death rate.

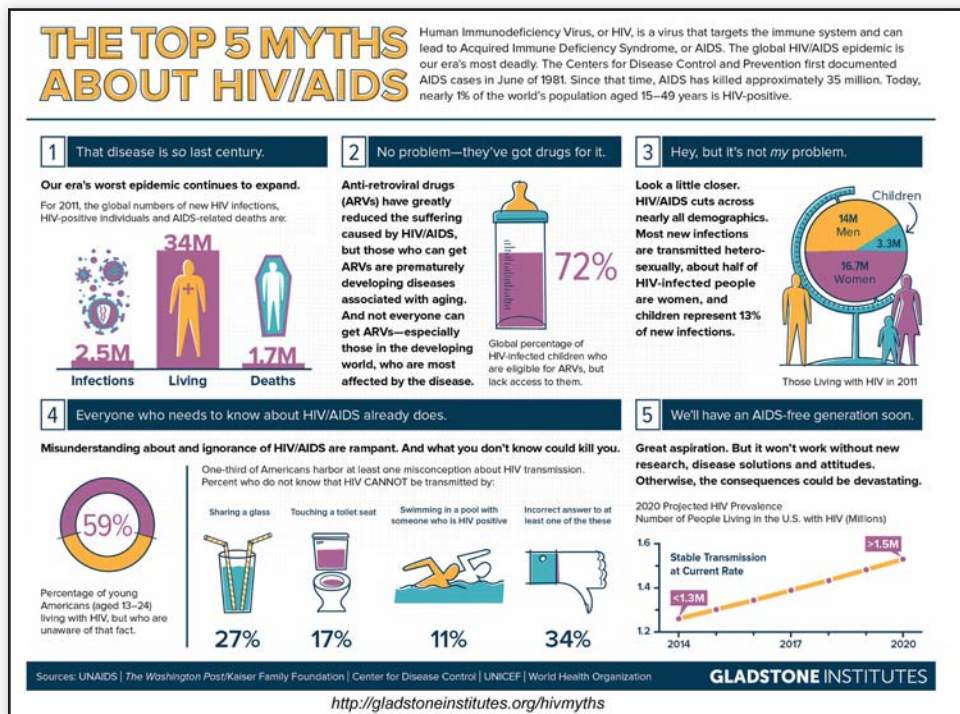
In a cruel twist of irony, however, our most important development in stemming the tide of HIV/AIDS may now be undermining our very efforts to put an end to the disease, once and for all. At the same time that potent ARVs are a biomedical triumph of modern medicine, their very success has given many people the impression that the disease is a plague of the past. This impression, which is both false and destructive, has lulled people into a sense of near complete complacency. The percent of Americans who name HIV/AIDS as the most urgent health problem facing the nation dropped to 10 percent in 2012, down from 68 percent in 1987. This so-called *AIDS fatigue* has led to a lack of awareness of disease trends, prevention methods, and the sobering facts about ARVs.

Consider some of the facts: In 2011, the number of people living with HIV around the world rose to 34 million, up from 29.4 million a decade earlier as the virus infected an additional 2.5 million people in 2011 alone. New infections among young gay and bisexual men in the United States, meanwhile, increased a full 22 percent from 2007 to 2010. Think of it—a full 22 percent *increase* in HIV infections here.

Certainly ARVs exist to help the newly infected. But those with HIV must know several things before they can benefit from their life-saving properties. First, they must realize that they carry the virus -- and many don't. In 2009, for example, nearly 60 percent of HIV+ Americans aged 13 to

24 were *unaware* of the fact that they were infected. ARVs have worked so well that many seem to have dropped their guard, forgetting how important prevention and testing are. And knowledge of the infection is only the first step—using ARVs comes next. In 2011 in the US, only a third of HIV+ people had been prescribed ARVs. That means two-thirds may have been spreading the disease to others.

Finally, those living with HIV should know that many people taking ARVs wind up, later, suffering prematurely from diseases that usually occur in aging populations, such as cardiovascular disease, dementia, and liver disease.



None of these challenges are going to stop on their own—making it critical to realize just how much current trends, habits and misperceptions must change before we can really stop this disease. If current US statistical trends continue, the number of people living with HIV could increase as much as 38 percent from 2010 to 2020.

As communities across the country gather for this summer's Pride events, we must all make an extraordinary effort to play our part in ending HIV/AIDS. We must increase public knowledge of the disease, how to prevent it, when to get tested and when to get drugs if one becomes infected. And we must all do more to support research to develop new and better solutions for preventing, treating, and ultimately curing HIV.

The fight isn't over. We don't have a vaccine, we don't have a cure, and we don't understand why those on ARVs are succumbing early to non-AIDS illnesses associated with aging. If we are to enjoy a full sense of accomplishment, one day, for changing all of this and stopping one of the worst epidemics in recorded human history, we need to face facts about the urgent need for renewed awareness and new solutions. We are going to stop HIV/AIDS, but we're not there yet.

## STD STUD 4 U?

*That Hot Grindr Profile Could Be an Official from Your Local Health Department, by Mark S King www.marksking.com*

A lot of us have wasted valuable cruise time when some dude on Grindr turns out to be a player with fake pics. But what if that sizzling profile belonged to a woman from the local health department?

The *Bay Area Reporter* is providing details of a health department project in San Mateo County that creates



fake Grindr profiles in order to chat with gay men about safer sex and STD's. The profiles use stock images of male models but otherwise include very little information. Gay men have been happily taking the bait. The fake hotties from the health department do not initiate contact with anyone but wait until they are approached by men on the prowl (who often attach sexually explicit photos as a friendly hello). The health advocates then identify themselves and offer to answer questions or discuss the risk of STD's. And yes, the advocate is sometimes female.

Rather than immediately shutting off their phones in embarrassment, nearly 80 percent of gay men continue the conversation, according to health department officials. And the program seems to be working. Contacts with gay men increased more than 500 percent during the first year of the program. Grindr is less excited about the results, citing a policy that prohibits advertising in profiles. That stance hasn't slowed down the efforts of San Mateo County, however, which insists their advocates are simply answering questions posed by other users. No one disputes the importance of educating gay men about STD risks. Most Grindr users are sexually active gay men, risks are often taken, and at least 10 percent of Grindr users admit to never having had an HIV test. With so much misunderstood about the myths and facts of the new prevention pill PrEP, for instance, the value of educating gay men "where they are" is considerable.

The ethical issues are murkier. The Grindr program has the odor of entrapment. For their part, San Mateo County officials have asked how ethical it is to ignore apps like Grindr and their potential to reach such an important audience. Officials claim they are just doing what a lot of people do on Grindr: use fake pictures now and come clean later. Health advocates report they are getting positive feedback from Grindr users who appreciate the effort. Speaking of effort, a lot of Grindr users apparently can't take "fake" for an answer. Some continue to send explicit pictures and ask to meet up with the men in the photographs even after the charade has been revealed. No word yet on whether any love connections have occurred between Grindr users and health advocates, male or female, but what a story that

## VOLUNTEERS NEEDED

**SUNDAY JUNE 22**

**PRIDEFEST SUNDAY!**

**(WE'LL NEED EXTRA VOLUNTEERS)**

Volunteers are needed to pour beer at the  
**Wrangler Charity Beer Bust on Sunday June 22.**

Proceeds will benefit

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

Please volunteer by email or phone:

**retreat.shadowcliff@gmail.com**

or call **303.777.208**

**THE DENVER  
WRANGLER**

17th St and Logan, Downtown Denver, Colorado

**\* \* \* NEW THIS YEAR! \* \* \***

To comply with City & County of Denver licensing laws,  
all volunteers must complete a training to be certified  
to pour beer. You can do this ANY Sunday at 3:00pm.

You will then be listed as a certified pourer  
and are good to go on June 22.

(the class will not be conducted on June 22)

**Thank You !**

The Denver Cycle Sluts raised \$1026 for  
TEN (HIV Retreats)  
at the January Bingo.

You sluts are sooo appreciated!



would make at the engagement party, right? So, do you appreciate the effort to educate us about STD's while we're focused on hooking up, or is it an intrusion on the whole cruising experience?



# Save the Date !

## Mountain SIN autumn weekend September 18-21

\* 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 "Double Trouble"
  - ❖ 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](http://www.ontheten.org/mountainSIN)



## MORE YEARS LOST THROUGH SMOKING THAN HIV

by Mark Mascolini, CROI 2014, Boston



smoking contributes to erectile dysfunction

Antiretroviral-treated HIV+ people lost more life years compared with the general population because of smoking than because of HIV infection, according to analysis of nearly 18,000 HIV+ people in the ART Cohort Collaboration. The impact of smoking on mortality rose steeply with age.

Investigators noted that cardiovascular disease and non-AIDS cancers have become major causes of death in HIV populations since combination antiretroviral therapy arrived. Thus they proposed that "the impact of smoking on life expectancy may have become substantial." That proposal seems all the more likely given the high smoking rates in many HIV populations.

(continued on page 9)



AUGUST 16, 2014 AIDS WALK  
COLORADO

FROM ALL WALKS OF LIFE

CHEESMAN PARK

[www.AIDSWalkColorado.org](http://www.AIDSWalkColorado.org)

## "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!



## 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: wednesday 28 may 2014

HOW: rsvp and/or more info: 303.777.7208

sponsored by bristol-myers squibb



DENVER

**DINING  
OUT FOR  
LIFE®**

Thursday April 24



[DiningOutForLife.com/Denver](http://DiningOutForLife.com/Denver)

## MORE YEARS LOST THROUGH SMOKING THAN HIV

(continued from page 8)

To assess the impact of smoking on mortality with HIV infection, the ART-CC team analyzed deaths in 8 HIV cohorts in Europe and North America, excluding people who became infected while injecting drugs. They defined baseline as the later of two dates: 1 year after starting ART or the date when smoking status was ascertained. People classified as smokers at baseline remained smokers throughout the analysis. The team estimated life-years lost to HIV by comparing life expectancies in HIV+ people and the general French population.

(continued on page 13)

Treatment Educat10n Network—TEN

## "Pet Day"

Friday 27 June 2014

Location: TBA

Free vaccines and wellness exams!

To sign-up, see or call your  
DCAP Case Manager starting May 1st.

Sponsored by Denver CAP and PetAid



The Healthcare  
Safety Net for Pets

DENVER  
COLORADO AIDS PROJECT

10th Annual Poz Cruise: Nov. 1-8, 2014

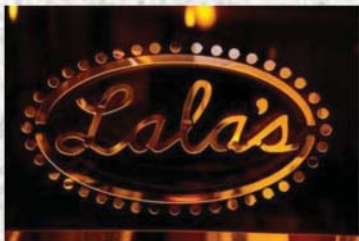


Sailing round trip from San Juan, Puerto Rico  
Barbados • St. Lucia • Antigua • St. Maarten • St. Thomas

Prices starting at only \$559+tax

[www.hivcruise.com](http://www.hivcruise.com)

## SIN Sunday Suppers First Sunday of Every Month 3pm



Lala's \* 410 E 7th Ave (7th & Logan)

Order from the menu  
or \$10 prix fixe 4-course dinner

... casual conversation with other gay poz guys ...  
(this is not a support group or heavy discussion group)



COLORADO  AIDS PROJECT



## COLORADO AIDS PROJECT AND HOWARD DENTAL CENTER JOIN FORCES

Colorado AIDS Project and Howard Dental Center are pleased to announce that the Boards of Directors of both organizations voted unanimously to pursue a merger of the two organizations.

A successful merger will significantly expand and improve the merged organization's impact on their current clients/patients. A committee composed of the senior leadership and representatives of the Board of Directors of both organizations will work through the legal process involved with the merger with a goal of completing the process within six months. We're excited to share this news and will keep you informed of our progress as we move forward.

## Positive Women's Acupuncture Services Project

We provide acupuncture for women living with HIV or AIDS who need support with their recovery from substance or mental health challenges. Acupuncture helps relieve stress and anxiety. Services include one-on-one sessions, licensed outpatient mental health and substance abuse treatment and acupuncture. Staff work with participants to identify any other resources needed to succeed. If you are HIV positive or living with AIDS and would like to receive services... Please call Nicole at 303-320-1989 ext 205 or Brandi at ext. 204



The Empowerment Program  
1600 York St  
[www.empowermentprogram.org](http://www.empowermentprogram.org)

## CALL FOR SUBMISSIONS



The world of AIDS found me in 1983. I was a gay social worker, and my friends were dying. Life and work soon took on the shape of a Möbius strip. In those early years, gay men and women joined as a community and did the work that needed to be done. Their dedication helped sustain me through the countless losses.

**What stories of those early years live inside of you?**

The documentation and preservation of our history is essential. While our friends, family members, lovers and clients may have died, we have a responsibility to honor and record their stories as well as ours.

Toward that end, we are collecting stories for planned public display, internet posting, and performance. Your stories can be submitted to us in any format, be that written, spoken, videoed, photographed, drawn, or painted. Combining two or more elements is also acceptable.

No submission will be used without your permission. While it is not necessary, we hope that you will be willing to be the one sharing your own stories in a public venue.

**Please email your submissions or questions to:**  
**Barry Glass**

[xrayspex@outlook.com](mailto:xrayspex@outlook.com)

**DEADLINE for SUBMISSIONS IS MAY 1 2014**



# THE HIV CARE CONTINUUM

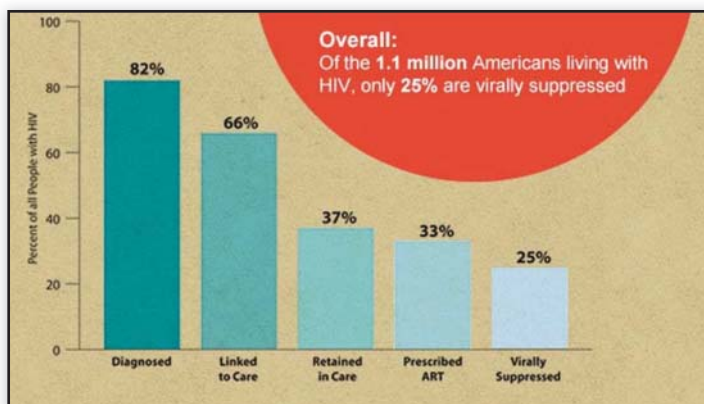
by Dr. Ed Gardner, Denver Public Health

The HIV Care Continuum (also called the HIV Treatment and Prevention Cascade) is a visual tool to help understand the proportion of people living with HIV who are engaged in each step of HIV care from HIV infection and diagnosis to achieving an undetectable HIV viral load. It is called a cascade because, in the United States, there is considerable drop off at each step of engagement in HIV care. Currently the U.S. Centers for Disease Control and Prevention (CDC) estimate that only 25% of people living with HIV in the U.S. have achieved viral suppression. Encouragingly, some cities, have shown higher proportions of people living with HIV attaining viral suppression; some as high as 50% or more.

The cascade represents a simple and visual way to convert boring HIV data and statistics into real information that can be easy to digest by many. It has galvanized the HIV treatment and prevention communities and is leading to better availability of data, standardized ways to measure and present information, a way to monitor HIV data in communities of all sizes, and provides the necessary information to allow agencies to focus resources on the vital parts of the continuum in their local area.

Although only 3 years old, the cascade continues to change as definitions of the stages of care get refined. The first and hardest 'bar' to measure (omitted from the figure below) is the number of people living with HIV infection – the combination of those who know they have HIV and those who don't yet know. ('Bar' is referring to the bars in the visual of the cascade below, not your local watering hole.) Currently, there are about 1.1 million people living with HIV in the United States. In order to make it into the next 'bar', HIV testing is necessary. In the U.S. it is estimated that 15 – 20% of people living with HIV are unaware that they are infected. These people, unbeknownst to them, can expose others to HIV. This is part of the HIV prevention message in the continuum – people who know they have HIV are less likely to transmit HIV to others. The other prevention message rests in the last 'bar' of the cascade – discussed below.

Once diagnosed with HIV infection, individuals have to start receiving HIV care and then must remain in care; these are the next two 'bars' of the cascade. In the U.S., about 80% of newly diagnosed people with HIV are linked to initial HIV care and about 56% of these people (37% of all HIV infected individuals in the U.S.) are retained in continuous HIV care. It is true that people can have periods of excellent engagement in HIV care (going to see an HIV provider), and periods where engagement in care may be problematic. The cascade does not readily show this 'back and forth' motion, but this is common and contributes to the low retention in care numbers. The last two 'bars' are for getting on HIV treatment and achieving a very low level of HIV in the blood, commonly referred to as having an undetectable viral load or viral suppression. As mentioned above, it is estimated that about 25% of people living with HIV in the U.S. have viral suppression. Having a low level of HIV in the blood, the last bar, gives any person living with



HIV the best chance of treatment success (living a healthy and productive life). Having a low level of HIV in the blood is also known to decrease HIV transmission to others (but not to zero) and is another major HIV prevention message in the continuum.

In addition to helping visually define the HIV epidemic in an area, looking deeper into the specifics of the cascade can reveal disparities that are important to understand and address. For example, the CDC estimates that while 30% of Caucasians with HIV are virally suppressed, only 26% of Hispanic/Latinos and 21% of Black/African Americans are virally suppressed. Disparities also exist by age with younger individuals (age 25 – 34) achieving lower levels of engagement in care at every step of the cascade; only 15% in this age range have viral suppression. These are some examples of using the cascade to help programs and to help figure out where to spend limited resources available for HIV prevention and treatment.

No one benefits when an individual has undiagnosed HIV infection: not the person, not the people who may potentially get HIV from that person, and not the community as a whole. It is critical for everyone to be involved with the push to decrease new HIV infections to zero and to promote a healthy and productive life for anyone with HIV infection. Tools such as the cascade are being used to measure the effects of new ways to prevent HIV infection such as Treatment as Prevention (TasP, where people with HIV infection are treated to decrease the risk of spreading HIV to others) and Pre-Exposure Prophylaxis (PrEP, where people without HIV infection take HIV medicines to prevent them from getting infected). Tools such as the cascade are also allowing countries, states, provinces, and cities worldwide to better understand their HIV treatment networks and treatment effectiveness. Hopefully, this will continue to lead to fewer infections, longer healthier lives for those with HIV infection, and continual (and real) decreases in the stigma of HIV infection that exists in the U.S. and worldwide. Graphic obtained from:

[aids.gov/federal-resources/policies/care-continuum](https://aids.gov/federal-resources/policies/care-continuum)



please visit  
[www.ontheten.org](http://www.ontheten.org)



# 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: "Men2Men Poz Talk" (closed group, sign-up required)  
DCAP \* 2490 W 26th Ave 3rd floor \* Denver 80211 \* More info: Muni 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 3-5pm: TransAction Group for transgender women (drop-in)  
It Takes a Village \* 1475 Lima St \* Aurora 80010 \* More info: Nevaeh at 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

Third Wednesdays 5-7pm: "The 411: HIV Information" (dinner served) -all HIV+ are invited (drop-in)  
Denver Health \* 605 Bannock St Room 245 \* More info: Philip 303.602.3696

Every Thursday 7-9pm: "Compas" group for Spanish-speaking men (drop-in)  
Denver Health \* 6th Ave & Bannock St \* Denver 80204 \* More info: Marshall 303.602.3619

Every Thursday 3-5pm: "Vision!" substance abuse treatment group for women  
Empowerment \* 1600 York St \* Denver 80206 \* More info & sign-up: Lana 303.320.1989 x225

Every Friday 9am-3pm: Women's Acupuncture Services Project (sign-up req'd)  
Empowerment \* 1600 York St \* Denver 80206 \* More info: Nicole 303.320.1989 x221 (or Brady x204)

Last Friday of every month 2:30-4pm: Women's Support Group (drop-in)  
Empowerment \* 1600 York St \* Denver 80206 \* More info: Liza 303.320.1989 x226

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

New group for women in 2013 at Rocky Mountain CARES \* More info: Rica: 303.951.3694  
Ongoing Spiritual Exploration & Gestalt-oriented Process Group (sign-up/assessment req'd)  
DCAP \* 2490 W 26th Ave 3rd floor \* Denver 80211 \* More info: Muni 303.837.1501 x490

**If you would like to list your group, please leave a message for Michael at 303.777.208**

Treatment Educat10n Network (TEN) is a small grassroots non-profit organization. Please support 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](http://www.OnTheTen.org)

## WEB RESOURCES WEB RESOURCES WEB RESOURCES WEB RESOURCES WEB RESOURCES

\* [www.thebody.com](http://www.thebody.com) \* [www.aidsinfonet.org](http://www.aidsinfonet.org) \* [www.poz.com](http://www.poz.com) \* [www.tpan.com](http://www.tpan.com) \*

\* [www.aidsmeds.org](http://www.aidsmeds.org) \* [www.treatmentactiongroup.org](http://www.treatmentactiongroup.org) \* [www.projectinform.org](http://www.projectinform.org) \*

\* [www.beonecity.com](http://www.beonecity.com) \* [www.wix.com/poziam/poziam](http://www.wix.com/poziam/poziam) \* [www.lifelube.blogspot.com](http://www.lifelube.blogspot.com) \*

## WEB RESOURCES WEB RESOURCES WEB RESOURCES WEB RESOURCES WEB RESOURCES



## Clinical Trials Now Enrolling

University of Colorado Denver, E 17<sup>th</sup> Ave & Quentin St, Aurora  
Contact: Graham Ray : 303.724.0712 : graham.ray@ucdenver.edu

**ACTG**= AIDS Clinical Trials Group network

> = greater than < = less than; **CD4** = T-cells; **VL** = viral load

**ART** = HIV medications (i.e. antiretroviral treatment / therapy)

**Naïve** = never taken HIV meds; **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)

- 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)

- 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)

- 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)

- **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 tests 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

- ART experienced or naïve
- 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)

- 3-4 year study (10 visits in 1st year, 4 visits each year after that);
- ART naïve (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 . . . . .

**Cure Research:** A5326: Evaluate effect of anti-PD-L1 antibody to reduce latent (or hidden/resting) HIV (ACTG)

- **YOU WILL NOT BE CURED OF HIV.** Your participation will only advance and contribute to cure research science
- One dose of PD-L1 ab -or- placebo given IV, followed by various tests for analysis of effect
- VL <50; CD4 >350; on stable ART for >90 days

**HEP C:** A5327: Sofosbuvir + ribavirin **without** interferon in acute HCV co-infected with HIV (SWIFT-C) (ACTG)

- Either acute HCV infection in the last 6 months or recent re-infection
- CD4= >200 (>500 if not on ART); VL=<40
- Either not on ART -OR- on stable ART at least 8 weeks. If on ART, it will be continued during study
- Cannot have active infections or other serious medical conditions; and women must use birth control to prevent pregnancy
- Either 8 weeks or 12 weeks of therapy, followed by 24 weeks of follow-up

**HEP C:** A5320: Hepatitis long-term cohort study (ACTG)

- Either HCV infection alone -OR- HCV with HIV (co-infection)
- Completed treatment for HCV in the last 12 months as part of a clinical trial; but not currently on HCV treatment
- Can begin a new HCV treatment during the trial
- Must have study visits twice per year AND a one-time visit prior to starting any new HCVB treatment

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

- HCV treatment naïve or experienced
- HIV treatment must be either boosted atazanavir (Reyataz) -OR- raltegravir (Isentress)

## MORE YEARS LOST THROUGH SMOKING THAN HIV

(continued from page 9)

The analysis included 10,767 HIV+ smokers (60% of the HIV group) and 7228 HIV+ nonsmokers. Median follow-up reached 4.3 years in smokers and 3.7 years in nonsmokers. Men made up 81% of smokers and 57% of nonsmokers.

Median age at baseline was 40 in smokers and 38 in nonsmokers. A higher proportion of smokers than nonsmokers (45% versus 30%) became infected with HIV during sex between men. Similar proportions of smokers and nonsmokers (72% and 69%) had a viral load below 400 copies.

During follow-up 520 people died of any cause to yield a twice higher mortality rate ratio in smokers than never-smokers. Among cohorts with data on current and previous smokers, current smoking raised the death risk 70% compared with never-smokers, whereas previous smokers and never-smokers had a similar death rate.

The AIDS-related death rate was not significantly higher in smokers than never-smokers, but smokers had significantly higher rates of death from non-AIDS malignancies, cardiovascular disease, and liver disease.

The researchers calculated that a 35-year-old man with HIV lost 5.9 years of life because of HIV compared with the general French population. In contrast, an HIV+ 35-year-old man lost 7.9 years of life because of smoking. A 35-year-old HIV+ nonsmoker with a viral load below 400 could expect to live another 43.5 years, whereas a 35-year-old HIV+ smoker with a sub-400 viral load could expect to live only another 35.0 years. Compared with the general French population, excess mortality per 1000 person-years resulting from smoking jumped from 0.6 at age 35 to 43.6 at age 65 or older.

The team cautioned that their analysis is limited because of the need to exclude cohort members without smoking data. They also noted that smoking may not directly account for the shortened life expectancy of these HIV+ people but may be a marker of related lifestyle risk factors. With those caveats in mind, the researchers concluded that "treated HIV-infected individuals may lose more life years through smoking and associated lifestyle factors than through HIV." Because smoking-related excess mortality rises sharply with age, they warned that "increases in smoking-related mortality can be expected as the treated HIV-infected population ages."



## 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 \$260, however all HIV+ persons automatically receive a \$65 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 fund raisers, grants, and generous donations from individuals.



For more information and to register online, visit:  
**[www.OnTheTen.org](http://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](mailto:retreat.shadowcliff@gmail.com) or 303.777.208.**





# COMMUNITY EDUCAT1ONAL FORUMS

*"BY THE COMMUNITY ... FOR THE COMMUNITY"*

Tuesday, April 8:

**"Annual Highlights from large HIV Conference (CROI)"**

Tom Campbell MD & Steve Johnson MD, University of Colorado  
(usual location, see below)

Tuesday, May 13: **"Searching for an HIV Cure: Progress & Problems"**

Warren C Green MD, University of California San Francisco; Director, Gladstone Institute  
**Annual Tim Gill Endowment Educat1onal Forum at Hamburger Mary's**

**RSVP required:** Visit [www.ontheten.org/forums](http://www.ontheten.org/forums) for RSVP information on the flyer.

Tuesday, June 10: topic & speaker tbd

(usual location, see below)

\* FREE DINNER 6 PM \*

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

COMMUNITY ROOM AT OUR SAVIORS

9<sup>TH</sup> & EMERSON (LOWER LEVEL, ENTER ON THE SIDE FROM EMERSON ST)

SPONSORED BY

**TEN** (TREATMENT EDUCAT1ON NETWORK)

[WWW.ONTHETEN.ORG](http://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](mailto: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](mailto:jstrasser@caresrx.org)

# CALENDAR of EVENTS

## April

- 1 (Tue) free day: Chatfield Botanic Gardens
- 3 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 5 (Sat) free day: Denver Art Museum (13th & Broadway)
- 6 (Sun) 3pm: SIN Supper at Lala's (7th & Logan) (see pg 10)
- 8 (Tue) 6pm: Community Educational Forum (a) (see pg 15)
- 11 (Fri) 6pm: SIN Happy Hour upstairs at the Skylark (S Broadway & Maple Ave) (see pg 8)
- 13 (Sun) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 17 (Thu) 11am: DHRPC Rebuilt+/POC (PLWH) Committee: 200 W 14th Ave 3rd fl conf rm
- 22 (Mon) free day: Denver Botanic Gardens
- 22 or 23 (Tue or Wed) HIV Criminalization Task Force meeting (c)
- 24 (Thu) Dining Out for Life (*100s of restaurants: breakfast, lunch, dinner*) benefits Project Angel Heart (see pg 9)
- 25 (Fri) 11:30am: University of Colorado CAB (b)
- 26 (Sat) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 26 (Sat) ICRME Coronation 41 "Forty Once Upon a Time" ([www.icrme.org](http://www.icrme.org))
- 27 (Sun) Flame 2014: Queer Music & Art Festival fundraiser at Tracks noon-9pm [www.lokusdorproductions.com](http://www.lokusdorproductions.com)
- 27 (Sun) free day: Denver Art Museum (13th & Broadway)
- 27 (Sun) free day: Clyfford Still Museum (1250 Bannock St)



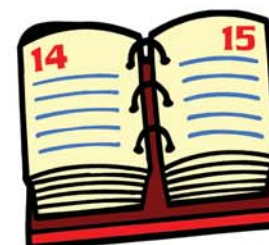
## May

- 1 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 3 (Sat) free day: Denver Art Museum (13th & Broadway)
- 4 (Sun) 3pm: SIN Supper at Lala's (7th & Logan) (see pg 10)
- 5 (Mon) lunch & dinner: WaterCourse Foods "Non-Profit Monday for TEN" (see front page)
- 5 (Mon) free day: Chatfield Botanic Gardens
- 9 (Fri) 6pm: SIN Happy Hour at Skylark (S Broadway & Maple Ave) (see pg 8)
- 9 (Fri) 6pm: "Art for Life" at Abend Gallery University & Colfax (see pg 5)
- 13 (Tue) 6pm: Community Educational Forum (special TG at H-Mary's RSVP req'd) (pg 15)
- 15 (Thu) 11am: DHRPC Rebuilt+/POC (PLWH) Committee: 200 W 14th Ave 3rd fl conf room
- 17 (Sat) 7pm: "Boots & Boxers" Underwear Auction benefit by Krewe of Chaos (see pg 3)
- 27 (Tue) HIV Criminalization Task Force meeting (c)
- 28 (Wed) 6:15pm: Dinner for Newly Diagnosed (see pg 9)
- 30 (Fri) 11:30am: University of Colorado CAB (b)



## June

- 1 (Sun) 3pm: SIN Supper at Lala's (7th & Logan) (see pg 10)
- 2 (Mon) free day: Museum of Nature and Science (17th & Colorado Blvd)
- 3 (Tue) free day: Chatfield Botanic Gardens
- 5 (Thu) 5pm: DHRPC Meeting: 1437 Bannock St Rm 389
- 7 (Sat) free day: Denver Art Museum (13th & Broadway)
- 10 (Tue) 6pm: Community Educational Forum (a) (see pg 15)
- 13 (Fri) 6pm: SIN Happy Hour at Skylark (S Broadway & Maple Ave) (see pg 8)
- 19 (Thu) 11am: DHRPC Rebuilt+/POC (PLWH) Comm: 200 W 14th Ave 3rd fl conf room
- 20 (Fri) free day: Clyfford Still Museum (1250 Bannock St)
- 21-22 (Sat-Sun) PrideFest
- 22 (Sun) 4-8pm: Wrangler PrideFest Beer Bust (benefits TEN) (see volunteer notice pg 7)
- 24 (Tue) HIV Criminalization Task Force meeting (c)
- 27 (Fri) 11:30am: University of Colorado CAB (b)
- 27 (Fri) Pet Day (free services) (see pg 9)
- 30 (Mon) free day: Museum of Nature and Science (17th & Colorado Blvd)



CAB = Community Advisory Board      SIN = Strength In Numbers Colorado  
 DHRPC = Denver HIV Resources Planning Council (Ryan White funded services) [www.dhrpc.org](http://www.dhrpc.org)

- (a) Our Saviors Community Room 9th & Emerson (enter on the side from Emerson)
- (b) U of C 12401 E 17th Rm 360 (nr Colfax & Peoria) (303.724.0797)
- (c) For more info contact Penny 303.523.1500

**If you have an event for the calendar, send to: [michael@OnTheTen.org](mailto:michael@OnTheTen.org) or leave a message at 303.7777.208**