

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

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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

ROD RUSHING RECEIVES CARL FRAZIER AWARD

TEN (Treatment Educat**10**n Network) and SIN (Strength In Numbers) Colorado have chosen Rod Rushing to receive the 2015 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, Todd Grove in 2013, and Bryan McKay in 2014. This award has been a mechanism for the poz community to say *Thank You* to one of our own. Rod is a shining example of consistent community input. The award is presented at the annual Tim Gill Endowment Fund Community Educat**10**nal Forum, held this year on April 14th.

ROD'S STORY



How very ironic that I should be receiving this recognition this year. The Carl Frazier Commemorative Award was created in 2009 after the tragic loss of a friend. I was in a position to do something to support his grieving sister and at the same time send out a community "thank you" to someone in our midst who had given of their time and energy to make all our lives better. I never expected to do advocacy work at all. I was a party boy most of my life. Advocacy wasn't in my sight line nor did it seem to be in my wheelhouse. For years I barely had the panache to keep my own life together. But with finding sobriety and recovery in 2004, I

was also able to realize that I had other skills and other passions that had always taken a back seat to my unending and insane quest for pleasure. I found out that I had a heart. And a conscious. And a moral code—somewhat shaky yes, but it was a code.

One thing I am still proudest of after all these years is the Carl Frazier Commemorative. Every year I get to remember to thank the people around me who have given me a hand. The HIV community has demonstrated so much ingenuity and determination over the years that have influenced our community at large in unfathomable ways. I feel extremely proud of that and can't thank the likes of Peter Staley, Larry Kramer, Imani Latif, Arthur Powers, and Michael Dorosh enough. And I get to remember that there are others who can't be here with me, so I better find a way to value the time I have.

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Rod (left) tested positive Chicago 1985



Carl Frazier & Bryan Levinson Strength In Numbers (SIN Founder) Denver 2008

ROD'S STORY

(continued from page 1)

This past year brought a new level of fearlessness into my realm. I have been working on a new idea to direct some energy towards. I have wanted a new passion and this seems a natural fit. As I conducted the two searches for a job this year, I compiled and updated a resume and a profile on LinkedIn. I decided to create a list of the peer-to-peer related endeavors I have engaged in since the onset of my recovery and was a bit surprised at the information I gleaned. I am posting that list, see "Peer Advocacy" below.

People come into your life for a reason, a season or a lifetime. When you know which one it is, you will know what to do for that person. When someone is in your life for a REASON, it is usually to meet a need you have expressed.

They have come to assist you through a difficulty, to provide you with guidance and support, to aid you physically, emotionally or spiritually... Glen Rahmbharack

Peer Advocacy -9/28/2004-Present

- **Initiated Peer Support as a Client Advocate at It Takes A Village**
- **Co-facilitated HIV Substance Treatment Group at ARTS**
- **Certified Trainer of Peer Recovery Coaches via Connecticut Community of Addiction Recovery**
- **Engaged in blogging with a post named "kickintina" in 2007**
- **Developed peer-to-peer quarterly newsletter "On the TEN" for HIV Community 2008-2014 Established Peer Advocacy 501C3 organization named TEN - Treatment Education Network in 2009**
- **Recognized as Advocate of the Year 2010 by Advocates for Recovery Colorado**
- **Implemented Meth Treatment and Recovery Program for Englewood Agency 2012**
- **Created and maintained recovery oriented blog "The Climb" for AFR Colorado 2011-2012**
- **Served as Recovery Rally Chair for AFR Rally for Recovery 2011 and 2012.**
- **Co-Facilitated HIV+ Recovery Support Group as peer in tandem with LPC at A.R.T.S. 2005-2006**
- **Implemented a peer support group for LGBT seeking recovery from methamphetamine 2006**
- **Co Chair Denver Office of HIV Resources Planning Council 2006-2010**
- **Strength In Numbers Colorado Moderator 2007-2009**
- **Managed Cicatelli & Associates training for Peer Mentoring and HIV One on One Colorado in 2009**



THE 6 WORST HABITS FOR HIV-POSITIVE PEOPLE

by Tyler Curry, March 22 2015

HIV=www.hivequal.org

For many people living with HIV, a long and happy life can still be had with the help of quality treatment and a healthy lifestyle. In fact, the Centers for Disease Control (CDC) reports that, with treatment, a person who is newly diagnosed in their 20s will have roughly the same lifespan as an HIV-negative person. But that doesn't mean that there are not several potentially life-threatening complications that come with living with the virus.

An HIV-positive person is at a much higher risk for numerous health complications and must manage their health so that these risks don't become reality. Habits and behaviors that are considered unhealthy for the average person are even more of a risk factor for someone who is living with HIV. Therefore, it is vital that people living with the disease understand these risks so that they may change certain behaviors and stay out of the doctor's office and in good health.

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DO STATINS AFFECT ERECTIONS IN MEN?

by Karen Weintraub
New York Times April 3, 2015

The science on statins and sexual function is inconclusive, but it does appear that taking a statin may sometimes affect a person's sex life. On the plus side, some men report improved erections when their high cholesterol was treated with statins, said Dr. Steven Nissen, chairman of the department of cardiology at the Cleveland Clinic. It is plausible that lowering cholesterol improves the function of the cells that line blood vessels, which could help erectile function, he said.

But a 2008 report from the University of California, San Diego, tells a different story. Researchers looked at statin use and sexual function in 1,000 men and women, half of whom were given a statin and half of whom took a placebo. Over all, men on statins were about twice as likely as those taking placebos to report that their ability to achieve orgasm had become "somewhat worse" or "much worse."

Dr. Beatrice Golomb, a professor at the University of California, San Diego, medical school, who helped conduct that study, says doctors don't always take patients seriously when they talk about side effects, sexual or otherwise. In other research, Dr. Golomb found that when patients complained about the most commonly recognized side effects of statins, their doctors denied the possibility of a connection more than half the time.

Medical problems that lead to a statin prescription might also be to blame for changes in sexual function, said Dr. Natan Bar-Chama, director of male reproductive medicine at Mount Sinai Hospital in New York. Statins are commonly prescribed for people with ailments such as diabetes or heart disease, which can cause erectile dysfunction. If the underlying disease improves when someone takes statins, then erectile function is likely to improve as well, he said.

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HIV RETREAT AT SHADOWCLIFF

July 9-12, 2015

Registration NOW OPEN

Registration for the 2015 HIV Retreat at Shadowcliff is now open. The annual 3-day weekend is 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 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.

THE DISGUISED BLESSINGS OF HIV+ POET MARY BOWMAN

by Mark S King—www.marksking.com

When Mary E. Bowman stepped to the stage five years ago at SpitDat, an open mic night in Washington, DC, she was 20 years old and terrified. She was about to perform “Dandelions,” her first poem to reveal a secret that her own family had long kept quiet: that Mary had lived with HIV since birth, the result of a mother addicted to drugs who died when Mary was only three.

“I had not memorized the poem yet,” Mary told me, “and the paper I held was shaking. It is usually kind of a loud environment, but when I started to read, the room went silent. That made it even more nerve-wracking.” Mary was nervous



about the audience response, about what they would say, and if any of them would even be her friend once her poem was done. She needn't have worried. “It was such a loving environment,” she said. “It was so accepting, like a

family. When I was done, everyone applauded. I walked to my seat and a young lady was crying, and all she said to me was ‘thank you.’ I realized the poem wasn't just about me. It was about other people, too.”

“Dandelions” explored her feelings about the mother Mary hardly knew, a loss that Mary has felt deeply her entire life. “I was eventually raised by my biological father,” Mary explained. “He wasn't married to my mother. He would come to see me when I was a baby and find me on the sofa alone... and my mother out of the house.” Mary's father witnessed the scene “far too many times” and took the child home to his wife, who fell in love immediately and raised Mary as her own.

Mary's talent lies not only in her poetic words, but the sheer passionate force of the emotions behind them. It's impossible to watch her and not to be moved. She grabs you by the heart and doesn't let go. Today, Mary works in policy and advocacy at The Women's Collective in Washington, DC, but only after spending her younger years without very much social support for her status. “My family was very quiet about HIV,” she said. “Even when I was at the hospital growing up, I didn't have an outlet to talk about it.”

Things have changed. In addition to her advocacy work, Mary has performed at HIV conferences and for events such as AIDSWatch in Washington. Her work as a performance artist and poet is a unique niche among young advocates, but it is when working with other women that the loss of her own mother sweeps over her. A lot of the women have drug addiction histories. They have had their children taken away. “They are my support system,” Mary says, “and it reminds me that my mother isn't here. They tell me stories.

VOLUNTEERS NEEDED

SUNDAY MAY 24

MEMORIAL DAY SUNDAY!

(WE'LL NEED EXTRA VOLUNTEERS)

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

Proceeds will benefit

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

Please volunteer by email or phone:

retreat.shadowcliff@gmail.com

or call 303.7777.208

THE DENVER WRANGLER

17th St and Logan, Downtown Denver, Colorado

DO STATINS AFFECT ERECTIONS IN MEN?

(continued from page 3)

On the flip side, statins can cause side effects such as fatigue and muscle weakness. Anyone with those conditions would be more likely to suffer sexual problems, he said. Because the science on statins and sexual function is so inconclusive, Dr. Golomb said, patients who do notice sexual problems should talk to their doctors about whether the likely benefits of statins are worth the trade-off. Research has clearly shown that men under 70 with pre-existing heart disease live longer if they take statins, but the advantages are less clear for women, those without disease and those over 70, she said. “Doctors need to be informed about and responsive to patient concerns,” Dr. Golomb said. “Make sure you have a doctor who listens to you.”

I just wish someone had saved my Mom as well. She didn't have the services available to her that they do now.” Working with these women has been a melancholy gift to the young artist.

“I've been caught up in emotion several times, when performing for women,” she says, and their bond has become her only connection to a woman lost to time and sad circumstance. She pauses to consider the many faces of the women for whom she has recited “Dandelions.” “They are my mother,” she adds.

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HIV+ POET MARY BOWMAN

(continued from page 4)

Dandelions

A dandelion in the midst of rose bushes would stick out like a sore thumb to ignorant souls

But I know the road this dandelion endured

This weed that all gardeners want to destroy is more appreciated by God than any seemingly beautiful bush of roses

Though that misunderstood dandelion went for long last

Let it be known that God gave it the role of the outcast for divine importance

My mother was a dandelion in the midst of roses

Ignorant of her purpose she uprooted her soul and unknowingly left herself for dead

It has been said that my mother when above the influence transmuted broken hearts into smiles

All the while dying on the inside

AIDS didn't kill my mother

It put her at rest

Now this song bird whistles in the key of silence

And I the latter of five write poems documenting the struggle unknown to my family

The sickness she denied lies in my blood with a lesser value

People speak I don't know how you can live with knowing nothing but owning the growing disease that your mother for so long fought

But see that's the difference between a rose and a dandelion

Roses were created with thorns to warn hand approaching without caution

Dandelions were not given that option

But they were created by an all knowing God

And that all knowing God created dandelions with the strength to withstand ignorance and hatred

Dandelions live in this matrix of life understanding the price

Roses live like the world was handed

Dandelions take the world and won't leave a rose stranded

But my mother died before she got the chance to realize that dandelions are blessings in disguise

She I dare say died before her time

That thought lingers in my mind conflicting my belief in the divine

My mama raised me in the faith that the day God sweeps you away is a day proclaimed way before the manifestation

But I can't help but experience devastation knowing nothing about the woman who carried me toting guns in the defense of my father

It is even harder knowing nothing about her but knowing the reason the hospital has become my second home is because this dandelion

chose to roam with the buffalo

But I seek serenity in the fact that she just didn't know

That she a dandelion was just as beautiful as a rose

And I will go forth knowing my purpose as a dandelion

This life is worth all the crying and all the dying I have to do just so someone in my shoes can live

I will gladly give myself as the sacrifice if it means that all the dandelions in the world become viewed as more than the consequence of sins behind closed doors

You can lay me on my back and present me life less to God if it means that dandelions with unseen scares will not be viewed as odd

But as gifts from God to show the world that beauty lies not in the pedals of flowers but in the power of unconditional love

And in the strength of the untouched, un-hugged, sometimes unloved but most important of all un-budged dandelions

WORST HABITS (continued from page 2)

Smoking:

Smoking cigarettes is, by far, the biggest health risk for a person living with HIV. According to the CDC, 40 percent of HIV-positive people are current smokers, which is almost double the amount of the general population. A recent article in Medscape reported that people living with HIV are also less likely to quit smoking than the general population. Smoking greatly reduces the benefits of antiretroviral treatment and increases the risk of cancer and cardiovascular diseases. People with HIV can reduce their life expectancy by more than a decade if they smoke, and can be subjected to four times the risk for death compared to non-smoking people living with HIV. Conversely, quitting smoking can greatly improve a positive person's health and the longevity of their life.

Lack of exercise:

An HIV-positive person faces higher levels of heart inflammation, which leads to a greater risk of heart attack and other cardiovascular diseases. In fact, recent studies indicate that a person living with the virus can face twice the risk of heart attack and stroke as an HIV-negative person. A sedentary lifestyle can increase your risks associated with inflammation. Cardiovascular exercise is the best way to combat these risks and reduce heart inflammation without the use of medication. Make sure not to overdo your cardio exercise. Too much cardio activity can actually increase inflammation. A good amount of cardio consists of about 30 to 45 minutes of exercise like walking, swimming, or biking about five times a week.

Heavy drinking or binge drinking:

According to a report in the Journal of Acquired Immune Deficiency Syndromes, HIV-positive men who are heavy drinkers are at a much greater risk for cardiovascular disease. Heavy or binge drinking can also lead to infrequent adherence to HIV treatment and an increased risk for liver disease and HIV progression. According to the report, heavy drinking is defined by the consumption of more than 14 alcoholic beverages in one week while binge drinking is defined as the consumption of more than six drinks in a single session. Reducing the amount of alcohol an HIV-positive person consumes can greatly reduce the health risks associated with HIV.

Unsafe sex:

If a person contracts HIV, they may no longer think that safe sex is a high priority, especially if their sexual partner is also HIV-positive. But co-infections with other STIs such as Hepatitis C and Hepatitis B can lead to an increased risk of life-threatening complications. A co-infection of HIV and HCV, HAC and HBV can compound the risks of liver disease. When HIV weakens your immune system, it can result in higher levels of HCV in your blood. Co-infections can also complicate your treatment, as a medication can help one virus while making the other worse.

If you are HIV-positive and have engaged in unsafe sexual practices, make sure to get tested for other STIs and to practice safer sex with your sexual partners. You need to protect your sexual health just as much as anyone else.

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FIVE THINGS YOU DON'T KNOW ABOUT THE FIRST MAN CURED OF HIV

from Queerty.com posted by Mark S King Feb 4 2015

Timothy Ray Brown is the first and only person in the world to be cured of HIV. There are some fascinating parts to his story you may not know, but first, here's a little background.

In 2007, Timothy was a gravely ill leukemia patient living in Berlin (after his cure he was famously known as "the Berlin patient" before he came forward in 2011 and identified himself). Timothy was also HIV-positive, but at the time his HIV was the least of his worries.

When Timothy needed a stem cell transplant to treat his leukemia, doctors located a donor who had a rare gene mutation known as CCR5, which makes human cells immune to HIV. And that is the most scientific sentence you will read on Queerty all week.

By sheer good luck, doctors found a stem cell donor for Timothy who had the CCR5 mutation. The result of the stem cell transplant? Timothy's immune system was replaced with a brand new immune system minus the HIV, and to this day he remains the only person to be cured.

"The HIV is gone and it is gone for good," Timothy, who today lives in Palm Springs, told Queerty. "And I am also cancer free. Two cures. I am really fortunate and blessed." His cure is now part of the scientific record, but there are more interesting tidbits to learn about this courageous gay man who risked it all and found himself making history in the process. Here are five things about Timothy Ray Brown that you may not know:

1. Timothy still identifies as part of the HIV community.

He may be the only person on earth who can say, "I used to have HIV," but his heart is still very much connected to those living with the virus. He doesn't care to engage in the sometimes nasty sexual politics between guys who are HIV-positive and those who are negative.

"Remember, I was HIV-positive twice as long as I have been cured," Timothy said. "I still consider myself part of the HIV community. I wouldn't have it any other way." In fact, this November Timothy is embarking on the HIV Cruise Retreat ("the Poz Cruise") to sail the Mexican Riviera with hundreds of people living with HIV and their allies. Between days at the beach and excursions in tropical cities, Timothy will share his story during a special presentation and discuss the latest in HIV cure research.

2. Timothy initially didn't want the leukemia treatment that eventually cured his HIV.

"I said no to the transplant," Timothy said, "thinking that it would not be necessary were the leukemia to remain in remission (which it was at the time). I did not need to be a guinea pig and risk my life receiving a transplant that might kill me." When his leukemia returned, Timothy had no choice but to go through with it.



Timothy Brown & Michael Dorosh

Neither Timothy nor his doctors had any idea that the stem cell transplant using a donor with the CCR5 mutation might lead to an historic breakthrough. It was a shot in the dark that miraculously hit the target.

3. The treatment Timothy received nearly killed him. Twice.

Folks, don't try this at home. Timothy's HIV cure happened in extreme and dangerous circumstances. Timothy endured chemotherapy, the stem cell transplant, and got pneumonia and sepsis infections in the process. His recovery from the stem cell transplant was exhausting and life-threatening. The physician responsible for Timothy's cure, Dr. Gero Huetter, eventually admitted he had given his patient only a 5 percent chance of survival. "Whatever," says the good-humored Timothy now. "Math wasn't my favorite subject anyway."

4. There is a little bit of Timothy in vials all over the world.

In laboratories around the globe, millions of drops of Timothy's blood, DNA and tissue samples are being studied. "I love to give researchers and scientists a hard time about how they know me intimately," Timothy said. "If only they knew how many pokes, prodding, surgeries and pain I have endured, perhaps they would at least buy me dinner. But it's all worth it in the spirit of finding a cure for AIDS."

5. Helping to find a cure that works for everyone has become Timothy's mission in life.

Imagine winning the lottery and then using your fortune to help other people. That is the mindset that has driven Timothy since he was cured.

In 2013, Timothy co-founded the **Cure for AIDS Coalition** with Dave Purdy, and has used his notoriety to keep the search for a cure at the forefront of HIV research. "I know in my heart and soul that I will not be the only one cured of AIDS," Timothy said. "We are committed to helping end this dreaded disease once and for all." While being the first person to be cured of HIV assures this gracious gay man a place in history, it is really what Timothy has done since then that makes him a genuine hero.



Did you know regular exercise can:

- Protect against heart disease and diabetes
- Protect against some cancers
- Reduce bone loss & falls
- Improve thinking, sleep, and mood
- Improve heart, lung, and muscle function?

**Want to start, but need motivation, instruction, or a place to go?
Consider joining our exercise research study!**

*We need **HIV+ and HIV- men and women ages 50-70** who are not currently exercising to join a 6 month exercise program at the University of Colorado.*

If eligible, you will receive:

- A heart stress test to make sure exercise is safe for you
- Two body scans & blood work
- Free, supervised exercise sessions 3 times/week at the University of Colorado Exercise Research Facility
- *Optional* muscle biopsy
- Pedometer
- Compensation for your time

Contact Kristine Erlandson, MD for details:

303-724-4941 or Kristine.Erlandson@ucdenver.edu

PI: Kristine Erlandson, MD

COMIRB: # 14-2207

Version date: 2/11/2015

COMING UP - MHFB



An American Epic

Date Saturday, May 16, 2015

Time 7:30 pm

Place Studio Loft at the Ellie

Tickets \$15 advance, \$20 door

**Buy tickets now
@ mhfb.org!**

**The Mile High
Freedom Band
& Freedom Swing
PRESENT:**

COMING UP - SWING



Spring Swing 2015

Date Saturday, April 18, 2015

Time 7:00 pm

Place Historic Grant Ave Theater

Tickets \$9 advance, \$12 door

"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!



**please visit
www.ontheten.org**

The Yoga Group - for **pozitive** people

Wednesdays: 5:15-6:30pm Sundays: 10:15-11:45am

Iyengar Yoga Center * 770 S Broadway

(more info: 303.575.1673 * www.yogagroup.org)

Tuesdays: 4:30-6pm * 2670 S Gilpin St

(call Claudia for info: 303.744.3407)

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.

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



THANK YOU VOLUNTEERS!

TEN wants to thank all the volunteers who helped pour beer at the Wrangler Beer Bust on Sunday February 15.
We made \$715.00!

Alfred, David, Dean, Doug, Eric, Guy, Jacob, Jay, Jeff R, Jeff W, John, Kurt, Kurtis, Lee, Michael D Michael S, Rafael, Sam, Scott, Steve, Tom E, Tom J, Tor

THE DENVER
WRANGLER

17th St and Logan, Downtown Denver, Colorado



11th Annual Poz Cruise 8-15 November 2015

A 7-night sailing from Long Beach aboard "Ruby Princess"
calling at Puerto Vallarta, Mazatlan, & Cabo San Lucas
Rates start at \$704 * More info: www.HIVcruise.com

How do I sign-up?

Visit www.HIVcruise.com and click on *Reservations*, then complete form and pay deposit. Once booked, you will receive confirmation and booking number. You will also join a yahogroup set up for everyone going on the cruise with updates, questions, excursion information, etc., up until the cruise.

How much will this actually cost me?

- 1- Cabins start at \$704 (per person, no balcony).
- 2- You have to get from Denver to Long Beach (or Los Angeles). United and Spirit have direct flights (at presstime \$266 or less on Spirit but watch add on fees), and it is possible to fly on the 8th and avoid hotel expense the night before.
- Note: the ship docks early on return so it is easy to fly back the same day.
- 3- If you want to play it safe, you can go the night before with additional lodging expenses (but you will also be able to attend the pre-cruise party the night before).
- 4- Excursions are optional, but something you will probably want to do. The poz group has its own exclusive excursions, or you can sign-up for one offered by the cruise line. They will range between \$50 and \$125.
- 5- There is a \$11.50/day gratuity added to your bill (\$81 total).
- 6- Everything on board is included EXCEPT drinks, gambling, shopping, and spa services. You could end up spending a lot, or nothing at all. You are allowed to bring one bottle of wine, but no other alcohol.
- (Note: mouthwash & shampoo bottles hold all sorts of liquids :-)

I don't know anyone going and don't want to pay the single room surcharge (60% or double of cabin rate extra). What are my options?

The poz cruise organizer matches roommates based on a questionnaire of personal habits, which generally works out well. Remember cabins are very small, and about the only thing you do in them is sleep, shower, and change clothes.

I don't know anyone going and I'm shy. Will I have fun or be miserable?

Many guys go alone, the guys are open and friendly, and everyone is in the same boat (pun intended). In other words, **NOT AN ISSUE**. Also remember this is a group of 200+ aboard a ship with 3,000 passengers. In addition to all the activities offered by the ship, our group has its own parties & events ... i.e. the best of both worlds.

POZ ROMANCE POZ DATING POZ ROMANCE POZ DATING

www.voltage.com

www.personals.poz.com

www.hivdatingonline.com

www.positivesingles.com

www.hivdatingservice.com

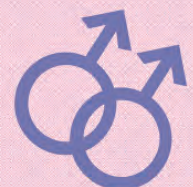
www.positivesingles.com

www.positivesingles.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.

"FARE-THÉE-WELL" TO DR KEN LICHTENSTEIN



This summer the Denver HIV community will sadly say "adieu and fare-thee-well" to Dr Ken Lichtenstein who begins a new chapter in his life in Palm Springs, California, where he will be Director of the HIV Program at Eisenhower Medical Center. Ken began treating people with HIV when the epidemic began, and has been treating hundreds and hundreds of patients ever since. Many of his patients assumed he'd be around forever!. Ken has been not only a great friend

of the HIV community, presenting at educational forums, etc, but he was also a "friend" to many of his patients as well as their doctor. He will be greatly missed, and although it is sad to lose him, at the same time we wish him well and congratulate him on his new position. The community thanked him and gave him a tribute at the Gill Endowment Forum on April 14.

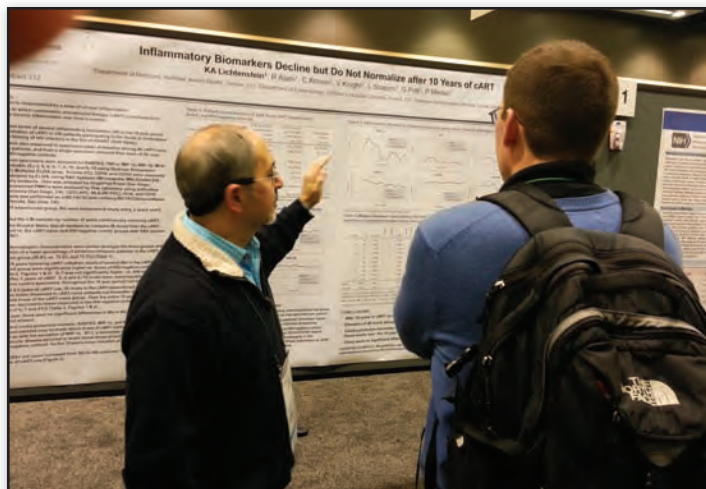
Born and raised in Denver, Ken Lichtenstein received his MD from University of Colorado in 1973, where he had his internship, his residency, as well as receiving a fellowship during 1976-78. He served as clinical instructor in medicine at the university from 1978-80, assistant clinical professor from 1980-86, associate clinical professor from 1986-97, clinical professor from 1997-2003, and professor of medicine from 2003 to the present. He was concurrently in private practice at Rose Medical Center from 1978-2003, at the Health Sciences Center from 2003-2007, and at National Jewish Health from 2007 to the present. He received both the Franklin Ebaugh Award and the Robert I Slater Award in 1973, the Clinical Faculty Community Service Award from the Health Sciences Center in 1990, the HCFA World AIDS Day Administrator's Citation in 1993, he was awarded Best Infectious Diseases and AIDS Care from "5280" Magazine every year 1994-99, and Best AIDS Care from "5280" Magazine every year 1999-2004. He also received the Clinical Research Award from the Health Sciences center in '95 and '97.

His professional affiliations include or included the Denver Medical Society, the Infectious Diseases Society of America, American Association for the Advancement of Science, Physicians for Social Responsibility, the Physicians' Task Force on the Department of Energy Weapons Facilities, the Society for Healthcare Epidemiology of America, the American Academy for HIV Medicine and the International AIDS Society.

His local professional service and committee membership included the Board of Directors of the Colorado Coalition for the Prevention of Nuclear War, the Board of Directors

of the Rocky Flats Clean-up Commission, the Board of Directors of the Committee for better health care for all Colorado citizens, the board of sponsors of the Colorado coalition for the prevention of nuclear war, a member of the advisory panel on managing materials from warheads for the Office of Technology Assessment of the US Congress, a member of the Governor's AIDS Council, a member of the board of directors of the Colorado AIDS Project, and he was the President of the Medical Staff of National Jewish Health.

His national and international professional service and committee membership included being a delegate of the 7th international congress of the International Physicians for the Prevention of Nuclear War, he appeared on a Danish Broadcasting Company documentary on Rocky Flats, he was a participant and speaker at the International Conference on a Nuclear Test Ban in Kazakhstan, he is currently on the organizing committee of the American Conference on the Treatment of HIV, he was a co-chair on the session on the metabolic complications of HIV World AIDS Conference in Austria in 2010, a co-chair on the session on emerging issues at the American Conference on the Treatment of HIV in Denver in 2011, and a planning co-chair for the same conference in 2012.



Ken discussing his abstract at CROI

His research grants, contracts and special grants include or included being co-principal investigator for the HIV Outpatient Study with the CDC, the co-director of the clinical core of the Center for AIDS Research at the CU Health Sciences Center, and an investigator in seven clinical studies involving raltegravir, maraviroc, ibalizumab, tenofovir with either elvitegravir or boosted atazanavir, cobicistat-containing cART use among patients with mild/moderate renal impairment, and the study of inflammatory biomarkers and their association with cardiovascular disease, osteoporosis, chronic renal insufficiency, and lipodystrophy in the SUN Study cohort.

He has had 35 medical research papers published in peer reviewed journals, has written chapters for two books, and has had over 40 abstracts, posters and papers presented at meetings.



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: Brandi 303.320.1989 x224

Every Friday 2-3pm: Women's Support Group (drop-in)
Empowerment * 1600 York St * Denver 80206 * More info: Liza 303.320.1989 x226

Second & Fourth Friday 2:30-3:30pm: "Stay Out of Jail Free" for formerly incarcerated (drop-in)
It Takes a Village * 1475 Lima St * Aurora 80010 * More info: 303.367.4747

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

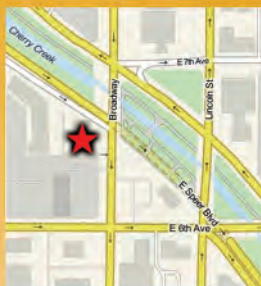
A NEW, SOCIAL & SUPPORT GROUP FOR HIV POSITIVE MEN



JOIN US EVERY TUESDAY
FROM 6-9PM

655 BROADWAY
SUITE 425

CALL US AT 720-382-5900
TEXT US AT 720-514-9419
INFO@THEDENVERELEMENT.COM



POSITIVE IMPACT AND THE DENVER ELEMENT ARE
PROGRAMS OF MILE HIGH BEHAVIORAL HEALTHCARE
WWW.THEDENVERELEMENT.COM



Slut Bingo !

(benefits The HIV Retreat at Shadowcliff)

Friday May 8th 2015

Balls drop at 8pm (doors open 7pm)

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



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 rebuiltdenver@yahoo.com
(put "newsletter" in subject line).

Tidbits from the 2015 CROI

by Michael Dorosh



CROI is the large annual HIV conference that was held February 23-26, 2015 in Seattle: 4103 attendees from 86 different countries (43% international), 333 Young Investigators, 24 Int'l Scholarships, 44 Community Educators; 6 Plenaries, 9 Symposia, 17 Themed Discussions, 1059 Abstracts (out of 2116 submitted), 43 Late-Breakers (out of 195 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 22nd CROI).

DISCLAIMER NOTE: These are just snippets, **very** abbreviated, and written with casual language. You are encouraged to visit the CROI website for more in depth info and data on any of these bullets that interest you. See green box below.

- In the *ipergay trial* "on demand" PreP was effective in reducing HIV-infection. High risk MSM took 2 pills of Truvada 2 to 24 hours before intercourse, then another pill 24 hrs later, and another 48 hrs later. Compared to placebo, the rates of infection were substantially lower. But remember Truvada taken daily with no missed doses is ~100% preventative.
- TAF is the "new improved" version of TDF, which is tenofovir, the ARV drug in Truvada, Atripla, Stribild, Complera, and Viread. It is a smaller dose because it goes directly to the cell without having to go thru chemical structure changes. It was found to be equally effective in controlling the virus. Then, **and very importantly**, it was found that the new improved version also has less side effects with bone and kidney issues. However, the older version has better lipid results (though most feel the benefits of the new version far outweigh everything else).
- BMS-176 is a 2nd generation maturation inhibitor. In a small phase 2a study, it showed very good efficacy on both wild type and virus with mutations, as well as few side effects. Study/development of this drug will continue in 2015.
- BMS-068, a new attachment inhibitor (targeting gp120) continues to show efficacy similar to atazanavir (Reyataz) thru week 48. Development and study of this drug will continue and advance in 2015. The drug has good potential for experienced patients with limited options for new regimens.
- A retrospective analysis from the D:A:D cohort showed that cumulative exposure to tenofovir (Viread, Atripla, Complera, Stribild); boosted atazanavir (Reyataz + Norvir); and boosted lopinavir (Kaletra) was associated with chronic kidney disease. The risk decreases over time after stopping tenofovir. But there is less data on newer drugs.
- In the past, abacavir (Ziagen, Epzicom) has been associated with higher risk for heart attacks *in some patients*. However, a study showed that this risk was associated more with traditional risk factors than it was for the drug.
- Administration of a TLR7 agonist in infected monkeys was safe and induced virus in blood, colon & lymphoid tissues, and established a lower viral setpoint after ARV cessation. Therefore, this drug will be studied in humans as part of ongoing cure research.
- Panobinostat, an HDAC-inhibitor activates virus from latency, and this drug and its class will continue to be studied in ongoing cure research.
- In a very large Australian study of serodiscordant gay couples, there was no HIV transmission to the negative partner. During the study's 1st year, 152 couples provided data on 5905 episodes of anal sex. The study is ongoing, but it is believed being on treatment was the major factor.
- Nearly \$1.3 billion spent on US-funded programs to promote abstinence and faithfulness in sub-Saharan Africa had no impact at all on sexual behavior and HIV transmission.
- FRAX, a web-based formula to calculate risk of bone fracture, underestimated rates in HIV+ men more than HIV- men. A study concluded that modified FRAX accuracy is limited in older men with HIV, and its role in risk stratification of men with HIV or pharmacotherapy requires additional study.
- Preventing one HIV infection in the US saves \$229,800 in lifetime medical costs.
- In a veterans study, having a high viral load for a long time without treatment. correlates with a higher rate of heart attacks. Immediate treatment in newly diagnosed persons will protect them from heart attacks in the long term.
- The 4 main equations that predict cardiovascular disease (CVD) underestimate the 10-year risk of CVD in a large diverse cohort of HIV+ adults. Additional risk factors, such as immunologic or virologic status need to be considered. HIV care providers should continue to emphasize preventive measures such as smoking cessation, blood pressure control, and lipid management to reduce CVD risk.
- HIV infection in the elderly is associated with higher risk for many cancers. However, the risk was lower for certain cancers, notably non-Hodgkin lymphoma. The most frequent in HIV+ were those associated with aging in HIV-.
- Early initiation of ARV lowers levels of chronic inflammation over a long period of time, as well as other health issues.
- No significant difference in fat gain on initial therapy in treatment naïve patients between the two most commonly used boosted PIs (atazanavir and darunavir) and raltegravir each co-administered with TDF/FTC.

- A pilot study showed that adding maraviroc (Selzentry) to a regimen in virally suppressed persons can improve cognition in persons experiencing HAND (HIV-associated cognitive disorders). Further study is needed and warranted
- Smoking is common and strongly associated with subclinical coronary atherosclerosis among HIV+ men. Findings underscore the value of effective smoking cessation strategies targeting HIV+ persons to decrease cardiovascular disease burden. Other forms of substance use, other than alcohol, were not consistently associated with atherosclerosis.
- Physical activity is independently associated with insulin resistance, vascular disease and endothelial function, and may help decrease co-morbidities in HIV+ adults.
- Varenicline is a safe and effective drug to assist with smoking cessation in HIV+ adults. It should be considered as part of the standard of care in HIV+ who are motivated to quit.
- Grindr™ users seeking HIV self-testing are willing to request self-test kits online and found self-test kits acceptable, easy to use, and preferred US mail test delivery. The use of self-test kits identified at least two new cases of HIV infection among respondents; both sought medical care. HIV self-testing promotion through social networking applications has a high potential to reach untested high-risk populations who will link to care if positive..

Want more from the Conference?

Watch videos of presentations and search abstracts and posters on line at: www.CROIwebcasts.org -and- www.croiconference.org/abstracts/search-abstracts/

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

Recommendations:

1. Plenary PL-1 Thursday: Steven Grinspoon)
"Cardiovascular Disease in HIV Patients:
"An Emerging Paradigm & Call to Action"
2. Special Session Tuesday: Ebola Virus
Disease: Responding to the Challenge"

BRINGING VISIBILITY TO SAME-GENDER-LOVING WOMEN

*on National Women and Girls HIV/AIDS Awareness Day
by Penny DeNoble*



Penny DeNoble is a current resident of Denver and a longtime member of PWN-USA-Colorado. Penny looks forward to relocating to her native New Orleans in the coming months.

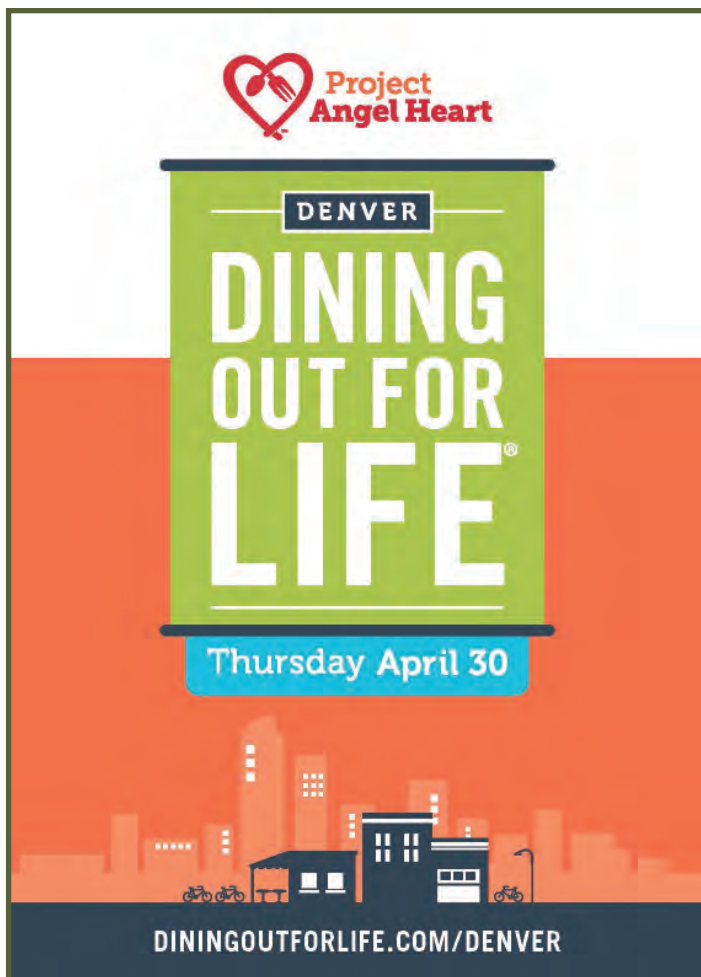
March 10, 2015 was the 10th annual National Women and Girls HIV/AIDS Awareness Day. As social, community, and government groups across the nation prepare to bring awareness to the susceptibility that women have to acquiring HIV, I want to bring attention to and create visibility for a group of sisters who are classified as being a part of a sexual minority group, that are often overlooked in our acknowledgment.

I am a Black woman who lives with an HIV diagnosis, and I'm also a same-gender-loving woman. Same-gender-loving women are rarely brought up in conversation when we speak about women who are living with HIV. We are often made to feel like we have to remain in the "closet" of shame about our sexual orientation and HIV status. Mind you, I was involved in a heterosexual relationship when I received my diagnosis nearly 29 years ago, but since then I have been involved solely in same-gendered relationships. The process of sharing my status with female partners, educating them about HIV, and keeping them safe has been of great importance in my relationships. Even when

I was frightened beyond my wildest imagination and didn't share initially, I recognized the importance of it and took on the challenge. Sometimes homophobia and AIDS-phobia in our social networks make it a very frightening effort to easily share, not only our sexual orientation but also our HIV status, with those important to us.

On top of this, it is a very thought-provoking experience to have open communication about HIV risks. Although researchers pinpoint that while sex between women is almost surely not responsible for HIV transmission, it is still very important that lesbians receive appropriate messages and education about risk factors, how to protect themselves from HIV and to debunk the myths about female-to-female transmission. It is vital that lesbians not be maltreated or discriminated against by healthcare providers and that there are no barriers to access to healthcare. We as advocates for the sexual and reproductive rights of women must be sure this population of women is receiving tailored interventions for great health outcomes also.



As with the lack of data-collecting sources involved with women in general, the inclusion of lesbians and women who have sex with women in data collection and analysis will help to combat the invisibility these group of women have confronted within previous research. The surveillance of HIV cases reported among women who have sex with women has not been adequate. So on this 10th annual National Women and Girls HIV/AIDS Awareness Day, may we recognize the importance of empowering HIV-positive lesbians through education and skills, and loving and supporting social networks, on how to craft a way of being our authentic selves in the world of HIV advocacy.




Dine out at one of 250 restaurants on Thursday, April 30th and 25% of your food bill will benefit Project Angel Heart. By eating out at one of your favorite, local restaurants you will help Project Angel Heart deliver nutritious meals to improve quality of life, at no cost, for Coloradans coping with life-threatening illness.

"Pet Day"

Wednesday 27 May 2015 8:30am-4pm
Olin Hotel 1420 Logan St
Free vaccines and wellness exams!
By appointment, call 303.539.7275
Sponsored by Denver CAP and PetAid



The Healthcare
Safety Net for Pets

**DENVER
COLORADO AIDS PROJECT**

Save the Date !

Mountain SIN autumn weekend September 17-20

* Shadowcliff Lodge *

* Grand Lake Colorado *

- ❖ Half-day hike in Rocky Mtn National Park
 - ❖ Boating on Shadow Mountain Lake
 - ❖ Road excursion on Trail Ridge Road in RMNP
 - ❖ Rocky Mtn Repertory Theatre "Forever Plaid"
 - ❖ 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



WORST HABITS *(continued from page 5)*

A high cholesterol diet:

Many people living with HIV have lower levels of HDL, or good cholesterol, and higher triglyceride levels which can increase a person's likelihood for artery problems. Both high cholesterol and HIV increase a person's risk for cardiovascular disease, so it is essential for an HIV-positive person to maintain a good diet and avoid having too many high-cholesterol foods.

Living in denial:

Possibly one of the greatest but hardest behavioral risks to quantify is the act of living in denial when it comes to a person's HIV-positive status. Far too often, people who find out that they are living with the disease would rather face greater health risks than take the steps to get the proper medical and psychological care. And part of HIV treatment is the mental and emotional support that it takes to encourage a person to value themselves and actively manage their health. An HIV diagnosis does not have to stop you from living your best life, but it is up to you to take control of your own health and reduce your chances of HIV-related complications. So if you are HIV-positive, get into treatment and get the support you need to make the right choices and changes so that you can live the life you deserve.

How Risky Is Oral Sex?

HIV InSite, University of California San Francisco
www.hivinsite.ucsf.edu

A University of California, San Francisco study put the per-contact risk of transmission through “receptive” fellatio with an HIV-positive partner at 0.04 percent. (For perspective, consider that the same study found a much higher per-contact risk of 0.82 percent for unprotected receptive anal sex.) The researchers calculated the rate of HIV transmission to be 4 out of 10,000 acts of fellatio. Without ejaculation in the mouth, though, some experts have called HIV transmission via performing fellatio “extremely low risk.” As for the danger of having someone perform unprotected oral sex on you: “The only risk in this scenario would be from bleeding wounds or gums in the HIV+ person’s mouth or on their lips, which may transfer blood onto the mucous membranes of the other person’s genitals or anus, or into any cuts or sores they may have,” according to AVERT.



Defintion: Oral sex is sex that

involves the mouth and the penis, vagina, or anus (butt hole). Some other words for different kinds of oral sex are “blow job,” “giving head,” “going down on,” “eating out,” “sucking,” “cunnilingus,” or “rimming.”

How Risky Is It? There are a few known cases of people getting HIV from giving oral sex (licking or sucking). There are no known cases of someone getting HIV from receiving oral sex (being licked or sucked). Experts believe that oral sex without protection is less risky than other kinds of sex, but all agree that it is possible to get HIV from giving oral sex to an HIV-infected partner without protection, especially if the HIV-infected partner ejaculates in the mouth. Certain factors, such as the presence of any cuts or sores in the mouth, are thought to increase the riskiness of oral sex.

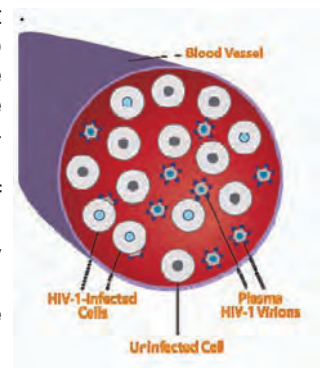
Giving oral sex (blow job) to a man has been proven to carry some risk of getting HIV, although most scientists believe the risk is relatively low. The risk increases if the person giving the blow job has any cuts or scrapes in his or her mouth, even small ones that can be caused by brushing or flossing right before sex. To have safer oral sex, avoid getting any semen in your mouth, either by stopping oral sex before ejaculation or by using a nonspermicidal condom. You can use an oral barrier such as a dental dam or plastic wrap to make oral-anal sex (rimming) safer.

Risk of Other Sexually Transmitted Diseases: There are many diseases besides HIV that can be passed through unprotected oral sex, including herpes, syphilis, gonorrhea, hepatitis A, and the viruses that cause warts, intestinal parasites, and other conditions.

GenoSure archive HIV-1 Next Generation DNA Sequencing Assay

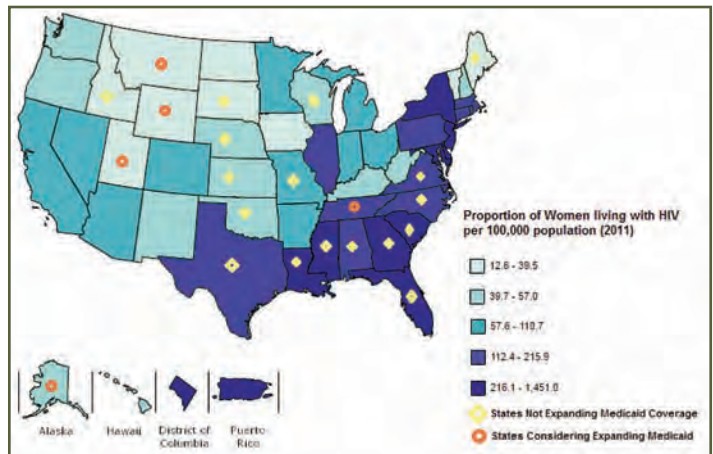
If you are considering switching meds with an undetectable viral load and you suspect you may have “hidden” resistance to some of the drugs, you may want to talk to your doctor about this test. Simply put, it looks for mutations in the integrated DNA, and therefore your viral load can be undetectable.

GenoSure ArchiveSM is the newest suppression management offering by Monogram Biosciences. GenoSure Archive is designed to provide HIV antiretroviral drug resistance data when standard resistance testing cannot be performed due to inadequate viral load. The assay interrogates the viral archive using next-generation sequencing methods to provide a list of the archived mutations and then assigns susceptibility calls of sensitive, resistant, or resistance possible based on those mutations.



GenoSure Archive provides valuable information for most of the ARV drugs when considering regimen switches in virologically suppressed patients due to:

- Side effects
- Adverse events
- Regimen simplification
- Drug-drug interactions
- Concern for long-term toxicities
- Regimen intolerance





COMMUNITY EDUCAT¹⁰NAL FORUMS

"BY THE COMMUNITY ... FOR THE COMMUNITY"

Tuesday, April 14: "Switching Meds When They Are Working Just Fine"

Debate/Discussion (pros & cons) with Doctors Steve Johnson UC and Ed Gardner DH

Annual Tim Gill Endowment Educat¹⁰nal Forum at Hamburger Mary's

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

Tuesday, May 12: "Important Updates from the ADAP"

Medicare/Medicaid co-pays, insurance, online recertification, S+S Program, new PreP & PeP efforts, etc...

Todd Grove & Bob Bongiovanni, Colorado Dept of Public Health/HIV Care & Treatment Program

(usual location, see below)

Tuesday, June 9: 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 EDUCAT¹⁰N NETWORK)

WWW.ONTHETEN.ORG

(IF YOU HAVE MEAT, WHEAT, OR OTHER FOOD ISSUES AND PLAN TO ATTEND, PLEASE LET US KNOW BY EMAIL TO: FORUMS.COLORADO@GMAIL.COM)



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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:**

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- ~ Discreet & confidential packaging
- ~ Refills can be ordered online

More information email Josh at jwhittington@caresrx.org