*The Mission of **TEN** is to provide educat10n & informat10n for HIV-positive individuals in Colorado. In addition, we strive to empower individuals to be proactive in their mental and physical health and well-being. The newsletter is a peer-based collaborative effort, and we encourage material written and contributed by poz individuals to achieve our goal of being "by the community, for the community." We believe that "knowledge is power" and that individuals have a lot to learn and gain from each other by sharing their experiences and information.*

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Inside this Issue

SIN Colorado is a Gay Poz Men's Social Network supported by Treatment Educat10n Network

TEN

www.ontheten.org

The Newsletter of Treatment Educat10n Network—TEN

MEASLES OUTBREAK

ARE YOU AT RISK?

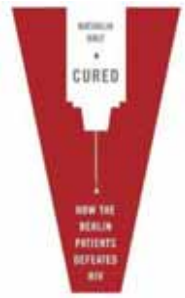
- Stay calm, MOST people in the US are immune.
- If you were born before 1957, or have KNOWN exposure, you are immune.
- If you were born between 1957 and 1968 and did not receive an MMR vaccine as an adult, you are probably still immune but *might* be at risk for measles.
- If you were born after 1968 and received two vaccinations as a child or adult, you are most likely immune.
- If concerned, discuss with your care provider, *a lab test can determine if you are immune or not.*
- If you are NOT immune, you can receive a 2-dose vaccine *(unless you have CD4 less than 200)*

Our Problem with Being 'CURED' of HIV

by Mark S King www.marksking.com

In the late 1980's, I let this odd, fussy man into my office at LA Shanti, my first AIDS agency job. He seemed earnest and harmless and he just wanted a few minutes of my time. "I have the cure for AIDS," he politely announced. Sadly, he wasn't the first person to say that to me, but we practiced more suspension of disbelief during that wretched decade so making such a statement wasn't immediate cause for removal from my office.

He set a wooden box on my desk, the size of a breadbox and



with unfinished wood, like something you had just started building in shop class. He opened it to reveal a jumble of wires and what appeared to be a very large battery of some kind. It looked like a bomb.

"Electromagnetics," he said, with his index finger up, like a teacher. I was so entranced by the device that I didn't notice him attaching one of the wires to my finger with a clip. I felt it softly bite my skin and looked down, horrified. His scholarly tone didn't change at all. "When I attach this to your other hand," he said, reaching for it, "the magnetic field will purge your body and your blood." I saw him taking my other hand. "This is *science*," he added proudly. He was smiling.

I sprang from his grasp and shook the clip from my finger. I suddenly remembered I had a staff meeting. An extremely important staff meeting. I thanked him and excused myself to get to my very important, life saving staff meeting. It's tricky in the HIV community, using the "C" word. Long term survivors like me have had our hopes raised so many times, only for the rug to be pulled out from under us, again and again. The list of miracles-in-waiting goes as far back as the dawn of the AIDS crisis itself. Herbal remedies. Rare fish guts. Tribal potions from exotic locales.

And so picking up a new book with that word right in the title, well, you can imagine the skepticism. *CURED: How the Berlin Patients Defeated HIV and Forever Changed Medical Science* is exactly as advertised and a little more. Nathalia Holt's (below) engaging new book is quite a pleasant surprise, taking a user-friendly approach to its complicated subject. Not only does it provide the timeline of the advancements to date in HIV cure research, it gives us juicy, humanizing details about all of the players involved.

Much of Holt's book has the characterizations and forward motion of a good novel. We meet "Christian" (not his real name), the first Berlin patient who has achieved a functional cure to date. We find out exactly what happened in that Berlin clinic when he received his HIV tests results, what he was feeling, how it affected his relationships. We learn that it was Christian, not doctors or scientists, who elected to end treatment after several months (beginning very soon after his infection), leading to the discovery that his virus was under control and has not flared up since. The same goes for Timothy Brown, who achieved even more notoriety as the later "Berlin Patient" because of the drama

of his curative process (he had two bone marrow transplants and nearly died more than once) and because he has been willing to be public about it.

Timothy is the real heart of *CURED*. His endearing humility draws you to him as the book follows everything from his medical journey to his love life to his surprisingly modest existence today. (In both Christian and Timothy, minute amounts of HIV virus have been located in their bodies since their treatment, but these reservoirs have not caused health problems. This is known as a "functional cure.")

All the principle players evidently cooperated with Holt, an HIV researcher herself, and the level of access shows. We not only learn who each of the major researchers are, but what brought them here, what their families are like, and what personal sacrifices they faced along the way. Particularly juicy are the stories of egos and competition among the scientists — and how people who made no contribution at all to various studies scrambled to get their names attached because of the cutthroat world known as academic publications.

Science has never been my thing. I'm not confident writing about it, and intimidated by reading about it. But, except in its last chapters when Holt hurriedly catches us up on the latest research, *CURED* is easy to follow and has engaging insight into the very real people behind the headlines.

And hey, how cool is it that no one was electrocuted as part of this research?
Mark

Gym Exercising Patterns

Gym exercising patterns, lifestyle and high-risk sexual behaviour in men who have sex with men and in heterosexual men

aAuthors: Mor Z1, Parfionov K2, Davidovitch N3, Grotto I4. BMJ Open. 2014 Nov 24;4(11):e005205. doi: 10.1136/bmjopen-2014-005205.

OBJECTIVE: Lifestyle may be associated with risk behaviours. This study compares gym exercise and sexual risk behaviour between men who have sex with men (MSM) and heterosexual men. The research was based on the assumption that men who become muscular and physically attractive increase their number of sex partners and consequently their risk of HIV or other sexually transmitted infections (STIs).

SETTING: Five gyms in central Tel Aviv, Israel.

PARTICIPANTS: In 2012, a sample of 182 (48%) MSM and 197 (52%) heterosexual men who train in gyms completed anonymous questionnaires regarding their training, health, and sexual behaviours.

OUTCOMES: Participants in this cross-sectional study who exercised more than the median number of anaerobic training hours were defined as performing intensive anaerobic training (IAT), and those who had performed more than one act of unprotected anal/vaginal intercourse in the preceding 6 months with a partner whose HIV status was unknown were defined as high risk.

RESULTS: MSM showed a stronger desire to become muscular than heterosexual men, were more likely to perform IAT, and used protein powders or anabolic steroids. They reported that improving their body shape and increasing their self-confidence were their main reasons for training, whereas heterosexual men indicated weight loss and health improvement as the main reasons for training. MSM engaged in riskier sexual behaviour than heterosexual men. Of all the high-risk men, 61.9% (N=70) performed IAT, while 38.1% (N=43) performed moderate anaerobic training ($p<0.01$).

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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 303.7777.208).* Space is limited and everyone is encouraged to register as soon as possible. Feel free to contact Michael with additional questions:

retreat.shadowcliff@gmail.com or 303.7777.208.

I Am the Berlin Patient: A Personal Reflection

by Timothy Ray Brown

My name is Timothy Ray Brown and I am the first person in the world to be cured of HIV. While attending university in Berlin in 1995, I received a positive HIV diagnosis. I started out taking low-dose zidovudine (AZT), but the next year protease inhibitors hit the market and I, like many HIV-infected people at the time, lived a rather normal life and had a nearly normal life expectancy. That continued for the next 10 years. After attending a wedding in New York City and feeling exhausted the entire time, I flew back to Berlin, rode my bicycle about 10 miles to work (which I generally did weather permitting), and felt drained when I arrived. At lunch, I rode to a restaurant about a mile away and had to get off the bike halfway there. I called my boyfriend, Michael. He was unable to make an appointment for the next day with my doctor but made one with his HIV doctor.

I went there the next day and found out I had anemia, meaning that my red blood cell count was very low. He gave me red blood cell transfusions for the rest of the week and then, unable to resolve the situation, sent me to an oncologist, who at first said he did not think I had anything serious. However, he did a very painful bone marrow biopsy on me. I went back the next Monday for further treatment and the doctor informed me that I had acute myeloid leukemia (AML) and needed to be treated at a hospital. We chose one of the Berlin university hospitals near my apartment. He called there and got Dr. Gero Huetter on the phone who said ''Send him in.''

The next day I went to the hospital and was put on chemotherapy after having tubes put into my neck that extended into my heart. The doctors told me that I would need four rounds of chemotherapy treatments, each taking a week, with breaks of several weeks in between. I did the first round; that went well. The second round gave me fungal pneumonia, but that passed with antifungal treatment. During the third round, I got a dangerous infection. I was put into an induced coma. When I came out of that a day later, Dr. Huetter told me to go on vacation so I vacationed in Italy. Before the third chemo treatment, Dr. Huetter took a sample of my blood to send to the stem cell donor bank with the German Red Cross to look for matches for my tissue type in case I needed a stem cell transplant. This confused me because I thought this ordeal would end with the chemotherapy treatments.

Many patients do not have any matches; I had many matches, 267. This gave Dr. Huetter the idea of looking for a donor who had a mutation called CCR5 Delta 32 on the CD4 cells making them nearly immune to HIV. CCR5 is a protein on the surface of the CD4 cell that acts as doorway for the HIV virus to enter into the cell. Take away this entryway and CD4 cells will not be infected and the person will not get HIV. His team found a donor with this mutation on the 61st attempt. The donor agreed to donate should it be necessary.

After my trip to Italy, my leukemia was in remission. The professor on the transplant ward pressured me to get the transplant, although he was unaware of the possible breakthrough with HIV. I talked with friends, family, and a transplant professor in Dresden. I said ''No'' to the transplant, thinking that it would not be necessary were the leukemia to remain in remission because I could continue to take my antiretroviral medication indefinitely. I did not need to be a guinea pig and risk my life receiving a transplant that might kill me. The survival rate for stem cell transplants is not great; normally it is about 50/50.

At the end of 2006, the leukemia rebounded. It then became clear to me that I needed the stem cell transplant to survive. I received the transplant on February 6, 2007, my new ''birthdate.'' With Dr. Huetter's agreement, I stopped taking my HIV medication on the day of the transplant. (This is important because a continuation of antiretroviral therapy would have meant that no one would have known for a long time that I was cured of HIV.) After 3 months, HIV was no longer found in my blood. I thrived until the end of the year. I was able to go back to work and return to the gym. I began developing muscles that I had never had before because without HIV I no longer had the wasting syndrome. Unfortunately, after a trip to the United States for Christmas and being diagnosed with pneumonia while in Idaho, the leukemia was back.

My doctors in Berlin eventually decided on a second transplant using the same donor. I received the stem cells for a second time in February 2008. The recovery from that did not go well. I became delirious, nearly went blind, and was almost paralyzed. I eventually learned to walk again at a center for patients with extreme brain injuries. I have almost fully recovered about 6 years later. I continue to be tested for signs of HIV in my body with extremely precise tests.

While in recovery there was much talk about my case among medical scientists. I was not ready for publicity but, at the end of 2010, I decided that I would release my name and image to the media. I went from being the ''Berlin Patient'' to Las Vegas, Nevada. Using my real name, Timothy Ray Brown. I did not want to be the only person in the world cured of HIV; I wanted other HIV+ patients to join my club. I want to dedicate my life to supporting research to search for a cure or cures for HIV!

(continued on page 5)

I Am the Berlin Patient: A Personal Reflection

(continued from page 4)

Shortly thereafter in 2010, I decided to move back to the United States. Regan Hofmann of *POZ Magazine* interviewed me. Pulitzer Prize winning author Tina Rosenberg interviewed me for *New York Magazine*. Jon Cohen, for *Science Magazine* among others, followed suit. I agreed to see Dr. Steven Deeks and be part of his SCOPE Study at San Francisco General Hospital. Dr. Deeks sent much of my blood and biopsy samples to the U.S. National Institutes of Health (NIH). I also participated in Dr. Jay Levy's study to look for a cure of HIV.

In July 2012, during the World AIDS Conference in Washington, DC, I started the Timothy Ray Brown Foundation under the World AIDS Institute. We have worked together with medical scientists, institutions, and universities working on a cure or cures and vaccinations against HIV. The Timothy Ray Brown Foundation and the World AIDS Institute are starting the Cure Report, a guide to trials focused on curing HIV, vaccinating against HIV, and providing new information about HIV cure research. I will not stop until HIV is cured! Author Disclosure Statement

Author Disclosure Statement
No competing financial interests exist.

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Is HIV Superinfection Unhealthy?

by Tim Lahey, M.D., M.M.Sc.

From TheBodyPRO.com August 13, 2014

People who contract HIV once can contract it again, often through the same risk behaviors that led to the initial infection. A long-standing question has been whether getting infected with a second strain of HIV leads to more rapid HIV disease progression than infection with a single strain.

To this point, a 24-year-old man who has sex with men recently asked me, "Doc, I already rang the bell, why do I care if I get HIV again?" The first hints of an answer to this question arrived nearly 20 years ago. In 1997, researchers reported rapidly progressive immunodeficiency in a patient infected with two distinct strains of HIV. Since the patient mounted only weak immune responses to both viruses, the investigators could not determine if infection with two strains of HIV—which they termed "dual infection" —was the cause of the man's rapid disease progression or if other factors, such as his weak immune responses, were more to blame. More evidence accrued in 2002 when investigators at the Massachusetts General Hospital showed that a patient with previously well-controlled HIV infection and robust T-cell responses against the virus later developed accelerated disease progression after infection with a new strain of HIV. They termed infection with a new strain of HIV "superinfection," and many in the HIV community worried that these findings cast doubt on the possibility of durable immune protection from diverse HIV viruses.

Neither report in individual patients could address whether dual infection or superinfection were associated with poorer clinical outcomes compared to infection with a single virus. In 2004, a study among five patients with dual infection—including one with superinfection—suggested that the average time to disease progression was under four years, i.e., faster than we expect routinely. These data have helped guide clinical practice. Many clinicians urge patients with HIV to practice safer sex in part to avoid superinfection either because it could result in worsening HIV disease progression or because it may lead to the acquisition of a more resistant strain.

Now a new paper evaluates clinical outcomes in 21 female sex workers in Mombasa, Kenya, the largest cohort of people with proven HIV superinfection. To determine if HIV disease progression was impacted by superinfection, the investigators led by Julie Overbaugh in Seattle compared pre- and post-superinfection HIV viral loads and CD4 counts. They found a nearly significant increase in HIV viral load after superinfection (+0.21 log10, P = .09), but no difference in pre- and post-superinfection CD4 counts. In separate analyses, compared to women only infected with a single virus, women with superinfection showed slightly more rapid increases in HIV viral load over time (0.009 log10 HIV copies/mL/month faster viral load increase [P = .0008]) and a trend toward faster CD4-count decline. Despite these associations of superinfection with poorer virological control and potentially more rapid immunological deterioration, women with superinfection had the same disease progression-free survival as women infected with only one strain of HIV. This is by far the largest study of people with HIV superinfection, and is thus an important contribution. Yet, it is still a small study that might not have been powered to detect subtle increases in the rate of HIV disease progression after superinfection. However, the authors' contention that HIV superinfection caused "no large difference in clinical outcome" is undeniably true.

When we counsel patients about HIV superinfection, we should not warn them that superinfection will quicken disease progression—the best data available suggest this may not be true. However, patients do need to know that superinfection with a strain of HIV that is resistant to their current antiretroviral regimen could undermine treatment success. Most importantly, patients need to know that safer sex can help prevent other sexually transmitted infections, such as drug-resistant gonorrhea. This is what I told my 24-year-old patient with HIV. He had indeed "rang the bell" already, but safer sex is still a good idea because there are many more bells out there that he does not want to ring.

Tim Lahey, M.D., M.M.Sc., is an HIV doctor at Dartmouth-Hitchcock Medical Center where he is the chair of the clinical ethics committee. He is also associate professor at Dartmouth's Geisel School of Medicine, an HIV and tuberculosis researcher, and a contributor to The Atlantic, Scientific American and The New York Times.

Good Bacteria That Protects Against HIV Identified

Source: University of Texas Medical Branch at Galveston. "Good bacteria that protects against HIV identified." ScienceDaily. ScienceDaily, 28 March 2014. <www.sciencedaily.com/releases/2014/03/140328103056.htm>.

Researchers at the University of Texas Medical Branch at Galveston by growing vaginal skin cells outside the body and studying the way they interact with "good and bad" bacteria, think they may be able to better identify the good bacteria that protect women from HIV infection and other sexually transmitted infections.

The health of the human vagina depends on a symbiotic/mutually beneficial relationship with "good" bacteria that live on its surface feeding on products produced by vaginal skin cells. These good bacteria, in turn, create a physical and chemical barrier to bad bacteria and viruses including HIV. A publication released today from a team of scientists representing multiple disciplines at UTMB and the Oak Crest Institute of Science in Pasadena, Calif., reports a new method for studying the relationship between the skin cells and the "good" bacteria.

The researchers are the first to grow human vaginal skin cells in a dish in a manner that creates surfaces that support colonization by the complex good and bad communities of bacteria collected from women during routine gynecological exams. The bacteria communities have never before been successfully grown outside a human. The research group led by Richard Pyles at UTMB reports in the journal PLOS One that by using this model of the human vagina, they discovered that certain bacterial communities alter the way HIV infects and replicates. Their laboratory model will allow careful and controlled evaluation of the complex community of bacteria to ultimately identify those species that weaken the defenses against HIV. Pyles also indicated that this model "will provide the opportunity to study the way that these mixed species bacterial communities change the activity of vaginal applicants including over-the-counter products like douches and prescription medications and contraceptives. These types of studies are very difficult or even impossible to complete in women who are participating in clinical trials."

In fact, the team's report documented the potential for their system to better evaluate current and future antimicrobial drugs in terms of how they interact with "good and bad" bacteria. In their current studies a bacterial community associated with a symptomatic condition called bacterial vaginosis substantially reduced the antiviral activity of one of the leading anti-HIV medicines.

Conversely, vaginal surfaces occupied by healthy bacteria and treated with the antiviral produced significantly less HIV than those vaginal surfaces without bacteria treated with the same antiviral. Dr. Marc Baum, the lead scientist at Oak Crest and co-author of the work, stated "this model is unique as it faithfully recreates the vaginal environment ex vivo, both in terms of the host cellular physiology and the associated complex vaginal microbiomes that could not previously be cultured. I believe it will be of immense value in the study of sexually transmitted infections."

Gym Exercising Patterns

(continued from page 3)

The association between IAT and sexual risk was stronger in MSM than in heterosexual men ($p<0.01$ vs $p=0.05$, respectively). The interaction between MSM and IAT in high-risk participants was multiplicative.

CONCLUSIONS: MSM practiced more IAT than heterosexual men, and their interaction between IAT and sexual risk was multiplicative. The MSM community could benefit from a holistic approach to sexual health and its association with body image and IAT. The gym MSM culture demonstrates how internal dynamics and social norms are possible factors driving MSM to high-risk behaviour for HIV/STI.

Have the flu?

Living with a chronic medical condition, too?

We need you NOW!

Join our research study to help find better ways to treat the flu in adults who are at risk for complications.

Don't delay! Sign up to participate in the study within the first few days of becoming ill with flu symptoms.

Influenza (the flu) can be life-threatening. Approximately 24,000 people in the United States die each year of this disease. We are conducting a study to determine whether treating patients with a combination of several drugs instead of just one helps them to get better faster.

You qualify for our study if you:

- Have been diagnosed with the flu
- Are at least 18 years of age
- Have an existing medical condition that puts you at increased risk for complications from the flu—conditions such as diabetes; heart, lung, and kidney disease; COPD; and asthma

Participants will receive study-related medications and medical exams at no charge, and may be compensated for their time.

http://FluResearch.org

TO LEARN MORE ABOUT THIS IMPORTANT RESEARCH STUDY, CONTACT:

IRC NIAID INFLUENZA Research Collaboration

NIH National Institute of Allergy and Infectious Diseases

COMIRB Number: 11-0101
Michelle Barron, MD
For information call 303-724-0712

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 yahoogroup 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). Inotherwords, ***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.

****¡ EARLY BOOKING SPECIAL !****
**** EXPIRES 28 FEBRUARY ****

- $100 shipboard credit
- Free "specialty restaurant" dinner
- $100 deposit at sign-up (normally $250)

TEN *from* TEN

1 Recently at the World Economic Forum in Switzerland, Bill Gates said that both a vaccine and a new intense drug treatment for HIV would be reached in the near future. He said: "We're pretty optimistic in this 15-year period we will get those two new tools." An AIDS vaccine would help prevent new infections with the virus while drug treatments would avoid the need for life-long medication, he said.

2 The US canceled a regional military exercise in Uganda, imposed visa restrictions, diverted funds for a health institute to another country, and cut funding for a Ugandan police program in response to a law that imposes harsh penalties for homosexuality. Senior administration officials said the stepped up measures were carefully targeted at those responsible for abuses related to implementation of the anti-gay law and involved in corruption. The officials said the steps would not directly impact HIV/AIDS and food programs that benefit ordinary Ugandans. "The idea is to send a signal to perpetrators and would-be perpetrators that we are indeed monitoring, that we are indeed prepared to take measures, and that there are consequences."

3 In Lincolnton, North Carolina, police arrested a man accused of sucking on a woman's toes at a Walmart, after convincing her that he was a podiatry student.

4 The FDA lifted the ban on gay and bisexual men donating blood, which could raise the blood supply by 4%. However the ban remains in effect for men who have had sex with other men in the last 12 months .... *REALLY??* ..... *hellooOOoo* .....

5 Gay and bisexual men are at increased risk of acquiring HIV if they have mental health problems, according to a new study. Their risk of acquiring HIV increases with the number of mental health factors, and the study looked at depression, alcohol abuse, stimulant use, multi-drug abuse and exposure to childhood sexual violence. Past studies have found that mental disorders are often seen among men with HIV, but nothing about whether these factors predict risk behaviors or HIV infection. Lesbians, gays, bisexuals and transgenders also suffer from increased burden of mental health problems. When two health conditions tend to occur together in one population, researchers call them "syndemic." Those who reported the most mental health issues were the most likely to become HIV+ by the end of the study. They were also most likely to report unprotected anal sex and unprotected anal sex with a person who has HIV.

6 Transmitted HIV drug-resistance mutations(TDR) are transmitted from treatment-failing or treatment-naïve patients. Although prevalence of drug-resistance in treatment-failing patients has declined in developed countries, TDR prevalence has not. Mechanisms causing this paradox are poorly explored.

7 Smoking doubles the risk of death for persons on ARV therapy, according to a new study. The life expectancy of a 35-year-old man with HIV was reduced by ~8 years due to smoking (a 2-fold increase in mortality). More than a third of all non-AIDS related malignant deaths were from lung cancer and all deaths from lung cancer were in smokers. HIV+ non-smokers doing well on ARV therapy had similar life expectancy to non-smokers in the general population. The finding of a markedly lower risk of death among previous compared with current smokers points towards potential benefits of including smoking cessation interventions in HIV care. The study concluded that HIV+ individuals with long-term care may lose more years through smoking than through HIV. Interventions for smoking cessation should be prioritized.

8 The NIH (NIAID) is enrolling people with HIV who have experienced treatment failure on at least two antiretroviral regimens in a new study. Factors that can contribute to this failure include drug resistance, drug toxicity, and poor treatment adherence. The study seeks to learn more about the study participants through directly observed therapy at the NIH Clinical Center in Bethesda, Maryland. For more information, visit www.clinicaltrials.gov and search: NCT01976715

9 HIV+ people who experienced extensive immune deficiency or used ARV drugs before the advent of combination HAART in the mid-90s may be at greater risk for developing anal cancer, according to a retrospective analysis of studies. HPV in HIV+ persons can cause cell changes that can progress to anal, cervical, and other genital cancers. ARV does not prevent anal intraepithelial neoplasia. In fact, several studies have seen rising rates of anal neoplasia and cancer among MSM since the arrival of effective combination ART. It remains unclear whether the extent of immune deficiency predicts anal neoplasia or cancer, as study findings are inconsistent.

10 People who delayed starting ARV therapy for 12 months after infection had an 80% lower chance of reaching CD4 count of at least 900. US guidelines now recommend ART for everyone with HIV infection, regardless of CD4 count. These data add to many other reasons everyone with HIV should be on ART.

HIV Patient Nutrition More Vital Than Once Assumed

University of Copenhagen, Medical News Today. MediLexicon, Intl. www.medicalnewstoday.com/releases/276953

Monday 19 May 2014

Access to HIV medication has significantly reduced the number of AIDS related deaths in Africa. Yet in a number of African countries one in four HIV infected still dies within the first few months of commencing treatment. One reason for these deaths is malnutrition which causes the HIV-virus to develop more aggressively. Now a team of researchers from University of Copenhagen, Denmark and Jimma University in Ethiopia have shown that a dietary supplement given during the first months of HIV treatment significantly improves the general condition of patients. Their results are published in the journal *BMJ*. Roughly 25 million Africans live with HIV, many of whom now have access to antiretroviral treatment (ART). ART has reduced the number of AIDS-related deaths greatly, but several African countries still report very high mortality rates within the first few months of treatment. One of the main reasons is malnutrition which is common among patients starting medical treatment.

A collaborative project between the University of Copenhagen and Jimma University, Ethiopia, has demonstrated that daily nutritional supplementation for the first three months of ART considerably improves the condition of HIV patients. The results have just been published in the scientific journal *BMJ*. "Patients gained three times as much weight as those who took ART without the nutritional supplement. And, in contrast to the medication-only group, the supplement takers didn't just gain fat - a third of their increased weight came from gained muscle mass. Furthermore, grip strength improved, and thereby the ability of patients to maintain their work and manage daily tasks," says PhD Mette Frahm Olsen, who is one of the project researchers and together with Alemseged Abdissa, the main author of the *BMJ* article.

The study also reported effects upon the immune system: "The immune cell types typically suppressed by HIV were restored more quickly in patients who received a whey-containing nutritional supplement. In conclusion, the effects of the supplement were measurable, and very relevant for HIV patients living in countries where malnutrition is common," continues Mette Frahm Olsen.

For three months, patients received a daily supplement of 200 grams of peanut butter to which soy or whey protein, along with other vitamins and minerals, was added. The advantage of the supplement is that it is rich in energy and nutrients and low in water content, allowing it to be better preserved in warm climates. The supplement was originally developed for severely malnourished children, but modified for the research project to satisfy the needs of adults living with HIV.

Medication-induced weight gain has no benefit

Prior to the roll-out of ART medication, HIV was characterized by massive weight loss that made the role of nutrition impossible to ignore. But today, the significance of a nutritious diet in conjunction with HIV treatment is often forgotten:

"We know that malnutrition fuels the AIDS epidemic, in part because poor nutrition facilitates the virus' attack on the human immune system. But today, the significance of nutrition is often ignored because patients gain weight while being treated with ART. As a result, a patient's doctor may believe, mistakenly, that the patient's nutritional state has been normalized. However, if the patient has not had an adequate nutritious diet, the weight increase may be without benefit and consist mainly of fat," says PhD Mette Frahm Olsen. The research project also demonstrated that it is possible to integrate short term nutritional supplementation into the lives of Ethiopian patients without disrupting cultural, social, and religious practices regarding diet.

AIDS Walk Team Member Raises Record Amount

A member of the TEN (Treatment Educat10n Network) AIDS Walk Team raised $1305.00! John Respondek accomplished this feat at this year's AIDS Walk Colorado held in August 2014. He solicited sponsorship and support from a wide variety of friends, relatives, acquaintances, neighbors, and co-volunteer workers. Donations were small and not so small, but no one contributed a really large amount, meaning he hit up quite a few people. He's an example of how easy it can be to gain sponsorship. The event is well-known in the wider community, and just by saying: "Hey would you sponsor me for ten or twenty bucks?" -almost no one will say no and most will give more.

TEN would like to say "Congratulations! Kudos! And Many Many Thanks! to John for his successful participation raising funds for TEN's programs. Your contribution is greatly appreciated.

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

Two New Drug Combinations Approved

If you take atazanavir (Reyataz) with ritonavir (Norvir) as a booster -OR- if you take darunavir (Prezista) with ritonavir (Norvir) as a booster …you now have the alternative choice of taking one pill instead of two. The FDA has approved two new combinations of existing drugs.

Prezcobix is a combination of darunavir (Prezista) and Tybost (cobisistat) in one pill. Evotaz is a combination of atazanavir (Reyataz) and Tybost (cobisistat) in one pill. Tybost (cobistat) is a booster similar to ritonavir (Norvir), and protease inhibitors must be boosted with one of those two drugs. For some people, taking less pills is important and desired, but for others it doesn't matter since they are taking drugs for other conditions (for example cholesterol, depression, high blood pressure, etc, etc, etc) and/or vitamins and supplements. However, more choices and options are always a good thing.

Denver Museum of Nature and Science

Saturday 21 March 2015 6-10pm

Red Tie Affair is an elegant night of cocktails and dinner… kicking off the Compassionate Connections Campaign to find a new home for Colorado Health Network's administrative office, DCAP's client services space, and Howard Dental Denter's treatment center.

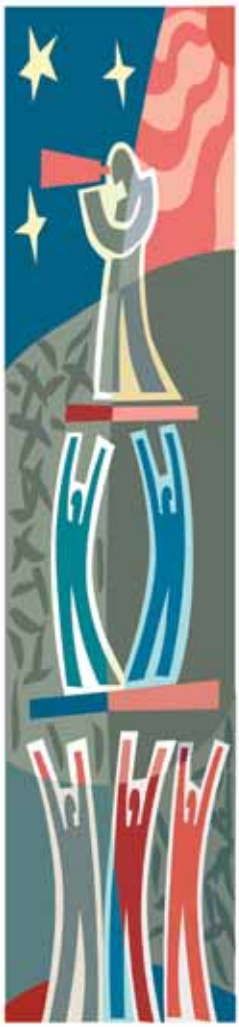
The evening will include a special presentation honoring volunteers, corporate partners and other influential individuals that have contributed to the success of Denver Colorado AIDS Project, and a retrospect of 3 decades of service in the Denver Metro community. The evening will also include a limited silent auction sure to excite everyone in attendance. Ticket information at www.DenverCAP.org or call Andrew Kimmell 303.962.5302.

Red Tie Cocktail Attire is suggested.

2001 Colorado Blvd Denver, CO

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).



SUPPORT GROUPS

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

Every Tuesday 4:30-6pm: "Let's Chat" (closed group, sign-up required)
CAP * 2490 W 26th Ave 3rd floor * Denver 80211 * More info: Brian 303.837.1501 x490

Every Tuesday 11am-12:30pm: "Healing Ourselves: Addressing HIV, Trauma & Addiction" (drop-in)
It Takes a Village * 1475 Lima St * Aurora 80010 * More info: Hassan 303.367.4747

Every Wednesday 6-8:30pm: "4 to ThrivE!" (starts Feb 19)(closed group, sign-up req'd)
Rocky Mountain CARES * 4545 E 9th Ave Suite 110 * Denver 80220 * More info: Rica 303.951.3694

Every Wednesday 6:30-8:30pm: "Going Strong" (closed group, sign-up required)
9th & Sherman * Denver 80203 * More info: Paul or Ryan 303.399.9988

Every Wednesday, Thursday, & Friday 11am-noon: Substance Abuse Treatment Groups for HIV+ (drop-in)
It Takes a Village * 1475 Lima St * Aurora 80010 * More info: 303.367.4747

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

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

Every Thursday 3-5pm: "Vision!" substance abuse treatment group for women
Empowerment * 1600 York St * Denver 80206 * More info & sign-up: Aleesa 303.320.1989 x226

Every Friday 2-3pm: Women's Support Group (drop-in)
Empowerment *1600 York St * Denver 80206 * More info: Liza 303.320.1989 x220

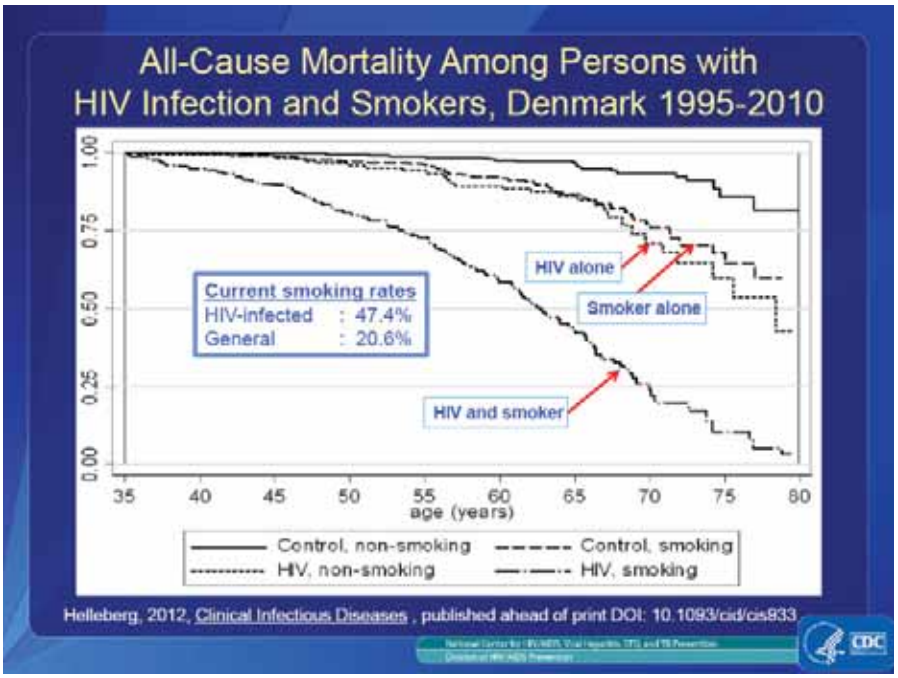
First Wednesday of the month 6-8pm: Group for Poz & their partners (drop-in with potluck dinner)
SCAP * 1301 S 8th St Ste 200 * Colorado Springs 80905 * More info: 719.578.9092 / 800.241.5468

Third Wednesday of the month 6-8pm: Poz only Group (drop-in with dinner provided)
SCAP * 1301 S 8th St Ste 200 * Colorado Springs 80905 * More info: 719.578.9092 / 800.241.5468

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

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

If you would like to list your group, please leave a message for Michael at 303.7777.208



***SAVE the DATE ***

Slut Bingo !

Friday 8 May 2015

Balls drop at 8pm
(doors open 7pm)
Club M at Hamburger Mary's
17th & Washington

DENVER CYCLE SLUTS

Clinical Trials Now Enrolling

University of Colorado Denver, E 17th 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

HIV Negative: HIV Vaccine Trial: 4 injections over 12 months (sponsored by Janssen Pharmaceuticals)
- Low risk of contracting HIV
- No STDs in the last 12 months
- Men and women over 18 yrs old (not participating in any other research study)

Statins: A5332: The REPRIEVE Study looking at long-term effects of statins in HIV+ individuals (ACTG)
- Statin (pitavastain) or placebo up to 7 years
- 40-75 yrs old; Not currently taking a statin
- Taking ARV at least 6 months; CD4>100
- No history of cardiovascular disease (heart attack, stroke, etc); no history of cancer in last 3 yrs
- Cannot be or get pregnant during study

Sub-study of above (A5332): A5333s: Mechanistic Substudy (must be enrolled in A5332) (ACTG)
- Two coronary CT scans

Gut Study: Four groups; 2 visits with stool collection, 3rd visit possible for biopsy (NIH sponsored)
- Group 1: Acutely (recently) HIV-infected treatment naive
- Group 2: Chronically (longer term) HIV-infected on ART **with** lipodystrophy
- Group 3: Chronically (longer term) HIV-infected on ART **without** lipodystrophy
- Group 4: HIV-negative control group (tell your friends)

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: 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

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

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

Smoking/COPD: NIH-study for HIV poz & neg, smokers & non-smokers, to learn more about pulmonary complications of HIV.
- Group 1: poz & neg, >18 yrs old, smokers & non, if poz- ART naive or off meds for >6 months; up to 24 weeks (3 visits)
- Group 2: poz & neg, with or w/o COPD diagnosis, 30-70 yrs old; if poz- viral load >1,000; up to 1 month (2 visits)
- VL <50; CD4 >350; on stable ART for >90 days

COMING SOON . . . . . .

HEP C: A5329Treatment for persons coinfected with HIV & HCV (genotype 1) (Abbvie 004-ABT-450/Rtv/ABT-267 and ABT-333)
- HCV treatment naive **or** experienced; HIV treatment must be either boosted atazanavir (Reyataz) -OR- raltegravir (Isentress

ACTGACTGACTGACTGACTGACTGACTGACTGACTGACTGACTG

FAIR PRICING COALITION

Fair Pricing Coalition Blasts HIV Pharmaceutical Manufacturers for Unjustified 2015 Drug Price Increases

Community requests for price freezes to strengthen affordable access to life-saving treatments go ignored.

The Fair Pricing Coalition (FPC) expressed its dismay and frustration at manufacturers of some of the most frequently prescribed antiretrovirals for treatment of HIV, citing exorbitant Wholesale Acquisition Cost (WAC) price increases ushered in with the New Year. The WAC price increases implemented by these industry leaders show complete disregard for an annual FPC year-end appeal calling for a two-year price freeze, with several companies setting 2015 prices that far exceed the typical rise in the Consumer Price Index (CPI).

"The FPC firmly believes that upwardly spiraling drug prices are already at the upper limit of any conceivable justification, are unsustainable, and will continue to hinder patient access to life-saving HIV treatment and prevention options, as well as recently approved curative hepatitis C virus (HCV) regimens," said FPC Co-Chair Lynda Dee. "We made this point, plainly and clearly, to executives at the major pharmaceutical companies again in 2014, yet we are once more looking at WAC increases that are generally between 7 and 10 percent over last year's already indefensible prices." Though the January 2015 CPIs—measures of inflation—have not yet been announced, the 2015 WAC price increases for leading antiretrovirals are two to three times higher than the ten-year CPI average of 2.5 percent; they are also higher than all medical CPI categories, which average 2 to 3 percent and are driven in part by unrestrained drug pricing.

"Several companies are, once again, guilty of unsubstantiated price gouging, with Bristol-Myers Squibb (BMS) being the most egregious example," said FPC Co-Chair Murray Penner. "Despite that BMS was recently granted a reprieve on the anticipated 2014 loss of patent exclusivity for Sustiva, allowing it to reap an additional two years of exclusivity on U.S. sales of the drug, the company decided that this windfall occasioned by endless patent evergreening was not enough, and increased the 2015 WAC for Sustiva by nearly 10 percent—the largest price increase reported thus far this year. And this followed two 2014 increases, totaling 16.7 percent, contributing to a total price increase of approximately 150% since the drug was approved in 1998."

Starting January 1, the annual WAC price for Sustiva (efavirenz) increased from $9,352 to $10,260. Importantly, this price increase directly impacts the WAC of the efavirenz-containing single-tablet regimen Atripla, which is now $25,874 per year, compared with $24,965 at the end of 2014. The 2015 Atripla annual WAC is also more than 85% higher than its 2006 launch price of approximately $13,800 per year. Other notable WAC price increases reported on January 1 include Janssen Therapeutics' Prezista (darunavir), Intelence (etravirine), and Edurant (rilpivirine) (7.9% each); a 6.9% increase in the WAC price for Merck's Isentress (raltegravir), and a 7.9% increase in the WAC price for BMS's Reyataz (atazanavir). WAC price increases for ViiV Healthcare's HIV drug products are anticipated during the first quarter of 2015. AbbVie is not expected to increase the price on its drug products, at least not this quarter.

Shielded by claims of legal proscriptions, the companies notify FPC and the general public of price increases only after they have already been decided. As there is rarely an opportunity for comment or other public input into these price determinations, the FPC submitted letters to all of the major HIV drug manufacturers in December 2014, demanding a price freeze or, if absolutely necessary, no more than one price increase annually (some antiretroviral prices have been raised twice in one year), not to exceed the overall increase in the medical CPI for the preceding year. Letters also reiterated the need for more robust company patient savings programs to offset skyrocketing out-of-pocket (OOP) costs associated with these expensive medications being placed in specialty drug tiers.

"We commend many companies for complying with our requests for more generous assistance programs to help cushion the blow associated with exorbitant OOP costs, but we have been unambiguous in noting that ever-increasing drug prices only encourage payers to place all HIV and HCV medications in specialty tiers, and raise cost sharing requirements, and establish even more draconian prior authorization restrictions," explained Dee. "Our demands that major HIV companies refrain from compounding the average consumer's economic hardship and inflating prices beyond the brink of what health care delivery under the Affordable Care Act can reasonably bear have been ignored. The time has come to inform and mobilize the public regarding the pharmaceutical industry's reluctance to heed reasonable requests regarding its unjustified pricing policies."

COMMUNITY EDUCAT10NAL FORUMS

"BY THE COMMUNITY ... FOR THE COMMUNITY"

Tuesday, January 13: **"2015: Goals for ~~Surviving~~ Thriving"**
Lee Wagner, LPC
(usual location, see below)

Tuesday, February 10: **"The Incredible Recent Revolution in Hep C Treatment"**
Jacob Langness, Pharm D, BCPS, University of Colorado
(usual location, see below)

Tuesday, March 10: **"Annual Highlights from HIV Conference (CROI)"**
Tom Campbell MD & Steve Johnson MD, University of Colorado
(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)

Know Your Rights as a Person Living with HIV

Best Advice... SHUT YOUR FOOL MOUTH!!!

As a person living with HIV, it is easy to believe we have done something wrong. This is not the case, don't stigmatize yourself or let others stigmatize you. You have a right to be treated like a person and you have rights under Colorado and Federal laws. You shouldn't be confrontational but you also don't need to be friendly. Disclosing your HIV status is tricky. You need to make sure you are physically safe, that you are disclosing because it supports you living with HIV, and have emotional support. Colorado does not have specific laws for not disclosing HIV status; HOWEVER people have been tried under other laws. BE CAREFUL.

1 NO STATEMENTS WITHOUT A LAWYER

DO NOT SAY ANYTHING without a lawyer present! You must give your name, THAT'S IT! Don't say anything else.
We really mean this, don't even talk about the weather or the Broncos. Anything that you say will be used against you. You might try to "set the record straight", be friendly, or "tell someone off" but it will not help. The police will not care. Simply say "I want a lawyer". If you can't afford an attorney, a Public Defender will be provided.
SHUT YOUR FOOL MOUTH!!!

2 YOU CAN CARRY CONDOMS

It is not illegal to carry condoms in Colorado, you can have as many as you want. If you want to play it safe, try not to carry more than 5 condoms at any given time. If you choose to carry more and are stopped don't answer any questions about them.
And remember, shut your fool mouth!!!

3 DON'T SIGN ANYTHING

You must give your name, THAT'S IT! Don't say anything else.
You can sign the ticket if you would like to but be sure you read it first. Otherwise, don't sign anything else. These documents will be used against you. MAKE SURE YOU GO TO COURT.
And again, shut your fool mouth!!!

4 DO NOT AGREE TO AN HIV TEST OR TELL YOUR STATUS

If you know that you are HIV+, do not share this with anyone other than a Doctor or Nurse.
During arrest or booking, you cannot be forced to take an HIV test. If you are taken for a test, make sure you tell the tester that you are being forced to take the test against your will and ask them to note this in your file.
If you are HIV+ and detained, do not mention your status or your HIV medicine. You can fill out a "kite" to request medical care only writing "I want to see a doctor" not the reason why you wish to see a Doctor.
Access to medical care is a human right. You should be able to talk to medical staff alone, object if anyone other than a nurse or a Doctor stay in the room.

5 HAVE A PLAN

Many of us engage in activities which put us at risk both physically and legally. Make sure someone you trust knows where you are going, knows your status, your HIV meds, your doctor, case manager and how to contact them. Let your doctor know who your safety partner is, sign a HIPPA release so your safety partner can talk to your doctor in an emergency.
And don't forget, when dealing with the police..... SHUT YOUR FOOL MOUTH!

6 DUI/DWAI/DUID ARE DIFFERENT

If you are suspected of driving under the influence of alcohol (DUI) or driving while ability impaired (DWAI), you will be asked to take a blood or a breath test. You get to choose which one to take. You do not have to take either test; BUT if you refuse, you will automatically LOSE YOUR PRIVILEGE TO DRIVE for ONE YEAR.
If you take a blood test, your blood WILL NOT be tested for HIV. It will only be tested for alcohol
If you are suspected of driving under the influence of drugs (DUID), you will be asked to take a blood, saliva or urine test. You do not get to choose which test to take. You do not have to take any of these tests; BUT if you refuse, you will automatically LOSE YOUR PRIVILEGE TO DRIVE for ONE YEAR.
If you take a blood test, your blood WILL NOT be tested for HIV. It will only be tested for drugs and alcohol.

Brought to you by:
Colorado HIV De-Criminalization Task Force
Find us on Facebook: CO HIV De-Crim Task Force
Email: COHIVDeCrim@gmail.com