

NEWS & VIEWS

We Will Miss You Dee



We at Open Door are very sad to say that Dee Carrizales, Medical Assistant at the Aurora office, has decided that she will not return to us. She has been on leave in the last few months. Dee was who organized Theme Days with Bears and Cubs being the most com-

mon. Our first Halloween costume day was because of Dee. She organized regular potluck lunches with the Aurora staff. We will miss her very much.

As a client and a CAC member that goes to the Aurora clinic I always was greeted with a smile from Dee. She really knew how to put a smile on your face as soon as you walked in.

She went that extra mile for me and

I am sure for any client that she came in contact with.

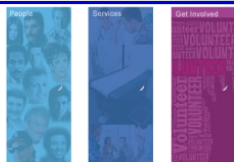
She would attend the CAC social activates to support the clients and the CAC, she was always cheerful, happy and caring.



She went that extra mile for us, she went out of her way to help. She is and will be one that will all remember and care about and love.

We wish you the best in what your next adventure is.

Open Door Fundraiser Approaching



Join us for this very special Fundraiser and Presentation to benefit Open Door

Featuring
Greg Louganis



NEW BEGINNINGS

Where: St Andrews Country Club, 2241 Route 59, West Chicago, IL

Time: 6:00 PM to 10:00 PM

Cocktail – Meet & Greet – Special photo ops

Sit-Down dinner with choices of 3 entrees; Roast Sirloin of Beef, Chicken Vesuvio, Gnocchi with pesto

Presentation: Keynote speaker: Greg Louganis

Learn more about Open Door by joining us April 12, 2014.

Tickets are \$50 per person with limited seating available.

For Tickets and more information please go to <http://www.opendoorclinic.org/new-beginnings/>.

INSIDE THIS ISSUE

2

AGING WITH HIV:
THE GRAYING OF
AIDS IN AMERICA

3

NEW HEALTH PLAN?
TIPS ON HOW TO
GET YOUR HIV
MEDS ON TIME

3

YOU ARE WHAT YOU
EAT

4

OLDER AGE ASSOCI-
ATED WITH BIGGER
INCREASES IN VITAL
LOAD

4

CAC SHOWS
APPRECIATION

4

CAC
BOWLING
OUTING

5

ALCOHOL ABUSE
LINKED WITH POOR
ADHERENCE IN HIV/
AIDS PATIENTS

5

THE SUGGESTION
BOXES ARE FOR
YOU

6

BREAKING THE SI-
LENCE ON MY STUG-
GLE WITH HIV MEDS

6

APRIL
EVENTS



Aging With HIV: The Graying of AIDS in America

Thebody.com

To mark National HIV/AIDS and Aging Awareness Day on September 18th and National Gay Men's HIV/AIDS Awareness Day on September 27th, amfAR looks at the issues faced by long-term survivors of HIV, many of whom are members of the AIDS Generation -- gay men who came of age in the 1980s and 1990s.

By 2015, nearly half of the 1.2 million Americans living with HIV will be over the age of 50, according to the Centers for Disease Control and Prevention, and while a growing number of new infections are among people over 50, the majority of people aging with HIV are long-term survivors. Many are gay men, infected as they came of age in the 1980s and 1990s, who never expected to reach middle age, and who watched many of their friends die in the prime of their lives. They are known as the AIDS Generation. "Because of the high mortality linked to AIDS before we had potent treatments, many friends and spouses are not alive to help," says Jeffrey Laurence, M.D., amfAR's senior scientific consultant for programs. "And HIV itself, despite effective treatment, is linked to a heightened state of inflammation and accelerated aging."

Due to that accelerated aging, people with HIV often develop conditions associated with aging at a higher rate and an earlier age than those who are HIV negative. These include cardiovascular disease, cancer, neurocognitive problems, and chronic respiratory, liver, and kidney disease. They are also more vulnerable to osteoporosis caused by the long-term use of antiretroviral medication.

The medical community is only beginning to understand how best to treat these non-AIDS-related conditions in conjunction with HIV. "Robust support for a strong research agenda will be crucial to understanding and addressing

these challenges," said Rowena Johnston Ph.D., amfAR's vice president and director of research, while testifying at a Senate Special Subcommittee on Aging hearing held on National HIV/AIDS and Aging Awareness Day titled Older Americans: The Changing Face of HIV/AIDS in America. "However, although the U.S. has long been recognized as the world leader in biomedical research, stagnant funding -- which translates into actual funding reductions when adjusted for inflation -- imperils U.S. leadership and jeopardizes future life-saving

research advances."

Additionally, mental health is a large concern among those aging with HIV. A 2006 survey of New Yorkers over 50 living with HIV, performed by the AIDS Community Research Initiative of America, found that 70% lived alone, and that two-thirds suffered from depression. Many members of the AIDS Generation report symptoms similar to post-traumatic stress disorder due to their experiences during the early years of the AIDS crisis, and many say that they feel abandoned by the gay community and the gay organizations they helped found at that time. All of this causes increased risk of substance abuse, suicide, and other health complications.

"Watching the gay rights move-

ment turn its back on the issue that has defined our lives -- HIV/AIDS -- and almost act like it never happened, compounded the mental health issues for many people," says Peter Staley, a member of the AIDS Coalition to Unleash Power (ACT UP) in the 1980s, and a current member of the Medius Working Group, which was founded to address the issues of HIV and aging by another early ACT UP member, Spencer Cox, who died earlier this year.

The Medius Working Group held a forum in New York City in May

members of the AIDS Generation, but Staley says that they are not well advertised, and most men do not know they exist. He believes they need to be better publicized -- and that there needs to be more of them. Staley also recommends that groups sponsor social events and establish mentoring programs that pair members of the AIDS Generation with young HIV-positive gay men, a population in which new infections increased 22% from 2008 to 2010. "Lots of young people with HIV are in the closet about it, and they need help, and then there's my generation that feels forgotten, and like we're not being asked to do anything," says Staley.

In May, language addressing both older HIV-positive and LGBT adults was included in an updated version of the Older Americans Act (OAA), which is currently up for Congressional reauthorization. The bill now defines both as groups "with the greatest economic and social need." "The OAA supports a number of programs, and by updating the definition, it tells bureaucrats to specifically reach out to those populations," says Jason Cianciotta, MPA, director of public policy at Gay Men's Health Crisis. "For instance, it tells the National Institutes of Health to invest in research, and the Substance Abuse and Mental Health Services Administration to focus on them when giving grants to organizations that provide mental health services." However, Congress has yet to schedule a vote on the updated bill and whether or not to include the new language.

"We want to think the problem of HIV/AIDS is behind us, which is human nature," says Staley. "Many of us in the AIDS Generation tried to put those years out of mind for many years. It was a traumatic period filled with a great deal of loss. But the problem is, if you ignore it, it's like ignoring HIV in the body -- eventually it catches up with you."



titled *Is this My Beautiful Life? Perspectives from Survivors of the AIDS Generation*. "There was an outpouring of pent-up emotion and frustration that we have been ignored," says Staley, who spoke on the event panel. Members of the Medius Working Group are now working with leaders at several LGBT and AIDS organizations that cosponsored the event to help them develop, or improve, programs that address the need for greater community involvement expressed by attendees the forum.

Many AIDS organizations target the younger and newly-diagnosed, and older men report feeling unwelcome or uncomfortable at the organizations. Some organizations have support groups catering to



Walk for a Cause

On May 24th
in Elgin is the Fox Trot.

Walk for a Cause is for non-profits.

To walk for Open Door the cost is \$12.00.

\$8 of the \$12 comes to Open Door.

If we get 50 walkers we get an extra \$500 from the City of Elgin.

Here is the website:

<http://www.cityofelgin.org/index.aspx?NID=1676>



Free STI Testing

Aurora and Elgin.

Dates:

Aurora:

March 21 & May 19

Elgin:

April 17 & June 19



New Health Plan? Tips on How to Get Your HIV Meds on Time

From TheBody.com

If getting your HIV medications on time through your new health insurance plan worries you, you may have to take a more active role in making sure you get your meds into your hands. With many people in the U.S. changing to new plans under the Affordable Care Act, getting on to Medicaid or having to deal with mail-order pharmacies, there are several ways to make sure you don't experience an interruption in your medication regimen, outlined in a new fact sheet from HIVhealththreeform.org.

The five tips are:

Plan ahead and get a refill before switching plans. "Give yourself some extra time to make sure everything is working by refilling your medications *before* you make the switch to a new health plan," the fact sheet says.

Consult your state AIDS Drug Assistance Program (ADAP). "Many [ADAPs] can step in and provide coverage in a pinch, especially if you are leaving ADAP for Medicaid or private insurance," the fact sheet says.

Talk to your pharmacy.

"Many local pharmacies can provide 'bridge supplies' to make sure you get your meds. Two pharmacies, Walgreens and CVS Caremark, announced special transition plans, and others may have similar policies in place," the fact sheet says.

Check out co-pay assistance programs from HIV drug companies. "If you can't get help from your pharmacy, or can't afford the costs of medications, a pharmaceutical manufacturer assistance program may be able to help," the

fact sheet says.

Contact your health care provider. "Remember, you're not alone," the fact sheet notes. "Your health care provider and case manager are there to help you if you can't get medications."

It is of utmost importance to stay on schedule in terms of HIV medication. You are the best advocate for your health, and that sometimes means having to do more work. What are some ways you make sure to get your meds on time? Share them in the comments section.

You Are What You Eat!

From TheBody.com

The natural beauty that exudes from a person who is healthy in mind, body, and spirit cannot be duplicated with cosmetics, pills, or surgery.

Food plays a major role in our mood, memory, and cognitive function. While some foods are believed to contribute to brain health, others are more likely to increase brain decline. For example, saturated and hydrogenated/trans fats (in processed foods), especially in combination with simple, refined carbohydrates (i.e., sugar) increase the risk of heart disease and diabetes. In addition, they cause inflammation in the body and the brain.

So, what can we eat for optimum health?

The first thing we can do is decrease the amount of food that we intake. Calorie restriction has been shown to be the most effective means to retard aging, including brain aging. It wards off obesity, and it lowers the risk of Alzheimer's Disease.

Secondly, what are the foods that will keep us healthy in mind, body, and spirit?

Colorful Fruits and Vegetables and the Juices Made From Them

Sweet potatoes, corn, yams, carrots, lima/butter beans, peas and lentils have a low glycemic index

(GI). This means that they are slow in raising blood glucose levels.

Broccoli. One medium stalk of broccoli contains more than 100% of your daily vitamin K requirement and almost 200% of your recommended daily dose of vitamin C: two essential bone-building nutrients. The same serving also helps stave off numerous cancers.

Avocados are rich in healthy, satisfying fats proven in one study to lower cholesterol by about 22%. One has more than half the fiber and 40% of the folic acid you need daily, which may reduce your risk of heart disease.

Blueberries have one of the highest anti-inflammatory/antioxidant capacities of all fruits and vegetables.

Other good fruits are strawberries and other berries, apples, mangos, citrus fruit.

Whole Grain and Fiber-Rich Foods

Whole wheat breads and pasta, oats, barley, bulgar have a low glycemic index.

Low-Fat and Fat-Free Dairy Products

Yogurt, low fat cheese and milk are good options.

Lean Meats, Poultry, Fish, Eggs, Beans, Nuts and Seeds

Cold water fish like salmon, halibut, tuna, herring, trout are high in omega-3 fatty acids which have

been linked to a reduced risk of depression, heart disease, and cancer. They have antioxidant properties and stimulate the immune system. They also "protect" the brain.

Walnuts and almonds are good antioxidants and may help reduce cholesterol.

Curcumin is found in the yellow curry spice.

Turmeric is high in antioxidant and anti-inflammatory activity.

Olives, canola oil, avocado and grapeseed oils are high in omega-9 fatty acids.

Flaxseeds, sesame seeds, and soybeans are phytochemicals that protect the brain and immune system.

People in the Mediterranean and Japan eat the healthiest. In the Mediterranean "Diet", it is recommended that red meats and simple sweets should only be eaten occasionally.

In 1993 the "DASH Diet" was introduced by the National Institutes of Health to control and prevent hypertension. But now, it has now been shown to reduce the rate of cognitive decline in the elderly, improve the immune system, and provide for overall health and well-being. It is rich in fruits, vegetables, whole grains, and low-fat dairy foods; includes meat, fish, poultry, nuts and beans; and is limited in

sugar-sweetened foods and beverages, red meat, and added fats. In addition to its effect on blood pressure, it is designed to be a well-balanced approach to eating for all Americans.

It is important to eat foods that are organically grown and from cage and range-free animals. These foods have been proven to have the highest nutrient content and are high in antioxidant and anti-inflammatory effects.

As we all know, diets do not work. It is an overall healthy eating plan that will support a long and healthy life filled with energy and spiritual growth.

According to Pedram Asadi, Ayurvedic Practitioner at the Westwood Wellness Center, "You don't have to completely eliminate something from your diet that you enjoy or crave. Just eat or drink it in small amounts, and supplement other healthy foods that will keep you in balance."

Research documents the fact that all of the millions of cells in our body "think". They are intelligent and pass information to our brain. So, that "gut feeling" that you have really is coming from your stomach! We need to listen to our body. It will tell you what you need for optimum health and wellness.



Positive Mental Health group: Wednesdays, 12-1pm

Wednesday, April 2 – Dealing with anxiety

Wednesday, April 9 – Maintaining a healthy attitude

Wednesday, April 16 – Disclosure

Wednesday, April 23 – Managing stress

Wednesday, April 30 – Goal setting



Older age associated with bigger increases in viral load and falls in CD4 count in patients not taking HIV treatment

Michael Carter

Results of a large observational study underline the importance of closely monitoring viral load in HIV-positive patients who have yet to start antiretroviral therapy, especially if they are older. The research is published ahead of print in the online edition of *AIDS*. Viral load increased progressively with time, and increases were especially sharp in older patients. Falls in CD4 cell count were closely related to current viral load.

"The current viral load, to a much greater degree than any previous measure, determines the ongoing rate of CD4 count depletion," comment the authors. "Age was significantly associated with the change in viral load. Faster rises were observed in older people."

In people who are antiretroviral naive (have not started HIV treatment), HIV infection usually involves a steady increase in viral load accompanied by a fall in CD4 cell count. If HIV therapy is not started, this leads to the development of opportunistic infections and AIDS-related

death.

Routine HIV care should therefore involve the regular monitoring of CD4 count and viral load. However, there are ongoing uncertainties about the precise rate of viral load increase in treatment-naive individuals and the relationship with falls in CD4 count. It is also unclear if co-factors such as age, sex and HIV transmission category are associated with faster changes in these key prognostic markers.

A clearer understanding of these important questions is needed to better inform decisions about the best time to start HIV treatment. Investigators from a collaboration of 36 European cohort studies (COHERE) therefore analysed paired CD4 and viral load measures from 34,384 antiretroviral-naive adult patients who received care between 1984 and 2011.

The patients contributed total of 158,385 paired measurements. The median age at baseline was 34 years. Approximately three-quarters (73%) of participants were men, 34% were white and 12% acquired

HIV via injecting drug use. Median CD4 count and viral load at baseline were 477 cells/mm³ and 10,000 copies/ml, respectively.

Viral load increased by a mean of 0.091 log₁₀/copies/ml each year. This was accompanied by a mean fall in CD4 count of 78 cells/mm³ per year.

Increases in viral load were significantly greater ($p < 0.001$) in older patients. Each ten-year increase in age was associated with an additional 0.022 log₁₀/copies/ml annual increase in viral load.

Overall, there was no association between sex, race or injecting drug use and viral load increase. However, there was some evidence of an age-sex interaction ($p = 0.03$). Viral load increased by a mean of 0.16 log₁₀/copies/ml each year in women aged 55 and over, compared to a mean increase of 0.11 log₁₀/copies/ml among men in this older age group.

Current viral load was the strongest predictor ($p < 0.001$) of CD4 decline. Each additional 1 log₁₀/copies/ml increase in viral load was associated with a fall in CD4 cell count of 38 cells/

mm³. Strikingly, the mean annual change in CD4 count was a fall of just 5 cells/mm³ among patients with a viral load below 200 copies/ml, compared to a drop of 225 cells/mm³ per year for patients with a viral load above 1 million copies/ml. Age was a significant factor ($p < 0.05$) in the rate of CD4 decline, mean count dropping by an additional 1.7 cells/mm³ per year for each ten-year increase in age. Sex, race and injecting drug use were not associated with CD4 decline, nor was there any evidence of an interaction between these factors.

"In our study, we found in ART-naive individuals, faster viral load rise was associated with older age and faster CD4 depletion was strongly associated with a higher current viral load," conclude the investigators. "These estimates, which largely confirm previous observations, also provide further data on factors associated with the natural course of HIV infection and, in particular, allow precise characterization of the mean rate of CD4 decline to be expected according to current viral load level."

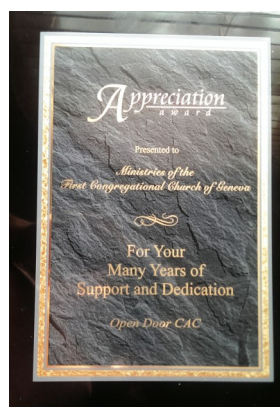
CAC Shows Appreciation

In February and March the Open Door Client Advisory Committee (CAC) presented the Ministries of First Congressional Church of Geneva and the Flower Basket in Aurora with a Appreciation Plaque for the donations and there support in the past years to the CAC in helping them make the social events that they sponsored and or supported to help make the events a great success for the clients of Open Door.

These two groups of people are a blessing to the CAC and to the clients of Open Door they have gone above and beyond what anyone or any group would expect to help make a

difference in lives with people who and affected by HIV/AIDS.

We want to say
THANK YOU
For your dedication.



CAC Bowling Outing

On March 02, 2014 the CAC hosted their bowling outing in St. Charles Bowl in St. Charles. They provided two hours of bowling and shoes for the clients of Open Door and their kids under 12.

Family and friends were invited to join in on the fun for \$5.00. With bowling the CAC provided everyone with food and drink and most importantly a very good time.

If you have thought about attending a CAC event it is never too late to join us and experience a good time with friends and family.

The CAC puts on about five events during the year and there is NO cost to the clients and if you need a ride we will do what we

can to connect you with someone that will be happy to give you a lift. All you need to do is to contact your Case Manager or the Peer Navigator.

The CAC is excited to put these events on for the clients at Open Door, so that you the client can socialize and make new friends that might be experiencing the same things that you might be experiencing.

So look for flyers at the clinics and announcements in the news letter. If you would like to receive the newsletter via email please email deanbnewsletter@yahoo.com, and we will make sure that you get each month.

Hope to see you at the next CAC event.



Alcohol Abuse Linked With Poor Adherence In HIV/AIDS Patients

From CDC National Prevention Information Network

Pharmacy Times reported on a study that linked alcohol abuse with nonadherence to HIV/AIDS therapy. The researchers conducted a cross-sectional survey with 468 drug users and 648 nondrug users from seven clinics in Vietnam to investigate the relationship be-

tween alcohol use disorders, antiretroviral treatment (ART) adherence, and health-related quality of life among HIV/AIDS patients.

Results showed that 35 percent of drug users and 25.9 percent of nondrug users were hard drinkers. Of the drug users, approximately 22 percent were binge drinkers and 25.9

percent had poor ART adherence. Binge drinkers and those at risk were twice as likely to have poor adherence as those participants who did not use alcohol. The hazardous drinkers or binge drinkers had lower quality-of-life scores than safe drinkers.

The researchers suggest screening and interventions to

help alcohol abusers improve their ART adherence.

The full report, "Associations Between Alcohol Use Disorders and Adherence to Antiretroviral Treatment and Quality of Life Amongst People Living with HIV/AIDS," was published in the journal BMC Public Health (2014; doi:10.1186/1471-2458-14-27)

The Client Advisory Committee (CAC) Wants YOU

The CAC is looking for a few clients that want to make a difference.

We meet every other month, plan and host events during the year for clients and their families.

We prefer that you have transportation but it is not a requirement,, dedication to help other clients and most important likes to have fun.

If interested Contact Dean B at

deanbnewsletter@yahoo.com or your case manager.

OR talk to a CAC member.



The Suggestion Boxes Are For You

There are suggestions boxes in each clinic for the clients to use.

How you ask?

If you have an idea to improvement in the clinic.

If you have a praise to a staff member.

If you have a concern of any kind.

If you just want to say something.



All you have to do is write it on a piece of paper, you can put your name on it or not it is all up to you. And put it in the box. The CAC will see what it is and make any recommendations to the staff.



We want your experience at the clinics to be a GREAT one but if we don't know what your ideas or concerns are and we can't keep doing the great things going. So the CAC and the clinic staff can't this if it wasn't for YOU.

Breaking the Silence on My Struggle With HIV Meds

From TheBody.com

It has been over a year since I have written a blog. Why should I? What allows me to sit here and continue writing about life with HIV when I face so many struggles every day? No one wants to hear about my crap, right? Everyone wants to hear me tell my peers to take their meds and be safe right? How can I tell anyone to take meds and to take care of themselves when I have been struggling with it myself? Who am I to tell someone to be med compliant when I have built a resistance against Atripla because of my own foolishness?

As I sit here in my living room staring at these bottles of pills on the table it hit me. This is exactly what my peers need to hear. THE TRUTH. How can I blog about RAW TALK when I am too worried about "what I should be saying", instead of just saying exactly what should be said, THE TRUTH!

I am all for the "This is no longer a death sentence" campaign, but I think some of my peers need to hear the other side of this as well. HIV is not a death sentence, but that applies to those who take care of their bodies and take their medicine as prescribed. At 21 years old I didn't have to care about my health. I could eat what I wanted, go without sleep for as long as I could handle, not exercise, no prostate exams or checks for anal cancers, and I could continue this lifestyle for years. My health wasn't important until I got old, right? So at 21 years old how am I supposed to go from such carefree behavior to being told that I'm to take these pills EVERY DAY FOR THE REST OF MY LIFE!

But I was ready. I have people to please, people that follow what I am saying so I have to be ready to set

the example. So I started the medicine. At first it was OK. I was able to take them every day without thinking about it. Most days I forgot I even had HIV until it was time for me to take those pills. Then those days started to become more frequent. Then I started to resent those pills. For me those pills were a constant reminder that I AM LIVING WITH HIV.

Every night I began to replay the day I slept with my ex, him lying to me about being positive, the fact that I infected someone else, the thoughts that I may one day die from whatever opportunistic infection takes over my body. F*** THESE PILLS! I would rather not take them and forget that I even had this than to go every night facing my mistake.

This was my way of thinking for a while. I was asked to speak in Chicago on life with HIV and when I was done I sat down with a few counselors and began to confide in them. I told them my struggle with taking my medication. The reaction was unexpected. I was talked down to like a huge hypocrite, and given the "You know better" speech. But one counselor in the group didn't do that. She actually broke it down for me in a way that made me feel like she understood. She told me that HIV is invisible to my eyes, but the pills are something I can see. Even though the pills are here to help me I still resent them. This is because instead of looking at the pills as a means of help I have turned the pills into HIV and that's why I won't take them. This made so much sense to me, but it only helped temporarily.

I went off the meds again. Constantly moving, chasing money to care for my children, picking up jobs where I could provide HIV education. Each time I would move I would leave my kids with my mother

who lived right across the street from the school. I didn't want to bring so much instability into their lives.

While doing an assignment in Baltimore, Md., I stayed with a friend who was also HIV positive. We would remind each other to take our medicine so this helped me stay on track. My friend was evicted from his home and that left me sleeping in my car. I moved in with an associate who had no idea I was HIV positive. This was an awkward situation for me. I am very open with my HIV status but now I was living with this man who I had heard on many occasion express his fear of HIV positive people. I did not feel like this was a moment for me provide the education needed either. I wanted a place to live and that's what was at the front of my mind! So where would I hide my pills. My mother was mailing me prescriptions from Michigan at my previous address. For fear of them finding out I chose to come off my meds again.

In 2012 a friend of mine passed away from complications of AIDS. He was around my age. This struck enough fear in me to get back into care. This won't be easy but I am going to try this again. I truly understand why it is so hard for people my age to be med compliant. Unstable living conditions, fear of unwanted disclosure, just not being ready yet, the constant reminder of the virus. It is very hard! This is something I would want all HIV counselors to understand. Client-centered counseling doesn't mean that we force our ideas about the meds on people or when we think they should start. We should really try to understand the complications the person may face and then work with that client to get them to the right mental place.

APRIL EVENTS

- 02 - Positive MH Group - Dealing With Anxiety 12p-1p
- 03 - Happy Birthday Barb C (E)
- 04 - HIV/AIDS Activity Education Group 4p-6p (A)
- 06 - Happy Birthday Phyllis S (A)
- 06 - Happy Birthday Lynne K (E)
- 08 - Happy Birthday Michael B (CAC)
- 07 - Substance Use Group 11a-12p (A)
- 07 - Smoking Cessation Group 1p-2p (A)
- 08 - Happy Birthday Michael B (CAC)
- 09 - Positive MH Group Maintaining a Healthy Attitude 12p - 1p
- 09 - Making Stress Work for You 12:30p - 1:30p (W)
- 11 - HIV/AIDS Activity Education Group 4p-6p (A)
- 14 - Substance Use Group 11a-12p (A)
- 14 - Smoking Cessation Group 1p-2p (A)
- 14 - Game Night 4p - 6p (W)
- 16 - Positive MH Group Disclosure 12p - 1p
- 18 - HIV/AIDS Activity Education Group 4p-6p (A)
- 21 - Newsletter to Clinics
- 21 - Substance Use Group 11a-12p (A)
- 21 - Smoking Cessation Group 1p-2 p (A)
- 21 - HIV/AIDS Activity Education Group 4p-6p (A)
- 23 - Positive MH Group Managing Stress 12p - 1p
- 20 - Newsletter Articles Due
- 25 - Happy Birthday Marcos B (E)
- 25 - HIV/AIDS Activity Education Group 4p-6p (A)
- 25 - Bingo Night 4p - 6pm (E)
- 28 - Substance Use Group 11a-12p (A)
- 28 - Smoking Cessation Group 1p-2p (A)
- 28 - Game Night 4p-5p (W)
- 30 - Happy Birthday Michael L (CAC)
- 30 - Positive MH Group Goal Setting 12p - 1p

**IF YOU ARE INTERESTED
IN GETTING THE OPEN
DOOR CLINIC'S
MONTHLY NEWSLETTER
VIA E-MAIL OR HAVE ANY
TOPICS THAT YOU
WOULD LIKE TO SEE IN
THE NEWSLETTER.**

**PLEASE EMAIL ME AT
deanbnewsletter@yahoo.com**

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