

# NEWS & VIEWS

## Counseling Helps HIV Patients Stick to Treatment

Thebody.com

University of Pennsylvania in Philadelphia researchers report that HIV-infected patients who participated in a year-long, personalized counseling program, Managed Problem Solving, were more likely to adhere to treatment and have undetectable viral loads than HIV-infected patients who did not participate in the program. The Managed Problem Solving program consists of 16 meetings—four face-to-face sessions supplemented by monthly reminder phone calls. The program's aim is to help HIV-infected patients identify and resolve barriers to treatment adherence. According to Robert Gross, MD, HIV-

infected patients might not stick with drug schedules because of low health literacy, lack of social support, substance abuse, depression, or the complexity of their daily drug regimen.

The study recruited 180 patients from academic specialty HIV clinics to participate in the Managed Problem Solving program. Most of the participants (85 percent) were black, and 60 percent were men. Twenty-six percent of participants indicated drug use, and 17 percent indicated "hazardous" alcohol use. Almost half of participants (40 percent) had no experience with HIV treatment.

Previous studies have established that interventions that improve adherence to HIV treatment are cost-effective if implementation of the intervention costs less than \$1,000 annually; Gross asserted that the labor-intensive Managed Problem Solving program meets this standard. Program counselors must have a college degree and experience with patient care. The annual salary for each counselor was \$50,000, but each counselor devoted only 15 percent of their total effort to following 20 study participants throughout the year. Expenses also included an annual \$150 cost for pill-bottle monitors.

## Hepatitis C Linked to Tattoo Ink

Thebody.com

Fritz Francois, M.D., a researcher from New York University Langone Medical Center, reports that people with hepatitis C are four times more likely to have tattoos, regardless of other risk factors. The estimate is based on a study of 2,000 hepatitis C-infected people who had not received a blood transfusion before 1992 or reported a history of injecting drugs.

According to CDC, 3.2 million people in the United States have hepatitis C, although some may not

realize it because they have not yet developed symptoms. Injected drug use is responsible for 60 percent of new hepatitis C diagnoses each year; 70 percent of those infected develop chronic liver disease, the leading U.S. cause of liver transplants and liver cancer. CDC reports that 20 percent of hepatitis C-infected people say they have no history of injected drug use. A 2012 Harris poll estimated that 20 percent of people have a tattoo.

CDC spokesperson Scott Holmberg, M.D. recommends that

people who want to be tattooed go to a trained professional for piercings or tattooing. Because there are no federal regulations for tattoo parlors and standards vary from state to state, Francois urges people to research tattoo parlors carefully. According to the Alliance for Professional Tattooists, it is important to find a tattooist who uses disposable gloves, "a clean workspace without blood spatters, and single-use, disposable needles."

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## Fact Sheet: Undetectable Viral Load

The Body.com

The term "undetectable viral load" pops up everywhere from lab reports and medical journals to social media and dating apps.

Here are some key terms and concepts to help HIV-positive and HIV-negative folks understand and explore what "undetectable" means.

### Key Terms

**HIV.** HIV is the virus that causes AIDS. HIV hijacks cells in your immune system and uses them to replicate (make more copies of itself), destroying those cells in the process.

**Viral load.** Viral load refers to how many copies of HIV are present in a milliliter sample of blood. Viral load testing is a way to estimate how much HIV is in the blood. It is used to monitor immune function and see how well HIV treatment is working.

**Antiretroviral therapy (ART).** ART involves taking medications to keep the virus from replicating in an HIV-positive person's cells. These drugs thereby decrease viral load.

**Undetectable viral load.** When copies of HIV cannot be detected by standard viral load tests, an HIV-positive person is said to have an "undetectable viral load." For most tests used clinically today, this means fewer than 50 copies of HIV per milliliter of blood (<50 copies/mL). Reaching an undetectable viral load is a key goal of ART.

**PrEP.** Short for "pre-exposure prophylaxis," PrEP is an HIV prevention strategy in which HIV-negative people take an oral pill once a day to reduce their risk of HIV infection.

**Being Undetectable: Good News**

**You can live a healthier and longer life.** Using ART to reach an undetectable viral load means that there is less HIV in your body. Less HIV means less damage to your immune system, allowing you to stay healthier and live longer.

**You can reduce HIV transmission risk.** Studies have shown that HIV-positive people who use ART can reduce the likelihood of transmitting the virus to their HIV-negative partners by as much

as 92-96%. More people on effective treatment and with their virus in check means more HIV infections are prevented -- an approach called "treatment as prevention."

**A Few Words of Caution**  
**"Undetectable" does not mean "cured."** An undetectable viral load means that so few copies of the virus are present in the blood that today's monitoring tests are unable to detect them. Even with an undetectable viral load, however, an HIV-positive person still has the virus.

**It's not impossible to transmit HIV.** Your viral load can fluctuate between monitoring tests. This can happen for no known reason, or when you have a sexually transmitted infection like Chlamydia or gonorrhea, or when ART doses are missed. During these viral load "blips," the chance of transmitting the virus may be higher. Also, viral load tests only monitor the amount of HIV in the blood, not in semen or vaginal fluid. We do not yet know how much virus needs to be present in body fluids for transmission to be possible.

**Findings are largely from heterosexual couples.** The studies that established ART treatment as effective at reducing HIV

transmission by 92-96% focused almost exclusively on heterosexual couples. More research is needed to assess whether suppressed viral load has identical benefits for gay and bisexual men and people who inject drugs.

**New HIV infections continue to increase among gay and bisexual men.** Despite the availability of ART and high levels of viral suppression, HIV incidence (the rate of new infections) is rising among gay and bisexual men, for reasons that researchers are investigating.

While suppressing the virus to undetectable levels has clear benefits for both HIV-positive and HIV-negative people, treatment as prevention is just one strategy for preventing new HIV infections. Other essential tools for HIV prevention include condoms and lube, sterile syringes for people who inject drugs or hormones, PrEP for HIV-negative individuals, regular HIV testing, self-education about HIV and sexual health, and open communication with sex partners.

## New Piece of information Puzzle Uncovered; Discovery Describes How Immune Cells Die During HIV Infection

Two separate articles published simultaneously today in Science and Nature magazines further describe our understanding of how and why a large number of CD4 cells die during HIV infection. The results from this research -- conducted by Dr. Warner Greene and other scientists at Gladstone Institutes/UCSF -- show that a chain of events through a certain pathway at the molecular level is responsible for the death of a large number of CD4 cells and progression to AIDS.

The discovery comes in two parts. The first identified a human protein called IFI16 (interferon gamma inducible protein 16) that can sense HIV genetic material found in those immune cells that are "partly" infected but don't produce more HIV. This research is covered in the

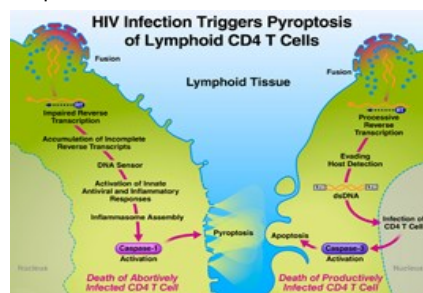
article in Science magazine.

The second part showed how this sensing can trigger another human protein, caspase-1, to lure more CD4 cells to lymph tissues. This eventually will cause a process they call proposes, or a highly inflammatory form of cell

death. This part is covered in the article in Nature magazine.

Gladstone's ex vivo research was done by taking lymph tissue (tonsil and spleen) from HIV-positive people not on treatment and conducting a range of experiments in the lab. These results build

upon previous research from 2010 of how HIV tries to productively infect immune cells but fails to do so. For example, a



CD4 cell has some HIV DNA in it but doesn't produce more HIV. In an effort to protect the rest of the immune system, these "partly" infected cells go on to rupture and die, sending inflammatory signals that attract more cells. This then continues a cycle of cell death, leading to HIV disease progression.

The research team goes on to state that they've also identified an

anti-inflammatory medication that interrupts the process of this heightened cell death. The drug helps prevent caspase-1 from alerting more CD4 cells to accumulate, thereby preventing pyroptosis. The drug was identified as the compound, VX-765.

"This is an exciting finding in HIV basic science from an early Phase I study," remarked Alan McCord, director of education. "However, this is not the place to start experimenting with taking anti-inflammatories in hopes that it will stop the progression of HIV disease or even that an aspirin a day is a replacement for taking HIV medications. We need to wait and see what the results from the Phase II study are before knowing what all of this means for people living with HIV."

## Creating Your Vision for the Coming Year

From TheBody.com

As the old year rolls over, it's natural to review how well our lives have functioned during the past 12 months. Many of us take the opportunity to make resolutions about changing our behavior. These often concern diet, getting to the gym, or cutting back on other things that might not contribute to our health. This well-intentioned exercise often collapses, falling away within weeks (or even days) as our resolve and the routines of daily living once again intrude into our hope that this year will be different.

Any successful change that truly improves and nurtures our lives needs to be integrated into new routines. For example, it's not enough to go on an extreme diet and lose a few pounds. Eventually, our bodies will surely scream and draw us back into our old eating patterns. The same is true for budgeting, meditation, exercise, or any other new year's resolution. We need to be able to create goals that are manageable, realistic and, in the long run, worth the effort.

I have found that this is best accomplished by sitting down and creating a vision for ourselves rather than designating new resolutions. Sometimes, at the beginning of a year, we have moments of

clarity and realize we are walking through each day without truly having a plan. Weeks and months can slip by as we move through our lives largely unconscious, that is, without direction. I believe that living with HIV makes us particularly susceptible. It is easy to become consumed by taking (or even acquiring) our medications, doctor visits, and managing the health care system. Add to this the emotional effects of living with the virus, from depression to a sense of hopelessness ("why bother?"), and it's easy to see how months and even years can pass while we just tread water, hopefully not falling behind, but rarely moving forward.

One way to approach this, particularly as we begin a new year, is to make an annual review. We can ask ourselves what went well this last year, and conversely, what didn't go well? Like any self inventory, honesty delivers great benefits in this process. If we can truly examine those areas where we could have done a little (or a lot) better, we will be able to map out ways in which we can change our behavior and reap the benefits.

Once we have this important information, it can be converted into a vision, a very real idea of how one's life might look and feel if certain

changes were made. I encourage my clients to follow this process by creating a vision for themselves in several life areas, including the creation of measurable goals.

This vision process can focus on any number of categories. One might concern friends and family. For example, one could ask, "Was I a good friend this year?" Maybe calls and messages went unreturned for days and, consequently, people that might be important in one's life drifted away. This year, one might work on being a better friend, including returning calls the same day.

Perhaps the vision concerns one's career. A client of mine has been feeling frustrated for several years. Her health is stable, but she is bothered by feeling unproductive. Her plan for 2012 is to look into nursing education programs and complete any prerequisites she needs before she can enroll. It's a long-range plan and she certainly won't be a nurse in 2012, but she will be well on her way.

Other people utilize this process to focus on creativity. One acquaintance who makes jewelry wants to create a website and really take a shot at getting his beautiful pieces out into the world. Another is creating a vision where she can incorporate meditation time

into her day to improve her health. Yet another, tired of emotional pain, has committed to taking steps to address and heal old hurts.

In every one of these cases, the commitment is not a quick fix, nor is it unmanageable or impossible. Each person has committed energy toward taking realistic steps that will make truly meaningful changes in their lives. Remember that nothing can happen if we can't imagine it, and the spark of this imagination begins by creating a vision for yourself. There are many things in life that we cannot control, but there are many more over which we can assert influence. This may be the perfect time to take charge of a troublesome area in your life.

There is one final piece that I believe is useful in this process. That is to create a theme for the year. This concept is familiar from Chinese cosmology. 2012, for example, is the year of the dragon. In our own lives, it could be the "Year of Transition," or the "Year of Emotional Healing," or even the "Year of Giving Back." Give yourself some quiet space, allow your vision to become clear, and take action. What will your theme be this year?



## BOWLING

Its time to **stop** hibernating; come join us for some fun and food with old and new friends.

### COST:

- **FREE** to Clients and their kids 12 & under
- **\$5.00** for family & friends
- Includes shoes & 2 hours of bowling
- Food & drink will be provided.



Space is limited so please **RSVP** by **February 24, 2014** to your Case Manager

Date:  
**March 2, 2014**

Start Time:  
**1:00pm**  
Please Arrive at 12:30pm

Location:  
**St. Charles Bowl,  
2520 W Main St.  
St. Charles IL  
60174**



## Six Reasons Why People Skip Their Meds

From TheBody.com



We all know why it's important to take your HIV medications every day. It

keeps the virus in check, keeps you healthy and decreases your chances of becoming resistant to the meds.

But let's face it: For most people, taking HIV medications every day as prescribed isn't the easiest thing to do.

And anyone who says otherwise is lying. The reality is that everyday life brings with it obstacles that can block the way between you and your meds.

Read on for a quick run-down of some of the common reasons why people skip their meds.

**"Honestly, it just slipped my mind."**



How many times have you looked up and exclaimed, "Darn, I

forgot to take my meds!" This happens more often than people admit. But remembering to take your meds is the key to compliance.

The key to remembering is tailoring your meds to your schedule. It's like the saying, "Nobody is forgotten when it is convenient to remember him." In order to remember to take your meds, you have to have a

system that works with your routine, not against it. **"I can't always afford my meds."**



Not all interruptions in treatment are based on things

that you can control, especially when it comes to your cash flow. Whether you have lost your job and with it your health insurance; you never had health insurance; you don't qualify for government assistance; you were booted to the AIDS Drug Assistance Program (ADAP) waiting list; or your insurance doesn't cover the entire cost of your meds, being able to pay out of pocket can cost thousands a month. Those who don't have that kind of cash may find themselves going without.

This issue may not be fixable, but talk to your case manager about patient assistance programs to see what your next steps should be.

**"My side effects are out of control."**



Side effects suck -- it's really that simple. Not everyone will experi-

ence them, but some will. And whether it's vomiting, diarrhea, wild dreams, nerve damage, higher cholesterol lev-

els, lipodystrophy or depression, side effects can seriously impact your motivation to adhere to your medications.

The key is to be knowledgeable and know what to expect before you start treatment. Also, ask your health care provider how to manage minor side effects if they arise. If you do experience some side effects and they are intolerable, don't just quit your treatment altogether. Speak to your health care provider about other alternatives and the possibility of switching your regimen to something else.

**"My housing isn't always stable."**



In the 2010 doc-

umentary *The Other City*, one of the most heartbreaking moments was when J'Mia Edwards, an HIV-positive mother of three who was struggling to maintain her Section 8 housing, looked into the camera and said, "I need an apartment. My housing is my prevention."

For people living with HIV who are homeless or who have unstable housing, basic needs (such as food, clothing, shelter and caring for children) often outrank taking their meds. And no one can fault them for that.

Also, having a stable roof over your head means you have a safe place to store your medication and refrigerate it if needed.

**"I have too much going**

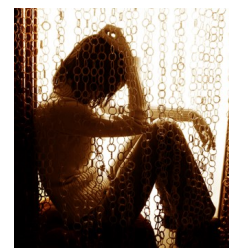


on."

Life doesn't stop because you have been diagnosed with a dis-

ease -- nor do your responsibilities. Whether it's a chaotic work schedule, taking care of loved ones or juggling a job and school, the act of getting your medications refilled regularly and taking your meds consistently is difficult to maintain when so much is expected of you.

But balance is important, especially when it comes to your health. If you can't take care of yourself first, how are you going to be able to take care of your other responsibilities if you get really sick?



**"I'm de-**

**pressed."**

Mental health issues are not uncommon for people living with HIV. Stigma, isolation and rejection can lead to depression and if that depression goes untreated, it can deeply impact your ability to adhere to your medications. Even worse: Depression in the HIV community is massively under diagnosed.

HIV care providers need to step up and screen better for mental health issues. But that doesn't mean that you can't open up and talk to your provider about how you are feeling emotionally,

## An Almost Normal Life Expectancy for People With HIV?

AIDSMEDS.com

First the good news: People with HIV may enjoy life spans close to normal if they are on antiretroviral therapy, maintain low viral loads and CD4 counts above 350, are not coinfecting with viral hepatitis, and are not injection drug users, according to a new study from the United Kingdom, aidsmap reports. Furthermore, those who survive past 60 may have life expectancies that surpass normal, thanks to the better overall health care monitoring they experience compared with the general population. Now the not-so-good news: An Australian study questions how solid such

projections may be in the face of successive therapies failing over time, even in resource-rich countries. Both studies were presented at the 11th annual International Congress on Drug Therapy in HIV Infection in Glasgow.

The projections on life expectancy derive from the U.K. Collaborative HIV Cohort (UK CHIC) study, which is a database of 43,000 patient records collected from 20 of the United Kingdom's largest HIV clinics. UK CHIC's Margaret May, PhD, examined mortality data concerning people who began taking antiretrovirals (ARVs) after age 20 between 2000 and

2008, and she tracked them until 2010. As data points, the study took each patient's CD4 count and viral load just before starting therapy and compared them with the last CD4 and viral load figures for each subsequent year. Final results were expressed as the number of subsequent years a patient could expect to live past his or her 35th birthday. The study excluded injection drug users.

In general, maintaining a higher CD4 count promised significant extra years of life. Five years into ARV treatment, 35-year-old male patients with counts between 350 and 500 could expect to live to 77—and

to 81 if their CD4 counts were higher than 500. On the flip side, those who fail to develop a suppressed viral load would lose 11 years of life expectancy. And people whose CD4 counts remain below 200 after five years on ARVs could expect to live only to 55 on average.

Meanwhile, scientists at the University of New South Wales in Australia projected that, if current trends of treatment failure continue, people on ARVs may run out of effective therapies after an average of 43 years, with 10 percent of people running through the available options after about 23 years.

## A 15-Year Jump in Life Expectancy for People With HIV

AIDSMEDS.com

American and Canadian people whose HIV is treated with antiretrovirals (ARVs) enjoyed an increase in life expectancy of 15 years between the time periods of 2000 to 2002 and 2006 to 2007. Non-whites and those who began ARVs with a CD4 count below 350 also experienced gains, although they weren't as great by comparison. Researchers studied nearly 23,000 people with HIV who started ARVs between 2000 and 2007. The findings were pre-

sented at the 7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) in Kuala Lumpur, and they were reported by the National AIDS Treatment Advocacy Project (NATAP).

Between 2000 and 2002, the study population's average life expectancy past age 20 was 36 years, meaning they could expect to live to the age of 56. By 2003 to 2005, this figure had risen to 45 years for a total age of 65 years old, and by 2006 to 2007 it had

risen to 51 years, meaning a 20-year-old could expect to live to 71.

By the last study period, men's life expectancy outpaced women's, with a respective 53 and 47 years past age 20. Gay men's life expectancy rose from 53 years past age 20 in the first study period, to 57 years in the second and 69 in the third.

Injection drug users, however, saw no improvement, with respective life expectancies of 29, 31 and 29.

Whites had a relatively stable life expectancy during this period, increasing from 52.7 to 53.6 years between the first and last study periods. Non-whites, meanwhile, enjoyed gains, but not enough to erase a racial divide in life expectancy, with respective figures of 30, 41 and 48 years.

Those who began ARVs with CD4s below 350 lagged behind those who began therapy earlier, with respective life expectancies of 31 vs. 49 years, 41 vs. 59 years and 47 vs. 69 years

## Misleading News Reports Suggest HIV Cure Is Near

AIDSMEDS.com

Numerous news outlets have inaccurately reported that Danish researchers are, according to one publication, "within months" of finding a cure for HIV. These reports concern ongoing, and as-yet-unpublished, research of histone deacetylase (HDAC) inhibitors conducted by a Danish research team. Scientists around the world are studying HDAC inhibitors as a means to flush HIV from the viral reservoir, where it hides from antiretrovirals even during successful therapy.

HDAC inhibitors are drugs historically used for psychiatric or neurologic purposes, including as mood stabilizers and anti-seizure drugs. More recently, they've been researched as cancer-

fighting agents and now as part of HIV cure research.

In their attempt at a cure, the Danish researchers and other non-Danish collaborators are in the middle of a Phase I human trial involving 15 participants.

One of the research team's leaders, Ole Sogaard, MD, a senior researcher at the Aarhus University Hospital in Denmark, said in an email to POZ, "No, I would not say that we are on the brink of an HIV cure, and I can say for sure that I never said that we were. It would have been great if the story had been angled in a less sensational way."

The blame for sparking the inaccurate perception, which is making its way through other global media and the social media

sphere, is a misleading, or perhaps inflammatory, headline in the United Kingdom's *The Telegraph* from April 17 that reads, "Scientists on brink of HIV cure."

The article goes on to qualify this statement through a quote from Sogaard, who said that he felt confident about HDAC inhibitors' abilities to activate HIV from the reservoir, but stated that questions remain about the body's ability to kill flushed virus.

Sogaard, who says the *Telegraph* story had additional errors beyond the misleading headline, qualifies his team's work as "a very interesting trial, which I hope will help inform HIV researchers how to get closer to a cure for HIV. The trial is still ongoing. However, we will present the first

data from the trial at the [International AIDS Society] pre-symposium meeting in Kuala Lumpur, Malaysia, in late June."

The *Telegraph* has since revised the article and the Aarhus University Hospital has issued a correction, in which they wrote, "The authors [of the *Telegraph* story] state that they regret if anyone got the impression from reading the article that there may be a cure for HIV in the immediate future. Like many others, the researchers believe that a cure for HIV is an achievable goal, but most likely it will take many years, numerous basic science discoveries, and several [Phase I and II] trials before a HIV cure may actually be reached."

## Managing Stress Has Set Me Free!

From TheBody.com

Christmas is my favorite time of the year. I adore the holidays. I love the music, the good will and the happy spirits. I like to plan and deliver the gifts that I give to my children. I participate in toy drives with a loving heart and I always try to remember what the season truly is about.

Last year however my medication and all its adjustments got in the way of all of that for me. It was a rotten holiday season and a truly rotten Christmas. I prayed that I would never experience a time like that again. It affected my children, my husband and myself and robbed us of precious memories and the joy of one of the most delightful times of the year.

This year I am so happy to be able to finally realize that I can keep Christmas on track. It's not the HIV or advanced

symptoms of AIDS or the drugs that can rob me of my pleasures, it's me. Little old me. If I control my stress levels and really monitor my exposures to stress in all areas of my life then I allow myself to find the moments that bring me not only peace and joy and hope and love, but calmness and tranquility as well. This in turn helps my immune system to fight harder against my virus. It helps me to stay more healthy and helps me to slowly battle the disease that slowly is trying to kill me. If I can control my stress, I know I will win.

I figured this out this year as I became a warrior in my own way. You see, I swear I have been tested, prodded, poked, scanned, examined, scoped, scraped, biopsied, magnetized and evaluated in every orifice in the last 21 years. Each

time for the most part, although I have specific symptoms causing distress and upset, the real nasty urchins that cause alarms and emergencies are never found. My physicians are often left as confused and befuddled as I, the patient, am. As I learned how important controlling stress is for me, I can see that I can keep the nasty bugs just at bay -- just over the horizon where they can cause a trickle of alarm but are not strong enough to knock me down for good and count me out. That's the sign of a true warrior. I have learned this year -- yes 21 years too late, or maybe 21 years too early, who am I to really say -- to wear that badge with honor.

So this holiday season, I will be joyous, happy, laughing, smiling, sharing peace and love and harmony. I'll look

toward 2014 with a few new goals -- that alone shows me that I am on a path to wellness; and last year and the six months prior to that are distant memories which thankfully my dementia will completely erase soon. This time there's no race against the clock to save them; HIV has my permission to vanquish those memories forever.

I hope that all of you share in the love, peace and joy in the holiday season that you celebrate. I wish you well on your own warrior journeys, for I know that times are tough; and when we falter, it's the getting back up part and the courage to try again and again and again that must be heard in our hearts and in our souls and in our brains. Celebrate those moments. It's those wins that matter most.

Until Next Time ...

## FEBRUARY EVENTS

- 03 - Substance Use Group 11a-12p (A)
- 03 - Smoking Cessation Group 1p-2p (A)
- 04 - Positive MH Group 4p-5:30p (A)
- 05 - Positive MH Group 4p-6p (E)
- 05 - Making Stress Work for You 12:30p - 1:30p (W)
- 06 - Happy Birthday Sally (A)
- 07 - HIV/AIDS Activity Education Group 4p-6p (A)
- 10 - Substance Use Group 11a-12p (A)
- 10 - Smoking Cessation Group 1p-2p (A)
- 10 - Game Night 4p - 6p (W)
- 11 - Positive MH Group 4p-5:30p (A)
- 12 - Positive MH Group 4p-6p (E)
- 14 - Happy Valentines Day
- 14 - HIV/AIDS Activity Education Group 4p-6p (A)
- 17 - Substance Use Group 11a-12p (A)
- 17 - Smoking Cessation Group 1p-2p (A)
- 17 - HIV/AIDS Activity Education Group 4p-6p (A)
- 18 - Positive MH Group 4p-5:30p (A)
- 19 - Positive MH Group 4p-6p (E)
- 20 - Newsletter Articles Due
- 20 - Happy Birthday Sarah (E)
- 21 - HIV/AIDS Activity Education Group 4p-6p (A)
- 21 - Bingo Night 4p - 6pm (E)
- 23 - Happy Birthday Mary (A)
- 24 - Newsletter to Clinics
- 24 - Substance Use Group 11a-12p (A)
- 24 - Smoking Cessation Group 1p-2p (A)
- 24 - Game Night 4p-5p (W)
- 25 - Positive MH Group 4p-5:30p (A)
- 26 - Positive MH Group 4p-6p (E)
- 28 - HIV/AIDS Activity Education Group 4p-6p (A)
- 28 - Bingo Night 4p - 6pm (E)



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

PLEASE EMAIL ME AT [deanb@opendoorclinic.org](mailto:deanb@opendoorclinic.org)

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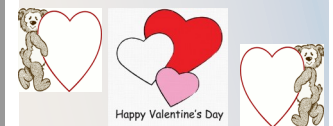
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