PROGRESS IN THE FIGHT FOR BETTER TREATMENT PREVENTION A VACCINE AND A CURE FOR HIV TUBERCULOSIS AND HEPATITIS C VIRUS
18 June 2018

Dear Friend of TAG:

I’m proud to share with you TAG’s 2017 Annual Report. Last year was one of unprecedented threats to TAG’s mission and the people we serve. A newly-elected President threatened to abolish the Affordable Care Act (ACA) and proposed savage cuts to the federal research, health care, domestic and international AIDS prevention and treatment, and immigrant health services budgets. Congress seemed determined to roll back protections for LGBTQ people, women’s reproductive health and rights, and immigrants’ very ability to live in the United States.

Treatment Action Group was a leader in global, national, state, and local coalitions to defeat these threats, advance research, and protect the interests of people living with or at risk for HIV, hepatitis C virus (HCV) infection, and tuberculosis (TB). Together with our allies, we fought successfully to preserve the ACA. We beat back efforts to make cuts to the budgets of the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), the AIDS Drug Assistance Programs (ADAPs), and the President’s Emergency Plan for AIDS Relief (PEPFAR). We also continued our campaign to scale up effective HIV prevention, treatment, housing services, harm reduction and treatment for opioid addiction, and sexual health and reproductive rights, at the national level, in New York State and City, and in the most deeply affected jurisdictions in the Deep South.

TAG’s campaign to end HIV as an epidemic by the end of the year 2020 made significant progress, with the first substantial declines in new HIV infections among men who have sex with men — the group with the most new infections — in New York State and City reported in over three decades. We continued to fight for lower drug prices and greater treatment access to two-and-three drug oral cures for HCV. We intensified our struggle for more investment, better clinical trials, and more rapid access to effective new diagnostics and drugs to more rapidly and safely diagnose and cure TB.

We’re so grateful to you and your dedicated support to TAG. We couldn’t have defended our mission and advanced the health of the people we serve without this generosity, which gives us the freedom and the resources to accelerate our mission when threats arise. Our work is far from finished, and each day brings new challenges. As you review what we’ve done over the past year — all thanks to you and your donations — please consider increasing your support to TAG’s work.

Yours in the struggle to end HIV, HCV, and TB,

Barbara Hughes
President, Board of Directors
TAG’s 2017 Research in Action Awards took place on November 16 at Slate in New York City. The event honors activists, scientists, philanthropists, and creative artists who have made contributions to the fight against HIV, tuberculosis, and hepatitis C virus. Resources raised at RIAA provide vital support for TAG’s programs throughout the year.
TAG ANNUAL REPORT PROJECT UPDATES

BASIC SCIENCE, VACCINES, AND CURE (BSVC) PROJECT

Throughout 2017, TAG’s BSVC Project continued to support the HIV cure research field by maintaining the Research Toward an HIV Cure Clinical Trials website listing. Updated monthly, the listing contains information on ongoing and completed clinical trials, along with links to study results where available. The web page attracts frequent visits and has been widely cited by researchers and other cure research stakeholders, including representatives from the National Institutes of Health.

The BSVC Project co-sponsored and helped organize a Forum for Collaborative Research workshop, “Regulation of Clinical Research Related to HIV Cure,” held in Bethesda, Maryland. The meeting facilitated discussion of a number of important issues facing the field, including enhancing the involvement of HIV-positive women and the use of antiretroviral treatment interruptions in clinical trials. TAG’s BSVC Project Director Richard Jefferys served as a panelist on the topic of gene therapy research.

TAG launched a new report: HIV Research in the Era of PrEP: The Implications of TDF/FTC for Biomedical Prevention Trials in September, co-authored by BSVC Project Director Richard Jefferys and HIV Project colleagues Tim Horn and Jeremiah Johnson. Based on a review of the scientific literature and an online community survey, the report addresses the complex implications of the availability of PrEP for the ethical conduct of clinical trials of other candidate HIV prevention interventions, such as vaccines.

The BSVC Project sponsored a community webinar on the problem of suboptimal immune recovery despite antiretroviral therapy in November, and presented on a May webinar providing an update on cure research results, targeted toward community advisory board members of the Martin Delaney Collaboratories (projects funded by the National Institutes of Health that are focused on the development of an HIV cure). Richard Jefferys also presented a biomedical prevention & cure research pipeline update at the National Alliance of State and Territorial AIDS Directors (NASTAD) Prevention and Care Technical Assistance Meeting in July.

HEPATITIS C VIRUS (HCV) PROJECT

During the current tumultuous political times, the HCV Project has ramped up defensive and all-out resistance strategies to mitigate threats to our efforts to eliminate hepatitis C in our lifetimes. At every turn, we speak out against anti-science policies, provide technical assistance to emerging activists, help to develop leadership across the diverse campaigns in which we engage, and work in coalition to maximize political pressure.

In 2017, two additional regimens (Vosevi and Mavyret) hit the market, which can cure all genotypes (viral strains) in over 95% of people living with HCV in as little as 8 weeks. Some gains have been made in generic direct-acting antivirals (DAAs) access in low- and middle-income countries through legal and advocacy channels—safe and effective generics can cost less than US$100. Yet unfinished business for HCV advocacy remains: We need to increase diagnoses, expand harm reduction and safer drug consumption spaces to address the opioid/overdose epidemics, and strengthen political and funding commitments towards elimination.

The HCV Project helps steer the New York State HCV Elimination Campaign, which convened 200 stakeholders at the first-ever statewide elimination summit in February 2017. Thanks to our tireless campaigning for political buy-in and increased budget allocations, in early 2018, New York became the first U.S. state to commit to HCV elimination, in an announcement by Governor Cuomo that included the expansion of rental assistance to people living with HIV. The state-approved budget included $5 million for HCV programs, quadrupling the previous funding, which had been flat for the last decade. Further
advocacy will be needed to sustain funding beyond a one-year investment and to fulfill the community demand for a statewide Task Force to implement elimination recommendations. We will also support City Council budget advocacy by our community partners. We also participate as a coalition partner in the Supervised Injection Facilities NYC/End Overdose campaign, fighting for evidence-based interventions to prevent overdose and link New Yorkers to HIV/HCV testing, treatment, care, and harm reduction services. Currently, the campaign is pressuring NYC Mayor de Blasio to release a feasibility report championed and conducted by NYC SIF/End Overdose partners.

Our value to global and domestic HCV advocacy remains in translating research for treatment activists in order to strengthen their technical knowledge and capacity on the latest treatments and diagnostics. This year, we published and translated into three languages the updated Training Manual for Treatment Advocates: Hepatitis C Virus and HIV Coinfection for educators to use in training workshops and community forums. We also worked with national experts to develop advocacy tools on cost-modeling the national HCV epidemic—expected in 2018—which can be used to influence funding commitments.

TAG and partners convened the World HCV Community Advisory Board among 37 treatment activists, three generics and three diagnostics companies in Bangkok. The meeting offered an opportunity to exchange information and assert demands on treatment availability and pricing. A central component of our work in 2018 is to build activists’ capacity on diagnostics technologies and overcoming barriers to testing. We will support growing demands for global multilateral funding for HCV, continued expansion to generic DAAs and affordable diagnostics, and the inclusion of people who use drugs and the incarcerated in US-based HCV elimination efforts.

• World HCV Community Advisory Board Report

• Training Manual for Treatment Advocates: Hepatitis C Virus and HIV Coinfection
http://www.treatmentactiongroup.org/content/updated-training-manual-hcv-coinfection-hiv

In 2017, TAG’s HIV Project continued to advance its research and policy agenda amidst significant shifts in the federal political climate. This has required a recalibration of strategies to not only defend against any backsliding in HIV prevention and survival gains made of the past two decades, but to continued movement toward the end of HIV as an epidemic in the United States.

Notable achievements included the launch of the southern states ending-the-epidemic (EtE) initiative, beginning with a landmark convening of 45 community leaders from eight Deep South states to explore opportunities to move forward with strategies to end their epidemics. Leaders in several jurisdictions stepped forward to begin EtE strategy development in 2017, including Alabama, Louisiana, and Nashville, Tennessee. TAG convened successful planning meetings with community, health department, academic, and government stakeholders in all three jurisdictions and work toward task force development remains under way.

Our hope is that these efforts will yield results similar to those being seen in New York, where the 2015 EtE blueprint is having an impact. According to 2016 surveillance data released in December, new diagnoses dropped from 3,443 in 2014 to 2,881, with a 12 percent
Tag Project Updates

decrease among gay and bisexual men. Much of the success thus far is a result of a number of progressive policy victories, including increased funding for New York City sexual health and wellness clinics, coverage of transgender health services under Medicaid, and significant increases in housing assistance for people living with and vulnerable to HIV infection.

The HIV Project’s Etiology work continued in lockstep with its long-standing advocacy supporting the development of highly effective, maximally tolerable, and easily administered treatment options for people living with HIV—particularly those with extensive treatment experience and limited options—and those vulnerable to the infection. A necessary extension of this work has been renewed focus on affordable access to HIV prevention and treatment in the U.S., where egregious drug pricing and the need for cost containment in the face of finite resources are increasingly at odds and in need of reconciliation.

Tag Project

TB remains the leading cause of death of people with HIV, and has now surpassed HIV as the lead infectious killer globally. TAG’s activism in 2017 to combat this deadly but preventable, curable disease employed a right to science frame to promote patient- and community-oriented TB research and care.

On the research side, TAG worked with community partners on the Global TB Community Advisory Board and the Community Research Advisors Group to review several clinical trials protocols for treatment and prevention. TAG’s TB team focused on the appropriate inclusion in research of marginalized groups—including children, adolescents, and pregnant and post-partum women—to ensure evidence guides the best care for these vulnerable populations. To promote adequate resources for research and development and provide accountability for closing the funding gap, TAG issued its annual Tuberculosis Research Funding Trends report, and developed the first-ever country-specific funding targets. In anticipation of the November 2017 Global Ministerial Conference on TB in Moscow, TAG was commissioned to research and write a seminal policy paper on TB research funding for the World Health Organization (WHO), Global Investments In Tuberculosis Research And Development: Past, Present, And Future.

Securing equitable access to the benefits of such research also requires adequate resources. To that end, TAG and partners educated key decision-makers on TB needs. Our collective advocacy led to U.S. legislative commitments to increasing funding for both the domestic and global TB response, even in an oppositional political environment.

TAG also advocated for improved availability of specific key diagnostic, prevention, and treatment interventions at the global level, and empowered in-country advocates to do the same at national and regional levels. Priority tools included the life-saving, point-of-care test for TB in people with AIDS (TB-LAM), newer drugs (bedaquiline, delamanid, and child-friendly formulations), and a newer prevention option (3HP).

TAG’s TB team developed webinars, guides, and toolkits to raise awareness about key services and interventions among decision-makers and providers, and build capacity among advocacy partners. TAG organized workshops and trainings for the independent community groups it supports (the Global TB Community Advisory Board and the Community Research Advisors Group).

TAG is continuing this work to maximize the opportunity of the United Nations High-Level Meeting in September 2018, and secure strong commitments in the fight against TB, in particular on human rights, childhood TB, and TB research and development.
TAG started 2017 with a charge to continue its deep and strategic work on advancing cross-cutting HIV, TB, and HCV policy-advocacy both federally and globally. The year ended with the unjust repeal of the Affordable Care Act’s (ACA) individual mandate. Passed on the back of a disastrous tax bill that also sharpened the axe for the administration to take aim at live-saving research and important entitlement programs in 2018, under the guise of addressing the federal deficit.

Despite the penultimate setback, and the departure of the visionary leadership of Kenyon Farrow, TAG stood resilient and responded fiercely to challenges throughout the year with great success: countering the administration’s repeated attempts to dismantle Medicaid, cull the NIH, and deregulate the FDA. Even in the face of the current fiscal climate and challenging political dynamic, TAG’s year-long strategic investment in policy, advocacy, and communications in 2017 have yielded further wins with the bipartisan strengthening and expanding research programs with additional funding at NIH and for the Fogarty International Center, advocacy momentum to community and Congressional awareness on TB, and capitalizing on opportunities to significantly expand research for neglected populations such as pregnant women and children.

TAG’s collaborative advocacy this past year with organization and coalition partners also positions future work favorably. For the first time in its history, the CDC’s Division of TB Elimination (DTBE) was included in the advocacy of the powerful Federal AIDS Policy Partnership’s (FAPP) AIDS Budget and Appropriations Coalition (ABAC) for the fiscal year (FY19). Significant groundwork was laid on educating the Washington D.C. policy community on the impact of the Pediatric Research Equity Act (PREA) loophole that exempts pharmaceutical manufacturers from conducting necessary pediatric clinical research on neglected diseases like TB. Both Kenyon and Suraj were instrumental in the development and launch of the HIV Racial Justice Now coalition, which seeks to instill a necessary racial justice framework within HIV advocacy efforts, build leadership of communities of color impacted by HIV, and collectively respond to the administration’s disregard for human rights and social justice of immigrants, people who use drugs, the LGBTQ community, sex workers, and other vulnerable populations.

The success of TAG’s advocacy work is evidence that sustained activism can advance progressive policies even in the most arduous policy spaces. TAG’s policy staff will take the momentum and best practices gained from 2017 and seek to apply new strategic campaigns in a critical election year to advance these wins further. In doing so, TAG will continue to sharpen its strategic policy advocacy, capacity and coalition building efforts, and communications infrastructure.

The work ahead for TAG in 2018 is clear: continuing to protect vital federal research and programs for all communities impacted by HIV, TB and HCV—while seeking to expand activism fronts on universal health care and drug pricing in a critical election year. TAG will deepen its collaborative work with organizations and coalitions such as AIDS United, Black AIDS Institute, HIV Racial Justice Now, Housing Works, National TB Controller’s Association, Positive Women’s Network-USA, the TB Roundtable and many others. TAG will further continue to capitalize on growing attention to the TB epidemic, respond to administration attempts to limit access to Medicaid and target vulnerable immigrants, and work alongside communities to ensure robust engagement and activism at every level.
## Balance Sheet

### Assets
<table>
<thead>
<tr>
<th>Item</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$1,949,112</td>
<td>$1,978,688</td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>88,411</td>
<td>73,871</td>
</tr>
<tr>
<td>Prepaid expenses and other current assets</td>
<td>25,384</td>
<td>31,826</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>414,500</td>
<td>404,500</td>
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<tr>
<td>Security deposits</td>
<td>72,463</td>
<td>72,463</td>
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<tr>
<td>Property and equipment - net</td>
<td>25,974</td>
<td>30,870</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$2,575,844</strong></td>
<td><strong>$2,592,218</strong></td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

<table>
<thead>
<tr>
<th>Item</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$25,660</td>
<td>$29,513</td>
</tr>
<tr>
<td>Deferred rent</td>
<td>$55,069</td>
<td>44,570</td>
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<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>80,729</strong></td>
<td><strong>74,083</strong></td>
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<tr>
<td>Net assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>1,321,367</td>
<td>1,355,999</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>1,173,748</td>
<td>1,162,136</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>2,495,115</strong></td>
<td><strong>2,518,135</strong></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$2,575,844</strong></td>
<td><strong>$2,592,218</strong></td>
</tr>
</tbody>
</table>

## Statement of Cash Flows

### Cash Flows from Operating Activities

<table>
<thead>
<tr>
<th>Item</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$(23,020)</td>
<td>$(1,071,102)</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash used by operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>9,432</td>
<td>7,246</td>
</tr>
<tr>
<td>Donated artwork</td>
<td>(10,000)</td>
<td>(23,500)</td>
</tr>
<tr>
<td>Loss (gain) on disposal of fixed assets</td>
<td>(186)</td>
<td>4,745</td>
</tr>
<tr>
<td>Decrease (increase) in assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>(14,540)</td>
<td>98,113</td>
</tr>
<tr>
<td>Prepaid expenses and other current assets</td>
<td>6,442</td>
<td>(6,898)</td>
</tr>
<tr>
<td>Security deposits</td>
<td></td>
<td>(29,448)</td>
</tr>
<tr>
<td>Increase (decrease) in liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>(3,853)</td>
<td>15,400</td>
</tr>
<tr>
<td>Deferred rent</td>
<td>10,499</td>
<td>37,949</td>
</tr>
<tr>
<td><strong>Net cash used by operating activities</strong></td>
<td>(25,226)</td>
<td>(967,495)</td>
</tr>
<tr>
<td>Cash flows from investing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchases of fixed assets</td>
<td>(4,970)</td>
<td>(25,195)</td>
</tr>
<tr>
<td>Proceeds from sales of fixed assets</td>
<td>620</td>
<td></td>
</tr>
<tr>
<td><strong>Net cash used by investing activities</strong></td>
<td>(4,350)</td>
<td>(25,195)</td>
</tr>
<tr>
<td>Net change in cash and cash equivalents</td>
<td>(29,576)</td>
<td>(992,690)</td>
</tr>
<tr>
<td>Cash and cash equivalents - beginning of year</td>
<td>1,978,688</td>
<td>2,971,378</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents - end of year</strong></td>
<td><strong>$1,949,112</strong></td>
<td><strong>$1,978,688</strong></td>
</tr>
</tbody>
</table>
## Statement of Activities

### Revenues and Other Support

<table>
<thead>
<tr>
<th>Source</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants</td>
<td>$360,226</td>
<td>$2,034,918</td>
<td></td>
<td>$2,395,144</td>
</tr>
<tr>
<td>Special events income</td>
<td>$280,562</td>
<td></td>
<td>(58,125)</td>
<td>222,437</td>
</tr>
<tr>
<td>Less direct costs of special events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td></td>
<td>1,549</td>
<td>1,549</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>2,023,306</td>
<td>(2,023,306)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total revenues and other support** | 2,607,518 | 11,612 | 2,619,130

### Expenses

#### Program services
- **HIV Project** | 788,440 | 788,440
- **Hepatitis C Virus Project** | 325,052 | 325,052
- **TB/HIV Project** | 984,847 | 984,847

**Total Program Services** | 2,098,339 | 2,098,339

#### Supporting Services
- **Management and General** | 364,836 | 364,836
- **Fundraising** | 179,161 | 179,161

**Total supporting services** | 543,997 | 543,997

**Total operating expenses** | 2,642,336 | 2,642,336

#### Change in net assets before gain (loss) on disposal of fixed assets
- (34,818) | 11,612 | (23,206)

#### Gain (loss) on disposal of fixed assets
- 186

#### Change in net assets
- (34,632) | 11,612 | (23,020)

#### Net assets - beginning of year
- 1,355,999 | 1,162,136 | 2,518,135

**Net assets - end of year** | $1,321,367 | $1,173,748 | $2,495,115

### Summary of 2017 Functional Expenses

- **Program Services**: 79%
- **Fundraising**: 7%
- **Management & Administration**: 14%
About TAG

Treatment Action Group (TAG) is an independent, activist and community-based research and policy think tank fighting for better treatment, prevention, a vaccine, and a cure for HIV, tuberculosis, and hepatitis C virus.

TAG works to ensure that all people with HIV, TB, or HCV receive lifesaving treatment, care, and information.

We’re science-based treatment activists working to expand and accelerate vital research and effective community engagement with research and policy institutions.

TAG catalyzes open collective action by all affected communities, scientists, and policy makers to end HIV, TB, and HCV.

Contribute

TAG welcomes donations from individuals who want to see the research agenda remain responsive to the needs of all people living with HIV, HCV, and TB. Make a tax-deductible gift now: www.treatmentactiongroup.org/support.

Does your company have a matching gifts program? If so, you can double or even triple your donation. Just complete the program’s matching gift form and send it in with your donation to TAG.

When you shop on Amazon, enter the site at smile.amazon.com. Choose TAG Treatment Action Group as your designated charity, and 0.5 percent of the price of your eligible purchase will benefit TAG.

The theme of TAGline’s Fall 2017 issue was Everybody In, Nobody Out, and it explored the political feasibility and sustainability of universal health care (UHC) in the United States. You can read this issue online here: http://www.treatmentactiongroup.org/tagline/2017.

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TAG retains an inventory of many of the editions for sale to the public. All proceeds benefit TAG in support of programmatic work. If you’re interested in purchasing an edition or learning more about the available editions, detailed information can be found at http://www.treatmentactiongroup.org/limited-art-editions.

Save the Date!
RESEARCH IN ACTION AWARDS
November 15, 2018
6 pm

Tagline
More on the Fight to End HIV/AIDS, Tuberculosis, and Hepatitis C

 Affordable Care

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Charity Navigator
Four Star Charity

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