



Treatment Action Group

December 15, 2014

BOARD OF DIRECTORS

- Barbara Hughes
President
- Laura Morrison
Secretary and Treasurer
- Jim Aquino
- Frank Bua
- Joy Episalla
- Kevin Goetz
- Roy Gulick, MD, MPH
- Robbert W. Lennon
- Richard Lynn, PhD
- Alby Maccarone
- Robert Monteleone
- Jason Osher
- Earl L. Plante
- Frank Rappa
- David Sigal
- Whitney M. Sogol
- Monte Steinman

EXECUTIVE DIRECTOR

- Mark Harrington

Treatment Action Group is an independent AIDS research and policy think tank fighting for better treatment, a vaccine, and a cure for AIDS. TAG works to ensure that all people with HIV receive life saving treatment, care, and information.

TAG is a nonprofit, tax-exempt 501(c)(3) organization.

E.I.N. 13-3624785

Dear Friend of TAG:

As I embark on my 15th year as a TAG board member, I feel privileged to experience and share the responsibilities of TAG's mission, which include accelerating research toward a cure and vaccine for HIV while ensuring access to high-quality prevention and treatment for all who need them.

As I watch the TAG staff and board participate in the incredible advances that have been achieved over the years, I also see the persistent barriers—scientific, economic, and political—that impede progress. Yet it appears the higher the walls, the more motivated we are to surmount them.

The HIV treatment pipeline continues to improve with safer and easier-to-use drugs; however, multiclass-resistant HIV continues to be a struggle. Accessing and maintaining treatment when costs are prohibitive, even with the rollout of the Affordable Care Act in the U.S., remains a significant challenge. In particular, we are facing continuing hurdles to universal health coverage, so we must work with health care providers, policy makers, activists, and pharmaceutical companies to reduce drug costs to make every necessary treatment available to all.

Hepatitis C virus is undergoing a complete treatment revolution, yet the price of the treatments is out of reach for most, including many with health insurance. In low- and middle- income countries, where the need is greatest, the inability to get these treatments is much greater. In the field of tuberculosis (TB), we are seeing potentially exciting treatment advances: after forty years without new approved drug classes, we have two new compounds to treat drug-resistant TB, which is indeed fantastic news. But still new anti-TB combinations are desperately needed. The wall that blocks investment needed to continue research and make treatment affordable as well as accessible is colossal. Yet TAG is not afraid to take on monumental tasks, whether by helping a single person with drug-resistant TB get treatment or advocating for lower drug prices and faster drug approval, which benefit entire affected communities. I'm proud to watch TAG overcome these challenges through our science-based activism.

As TAG folds HIV prevention research and policy into its mission, it has been a year of hope, with pre-exposure prophylaxis (PrEP) proving ever more clearly its ability to protect individuals from getting HIV. In the U.S., the rate of new infections has remained entrenched at approximately 50,000 per year. Thus, it is critical for us to continue educating providers and communities and finding ways to finance the costs of these lifesaving interventions. The work is challenging—but it is a challenge we will overcome.

Most notably, in June 2014, after a two-year campaign led by TAG, New York Governor Andrew Cuomo announced a three-point plan to end AIDS as an epidemic in New York State by the end of 2020. Building on this commitment, in October 2014, Governor Cuomo announced the formation of a task force charged with developing the blueprint for the state, the city, providers, and communities to work together in creating the New York State plan to end AIDS. The plan includes linking people with undiagnosed HIV to care, linking and retaining people in care and getting them on treatment to prevent transmission and providing access to pre-exposure prophylaxis so that people who are HIV-negative can stay that way. This plan will lead the way for modeling similar plans in other states and countries.

These are but a handful of the monumental achievements, challenges, and responsibilities that make me so proud to be a member of the TAG board. I stand with the board and staff to ask for your financial support in continuing our journey to take down each wall that we confront, whether small or large. Please give generously this year. Our lives and many others around the world are depending on us.

Many thanks for all your support,

A handwritten signature in black ink that reads "Alby MacCarone". The signature is written in a cursive, flowing style.

Alby MacCarone
TAG Board Member, 1999–present

tagupdate

TAG'S PROGRESS ON THE FIGHT TO END HIV/AIDS, VIRAL HEPATITIS, AND TUBERCULOSIS



TAG and allied HCV treatment activists demonstrated against Gilead's outrageous pricing of the new HCV drug sofosbuvir during the 2014 International AIDS Conference in Melbourne, Australia.



TAG and fellow global TB activists called for a tripling of TB R&D funding at the Conference on World Lung Health in Barcelona, Spain.



TAG's Jeremiah Johnson joined ACT UP and allies outside Bellevue Hospital in New York City to demand evidence-based policies that support health care workers fighting Ebola.

Dear Friends of TAG,

First and foremost, I want to thank you for your support in 2014. This has been a year of remarkable accomplishment for TAG. We've made progress in many critical areas, some of them new for us, including milestone work in HIV prevention policy. In 2014, TAG collaborated with fellow activists in developing a strategy to end AIDS in New York State. Governor Andrew Cuomo announced his commitment to a plan based on that strategy, making New York State the first jurisdiction anywhere to commit to a specific plan for ending AIDS within its borders. It's a historic achievement—one that all of you who support our work have made possible.

Other highlights from our work this year include using lessons learned from the early days of AIDS to fight discrimination, misinformation, and fear-based public policy around Ebola; leading national community meetings on HIV cure research; fighting for universal access to the cure for hepatitis C; and working to accelerate AIDS cure research and dramatically increase funding for tuberculosis research and development. I hope you'll read all our project updates, as each one provides information and insight into TAG's amazing work.

As TAG's board president for the past 17 years, I want to thank you for your loyalty and commitment to us through the years. I couldn't be prouder of our staff, our board, or your support of the work we do together. As we look to 2015 and the challenges that lie ahead, I hope you will continue to support our work in every way possible as we fight for a vaccine and a cure for HIV, and an end to the pandemics of HIV, hepatitis C, and tuberculosis.

Yours in the struggle,

Barbara Hughes

Board President

TAG Catalyzes **New York State's Plan to End AIDS**

New York State Governor Andrew Cuomo's announced—on June 29, 2014, just before New York City's annual Gay Pride march—that New York State would be the first jurisdiction anywhere in the world to commit to ending AIDS as an epidemic (by the year 2020). This bold commitment was the culmination of over two years of activist campaigning led by Treatment Action Group and Housing Works. The **governor's plan** has three pillars:

1. *Identifying persons with HIV who remain undiagnosed and linking them to health care;*
2. *Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission;*
- and 3. *Providing access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.*

Today, TAG is working with activists, researchers, public health officials, and providers from around the state on the Ending the Epidemic Task Force, with the final report due to be submitted to Governor Cuomo in January 2015, in time for inclusion in next year's budget. The plan builds on New York's ambitious Medicaid expansion program, which will allow enrollment of virtually all New York residents who are HIV-positive or at high risk for HIV into Medicaid or subsidized state-overseen managed care plans. New York is also doing better than the United States as a whole in preventing new infections and in caring for those living with HIV. While nationally new infections have been stable at 50,000 per year since 1993, in New York State new infections have declined 40% from 5,000 to 3,000 per year in the past decade. Nationally, just 25% of HIV-positive people are successfully treated, achieving durable viral-load suppression; in New York State approximately 44% are receiving successful treatment. To achieve the goals of the plan, New York must more than double the rate of decline in new HIV infections—to below 750 per year by 2020—as well as reduce AIDS deaths by over 80% and increase the proportion of HIV-positive New Yorkers successfully treated to over 85%. This is achievable, but requires substantial savings on high HIV drug prices. Luckily, New York State Medicaid has already negotiated massive rebates from three of the six largest HIV drug manufacturers, which make up over 73% of the market. TAG is working with activists from around the state to achieve commitments from other manufacturers for similar rebates. TAG is co-chairing the Data Committee of the Ending the Epidemic Task Force. Over the next year, we look forward to launching the New York plan to end AIDS and to working with activists from other cities, states, and countries to begin similar efforts elsewhere. •

The 2014 Ebola virus disease (EVD) epidemic is the largest in history and has caused significant loss of life and unfathomable suffering in Liberia, Guinea, and Sierra Leone. As of November 14, 2014, the World Health Organization has reported a total of 14,413 confirmed and suspected cases and 5,177 deaths, though these estimates likely understate the magnitude of the epidemic.

Decisions to politicize the issue of AIDS and push through laws based on completely unfounded fears led to further neglect of communities impacted by the virus who desperately needed assistance and created a legacy of fear and stigma that lives on to this day.
—Jeremiah Johnson, MSNBC

TAG has been monitoring the situation closely and has collaborated on a number of advocacy initiatives, particularly those required to address unnecessary and stigmatizing domestic policies that have arisen in response to four isolated cases and one limited outbreak in the United States. As with its work in the arenas of HIV, hepatitis C, and tuberculosis, TAG has engaged local, state, and national leaders to ensure that public health responses are driven by scientific evidence, not fear, false information, and political pandering. Our efforts include challenging the implementation of quarantines and public movement restrictions, particularly for symptom-free individuals entering or re-entering the United States who are not at high risk for EVD.

Knee-jerk reactions to public panic are the antithesis of the rational policies and leadership needed to end the burgeoning EVD epidemic in West Africa and to ensure the health and safety of U.S. residents. Until health care infrastructure is improved in the world's poorest countries and pipelines of vaccines and drugs against emerging infectious diseases are supported and accelerated, global health will remain at risk. TAG will continue to advocate for sound domestic policies and full U.S. support of vital short- and long-term strategies abroad.

REPORTS FROM THE FRONT

HIV Project

This past year ushered in a new focus for TAG: HIV prevention research and policy.

Substantially reducing the number of new HIV infections that occur in the United States each year requires a two-pronged approach: 1) maximizing the number of people living with HIV who know their status, are engaged in care and support services, and are on effective antiretroviral (ARV) treatment; and 2) ensuring that all HIV-negative individuals in disproportionately affected populations know their status and risk factors, are linked to affordable health insurance and care made possible by the Affordable Care Act and Medicaid expansion, and have access to the expanding array of scientifically validated prevention options.

While continuing its longstanding commitment to advocacy supporting state-of-the-art ARV drug development, along with the development and implementation of policies required to ensure that people living with HIV have unrestricted access to testing, care, and treatment, TAG initiated a number of campaigns to address the comprehensive prevention needs of those at risk for the virus. In May, for example, TAG and the Foundation for AIDS Research (amfAR) cohosted a consultation in Washington, D.C., with government officials, academics, policy leaders, and activists to explore HIV prevention strategies and opportunities to scale up their use by those who need them most. This is to be followed by a two-day meeting in December, at which TAG, amfAR, and a number of community partners will begin developing a roadmap of key research and policy objectives to ensure that comprehensive HIV prevention for people at risk is a federal priority in both achieving and surpassing the goals of the National HIV/AIDS Strategy.

TAG has been actively involved in various aspects of the New York State plan to end AIDS, which was spearheaded by HIV and LGBT community stakeholders and endorsed by Governor Andrew Cuomo in June. The plan, now being fully developed by a gubernatorial task force, aims to decrease new HIV infections in the state to 750 a year by 2020. TAG-led initiatives in 2014 included

the coordination of coalition advocacy for supplemental Medicaid rebates from ARV drug manufacturers (a requirement to offset costs associated with the ambitious, evidence-based plan); the introduction of prevention, care, monitoring and evaluation, and housing/supportive services recommendations to the state; and the completion of an intensive evaluation of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) messaging needs among key at-risk populations in New York State.

Another major ongoing project is an in-depth assessment of community mobilization strategies being employed by community-based organizations in metropolitan areas with high HIV prevalence rates. This work will culminate in a series of case studies to help inform local and national organizations and funders about grassroots efforts needed to improve HIV prevention and care outcomes in the United States.

I don't think we are going to end the epidemic on a national level. Where I do think we will end the epidemic is on a state level. What is going to be a critical issue going forward is getting the advocacy in those states and getting those health departments, as well as the clinicians and community service providers, to set statewide targets.
—Tim Horn, POZ

HIV Project staff contributed two chapters to the 2014 Pipeline Report: “The Antiretroviral Pipeline” reviewed a number of emerging ARV compounds for treatment-naïve and -experienced people living with HIV; and “Preventive Technologies: Antiretroviral and Vaccine Development” highlighted what is proving to be a robust and exciting pipeline of biomedical prevention tools including oral compounds, vaginal and rectal microbicides, vaginal tablets, films, and other delivery systems. •

Michael Palm Basic Science, Vaccines, and Cure (BSVC) Project

The pursuit of a cure for HIV has risen to prominence in recent years, but has always been a key element of TAG’s mission. Early activism by TAG emphasized the importance of research into the basic science and pathogenesis of HIV infection, and this work bore fruit with discoveries (such as the identification of the CCR5 coreceptor) that have contributed directly to efforts to develop a cure. In 2014, TAG continued to play a leading role in advocacy and education relating to cure research. To fill an information gap in the field, TAG created a regularly updated listing of ongoing and completed clinical trials with links to additional information and available results. This resource is posted in the [BSVC section of TAG’s website](#), which also features research updates via the [BSVC project blog](#).

In collaboration with AVAC, Project Inform, and the AIDS Treatment Activists Coalition, TAG cosponsored and co-organized a successful daylong community workshop on HIV cure research that was held in Boston on March 3 ahead of the annual Conference on Retroviruses and Opportunistic Infections. Workshop proceedings were covered by the respected AIDSMap website and the European AIDS Treatment Group. TAG was on the steering committee and participated in working groups for the Forum for Collaborative HIV Research's cure project, which is working with multiple stakeholders to chart the paths by which potential HIV cures can be studied and approved by the U.S. Food and Drug Administration. The Forum's first public meeting was held in Washington, D.C., on June 17; TAG executive director Mark Harrington and BSVC project coordinator Richard Jefferys both participated in panel discussions. Because some cure-related clinical trials employ temporary interruptions of antiretroviral therapy, which can be dangerous, TAG collaborated with i-Base and Project Inform to produce an article outlining community recommendations for the conduct of research involving ART interruptions; the article was frequently cited at the Forum meeting.

*...[I]t's really bogus that they keep saying, "Well, it's cheaper than a transplant." People aren't automatically given a transplant when they need one; people die waiting for organs. A lot of people just will never see one.
—Tracy Swan, TheBody.com*

To coincide with a NIAID scientific workshop, "Strategies for an HIV Cure," which took place in Bethesda in October, TAG took the lead in organizing a community education event in Washington, D.C., that attracted over 70 attendees. TAG's work on a cure continued with the July launch of the "[Cure Research Media Monitor](#)," a regularly updated feature of the website providing commentary on HIV cure stories in the mainstream media. TAG also produced the [HIV Cure Research Fact Sheet](#), an overview of the pursuit of a cure for HIV designed for a general audience.

As in past years, the BSVC project contributed the chapter "[Research Toward a Cure and Immune-Based and Gene Therapies](#)" to TAG's annual *Pipeline Report* and this year integrated the vaccine pipeline overview into a [new chapter on preventive technologies](#). The project also produced a report from a workshop on therapeutic HIV vaccine development sponsored by TAG, AVAC, and the Global HIV/AIDS Vaccine Enterprise; the report was [published by the journal Vaccine](#) on June 23. •

Hepatitis/HIV Project

In 2014, TAG worked with global, national, and local activist networks to fight for universal access to lifesaving hepatitis C virus (HCV) diagnostics, care, and treatment.

TAG monitored HCV drug development, using the information it gathered to improve access to, and quality of, HCV care and treatment, and create materials that inform advocacy strategies and campaigns. The audience for the work includes people with hepatitis C and HIV/HCV coinfection, activists, medical and service providers, policy makers, researchers, and pharmaceutical companies.

As with HIV, hepatitis C is a social justice and human rights issue. Worldwide, 185 million people have been infected. HCV is rampant in middle-income countries—where most of the world's poorest people live—and highly prevalent among people who inject drugs, prisoners, and HIV-positive people.

HCV can cause liver failure and liver cancer: these kill nearly 500,000 people annually. Since 2007, more people in the United States have died from HCV complications than from AIDS. Liver disease from HCV coinfection is a leading cause of death

among HIV-positive people.

Hepatitis C is curable. Being cured dramatically reduces liver-related illness and death. In people with HIV, curing HCV lowers the risk of AIDS-related illness and death.

Now that revolutionary oral drugs are replacing interferon, hepatitis C treatment is becoming safer, simpler, and more effective. By 2015, short-course regimens with cure rates over 90 percent will be approved in the United States and the European Union. But access to these wonder drugs is limited by factors including extortionate drug prices and insufficient political will.

Fortunately, the global HCV treatment activist movement is gaining momentum. In 2014, TAG and its allies celebrated an important victory with the unanimous passage of a resolution to improve global prevention, diagnosis, and treatment of viral hepatitis.

In 2014, TAG organized the first-ever meeting between hepatitis C treatment activists from low- and middle-income countries and pharmaceutical company representatives (described in the report [Pills Cost Pennies, Greed Costs](#)

Lives); worked with allies to produce a handbook of activist strategies to increase treatment access; and managed two global activist listservs. Staying true to its activist roots, TAG co-organized a demonstration at the International AIDS Conference to protest the high price of Gilead's HCV treatment, and continued to get out the message in blogs and interviews.

Project staff co-organized, moderated, and participated in numerous symposia and panels. They spoke at the International AIDS Conference, New York's Department of Health and Mental Hygiene, Sydney's Kirby Institute, Philadelphia's Hepatitis Outreach Project, the European AIDS Treatment Group's Hepatitis C and Sitges VII meetings, ACT UP/NY, and to advocates in Bangkok, Thailand, about advocacy strategies, campaigns, and successes; clinical trials; hepatitis C and HIV/HCV treatment and access updates; HCV treatment as prevention for people who inject drugs; and HCV and human rights. Project staff also contributed two chapters to TAG's annual Pipeline Report: the "Hepatitis C Pipeline" provided a unique overview of hepatitis C drug development, and the "Global Update" followed the work of HCV treatment activists around the world. The project also provided updates from the world's leading scientific conferences. •

TB/HIV Project

In 2014, TAG continued to work with the tuberculosis (TB) community toward the goal of eliminating TB rather than just controlling it. This year's Conference on World Lung Health, held in Barcelona in October, was an especially busy one. TAG joined Treatment Action Campaign, AIDS-Free World, and other international activists in launching a campaign calling for a tripling of worldwide funding for TB research and development (R&D). At the beginning of the conference, TAG released its 2014 Report on Tuberculosis Research Funding Trends, 2005–2013, tracking resources for global TB R&D. The report shows that annual global funding is barely one-third of the \$2 billion that experts estimate is needed to bring an end to the TB epidemic. The annual report, now in its ninth year, addresses stakeholders who can advocate for increased global R&D funding.

At the same conference, TAG and its activist partners interrupted a symposium sponsored by Otsuka, calling on it to provide broad compassionate-use access to

delamanid, its critical new treatment for drug-resistant TB, and to register it widely. The action was part of an ongoing campaign of work on delamanid, including an open letter to Otsuka's corporate leadership and a guide to the drug designed for treatment advocates and activists. TAG and colleagues continue to press Otsuka to price delamanid affordably and to make it available for further research on its potential to contribute to optimized regimens.

TAG, along with other TB and HIV activists, conducted an advocacy campaign leading to the successful redesign of a phase III trial to greatly shorten treatment for multidrug-resistant TB, and to validate the use of bedaquiline, the first drug from a new drug class approved to treat TB in 40 years. The new trial, STREAM-II, is likely to begin in early 2015.

The complexity and expense of MDR-TB treatment take a huge toll on patients and carers. We urgently need better diagnostics, shorter and less-toxic treatments, and more research and resources. Even with existing resources, much more is possible.—Erica Lessem, Nature

TAG and the Community Research Advisors Group (CRAG), a group coordinated by TAG that advises the U.S. Centers for Disease Control and Prevention's Tuberculosis Trials Consortium, continued to support broader access to rifapentine, a drug owned by Sanofi but researched and developed using public funds. The CRAG is encouraging registration of rifapentine globally and supporting

its inclusion on the World Health Organization's essential medicines list.

In 2014, TAG published *Flatlined: U.S. Government Investments in Tuberculosis Research and Development, 2009–2012*, a policy brief on recent domestic funding of TB R&D; *An Activist's Guide to Linezolid*, part of an ongoing series by TAG on treatments for TB; and *An Activist's Guide to TB Drugs*, covering both on- and off-label treatments for TB.

Project staff contributed four chapters to TAG's 2014 Pipeline Report: "The Tuberculosis Diagnostics Pipeline," "Tuberculosis Drug Development Hobbles Forward," "The Tuberculosis Vaccines Pipeline," and, for the first time this year, a separate chapter on pediatric TB treatment research, "Playing Catch-Up: The Pediatric Tuberculosis Treatment Pipeline."

Project staff also published articles and letters in peer-reviewed journals including the *Lancet*, the *Lancet Respiratory Medicine*, the *Lancet Infectious Diseases*, the *Journal of Public Health Policy*, and the *International Journal of Tuberculosis and Lung Disease*. •

U.S. and Global Health Policy Project

In 2014, TAG's public policy efforts focused on two key goals: 1) working with decision makers at the international, national, and local levels to implement policies that advance TAG's mission of ending the AIDS, HCV, and TB epidemics; and 2) collaborating with other policy advocates to protect and increase U.S. government financing and support for global and domestic access to HIV, TB, and HCV research, treatment, and care.

Early this year, TAG launched a project to document current community mobilization strategies being used by AIDS service organizations (ASOs) in order to highlight and disseminate best practices to other activists, policy advocates, and funders. An advisory group made up of researchers, activists, policy advocates, and community-based service providers was convened to help shape the direction of the project. On July 9, TAG held a consultation in Washington, D.C., with 25 attendees from across the country to discuss past and present community mobilization strategies and to inform how TAG should proceed with the project.

Carefully designed surveys were disseminated to ASOs in 15 cities; after they have been collected and analyzed at the end of 2014, the findings will be used to focus on 10 of the most dynamic local community mobilization efforts in as many cities and to publish case studies of them. TAG is excited to be contributing much-needed research to fill this gap in our understanding of the domestic response to HIV/AIDS.

In 2014, TAG engaged in its own mobilization efforts, working across issues with a broad array of organizations on local initiatives with national impact. This spring, the Iowa state legislature passed a bill that, while reducing the criminal penalties for transmission of HIV, made the transmission of TB, hepatitis, or meningitis a felony, punishable by up to 25 years in prison. TAG cosponsored a national webinar attended by 200 AIDS activists about the criminalization of infectious diseases and is developing follow-up strategies to create more effective coalitions. Building more and stronger relationships across issues with other infectious disease advocates will continue to be critical to TAG's legislative and policy efforts.

TAG also worked to end the problem of TB drug shortages in the United States. In January, TAG organized a high-level meeting with leadership from the Centers for Disease Control and Prevention, the Food and Drug Administration, and others to understand the barriers to

the domestic TB drug supply and develop policy solutions to overcome it. TAG continued to work closely with the National Tuberculosis Controllers Association and federal agencies to develop policy solutions to expand the number of domestic TB drug manufacturers and establish a system for national procurement and stockpiling. To support this effort, TAG, along with leadership from the American Thoracic Society, worked to educate federal lawmakers on an upcoming TB authorization bill, part of which would create a federal task force on domestic TB drug shortages to ensure that federal agencies are mandated by law to address the issue. •

Q&A with Kenyon Farrow, U.S. and Global Health Policy Director

Q: What do you think are the most pressing policy issues with regard to the HIV epidemic?

A: Mobilizing the AIDS community to create the political will to expand Medicaid under the Affordable Care Act [ACA] and advocating for comprehensive policy changes that improve the health care system and people's relationship with it. Without all these ingredients—community mobilization, political will, and comprehensive policy change—the ACA will be a major failure not only for the AIDS movement, but for health care activism in general.

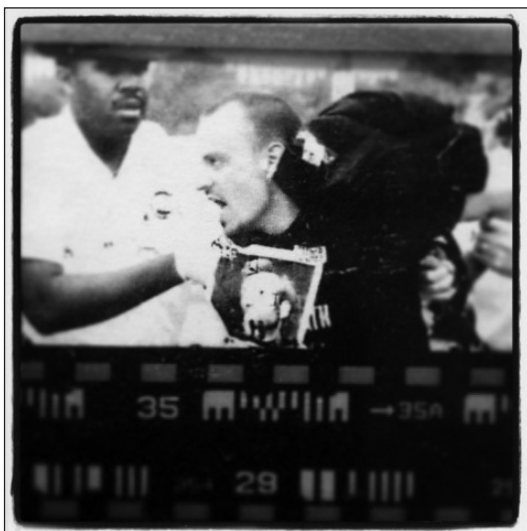
Q: You work on tuberculosis as well as HIV. Why is it so difficult to get research and development [R&D] dollars for TB?

A: High-income countries are rarely motivated to support R&D for diseases they don't see as a direct threat. Also, TB activism globally has been difficult to mobilize around the issues of TB R&D. TAG is helping to change that. One of our goals in 2015 is to bring in more U.S. community activists to advocate on TB issues. Unless policy makers begin to hear from them about why we need better, more tolerable treatments, and the research needed to get us there, we won't be able to shift the funding.

Q: You've been with TAG for just over a year. What do you think is TAG's most important accomplishment during that time?

A: Everywhere I go, people tell me they're paying close attention to the plan to end AIDS in New York State; what happens here will help AIDS activists strategize an end to the epidemic elsewhere. It's nothing short of history in the making. •

Q&A with Board Member Jim Aquino



Q: You joined the TAG board this year. What appealed to you about TAG as an organization?

A: I don't think I've ever been more impressed by the work of an organization than I've been by TAG's. What appealed to me most was the tireless commitment of the staff and board and their uncanny ability to work effectively with various communities, government officials, and pharmaceutical companies toward common goals while still retaining their activist roots. During my first year on the board, I've been further impressed by the dedication of the staff to not only ending the HIV/AIDS epidemic, but also focusing crucial and much-needed attention on hepatitis and TB/HIV research, prevention, and treatment. Identifying and acting on the links among these public health issues are hallmarks of TAG's work, and the breadth of knowledge is just mind-blowing. I mean, I always knew Mark Harrington was brilliant, but to be in a room with the rest of the vibrant and incredibly smart staff members is very humbling, to say the least. I'm also deeply moved and inspired by the dedication of TAG's supporters, many of whom have been with us from the very beginning. I am honored to be among them.

Q: What do you think the biggest challenges are that we face today regarding the epidemic?

A: I think the biggest challenge we continue to face as a society is awareness, or the lack thereof, that the epidemic still rages on. Especially as many people with HIV/AIDS live longer, healthier lives (in the U.S. anyway), people can forget that rates of infection in certain populations continue to rise at alarming levels. I do think that the availability of PrEP [pre-exposure prophylaxis] and PEP [post-exposure prophylaxis] is a very hopeful and exciting development, and Governor Cuomo's plan to end the AIDS epidemic in New York State by 2020 should also help keep the focus on these challenges. Another critical issue that we face as an organization is lack of funding. In our world of growing needs and diminished resources, we must continue to demonstrate the effectiveness of the work that we do, and in this area, I believe that TAG's record of achievements stands very tall indeed.

Q: You were part of ACT UP in the early days of the epidemic. While we've come a long way, what do you think are the most high-priority issues we face as activists?

A: As the epidemic continues into its fourth decade, I think it's imperative that all of us who work in this area—as activists, volunteers, staff, board members, or supporters—continue to remember where we started: how anger, fear, and frustration were channeled into educating ourselves and the world at large, and ultimately forming coalitions and working collaboratively (often with those we had previously screamed at) to get things done. Watching the documentary *How to Survive a Plague*, and being transported back to the early days of the AIDS crisis, was both a sobering and confirming experience for me as it was for so many of my fellow activists. We all need to reaffirm our commitment to raising our voices, walking the walk, and focusing on the most effective means to end the epidemic. It starts and ends with each of us. •



Award-winning composer and performer Fred Hersch has released *My Coma Dreams* as a fundraiser for TAG. Hersch, who is HIV-positive, was admitted to St. Vincent’s Hospital with septic shock in 2008, then endured a two-month coma and months of physical rehabilitation. *My Coma Dreams* employs music and theatre to describe dreams that he remembered during the ordeal. *My Coma Dreams* has received great critical acclaim and is being released on World AIDS Day with all proceeds

benefitting TAG.

DVDs are \$20 and can be purchased at www.treatmentactiongroup.org/MCD.

SUPPORT TAG

Supporting TAG is a wise investment in AIDS treatment advocacy. Every donation brings us one step closer to better treatments, a vaccine, and a cure for AIDS. Donate online: www.treatmentactiongroup.org/donate.

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.

TAG is proud to have been recognized by *About Health* as one of the top 20 HIV/AIDS charities, and one of the top two HIV/AIDS advocacy organizations, of 2014. Other charities included in the top 20 are the Elton John AIDS Foundation, amfAR, Project Inform, and Broadway Cares/Equity Fights AIDS. TAG is honored to be in such august company. Please see <http://aids.about.com/od/advocatelinks/fl/Top-20-HIVAIDS-Charities-of-2014.htm> for more information.

ABOUT TAG

Treatment Action Group is an independent AIDS research and policy think tank fighting for better treatment, a vaccine, and a cure for AIDS.

TAG works to ensure that all people with HIV receive lifesaving treatment, care, and information. We are 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 AIDS.



BOARD OF DIRECTORS

PRESIDENT

Barbara Hughes

SECRETARY AND TREASURER

Laura Morrison

Jim Aquino

Frank Bua

Joy Episalla

Kevin Goetz

Roy Gulick, MD

Rob Lennon

Richard Lynn, PhD

Alby Maccarone

Robert Monteleone

Jason Osher

Earl L. Plante

Frank Rappa

David Sigal

Whitney M. Sogol

Monte Steinman

EXECUTIVE DIRECTOR

Mark Harrington

DEPUTY EXECUTIVE DIRECTOR

Scott Morgan

EDITORIAL DIRECTOR

Andrea Benzacar

COMMUNICATIONS AND ADVOCACY

DIRECTOR

Lei Chou

TB/HIV PROJECT DIRECTOR

Colleen Daniels

U.S. AND GLOBAL HEALTH POLICY

DIRECTOR

Kenyon Farrow

TB/HIV PROJECT OFFICER

Mike Frick

HIV PROJECT DIRECTOR AND

TAGLINE EDITOR

Tim Horn

MICHAEL PALM BASIC SCIENCE, VACCINES, AND CURE PROJECT

COORDINATOR

Richard Jefferys

HIV PREVENTION RESEARCH AND

POLICY COORDINATOR

Jeremiah Johnson

INTERNATIONAL HEPATITIS/HIV

POLICY AND ADVOCACY DIRECTOR

Karyn Kaplan

TB/HIV PROJECT ASSISTANT DIRECTOR

Erica Lessem

ADMINISTRATOR

Joseph McConnell

TB/HIV ASSISTANT PROJECT OFFICER

Lindsay McKenna

HEPATITIS/HIV PROJECT DIRECTOR

Tracy Swan

Treatment Action Group

261 Fifth Avenue, Suite 2110

New York, NY 10016

Tel 212.253.7922

Fax 212.253.7923

tag@treatmentactiongroup.org

www.treatmentactiongroup.org

TAG is a nonprofit, tax-exempt 501(c)(3) organization. EIN 13-3624785