

# wise words

## Lipodystrophy and women

Of all the unintended effects from taking anti-HIV therapy, perhaps none is more visible than lipodystrophy. Lipodystrophy can diminish a person's physical and emotional well-being, leading to an increased risk of heart disease, diabetes and depression. This issue of *Wise Words* explains the many aspects of this condition. The cover article provides a brief overview of lipodystrophy, including a discussion of its effects on women living with HIV.

What do we mean by lipodystrophy?

Lipodystrophy is an umbrella term, covering three separate and possibly related changes in the way our bodies handle fat cells. Lipodystrophy includes both gains and losses in the body's stores of fat and changes in the amount of fat circulating in the blood. Scientists haven't yet agreed on the best way to measure or describe these dysfunctions and predicting who is at most risk for them is difficult.

Fat gain

Soon after the introduction of powerful anti-HIV therapy, there was an increase in reports of body shape changes. Abdominal (tummy) fat gain (*truncal* or *central obesity*)

was among the first complication noticed. The abdominal fat gained is underneath the muscle wall (*visceral fat*) and feels firm to the touch, as opposed to under the skin (*subcutaneous*) and soft to the touch. This softer fat is what most people accumulate with typical weight gain.

People also began noticing gains in fat on the back on the neck (*buffalo hump* or *dorsal fat pad*), around the neck, and underneath the breasts. The term used by doctors for all these kinds of fat gains is *lipohypertrophy*. Some people with HIV experienced these body shape changes before the availability of potent anti-HIV therapy, but it was not happening at the rate seen afterwards.

Fat loss

While some people gained unwanted fat, others lost fat in very specific areas—most commonly the face, arms, legs and butt. The medical term for this is *lipoatrophy* and is sometimes called *peripheral wasting* or *facial wasting*. This condition has been observed since the early days of HIV and since the very first anti-HIV drugs were used.

Fat in the blood

Lastly, doctors began noticing increases in the amount of certain fats—called cholesterol and triglycerides—circulating in people's blood. This is known as *hyperlipidemia* or *dyslipidemia*, and it has been linked to higher rates of heart disease and diabetes-like symptoms. Before the availability and use of anti-HIV drugs, HIV disease progression was associated with decreases in cholesterol levels, particularly "good" cholesterol. An increase in this blood fat is uniquely associated with using certain anti-HIV drugs.

### Greetings

#### Wise Women!!

Welcome to the first issue of *Wise Words* for 2005! Many of you responded to our *Wise Words* survey wanting to see information on lipodystrophy. This issue focuses on just that, providing information on its cause, possible treatments, personal stories and important advocacy issues.

While looks are not everything, how we feel about our bodies can affect our self-esteem. As women, we want to feel beautiful and attractive. The way we feel about ourselves affects our mind, body and spirit. Sylvia and Jennifer shared their personal experiences with lipodystrophy. I give both of these phenomenal women a lot of respect for facing their fears and working through their challenges.

If there is one thing that you take with you from this issue, take the inspiration of two women who used their own strength and determination to pull them through difficult times. Look in the mirror ... tell yourself, "I am a beautiful and phenomenal woman. Phenomenal me!"

Peace and blessings,



Shalini Eddens  
Women's Program Manager

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### What causes lipodystrophy?

At various times, lipodystrophy has been blamed on individual drugs, entire drug classes, and HIV itself. Despite ongoing research, its cause(s) remain uncertain. However, some important observations have been made.

Several studies show a strong link between using protease inhibitors (PIs) and dyslipidemia. Research suggests that some PIs pose more of a risk, most notably ritonavir (Norvir) and Kaletra (lopinavir+ritonavir).

A number of studies have linked nucleoside analogue (NRTI) drugs to lipoatrophy, especially d4T (stavudine, Zerit). Moreover, using NRTIs has been associated with a change in the way cells store and use energy (*mitochondria*) and with accumulation of fat in the liver.

Although some links have been observed between anti-HIV drugs and symptoms of lipodystrophy, no cause and effect relationship has been established. There are several theories on the root cause of lipodystrophy—including damage to mitochondria and immune system recovery. Some researchers believe that each of the three dysfunctions described above may have similar but different causes. Until there is better and more convincing research, we cannot know for sure. For more information about mitochondrial toxicity, call Project Inform's Infoline.

### What about lipodystrophy and women?

Both men and women can experience any of the symptoms of lipodystrophy. Some studies show small differences in

the overall rate of lipodystrophy, with women having a somewhat higher risk. Other studies show no difference.

However, women can experience lipodystrophy differently than men. Women seem more likely to experience breast enlargement and overall weight gain. They may be less likely to have facial wasting and higher levels of cholesterol and triglycerides.

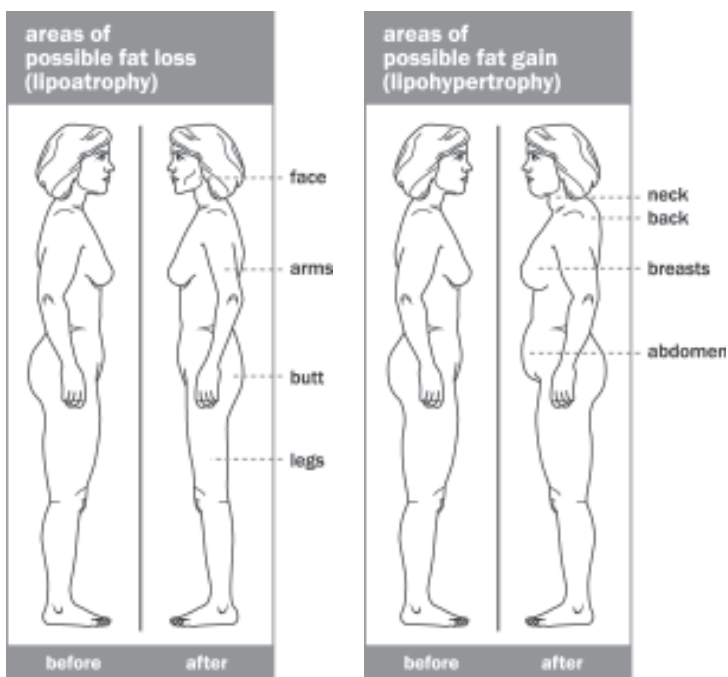
**Lactic acidosis and liver-related problems**  
A relatively rare but serious side effect is the build-up of lactic acid in the body, called *lactic acidosis*. One result of this is liver problems, including liver enlargement (*hepatomegaly*) with fat deposits (*fatty liver* or *steatosis*). This could result in liver failure and death. Symptoms of lactic acidosis include lab abnormalities, severe nausea, vomiting, and shortness of breath. Although a risk for lactic acidosis and liver problems is associated with all NRTIs, it may be even more of a concern with using specific ones, including d4T and d4T + ddI (didanosine, Videx). People who are overweight and/or those who have used NRTIs for a long time are at greater risk for this side effect. Women, particularly overweight women, appear to have greater risk for this side effect than men. The risk for severe (and possibly fatal) lactic acidosis appears to be greater among pregnant women who are using anti-HIV therapy that includes d4T and ddI.

### Why does lipodystrophy matter?

Lipodystrophy can have profound effects on physical well-being. Fat increases can have several effects, from a greater likelihood of diabetes and heart disease to developing sleep disorders, which carry their own health risks. Increases in cholesterol and triglycerides are believed to lead to a higher risk of heart disease. Indeed the research is showing an increased risk of heart disease for people living with HIV, especially those taking anti-HIV drugs.

The emotional impact of lipodystrophy is also critical. Lipodystrophy can change the way our bodies look, including perhaps the most personal and identifiable part of us, our face. These changes can make people feel marked by their disease and can lead to social isolation and depression. This can be particularly hard for people who want to keep their HIV status secret. Fear of lipodystrophy is a common reason for delaying or not taking anti-HIV therapy.

Lipodystrophy remains one of the great mysteries of HIV disease. While important research continues, more is clearly needed. There have been advances in treating fat accumulation (see *Human Growth Hormone*, page 3), cosmetic treatments for facial wasting, some success with changing therapy, and recent guidelines published for treating dyslipidemia. More research will hopefully lead to further advances toward preventing and treating lipodystrophy.



# human growth hormone

Human growth hormone (HGH) is also known as somatropin (Serostim). HGH is approved in the US for treating AIDS-related wasting syndrome. HGH is currently being researched in a large study as a way to treat lipodystrophy. It is believed that HGH may help reduce the amount of fat accumulating in the gut, breasts and back of the neck in people with lipohypertrophy. The study also hopes to learn whether low-dose maintenance therapy will keep the fat from returning. HGH is typically used once a day. The drug must be injected under the skin either using a needle or a coiled spring mechanism that injects drug (without a needle) in a pressure stream.

## Limitations and side effects

Though HGH may prove useful for treating lipohypertrophy, it does not cure it. One side effect is higher glucose (sugar) levels in the blood, which may worsen or increase risk of diabetes. Others include muscle and joint pain, swelling of the hands/feet, and carpal tunnel syndrome (pain, numbness and tingling in the hands/wrists).

HGH may also stimulate a tumor to grow. So if you have tumors or cancers that are not under control, HGH should not be used. HGH also increases HIV replication in test tubes, so people taking it should be on effective anti-HIV therapy.



## Our current situation

It will be some time before early results will be available from this large study. Until then, this use of HGH will remain "off-label". This means that a doctor can write a prescription for HGH, but it is not approved by the FDA for treating lipohypertrophy.

Since HGH is not approved for treating lipohypertrophy, it may be difficult or impossible to get it paid for or reimbursed by insurance or other payment programs. It is very expensive. The high cost and difficulty getting programs to cover HGH makes it a prime target for fraud. You may have seen ads for over-the-counter, "herbal" or "natural" HGH or substances that claim to increase the body's production of HGH. These products are NOT the same as the HGH you get with a doctor's prescription, and many if not all are highly suspect.

If you have lipohypertrophy, you can talk to your healthcare provider about whether HGH may be an option. If you have other questions, call Project Inform's Infoline at 1-800-822-7422.

## Checklist for lipodystrophy

Many people living with HIV are concerned about lipodystrophy. Early changes may be difficult to see.

Perhaps the most important thing a person can do is work with his/her doctor to recognize changes in body shape as early as possible. While only a doctor can diagnose you with lipodystrophy, you know your body best and can watch for changes. If you begin to notice changes, consider talking to your doctor. Some things you might pay attention to include changes in how your clothes fit or how your body looks. Some who specialize in diet and nutrition for people with HIV recommend having a friend or family member take a close-up picture of your face and measure your upper and lower arms, thighs and calves about every three months. You can share the pictures and measurements with your doctor and make them a part of your own medical file that you keep at home.

### Clothes

- Do your pants, shorts or skirts fit tighter around the waist?
- Do your pants, shorts or skirts feel looser in the butt?
- Do the sleeves of your clothes feel looser?
- Does the neck of your shirts feel tighter?
- Has your bra size increased or is it hard to fasten your bra around your ribcage?

### Body

- Are your cheeks the same fullness?
- Is your waist expanding?
- Are your butt cheeks the same fullness?
- Have the veins on your arms become more visible?
- Are the muscles on your arms and legs more visible?
- Do you notice any lumps on your arms and legs?
- Does your neck and upper back look the same size around or thickness?
- Are your breasts changing? (This may include getting larger, changing shape or feeling what some women describe as "heavier, thicker or different".)

## lipoatrophy

There are currently no drugs approved to treat the causes of lipoatrophy. Studies have found that people with lipoatrophy who take a regimen with d4T can reverse fat loss to some degree by swapping it with abacavir (Ziagen). Switching from d4T to tenofovir (Viread) may produce similar results. Because d4T is believed to be a major culprit in lipoatrophy, avoiding it or switching to a viable substitute drug if lipoatrophy is a problem may be a reasonable thing to try.

### Sculptra: one treatment for facial wasting

Facial wasting is perhaps the most obvious and apparent form of lipoatrophy. Several products may restore the fullness of a person's face, but only one has been approved for treating HIV-related fat loss in the face. Sculptra (NewFill), approved in the summer of 2004, is a synthetic injectable material known as *poly-L-lactic acid*. It has been used for years to make dissolvable stitches and different types of implants for cosmetic surgery.

### How does Sculptra work?

Sculptra is injected below the surface of the skin in the area of fat loss. It causes a gradual increase in skin thickness. Most people need at least four treatments, each about six weeks apart before noticing results. Sculptra doesn't correct the underlying cause of the facial fat loss, but does help improve the appearance by increasing skin thickness in the treated area.

Treatment results differ for each person. In most people studied so far, the results lasted about 18 months. Periodic treatments may be needed to maintain the effect.

The most common side effects include injection-related side effects such as bleeding, tenderness or pain, redness, bruising, or swelling. Also, small bumps under the skin in the treated area can form a number of weeks after treatment. The bumps are usually not visible, but can sometimes be felt under the skin.

Sculptra, made by Dermik Aesthetics, is only available through doctors who have been authorized by the company to use it. It costs roughly \$980 per treat-

ment for the Sculptra, plus another \$350–\$500 to the doctor performing the injections. For people who can not afford Sculptra, but who need treatment, Dermik Aesthetics has a Patient Assistance Program (PAP). To find a doctor near you or to find out more about the Sculptra PAP, call their toll-free number at 1-888-728-5787.

### What about the arms and legs?

For some people the loss of fat in the legs and arms can be as disturbing as facial wasting. When the fat is lost over time, the veins and muscles in the arms and legs become much more defined and obvious. Because most women carry more fat in their limbs than men, it sometimes takes longer for this kind of wasting to occur. When it does, however, it can often be much more obvious in women. There aren't yet any treatments, but it is hoped that current studies about lipoatrophy will yield promising treatments for the condition.

### What about the butt?

Another area of fat loss common with lipoatrophy is the butt. Loss of fat in the butt may not only affect the way a person feels about their appearance and change the way clothing fits, but it can also be physically painful. If enough fat is lost around the hips and tailbone, this can make sitting for any length of time quite uncomfortable.

There has been far less research on different methods for restoring fat loss in the butt than for the face, but at least three forms of experimental procedures are being tried. None described here would

be covered by insurance, so someone interested in them would have to pay out of pocket. The procedures include fat transfer, silicone implants, and injections of a substance called polyalkylimide (Bio-Alcamid). Though used in some European clinics to treat facial wasting, Bio-Alcamid is not currently approved for use in the US. More research is needed to determine how effectively it can treat wasting in the butt.

Fat transfer has not proven to be a very successful way to restore fullness in any part of the body. The results are too unpredictable and no method used so far has resulted in lasting results for most people who try it. It is also fairly expensive. Since people with lipoatrophy have few areas from which to take the fat, it is unlikely to be explored seriously.

It isn't clear whether silicone implant surgery will be either safe or effective for people with lipoatrophy. Several aspects of this surgery can make it less useful for treating wasting in the butt. First, the implant goes *underneath* the muscle, rather than on top of it, just under the skin where the fat used to be. The implant is also solid, rather than the kind of soft fluid sacs used as breast implants. Lastly, the recovery time is usually longer and more painful than almost any other form of plastic surgery and can cost more than \$7,000.



## lipohypertrophy

The accumulation of fat around the abdomen, breasts and neck (called lipohypertrophy) is a significant and visible problem for people living with HIV.

### Liposuction

Liposuction is the physical removal of fat tissue, using a vacuum-like device. Liposuction has proven successful for some people with lipohypertrophy, but not others.

In the case of abdominal fat accumulation, liposuction is not generally feasible. Unlike normal fat accumulation which consists of fat underneath the skin, in lipohypertrophy the fat is under the muscle wall, around the internal organs. This makes liposuction dangerous and likely impossible.

In the case of fat pads on the back of and around the neck, there are two complications. The first is this fat often has fibrous tissue mixed in, which can interfere with liposuction. Second, there have been numerous reports of the fat returning after removal. Some have reported better success using ultrasound technology to assist with liposuction. Despite these challenges, there has been some success. Any liposuction will cause pain, tenderness and possibly bruising and scarring where the vacuum is inserted.

### Breast reduction surgery

Breast reduction surgery is more invasive than liposuction and involves cutting out fat and breast tissue, re-

shaping the breast, and moving the nipple. While people are often up and about in just a few days, pain persists for several weeks and physical activity is restricted. Breast reduction surgery is much more painful than breast implants. Some report more enlargement occurring even after breast reduction surgery. Many have run into difficulties in getting this surgery covered by insurance. This is because the surgery is sometimes deemed cosmetic rather than medically necessary.

### Drug treatments

There are few good data on using drug treatments to reverse fat accumulation. Most research has been done on using anabolics (drugs that build muscle) like testosterone, oxandralone, and human growth hormone (HGH). Many anabolics have “masculinizing” side effects. For women, these can include darker and coarser hair growth on the face, balding, and changes to the timing and flow of their periods. Oxandralone and HGH do not have this problem. One small study of low-dose HGH showed some promise in reversing fat accumulation. A larger, follow-up study is currently underway. (See *Human Growth Hormone*, page 3.)

## hyperlipidemia

Increases in the amount of certain fats, called cholesterol and triglycerides, circulating in the blood is called *hyperlipidemia*. Hyperlipidemia is a problem for many people living with HIV who are taking or have taken anti-HIV drugs. Mounting evidence suggests that this increase in blood fats puts people at an increased risk of heart disease.

### What to do: prevention

Heart disease is one of the most common health problems in America. Small studies suggest that diet and exercise counseling made little to no impact on hyperlipidemia associated with using anti-HIV drugs. Although no impact was seen on lipid levels in these studies healthy living may still have decreased risks for heart disease in some meaningful yet unmeasured way.

### What to do: treatment

The most common drugs used to treat high cholesterol levels are called *statins*. Pravastatin (Pravachol) or atorvastatin (Lipitor) are often used when changes in diet and exercise haven't controlled the problem. Fluvastatin (Lescol) may also be an option, although there aren't as much data on its use. Also, some statin drugs and anti-HIV drugs can't be taken together. Niacin is often used to treat high cholesterol, but it has been linked to insulin resistance (a risk for diabetes) and flushing of the skin. Niacin should be used with caution.

Drugs called *fibrates* are used for elevated triglycerides (again when diet and exercise alone haven't been enough). Gemfibrozil (Lopid) or fenofibrate (Tricor) are preferred options. Some research has shown that omega-3 fatty acids—found in fish oils, flax seeds and leafy green vegetables like kale—can reduce triglycerides as well.

For people with both elevated cholesterol and triglycerides, there are few data to help guide people making treatment decisions. Several small studies of people living with HIV using both a statin and a fibrate have shown them to be safe. However, there's a concern about an increased risk for damage to muscle tissue over time, called *myopathy*. Some propose that adding niacin to statin therapy might be a safer alternative, but they caution that people need to be carefully checked for signs of insulin resistance.

## What about diet and exercise?

A balanced diet and regular exercise are important parts of healthy living.

What do we know about their roles in preventing and treating lipodystrophy?

- Lipoatrophy: Diet and exercise have not been shown to help restore fat lost to lipoatrophy.
- Lipohypertrophy: Some studies show modest improvement in lipohypertrophy from changes in diet and exercise, while others show none.
- Hyperlipidemia: Regular exercise and a diet low in saturated and trans fats can help control hyperlipidemia and reduce a person's risk of heart disease.



In 1999, she tried taking Serostim (page 3). However, she had to stop taking it because she was getting very bad joint pain. In 2000, she decided to take a medicine break for a year, thinking this would help with the changes in her body. But it didn't. So in August 2001, she went back on meds. In 2002, she got very depressed was put on Paxil and gained more weight. "I went up to 175 pounds. Everything was in my gut and people thought I was pregnant!"

Sylvia decided to join Weight Watchers with her cousin. "I saw it as a way to change the way I ate and more of a lifestyle than a diet. I really try to avoid things like cookies, sweets, fries and fried foods. If I do eat any of those things, I only eat a little bit. I really watch what I eat and I drink eight glasses of water a day."

In 2003, she went to Hawaii with her husband and got into a swimsuit. "I loved it! I didn't care about my skinny legs."

What's the most challenging? Getting used to my body and how it looked to me. My husband and I

Sylvia is a positive woman who has been living with HIV for 9½ years. She started taking meds in 1997. In 1999 she noticed changes in her body like loss of fat mass in her thighs and all her fat going to her stomach. She also noticed that her breasts were getting bigger. At the time she was taking 3TC (lamivudine, Epivir). She didn't know much about lipodystrophy until she started reading about it on the internet and talking with her doctor.

got married in 1998 (about a year before I started seeing changes in my body). I was getting fat and I got a little depressed. I had the hump on the back of my neck. My self-image was not good. It was like, "Oh my God."

But, life is too short to think about my body. I watch my body but I am not conscious about it. In the summer I will wear long shorts, so my legs don't show too much. In the winter I don't really wear skirts, otherwise, all you see is my skinny legs.

Tell us about your support system.

My husband is not criticizing! He tells me, "I don't care how you look. You're fine to me. It's not because of you, it's because of the meds."

I went to therapy and that helped with my self-esteem. I started to like myself again. I want to live. When my mind is more positive, I feel better.

If the meds I have to take do this to me, that's what I will do. I love the sun and I want to enjoy myself. I am out there for me and not for

them. I remind myself that I want to be around my family, and see my grandchildren. I believe in prayers. It has helped me with everything. It has helped me to get in a better space.

Seeing the changes in my body made me accept that I had HIV. I didn't really accept having HIV until 2002, after I had been positive for some time. I know that it's not a death sentence.

What message do you want to give to positive women reading this issue?

What counts is what's inside and not how we look. If these meds extend our quality of life and they change our bodies, it's okay. It's humbled me to take care of myself and not be so hard on myself. My body has changed and it's okay. My body is just a carrier. Therapy has helped, my family has helped, and I have helped myself. I am enjoying my life and taking advantage of everything that there is—that's what's important.

# voices

## from two positive women

Jennifer has been HIV-positive for 14 years. She just started taking medications two years ago and had stayed away from medications because she was scared of lipodystrophy. She started on nevirapine (Viramune) and AZT/3TC (Combivir). After the first three months, she gained 15 pounds. She noticed it all over, and felt bloated all the time. Then after about nine months of being on meds, she noticed her breasts getting bigger, her face getting bigger, her arms getting skinnier and hips getting smaller. We asked Jennifer to share her story ...

At the time, I thought I needed to start exercising. I thought maybe my medications were changing my metabolism, and it was going slower. So I joined a gym and started doing resistance training and cardio. I thought if I added more muscle to my body, then that could help burn fat and at least maintain my body size. When I started exercising, I noticed more muscle definition. I felt stronger, my moods were better, I had more energy and I felt like I was taking an active role in my health. It didn't really help a lot of the body changes, but I felt so much better about myself.

I had this constant full sensation in my belly and would get out of breath. I knew what was going on, since I am an educator and counselor, and many of the women that I work with have experienced lipodystrophy.

At the time, my relationship was falling apart—I obsessed around the fact it was falling apart because of my body changing. I kept thinking to myself, I'm not attractive anymore and he doesn't want to be seen with me. The whole thing triggered a lot of body image stuff for me and I got really depressed. I had put off meds for so long because I was really frightened about what could happen to my body. I had seen so many of my clients, with the hump on their backs, and I thought how could they deal with that!

Every day clients would comment on my looks, "Gurl, you're getting fat." So I had to deal with this publicly in my office. And I had to maintain some professionalism with them. But it was really hard, like a constant reminder.

My co-workers were great; I got a lot of support from them. I have a

close circle of friends who are not HIV-positive who were very validating and supportive. One friend of mine was extremely supportive, and he was really honest in telling me that he saw changes but did it in a sensitive and caring way.

I think it's valuable to talk to other women who are going through this. I have always struggled with body image. This made my body image worse; I feel monstrous. I am constantly looking at myself in the mirror and scanning my body.

Being physically fit does help how you feel. When I was exercising regularly, I had more energy and my self-esteem was great. It may not improve the situation with my body changes, but it made me feel better. Some things we can't change. It's a trade off! I just got the best lab work I have ever had yesterday. The benefits of taking the medicines are looking great for me right now!



meet jennifer

# medicaid under attack – *again*

Medicaid is the safety net healthcare program that serves low-income people, including more than 50% of American adults living with AIDS and 90% of children with HIV/AIDS. During the first term of the Bush administration, state Medicaid programs narrowly escaped proposals to cap funding at the federal level. Meanwhile, most programs suffered from cuts and other cost containment measures at the state level.

The next four years look even more problematic. The Bush administration is expected to move aggressively on the President's priorities, which include Social Security "reform", tax cuts, and war and anti-terrorism spending. Unfortunately, those priorities do not include strengthening the healthcare system.

A stronger Republican majority in Congress will be challenged to move Administration proposals quickly to prove that they can govern effectively with a majority in both houses and the Presidency. Many fiscal conservatives will look for savings to fund these expensive initiatives and decrease the growing federal deficit.

All of these factors leave Medicaid as the most likely target for serious cuts. On the other hand, Medicaid has many allies because of its essential role as a part of the social promise made to Americans. It has significant support among elected officials who have fought for better healthcare and many governors who understand its role in serving the health needs of some of

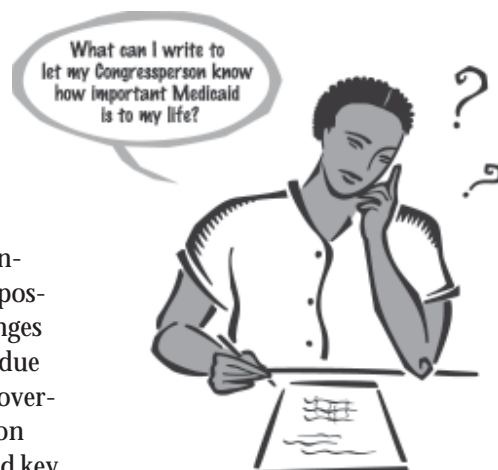
their most vulnerable constituents. In the past, proposals to make harmful changes to Medicaid have stalled due to lack of support from governors and strong opposition from health advocates and key Members of Congress.

This year, however, the dynamics have changed, placing Medicaid in greater danger. It is likely that President Bush will call for cuts in Medicaid spending as part of his budget proposal released in February. The new Chair of the Senate Budget Committee, Senator Judd Gregg (R-NH), has called for "controlled spending" for entitlement programs such as Medicaid, and has stated his desire to enact reforms. These cuts and changes could be part of the budget resolution that Congress will debate after receiving the President's proposal.

Advocates, including Project Inform, are working to ensure that Medicaid cuts do not get included in the budget resolution. The HIV Medicaid/Medicare Working Group is a national coalition of advocates working to protect and expand public health programs. Project Inform is a part of this coalition. The HIV Medicaid/Medicare Working Group is holding an educational event targeted at key Senators as one of the first activities of the new Congressional session. Providers and people with HIV/AIDS from key states who rely on Medicaid are coming to DC to speak directly with their elected officials about the importance of this program and the need to protect its funding and entitlement status.

Our work is cut out for us this year if we want to protect the healthcare programs people with HIV/AIDS depend on. While it can seem overwhelming, we are not fighting this battle alone. These programs are a part of the promise that government has made to ensure the health of people in the United States. Although our healthcare programs aren't perfect and leave many gaps, we can't step away from that promise and lose gains that have been hard won over the past 40 years.

Great challenges also bring opportunities. We have learned that we can protect these lifesaving programs even in the most challenging environment. However, your help will be needed. The stronger our voice, the better chance for success.



## you can get involved ...

You can get involved in a variety of ways. If you aren't on Project Inform's TAN email list, send an email to [tan@projectinform.org](mailto:tan@projectinform.org) with "subscribe" in the subject field. You'll receive Alerts on all of these issues, along with ways you can make a difference. You can also get involved with other policy organizations and coalitions. Go to [www.projectinform.org/org/presources.html](http://www.projectinform.org/org/presources.html) for a comprehensive policy resource guide.

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