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## DEAR READER

Sometimes taking a step back and looking at the “whole picture” helps us gain a better understanding of a situation. This issue of *RI TA!* does exactly that by providing an overview of HIV therapeutic development. In a time when we are considering second and even third generation anti-HIV drugs, it may very well be useful to pause for a second and take a fresh look at the landscape of HIV therapeutic development. However, the processes of developing anti-HIV drugs and conducting clinical trials are only part of this landscape. There is also a history of activism that has resulted in change: accelerated approval, treatment advocacy, and *community* representation at government and industry tables.

Which community? The HIV-infected and -affected community. Prior to victories won through AIDS activism, this community was simply made up of political constituents and commercial consumers. Now representatives of this community sit on FDA advisory panels, help direct government- and industry-sponsored research, and work on national (and international) policy. But enough history. There is still no cure. People are dying.

If anything, activism needs help. There are no longer throngs of sick people in the US clamoring for treatment, for equitable access to care. The drugs we have work—well enough anyway for many to return to their jobs and lead somewhat normal lives. People with HIV can blend in, for the most part. But compared to the inevitability of end-stage AIDS, drug side effects and toxicities are manifest in disjointed, individualized patterns. Pancreatitis here, liver toxicity there, the occasional case of lactic acidosis when chronic metabolic symptoms become too much for the body to handle. People even die from such things, but at least they are not dying of AIDS, right?

This all leads to, in a word, complacency. Such complacency has permeated the HIV-infected community at-large, and even spilled over into the uninfected population (with potentially disastrous consequences for prevention efforts). However, the realities of physically deforming lipodystrophy, HIV-related cancers, and drug-resistant virus are changing attitudes. Once again, people infected and affected by HIV need options, answers, and yes, a cure. Those joining the ranks of AIDS activists must have training and mentoring. Groups like the newly formed AIDS Treatment Activists Coalition (ATAC) and programs like the veteran North American AIDS Treatment Action Forum (NATAF) are making progress, but time and resources are limited.

So, this overview of HIV therapeutics serves multiple purposes: tutorial, review, state of affairs, and exploration of current and future challenges. Thanks to the authors, experienced AIDS treatment activists, for their contributions. And thanks to you, the reader, for your support and dedication. Together we can one day end AIDS.

Very truly yours,  
The Center for AIDS:  
Hope & Remembrance Project

A handwritten signature in brown ink, appearing to read 'Tom'.

Thomas Gegeny, MS, ELS  
Editor