



**TESTIMONY PRESENTED TO THE NEW YORK STATE LEGISLATURE  
AT THE JOINT HEARING OF THE  
SENATE FINANCE COMMITTEE AND ASSEMBLY WAYS AND MEANS COMMITTEE**

***2002-2003 Executive Budget Proposal  
Health, Medicaid & Aging***

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**PRESENTED BY**

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GAY MEN'S HEALTH CRISIS**

Chairman Stafford and Chairman Farrell; thank you for this opportunity to testify at this Joint Legislative Hearing on the Executive Budget. On behalf of the Gay Men's Health Crisis, I want to thank you and your legislative colleagues for all of the hard work and dedication that you have displayed during this time of crisis. As a New York-based organization, GMHC is especially appreciative of your extra efforts since September 11.

Since its inception in 1981, GMHC has served nearly one in every four persons diagnosed with AIDS in New York City. GMHC is widely regarded as a New York institution and a national leader in responding to the AIDS epidemic. As the world's oldest and largest AIDS service provider, GMHC now helps nearly 11,000 men, women and children with HIV/AIDS and their families each year. Our clients reflect the diversity of New York City: 69% are people of color, 30% are heterosexuals, 23% are women, and more than half reside outside of Manhattan. GMHC's compassionate and professional staff provide clients with comprehensive social services, including: benefits/entitlements advocacy, health care advocacy, case management, legal assistance, HIV testing and counseling, home-based support, and mental health services.

We recognize that most of your time and thoughts have been appropriately focused on the September 11<sup>th</sup> crisis, however we urge you not to forget the AIDS crisis that continues to grow as New York remains the nation's HIV/AIDS epicenter. Providers of HIV/AIDS services are reeling not only from the September 11 attack and the economic recession, but from continued budget shortfalls in the face of a growing need.

In light of the state's financial limitations, New York's AIDS Advisory Council has worked with the community in developing an abbreviated list of budget priorities. We strongly support their recommendations. We would further like to take this opportunity to highlight three recommendations that we feel are of particular necessity.

First, \$7.9 million dollars previously appropriated for AIDS services has been left out of the 2002-2003 Governor's budget and must be replaced. Second, there is an

urgent need for a new Communities of Color Initiative to address the HIV/AIDS epidemic where it needs the most attention, in communities of color. Finally, there should be \$2 million each allocated to the Community Service Programs(CSPs) and The Multiple Service Agencies(MSAs)/Community Development Initiative (CDI).

***Restoration of \$7.9 million to the budget***

Though providers have been committed to meeting community need, if new dollars are not appropriated immediately, the current fiscal situation threatens to undermine the infrastructure of HIV/AIDS services. Funding for HIV/AIDS services has not kept pace with the growing epidemic. Before the economic recession, the state had unparalleled resources and developed a budget surplus, yet funding for HIV/AIDS programs remained virtually steady while needs increased. While we understand budget difficulties in trying economic times, AIDS funding for crucial programs and services have suffered for far too long. The full range of needs of the HIV/AIDS community have to be met this year if we want to stand any chance of catching up with mounting needs.

Furthermore, service providers have been struggling with decisions to eliminate programs or layoff staff, while client waiting lists grow longer. In addition to the surge in the need for services, it has become an incredibly difficult challenge for providers to offer these services in light of such funding instability. When resources are allocated each year, with no assurance of continuation the following year, providers are faced with some difficult choices. Is it wise to hire and train staff for desperately needed programs that clients will come to rely on—without guarantees that the programs will continue to exist? In good faith, service providers have been operating this way, but we can no longer afford to do so.

*It is therefore essential that you restore the following \$7.9 million to this years budget.* This restoration includes \$1.75 million each for the AIDS Community Service

Providers (CSP) and AIDS MultiService Agencies (MSA)/Community Development Initiatives (CDI). There must also be restoration of the \$1.25 million for Treatment Adherence, which assists individuals in adhering to complicated HIV drug regimens. Also vital are \$1.25 million for Permanency Planning, which assists parents and new caregivers in planning for future care and custody of children orphaned as a result of parental incapacitation or death due to AIDS. Further, we must restore \$700,000 for Community-based organizations, Specialty Contracts; \$500,000 for HIV/AIDS Legal Services; and \$401,000 for Operational Support to Housing Programs through the Homeless Housing Assistance Program. Finally replace the \$200,000 for the National Black Leadership on AIDS; and \$100,000 for the New York AIDS Coalition. Many of these items proposed last year were simply long-overdue cost-of-living adjustments, others addressed new needs. The funds should not be up for review every year, but should be viewed as baseline funding. Restoration of this funding is crucial to our ability to continue delivering high quality HIV/AIDS services.

### ***Communities of Color Initiative***

The first cases of AIDS were identified among gay men in New York City in 1981. Twenty-one years later, more than 140,000 New Yorkers have developed AIDS, and more than 84,000 have died. New York continues to be the epicenter of the HIV/AIDS epidemic.

Hardest hit are communities of color, where in New York State newly reported AIDS cases among people of color has risen sharply—from 57% in 1985 to 80% as of 1997. According to recent studies, 30% of young gay black men may already be infected with the HIV virus. Clearly, New York's communities of color are in a state of emergency that cannot afford to be overlooked.

Communities of color have been affected by HIV/AIDS even more disproportionately in New York State than in the rest of the country. Nationwide, African

Americans and Hispanics constitute a quarter of the US population, but represent more than half of the cumulative AIDS cases. Statewide, according to NY's AIDS Institute, New York has reported more than 136,000 cases of AIDS, of which 73% are African American or Hispanic. Yet, African Americans and Hispanics constitute less than 42% of the population in the state. These high HIV/AIDS rates in communities of color are good indicators of the social and economic inequities felt by communities that need better access to quality health care, treatment and especially prevention programs. Community based agencies must be adequately funded to provide these vital services to underserved communities for the long-term.

We must address treatment, education and prevention in communities of color in a much more meaningful and comprehensive way than ever before. Over 75% of GMHC's clients who are HIV positive come from the most vulnerable areas, low-income communities and communities of color. *As part of the community of HIV/AIDS service providers, GMHC requests an allocation of \$12 million for a new Communities of Color initiative.*

The Community of Color Initiative should be a broad-based, specifically targeted campaign which would include a focus on prevention, counseling, testing and early care. There should be targeted HIV prevention programs to high risk populations including men who have sex with men, women, substance users and youth as well as support for AIDS service organizations who are experienced in serving communities of color.

***Allocate \$2 million each in funding to CSPs and MSA/CDIs***

The Community Service Providers and Multiple Service Agencies have been providing high quality valuable services to communities most at risk since their inception. They have been steadfast in ensuring a continuum of services in both HIV prevention-related and support services for those infected and affected by HIV/AIDS. Over the past two years, they have received flat funding even as they have been facing

increasing needs and providing more services. As programs and services have had to expand to meet rising needs, so should the resources that support these vital programs. It is time to appropriate the funding that keeps this work going forward. We urge you to allocate \$2 million each in funding to the CSPs and MSA/CDIs this year.

To conclude, GMHC is committed to working at all levels of government to ensure that the needs of people with HIV are met and their rights safeguarded. As part of that commitment we look forward to working closely with you in crafting sound, science-based, humane and cost-effective legislative and budgetary responses to the rising epidemic in New York State. We urge you to implement the three GMHC budget priorities before you. Thank you for your time.