The First Ten Years

GMHC

GAY MEN'S HEALTH CRISIS
1990 - 1991
ANNUAL REPORT
A Family of Volunteers

The six gay men gathered in playwright Larry Kramer's apartment—Kramer himself, Nathan Fain, Larry Mass, Paul Popham, Paul Rapoport, and Edmund White—could not wait any longer. Each of them, the three writers, the doctor, the lawyer and the banker, had friends who had been diagnosed with the deadly new disease. All of them were ready to help. That day, January 4, 1982, Gay Men's Health Crisis was born. So was the volunteer spirit that continues to be the driving force behind our fight to end AIDS.

The story of GMHC is a story of a community looking to itself in a crisis. In the early days of the epidemic, before there was a name for AIDS or government money to research it, there was literally nowhere else to look. Apart from a few articles in medical journals, there was virtually no public information about the disease, and no public outcry. The gay men being diagnosed with AIDS were largely ignored by the medical and political establishment. From the start, AIDS was accompanied by an epidemic of fear and avoidance.

Then, as now, GMHC volunteers worked to turn that avoidance into action. Rather than waiting for outside help, we made the most of what we had. Our first mailing lists were the address books of GMHC's founders and friends. Our first fundraisers were card tables set up in front of gay discos. The world's first AIDS hot line was established in May of 1982 after Rodger McFarlane, an early volunteer, offered GMHC his personal answering service. The Hotline got 100 calls the first night. Calls poured in asking for information about AIDS and how to prevent it. Other callers were sick and needed help getting care from frightened hospital personnel who were refusing even to enter the rooms of people with AIDS. Volunteers answered the calls, and rushed off to hospitals to confront doctors and change bed sheets.

Still more calls for help came, at all hours and from all parts of the country, to the home of Dr. Larry Mass. He worked with Nathan Fain and other volunteers to put out the first GMHC newsletter containing medical information about AIDS. In July, 50,000 copies of the newsletter were distrib-
and pitched the different services they wanted to offer.

"I figured it would take a one-day contribution on my part," said Ken Wein, director of the first GMHC volunteer training and later, of Client Services. "I imagined a four- or five-hour workshop with 15 to 20 volunteers." Instead, Wein found himself with an extra answering machine jammed full of messages. Each day, when he returned home from his job in a Queens hospital, he entered the particulars of each caller with AIDS in one ledger, the name of each prospective volunteer in another, and made the necessary match.

Sandie Feinblum, a volunteer Team Leader who later became GMHC's first deputy executive director, went to a training shortly after calling the Hotline for a friend. "Of the almost 100 people there, I was the only woman," she recalled. "Women involved with GMHC in the early days faced a lot of sexism, and we and the men had to work hard to understand each other. But no matter what stresses I or any other volunteer was under, we knew we were helping fight the greater damages being done by AIDS."

There were volunteer Crisis Intervention Workers to help people deal with news of their diagnosis, and volunteer therapists who ran support groups. Mel Cheren, another volunteer, offered GMHC rent-free space in a brownstone he owned on West 22nd Street. "AIDS was like an avalanche, with the stones just rolling and falling down a slope," Ken Wein said later. "GMHC couldn't stop the avalanche, but it

uted free to doctors, hospitals and clinics nationwide. Even the Library of Congress requested a copy.

Some volunteers brought expertise as lawyers, nurses or therapists. Others simply brought a willingness to work. "A lot of panic was eased by someone showing up to help people with AIDS clean, fight, call their parents and pay their bills," recalled Mitchell Cutler, a rare book dealer who coined the term "Buddy Program" and later ran this best-known GMHC service.

No one who answered the first GMHC calls for volunteers, and no one who made them, imagined that they would be asked to help so many for so long. When the small corps of GMHC volunteers needed to expand their ranks, they put out an appeal in The New York Native, threw a party for those interested

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"My family just didn't want to hear about it. Every time I mentioned my diagnosis to them, it was like I took off my mask and wiped myself off the map. I felt invisible. And I was panicking."

SERVICES

GMHC offers free services to people living with AIDS and HIV. People come to GMHC on the advice of their physicians and social workers, because they heard about us from a friend, read our literature or saw our ads in the subway. What they find here is a wide range of services suited to the array of problems they face: Client Services to help people with the emotional and practical aspects of living with AIDS; Legal Services to offer them advice and represent them in court; and Ombudsman services to investigate and resolve the problems they have with health care delivery.

CLIENT SERVICES currently serves over 3,200 men, women and children with AIDS and AIDS-related illness. Any resident of New York City who has been diagnosed with an AIDS-related illness can become a GMHC client.

Confronted by a sharp increase in requests for services, Client Services conducted over 1,500 comprehensive intake interviews this year. New and old clients took advantage of a wide range of services, which include:

■ Getting help to people with AIDS in homes and hospitals. More than 400 GMHC Buddies, Crisis Intervention Workers and Crisis Management Partners were dispatched this year to help clients deal with their diagnoses and the practicalities of daily life — shopping for groceries, doing the dishes, walking the dog.

■ Replacing isolation with support. This year GMHC ran over 2,000 support and therapy groups for people with AIDS, their care partners and the recently bereaved, including special groups for women, the chemically dependent and the visually impaired.

■ Fighting financial hardship. GMHC provided financial advocacy to over 2,200 clients this year, helping them obtain entitlements like Public Assistance, Social Secu-
could redirect where the boulders would fall.”

By the time the Centers for Disease Control had named the new epidemic in September 1982, GMHC had organized, incorporated, formalized the Hotline and had services to which callers could be referred. The new network of AIDS care had been created with no one being paid for his or her services and no person with AIDS being charged. While a small number of scientists were searching for ways to fund AIDS research, New York’s gay and lesbian community and their friends had created the first line of defense against the epidemic. But it was clear to the volunteers that they needed more people, and more money, to hold that line.

In less than a year, AIDS cases had gone from 152 to over 1,000. The boulders were falling faster and faster.

“No,” the management at Madison Square Garden said, it wasn’t interested in talking to the Gay Men’s anything. AIDS would be too hard an issue to sell to Ringling Brothers. Nor, they told GMHC’s fundraising committee, was it a cause likely to sell seats.

The GMHC fundraisers had no choice but to think otherwise. Coming up with the kind of money needed to help the growing numbers of people with AIDS was going to take a spectacular event like the Ringling Brothers Circus. When Madison Square Garden would not talk to the GMHC fundraisers, they went directly to the Circus’s owners in Virginia. Ringling Brothers said it would be happy to do business with GMHC. All it would take was $100,000, up front.

“We agreed without really knowing where the money would come from,” GMHC’s first treasurer Joe Paschek recalled. Once again, volunteers got out their address books. Phone calls were made. And in three weeks, so was the needed $100,000, borrowed from 100 different people each willing to lend $1,000. More volunteers put together posters and programs, sold ads and hawked tickets. A week before the circus, every one of the 17,601 available seats had been sold.

Leonard Bernstein conducted the national anthem on the evening of April 30, 1983. The program book contained an official proclamation of “AIDS Awareness Month” from Governor Cuomo, another declaring “Aid A.I.D.S Week” from Mayor Koch, and a sobering number of memorial notices. It was the first time a charity benefit had sold out Madison Square Garden in advance. It was the largest indoor gathering of gay men, lesbians and their straight allies that anyone could remember. And it was the largest AIDS fundraiser in history, raising $300,000 for the fledgling organization. “When we sat down and looked around the Circus that night, we realized we could do the impossible,” said Dick Failla, a longtime GMHC volunteer and former Board member. “For the first time, we had a financial base that would allow us to move our mission forward.”

Today, thousands of GMHC volunteers continue that mission. The people we serve now include lesbians, straight men and women, children, intravenous drug users and hemophiliacs: anyone diagnosed with
AIDS or HIV-related illness in New York City. Our volunteers — grandparents, teenagers and everyone in between — are also drawn from the wide range of communities affected by AIDS.

Last year, more than 2,200 volunteers contributed an estimated $2.5 million worth of services to GMHC.

Volunteers still come to GMHC with whatever skills they have. Early services begun by volunteers — the Hotline, Crisis Intervention, the Buddy Program, support groups — have endured and expanded, while new roles have emerged. Volunteers today offer administrative support, work in GMHC’s kitchen, teach workshops and give clients free haircuts, massage and nutritional counseling.

Still thousands more help GMHC raise the funds we need to keep going. The musicians and singers who perform at “Music For Life” at Carnegie Hall, the artists, curators and antique dealers who donate pieces for our benefit arts auctions at Sotheby’s, the people who danced in this year’s first annual GMHC Dance-A-Thon — they too are GMHC volunteers. “GMHC was created by volunteer passion and commitment,” said Nathan Kolodner, a veteran volunteer and president of GMHC’s Board of Directors from 1986 to 1988. “The moment we lose that, we’ve lost a lot of what GMHC is about.”

We have lost Nathan Kolodner, and Mitchell Cutler, and Ken Wein to AIDS. Paul Popham, Nathan Fain, Paul Rapoport and many other of our most dedicated volunteers are also dead. But GMHC’s volunteer spirit is still strong, forming the backbone of our organization. As of this writing, hundreds of GMHC volunteers are organizing Ten Days, Ten Deeds, a massive AIDS awareness campaign that will fill New York City streets, subways and airports with AIDS information from November 22 through December 1, World AIDS Day. A new Circus benefit at Madison Square Garden, with many of the original organizers and many new ones, is planned for March 1992.

GMHC’s AIDS Walk New York has drawn more people than any other AIDS fundraiser in the world for each of its six years. “By walking today, you are setting the pace for the next ten years of community effort against AIDS,” GMHC Executive Director Timothy J. Sweeney told this year’s crowd of 26,000 walkers. Backed by 200,000 sponsors, the walkers were also setting another fundraising record, bringing in over $4 million for GMHC and other AIDS organizations all over New York.

Step by step, GMHC volunteers keep moving forward, fighting on all fronts to bring an end to AIDS.
Challenging AIDS Discrimination

Money can't buy tolerance. People with AIDS, and people who worked with them, learned that lesson quickly after the Circus benefit and a state grant of $200,000 put GMHC in the black in 1983. The volunteers still had trouble renting office space: landlords who worried that you could get AIDS from a doorknob didn't want to chance it. Moreover, GMHC's decision to hire paid staff, including a financial advocate, did not always make it easier for people with AIDS to get badly-needed benefits. Applications for Medicaid and Public Assistance were frequently held up by City social workers who didn't want to touch the paperwork of people with AIDS.

Once again, volunteers filled the gap, finding rooms for GMHC services and social worker friends to complete the needed forms. All over town, people with AIDS were being evicted from their apartments, fired from their jobs, or cut off by their families. GMHC quickly became, and remains, a rare place for people with AIDS to feel safe.

GMHC also led the fight to open other doors to people with AIDS. When a physician was threatened with eviction for treating people with AIDS in 1983, GMHC helped fund Lambda Legal Defense to take the landlord to court. That litigation — the first AIDS discrimination case — set an important precedent when we won. That same year, GMHC's newly formed Legal Services Department worked to help people with AIDS draw up their wills and successfully lobbied the federal government to declare people with AIDS eligible for disability insurance.

Today, as many people with AIDS live and work longer, GMHC's paid and volunteer legal advocates challenge insurance companies, immigration restrictions and employer discrimination as often as they draw up wills. In the eight years of the Legal Services Department's existence, no GMHC client has ever been evicted from an apartment.

In hospitals, people with AIDS were being shunned or ignored. "BLOOD PRECAUTIONS: INFECTION MATERIALS," proclaimed huge red signs on the doors of AIDS patients' rooms, without regard to patient confidentiality. Visitors were unnecessarily forced to wear surgical masks and gowns. Hospital personnel used such extreme caution that the food trays of people with AIDS were commonly left outside their doors.

GMHC volunteers did the needed work, going into hospitals all over the city, advocating for proper care, feeding people with AIDS and offering them emotional support. The watchdog role played by those volunteers became a formal part of GMHC's mission when Bob Cecchi, one of our most seasoned health care advocates, created our Office of the Ombudsman in 1985.

The expertise of the GMHC volunteers was soon recognized by those whose negligence had helped create it. When administrators in New York City's public hospitals decided to teach staff how to attend to people with AIDS safely, GMHC was paid to lead the training. Television and print reporters, who for the first years of AIDS had all but ignored the
quarantine, our Policy
Department worked to
tell legislators that the
constitutional rights of
people with AIDS and
HIV are not expendable
in any attempt to protect
the uninfected. In 1988,
working with New York
State Health Commis-
sioner Dr. David
Axlrod, we saw our
recommendations on
confidentiality written
into law in New York
State.

Knowing that anti-
AIDS discrimination
measures were not
enough — that people
with AIDS needed other
protections when infec-
tions made them go blind
or neurological damage
put them in wheelchairs
— we also fought for
sweeping federal legisla-
tion to protect the
handicapped. With the
signing of the Americans
with Disabilities Act in
1990, people with dis-
abilities, including
people with HIV infec-
tion, won that fight. It
will take other battles to
make that law realty.

The issue of who takes
the HIV test, and how,
is still far from settled. In
1991, reports of patients
being infected in a single
Florida dentist’s office
led to renewed calls for
mandatory testing and
restriction of health care
workers, calls that
GMHC has vehemently
opposed. Pointing out
that universal precau-
tions against infection are
the best protection for
both patients and doc-
tors, GMHC has raised
its voice again and again
at the Centers for Disease
Control, the 1991 Interna-
tional Conference on
AIDS, and in the offices
of federal, state and city
officials. In New York,
our recommendations on
proper infection control
have once again been
turned into policy by the
State Department of
Health, though that
policy is already coming
under attack.

The many campaigns
launched recently to test
the patients of doctors
and dentists with AIDS
have not turned up a
single new case of HIV
transmission. Yet in
many parts of the coun-
try, popular hysteria and
media sensationalism
continue. So will
GMHC’s efforts to ensure
that public health is not
sacrificed to public fears.
Here in the country with
the world’s largest AIDS
caseload, we cannot let
the search for easy
solutions overwhelm
scientific realities.
We are all living with AIDS
Self-Empowerment

Why did I come to GMHC? To tal panic. My lover had died of AIDS, so I knew the possibilities when I was diagnosed. I needed to communicate with other people in the same situation.

“I didn’t like going near the building. It seemed too ‘AIDSY.’ But my Buddy came to me, and whenever he came I felt a lot less alone. After a while, I got out of bed and started going for lunch.”

Take the right to die — and LIVE — in dignity. Get full explanation of all medical procedures and risks. Exercise your right to choose or refuse treatment. Be involved at every level of decision-making at AIDS service organizations. We are not victims. We are People With AIDS.

Those principles, written by a group of activists with AIDS in Denver in 1983, laid the groundwork for the AIDS movement that has changed forever the way people with the disease are perceived. At GMHC, our work has centered around the basic assumption of that movement: People with AIDS don’t need pity. They need access to the services, information and medical care that let them stay in control of their lives.

“In the early days, you got a piece of paper with a name and address, or a phone call telling you to go to this or that place because someone there was sick,” remembered the late Joey Leonte, an early Crisis Intervention Worker who became GMHC’s Coordinator of Publications, and later, a GMHC client. “You didn’t know what you’d find: a family in crisis, someone who hadn’t been able to eat or get up to go to the bathroom for three days, or a man who felt fine today but was very worried about the future.” What people with AIDS had in common was an overwhelming sense of helplessness. GMHC threw them a lifeline, making sure that those individuals, their loved ones and their families understood that an AIDS diagnosis did not mean life was over.

Designed by the same people they served, GMHC’s programs helped people with AIDS help themselves. GMHC clients formed telephone teams to keep in touch with others who were homebound or hospitalized. Volunteers ran support groups to help clients cut through the isolation that is a common side effect of AIDS.

Our Recreation Program began as a weekly video shown in GMHC’s basement, with volunteers cooking food on an electric frypan after the movie. That program grew as volunteers and clients arranged outings to places they had connections: a cinema that would sell discounted tickets, a restaurant run by a friend, a theater willing to let people into a matinee for free.

The political profile of people with AIDS was also growing. New York’s People With AIDS Coalition was formed in 1985 to help people with AIDS make it clear that they expected to be treated as experts on the disease, not passive victims. That same year, other new groups — among them the Hispanic AIDS Forum, the Minority Task Force on AIDS and the Association for Drug Abuse Prevention and Treatment — formed to address the specific needs of the different communities affected by the epidemic. The Women and AIDS Resource Network, working out of a church basement, began in 1986 to provide support for women affected by the epidemic. In 1987, GMHC co-founder Larry Kramer helped organize the AIDS Coalition to Unleash Power, ACT UP, to pursue direct, confrontational political action to end the AIDS crisis.

At GMHC, a steady influx of clients kept the agency in a state of constant expansion. The single desk drawer that locked, once the site of all client files, was replaced first by a file cabinet, then by an entire room and a computer network. As people learned of their HIV infection earlier and lived with it longer, their questions became increasingly complex: what to do when other family members were also diagnosed; how to arrange foster care or immigration status; who to turn to about employer and in-
surer discrimination. Providing adequate answers took more volunteers and more staff. By the end of 1987, the two rooms where GMHC started had been replaced by five different office spaces spread throughout Chelsea.

Today, GMHC's six-story building on West 20th Street offers clients those services under a single roof. Forty-five different support and therapy groups meet weekly for people with AIDS, their care partners and the recently bereaved. GMHC's single electric frypan has turned into a Nutrition Program that feeds as many as 750 clients a week. A gym, acupuncture and chiropractic services, and classes on subjects from Spanish to Yoga help clients stay fit in mind and body.

The Recreation Program is also a place to share important medical information. "I used to hide my face when I came in this cafeteria," says one client. "But when I realized how much I could learn from the other people, I started talking." From the beginning, GMHC offered people with AIDS a place to weigh the advice of their doctor against someone else's. Contrast services received at different hospitals, compare notes with others on insurance reimbursement or benefits. When people with AIDS found differences in health care, they asked questions. Where they found flaws, they suggested changes. When they found negligence, they began demanding explanations.

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GMHC's clients are homeless or live in shelters or SRO hotels that are not medically appropriate for people with HIV infection.

• Improving care and services for women with AIDS. Because the medical establishment does not recognize some of the most common manifestations of HIV-illness in women, many are not diagnosed with AIDS or able to obtain needed benefits.

• Increasing options for long-term care. Though both cheaper and more appropriate for many people with AIDS than hospital beds, long-term housing remains virtually non-existent in New York City.

"I thought safer sex was for people you didn't know very well. I didn't know I had to use condoms with my boyfriend."

EDUCATION

THE EDUCATION DEPARTMENT is the largest non-governmental distributor of AIDS education in the world. Our methods of getting out information to those who need it are varied: publications, videos, workshops, and information tables in bars, clubs and on city streets. Our educational efforts are based on the knowledge that not everyone is infected with HIV, but all of us are affected.

This year, the Education Department simultaneously worked to reach communities that have received little AIDS education and to expand support to those that need more help to continue AIDS prevention. The Department's strategies included:

• Providing answers to pressing questions. Our Hotline, staffed by trained volunteers, answered 60,000 calls this year. The A-Team, our in-house, drop-in peer counseling group, offered counseling to over 1,000 individuals.

• Giving people AIDS information they can take home. GMHC distributed more than 1.7 million pieces of educational literature this year, 62% more than last year. More than 175,000 individuals picked up literature or asked a question of the volunteers at our community information tables.

• Expanding programs in communities of color. GMHC's new strategies include safer sex plays in Spanish and GMHC's House of
For the first six years of the epidemic, before a single drug was approved for AIDS, the best treatment was anybody's guess. People with AIDS who could afford it went to Paris for HPA-23, the treatment Rock Hudson was rumored to be using. They traveled to Mexico for ribavirin, a drug for respiratory infections unavailable in the U.S. They formed underground buyers' clubs to make and sell AL-721, an egg-based drug whose original manufacturer was stalling its release.

Everyone who took these drugs knew there were no guarantees. The only thing that was sure was that the government wasn't working fast enough. It often took a drug company as long as ten years to complete the experimental trials and truckloads of paperwork required by the Food and Drug Administration for new drug approval. For people with HIV infection, that was too long to wait.

In the meantime, there was anxiety and misinformation. Overflow
crowds packed the public forums where GMHC volunteers discussed the latest information and showed slides of the Kaposi’s sarcoma lesions associated with AIDS. People with AIDS-related illnesses had heard that you could progress to full-blown AIDS from breathing other people’s germs, and so were spending months sitting inside their apartments with their windows closed. Doctors and others eager to exploit the new market began to administer new, unproven treatments, while mail order companies peddled everything from “immune-boosting” vitamin packs to supposed miracle cures, all at exorbitant prices.

At GMHC, volunteers and staff pored over medical journals, separating fact from rumor and publicizing advances in AIDS research. “The days they announced the discovery of the virus or published that article saying that there was almost no trace of HIV in saliva, those were so exciting,” remembered former Hotline Director Barry Davidson. “It was such a relief to be able to actually tell people something concrete.”

In 1987, the Food and Drug Administration approved the drug azidothymidine, or AZT, for use against HIV. Although released in record time, AZT’s price — $10,000 to $12,000 for a year’s prescription — made it the most expensive drug in history. That same year a physician with AIDS, Dr. Barry Gingell, founded GMHC’s Medical Information Program and pressed for answers to the questions raised by the drug approval process. The new and expensive choice available to people with AIDS was also toxic for some of them, causing anemia, muscle cramps and liver dysfunction. What about people with AIDS who couldn’t tolerate AZT, or couldn’t pay for it? What about AZT’s effect on women, or people of color, on whom the drug had never been adequately tested? What about the other AIDS drugs still sitting untested in laboratories?

GMHC joined groups such as ACT UP and the People With AIDS Coalition to confront the medical establishment and demand accountability. As people living with AIDS, we asked for more and better clinical trials to test new drugs, and faster release of all promising results. No drug emerged in the first decade of AIDS that could stop HIV. But a handful of drugs have been approved that may help people with AIDS live long enough for a cure to be found.

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Latex to bring a safer sex message to gay youth of color. More than 9,000 Latino gay and bisexual men participated in GMHC educational forums this year, a 552% increase over last year. More than 5,000 African-American gay and bisexual men — an increase of 178% — participated.

Practical advice on safer sex. Over 4,500 people attended our workshops — “Men Meeting Men,” “Eroticizing Safer Sex,” and “Sex, Dating and Intimacy” — to help gay and bisexual men incorporate safer sex into their relationships.

Making condoms free and easily available. GMHC distributed nearly 1.5 million condoms to individuals this year, an increase of 160% over last year.

Creating long-term AIDS prevention programs. GMHC’s “Keep it Up!” program is the first in the world to help gay and bisexual men keep practicing safer sex. GMHC is now assisting organizations nationwide to provide similar support.

Speaking from experience. People with AIDS, Board members, volunteers and staff from our Speakers’ Bureau addressed 11,000 members of different community groups.

Educating professionals. GMHC’s AIDS Professional Education Program trained over 2,700 city mental health workers about HIV concerns, an increase of 23% over last year.

“Hope for people with AIDS comes with funding, not promises.”

ADVOCACY

The Policy Department fights to ensure legal protections for people with HIV, and adequate funding for the programs that serve them. Working independently and in coalition with other AIDS advocates, members of the Policy Department testify at hearings, organize community efforts, campaign for effective AIDS policies and lobby at all levels of government.

This year, fiscally one of New York’s worst, the Policy Department worked to beat back virtually all cuts in AIDS programs and fight for:

Disaster Relief. The Federal C.A.R.E. Act of 1990, though funded by Congress at only a third...
Today, those drugs — among them bacitracin and pentamidine to prevent AIDS-related pneumonia, gancyclovir and foscarnet to fight AIDS-related blindness, fluconazole to combat meningitis, and EPO to reduce AZT- and HIV-related anemia — can lengthen the lives of people with AIDS. People with AIDS, that is, who have some way of getting them.

Access to drugs has become as pressing an issue as their approval. AIDS drugs are so expensive that GMHC has fought for improved insurance coverage and government subsidies to help people meet the costs of their prescriptions. Because drugs are useless if there are no health care providers to administer them, GMHC has battled budget cuts that would reduce services in the public hospitals and clinics caring for the majority of New Yorkers with HIV. Nor
can preventive treatments save lives if people do not know about them. We are now advertising in streets and subways to get people to call our Hotline about treatment options. More outreach is needed: Even last year, thousands of New Yorkers died of pneumocystic pneumonia that is preventable.

For years the only antiviral drug available to people with AIDS, AZT has now been approved for use by asymptomatic HIV-positive people as well. It has been found to be less toxic and equally effective in lower doses. It is also cheaper than it used to be: under pressure from GMHC, ACT UP and others in the AIDS community, its manufacturer has twice lowered the price. But controversy about AZT’s efficacy, and the efficacy of the system that produced it, continues to run high.

GMHC is fighting harder for the increased funding and streamlining needed to make the research system work for people with HIV. A member of GMHC’s Policy Department now sits on the federal committee that designs and implements clinical trials. GMHC’s Medical Information Program closely monitors AIDS research, sending out almost 17,000 copies of Treatment Issues every six weeks to keep the public abreast of medical developments. The AIDS community has won the right for patients excluded from clinical trials to gain expanded access to experimental drugs. Our demands for a louder patient voice, now being echoed by people with cancer and Alzheimer’s disease, are shaking up other parts of the drug testing system as well.

GMHC’s own position on informed, voluntary HIV testing has changed with the changes in available AIDS treatments. The existence of new drugs and new state confidentiality laws led us in August 1989 to start encouraging New Yorkers to consider having counseling and an anonymous HIV test. “Individuals with HIV infection no longer have to sit by helplessly for the first symptoms of AIDS,” Richard Dunne, GMHC’s Executive Director at the time, said as he launched our new “Think About It” campaign. GMHC’s five-hour-long workshops of the same name have since helped hundreds of men and women get the information and the counseling they need to decide whether they wish to know their HIV status.

Drugs and access to them are only one part of the AIDS care continuum. Education — making sure people know how to protect themselves from HIV and what treatments are available if they are infected — is a crucial step toward curbing the epidemic. As the first decade of AIDS has proved, that step is not an easy one.
We are all living with AIDS Education

We know how to prevent AIDS, but we didn’t always. In the early days, theories abounded. You were at risk if you had more than 1,000 sexual partners, one theory ran. Others claimed you got AIDS from using “poppers,” a drug popular among gay men, or simply if you had gay sex. As more people died, and more of them were monogamous, or non-drug using, or heterosexual, these speculations were replaced by a general fear. Whatever caused AIDS, anyone could get it. And they could get it from sex.

The early GMHC volunteers knew that if sex was involved, AIDS would be difficult to stop. Sexual practices are hard to talk about and harder to change. Resistance was especially high among gay men, whose sexual lives had long been under attack. Gay sex was still illegal in 26 of the 50 states. The American Psychiatric Association had only removed homosexuality from its list of mental “disorders” in 1973. Why, less than a decade later, should the gay community trust the “experts” who were now preaching abstinence as the only form of AIDS prevention?

In 1985, the year studies first showed that condoms could block the transmission of HIV, GMHC’s Education Department began offering people an alternative to chastity: safer sex. Coming at the same time as the closure of bathhouses and backroom bars, the Education Department’s move to promote condom use put GMHC in new and controversial territory. Many gay men saw condoms and risk reduction guidelines as yet another attempt to regulate their personal lives. Even those who trusted the new information had little idea how to act on it. Thousands of gay men had never seen a condom, much less worn one.

For help in breaking down barriers, GMHC educators turned to their audience. On two weekends in October, 1985, hundreds of gay men arrived at a rented City school and divided into groups to evaluate our AIDS education strategies. There were materials that used a conventional approach — factual information mixed with admonitions provoking fear. There were erotic safer sex stories, and a video produced by GMHC on the theory that a picture conveyed what words could not. Led by trained facilitators, the assembled men talked, role-played, and asked questions. They came back two months later to answer questions about how their behavior had changed.

This study, known as “The 800 Men Project,” produced a new model of AIDS education. Participants responded when warned about what activities put them at risk for AIDS. But they responded even better when given positive images of the kind leaves over the part of the pictures they needed to see to understand. Erotic, explicit AIDS education worked.

The Education Department has worked steadily since to get people the methods and means to prevent the spread of HIV. Volunteers began distributing GMHC posters and condoms in bars, bathhouses and outdoor areas where gay and bisexual men gathered. Tables with condoms and literature were set up by outreach volunteers all over the city. As the scope of the epidemic expanded, the early GMHC brochures on those tables were joined by new titles: What Women Need to Know About AIDS, The Safer Sex Condom Guide for Men and Women, Women Loving Women.

Helping people practice what those pamphlets preach has been harder. To make the mechanics of safer sex easy, GMHC has created the Condom Pack: two condoms, water-based lubricant and instructions on how to use them, all in a smart, pocket-sized package. Recognizing that the same slogan or photograph is not equally effective in all communities, GMHC has also developed targeted campaigns — a video showing safer sex for lesbians, for example, and posters picturing men who are black and brown, as well as white. The Education Department’s People of Color Prevention Program now works with popular drag entertainers to promote safer sex in Latino gay bars, stages AIDS education plays at community centers and holds Sunday picnics in Harlem. To reach young people of color, GMHC has created the House of Latex, which takes condoms and safer sex information to the vogueing balls held all over New York City.

GMHC workshops that help people keep sex safe and satisfying continue to draw crowds. More than 50,000 gay and bisexual men all over the U.S. have participated in these forums run by GMHC volunteers. GMHC’s Audio-Visual Program, created in 1987, produces explicit safer sex videos that show and tell. The A-V
Program's cable television show Living With AIDS, broadcast weekly to 20,000 viewers, is the only television program in America that deals exclusively with issues relating to HIV.

GMHC's work to lower the rates of HIV infection, however, has raised opposition from conservative quarters. A GMHC brochure with step-by-step photos of how to put on a condom drew disapproving stares at the 1987 American Public Health Association Conference. In the U.S. Senate, our explicit Safer Sex Comix drew fire that same year.

North Carolina Senator Jesse Helms was "disgusted" by the comics, he told the Senate. He did not care about the findings of "The 800 Men Project" — or about the lives involved. His amendment to that year's appropriations bill barred federal funding of any AIDS educational materials that "encouraged or promoted" homosexual activity. When the amendment passed, GMHC proceeded to litigate against it.

Five years later, the Helms amendment is still in effect and GMHC is still waiting for our day in court. We have had to do without federal money as we produce the innovative, sex-positive AIDS education materials that we know work. Gay and bisexual men have responded to our message, accounting for fewer and fewer new AIDS diagnoses even as caseloads across the country continue to climb. But after years of practicing safer sex, many gay and bisexual men have admitted that they are not getting the support they need to continue. Hundreds of thousands of others — young men, men in rural areas, men of color — have yet to receive any effective AIDS prevention information at all. The government simply hasn't funded any.

In 1988, Surgeon General Koop used his position as the nation's leading health expert to get AIDS information to every household in America. That already overdue effort has not been repeated, and in the last three years America's AIDS caseload has almost tripled.

In May 1991, GMHC's Education and Communications Departments commissioned the Roper Organization to do a nationwide poll of attitudes toward AIDS education. The results made news. An amazing 92% of parents favored AIDS education for children ages 10 to 13. Ninety-nine percent of the population said they could use more information about how HIV is transmitted. "Americans aren't naive about AIDS education, they're desperate for more," GMHC Executive Director Sweeney said upon release of the findings. "This poll sends a loud and clear message that the only Americans afraid of learning about AIDS are in Congress and the White House."
One look at the numbers — 152 reported cases the first year, 1,300 cases the second, 4,156 the third — proved AIDS was gaining speed. The early GMHC volunteers had a more personal sense of the epidemic’s overwhelming growth. Buddy Team Leaders found themselves leading teams where fifteen of the team’s sixteen clients died in a week. In-take volunteers started seeing the names of more and more friends on files, and hearing more voices they knew on the phone. An entire generation of gay men and their friends in New York began talking not of how many people they knew who had died, but of how many were still alive.

Two years into this crisis, GMHC volunteers and staff looked to their government leaders for help. They found nothing. No money requested by the Reagan Administration for AIDS research. No complete studies on how AIDS was transmitted. The National Cancer Institute had spent less than one-tenth of one percent of its budget on studies on Kaposi’s sarcoma. Total AIDS spending at the Centers for Disease Control was $2 million out of a $202 million budget. By contrast, the CDC spent $9 million on the 1976 outbreak of Legionnaire’s Disease and $10 million in the first two weeks of the 1982 Tylenol scare.

In New York City, AIDS leadership was no better. “We couldn’t even get near the Mayor,” Larry Kramer remembered. “Every time I called, his liaison would either scream at me, hang up on me, or say he was going to call me back and never did.” Three years after the first cases of AIDS were reported, New York City had funded absolutely no AIDS education. Only one out of a thousand gay men in America had AIDS, an official at the newly formed State AIDS Institute observed in 1983. He added, “I wouldn’t consider that an epidemic.”

It took six years of mounting fatalities and news of Rock Hudson’s death on the front page of every paper in the country before President Reagan mentioned the word AIDS in public. By then, GMHC’s shock at the government’s negligence had been replaced by a determination to get the epidemic noticed. Few of the early GMHC volunteers had political experience, but many had money, education and professional training, and they used these to full advantage. Knowing that the media was one key to political influence, GMHC spokespeople found their way onto The Phil Donahue Show and into the pages of The New York Times. Our staff and volunteers confronted researchers and federal officials at conferences and symposia across the country. Working with allies in and out of Congress, we pushed successfully for increased AIDS funding. AIDS cases, however, increased far faster.

“Entering the political arena meant being treated like just one more player in the Most Needy wars,” observed former GMHC Executive Director Rodger McFarlane.
“Politicians said, ‘Okay, you’re the spokesperson for AIDS. Now meet the spokespersons for breast cancer, homelessness and drug use.’” AIDS, however, was growing exponentially. It was impossible, GMHC argued, for any social service agency to deal with homelessness or drug use in New York without addressing the issue of the epidemic. AIDS advocates needed to be included in all aspects of a social service system that was increasingly unable to deal with the strain.

The formation of the Policy Department in 1986 began GMHC’s intensified effort to keep AIDS high on the political agenda. Recognizing that a single, united voice was louder in the halls of city government than a chorus of smaller ones, GMHC joined forces with thirteen other city AIDS organizations to form the AIDS Budget Working Group (now called the Committee for AIDS Funding). The following year a new statewide coalition of AIDS groups, the New York AIDS Coalition, was formed. GMHC’s New York Citizens’ AIDS Lobby, a corps of volunteer lobbyists, was created to launch mail campaigns and deluge elected officials with phone calls. ACT UP chapters sprang up across the country and abroad, and GMHC boosted funding to our federal lobbyists, the AIDS Action Council.

“After years of outrage at government inaction, we realized that the only way to get the attention of our elected officials was to commit more time, more staff and more money to advocacy,” said Lenny Bloom, former GMHC Board member and Chair of AIDS Action Council’s Board from 1985 to 1989.

Because of AIDS, access to health care will never be the same. In New York State, AIDS advocates moved Blue Cross to offer open enrollment to people with serious illnesses, and won the right to have Medicaid pay the private insurance premiums of people with AIDS. “Family” has new meaning after our successful push for a proxy bill that lets individuals choose who makes their health care decisions when they can no longer do so. The recent Braschi decision that lets one domestic partner keep the apartment if the other dies was another victory for those of us whose families had never been legally recognized.

On the federal level, the AIDS movement threw its weight behind the Ryan White Comprehensive AIDS Resources Emergency (C.A.R.E.) Act to provide disaster relief to the 16 U.S. cities hardest hit by AIDS. Our feeling of victory was diminished when the Congressional committee charged with funding the bill for 1991 approved less than a third of the original amount proposed. President Bush and Governor Cuomo remained silent. Two months later, the President announced that more money for AIDS would make no difference anyway. “I wish somebody could convince me that if you could only spend a quarter of a billion dollars more, we would have the answer,” he remarked.

Some politicians already recognize that caring for the estimated one million Americans with HIV is part of “the answer” to the epidemic. New York State’s AIDS Drug Assistance Program to pay for AIDS drugs, for example, or New York City’s excellent rent subsidy program, show the difference that government can make in the lives of people with AIDS. Convincing policymakers and the public how important it is to expand that support is the work of GMHC’s Policy and Communications Departments.

We have become even more vocal in our campaigns, taking out full-page advocacy advertisements in major newspapers to draw attention to the issues, staging press conferences to oppose discriminatory immigration policies and inadequate state AIDS care, and working with other AIDS and health organizations to increase our collective power. As our experience with the C.A.R.E. Act demonstrates, we need to keep even greater pressure on the government if we are to prevent hard-won gains from being lost in political maneuvering. Imagine the outcry that would have come from the governor and residents of California if Congress had cut emergency aid to that state after the 1989 earthquake. AIDS is a far more serious disaster.
Fighting for the Future

Governor Cuomo releases a five-year plan on AIDS in 1989, and nearly three years later that plan's recommendations have been postponed or ignored. City Hall proposes cuts to New York's AIDS programs this year for the first time in the history of the epidemic. That news is followed by the Centers for Disease Control's announcement of a new AIDS definition that may mean 150,000 to 200,000 new cases nationwide next year alone. Even the new definition does not include the infections that disable many HIV-infected women, meaning that women with AIDS in America will remain vastly undercounted and untreated.

As AIDS cases skyrocket, government concern about AIDS is dwindling. "They'll find other ways to get together, so it doesn't bother me," President Bush remarked in August 1991, when U.S. immigration policies forced Harvard to move next year's International Conference on AIDS abroad. Now, that important conference will
have to be held in the Netherlands, a country that does not ban the HIV-infected.

GMHC cannot reverse the AIDS discrimination fueled by the Bush administration or take up the slack when the City shuts down its condom distribution program to save money. No community-based organization with an annual caseload increase of 30% can do the government’s job. What we can do is work to make sure that we are here to serve, and fight, in the next decade of AIDS.

Fighting for the future means expanding GMHC’s programs as the scope of the epidemic expands. Since 1988, the year that intravenous drug users accounted for more new AIDS cases in New York than gay men, the number of GMHC clients who have a history of injection drug use has doubled. This year, GMHC began a new support group for the chemically dependent, and an advocacy project to explore integrating comprehensive AIDS services with drug treatment. The needs of families with AIDS, who increasingly are coming to GMHC for help, are now being addressed through a new Child Life Program that offers babysitting, recreation programs and other support. The program also helps with the harder choices that can come with AIDS, such as arranging foster care for children who are orphaned.

Acknowledging where and how GMHC’s services fall short is another part of our fight. This year, lesbian AIDS professionals and activists issued GMHC a call to action, asking that we improve the services we offer to lesbians. Their concerns moved GMHC’s Board of Directors to add an explicit commitment to the lesbian community to our mission statement, and sparked a reappraisal of GMHC programs by senior staff. “We were presented with a clear, compelling statement of need and we responded,” said Joy Tomchin, long-time Board member and President of the Board from 1989 to 1991. “The next step is to see how we can expand services to make sure GMHC is a place lesbians can turn when HIV enters their lives.”

Making GMHC’s staff aware of the different needs and backgrounds of clients, volunteers and co-workers is essential to our service expansion. “For people of color, confronting racism is often a key to our living with AIDS,” says GMHC client and Board member Louis Grant. “You run into bias with every step you take to piece together a network of care: from doctors, in hospitals, at social service agencies.” At GMHC, all staff are now participating in the first part of a plan to dismantle some
of those biases: trainings that help us recognize the wide range of cultures represented at GMHC, the diversity of who we are in terms of age, gender, race, ethnicity, religion, sexual orientation and professional identification.

In AIDS education, fighting for the future means recognizing it would take ten years to make a vaccine accessible even if we had one. In the meantime, GMHC has had to come up with new strategies for long-term AIDS prevention. Our "Keep It Up!" program, the first of its kind, was created to help gay and bisexual men continue the safer sex practices that save lives. GMHC is part of a network of AIDS service providers now organizing to offer that support to gay and bisexual men nationwide.

Adolescents, the next wave of the AIDS epidemic, need all the AIDS education they can get. When Schools' Chancellor Joseph Fernandez proposed a plan to expand AIDS education and make condoms available in New York City public schools this year, GMHC successfully rallied a broad-based coalition of family health groups to back the proposal. We also rallied the public, buying time on major New York radio stations to build support for the plan. Our message was heard by the Board of Education, which voted to begin the new program in November 1991.

Fighting for the future means finding new ways to help clients get good care in spite of increas-

ingly limited resources. Eighty percent of our clients are on Medicaid, the state's health insurance for the poor. Some 20% of our clients are homeless, or live in city shelters and welfare hotels. Meanwhile, State and City budget cuts continue to close shelters and trim Medicaid benefits, making costly acute care the only health care available for the poor. We led a statewide effort to drive the concerns of people with HIV home to Albany this year, working with the New York AIDS Coalition to send 500 people with AIDS and their families up to lobby the state legislature. When the State budget was released shortly afterward, AIDS programs had been spared. But only spared.

GMHC is feeling the pressure of a constant increase in caseload without any real increase in government funding. "We're called the frontline troops against AIDS but aren't given the ammunition we need to fight," Board President Jeff Sorel says when discussing our strategy for managing growth. "We have to be very creative to keep helping more and more people without sacrificing the quality of our services." GMHC provides technical assistance as one cost-effective way of reaching more people with AIDS, sending attorneys from our Legal Services Department to work with those at the Minority Task Force on AIDS in Harlem, the AIDS Center of Queens County, and the Bronx AIDS Service Project. Our newly in-

augurated Fellowship Program is now bringing AIDS professionals from across the country for month-long training sessions in all areas of AIDS service.

We have taken a strategic view of the epidemic before. The decision to buy a building in 1985 broke the unspoken rules of AIDS service, and many hearts. "People couldn't understand spending all that money on bricks and mortar instead of on services," recalled former Board Member Jim Pepper. "But commercial landlords kept telling us they didn't want to rent to an AIDS organization. We knew that if we didn't take this step, in a few years there would be no way to take care of the growing numbers of people who needed help."

Unfortunately, our programs are already outgrowing our new building, and a number of departments that do not provide direct services to clients have moved to rented office space down the street. But our six stories, paid for by a special fundraising drive and furnished entirely by donations, stand as testimony to the strength of the volunteer spirit that has driven the fight against AIDS from the beginning. "For many of us, GMHC is the most important thing we have ever done," says Heidi Russell, a longtime GMHC volunteer.

"People come here all the time, look around and say, 'Isn't this a miracle? This is ours. We did it.'"

That feeling that we can do the miraculous. That is the pride of the AIDS movement. That is our history. As we move into the second decade of AIDS we need to remember that history, build on it, get greater numbers of people to stand up against this epidemic. Volunteer. Educate. Donate. Protest. In the fight against AIDS, ordinary people can make an extraordinary difference.
Foundation and The Health Services Improvement Fund to support the "Keep It Up!" program.

- Direct mail, which raised nearly $1.9 million in individual contributions, and GMHC's "Benefactors" monthly giving plan which raised $457,000.
- "Friends for Life," GMHC's new annual giving program launched with underwriting from Board member Judith Peabody, which raised nearly $800,000 from 375 major donors.

FINANCE AND ADMINISTRATION

As the AIDS caseload has grown, so has GMHC's staff and budget. This year finds GMHC with 200 employees, office space totalling 50,000 square feet in three different locations, and a budget of nearly $20 million. Four distinct departments provide GMHC with the financial and administrative support needed to operate efficiently and plan for future growth.

ACCOUNTING AND FINANCE

Records and tracks all financial activity of the agency for internal and external purposes, prepares GMHC's annual budget and financial statements, issues emergency grant checks to clients and payment to vendors, and produces our biweekly payroll.

FACILITIES

Is responsible for the smooth operation of GMHC's three office spaces; our six-story, 35,000 square foot headquarters on West 20th Street; our 5,000 square foot offices at 254 West 18th Street; and our newest office, 10,000 square feet at 20 West 20th Street. The department handles all purchasing of office supplies and equipment, telecommunications, maintenance and security for the agency.

INFORMATION SYSTEMS

Researches, designs, installs, and oversees all of GMHC's computer operations, and trains staff in the use of the various systems.

HUMAN RESOURCES/PERSONNEL

Oversees the recruitment and hiring of new staff, manages a complex array of wage and benefit packages, and coordinates programs such as our new "Diversity in the Workplace" trainings to improve job skills and help staff stay committed to the fight against AIDS.
STATISTICAL HIGHLIGHTS
1990-1991

VOLUNTEER HOURS

1990-1991
SERVICES 67.6%
Client Services 60.1%
Legal Services 6.7%
Ombudsman 0.8%

SUPPORT 19%
Volunteer Office

EDUCATION 13.4%

Total Hours: 165,695
Total Monetary Value: $2.5 Million

CLIENT SERVICES

TRENDS IN CASELOADS

RATIONAL MIX OF NEW INTAKES FY 90-91

Caucasian: 794 52.1%
Black: 339 22.2%
Hispanic: 355 23.2%

Asian-American: 11 0.7%
Native American: 7 0.5%

Other: 19 1.2%

1990-1991 REVENUE

TOTAL $18,769,784

Public Support* 80.5%

Government Grants 17.0%
Other Revenue** 2.5%

1990-1991 EXPENSE DISTRIBUTION

EXPENSE TOTAL: $18,076,390

40.6%
Client Programs

Client Services
Legal Services
Ombudsman's
Office

22.1%
Education

19.9%
Fundraising

5.9%
Advocacy

11.5%
Public Policy
Communications

Management and General

*Public Support: Contributions, Donated Services, Special Events, Established Memorial Fund
**Other Revenue: Investment Income, Rental Income, Publication Sales
Message from the Treasurer

Gay Men’s Health Crisis, Inc. (GMHC) has experienced phenomenal growth during the past decade. The fiscal year ended June 30, 1991 was no exception.

Total expenditures during 1991 for all of GMHC’s programs, services and associated administration (excluding the cost of fundraising) exceeded $14.5 million, 40% more than 1990. This includes the value of donated services which, based on New York guidelines for not-for-profit organizations, represented close to $2.5 million, a 32% increase from last year. However, the valuation of volunteer efforts cannot begin to truly quantify the enormous contributions of GMHC’s volunteers.

To help GMHC’s clients, more than $7.3 million was spent for direct client services, legal programs and ombudsman, 39% more than last year. GMHC spent more than $4 million, nearly 46% more than last year, for its education programs which include the Hotline and the new Fellowship Program. GMHC almost doubled its advocacy efforts, spending more than $2.1 million for public policy development and communications in light of government’s reluctance to fulfill its obligations.

While spending on all program services increased by 47%, spending on supporting services, including fundraising, increased by only 27%.

The very significant increase in total spending of 42% contrasts to GMHC’s increase in income of 31% for the same period.

Government grants continue to be a diminishing source of funds, representing less than 17% of GMHC’s total funds for 1991. As a result, GMHC must rely on the private sector for a greater proportion of its funding. The generosity of individuals through direct support, special events (AIDS Walk New York being the most significant), as well as contributions from corporations and foundations, provided GMHC with over $12.6 million in the 1991 fiscal year.

To ensure that money will be available to carry on its programs and services uninterrupted as demands on GMHC continue to increase faster than revenue sources, GMHC’s Board of Directors has provided for an Operating Reserve. Although amounting to $2.25 million, it represents less than two months of GMHC operating expenses — hardly a large cushion given the expected decline in government funding, the irregular timing of private contributions, and the anticipated growth in services. In addition, $750,000 has been reserved for a Program Development Fund which allows GMHC the ability to quickly establish new programs without the delays inherent in seeking new sources of funds.

GMHC ended its 1991 fiscal year financially sound. With the continued generosity of its donors and the unflagging efforts of its volunteers and staff, GMHC will continue its fight as we enter the second decade of the HIV epidemic.

Steven J. Spector
Treasurer,
Board of Directors
Gay Men’s Health Crisis, Inc.

Financial Statements

KPMG Peat Marwick
Certified Public Accountants
350 Park Avenue
New York, NY 10022

Independent Auditors’ Report

The Board of Directors
Gay Men’s Health Crisis, Inc.:

We have audited the accompanying balance sheet of Gay Men’s Health Crisis, Inc. (GMHC) as of June 30, 1991, and the related statements of revenue, expenses and changes in fund balances and of functional expenses for the year then ended. These financial statements are the responsibility of GMHC’s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of GMHC as of June 30, 1991, and the results of its operations and the changes in its fund balances for the year then ended in conformity with generally accepted accounting principles.

KPMG Peat Marwick

September 18, 1991
Balance Sheet

June 30, 1991 (with comparative figures for 1990)

<table>
<thead>
<tr>
<th>Assets</th>
<th>1991</th>
<th>1990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, primarily interest bearing</td>
<td>$2,302,376</td>
<td>1,317,899</td>
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<tr>
<td>Investments (note 3)</td>
<td>1,504,145</td>
<td>1,884,827</td>
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<tr>
<td>Government and other grants receivable</td>
<td>682,666</td>
<td>579,741</td>
</tr>
<tr>
<td>Pledges and other receivables (net of allowance for doubtful accounts of $50,000 in 1991 and 1990)</td>
<td>278,675</td>
<td>358,618</td>
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<tr>
<td>Other assets</td>
<td>152,951</td>
<td>113,715</td>
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<tr>
<td>Fixed assets, net (note 4)</td>
<td>10,466,281</td>
<td>9,959,815</td>
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<tr>
<td><strong>Total assets</strong></td>
<td><strong>$15,387,094</strong></td>
<td><strong>14,214,615</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Fund Balances</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$319,448</td>
<td>24,740</td>
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<tr>
<td>Deferred public support</td>
<td>423,080</td>
<td>238,703</td>
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<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>742,528</strong></td>
<td><strong>263,443</strong></td>
</tr>
</tbody>
</table>

**Fund balances:**

**Unrestricted:**

Designated (note 5):
- Operating Reserve: 2,250,000
- Program Development Fund: 750,000
- Capital Reserve Fund: 500,000

**Total designated**: 3,500,000

Undesignated: 567,556

**Total unrestricted**: 4,067,556

**Restricted**:
- Net investment in fixed assets: 10,466,281
- Endowment Fund: 34,000

**Total fund balances**: 14,644,566

**Total liabilities and fund balances**: $15,387,094

See accompanying notes to financial statements.
# Statement of Revenue, Expenses and Changes in Fund Balances

Year ended June 30, 1991 (with comparative totals for 1990)

## 1991

<table>
<thead>
<tr>
<th>Current Funds</th>
<th>Unrestricted</th>
<th>Restricted</th>
<th>Plant Fund</th>
<th>Endowment Fund</th>
<th>Total</th>
<th>1990 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Contributions</td>
<td>$4,713,518</td>
<td>428,726</td>
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<td></td>
<td>34,000</td>
<td>5,176,244</td>
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<tr>
<td>Donated services (note 7)</td>
<td>2,489,338</td>
<td>2,489,338</td>
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<td></td>
<td></td>
<td>1,892,216</td>
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<tr>
<td>Established memorial funds</td>
<td>156,824</td>
<td>156,824</td>
<td></td>
<td></td>
<td></td>
<td>169,904</td>
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<tr>
<td>Special events (net of direct benefit costs of $211,674 in 1991)</td>
<td>7,295,466</td>
<td></td>
<td></td>
<td></td>
<td>7,295,466</td>
<td>5,808,301</td>
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<tr>
<td>Government grants</td>
<td></td>
<td>3,181,844</td>
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<td></td>
<td>3,181,844</td>
<td>2,491,417</td>
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<tr>
<td><strong>Total public support</strong></td>
<td>14,655,146</td>
<td>3,610,570</td>
<td></td>
<td></td>
<td>34,000</td>
<td>18,299,716</td>
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<tr>
<td><strong>Other revenue:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Investment income</td>
<td>207,567</td>
<td></td>
<td></td>
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<td>207,567</td>
<td>151,249</td>
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<tr>
<td>Rental income</td>
<td>119,250</td>
<td></td>
<td></td>
<td></td>
<td>119,250</td>
<td>116,600</td>
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<tr>
<td>Publication sales</td>
<td>143,251</td>
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<td></td>
<td></td>
<td>143,251</td>
<td>135,617</td>
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<tr>
<td><strong>Total other revenue</strong></td>
<td>470,068</td>
<td></td>
<td></td>
<td></td>
<td>470,068</td>
<td>403,466</td>
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<tr>
<td><strong>Total revenue</strong></td>
<td>15,125,214</td>
<td>3,610,570</td>
<td></td>
<td></td>
<td>34,000</td>
<td>18,769,784</td>
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## Expenses:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Restricted</th>
<th>Plant Fund</th>
<th>Endowment Fund</th>
<th>Total</th>
<th>1990 Total</th>
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<tbody>
<tr>
<td><strong>Program services:</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Client programs</td>
<td>4,758,080</td>
<td>2,192,580</td>
<td>386,256</td>
<td></td>
<td>7,336,916</td>
<td>5,283,586</td>
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<td>Education</td>
<td>2,584,011</td>
<td>1,298,671</td>
<td>144,027</td>
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<td>4,026,709</td>
<td>2,762,905</td>
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<tr>
<td>Public policy development, information and advocacy</td>
<td>2,040,936</td>
<td>101,001</td>
<td></td>
<td>13,093</td>
<td>2,155,030</td>
<td>1,143,740</td>
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<td><strong>Total program services</strong></td>
<td>9,383,027</td>
<td>3,592,252</td>
<td>543,376</td>
<td></td>
<td>13,518,655</td>
<td>9,190,231</td>
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<tr>
<td><strong>Supporting services:</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and general</td>
<td>787,537</td>
<td>225,951</td>
<td>52,374</td>
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<td>1,065,862</td>
<td>1,223,421</td>
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<td>Fundraising</td>
<td>3,323,373</td>
<td>109,580</td>
<td>58,920</td>
<td></td>
<td>3,491,873</td>
<td>2,352,892</td>
</tr>
<tr>
<td><strong>Total supporting services</strong></td>
<td>4,110,910</td>
<td>335,531</td>
<td>111,294</td>
<td></td>
<td>4,557,735</td>
<td>3,576,313</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>13,493,937</td>
<td>3,927,783</td>
<td>654,670</td>
<td></td>
<td>18,076,390</td>
<td>12,766,544</td>
</tr>
<tr>
<td><strong>Excess (deficiency) of public support and revenue over expenses</strong></td>
<td>1,631,277</td>
<td>(317,213)</td>
<td>(654,670)</td>
<td></td>
<td>34,000</td>
<td>693,394</td>
</tr>
</tbody>
</table>

**Other changes in fund balances:**

| Plant acquisitions from unrestricted funds | (1,161,136) | 1,161,136 |

**Fund balances at beginning of year** | 3,597,415 | 393,942 | 9,959,815 |                | 13,951,172| 12,404,326 |

**Fund balances at end of year** | $4,067,556 | 76,729 | 10,466,281 |                | 34,000| 14,644,566 | 13,951,172 |

See accompanying notes to financial statements.
# Statement of Functional Expenses

**Year ended June 30, 1991 (with comparative totals for 1990)**

<table>
<thead>
<tr>
<th></th>
<th>1991</th>
<th>1990 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRAM SERVICES</strong></td>
<td><strong>SUPPORTING SERVICES</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Client Programs</td>
<td>Education</td>
</tr>
<tr>
<td>Staff compensation</td>
<td>$ 2,559,655</td>
<td>1,342,149</td>
</tr>
<tr>
<td>Donated services</td>
<td>1,981,642</td>
<td>499,236</td>
</tr>
<tr>
<td>(note 7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee health</td>
<td>521,461</td>
<td>314,847</td>
</tr>
<tr>
<td>benefits and payroll</td>
<td></td>
<td></td>
</tr>
<tr>
<td>taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional fees</td>
<td>248,032</td>
<td>390,355</td>
</tr>
<tr>
<td>and contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>service payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct mail</td>
<td></td>
<td>968,005</td>
</tr>
<tr>
<td>Supplies and postage</td>
<td></td>
<td>154,889</td>
</tr>
<tr>
<td>Telephone</td>
<td>97,726</td>
<td>47,635</td>
</tr>
<tr>
<td>Occupancy</td>
<td>224,477</td>
<td>131,067</td>
</tr>
<tr>
<td>Printing</td>
<td>81,955</td>
<td>455,212</td>
</tr>
<tr>
<td>Marketing and</td>
<td>23,717</td>
<td>109,299</td>
</tr>
<tr>
<td>promotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting expense</td>
<td>87,254</td>
<td>72,389</td>
</tr>
<tr>
<td>Travel</td>
<td>24,206</td>
<td>46,697</td>
</tr>
<tr>
<td>Grants to other AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>service organizations</td>
<td>390,361</td>
<td>100,060</td>
</tr>
<tr>
<td>Staff and volunteer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>training and support</td>
<td>88,320</td>
<td>47,534</td>
</tr>
<tr>
<td>Board expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff recruitment</td>
<td>54,989</td>
<td>32,741</td>
</tr>
<tr>
<td>Direct financial aid</td>
<td>131,402</td>
<td></td>
</tr>
<tr>
<td>Nutrition program</td>
<td>113,922</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>41,528</td>
<td>11,524</td>
</tr>
<tr>
<td>Rental and equipment</td>
<td>51,660</td>
<td>48,295</td>
</tr>
<tr>
<td>maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memberships/</td>
<td>9,002</td>
<td>10,068</td>
</tr>
<tr>
<td>subscriptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer software</td>
<td>34,528</td>
<td>39,146</td>
</tr>
<tr>
<td>Direct lobbying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>expenses</td>
<td>133,046</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>34,734</td>
<td>30,874</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>$ 7,336,916</strong></td>
<td><strong>4,026,709</strong></td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
Notes to Financial Statements

1. Organization

Gay Men's Health Crisis, Inc. (GMHC) was incorporated under New York State law on June 25, 1982. GMHC, the world's first AIDS organization, founded by members of the gay community, committed to the practice and realization of multiculturalism, and whose services are provided principally by volunteers, has as its purposes: maintaining and improving the quality of life for persons with AIDS (PWAs), persons with AIDS-Related Complex (PWARCs) and their caretakers; advocacy for fair and effective public policies and practices concerning HIV infection; and through education and AIDS prevention programs, increasing awareness and understanding of HIV infection. This year, GMHC's mission statement was amended to reflect the agency's commitment to the lesbian community.

GMHC volunteers, under the supervision of professional staff members, deliver a variety of direct services, education and advocacy for people with HIV infection, their caretakers and loved ones.

Client Programs – In Client Services, Intake Clinicians conduct intake interviews to assess new clients' needs and help them choose which GMHC services best meet those needs. Volunteers assigned as buddies help with chores clients can no longer handle themselves. Crisis Intervention Workers (CIWs) are assigned when more intensive emotional support is required. Crisis Management Partners combine functions of both buddies and CIWs for clients needing professional monitoring for physical and emotional needs. Group Leaders facilitate the many support groups GMHC offers clients, their caretakers, loved ones and friends. Financial Advocacy counselors direct clients to the proper government financial aid programs and help them receive benefits to which they are entitled. The newly-created Child Life program provides services to families with AIDS by offering babysitting, outings and other support to HIV-positive children, their siblings and parents. The Recreation Program offers diverse services, social activities and special events.

The Office of the Ombudsman advocates for PWAs who are not receiving adequate services from health care providers, hospitals and related services.

In Legal Services, volunteer attorneys provide direct services to GMHC clients, including estate planning, powers of attorney, living wills, as well as legal matters involving insurance, housing, discrimination, immigration and personal finances.

Education – In the Education Department, staff and volunteers operate the Hotline, handle Speakers Bureau engagements, help conduct public education seminars, advertise and facilitate safer sex workshops, and aid in the production of publications and videos. The AIDS Professional Education Program trains mental health professionals about the concerns of HIV-infected individuals. Started this year, GMHC's Fellowship Program offers month-long training sessions to professionals from AIDS service organizations around the country.

Public Policy Development, Information and Advocacy – The Policy Department utilizes a state-wide telephone and mail network to call legislators when HIV-related voting occurs. To push for favorable bills and against unfavorable legislation, full-time lobbyists are employed in Albany and Washington, D.C. In the Communications Department, volunteers and staff write, design, photograph and edit regular publications and special projects conducted by the department. This year, Communications created an advocacy campaign that combines full-page advertisements, paid radio spots and press conferences to heighten public awareness on important policy issues.

2. Summary of Significant Accounting Policies

Fund Accounting – The accompanying financial statements are presented in accordance with the reporting format recommended by the industry Audit Guide, Audits of Voluntary Health and Welfare Organizations, published by the American Institute of Certified Public Accountants.

To ensure observance of limitations and restrictions placed on the use of resources available to GMHC, the accounts are maintained in accordance with the principles of fund accounting. This is the procedure by which resources are classified for accounting and reporting purposes into funds that are unrestricted or restricted. Externally restricted funds may only be utilized in accordance with the purposes established by the source of such funds. Unrestricted funds include designated and undesignated funds over which the Board of Directors retain full control to use in achieving any of the organization's purposes.

Endowment funds represent resources that are subject to the restrictions of gift instruments which require in perpetuity that the principal be invested and that only the income from investments be used.

Revenue Recognition – Contributions and pledges are considered to be available for unrestricted use unless specifically restricted by the donor. Pledges are recorded as received and, if applicable to future periods, an equal amount is recorded as deferred public support.

Investments – Investments are presented in the financial statements at cost or at fair market value on the date of the gift, if contributed.

Fixed Assets – Fixed assets are reflected in the accompanying balance sheet at cost, or at fair market value at the date of the gift, if contributed. Depreciation and amortization have been provided on the straight-line method over the estimated useful lives of the assets or the life of the lease, respectively.

Tax-Exempt Status – GMHC is a New York not-for-profit corporation, exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code (the Code). Contributions by donors qualify for the maximum charitable contribution deduction. In fiscal year 1991, GMHC elected to fall under Section 501(h) of the Code in order to participate in limited lobbying activities regarding AIDS-related issues without jeopardizing its exemption from income taxes under Section 501(c)(3).

Reclassifications – Certain reclassifications of prior year's balances have been made to conform to the current year's presentation.
3 Investments

The cost and market value of investments are presented below:

<table>
<thead>
<tr>
<th></th>
<th>1991</th>
<th>1990</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>Market</td>
</tr>
<tr>
<td>Liquidating trust</td>
<td>$74,626</td>
<td>74,626</td>
</tr>
<tr>
<td>(not readily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>marketable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Treasury bills</td>
<td>836,535</td>
<td>843,336</td>
</tr>
<tr>
<td>Certificates of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>deposit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money market</td>
<td>592,984</td>
<td>592,984</td>
</tr>
<tr>
<td>accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,504,145</td>
<td>1,510,946</td>
<td>1,884,827</td>
</tr>
</tbody>
</table>

The Capital Reserve Fund is a reserve fund established primarily for capital expenditures associated with the completion of anticipated leasehold improvements for additional office space and equipment.

6 Real Property Lease Commitment

GMHC is obligated under operating leases for office facilities, including a new lease signed August 8, 1991, expiring at various dates through January 31, 1999. Future minimum annual rental payments through 1999 are as follows:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$281,600</td>
<td>312,300</td>
<td>194,500</td>
<td>198,000</td>
<td>199,700</td>
<td>309,300</td>
</tr>
</tbody>
</table>

7 Donated Services

Numerous volunteers have contributed many hours to GMHC to provide services to persons with AIDS, conduct fundraising, and provide administrative support to the organization. GMHC has valued the program-related services according to New York State guidelines for grant reporting purposes because those services constitute an integral part of the efforts of the organization and would be purchased if not provided by volunteers. Equivalent amounts of revenue and expense are recognized for these services.

8 Line of Credit

GMHC has a $2,000,000 line of credit available to support seasonal working capital needs. This line of credit will expire on December 31, 1991. On November 7, 1990, GMHC borrowed $250,000 against this line of credit. The entire loan was paid in December 1990, including interest at 8.5%. At June 30, 1991, GMHC had no amounts outstanding on this line of credit. No commitment fee is required for this line of credit.
Supporters of GMHC

Gay Men's Health Crisis

depends on the passion and
generosity of many thou-
sands of volunteers and
contributors to fulfill its
mission of providing services,
education and advocacy for
men and women whose lives
are affected by HIV

This mission is supported
by our dedicated corps of
2,500 volunteers, whose ef-
forts this year were valued
at $2.5 million. The true
worth of volunteer commit-
tment, however, is inestimable.
We wish to express our
deepest gratitude to all of
our supporters. In addition to the
names listed below, very special
thanks to the untold indi-
viduals, corporations, foundations
whose contribu-
tions of time and financial
support allow us to continue
the fight against AIDS

* Fund for Life Annual Fund
* Member, Benefactor’s
  Monthly Giving Program

$100,000 +

INTEREST ON LAWYER
ACCOUNT FUND
PHILIP MORRIS COMPANIES
RJR NABISCO, INC.
SAMAUL AND MAY RUDIN
FOUNDATION, INC.
THE TECHEL FAMILY
JOAN & BOB TISCH
LAURA & JONATHAN TISCH
LILLY & DONALD SUSENMAN
ELAINE AND JAMES
WOLFSOHN

$50,000 - $99,999

THE HEALTH SERVICES
IMPROVEMENT FUND
* WALKER MCKINNEY
JOCELYN MERITMORE
FOUNDATION
NEW YORK CITY AIDS
FUND
JEFF ROBERT & GARY
ANDERSON
UNITED WAY OF NEW YORK
CITY

AVAMERING FOUNDATION
* THE MALCOLM HEWITT
WIENER FOUNDATION

$25,000 - $49,999

AT&T FOUNDATION
EDWIN BRONFMAN, JR. AND
JOSEPH E. SEAGRAM & SONS
MARY ANNE AND J. MICHAEL
COOK
AARON DIAMOND
FUNDATION
* PHIL DONAHUE
ELEKTRA ENTERTAINMENT
GROUP INDUSTRIES
SCHINDLER GOLDSTEIN AND
FLAX, P.C.
THE J.M. KAPLAN FUND
EDWARD J. MINNOW
OVERBROOK FOUNDATION
* SAMUEL AND JUDITH
FEABODY
THE PAUL RAPORT
FOUNDATION
TIME WARNER, INC.
ANDREW P. TORIAS

$10,000 - $24,999

AETNA FOUNDATION, INC.
ANDERSON ENTERPRISES, INC.
AMERICAN EXPRESS
PHILANTHROPIC PROGRAM
AMERICAN SOCIETY OF
COMPOSERS, AUTHORS AND
PUBLISHERS
LOUISE A. BRADBURY
BROADWAY CARNEGIE
CAPITAL CITICS/ARC, INC.
CHAMPION ENTERTAINMENT
CITICORP
THE COWLES CHARITABLE
TRUST
CURAFLEX INJURY services
N.Y.
* RICHARD G. DANA, ESQ.
ROY DISNEY FAMILY
FOUNDATION
* DANIEL G. FARRIS
THE GAP BANANA REPUBLIC
DAVID GEFFEN
* CONRAD GUION FOUNDATION
TOMMY HILFIGER
* THE KENT RICHARD
HOFMAN FOUNDATION
DOUGLAS WILEY JONES
THE DONNA KARAN
COMPANY
STANLEY H. KATZ
HARVEY AND CONSTANCE
KRUZIS
* ARTHUR LAURENTS
* THE LESLIE FAY COMPANIES
R.H. MCINTYRE, CO., INC.
MR. AND MRS. JAMES S.
MARCUS FOUNDATION
* CURTIS W. MABRAW
FOUNDATION
* MINNIE LINDH LAUGHLIN
AND COMPANY
* J.P. MORGAN & CO.
INCORPORATED
* MORGAN STANLEY GROUP, INC.
* ALLAN MORROW
* CHARLOTTE NEUVILLE
THE NEW YORK COMMUNITY
TRUST
NEWMAN’S OWN, INC.
* ORTIE B. OTTO/ROBERT
RABINOWITZ
* JAMES C. PEPPER
POLLO RALPH LAUREN
CORPORATION
POLYGRAM RECORDS, INC.
* MR. AND MRS. JOHN J.
POMERANTZ
* LESLIE POMERANTZ
* MICHEL RAGUARD
* JEROME ROBBINS
* JOHN AND PATRICIA
RICHARDSON
* RICARD ROSS
* SANDPIPER FUND
* LAWRENCE SCHACHT
FOUNDATION
LAURA L. SCHEUR
SIMPSON THacher AND
BARTLETT
SMOKERFEE EDUCATIONAL
SERVICES, INC.
* SONY CLASSICAL
* BARBARA STANTON
STONEWALL COMMUNITY
FOUNDATION
* JOY A. TOMCIN AND DIANE
JEANNE TOWER ROOMS/VIDEO/BOOKS
* WESTMINSTER MEDICINE
THE VILLAGE VOICE
ROBERT AND GALE WALLACH
WCNY/FH/BROADCASTING
COMPANY

$5,000 - $9,999

ANGEL/EMI CLASSICS
BBC CLASSICS/SAFICA VICTOR
* LARA S. AND WALTER T.
BLOOM
* KEVIN D. BUCHANAN
CHARMER INDUSTRIES, INC.

* KEVIN G. COPPS
CORUS MONOGRAPH COMPANY
D.L. BLAIR CORPORATION
WILLIAM W. BODEM
WILLIAM S. DONELLL
* THE ELIZABETH
FORDHAM CHARITABLE
FOUNDATION
THE EQUITABLE FINANCIAL
COMPANY
* GILDER LEHRER
GILDER LEHRER
GILDER LEHRER
GILDER LEHRER
* HERBERT Z. AND RITA
GOLD
HANNAH BROWN
BARRETT HAMILTON
* JOHN C. HANNA
LEONORE HESTON
HOFMANN-LOEHR, INC.
* MRS. GILBERT W. HUMPHREY
PITTSON FOUNDATION, INC.
* D.J. KNTN & COMPANY, INC.
KORA/PERRY INTERNATIONAL
SOMA/HERMOSA
* JAMES LAMBERT FOUNDATION
LEUCAIDA NATIONAL
* THE LILLIE MAILMAN
MANUFACTURERS/HANOVER
* TRUST COMPANY
* MCCANN-ERICKSON USA
* GORDON J. MCINNIS AND
* A. RUBIN
* MARC ROCKEFELLER
MORGAN
* PATRICIA M. MANNING
AND NAEFF
THE NEW YORK TIMES
COMPANY
* MAY AND MORGAN
NEWBURGHE FOUNDATION
POLYGRAM CLASSICAL AND
AZA
* RADIO CITY MUSIC HALL
PRODUCTIONS
* REGATT, LTD.
PETER ROGERS
* MICHAEL GILFORD, ESQ.
* ANNE D. SHEPHERD
* ANDREW SHIVA
* GIL SWEET
* THE STUART
* THE ORGANIZATION, INC.
* ALEX BALDWIN
* BANKERS TRUST COMPANY
* JOHN S. BARTOLOME
* DEBORAH SHERMAN
* NORTON G. BERNET
* RICHARD J. BENTLEY
* BERNSTEIN FAMILY
CHILDCARE CHARITABLE
* CHARLES B. BEAR
* JOHN B. BACH,
* MAGNOLIA MARKETING
* COMPANY
* BARRY MANILO
* JEFFREY MARSHALLER
* MR. AND MRS. JOHN L.
MARION
* MIKE MARQUILES
* MCKEOWN AND COMPANY
* MR. AND MRS. BRIAN
MCVEIGH
* MERYLE WEBB PRINTING
COMPANY
* FRANK MORI/TAKUHO
INCOGRATIPATED
* MCVILLE NETWORKS
* TOMAS MUNOZ
* THOMAS PHILIP/HOUSE
* NEWSCAST NEWS cast
* NEW CAST NEWS cast
* NEW HOUSE/New York
* NEWSPAPER/New York
* NEWSWAY
* NEW YORK PHILHARMONIC
PUBLISHER, INC.
* PREMIUM/COASTAL
* BEVERAGE COMPANY, INC.
* RALPH'S GROCERY COMPANY
* DAN AND JEAN RATH
* RAYOCOR CORPORATION
* REPUBLIC BANK OF NEW YORK
* MRS. AND MRS. NICHOLAS S.
REO
* THE SAINT AT LARGE
* ELIZABETH B. SCHAEFFER
* ANNETTE AND FRED
SCHENEMANN
* BRIAN M. SCHOLES
* STEPHEN AND ELIZABETH
SILVERMAN
* RICHARD A. SONENKLAB
* SOUTHERN WINE AND SPIRITS
* OF AMERICA, INC.
* SOUTHERN WINE AND SPIRITS
* OF NEVADA, INC.
* JOHN STEDILA
* SYDNEY LEVY
* JOHN LEON TANCOFF
* TANTAR DISTRIBUTORS, INC.
* TELISON DISTRIBUTING
* COMPANY
* MR. AND MRS. MARVIN F.
TRIMINGAL
* UNITED WAY OF SOUTH-
* EASTERN PENNSYLVANIA
* VIDEO INDUSTRY AIDS
* ACTION COMMITTEE
* BOB AND SANDRA
* WAGENFELD
* ROBERT S. WEISS
* DENNIS W. WILSON
* JOHN W. AND JANE WIESENF
* JOANNE WOODWARD AND
* LAWRENCE W. BURNE, INC.
* THE YOUNG AND RUBICAM
* FOUNDATION

$1,000 - $2,499

HERVE AARON
* ROBERT HARIHARI
* J. VALERIE HAWKINS
* ANDREAS J. JAIS
* WILLIAM A. ADAMS, JR. AND
* STEVE HANES
* HERBERT B. AND RUTH A.
ADISE DAVES
* ADVANCE MONOBLOC
* PAUL J. ALTENBERG AND
* PETER STAMBUI
* LUCIANE ALESSANDRO,
* ARTS AND ENTERTAINMENT
* FREDERICK C. SMITH
* ACALONIA OSMERS
* FOUNDATION
* HENRY A. ALFORD
* PETER ALLEN
* ALLIANCE MUTUAL
* INSURANCE COMPANY
* EUGENIA AMES
* RICHARD ANDERHEIM
* CHRISTINE ELLEN ANDERSON
* DAVID E. ANDERSON
* LINDSEY ADDISON
* EDWARD ANDERSON
* MR. AND MRS. ANTHONY
* ALEKANDRA
* JOSEPH AUTRAS
* MR. AND MRS. ROBERT
* ADDISON
* ARTS AND ENTERTAINMENT
* NICK ALFORD SYSTEMS
* BURLINGTON ENSIFIED
* BALDWIN PIANO AND ORGAN
* CO.
* RAN FRANK WOODRECKS, INC
* WALTER M. BARNARD
* STAN BASS
* CHARLES B. BEAR
* KERRY BEDDELL
* STEVEN C. BELL
* CHARLES B. BERNSTEIN
* BENTLEY LAROSA SALASKY
* DESIGN
* DANIEL BERN
* JEREMY BERN
* ARTHUR AND ABIGAIL
* KRUGER BAYLOR
* SURI BEEVER
* STEVEN R. BLOCH
* BRIAN BLOCH
* LIONEL AND ADELE BLOCK
* SUSANNA AND ROGER
* BROWN
* JOHN W. BROWN
* TAMMY AND JIM T.
* BROWNBURG
* PETER BOAL
* ARTHUR B. BROOKS
* H.S. BEAU BOGAN AND
* ELLIOT M. FRIEDMAN
* ERIC BOSGANS AND JO
* BONNEY
GMHC Board of Directors
Jeff Soref, President
William A. Sweeney, Senior Vice President
John Bartolomeo, Vice President
Louis A. Grant, Secretary
Steven Spector, Treasurer
Jessie Barsin, Member at Large
Joy A. Tomchin, President Emeritus

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Ira M. Berger*
Leonard H. Bloom, Esq.
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Robert Cecchi*
Robert M.T. Diario
Harry Díaz*
Richard Dunne*
Hon. Richard C. Failla
Nathan Fain*
Brad Frandsen*
Joe Hernandez
Ronald Johnson
Dan Johnston
Nathan Kolodner*
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Larry Mass, M.D.
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Joe Paschek
James G. Pepper
Enno Poersch
Paul Popham*
Russell A. Radley
Mel Rosen

Stash Santoro*
John Stoddard
Rafael Tavares, Ph.D.*
Sam Watters
Robert Wechter
Nathalie Weeks

GMHC's Board of Directors is composed entirely of volunteers. Actively leading GMHC, they work every day to shape our policies and our future. As diverse as the communities we serve, members of the Board consult closely with every department within the agency, and speak out publicly to raise funds for and awareness about the fight against AIDS. Above, Board members hold up placards showing the total amount raised for GMHC and other AIDS service organizations at the 1991 AIDS Walk New York.

* deceased
In loving memory of:

Ricky, 30 years old
Ralph, 34 years old
Thomas, 36 years old
y 34 years old