GMHC Annual Report

Client presented with concerns that he may have beeninfected by his current partner. Client is overwhelmed by the prevalence of HIV in his community and feels the need to talk to someone about his concerns. Client reports that although he generally practices safe sex, he has had a recent change in his behavior, as he has developed feelings for a new partner.

Client began seeing a counselor in a S.T.O.R.E. program for clients who report recreational drug use in the past, but as with all clients, this focus is on abstinence and not on making positive changes. Client reports feeling anxious and subsequently his consumption of these drugs has increased. Client reports feeling isolated and consumed with his new relationship.

Client is in a new relationship with a woman of color, and is interested in changing his life and his current habits, and is interested in changing his life and his current habits, and is interested in changing his life and his current habits. Client was diagnosed over a year ago and has been out of the hospital for some time and is currently taking medication and looking for work. Client is excited about the prospect of a new relationship and is looking forward to the future.
GMHC continues to experience a significant increase in not only the volume but the diversity of newly registered clients. As the following scenarios illustrate, clients often enter with specific requests. Upon further engagement, it becomes immediately clear that there exist myriad underlying issues inextricably linked to the management of their health and well-being.
LETTER FROM THE EXECUTIVE DIRECTOR

Imagine if you will, the courage it took to assail a disease without a name, an origin, or a clear route of transmission. Imagine the commitment required to continue that assault for over two decades, fighting and never waiving. The founders of Gay Men’s Health Crisis had that kind of courage. Theirs was the first organized response to a disease that has and will continue to affect each and every one of us for years to come.

I am proud to say that the courage first demonstrated twenty years ago is as strong as ever at GMHC. Now, our challenge is to remain as facile as the virus is cunning; to respond quickly and directly in ways both new and effective; and to never be complacent. A dear friend says, “keep on keepin’ on,” an appropriate maxim as it honors the unrelenting commitment of the past while drawing on its strength for the future. That perseverance defines GMHC’s history, and perhaps more importantly, determines our future.

With alarming statistics emerging every day that indicate the pervasiveness of HIV/AIDS—and its disconcerting counterpart the growing trend by many to no longer consider it a threat—the need for GMHC and all that it does has never been greater. With mounting obstacles, decreased support, and the inevitable toll of two decades of struggle—we have much work to do. We must continue to provide quality care to those living with the disease and we must fight until new infections are not just stymied, but reduced to nothing.

GMHC will persevere in these endeavors. We will “keep on keepin’ on.” We will continue to increase the accessibility of our services to those communities pushed to the margins by income, race, sexual orientation, gender and stigma. We will continue to provide a safe space for all people infected and affected by HIV and AIDS—a space that is ever more inclusive—never exclusive. We will remain on the cutting edge of care, fashioning our services holistically—responsive to the needs of the human being living with this disease. We will continue to voice loudly the need for HIV and AIDS to be a local, state, and national priority—as a healthcare and human rights issue. Institutionally, we will continue to aggressively partner with other organizations to reach as many people as possible, maximizing our complementary skills and talents.

GMHC learns from and responds to the people we serve, the volunteers who keep us functioning, and the donors who make it all possible. The combined strength of these constituencies makes us an organization delivered and directed by the same desire—to serve. We are positioned to respond quickly and effectively to a disease that increasingly changes its direction and tactics. Resilience and determination are our greatest strengths. They guarantee our existence and efficacy for years to come and maintain our evolution, our ambition, and our tenacity. They are an integral part of our successes, inform the strides we have yet to take, and fuel the courage required to persevere in these challenging times.

Ana Oliveira
Executive Director
LETTER FROM THE CHAIRMAN OF THE BOARD OF DIRECTORS

Thinking about Gay Men's Health Crisis in 2001, the turbulent year that contained both the horrors of the World Trade Center attacks and the 20th year of AIDS, I am struck by the foresight and potency of our mission statement. It has been said that the test of a truly great mind is the ability to hold onto two opposing thoughts at the same time. GMHC is a truly great institution because under the leadership of our Board and our Executive Director, Ana Oliveira, it continues to grow and change to meet the increasing demands of the epidemic all the while doing more with less.

In a period of extraordinary tumult, GMHC has remained extraordinarily stable. In a year in which every resource was stretched thin, we reduced operating costs, reduced our cost to raise a dollar to 23.6 cents, and paid down our bank loan—so important to our future viability. As we have been asked to do more with less, I am proud to say that we were able to give raises to our staff and improve our benefits structure for the first time in three years. The strength of our mission, the professionalism and dedication of our staff, the commitment of our volunteers and donors—and our unique ability to adapt and progress—led to a year of exemplary service and cost-efficiency. In the past year, we:

- honored our heritage with an exhibition on the 20-year history of the epidemic at the Museum of the City of New York;
- expanded our Early Intervention Services through the introduction of Orasure (an orally-administered HIV test) and began offering syphilis testing in response to an alarming increase in syphilis rates in NYC, especially among gay and bisexual men in Chelsea;
- launched the Hotline Online Project, expanding the reach of our hotline services through online information-sharing, peer-counseling, and referral services;
- implemented the Managed Care Consumer Assistance Program for HIV-positive clients on public assistance who rely on HMOs for their health insurance;
- enhanced our policy presence through hosting a landmark forum on global treatment access, held in conjunction with the United Nations General Assembly Special Session on AIDS;
- expanded Soul Food and Proyecto P.A.P.I., our community-building and HIV-prevention initiatives for black and Latino gay and bisexual men; and
- through a major gift from a longtime donor, Terry K. Watanabe, launched the Addie J. Guttag Partnership Initiative to provide momentum to new collaborative efforts, new technical assistance programs, and new outreach activities.

What follows is a portrait of the agency over the past 18 months. We felt that any year scarred by the events of September 11 warranted some extra time for reflection and appraisal in order to communicate as full a picture as possible. We hope that the pages that follow honor the selfless contribution of time and creativity, generous financial support, and forceful activism we benefit from every day of our lives. I invite you to read them with an open heart, a curious mind, and a prodigious commitment to join in our efforts.

[Signature]

William F. McCarthy
Board Chair
HIV Prevention Initiatives remain the most effective, broad-based strategy to accomplish the first critical task outlined in GMHC's mission statement—to reduce the spread of HIV disease. In the absence of a cure, prevention initiatives provide a crucial access point where we can intervene, directly alter the course of the epidemic, and save lives.

Prevention, though highly instrumental in the effort to halt this epidemic, brings with it a number of challenges. It must reflect cultural norms relevant to vulnerable communities and it must continue over time. It must address the differences within highly diverse populations. And it must engage each of the communities it seeks to serve in a culturally appropriate dialogue—GMHC does just that.

In 1985, GMHC began that dialogue when it conducted the groundbreaking survey—the 800 Men Project. The survey changed the face of HIV prevention, determining that gay men responded to gay-affirming, sex-positive, explicit HIV education. Sixteen years later, GMHC continues to provide provocative education materials like The Arrow of Love, a new brochure about uro-genital health, which ran as an insert in the popular free gay weekly, HX. The Sexual Health Survey of gay and bisexual men, conducted from 1998 to 2000, followed in the footsteps of the 800 Men Project, reestablishing this important dialogue on a grander scale by engaging thousands of community respondents. Groundbreaking in the size and diversity of its sample, the survey continues to yield an unprecedented level of detailed information about men who have sex with men throughout New York City.

Well informed—and equipped with two decades of experience—GMHC has become an invaluable resource to thousands of people seeking accurate information regarding HIV and AIDS. GMHC created the very first HIV/AIDS Hotline. Beginning as an answering machine in a founder’s apartment, it has expanded to become a national and international resource on the phone, in person, and online, playing an instrumental role in breaking the isolation many people with questions and concerns about HIV and AIDS feel. In addition, the Hotline remains one of the only national interactive HIV/AIDS resources that provides counseling as well as referrals.

Another reflection of GMHC’s priority to engage vulnerable communities is our community-based, peer-driven outreach programs each of which target and serve a distinct community in ways informed by that community. Gay Gotham is an initiative helping gay- and bisexual-identified men to collaboratively raise a greater consciousness of HIV prevention and sexual health through workshops, groups, and one-on-one peer counseling sessions about sex and relationships. Gay Gotham volunteers hand out prevention materials and interact with the community at bars and dance clubs in New York City. Soul Food, an initiative helping black men
who practice same sex desire connect with their peers, recently expanded to
include Soul Food Plus—a specific prevention intervention for HIV-positive black
men to discuss sex, how to stay safe, and how to protect others from infection.
Proyecto P.A.P.I. (Poder, Apoyo, Prevención e Identidad (“Power, Support,
Prevention, and Identity”)), a program involving volunteers working in HIV
prevention among immigrant Latino gay and bisexual men in New York City,
recently grew to include a new group in Portuguese for HIV-positive gay men—
thereby expanding our ability to reach an even more diverse audience. It also
houses QUE (Queer Urban Explorers), a program targeting young Latino gay men.
The House of Latex Project, a program now in its 11th year, continues to target

Client is a 22-year-old gay African American male. Client is seeking HIV
counseling and testing due to recently learning that a former sexual
partner tested HIV positive. Client presented with concerns that he may
have been infected by his partner after having had sex without a condom.
Client reports that although he generally practices safe sex, he finds it
difficult to be consistent when he is falling in love. Client is
overwhelmed by the prevalence of HIV in the world and wants prevention
counseling services to help him address the levels of risk in his behavior.

members of the House/Ball community, a social network of primarily black and
Latino, gay, bisexual, and/or transgendered youth and young adults. The House of
Latex Project provides group and individual support throughout the year and
culminates in the largest community-wide prevention effort of its kind, The House
of Latex Ball—a wildly popular community event with nearly 3,000 participants.

An holistic, harm-reduction approach informs every aspect of GMHC’s
prevention services. For example, GMHC was the first to include substance use
counseling in a prevention effort—addressing the relationship between substance
use and risk behavior. Today, many of our clients participate in our Steps Towards
Change group, helping them develop plans and coping skills to deal with their
substance use issues, reducing their risk of infection and increasing their well-
being. In addition, the Gay Men’s Counseling and Education initiative provides
education programs, drop-in safer-sex counseling, ongoing groups, and one-on-one
counseling for both HIV-positive and HIV-negative gay men.

Responding to the expansion of the AIDS epidemic, GMHC developed
programs and strategies addressing the impact of HIV and AIDS in communities
of women. The Lesbian AIDS Project (LAP), created in 1992, addresses the
absence of HIV-related services for women who have sex with women. By
affirming and engaging lesbian-identified women living with HIV, GMHC seeks to
remedy the many layers of stigma that impact them. Within LAP, the Latina
Initiative targets the unique HIV and health-related needs of the Latina community

spread of HIV disease...
and serves as a bridge, integrating Spanish-speaking women into the services provided by GMHC. Other women-focused programs, like Women In Action and its sister Mujeres en Acción, provide counseling, prevention education, support groups, and referral services, building self-esteem, and offering all women, regardless of sexual identity, a variety of opportunities for personal growth in a safe and empowering environment.

All of these efforts engage marginalized communities with voluntary testing, information, and care. The nature of the HIV testing and counseling programs at GMHC directly reflects significant changes within the disease itself. Over the past two decades AIDS has grown from an epidemic to a pandemic. The painful realization that this disease would not be swiftly eradicated demanded a significant change in the methods used to prevent its spread. GMHC’s evolving prevention philosophy acknowledges that people must assess their own risk taking. Within the context of sexual and emotional well-being we provide services that address factors that may adversely affect decision making and put a person at risk of HIV infection.

GMHC has long been a pioneer in the development of explicit and culturally targeted educational materials.

Our trained peer volunteers working in the field seek to engage persons at risk with testing and care. In fact, many vulnerable community members frequently access GMHC’s services through the David Geffen Center for HIV Prevention and Health Education. The Geffen Center tested 1,500 people over the past year with an unequalled 98% rate of return for test results. This stands in sharp contrast to the New York City Department of Health’s 50% rate of return. These numbers clearly reflect both the importance and quality of our testing services. The Geffen Center offers both blood and oral mucus-based testing by appointment and via walk-in hours, and this past fall, began testing for syphilis (in partnership with the Department of Health). Furthermore, 99% of people who test positive at the Geffen Center have an appointment with a primary care physician within two
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weeks of their initial test, speaking directly to the Center's effectiveness as a bridge to both medical provision and GMHC's services, which offer a comprehensive array of treatment and education programs.

By cultivating an organic intelligence—basing our education and outreach on information and experience gathered in the field—GMHC has become the leader in providing relevant, specific, and, most importantly, effective prevention services. We are an organization informed by the very people we serve. In addition, by recognizing (and encouraging) the multiple points of intersection within all the communities we serve, GMHC is able to provide accurate and effective prevention services to all, at the exclusion of none.

Client is a 30-year-old gay white male living in Manhattan. Client began seeing a counselor in SUCE program for crystal meth use and the sex he is having on crystal meth. Client reports recreational drug use in the past, but the inexpensive, long-lasting high of crystal in combination with its disinhibiting side effects have made him more interested in getting high, both with others and when he’s alone. Drug use has not yet interfered with client's job, though recent promotion has increased his expendable income and subsequently his consumption. Client reports feeling lonely and bored, and having sex with 5 to 12 people during any given weekend, but feeling consistently alienated. In groups, client is examining the relationship between his sex life and his crystal habit, and is interested in changing those behaviors.
THE LIFE AND WORK OF GMHC centers around the basic assertion that people with HIV and AIDS need information, access to services, and medical care to stay in control of their lives. From the beginning, our programs have been designed to respond to the people we serve. Today, we continue to adapt to the epidemic and its alarmingly increasing numbers. Our programs provide stability in an increasingly difficult environment, addressing a range of quality-of-life issues that so many take for granted: food, housing, access to health care and mental health support. We support individuals working to transform their lives and their communities. GMHC provides free services for everyone in New York City infected with and affected by HIV and AIDS: from those at risk to long-term survivors, from those newly infected to those struggling with failing therapies. In so doing, GMHC uniquely responds to the true depth and complexity of this epidemic under one roof.

This complexity is reflected in every aspect of GMHC today. From the diversity of our staff, volunteers, and Board of Directors to the continual expansion and inclusiveness of our programs. HIV is like no other modern disease. It has no vaccine. It cannot be cured. Medications are limited. Its psychosocial implications are unrelenting. No other disease has ever provided such a piercing lens on our sense of humanity, on our human condition. No other disease today carries with it the stigma, the shame, and the isolation that people living with HIV and AIDS experience.

By improving the lives of people living with AIDS, our work is always evolving. One of our greatest assets in this fight is the courage and commitment of our volunteers. GMHC’s first 80 volunteers, rallying behind our six visionary founders, are now more than 7,000 men, women, and young people. Those initial pioneering individuals helped create and distribute GMHC’s first medical newsletter, mailing 50,000 copies to doctors, hospitals, and clinics nationwide. Today’s volunteers send more than a million copies of educational and prevention materials around the world. Our monthly newsletter, Treatment Issues, for instance, provides probing analyses of research data, up-to-date coverage of new and experimental developments in AIDS therapies, and life-saving information for people living with HIV and AIDS.

The Terry K. Watanabe Volunteer Center at GMHC is the most extensive and diverse volunteer program in the city, with the highest quality of training and supervision. Our volunteers come from 50 countries, range in age from 16 to 90, and bring a multiplicity of assets to the work of GMHC. Unique to volunteer programs—and true to our guiding spirit of partnership—the Watanabe Center not only trains and supports volunteers; it is a learning center that shares its experience and resources in volunteer management and provides technical assistance to service organizations throughout the world.

Twenty-one years ago, GMHC’s Meals Program began with a single electric frying pan. Last year, we reached a new peak, serving more than 70,000 meals as...
part of a comprehensive nutrition and wellness program. Most of our clients rely on public assistance to survive, living on $11 a day. For many, GMHC provides their only daily meal. Our holistic nutritional approach not only offers wholesome meals, it maximizes the benefits of HIV medications by helping clients adhere to their treatment regimens through counseling and support. The Peter Krueger Dining Room at GMHC provides daily opportunities for our clients to come together, ask questions and learn from one another, and to socialize in a healthy environment—countering the tremendous isolation that many experience in their day-to-day lives.

Client is a 47-year-old heterosexual African-American woman. Client was diagnosed over a year ago with HIV through heterosexual contact. Client has a primary care physician and a psychiatrist. Client is not currently on any HIV medications due to severe side effects experienced during her first round of treatment. Client has a history of drug and alcohol abuse however reports being clean for a couple of months and wants to stay clean. Client reports having two biological children and one adopted child at home, all under the age of 10. Client wants help in disclosing her HIV status to her children.

In the first six months of 2001, GMHC experienced twice as many serious illnesses and deaths among our clients as in the past two years combined. With over 100 multi-lingual workshops and training sessions each year, our Treatment Education and Nutrition & Wellness programs reflect the complex challenges of managing life with HIV and AIDS with a scope of subject matter that is enormous. Recent offerings range from seminars on reading lab reports and HIV-related complications to understanding the specifics of the immune system as a whole.

In 1991, recognizing that HIV is a family disease, requiring services that include both parents and children, GMHC established the Child Life Program. At that time, families dealing with HIV had few places to turn for information and support to address their losses and their grief. Today, GMHC is helping families succeed as families. Today's Child Life Program serves 850 children and their families who are dealing with entirely new, long-term issues of living with AIDS. Our services include a food pantry and emergency food packages (which saw a 25% increase in usage this year), workshops and support groups (also up dramatically in the past year); parenting classes to help increase communication and problem-solving skills; permanency planning services; increased access to primary care; child sitting; and recreational and social events to help normalize the experience of living with HIV and AIDS.

Fear, depression and anxiety as well as social isolation, high-risk behavior and substance use, are some of the emotional and behavioral manifestations of the
trauma of living with HIV and AIDS. At GMHC, services integrate the mental and physical needs of clients, as we are intimately aware of the relationship between mind and body. Hundreds of mental health interventions are conducted at GMHC each year. The security of a safe environment, peer support, and professional mental health services are essential to uncovering and working to overcome the many underlying challenges that complicate the lives of people living with HIV and AIDS. GMHC provides over 1,000 support groups in the course of the year for persons living with HIV and AIDS as well as their care partners and significant others. Our Buddy Program continues to connect clients with more than 300 volunteer buddies, who provide personalized care and support wherever it is needed.

Our mental health professionals provide critical services, from crisis intervention, to short- and long-term counseling and support groups, to extensive follow-up activities. Because of this, clients actually access the services to which they are referred and receive the assistance and advocacy to which they are entitled. In connecting clients with primary medical care, GMHC has an extraordinary 96 percent success rate. In following up with clients' psychiatric care and in connecting clients to drug and alcohol detox programs, GMHC is also a state leader.

For many people living with HIV and AIDS, maintaining or improving their health and independence is a vicious paradox. And, like the epidemic itself, the issues of housing advocacy and homelessness prevention continue to grow larger and more complex. In 1983, a physician was threatened with eviction from his home simply for treating people with AIDS. GMHC helped Lambda Legal Defense take the landlord to court. That suit—the first successfully litigated AIDS discrimination case—set a critical precedent. HIV discrimination in New York City continues unabated. Our clients are still being evicted, fired, and denied basic human rights simply because they are living with HIV or AIDS. The legal services and client advocacy work of GMHC supports and fights for more than 3,000 people each year, providing services in English, Spanish, and Haitian Creole.

GMHC operates legal clinics in seven off-site locations throughout the Bronx, Brooklyn, and Queens, meeting the legal needs of HIV-infected individuals in their communities as well as the courtroom. These clinics were especially important in re-engaging clients into services after September 11, when many immigrants feared detention and deportation. Immigrants face multiple barriers to obtaining HIV care, and frequently dread deportation to their countries of origin, where treatment is often not available and the stigma of HIV or homosexuality amounts to a de facto death sentence. We serve more than 2,000 documented and undocumented immigrant clients each year, providing legal counseling and advocacy. Often, we are a safe haven, not only connecting people to much-needed healthcare, but also engaging individuals in the legislative process through a unique and highly active client-driven immigrant advisory board.

All of GMHC's client and volunteer programs are grounded in the lives of those we serve, such as our Program Services Advisory Group, a client-focused
forum for our consumers to not only provide input but to actively participate in enhancing our programs. Nowhere is this activity more remarkable than in our burgeoning Peers Program, a supportive and comprehensive training process through which clients—whose lives are already complicated by HIV and AIDS—become part of a dynamic solution. For those delving into the complicated terrain of transitioning from disability to the workplace, or exploring their continuing education, our career-development workshops and seminars are a source of great empowerment for our clients.

Since our founding, we have worked with organizations throughout the world to develop volunteer programs, AIDS hotlines, HIV prevention campaigns, legal and political advocacy efforts, and targeted, HIV treatment education materials. In the 20th year of AIDS, our own 20th anniversary, we received a major gift from longtime donor Terry K. Watanabe to create the Addie J. Guttag Partnership Initiative. This initiative is providing momentum to new collaborative efforts, new technical assistance programs, and new outreach activities, helping GMHC continue to develop long-term strategies in dealing with the epidemic. In the aftermath of September 11, the work of the Addie J. Guttag Partnership Initiative proved to be of even greater urgency and purpose. We have learned that the social-service community serves most—and serves best—when we come together and build on our respective strengths. We serve the needs of people throughout the five boroughs of New York, and continue to engage all communities affected by the epidemic.

Our hard-won expertise in dealing with life-and-death issues, in confronting crisis, reinforces our ability to persevere in the face of adversity. We are a community of activists, committed and courageous, bound by the promise of a world without AIDS.
"THINK GLOBALLY, ACT LOCALLY" the saying goes. GMHC grew out of a response to what at first seemed like a local emergency. As the scope of the pandemic expanded, communities around the country and around the world responded and looked to GMHC for ideas and leadership. We responded by developing strategies to end the epidemic from the ground up, with attention to details at both the local and global level.

Our long history of advocacy on behalf of our clients and the greater AIDS community has made us a significant force in shaping public policy responses to the epidemic. In the early days, advocacy efforts focused on discrimination faced by people stigmatized for living with HIV and AIDS. At the same time, legal battles were mounted to ensure access to quality care. People living with HIV and AIDS became their own advocates, revolutionizing a public health care system with demands for speedier access to quality life-saving care and treatment.

GMHC speaks authoritatively on the issues affecting people living with HIV and AIDS precisely because our clients and volunteers bring their day-to-day experiences to educate policymakers. Nowhere is this clearer than in the work of the New York Citizens AIDS Network (NYCAN), GMHC's grassroots advocacy organization, which brings clients and volunteers face-to-face with elected officials throughout New York and in Washington, D.C.

During elections, GMHC plays a very important role in keeping AIDS a vital campaign issue, educating voters and candidates alike. Registration and education efforts during the 2000 presidential elections included a get-out-the-vote campaign that resulted in more than 10,000 calls made to potential voters. For the most recent mayoral elections, GMHC developed and distributed 20,000 voter guides, detailing the candidates' positions on issues of concern to our constituents. GMHC was an active partner in the planning and presentation of four candidate forums from Harlem to Chelsea. Throughout the busy campaign season, our volunteers utilized AIDS Walk, street fairs, and other events to register voters and educate the public about their crucial role in the election process.

Central to our advocacy efforts is the elimination of barriers to healthcare. In the past year, GMHC helped more than 4,000 clients navigate the complicated bureaucracies that provide public benefits and health insurance, especially Medicaid, the primary health insurance for a majority of people living with AIDS. A striking example of the potential for reform came in the wake of the events of September 11 with the creation of a Disaster Relief Medicaid program. This program made it possible for access to same-day health coverage which we have long advocated for in coalition with our partners in New Yorkers For Accessible Health Coverage and other healthcare groups. Most notably, a streamlined eligibility and re-certification process will make it easier to get and keep health coverage, benefiting thousands of people living with this disease.

...and keep the prevention,
In keeping with our commitment to high-quality health care for people living with HIV and AIDS, GMHC was a key partner in the statewide community planning process for Special Need Plans (SNPs) for Medicaid beneficiaries living with HIV. GMHC wrote the book, SNiP Tips, a guide to navigating the new system throughout the city.

Recent data from a number of studies, including GMHC’s own Sexual Health Surveys, and the CDC’s Young Men’s Surveys, continue to show alarming rates of HIV, hepatitis C and sexually transmitted infections, especially among young gay men and people of color. Advocating for effective, community-based, culturally appropriate HIV prevention services remains a top priority. Despite a

Client is a 42-year-old gay white male. CD4 count and viral load unknown. HIV mode of transmission: same sex contact. Client reports being diagnosed with depression and is taking anti-depressants. Client’s entitlements include Medicaid, SSI, and food stamps. Client is currently residing in city shelters and on occasion with a sister. Client presented with no medical documentation or names and numbers of any medical or psychiatric provider. Client expressed challenges in taking his meds as prescribed, creating difficulty in keeping scheduled appointments and following through on treatment plans. Lack of stable housing and consistent access to food adds to this complication.

series of severe year-end budget cutbacks, GMHC and our partners salvaged a new initiative to provide $2.5 million in city funding for prevention efforts targeting communities of color. We continue to work actively in Albany for the creation of a similar initiative for communities of color statewide.

Through our partnership with AIDS Action Council, GMHC was involved with successful efforts to increase the level of federal funding for prevention, domestically and globally, helping to secure increases for the Ryan White CARE Act and other domestic prevention programs. In addition, we pressed for greater U.S. contributions towards the global AIDS fund to be administered by the United Nations.

Intravenous drug use continues to propel the epidemic, accounting for 40% of infections in New York State alone. GMHC played a crucial role in the passage and implementation of the state’s Expanded Syringe Access Program, one of the most significant pieces of public health legislation in the history of the fight against AIDS. This measure, allowing the sale and possession of needles without a prescription, is a step towards much-needed access to sterile syringes, and expanded needle exchange programs—programs that have been shown to cut the spread of HIV in half in other states.


treatment and cure of HIV...

Since the beginning of the epidemic, we have lobbied drug companies, the National Institutes of Health, and the Food and Drug Administration for expedited research and development of and access to new drugs for HIV and AIDS. Today, we continue this groundbreaking work, pushing for research and faster access to new drugs, desperately needed by the many people who are resistant to the current generation of treatments. We have expanded our advocacy efforts in AIDS research, fighting for an effective vaccine and HIV microbicide. GMHC and the Rockefeller Foundation jointly hosted a conference on microbicides, bringing together leading scientists and advocates to discuss the challenges and opportunities for this revolutionary development in HIV prevention.

As with our program services, AIDS treatment activism must reflect the needs of the communities hardest hit by the epidemic. To that end, GMHC co-sponsored the National Minority AIDS Council’s North American Treatment Action Forum, bringing together treatment educators and activists from communities of color to learn about and discuss the latest developments in AIDS research and treatment. GMHC is also a founding member of the AIDS Treatment Activists Coalition, a new national coalition of people living with HIV and AIDS and advocates working together to end the AIDS epidemic by improving HIV research and treatment access.

In June 2001, we organized a policy forum on the implementation of antiretroviral therapy in the developing world, coinciding with the first United Nations-General Assembly Special Session on HIV and AIDS. While death rates from AIDS have fallen dramatically in the United States, most people with HIV and AIDS around the world do not have access to the drugs that have made this possible. GMHC’s forum brought together the world’s leading scientists and advocates fighting for treatment for the world’s poor, including UNAIDS, Doctors Without Borders/Médecins Sans Frontières, and the Brazilian National AIDS Program. Later in the year, we co-sponsored a scientific workshop to develop cheaper versions of important laboratory tests used to manage HIV infection to ease their implementation in the developing world.

Whether advocating for increased prevention efforts, more and better treatments, expanded access to quality healthcare, or legislative reforms to benefit people living with HIV, GMHC has proven itself a leader in creating sound public policy to effectively fight AIDS.
Client is a 31-year-old bisexual Latino male. Client received his diagnosis a month ago and requested a Newly Diagnosed group. Client hasn't told anyone about his diagnosis. Client reports feeling depressed, isolated and worthless. Client's CD4 count is 470 and his viral load is 10,000. Client is not currently taking any medications. Client wants to be in a support group with others who are living with HIV/AIDS in order to alleviate his feelings of isolation, learn how to live with his illness, and discuss how to disclose his HIV status.
GMHC's Staff

BY GENDER

Male 57%
Female 43%

BY SEXUAL ORIENTATION

Heterosexual 34%
Lesbian/Gay 27%
Bisexual 66%

BY RACE AND ETHNICITY

Asian 6%
White 40%
Hispanic 26%
Black 28%

2000-2001 Board Members

Marjorie Hill, Ph.D., Co-Chair
William F. McCarthy, Co-Chair
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Stan Herman
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Dee Livingston
Ron Martin
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Joan Tisch, ex officio
Lawrence Van Valkenburgh
Vaughn Williams
LETTER FROM THE TREASURER

I am proud to report that during the fiscal year ending June 30th, 2001, Gay Men's Health Crisis raised more money while spending less, met its budgeted goal, and completely paid down our existing line of credit. I am most proud of these accomplishments because none of them happened at the expense of the essential services we provide to thousands of men, women, and children infected or affected by HIV and AIDS — here in New York, across the country, and around the world.

In fiscal year 2001, GMHC's unrestricted revenues were $22,592 million — $12,686 million from private contributions (including our successful special event fundraisers) and $5,794 million from government grants. The remaining $3,112 million was generated by specific service fees, increased revenue from our Medicaid billing program, tenant's rent, and publication subscriptions. 76.4%, or $17,069 million of the total $22,329 million in expenses, went to our clients via Program Services, the remainder was used for Support Services and Fundraising.

It cost GMHC 23.6 cents to raise a dollar, a decrease in fundraising costs from last year. This is a particularly remarkable achievement during a time of shrinking private support and economic woe. Yet, with a cadre of over 7,000 volunteers, a streamlined staff of highly trained professionals, and increased cost-cutting measures we have managed to do more with less.

Building on this success, we will continue to focus on two financial objectives for the future. First, to improve the financial and operational infrastructure of GMHC to continue to maximize the potential of our finite pool of private and public resources. Second, to secure new sources of revenue to support the full scope of GMHC's ever changing (and growing) response to the epidemic. Finally, with our commitment — and with yours — we are confident that we will continue in our tradition of leadership and financial stability.

Respectfully submitted,

James Capalino
Treasurer, Board of Directors

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying consolidated statement of financial position of Gay Men's Health Crisis, Inc. (“GMHC”) and Affiliates (collectively referred to as the “Organization”) as of June 30, 2001, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended. These consolidated financial statements are the responsibility of GMHC's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit. The consolidated financial statements as of June 30, 2000, were audited by other auditors whose report dated October 6, 2000, except for Note 5 which was as of December 14, 2000, expressed an unqualified opinion on those consolidated statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those 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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of GMHC and Affiliates as of June 30, 2001, and the changes in their net assets and their cash flows for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Mitchell & Titus, LLP
New York, New York
January 25, 2002
except for Note 5, as to which the date is February 15, 2002
# GAY MEN'S HEALTH CRISIS, INC. AND AFFILIATES
## CONSOLIDATED STATEMENT OF FINANCIAL POSITION
### June 30, 2001
(With comparative financial information for 2000)

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents (Note 2)</td>
<td>$635,926</td>
<td>$1,303,360</td>
</tr>
<tr>
<td>Investments</td>
<td>35,718</td>
<td>49,564</td>
</tr>
<tr>
<td>Government contracts receivable</td>
<td>1,479,825</td>
<td>5,455,043</td>
</tr>
<tr>
<td>Pledges receivable (net of allowance for uncollectible pledges of $125,000 in 2001) (Note 3)</td>
<td>1,163,152</td>
<td>1,130,633</td>
</tr>
<tr>
<td>Pledges receivable — building fund (Note 3)</td>
<td>590,000</td>
<td>1,030,698</td>
</tr>
<tr>
<td>Other receivables</td>
<td>102,233</td>
<td>417,969</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>287,195</td>
<td>334,213</td>
</tr>
<tr>
<td>Restricted cash (Note 5)</td>
<td>533,946</td>
<td>511,081</td>
</tr>
<tr>
<td>Leasehold improvements, office furniture and equipment, net (Note 4)</td>
<td>10,459,944</td>
<td>11,492,196</td>
</tr>
<tr>
<td>Security deposits</td>
<td>686,142</td>
<td>686,142</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$15,974,081</td>
<td>$22,410,950</td>
</tr>
</tbody>
</table>

### LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$1,381,072</td>
<td>$2,044,703</td>
</tr>
<tr>
<td>Government contract advances</td>
<td>1,337,439</td>
<td></td>
</tr>
<tr>
<td>Loans payable (Note 5)</td>
<td>1,189,860</td>
<td>2,759,888</td>
</tr>
<tr>
<td>Accrued compensated absences</td>
<td>241,886</td>
<td>212,533</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>43,455</td>
<td>268,045</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>4,173,772</td>
<td>5,285,229</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitments and contingencies (Notes 7 and 8)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For current operations</td>
<td>817,227</td>
<td>(478,561)</td>
</tr>
<tr>
<td>Invested in leasehold improvements and equipment</td>
<td>10,459,944</td>
<td>11,492,196</td>
</tr>
<tr>
<td><strong>Total unrestricted</strong></td>
<td>11,277,171</td>
<td>11,013,635</td>
</tr>
<tr>
<td>Temporarily restricted (Note 9)</td>
<td>523,138</td>
<td>6,112,095</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>11,800,309</td>
<td>17,125,730</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$15,974,081</td>
<td>$22,410,950</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these consolidated financial statements.

1981: This timeline represents selected milestones in the history of GMHC and the AIDS pandemic. It serves as a marker of how far we have come and a reminder of how much remains to be done.

The Centers for Disease Control and Prevention reports first case of the illness that will be known as AIDS. Gay Men's Health Crisis is founded.
### SUPPORT AND REVENUE

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>$6,258,037</td>
<td>$1,105,899</td>
<td>$7,363,936</td>
</tr>
<tr>
<td>Contributed services and in-kind support</td>
<td>1,592,439</td>
<td>-</td>
<td>1,592,439</td>
</tr>
<tr>
<td>Special events, net (Note 6)</td>
<td>5,262,852</td>
<td>-</td>
<td>5,262,852</td>
</tr>
<tr>
<td>Government contracts</td>
<td>6,794,489</td>
<td>-</td>
<td>6,794,489</td>
</tr>
<tr>
<td><strong>Total support</strong></td>
<td>19,907,817</td>
<td>1,105,899</td>
<td>21,013,716</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income, net</td>
<td>30,785</td>
<td>-</td>
<td>30,785</td>
</tr>
<tr>
<td>Rental income (Note 7)</td>
<td>268,331</td>
<td>-</td>
<td>268,331</td>
</tr>
<tr>
<td>Third party reimbursement</td>
<td>873,483</td>
<td>-</td>
<td>873,483</td>
</tr>
<tr>
<td>Publication sales and HIV testing</td>
<td>50,999</td>
<td>-</td>
<td>50,999</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>294,096</td>
<td>-</td>
<td>294,096</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>1,517,694</td>
<td>-</td>
<td>1,517,694</td>
</tr>
</tbody>
</table>

**Net assets released from restrictions:**
- Expiration of time restriction: 985,899 (985,899)
- Restrictions satisfied by performance: 181,510 (181,510)
- **Total net assets released from restrictions:** 1,167,409 (1,167,409)

- **Total support and revenue:** 22,592,920 (21,310,862)

### EXPENSES

**Program services:**
- Client programs: 9,102,536
- Education and training: 4,201,800
- HIV testing and related services: 1,176,222
- Public policy development, information and advocacy: 2,588,504
- **Total program services:** 17,069,062

**Supporting services:**
- Management and general (Note 2)
  - Program: 510,631
  - Real estate: 159,775
- **Total management and general:** 670,406

**Fundraising:**
- 4,589,916
- **Total expenses:** 22,329,384

**Change in net assets:**
- 263,536 (61,510)
- 202,026

**Net assets at beginning of year, as previously reported:**
- 11,013,635
- 6,112,095
- **17,125,730** | **16,976,902**

**Prior period adjustment (Note 10):**
- (5,527,447)
- (5,527,447)

**Net assets at beginning of year, as restated:**
- 11,013,635
- 584,648
- **11,598,283** | **16,976,902**

**Net assets at end of year:**
- $11,277,171
- $523,138
- **$11,800,309** | **$17,125,730**

The accompanying notes are an integral part of these consolidated financial statements.
# CAY MEN'S HEALTH CRISIS, INC. AND AFFILIATES
## CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
### For the Year Ended June 30, 2001

(With summarized financial information for the year ended June 30, 2000)

<table>
<thead>
<tr>
<th>Program Services</th>
<th>Grant Programs</th>
<th>Education and Training</th>
<th>HIV Testing and Related Services</th>
<th>Policy-Monitoring, Development, and Advocacy</th>
<th>Total</th>
<th>Management and General</th>
<th>Real Estates</th>
<th>Fund Raising</th>
<th>Total</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel and Volunteer Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Compensation</td>
<td>$1,620,750</td>
<td>$1,271,991</td>
<td>$199,903</td>
<td>$997,941</td>
<td>908,965</td>
<td>$1,452,123</td>
<td>$1,763,634</td>
<td>$379,917</td>
<td>$1,881,564</td>
<td>$7,028,595</td>
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<tr>
<td>Employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer services</td>
<td>$1,247,264</td>
<td>486,876</td>
<td>29,750</td>
<td>30,813</td>
<td>166,725</td>
<td>13,175</td>
<td>8,339</td>
<td>24,414</td>
<td>1,832,429</td>
<td>1,227,290</td>
<td></td>
</tr>
<tr>
<td>Total personnel and volunteer services</td>
<td>$2,868,014</td>
<td>1,758,867</td>
<td>29,663</td>
<td>30,826</td>
<td>1,075,686</td>
<td>21,648</td>
<td>25,953</td>
<td>32,828</td>
<td>2,654,083</td>
<td>1,555,885</td>
<td></td>
</tr>
<tr>
<td><strong>Other than Personnel Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel benefits and contract service</td>
<td>819,346</td>
<td>625,325</td>
<td>125,516</td>
<td>1,010,500</td>
<td>1,969,870</td>
<td>130,850</td>
<td>177,846</td>
<td>1,353,653</td>
<td>1,969,870</td>
<td>1,744,335</td>
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</tr>
<tr>
<td>Proposal and shipping</td>
<td>45,988</td>
<td>23,712</td>
<td>1,115</td>
<td>13,236</td>
<td>166,725</td>
<td>3,531</td>
<td>10,703</td>
<td>3,184</td>
<td>107,703</td>
<td>53,834</td>
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<tr>
<td>Telephone</td>
<td>97,465</td>
<td>32,887</td>
<td>72,777</td>
<td>72,028</td>
<td>611,873</td>
<td>7,017</td>
<td>36,339</td>
<td>43,256</td>
<td>45,339</td>
<td>56,639</td>
<td></td>
</tr>
<tr>
<td>Occupancy</td>
<td>281,582</td>
<td>406,728</td>
<td>126,166</td>
<td>150,145</td>
<td>1,967,112</td>
<td>27,387</td>
<td>33,653</td>
<td>297,034</td>
<td>1,967,112</td>
<td>1,862,445</td>
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<tr>
<td>Supplies</td>
<td>93,023</td>
<td>84,935</td>
<td>32,236</td>
<td>54,851</td>
<td>1,277,136</td>
<td>6,590</td>
<td>17,754</td>
<td>17,754</td>
<td>149,398</td>
<td>112,399</td>
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<tr>
<td>Printing</td>
<td>80,801</td>
<td>75,161</td>
<td>5,329</td>
<td>75,361</td>
<td>189,227</td>
<td>2,170</td>
<td>33,886</td>
<td>14,143</td>
<td>43,974</td>
<td>51,422</td>
<td></td>
</tr>
<tr>
<td>Equipment rental and maintenance</td>
<td>71,822</td>
<td>34,821</td>
<td>11,046</td>
<td>63,425</td>
<td>189,108</td>
<td>4,405</td>
<td>25,271</td>
<td>27,471</td>
<td>213,871</td>
<td>1,224,561</td>
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</tr>
<tr>
<td>Memberships and subscriptions</td>
<td>14,941</td>
<td>14,755</td>
<td>399</td>
<td>11,307</td>
<td>1,422,765</td>
<td>4,303</td>
<td>2,221</td>
<td>2,251</td>
<td>134,571</td>
<td>56,714</td>
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<tr>
<td>Staff and volunteer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>training and support</td>
<td>13,995</td>
<td>13,063</td>
<td>1,495</td>
<td>2,555</td>
<td>56,682</td>
<td>913</td>
<td>946</td>
<td>1,869</td>
<td>37,715</td>
<td>40,774</td>
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</tr>
<tr>
<td>Meetings</td>
<td>763</td>
<td>628</td>
<td>26</td>
<td>1,802</td>
<td>6,614</td>
<td>280</td>
<td>111</td>
<td>190</td>
<td>7,204</td>
<td>6,436</td>
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</tr>
<tr>
<td>Travel and related costs</td>
<td>23,516</td>
<td>20,916</td>
<td>1,001</td>
<td>63,237</td>
<td>1,124,350</td>
<td>1,254</td>
<td>16,894</td>
<td>40,156</td>
<td>272,988</td>
<td>90,898</td>
<td></td>
</tr>
<tr>
<td>Marketing and promotion</td>
<td>2,222</td>
<td>8,988</td>
<td>3,448</td>
<td>332,260</td>
<td>141,027</td>
<td>17</td>
<td>147,221</td>
<td>147,298</td>
<td>328,366</td>
<td>82,373</td>
<td></td>
</tr>
<tr>
<td>Staff and volunteer recruitment</td>
<td>15,961</td>
<td>1,997</td>
<td>773</td>
<td>1,390</td>
<td>12,677</td>
<td>813</td>
<td>11,709</td>
<td>12,583</td>
<td>14,405</td>
<td>104,154</td>
<td></td>
</tr>
<tr>
<td>Food and related costs</td>
<td>331,508</td>
<td>-</td>
<td>-</td>
<td>107,308</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>331,508</td>
<td>74,172</td>
<td></td>
</tr>
<tr>
<td>Grants to other AIDS service organizations</td>
<td>210</td>
<td>4,874</td>
<td>70</td>
<td>281</td>
<td>10,737</td>
<td>13,973</td>
<td>10,737</td>
<td>36,870</td>
<td>1,402,902</td>
<td>87,340</td>
<td></td>
</tr>
<tr>
<td>Direct financial aid to clients</td>
<td>1,189,988</td>
<td>1,189,988</td>
<td>1,189,988</td>
<td>1,189,988</td>
<td>1,189,988</td>
<td>1,189,988</td>
<td>1,189,988</td>
<td>1,189,988</td>
<td>1,189,988</td>
<td>1,189,988</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>73,720</td>
<td>27,712</td>
<td>13,712</td>
<td>20,442</td>
<td>1,017,794</td>
<td>2,684</td>
<td>3,552</td>
<td>8,236</td>
<td>14,514</td>
<td>15,340</td>
<td></td>
</tr>
<tr>
<td>Real estate and other property</td>
<td>68,412</td>
<td>24,629</td>
<td>9,296</td>
<td>11,248</td>
<td>1,138,998</td>
<td>2,521</td>
<td>299,304</td>
<td>3,837</td>
<td>1,539,837</td>
<td>117,837</td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td>14,715</td>
<td>77,732</td>
<td>15,513</td>
<td>15,022</td>
<td>708,724</td>
<td>1,957</td>
<td>36,019</td>
<td>56,714</td>
<td>243,260</td>
<td>112,399</td>
<td></td>
</tr>
<tr>
<td>Provision for bad debt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>87,152</td>
<td>90,613</td>
<td>8,256</td>
<td>108,626</td>
<td>166,431</td>
<td>4,751</td>
<td>97,603</td>
<td>97,603</td>
<td>194,804</td>
<td>194,804</td>
<td></td>
</tr>
<tr>
<td><strong>Total other than personnel costs</strong></td>
<td>$2,307,832</td>
<td>1,449,544</td>
<td>402,116</td>
<td>1,421,290</td>
<td>6,354,351</td>
<td>1,209,740</td>
<td>1,461,939</td>
<td>1,580,397</td>
<td>4,060,138</td>
<td>2,734,934</td>
<td></td>
</tr>
<tr>
<td><strong>Total expenses before depreciation and amortization</strong></td>
<td>$3,518,364</td>
<td>1,893,432</td>
<td>1,403,707</td>
<td>1,710,590</td>
<td>11,937,602</td>
<td>2,652,929</td>
<td>3,022,529</td>
<td>3,351,729</td>
<td>11,576,172</td>
<td>8,788,056</td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>410,050</td>
<td>526,773</td>
<td>96,174</td>
<td>106,477</td>
<td>1,112,556</td>
<td>29,862</td>
<td>13,456</td>
<td>15,409</td>
<td>1,276,809</td>
<td>1,131,785</td>
<td></td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$3,928,414</td>
<td>2,420,205</td>
<td>1,499,881</td>
<td>1,816,067</td>
<td>13,049,738</td>
<td>2,882,791</td>
<td>3,146,985</td>
<td>3,507,188</td>
<td>12,852,971</td>
<td>9,920,841</td>
<td></td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these consolidated financial statements

GMHC issues its first safer sex guidelines.

HIV antibody test is licensed. GMHC attends the First International AIDS Conference in Atlanta. GMHC Education Department expands to include AIDS prevention.
<table>
<thead>
<tr>
<th>Description</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$202,026</td>
<td>$148,828</td>
</tr>
<tr>
<td>Prior period adjustment</td>
<td>(5,527,447)</td>
<td>-</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to cash provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>1,331,259</td>
<td>1,275,158</td>
</tr>
<tr>
<td>Provision for bad debt</td>
<td>125,000</td>
<td>276,645</td>
</tr>
<tr>
<td>Donated stock</td>
<td>-</td>
<td>(330,979)</td>
</tr>
<tr>
<td>Net realized gains on investments</td>
<td>(1,441)</td>
<td>(961)</td>
</tr>
<tr>
<td>Decrease in government contracts receivable</td>
<td>3,550,218</td>
<td>1,203,446</td>
</tr>
<tr>
<td>(Increase) decrease in pledges receivable</td>
<td>(32,459)</td>
<td>433,435</td>
</tr>
<tr>
<td>Decrease (increase) in other receivables</td>
<td>315,736</td>
<td>(213,063)</td>
</tr>
<tr>
<td>Decrease (increase) in prepaid expenses, and other assets</td>
<td>47,018</td>
<td>(43,432)</td>
</tr>
<tr>
<td>(Decrease) increase in accounts payable and accrued liabilities</td>
<td>(660,631)</td>
<td>563,940</td>
</tr>
<tr>
<td>Increase in government contract advances</td>
<td>1,337,493</td>
<td>-</td>
</tr>
<tr>
<td>Increase (decrease) in accrued compensated absences</td>
<td>29,293</td>
<td>(367,623)</td>
</tr>
<tr>
<td>(Decrease) increase in other liabilities</td>
<td>(224,590)</td>
<td>57,076</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>788,481</td>
<td>3,062,470</td>
</tr>
<tr>
<td>Cash flows from investing activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from sale of term endowment investment</td>
<td>13,846</td>
<td>7,292</td>
</tr>
<tr>
<td>Proceeds from sale of investments</td>
<td>-</td>
<td>332,660</td>
</tr>
<tr>
<td>Capital expenditures</td>
<td>(299,127)</td>
<td>(75,227)</td>
</tr>
<tr>
<td>Net cash (used in) provided by investing activities</td>
<td>(285,281)</td>
<td>264,725</td>
</tr>
<tr>
<td>Cash flows from financing activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deposit to restricted cash</td>
<td>(22,865)</td>
<td>(511,081)</td>
</tr>
<tr>
<td>Proceeds from contributions receivable—building fund</td>
<td>440,698</td>
<td>651,069</td>
</tr>
<tr>
<td>Borrowings under line-of-credit agreement and term note</td>
<td>2,600,000</td>
<td>2,375,000</td>
</tr>
<tr>
<td>Repayments under line-of-credit agreement and term note</td>
<td>(1,188,467)</td>
<td>(4,773,109)</td>
</tr>
<tr>
<td>Net cash used in financing activities</td>
<td>(1,179,534)</td>
<td>(2,258,191)</td>
</tr>
<tr>
<td>Net (decrease) increase in cash and cash equivalents</td>
<td>(667,434)</td>
<td>1,069,014</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of year</td>
<td>1,303,360</td>
<td>234,345</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of year</td>
<td>$635,926</td>
<td>$1,303,360</td>
</tr>
<tr>
<td>Supplemental disclosure of cash flow information:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash paid during the year for interest</td>
<td>$345,021</td>
<td>$498,402</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these consolidated financial statements.
NOTE 1. Mission and Organizational Structure

Organizational Structure
The following consolidated financial statements of Gay Men's Health Crisis, Inc., include the financial statements of three affiliated not-for-profit organizations:

Gay Men's Health Crisis, Inc.
GMHC
- AIDS Service, Education, and Public Policy
Gay Men's Health Crisis Action, Inc.
(GMHC Action)
- Lobbying and Public Policy Influence
GMHC Health Services, Inc.
(GMHC Health Services)
- HIV Testing and Medical Service

All inter-organizational balances and transactions have been eliminated in consolidation.

GMHC and GMHC Health Services are not-for-profit organizations exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and have been designated as organizations which are not private foundations.

Additionally, GMHC has elected to operate under Section 501(m) 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).

GMHC Action is a Delaware corporation exempt from Federal income taxes under Section 501(c)(4) of the Code.

Gay Men's Health Crisis, Inc.

GMHC is a not-for-profit, volunteer-supported and community-based organization committed to national leadership in the fight against AIDS. Founded by volunteers in 1981, when the first cases of AIDS were reported in New York, GMHC was incorporated under New York State law on June 25, 1992. GMHC seeks to reduce the spread of HIV disease, help people with HIV maintain and improve their health and independence, and hold the treatment, prevention, and cure of HIV an urgent national and local priority. Over 14,000 men, women, and children are served by GMHC's direct support programs for people with AIDS.

GMHC Action provides a broad array of programs through the efforts of 4,400 trained volunteers and a staff of 157 professionals.

Gay Men's Health Crisis Action, Inc.

GMHC Action was incorporated under Delaware law on February 3, 1993. GMHC Action's mission is to influence public policy on HIV and AIDS-related issues through a range of public education, advocacy, and educational activities. GMHC Action will monitor the efforts of political candidates and elected officials on AIDS-related issues; communicating with supporters and the general public about the positions of political candidates and elected officials and conducting voter registration drives.

GMHC Health Services, Inc.

GMHC Health Services was incorporated as a not-for-profit corporation in New York State on February 21, 1997. GMHC Health Services was formed for the purpose of enhancing GMHC's capacity to render a range of services in connection with HIV/AIDS.

The Organization's program services include the following:

Client Programs
GMHC provides a comprehensive continuum of psycho-social services for people living with and affected by HIV/AIDS. The Treatment Education Program offers a range of education, counseling, and intervention services, workshops, individual counseling, fact sheets in English and Spanish, and a Treatment

The World Health Organization declares December 1 World AIDS Day.

AZT, the first drug to fight HIV, is approved.

GMHC creates a Medical Information Department and publishes first issue of Treatment Issues.
NOTE 2. Summary of Significant Accounting Policies

Basis of Accounting
The accompanying consolidated financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America for non-profit organizations.

Basis of Presentation
Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization are reported as unrestricted, temporarily restricted, or permanently restricted as classified and reported as follows:

Unrestricted net assets - Net assets that are not subject to donor-imposed stipulations.
Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that will be released either by actions of the Organization or by the passage of time.
Permanently restricted net assets - Net assets subject to donor-imposed stipulations that require the assets to be maintained permanently by the Organization. The Organization currently does not have any permanently restricted net assets.

Revenues are reported as increases in unrestricted net assets unless their use is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments are reported as increases or decreases in unrestricted net assets unless their use is restricted by either donor stipulation or law.

Cash and Cash Equivalents
For purposes of the consolidated statement of cash flows, the Organization considers all highly liquid investments purchased with original maturities of three months or less to be cash equivalents.

The Organization maintains its cash in a number of bank accounts. The cash in these accounts from time to time exceeds the Federal Deposit Insurance Corporation coverage subject to the Organization to concentration of credit risk. However, the Organization monitors this risk on a regular basis.

Investments
Investments are presented at fair value based upon quoted market prices.

Grants and Contributions
Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted, depending on the existence of or nature of any donor restrictions.

All donor restricted support is reported as an increase in temporarily restricted or permanently restricted net assets, depending on the existence of or nature of any donor restrictions.

Unconditional promises to give (pledges) are recognized as revenues in the period awarded at their present value discounted at a risk-free rate.

Third-Party Reimbursements
Third-party reimbursements for clinical services, including estimated retrospective adjustments under reimbursement agreements with third-party payers, are reported at their estimated net realizable amounts. Differences between estimated and final settlement amounts are reflected in the consolidated financial statements when they are determined.

Depreciation
Depreciation is provided over the estimated useful lives of the respective assets on a straight-line basis. Depreciation is recorded on the half-year convention in both the year of asset acquisition and disposition. Equipment held under capital leases is depreciated on the straight-line method over the shorter of the useful lives of the assets or the life of the respective leases, whichever is shorter.

GMHC helps pass New York State’s confidentiality law for people living with AIDS. People of color account for more than two-thirds of all AIDS cases in New York. GMHC launches the House of Latex.
NOTE 4. Leasehold Improvements, office furniture and Equipment:

Leasehold improvements, office furniture and equipment consist of the following:

<table>
<thead>
<tr>
<th></th>
<th>June 30 2001</th>
<th>June 30 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold improvements</td>
<td>$14,270,706</td>
<td>$14,291,531</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>$3,167,721</td>
<td>$2,387,773</td>
</tr>
<tr>
<td>Total</td>
<td>$17,438,427</td>
<td>$16,679,304</td>
</tr>
</tbody>
</table>

NOTE 5. Loans Payable:

Loans payable consist of the following:

<table>
<thead>
<tr>
<th></th>
<th>June 30 2001</th>
<th>June 30 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan from board member's estate (a)</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Term loan and note (b)</td>
<td>$169,860</td>
<td>$634,888</td>
</tr>
<tr>
<td>Line of credit outstanding (c)</td>
<td>$1,169,860</td>
<td>$2,759,888</td>
</tr>
</tbody>
</table>

(a) In July 1997, GMHC entered into a loan agreement for $1,000,000 with a board member to bridge working capital and building fund cash requirements. In August 1998, the amount became due to the board member's estate. This loan bears interest at the prime rate.

(b) In October 1997, the organization entered into a loan agreement with two financial institutions to provide a $3,350,000 term loan to finance the remaining capital expenditures related to leasehold improvements. The term loan expired on December 31, 2001. The maximum loan amount allowed to be outstanding at December 31, 2000 and 2001 is $300,000 and $40, respectively. The term loan is secured by contributions receivable by the building fund and is to be repaid as the building fund receivables are collected by the organization.

(c) The organization has a $4,000,000 line of credit to support seasonal working capital needs. The line of credit is subject to additional covenants and expired on December 31, 2001. As of June 30, 2001, there was no outstanding line of credit balance. On March 15, 2002, the organization and its lending bank extended the line of credit to January 15, 2003.

NOTE 6. Special Events

Special events are reported net of costs of direct benefits to donors of $1,497,887 and $86,238 for the years ended June 30, 2001 and 2000, respectively.

NOTE 7. Operating Lease Commitment

The organization is obligated under an operating lease for an office facility expiring on December 15, 2010. Future minimum annual rental payments under the lease are as follows:

<table>
<thead>
<tr>
<th>Year ending June 30</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>$1,408,000</td>
</tr>
<tr>
<td>2003</td>
<td>$1,496,000</td>
</tr>
<tr>
<td>2004</td>
<td>$1,532,000</td>
</tr>
<tr>
<td>2005</td>
<td>$1,533,000</td>
</tr>
<tr>
<td>2006</td>
<td>$1,771,000</td>
</tr>
<tr>
<td>Thereafter</td>
<td>$10,008,000</td>
</tr>
<tr>
<td></td>
<td>$17,756,000</td>
</tr>
</tbody>
</table>

Rent expense for the years ended June 30, 2001 and 2000 was approximately $1,275,813 and $1,132,000, respectively.

The organization has sublet a portion of its facility to an unrelated corporation whose lease expires on May 1, 2010. The required minimum annual rental income payments are as follows:

<table>
<thead>
<tr>
<th>Year ending June 30</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>$237,000</td>
</tr>
<tr>
<td>2003</td>
<td>$244,000</td>
</tr>
<tr>
<td>2004</td>
<td>$252,000</td>
</tr>
<tr>
<td>2005</td>
<td>$260,000</td>
</tr>
<tr>
<td>2006</td>
<td>$270,000</td>
</tr>
<tr>
<td>Thereafter</td>
<td>$1,428,000</td>
</tr>
<tr>
<td></td>
<td>$2,691,000</td>
</tr>
</tbody>
</table>

NOTE 8. LITIGATION:

The organization is involved in various claims and legal actions arising in the ordinary course of business. In the opinion of the organization, the ultimate disposition of these matters will not have a material adverse effect on the organization's consolidated financial position.

NOTE 9. TEMPORARILY RESTRICTED NET ASSETS:

Temporarily restricted net assets are available for the following time and program purposes:

<table>
<thead>
<tr>
<th>Periods after June 30, 2001</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific grant program</td>
<td>$500,000</td>
</tr>
<tr>
<td>Client Programs</td>
<td>$23,128</td>
</tr>
<tr>
<td></td>
<td>$523,128</td>
</tr>
</tbody>
</table>

NOTE 10. PRIOR PERIOD ADJUSTMENT:

Prior period adjustment represents a correction of an error related to the recognition of revenue for certain government contracts.

GMHC launches the Child Life Program. A decade into the epidemic 158,911 people are dead from AIDS in the U.S. Congress enacts HOPWA, the Housing Opportunity for People with AIDS Act.
IF AIDS HAS LEFT IN ITS WAKE a legacy of loss and struggle, then it has also left one of commitment and generosity. Those traits have been amply exemplified, year after year, by our more than 400,000 donors. Whether it's a $425 gift raised from a high-school car wash in Tucson, AZ or a $100,000 commitment by an anonymous donor—GMHC depends upon and treasures our donors. All gifts, both restricted and those designated for general support, guarantee our day to day existence.

Over the past eighteen months, GMHC has streamlined our fundraising efforts. Not only has the Development Department cut costs; they have managed to raise more money while spending less. For example, in addition to the annual AIDS Walk, GMHC produced fewer—but more lucrative—special events. In December of 2000, GMHC produced You Gotta Have Friends II. With the help of Cyndi Lauper and the B-52s, GMHC brought the house at Carnegie Hall to its feet with a rousing evening honoring long time supporters Phil Donahue and Terry K. Watanabe. In February of 2001, GMHC produced a special Valentine's Day event with cabaret star Julie Wilson at the W Hotel.

The following pages contain the names of people, foundations, and corporations, without whom, none of what you have just read would have been possible. Publishing their names does not begin to express our gratitude for their unstinting generosity—not just in terms of dollars, but in setting a social and philanthropic example of compassion and intelligence as well. We extend to them our most sincere thanks.

WHERE OUR MONEY GOES

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Programs</td>
<td>40.09%</td>
</tr>
<tr>
<td>HIV Testing</td>
<td>5.29%</td>
</tr>
<tr>
<td>Management</td>
<td>3.08%</td>
</tr>
<tr>
<td>Public Policy</td>
<td>12.78%</td>
</tr>
<tr>
<td>Education</td>
<td>18.50%</td>
</tr>
<tr>
<td>Fund-raising</td>
<td>20.26%</td>
</tr>
</tbody>
</table>

GMHC launches the Lesbian AIDS Project.
Over a quarter of a million people have been diagnosed with AIDS in the U.S.
$100,000+
Robert and Joan L. Burdick
Paul G. De Vito
Phil Donahue and Marla Thomas
Fiona and Stanley Druckenmiller
Philip Morris Companies Inc.
Joan and Bob Tisch
Terry K. Watanabe Charitable Trust

$50,000 – $99,999
Anonymous
A.B. Tine Warner
Estate of Albert J. Blois
Broadway Cares/Equity Funds AIDS
Foundation of Peter G. Elliott
David Guten Foundation
Judith and John Hannan
Jerry Herman
Estate of Harley M. Jones
Rita J. and Stanley H. Kaplan Family
Foundation, Inc.
Calvin Klein
Estate of Bernard Pearlman
May and Samuel Rudin Family
Foundation, Inc.
Estate of Michael Thompson
Estate of Robert E. Smith
Henry van Ameringen
Vivendi Universal Fund

$25,000 – $49,999
Anonymous
Agouron Pharmaceuticals, Inc.
Joseph Arena and Dr. Thomas D’Eletto
Bristol-Myers Squibb
Capital Z Management, Inc.
Margaret Burden Childs
in memory of Jeffrey Childs and
Robert Woolley
Joanne Leonhardt-Cassullo
The Gap/Old Navy Clothing Company/Banana Republic
Maureen A. Hayes
The Helen F. Kimmel Foundation
Eaton John AIDS Foundation
Catherine Kellner
M.A.C. AIDS Fund
Marvin’s East
The Mailman Foundation, Inc.
William F. McCarthy and
Jonathan Burleson
Page and Otto Marx, Jr. Foundation
The Curtis W. McCraw Foundation
Estate of John Menaker

$10,000 – $24,999
Anonymous
ABC, Inc. Foundation
Anheuser-Busch Companies, Inc.
AKA Foundation
The Frances and Benjamin Benenson
Foundation*
The Mortar and Jane Blautus
Foundation
Bloomberg L.P.
Rebecca Susan Buffett Foundation
CBS Foundation
Christa Family Foundation, Inc.
Kenneth Cole
Alexandria and Steven Cohen*
The Cowles Charitable Trust
Eric Paul Crave and Rodney, Alain Gils*
Design Industries Foundation Fighting AIDS
Doris Duke Charitable Foundation
DuPont Pharmaceuticals Company
Entrust Capital, Inc.
Estate of William J. Findlay
GlaxoSmithKline
Barbara and Milton R. Gottlieb*
Michael J. Greenberg*
Gray Advertising, Inc.
The Hagedorn Foundation
Hazel Hays*
Estate of Ernest Hart
The Clarence E. Heller Charitable Foundation
Hess Foundation*
Jeffrey L. Humber, Jr.*
Impact Communications, Inc.
Lisa Keith and Allan Karp*
Estate of Janet Wilfert Hayes
Estate of John A. Kellor
Don King Productions
Roth Morganthau Knight Foundation
John M. Lloyd Foundation
Estate of Kathleen A. Martin
Drs. Martin A. Nash and Jack Hennigan*
Paul L. Newman*
Pfizer, Inc.
Nancy and Frank Pierson*
Christopher Rakowsky
Paul Rapoport Foundation
Grace Jones Richardson Trust
The Jerome Robbins Foundation
Estate of Aaron F. Snyder
Peter N. Spiegelman and Robert L. Turner*
Barbara H. Stanton*
TPI Worldwide/Monster.com
Estate of Louise S. Tanzer
Andrew Tobias and Charles Nolan
Lawrence N. Van Valkenburg*

$5,000 – $9,999
Anonymous
Abbott Laboratories Fund
Dee and Kenneth Aipert
Bill Amore
Chris Arms and Scott Cleaver*
American Capital Company
American Management Systems, Inc.
Atlantic Bank of New York
Ward Auerbach
Eddie Bauer
Bear Stearns & Co. Inc.
Daniel L. Berger
Dr. and Mrs. Peter Boal*
Beaumont Ingefield
Matthew Bronfman and Lisa Goldberg*
Diana Brooks*
in memory of Robert Woolley
Susan Buxton*
James F. Capalino
S. Whitfield Cook*
Estate of Robert F. Dietrich
Julius Foundation Inc.
in memory of Gino Picorho
Gallagher Marketing Group, LTD
Georgica Shareholder Communications
Louis R. Giajante*
The Howard Gliman Foundation
Francine and Leonard Goldstein
Marjorie V. and Irwin Guttman
Janet H. and Peter B. Harriman*
John B. Harnett*
Sari and Andrew Hadden*
Buck Henry Charitable Fund
Stan Herman
Lisa and Greg Heeseman*
Stevan L. Holley*
Lee Hulsker*
Makelainen R. and Bruce Johnson*
J.P. Morgan Chase Miami Foundation
Evan M. Kossak
Kraft Foods/Philip Morris
Donna Field and Michael Krasnow*
James T. Lee Foundation, Inc.
The Marks Family Foundation
Ron Martin*
Morton B. Martin*
Stephanie and Carter McCullum*
Estate of Frederick D. McRae
Estate of Steven A. Menges
Barbara and Alan Mirkin*
MAA Events
Ortho Biotech
Derek Palmer
Maurice Kaye and Donald Patai*
James G. Pepper
Alexandra L. and Frederick W. Peters*
Barbara and Jeff Piroaset*
The Pittman Family Foundation
Polo Ralph Lauren Corp.
Pratt-Ham Foundation
Lourdes and Harold Price Foundation, Inc.
in memory of Jonathan Wentworth
Carolyn and Stephen Reids*
SBL Life Insurance Co., Inc.
Scholastic, Inc.
Nicholas J. Sebenzer, Esq.*
Andrew Shiva*
Ann and Herbert Siegel Fund
in honor of Mrs. Joan Tisch
Elizabeth and Stephen Silverman*
Alan B. Silfka*

The CDC expands the definition of AIDS to include new conditions, some specific to women. GMHC creates Treatment Education and Advocacy Department.

AZT is shown to reduce HIV transmission from mother to child. The CDC announces AIDS is the leading cause of death for Americans ages 25–44.
$2,500 -- $4,999
Anonymous 89
Sophia and Joseph Abelles
Aegis Capital Corporation
James Lee Askridge
American Express Foundation
Giorgio Armani Corporation
Joan and Robert Arnow
in memory of Jonathan Kantrowitz
Nancy and Bob Archer and Family
Jeffry A. Boroe
Constance A. Brown
Arce Balboa Memorial Fund, Inc.
Ellen Cath
Virginia and Peter Cary
Thomas M. Catana
Michael J. Cassano
W. Sam Chandhok
Chiron Corporation
Clear Vision Optical Company, Inc.
Donnelle R. Cowlthrust
Edward Lynneis
Patricia Crowin & Anthony Raccada
Robert Cummingsphaul
Phoebe Debalbent
The Helen and Philip Deinman Foundation
David A. De Munro and Chris P. Langbuckis
Aaron Diamond AIDS Research Center
Laurie Diamond
William Diamond and Anthony Rastaja
George C. Domanly, Jr. and Norman P. Goldblatt
Deborah and Kevin Epperson
Mitzi and Warner Ehrleben Family Foundation:
Empire Blue Cross Blue Shield
Empire Rent-A-Car Foundation
Lillian Farber
in memory of Robert Farber
Daren R. Feldman
Tom Freudinger
James Goodwin
George W. Graham, Jr.
Suzyann Greenberg
Jesse O. Greenberg, M.D.
Elizabeth Groves
Addie J. Guttag
The Hansmann Family Foundation
Mark E. Harris
Michael G. Harvey
The William Talbert Hillman Foundation
Hotel, Restaurant & Club Employees
Willie Hupp, III
Infinity Outdoor
Carl Jacobs Foundation
Jeanne Pierre Oginisil, Inc.
Carol M. Joseph
David Klauberg
"Katy Klop" Bill Kulp
LaPaz Foundation
Lawrence Foundation
Laura Leventhal
Ruth and David Levine
Ellen and Tom Lippin
in memory of Richard D. Magro, Jr.
Peter C. Lincoln
Lindy Linder
in memory of Robert Farber and Christine Swain
L coincidence 1989 Solidarity Fund
John P. Mac Donald and Thomas Von Roesser
Josieha L. Mack and Ron Warren
L. Marturano
Warren D. Mayne
Thomas S. McAdie
Helen Mckinley and Happy Hansen
Merlin Foundation
Albert S. Mesonra
Jan Mitchell
Martin Monas
Motorola University
Tommie Munro
NBC TV Network
New York Hotel Trades Council
New York Marriott Marquis
Francis J. O'Brien and Thomas Figso
Paul Weiss, Rinkin, Wharton & Garrison
Albert Pincus Fund
Nan and Ed Perell
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December 1, 2000 — GSHC honored Phil Donahue and Terry Watanabe, at a gala concert at Carnegie Hall. Pictured here are the B-52's: Fred Schneider, Kate Pierson, Keith Strickland, and Pat Irwin; with Terry Watanabe, Cyndi Lauper, and Phil Donahue.
The Congressional Black Caucus calls on the President to declare a public health state of emergency regarding AIDS in African American communities. AIDS kills more people worldwide than any other infection.
Partners in Planning

Members of Partners in Planning have informed GMHC of their legacy plans. We gratefully applaud their foresight.

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AIDS Walk New York embodies the commitment of tens of thousands of individuals in the fight against AIDS.

900,000 Americans are living with HIV in the U.S. Rates of new HIV infection remain steady at 40,000 a year.
Gay Men's Health Crisis (GMHC) is a not-for-profit, volunteer-supported and community-based organization committed to national leadership in the fight against AIDS. Our mission is to reduce the spread of HIV disease, help people with HIV maintain and improve their health and independence, and keep the prevention, treatment and cure of HIV an urgent national and local priority. In fulfilling this mission, we will remain true to our heritage by fighting homophobia and affirming the individual dignity of all gay men and lesbians.

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TTY: 212/645-7470
WEB SITE: www.gmhc.org