

**GAY MEN'S HEALTH CRISIS ANNUAL REPORT**

**GMHC**

**1988/89**

**FIRST IN THE FIGHT AGAINST AIDS**



# A History of Gay Men's Health Crisis

## 1981

In June of 1981, the first cases of the illness now known as Acquired Immundeficiency Syndrome (AIDS) are reported in Los Angeles among five gay men diagnosed with uncommon diseases. In July, a New York Times article announces a "Rare Cancer Seen in 41 Homosexuals," a finding made by Drs. Alvin Friedman-Kien and Linda Laubenstein at New York University Medical Center. Larry Kramer, a New York City writer alarmed by the ominous news, meets with Dr. Friedman-Kien to determine what can be done to stop the mysterious disease. He is advised to develop some way of informing the gay community of possible danger and to raise money for research. Friedman-Kien addresses 80 men at Kramer's apartment in early August, and his words prompt the journalist Nathan Fain to remark, "Each man swallowed his panic and found himself shocked into action." The group sets about raising research money, and during the next six months raises \$11,000 for NYU Medical Center's Kaposi's Sarcoma Fund. This fund-raising group will become GMHC. In October, the federal

Centers For Disease Control (CDC) declares the mysterious disease afflicting gay men to be an epidemic.

As of December, 152 cases of the deadly new disease are reported in the United States.

## 1982

On January 4th, six men — Larry Kramer, Paul Popham, Edmund White, Nathan Fain, Larry Mass and Paul Rapoport — meet in Kramer's apartment and officially organize and name themselves the Gay Men's Health Crisis.

Realizing that no social services or sources of information exist to meet the immediate needs of those who are ill, GMHC founders raise money for their own programs. In April, "Showers," the first successful GMHC benefit, is held at the Paradise Garage, netting the fledgling organization \$32,000. The Hotline, a source of hard-to-find information, starts during the next month, organized by Rodger McFarlane. Because no social services exist to which hotline callers can be referred, a Patient Services division swiftly develops.

In June, the incorporation of Gay Men's Health Crisis is approved by New York State. The first newsletter is produced during July, containing medical information written by Dr. Larry Mass; 50,000 copies are distributed free to doctors, hospitals and clinics across the country — even the Library of Congress requests a copy. In August, voluntary staff positions are created at GMHC. Mel Rosen is appointed executive director, and Dr. Ken Wein becomes the first clinical director. The number of people who come to GMHC as volunteers rises dramatically: the first crisis intervention workers are trained, the buddy program begins, and GMHC's first office opens

on the 2nd floor at 318 West 22nd Street.

In September, the disease known variously as Gay-Related Immune Disorder (GRID) or Kaposi's Sarcoma-Opportunistic Infection (KS-OI) — and sometimes even as "gay cancer" — is officially named Acquired Immunodeficiency Syndrome (AIDS) by the CDC. The disease is believed to be caused by an infectious agent transmitted through sexual activities, shared hypodermic needles, and blood.

At the end of December, 1982, 1,300 cases of AIDS have been reported in the United States; 317 of those people are dead.

## 1983

During March, Mayor Edward Koch officially acknowledges the epidemic that is spreading in New York City by creating the Office of Gay & Lesbian Health. Later, he proclaims April "Aid For AIDS Month." In April, after many requests, the Mayor meets with representatives from GMHC for the first time.

In January, an in-house newsletter, *The Volunteer*, is inaugurated, which serves to keep GMHC's growing number of volunteers — the people who carry out the work of GMHC — abreast of developments at the agency. Dr. Frank Lilly, Professor and Chair of the Genetics Department at Albert Einstein Medical School, joins GMHC as a board member. In April, the Circus Benefit for GMHC is held at Madison Square Garden and \$300,000 is raised in what is the most successful lesbian and gay fundraising event to date. The first salaried staff positions, funded in part by New York State, are created in June and Rodger McFarlane becomes GMHC's second executive director.

The first AIDS discrimination suit, *Sonnabend & Callen v. 49 W. 12th Street*,

litigated by Lambda Legal Defense and Education Fund and funded by GMHC, is decided in favor of the plaintiffs, establishing the principle that laws protecting the disabled also protect those with AIDS.

In May, Dr. Luc Montagnier and fellow researchers at the Pasteur Institute in Paris discover the probable infectious agent of AIDS — Lymphadenopathy Associated Virus (LAV), later renamed HIV.

By December, 1983, 4,156 cases of AIDS have been reported in the United States; of those, 1,292 are dead.

## 1984

In January, Dr. Luc Montagnier of France and Dr. Robert Gallo of the United States are declared "co-discoverers" of the Human Immunodeficiency Virus (HIV), believed to cause AIDS.

In February, GMHC's Department of Legal Services is instituted to help people with AIDS fight evictions and to provide estate planning. The lease for larger headquarters at 160 Eighth Avenue is signed. In April, the CDC requests the agency's assistance in planning regional conferences on AIDS to educate the American public. GMHC publishes and distributes its safer sex guidelines, *Safe Sex Is Healthy Sex*, in June. An art auction at Sotheby's, organized by Nathan Kolodner, becomes the world's first million-dollar AIDS fundraiser.

During the year, the Lesbian and Gay Community Services Center opens at an unused public school building in Greenwich Village.

At the end of December, 1984, 9,920 cases of AIDS are reported in the United States; 3,665 of those people are dead.

*continued inside back cover*



## A Message from the President of the Board

When GMHC was founded in 1981, its organizers warned that AIDS would become the major public health problem of the 1980s. They were all too right. Eight years later, there is every indication that the primary health concern of the 1980s will be the number one health concern of the 1990s.

Unfortunately, each year of GMHC's existence has brought an increase in our caseload and a necessary expansion of our services to people with AIDS. Although we enter the next decade encouraged by the medical, legal and political achievements of the past year, the prime goal of GMHC is to continue to build on those achievements and give HIV-infected individuals additional cause for hope.

We present this summary of GMHC's activities during 1988/1989 to everyone concerned about AIDS as a record of where we have been, where we are now, and where we are headed. This year our efforts centered on advocacy, education, and client services. GMHC worked with the AIDS community — gay and lesbian, African-American and other human rights groups, government, health care providers and the private sector — to lobby for speedier access to new drugs and increased funding for medical research and reforms in the nation's health care system. In recognition of new therapies that apparently slow the development of opportunistic diseases related to HIV infection, and following the passage of tough confidentiality laws in New York State, GMHC announced a policy change urging people who believe themselves at risk for HIV infection to think about being tested for HIV antibodies. At the same time, GMHC increased its pressure on federal, state, and city governments to make new treatments available to all without regard to ability to pay.

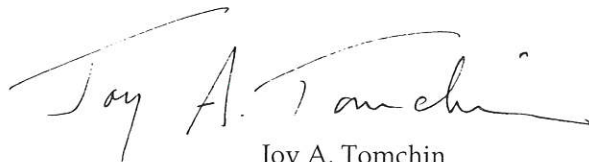
Moreover, GMHC is expanding prevention and education services into communities which are being underserved — especially poor neighborhoods and communities of color — and educating the public about the potential benefits of counseling and early intervention. This year 1,400 new clients — many of them with their carepartners and families — came to GMHC asking for assistance. To make it possible for us to meet the increased demand for services, 1,100 new volunteers found time to give during the day, at nights, and on weekends.

The past year has been a turning point not only in the treatment of AIDS but also for GMHC. Late in 1989, Richard Dunne resigned after four remarkable years as Executive Director. During those years, he led an astonishing expansion of GMHC that saw staff grow from 17 to 125 and the budget increase from \$800,000 to \$12 million. On behalf of the Board of Directors, I want to express our gratitude for all that Richard accomplished.

The Board has found in Jeffrey Braff an extremely capable and dedicated new Executive Director. The former Chair of the Canadian AIDS Society, Mr. Braff has been a leading advocate in shaping that government's AIDS treatment policy. He brings extensive experience as a manager to ensure the stability of the organization and a commitment and passion that will make him a vigorous leader. We are eager to work with him as GMHC enters the next decade.

Every time someone dies of AIDS, we each remember the pain and the anger at losing so many others to this dread disease. Last year was one of mounting loss and mounting pain. The AIDS death toll in the U.S. topped the body count of American troops during the Vietnam War. The number of reported cases of AIDS grew to over 100,000 — a figure estimated to double in fewer than two years.

In the early years of the epidemic, the rapid spread of AIDS and HIV infection was fueled by a deadly momentum that seemed at times unstoppable. But that momentum also galvanized the gay community. Today, working with an expanded network of so many caring individuals and communities, we are proving it is possible to make a difference, to face this tragedy with determination, forcefulness and effectiveness. We enter the 1990s with an unwavering commitment to fighting the plague that affects us all.



Joy A. Tomchin  
President, Board of Directors

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## Dedication

This report on the activities of Gay Men's Health Crisis is dedicated in loving memory to two heroes in the fight against AIDS who died this year, Nathan Kolodner and Dr. Barry Gingell. Their clear words and bold actions were an inspiration to us all. Nathan set a new standard with his gentle eloquence as Board President without losing his toughness — he was arrested in Washington, D.C. protesting government inaction on AIDS. Barry was as skilled at dramatizing the need for new treatments — he flew to Mexico to obtain a drug that could not be bought in the U.S. — as he was at assessing and explaining ever-changing medical information. We will miss both of them deeply.



**NATHAN K. KOLODNER**  
**1951-1989**

President of the Board of  
GMHC from 1986 to 1988

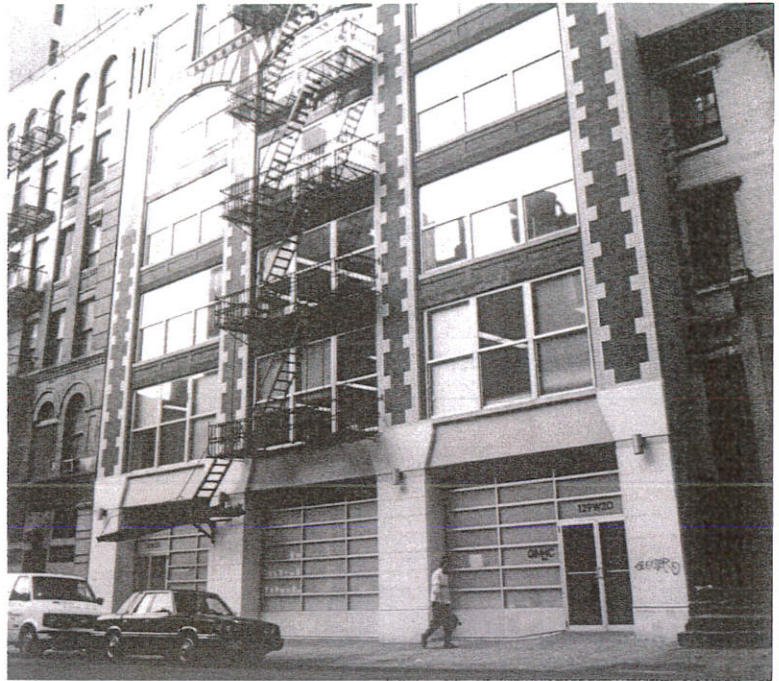


**BARRY GINGELL, MD**  
**1954-1989**

GMHC's first Director of  
Medical Information



## A Day in the Life of GMHC



**A** typical day in the life of GMHC over the last year would find agency staff and volunteers at work:

- Lobbying for the landmark Americans with Disabilities Act, a far-reaching piece of federal legislation guaranteeing civil rights protection for all disabled people — including people with AIDS (PWAs) and HIV infection — that finally won presidential support and passed the U.S. Senate this year.

- Assigning a buddy to a PWA who lives alone and needs help to perform practical chores like shopping and cleaning.

- Mapping a strategy for outreach to gay and bisexual men of color with representatives from one of 21 community-based organizations to whom GMHC contributed \$375,000 raised from this year's record-breaking AIDS Walk.

- Providing legal representation for a mother with AIDS in her court proceedings to arrange for her children's long-term care.

- Explaining the latest medical developments to one of the many journalists whose AIDS coverage helps shape public opinion.

- Staffing the new TDD Hotline extension that serves callers who are hearing impaired.

- Arranging for entitlements for an undocumented immigrant newly diagnosed with AIDS.

- Developing a needs assessment for new local and state funding for community-based AIDS organizations.

- Meeting with representatives of the federal government to fight for expedited licensing and distribution of new AIDS therapies.



As the world's first and largest AIDS service, education, and advocacy organization, GMHC is dedicated to delivering the highest quality of compassionate service to our clients and providing strong leadership at all levels in the continuing fight against AIDS.

The epidemic is changing — its reach, its prognosis, its effects on the systems in place to handle it. As the epidemic changes, so does GMHC. What started out in a borrowed Chelsea brownstone with 20 volunteers and no paid staff or formal budget, today fills its own renovated six-story building with a corps of 1,600 volunteers, 125 paid staff and a \$12 million budget. What was created to help people face a terminal illness now focuses its considerable energies on stopping the spread of AIDS and helping people with AIDS live as fully as possible. An organization that began in 1981 as a gay community response to what many claimed was strictly a community problem now affects national policy and is the focus of international attention.

Despite these dramatic changes, some things remain constant: GMHC continues to be true to the core elements of its founding spirit, including an unflagging dedication to educating the public about the disease; a commitment to volunteerism; a focus on the needs of clients; a reliance on a broad base of private contributors; and a determination to make individuals and systems accept their roles in the ongoing battle against AIDS.

These principles are touchstones; they are present every day in everything we do. They will continue to guide GMHC as we all face the challenges of living with AIDS in the 1990s. □





## Client Services

**N**ot long ago, when there was a scarcity of information about AIDS and virtually no treatments available, GMHC offered comfort and support to its clients facing a new and terrifying disease. Today, as more is known and more can be done, GMHC still offers comfort and support but is now better able to assist our clients to live fuller lives and regain the sense of control so often lost in the wake of an AIDS diagnosis. The staff and volunteers in the Client Services department lead this fight.

Living with AIDS means living with a vast range of immediate and long-term needs above and beyond medication and doctors. GMHC clients find solutions to many of their needs through our six Client Services programs: Case Management, Crisis Intervention Services, Recreational Services, Financial Advocacy, Group Services, and Pediatrics. These programs provide practical aid and individual and group support to clients, their care partners, and loved ones. GMHC seeks as well to nurture among clients the mutually supportive bonds that emerge when people with AIDS are brought together in a caring environment.

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GMHC buddies perform practical chores like shopping and cleaning, but more importantly, they provide companionship — a friendly face, a listening ear — to a person with AIDS.





### ■ Becoming a GMHC Client

To become a GMHC client, an individual must have an AIDS or ARC diagnosis. A new client's first extended contact with GMHC is a comprehensive intake interview conducted by one of a core group of trained and experienced volunteers. The interview gives the client an opportunity to learn about all of GMHC's programs and choose those that best meet his or her needs. Some 1,500 intake interviews were completed in fiscal year 1988/89, resulting in a current agency caseload of 2,700 people with HIV-related illness.

This year brought several revisions of the intake process, including the introduction of a new intake form which better enables our staff to refer clients not only to services within GMHC, but also to services offered by other agencies and organizations. GMHC currently maintains referral relationships with over 25 hospitals, 50 physicians and 100 community-based organizations.

Client Services recently introduced a computerized case management system to improve the department's ability to respond quickly to clients' ever changing needs. The system is particularly useful for the Monitoring Team's periodic review of client records, through which as many as 300 clients are called each month to see how they are doing, what new services they might need, and let them know GMHC stands ready to help. An intensive case management system was also developed this year for those clients who need continued close contact — a group making up an estimated 5-10% of our client base.

### ■ Being There In A Crisis

Often a new client needs immediate, individual attention to regain some sense of control over the emotional crisis that can follow an AIDS or ARC diagnosis. Other clients may not reach this crisis point for many months or years, if ever. Whatever a client's particular needs, he or she can receive one-on-one support and counsel from trained volunteers and experienced staff through three Crisis Intervention Services programs.

Clients who need assistance with the practical tasks of daily life may be assigned a "buddy," who can provide a helping hand once or twice a week with practical chores like walking the dog and grocery shopping. While a buddy once stayed with a single client throughout the course of the illness, now a client may regain mobility and the buddy can move on to another client whose need is greater. Crisis Intervention Workers (CIWs) provide companionship and emotional support. A recently diagnosed woman with AIDS who has three children can receive special support from the CIW while she deals with the emotional impact of her diagnosis on her family and strives to put in place a support system to help her live with the illness. Later, when the client and the CIW are satisfied that a system is in place, the CIW's service will end. Crisis Management Partners (CMPs) combine the practical help of the buddy and the emotional support of the CIW for clients with AIDS who present a particularly wide variety of physical and emotional needs, such as a former IV drug user with AIDS.

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### THE RICHARD HORN FUND

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**T**he high cost of individual psychotherapy had initially prohibited GMHC from offering the service to our clients. This year a program was introduced through which qualifying clients can receive short-term psychotherapy for as many as twelve sessions free of charge. The service is made possible by the Richard Horn Fund, which has been generously established in memory of a GMHC client by members of his family.

Richard Horn, a writer and architecture expert, was a client of GMHC when he died this year at the age of 34. His younger brother and only sibling, Kenneth Horn, an attorney, attributes much of the strength with which Richard faced his illness to psychotherapy. "Richard took control of his life," he says. "I'm convinced that because of Richard's use of psychotherapy, his confrontation with the illness was eased." When



Kenneth and his wife Marjorie realized that many people with AIDS cannot afford therapy — and that GMHC could not afford to provide it for them — the Horns set up the Richard Horn Fund to give GMHC clients access to individual psychotherapy. Kenneth has raised all of the money for the fund himself, soliciting donations from family members, friends and business associates.

Twenty therapists currently participate in the program, which has the capacity to conduct therapy sessions in English and Spanish, and, when appropriate, in clients' homes. The service is limited to clients who are unable to pay for therapy with insurance, personal or Medicaid funds. Clients are encouraged to use the therapy to work on a specific problem — a new diagnosis or the death of a loved one, for example — and are free to involve their lovers, friends and families in the sessions. □

For clients with immediate needs that can be addressed in four weeks or less, a new crisis intervention care format was introduced. Short-term "Swat team" care allows GMHC to respond quickly to those clients while enabling a single volunteer to work with a higher number of clients in succession.

The 500 Crisis Intervention Services volunteers work in 36 geographically-organized teams throughout the five boroughs. All volunteers receive constant in-service training by GMHC to stay informed about the ever-changing range of options available to their clients. The particular demands of working with clients with AIDS Dementia Complex was among the topics addressed this year during in-service training. In response to the growing number of African-American and Latino clients that are coming to GMHC, volunteers received training on issues of cross-cultural sensitivity and staff members were offered a course in conversational Spanish. Managing volunteer stress has always been a focus of training and supervising volunteers. A new publication, *Time Out: A Stress Management Guide*, was developed in recognition of the fact that the valued volunteers and staff who help take care of people with AIDS also need to know how to care for themselves.

#### ■ No One Is Alone

People dealing with an AIDS diagnosis — their own, their spouse or partner's, or their child's — frequently withdraw from their peers and their natural support systems. Such self-imposed isolation may increase a sense of helplessness and deprives the person of the chance to feel better by sharing experiences with others in a similar situation.

To discourage such isolation and to facilitate the mutually-beneficial exchange of emotions and experiences, Group Services

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Clients have an opportunity to get together over lunch in Recreation's 6th Floor dining room to trade information on doctors or promising AIDS therapies, gossip, or simply ask each other how they're feeling.





offers 48 weekly therapy and support groups. Last year over 1,000 clients availed themselves of these groups and were able to address the negative feelings about their diagnosis that, if left unexpressed, could further strain their health. While AIDS Therapy Groups are limited to GMHC clients with AIDS, many groups are designed for a wider audience. Care partners and couples where one or both members has AIDS are among those specifically addressed in Group Services.

Responding to an ever-apparent need, Client Services this year introduced groups for people with an ARC diagnosis. If their illness progresses, members of these groups often move into more traditional groups for people with AIDS. Group Services is also expanding to meet the special needs of female clients.

### ■ Staying Active

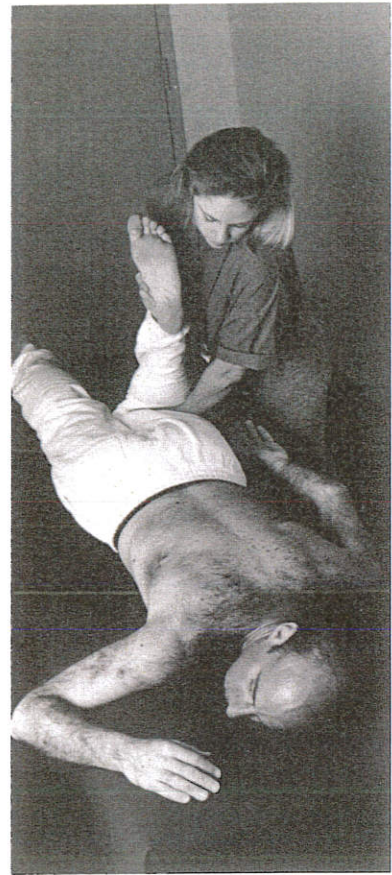
From massages to movies, meals to gym workouts, and haircuts to theatre tickets, Recreation is one of the fastest expanding programs offered by GMHC. These activities are only a few of the many offered to combat the isolation and forced inactivity often affecting people with AIDS. Sometimes by merely sitting down together for lunch in the client-only dining room, clients can develop camaraderie with other PWAs, trading inside information on doctors and new treatments, or simply asking how one is feeling that day.

The benefits of having an entire building devoted to people with AIDS is apparent in Recreation's spacious new quarters on the sixth floor and roof garden. Not only is Recreation once again united with the rest of GMHC, but it has more room than ever before. And more *is* more: more clients (as many as 600 each week) who can be accommodated for our free weekday meals prepared by volunteers and staff in the restaurant-caliber GMHC kitchen; more variety in our client programs, including an art therapy group that has resulted in several exhibitions; more physical therapy options, ranging from regularly-scheduled free chiropractic services to an in-house gym; and more opportunity to escape for a moment, to the trees and arbors of the roof garden.

Recreation activities are by no means limited to GMHC headquarters. Although some clients may worry about facing unknown challenges in the outside world, Recreation provides support and encourages them to take advantage of GMHC-sponsored day trips to Bucks County, Atlantic City, Bear Mountain and Fire Island. The generous support of the New York cultural community also has enabled us to distribute as many as 1,500 free theater tickets to our clients each month. A new photo identification card plan has received a warm response from a growing number of city stores, cinemas and restaurants who now give our clients special discounts.

### ■ You're Entitled

The Financial Advocacy Program is one of the essential programs at GMHC for a simple reason: PWAs are living longer and the cost of doctors, medicine and treatments forces most GMHC clients to apply for the financial support that

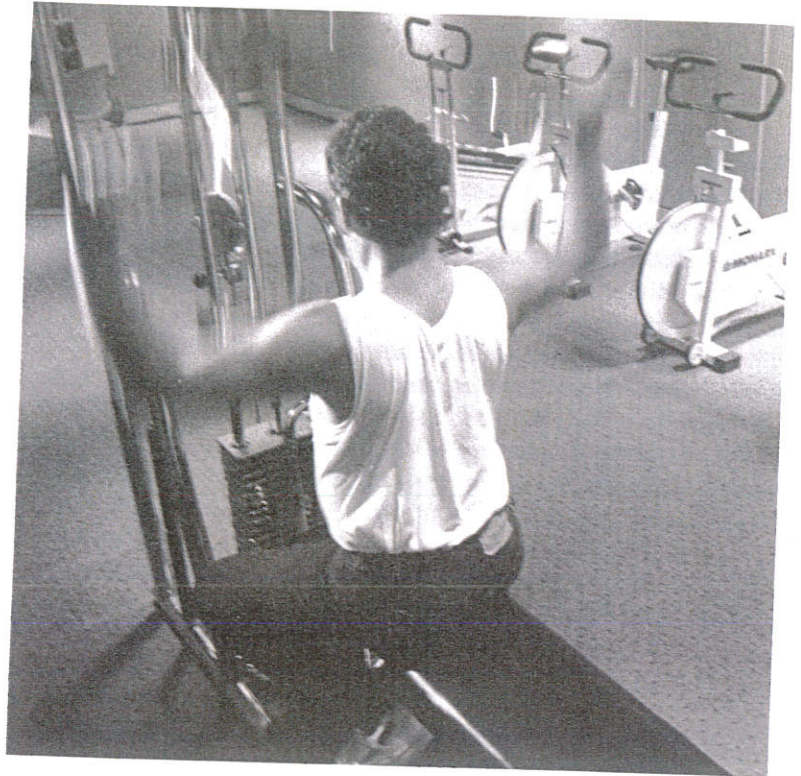


Recreation means many things to many people. At GMHC the recreation possibilities are great, and all services are free. Some people enjoy massage, others seek chiropractic and even acupuncture sessions. Additional recreational outlets include drama therapy and beginning karate. Haircuts remain a popular Recreation benefit.



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GMHC's in-house gym meets the recreation needs of many clients. As people with AIDS continue to live longer, fitness and self-esteem gain great importance. Pumping-up is a terrific way to achieve both.



government and private disability benefits provide. Over 1,000 new clients were referred to Financial Advocacy last year for help in cutting through the red tape that often makes government disability and benefit programs difficult to access. Financial advocates assess their clients' eligibility, assist in their benefit applications, and when necessary, make phone call after phone call until the various entitlement agencies provide the financial assistance to which the clients are due.

In keeping with an emphasis on helping clients help themselves, a new publication, *You're Entitled*, offers a basic education about benefits programs — ranging from New York State Disability and Social Security Disability to Income Maintenance, Medicaid and Food Stamps — for which many of our clients are eligible. Twice a month, GMHC offers Tuesday night forums designed for clients who are still working but may need benefits in the future. Every second Tuesday of the month, another forum focuses on the vital issues of health and life insurance. A Financial Advocacy Hotline has been established to provide one-on-one advice each day. This Hotline has enabled GMHC to address many client problems before they escalate to the point where a Financial Advocacy staff member must step in and advocate on the client's behalf.

When clients face an immediate need for housing, food, or utilities that can't wait the minimum two months it takes for government benefits to come through, GMHC's Direct Aid Fund can give an emergency grant. The Direct Aid Fund is also used to advance money to clients waiting for Medicaid reimbursement of private insurance premiums. During 1988/1989, the program provided over \$100,000 in grants for emergency assistance.

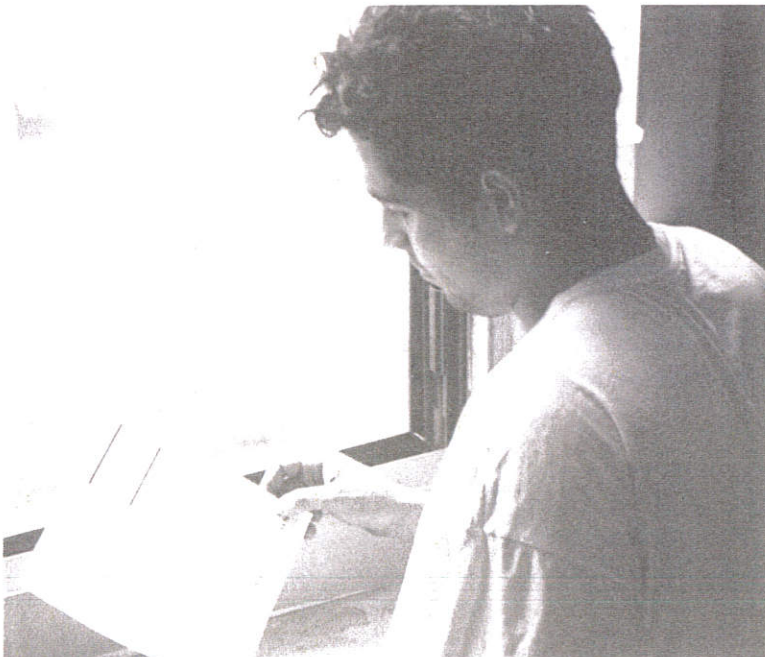


### ■ Pediatrics: The Child and Family

As more children have developed HIV-related illness, the need for support services for children with AIDS and their families has become apparent. This year GMHC improved its outreach to parents and children through a new brochure, *My Child Has AIDS*, distributed through various health-care facilities. The pamphlet invites families of children with AIDS to take advantage of our services, informing readers that GMHC programs are available to members of families where either children or parents have been diagnosed with an HIV-related illness. An Easter Party for pediatric clients brought together 60 children with AIDS, their siblings and parents to hunt for colored eggs and meet the Easter Bunny.

### ■ Keeping Clients Informed

One of the most important services the Client Services Department offers its clients is access to accurate, up-to-the-minute information about AIDS — everything from details about community-based programs to the latest developments in insurance, nutrition and other issues so vital to people with AIDS. GMHC's information services reached a wider audience than ever before with the publication in mid-1989 of *Living With AIDS: A Guide to Resources in New York City*, a 184-page manual designed to provide PWAs/PWARCs with a comprehensive list of AIDS programs and services. The *Guide* also answers frequently asked questions about insurance, financial assistance and legal matters that often arise for PWAs. Five thousand copies of the *Guide* have been distributed free of charge to clients, volunteers, medical personnel and other community groups. *Living With AIDS* is the most comprehensive volume of its kind and, like much of what GMHC does, is serving as a model for other AIDS service organizations, as well as for other agencies devoted to health care concerns and chronic illnesses. □





## Public Policy

**F**ighting for fair and effective AIDS policies that meet the needs of people with HIV infection and insuring that adequate government funding is in place are two of GMHC's key missions. Because many legislators have failed to connect to the concerns of people with AIDS, staff and volunteers of the Public Policy Department face a major challenge as they work on the city, state and federal levels to focus government attention on the rapidly changing needs of the AIDS community. By forging strong and cooperative relationships among local and national AIDS organizations, GMHC ensures that the government faces a united effort to keep AIDS high on the country's agenda.

### ■ Advocating for Access to Treatments

The Policy Department's non-partisan work reflects the evolving nature of the AIDS epidemic and the nation's response to it. GMHC's top priority a few years ago was increasing funds for research — research that is now paying off in the form of new therapies such as aerosolized pentamidine, AZT and, more recently, ddI. Today, however, the pressing need is to make these treatments available to everyone regardless of ability to pay. Medical science has found hope in the research laboratory; Policy staff works to bring that hope to all persons with AIDS. The disenfranchised populations that have always had to fight for basic human rights are being hit hard by this epidemic. People with HIV infection are now fighting for their right to adequate, affordable health care and, in the process, revolutionizing traditional roles of doctor-patient and pharmaceutical company-consumer. GMHC is on the front lines of this struggle.

GMHC is part of a coalition of sixteen AIDS advocacy and service organizations demanding that the manufacturer of AZT reduce the drug's price. A combination of the coalition's demands and subsequent negotiations, demonstrations in the streets, negative press, and the threat of a boycott forced the company to reduce the price by 20%. The coalition continues to apply pressure to bring the price down even further and put it within reach of all people with HIV illness. On another front, GMHC helped pay for a full page ad in *The Washington Post* on the day of a Senate Appropriations Committee hearing which resulted in the committee approving a \$30 million assistance plan to pay for AZT and other drugs.

While other new drugs and treatments for HIV infection are being developed, many PWAs need to gain immediate access to them. The national coalition of AIDS advocates is pushing for the implementation of a federal strategy for speedier release of new drugs called "parallel track." This program has the potential of offering earlier and wider access to promising new drugs for people with AIDS and HIV-related conditions who are unable to participate in controlled clinical trials. This year, GMHC and other AIDS advocates met with pharmaceutical companies and

The work of Public Policy Department staff is closely linked with the decisions made by City Hall. Policy staff continues to fight for adequate levels of New York City funding and for fair and effective AIDS policies.





government agencies to develop a parallel track program that would begin to make new treatments available. One early result was the release of ddI, a potentially effective therapy that may have fewer side effects than AZT.

### ■ Discrimination

Widespread discrimination against people with HIV infection has been the major obstacle to an effective public health strategy against AIDS in this country. For years, GMHC argued that federal anti-discrimination legislation is the key to fighting the epidemic. Today, because of these persuasive arguments and the long, hard work of disability activists, Congress appears ready to pass the Americans with Disabilities Act (ADA), the most important AIDS legislation in the history of the epidemic. ADA will prohibit discrimination against people with disabilities, including AIDS and HIV infection, protecting them from all-too-common losses of employment, medical care, and housing. Through lobbying, testimony, and public education, the Policy Department proudly helped lead the fight to make this historic new law a reality.

### ■ Lobbying in Action

In the past year, through regular meetings with legislators and their staffs, educational forums, letter-writing campaigns, press conferences, and testimony, GMHC helped secure many important victories on the policy front, including:

- New York City's first municipally-funded AIDS awareness campaign targeted at gay and bisexual men.
- An "open enrollment" plan from Blue Cross/Blue Shield enabling people with HIV infection to obtain health insurance.
- The defeat of a proposed New York City policy that would have required mandatory reporting of the names of anyone testing HIV positive.

Federal legislation for which the Policy Department lobbied this year includes the Federal AIDS Amendment Act, which mandates and directs a national research, education and treatment program; a \$30 million Emergency AZT Re-Authorization Act; the Abandoned Infants Act, and the Civil Rights Restoration Act, which now includes HIV illness in all of its provisions for disability. The Policy Department also led the battle in New York State against proposed limitation of Medicaid services, and the Policy staff has been instrumental in defeating undesirable bills and proposals in the New York State Legislature that, for example, would have made transmission of HIV a misdemeanor or required pre-marital HIV testing. Destructive amendments to otherwise valuable federal bills were also defeated through effective lobbying.

### ■ Forging a United Front

GMHC plays a leadership and funding role in three important coalitions which do much to make progressive AIDS laws and adequate funding a reality. Federal issues are handled by the AIDS Action Council (AAC), a Washington-based lobbying group representing 500 AIDS organizations nationwide. AAC

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## STOPPING MANDATORY REPORTING

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**A**t this summer's Fifth International AIDS Conference in Montreal, New York City's Health Commissioner Stephen Joseph put forth a plan that would require doctors to report the names of HIV positive people, institute more aggressive contact tracing, and have New York City keep a list of anyone who tests positive for HIV antibodies.

GMHC's Policy Department sprang into action. At the conference, GMHC staff helped organize a petition of protest, signed by 48 top public health officials, AIDS advocates, doctors, and researchers. GMHC's then Executive Director, Richard Dunne, worked with Policy Director Timothy Sweeney, and the Communications Department at GMHC headquarters to get the message to the local press that the commissioner's proposal was unsound and would only instill fear in people considering taking the HIV antibody test,



thus driving them away from the public health system.

Immediately following the Montreal conference, GMHC organized a press conference that featured doctors who had signed the protest petition. Resulting coverage in the major daily papers and local television stations brought the issue to the attention of New Yorkers. An *Action Alert* sent to 50,000 GMHC supporters resulted in hundreds of letters, phone calls, and telegrams to state officials demanding that the plan be abandoned.

Finally, GMHC Executive Director Dunne, and Policy Director Sweeney, along with other AIDS experts, attended a meeting with the New York City Health Commissioner Joseph and Mayor Koch to protest the plan. The result was that the Mayor announced that the City would not institute mandatory reporting of HIV infection. GMHC, through the Policy Department, maintains its vigilance on the issue. □

helped achieve a 30% increase in federal AIDS funding. On the state level, GMHC helped launch the New York AIDS Coalition (NYAC), the Albany representative of 200 organizations from across the state. NYAC pressed for and gained a 15% increase in New York State AIDS funding. Twenty-six New York City community-based HIV/AIDS organizations formed the Committee for AIDS Funding (CAF), which is coordinated by GMHC and worked to secure an additional \$17.5 million for AIDS from New York City.

#### ■ Shaping Change

This year, the New York City mayoral campaign brought new candidates with new personalities and a new AIDS agenda. In July, GMHC began shaping that agenda by organizing the first-ever mayoral candidate forum on AIDS-related issues. The forum drew appearances from three candidates, an audience of 500 citizens, and wide press coverage. Through this non-partisan forum, GMHC was able to elicit from the candidates specific, public commitments to back up their platforms, while educating the city's voters on the candidates' positions and records on AIDS. Another GMHC first, a non-partisan voter registration drive, registered 1,800 new voters and served to remind all voters that AIDS is a political issue that must be considered when they enter the voting booth.

In an effort to reach voters and politicians alike, GMHC sent out a series of appeals called *Action Alerts* asking over 120,000 voters to express opinions on legislation affecting people with HIV infection. One such *Action Alert*, on the subject of mandatory reporting, caused recipients to jam the phone lines and mailbox of New York State's Health Commissioner with protests against the plan to keep a list of all people testing HIV positive.

The Policy Department also organized the New York Citizen's AIDS Lobby Phone Tree, a network of over 2,400 volunteers throughout the state. The phone tree can be activated in a matter of days, flooding policy-makers' offices with an immediate response on a piece of outstanding legislation or any other

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GMHC Deputy Executive Director for Policy Timothy Sweeney, meeting with Assemblyman Dick Gottfried and legislative assistants to discuss New York State's funding for AIDS programs. This meeting is typical of many in which GMHC Policy staff seek adequate government spending on AIDS.



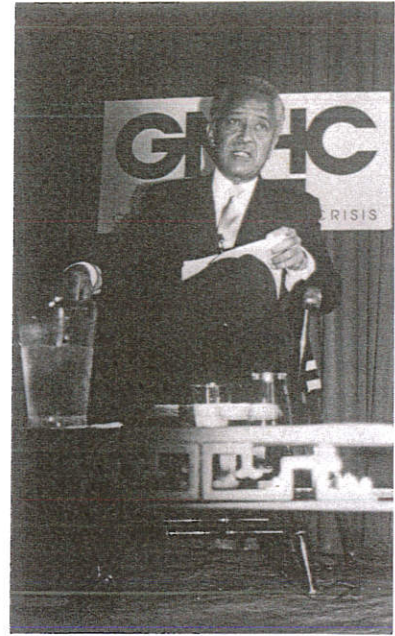


relevant issue. The full force of the phone tree was put into action on eight occasions in its first year around issues such as the Americans with Disabilities Act and increasing city and state AIDS funding. On each of these occasions, the phone calls reinforced Policy staff work on other levels, and contributed to policy and funding victories.

The mayoral forum, voter registration drive, *Action Alerts* and phone tree are all in keeping with the guiding principle of GMHC's policy work, which was best expressed by the late GMHC Board President, Nathan Kolodner: "We must stand strongly united as one force so that public officials can understand the strength of the whole AIDS community and respond accordingly." That same principle has led Policy staff to build active, working relationships with lesbian and gay, feminist, African-American, Latino, health care and religious communities throughout the city.

### ■ Seed and Support Grants

As a leader in public policy, GMHC has encouraged other community-based organizations to grow stronger. GMHC provides grants to help several groups get off to a good start in their own fundraising efforts or more established groups to maintain a high level of service. This year, apart from sharing a percentage of AIDS Walk funds with other organizations, GMHC gave \$325,000 in seed and support grants to 25 different agencies. A wide variety of GMHC programs — from volunteer training programs to our automated client tracking system — are shared with other groups for use as models in developing their own programs. Through our media contacts, we encourage the recognition of other groups' efforts in order to help them earn the public support they need to flourish. By forming strong coalitions, GMHC and other AIDS advocates avoid competing for smaller pieces of the funding pie and instead force government officials to make the pie larger so that more services can exist for people with HIV infection. □



David Dinkins was one of three mayoral candidates who attended the GMHC-sponsored forum on AIDS/HIV in New York City. Through the non-partisan forum, GMHC was able to educate the city's voters about candidates' positions and records on AIDS.



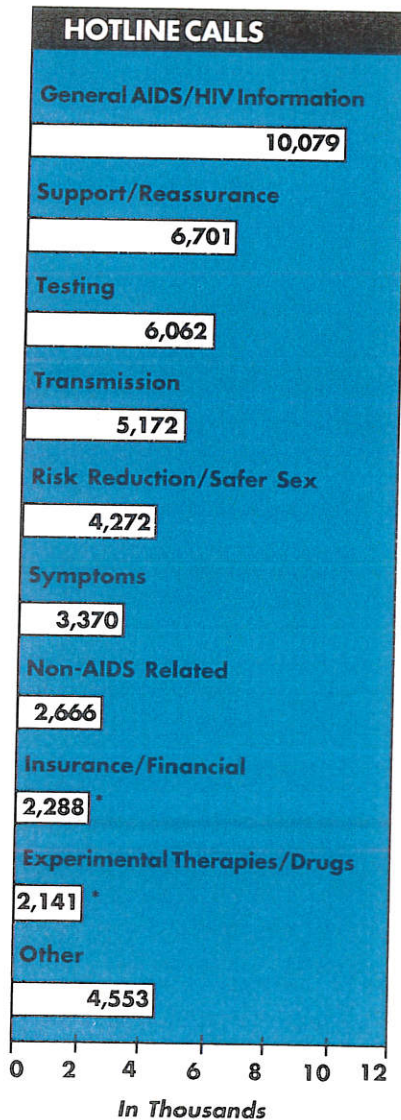


## Education

**E**MHC is constantly adapting its message to reach all populations affected by the AIDS epidemic. The Education Department's mission is to help people understand AIDS, what it means to their lives, and how to change their behavior to minimize the risk of HIV infection. To achieve these goals, the Education Department engages in a continuous revision and updating of the information it provides. GMHC must battle bigotry and fear on all fronts as it explores and uses new methods of presenting clear, explicit information on AIDS that will capture the attention and trust of a widening audience.

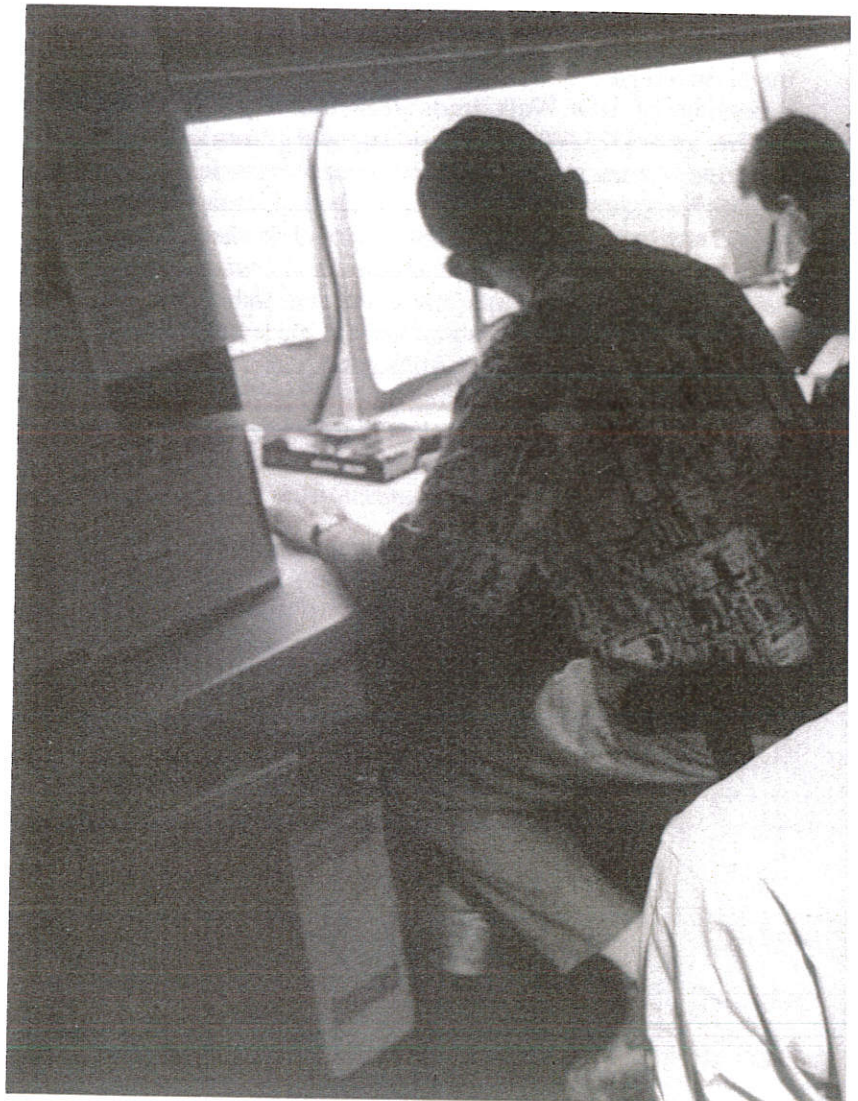
### ■ Outreach Services: Being There

One of the most challenging aspects of AIDS education is that the people who need to know about HIV infection often do not seek help. When people are not sure where to get information or



\* July, August, Sept. 1988 not included

The GMHC Hotline logged a total of 47,893 calls during the year. Hotline volunteers, trained extensively and kept up to date on the latest AIDS information, are ready to provide answers and referrals to callers Monday through Friday, 10:30 AM to 9:00 PM, and on Saturday, 12:00 to 3:00 PM.





if they feel the information is not for them, they hesitate to ask for it. Through its outreach efforts, GMHC strives to overcome the personal, cultural and logistical obstacles that prevent these audiences from getting information that could save their lives.

One key to this approach is simply being there — whether "there" means on the GMHC Hotline (212-807-6655/TDD 645-7470 for the hearing impaired), at staffed information tables set up on sidewalks throughout the five boroughs, or at literature and condom displays in YMCAs and businesses all over town — from grocery stores to neighborhood gay bars.

For eight years, the GMHC Hotline has been one of our most powerful educational tools. This year, the Hotline received 47,893 calls, answered by 83 trained volunteer counselors who can handle questions on virtually any topic related to AIDS. Serving Spanish-speaking and hearing-impaired callers, the Hotline is a model for organizations world-wide attempting similar projects. This year, the Hotline was visited by representatives of groups setting up hotlines in England, Mexico, Denmark, and Colombia.



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GMHC's Hotline — the agency's first service and one of the most effective ways of providing AIDS information — received nearly 50,000 calls this year. The GMHC Hotline has become a model for AIDS organizations world-wide establishing their own hotlines.



GMHC information tables, where passersby can obtain a wide range of GMHC publications, have become fixtures on many city streets and at health fairs, post offices, and street festivals. Some 50,000 people stopped to talk with GMHC volunteers and took pamphlets this year. Education also continues its large-scale free publication distribution efforts in conjunction with New York public libraries, and the city's unemployment and social security offices.

Reaching out to an even larger audience, the Education Department undertook GMHC's first subway and bus ad campaign to educate and identify the Hotline as a resource for information on AIDS. The "Once Is Not Enough Campaign" featured posters in subway cars that gave the Hotline number and urged people to "use condoms every time." This affirmative effort led to a significant increase in calls to the Hotline and provided information to people of all income groups, colors and geographic locations.

GMHC is continuing to adapt programs, particularly in education, to address the dramatic rise in the number of men and women who are newly aware in the past year of their HIV status and may want counseling and other services. Education Department forums and interactive workshops are designed to provide that information, including knowledge of legal, insurance, and medical concerns, as well as safer sex behavior and new ways to go about dating, forming relationships and negotiating with a sexual partner.

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In this room, Education's Audiovisual staff create GMHC's highly-acclaimed "Living With AIDS" weekly program. Artistically combining emotionally-charged subject matter with vital information, "Living With AIDS" has aired on cable stations for two years, and on UHF since November, 1988. Audiovisual staff are truly on the cutting edge of media as a means of AIDS education and activism.



#### ■ **Audiovisual Services: Producing a Vision of AIDS**

GMHC's weekly cable-TV series, "Living With AIDS," continues to break new ground and garner wide critical acclaim. After two years on cable stations, "Living with AIDS" tripled its audience reach by adding in November of 1988 its first UHF station (available to all five boroughs and Long Island). The series was also accepted into the CUNY television network, bringing its potential audience up to four million viewers. Audiovisual Services produced ten new hour-long programs for the series this year. The social and cultural importance of the series is confirmed by episodes being featured in several exhibitions at New York's most influential museums, including the Whitney Museum of American Art, the Artists' Space in Soho, and the Museum of Modern Art's traveling exhibition to museums across the country.

Audiovisual Services is currently producing a series of safer sex films on videocassette that were previewed to wide acclaim at the Fifth International AIDS Conference in Montreal last June.

The Education staff also produces radio public service announcements, including several Spanish language spots for LUCES (Latinos Unidos Contra El Sida), a coalition of concerned Latinos working to educate their community about AIDS. In our English language public service announcements for GMHC, however, we still encounter resistance from station managers who balk at airing any recorded references to condoms or safer sex, a reminder of how much work still lies ahead in the area of AIDS education.



## ■ Publications: Getting the Word Out

A total of over 727,600 pieces of literature was distributed by GMHC this year, making it the largest non-governmental distributor of AIDS-education literature and videos in the world. GMHC's publications continue to be used throughout the country and the world both as information and education vehicles and as models for the creation of similar publications.

Education staff is continually developing new publications. Each is designed to answer a specific need. Among the publications we completed this year are *I'm HIV Positive — What Next?*, *Ten Minutes That Can Change Your Life*, revised editions of *Legal Answers* and *Medical Answers About AIDS* and two publications targeted at African-American readers, *Loving, Sharing, Caring* and *Brothers Loving Brothers Safely*.

Publications staff also produced a condom packet which put safer sex instructions, two condoms, and lubricant in a package so ingeniously that it won a printing industry award for design and execution. At June's Gay Pride Parade 15,000 marchers and spectators snapped up the packets and received the message and the means of changing behavior to prevent transmission of the virus that causes AIDS.



Taking AIDS education to the streets of New York City, Outreach Services' information tables have become fixtures all over town. Passersby are able to stop and pick up GMHC publications, condoms, and the latest information about the epidemic.



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## ANATOMY OF AN INTERVENTION

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**L**ast winter GMHC embarked on its first large-scale pilot AIDS prevention program for the Latino gay community at The Love Boat — a popular Latino nightclub in Queens. Before the GMHC team took the stage, the education staff spent weeks fine-tuning the program to give it a style that the audience would appreciate. Taking its cue from the high regard which the bar clientele had for its transvestite performers, the prevention staff constructed an intervention that mixed drag, humor, AIDS education and, ultimately, referrals for help. Conducted in Spanish, and accompanied by literature handouts in both English and Spanish, the program was a resounding success. Education Director Maggie Reinfeld said, "People laughed, listened and got the information. And GMHC was identified as a resource for more information and for services for PWAs. Several people in the audience even became volunteers."

Though the approach seemed unusual to many, the message was received by the intended audience, and that is what education is all about. Programs like the one staged at The Love Boat are a natural extension of the groundbreaking work undertaken by GMHC's Education Department. GMHC is leading the way in the health education community on finding new and effective ways to present people with difficult information and helping make sure people learn how to live with and act on what they learn. □

### ■ AIDS Prevention Services

The AIDS Prevention Services division is dedicated to educating individuals on how they can incorporate changes in their lifestyle to protect their health and the health of their partner. GMHC has traditionally focused on two kinds of prevention: primary prevention, which involves the safer sex techniques one should practice to avoid HIV infection, and secondary prevention, which incorporates health maintenance strategies for HIV-infected people. Both areas of prevention incorporate three elements crucial to implementing behavioral changes: knowledge of how to accomplish the changes; social skills necessary to act on that knowledge; and motivation to actually make the changes.

The messages of safer sex, health care, and positive self-esteem are spread through educational seminars, workshops and forums. GMHC's "Men Meeting Men" and "Eroticizing Safer Sex" workshops continue to be popular within the gay community. As people live with HIV infection, they find the need for more information not only on how to stay healthy but how one carries on an intimate, sexual relationship when one or more of the partners is HIV positive. Two new workshops introduced this year by Prevention Services addressed these issues: "Sex, Dating & Intimacy," which looked at how an individual's decisions about safer sex are linked with the need for intimacy; and, "Keep It Up!," the first program in the country designed for gay men who, despite initial education in safer sex techniques, have now lapsed into unsafe behavior.

### ■ Reaching Out to People of Color

The AIDS Prevention Services division is dedicated to presenting culturally appropriate programs for people of color. Through Speakers Bureau engagements and tabling at locations where African-Americans and Latinos are the main audience, the unit is attempting to make sure that general education services are accessible. Primary prevention programs have been jointly developed with the AIDS organization, Gay Men of African Descent. By working in small groups, both formal and informal, in the communities of color, the messages of life-saving prevention, training and information are reaching people who might never have known that GMHC provides services in these communities. Yet more needs to be done in this area.

GMHC is a member of the Black Leadership Commission on AIDS and works closely with other existing organizations such as the Minority Task Force on AIDS, and the National Association of Black and White Men Together AIDS Prevention Project to help shape the ways information on AIDS is delivered. GMHC efforts involving the Latino community have been fine-tuned through consultation with community groups such as LUCES and the Hispanic AIDS Forum. GMHC was asked to assist in the LUCES Committee's successful efforts to broadcast the AIDS educational film "Ojos Que No Ven" on National Latino AIDS Awareness Day. On the night the film was broadcast, the GMHC Hotline stayed open till midnight to make sure that the members of this target audience would have a place to call for information while the program was fresh on their minds.



### ■ **Medical Information: Separating Fact from Rumor**

The medical information staff collects news of medical developments and distributes it to an expanding audience of people with AIDS, as well as researchers and health care professionals. The staff maintains a close watch on promising new treatments, separating fact from rumor, promise from disappointment. They channel this expertise towards all of GMHC's various programs for use by our staff, volunteers and clients.

Two periodicals are the primary means by which GMHC distributes up-to-date information. The newsletter *Treatment Issues* offers information on the latest AIDS therapies every six weeks. This year its subscriber base grew from 7,000 to over 10,000. Information is presented in an accessible style so that people who have not had scientific training can gain a working knowledge of the treatments that may be available. While the editorial focus of *Treatment Issues* is evident in its title, the newsletter offers more than just research information. Each issue lists new clinical trials that are looking for participants in the New York area. Regular features also include news on infections commonly seen in AIDS and stories of general interest to readers, such as an overview of the immune system.

A more specialized publication, *AIDS Clinical Update*, is targeted largely at the health care field. This quarterly compendium of AIDS-related articles from medical journals is mailed to a list of over 600 physicians. The packet of articles is a selection of the best, most comprehensive articles on clinical management of HIV infection.

In addition, medical information staff works with Policy and other GMHC departments on developing public policy. Staff represents GMHC's viewpoint to pharmaceutical companies and state and city departments of health on issues of licensing and access to new drugs for people with AIDS. When New York State Medicaid refused to reimburse clients for home-care use of nebulizers used to take aerosolized pentamidine, medical information staff teamed up with Public Policy and the Office of the Ombudsman to present Medicaid with convincing, detailed evidence on how taking the drug at home is as effective as when taking it in a doctor's office and how home use cuts down on expensive visits to doctors. As a result, Medicaid regulations were changed to permit reimbursement.

Medical Information also has been a constructive critic of the National Institutes of Health (NIH) outreach efforts to the AIDS community. As part of a coalition of AIDS advocates, Medical Information staff lobbied NIH and the Federal Drug Administration (FDA) to set up a toll-free number and distribute weekly updates with information on the latest clinical trials. Medical Information also provided input to the FDA as it developed a plan to eliminate Phase III testing of certain treatments in order to make experimental drugs available more quickly to the desperately ill. □

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### **DR. BARRY GINGELL**

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**D**r. Barry Gingell, GMHC's Director of Medical Information, died this year of AIDS-related complications. He was 34 years old, and had battled AIDS for more than four years. Barry founded the department in 1987 and created the *Treatment Issues* newsletter. He continued to serve as program director until the spring of 1989, when his health prevented him from working. For many men and women, Barry was the calm voice on the phone offering the latest information on experimental treatments, the voice of reasoned urgency at the FDA conference table, and the untiring witness at Congressional hearings. A true hero of the epidemic, he has left a legacy that continues to guide GMHC. We will remember Barry, with, gratitude, pride, and affection. □



## Legal Services



The demand for legal services other than estate planning and related areas have increased dramatically as clients face more complex issues that arise from living with AIDS.

In the past, most clients looked to Legal Services only for assistance with estate planning. Today, as people with AIDS focus on how to live with their diagnosis, legal staff and volunteer attorneys must help clients face a number of both new and recurrent legal problems. Where cases have moved to the courtroom, Legal Service's representation is forcing courts to address new issues and make decisions that are expanding the rights of people with AIDS and HIV infection.

Estate planning, powers of attorney, and living wills still make up about 60% of the Legal staff's work. During the last year, however, Legal staff has had to dramatically increase its involvement in more complex issues that arise from living with AIDS: insurance, housing, discrimination, immigration and personal finances. Because of the changing needs and demographics of its clients, the department has introduced services in the areas of confidentiality, debtor/creditor relations and family law.

GMHC's Legal Services are free to anyone with an AIDS or ARC diagnosis, regardless of their participation in other GMHC programs. Individuals with sufficient means to obtain private counsel for drafting a will or other estate planning services are usually requested to do so and referred to a qualified attorney. This year, Legal Services accepted over 800 new clients and handled over 2,000 legal matters. Staff attorneys and volunteers assisted in countless more AIDS-related legal matters through phone inquiries from people with AIDS or ARC. Outside attorneys, social service and health care providers, and others involved in AIDS work also call Legal Services with questions about the current state of AIDS and the law.

New GMHC clients are referred to the department if they express concern about legal problems in their initial intake interview. The staff also receives client referrals from a wide range of sources, including other AIDS service organizations and social workers, who have come to view Legal Services as a model for how a community-based legal program can function.

### Volunteer Attorneys

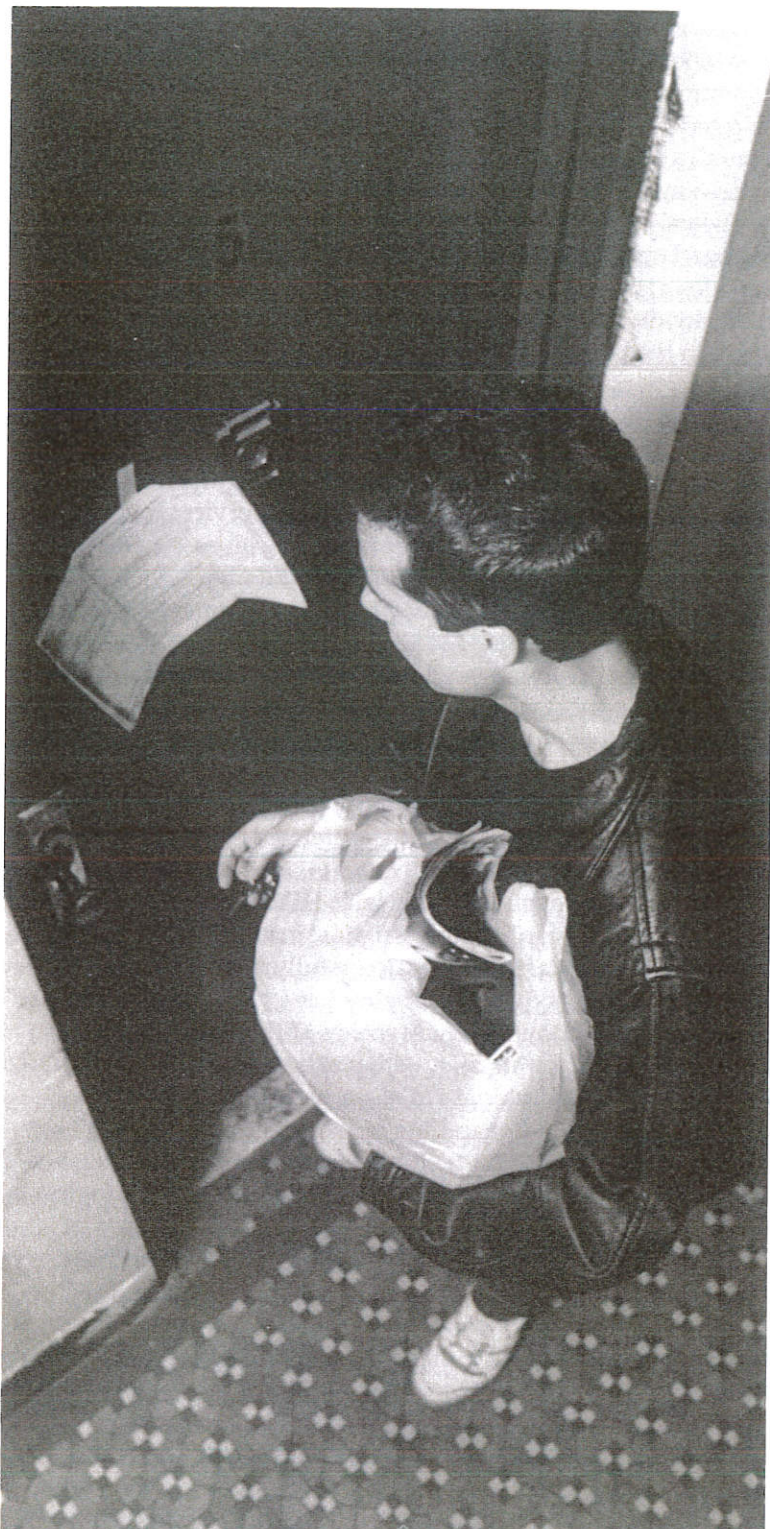
While Legal Services currently has four attorneys working full-time on diverse issues, the backbone of our program is a corps of over 350 volunteer attorneys who provide their services free to our clients. The staff attorneys use one-on-one and group meetings as well as videotapes to train GMHC's volunteer attorneys in areas where there is a particular need for their help, including insurance, family law, bankruptcy and landlord/tenant matters. Staff also trains lawyers who will work in legal service programs at other AIDS organizations. A quarterly newsletter, *Legal Issues*, began publication this year as a way of updating our volunteer corps and the legal community at large on the activities of Legal Services and the new developments in the constantly-evolving areas of AIDS-related law.

GMHC's team of volunteer attorneys — which grew by about 25% this year — brings expertise to the department in virtually



any area of law in which our clients might need assistance. The success of outreach efforts to *pro bono* committees of some of the city's top law firms has enabled Legal Services to tackle more substantive cases than ever before.

For example, 1988/89 saw an almost 300% increase in the number of insurance-related matters handled. People living with



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People with AIDS who pay high medical bills are sometimes unable to afford housing, and their landlords begin eviction proceedings. Legal Services works to protect from eviction not only GMHC clients, but also the surviving lover of someone who has died of AIDS. No GMHC client has ever been evicted.



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## LEGAL OUTREACH

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**W**ith a growing client base that is almost one-third African-American and Latino, Legal Services recognizes that new ways must be found to meet the needs for AIDS-related legal assistance in the city's communities of color. Through numerous speaking engagements and an extensive network of hospital and social workers referring people in need to GMHC, Legal Services reaches out to a large and diverse client base. Because of GMHC's location in Manhattan and limited resources, it cannot adequately meet all of the increasing demands. Therefore, Legal Services is now devoting considerable energy toward helping create AIDS-related legal programs within communities of color.

This year GMHC applied for and received a \$25,000 grant from the Interest on Lawyer Accounts Fund, a statewide legal services funding organization. Part of the grant funds were used to hire a consultant to pinpoint

AIDS who incur overwhelming medical expenses and do not have or cannot afford insurance are referred to Client Services Financial Advocacy for aid in receiving assistance from government benefits programs. For those PWAs who are fortunate enough to have health insurance, Legal Services helps them with the problems they may encounter in getting reimbursement from their insurance carrier. Each new treatment, such as AZT or aerosolized pentamidine, has represented a battle that must be won before insurance companies offer policy holders the proper reimbursement for their use. In response to the growing need for help on insurance problems, GMHC introduced a weekly insurance clinic which offers clients one-on-one consultations with trained volunteer attorneys. We also stepped in to advocate on clients' behalf in an increasing number of individual cases. Even as Legal Services works with the Policy Department to push for more fundamental reform on federal and state levels, the individual victories we win forces insurance carriers to broaden the benefits they offer to all their policy holders with HIV infection.

Legal matters involving debtor/creditor relations also tripled this year, reflecting the fact that many clients exhaust their resources under the financial strain of living with AIDS. In response to this need, GMHC expanded its services to include assistance with bankruptcy procedures as well as tax and student loan problems. GMHC clients who may have left their job or are trying to pay high medical bills are sometimes put in a position where they can no longer afford their housing. Legal Services cases involving landlord/tenant relations doubled in 1988/89. To protect the client and resolve eviction proceedings, staff or volunteer attorneys will represent clients in housing court while the Financial Advocacy staff assists them in securing funds from the city's rental assistance program. Legal Services is justly proud that in all of its housing-related cases, no GMHC client has ever been evicted.

Discrimination against people with HIV infection can cause an individual to lose a job, family, friends, insurance and home. The Legal and Policy staffs fought successfully for the passage of the New York State HIV Confidentiality Law. Now, the challenge is to provide protection against breaches of that law, which bars involuntary HIV testing and, with certain exceptions, prevents disclosure of an individual's HIV status without his or her consent. In addition to handling individual cases where clients have found their confidentiality breached, Legal staff has taken an active role in the development of the regulations through which this law is implemented.

One of the newest areas of involvement at Legal Services is family law. GMHC has a growing number of new clients who are women with AIDS. Many of these are mothers whose foremost concern is that if they are hospitalized or unable to care for their children, proper services will be put in place. Legal staff counsels them about the options available to carry out their wishes and, along with volunteer attorneys, will represent them in guardianship proceedings if they choose to take that course. Legal staff also represents parents in custody proceedings in



which a parent's AIDS diagnosis is used by the other parent as grounds for depriving the diagnosed parent of custody or visitation rights. GMHC's participation in these proceedings has resulted in court rulings that AIDS should not be a relevant factor in determining custody of a child.

Family law is just one field in which Legal Services represents clients in cases that are testing the boundaries of AIDS-related law. In the area of discrimination, Legal staff represented a client who had been fired from his job because of his AIDS diagnosis. Rather than ask for monetary damages, as is customary, GMHC sought and won his immediate reinstatement at his previous position through an out-of-court settlement. In a case now pending before the Equal Employment Opportunity Commission, the Director of Legal Services and a volunteer attorney are representing the first individual to file an AIDS-discrimination suit with this federal administrative agency. We also coordinated a friend-of-the-court brief in the landmark *Braschi v. Stahl Associates* housing discrimination case, which resulted in a New York State Court of Appeals decision holding that unmarried couples — gay or straight — are entitled to the same protection against eviction as are married couples.

#### ■ Policy Issues

Legal staff's efforts are not restricted to its own caseload; an active speaking schedule is geared towards educating others about GMHC's legal work and new developments in the areas of AIDS-related law. Through these speaking engagements Legal Services reaches lawyers, legislators, employers and AIDS-care providers as well as college and university audiences, law students, and the general public. Key appearances this year included a training session for administrative law judges of the New York State Division of Human Rights; a presentation of the GMHC Legal Services program as a model for other community-based programs at the National AIDS and the Law Conference in San Francisco; a discussion of AIDS-related legal and ethical issues at the NYU AIDS Mental Health Project Conference for Health Professionals; and several addresses on the HIV Confidentiality law before the New York State Bar Association.

Legal staff also works closely with the Policy Department to help shape the legislation designed to protect and expand the rights of HIV-infected individuals. A prime example of this work is the federal Americans with Disabilities Act, a long-debated bill that would guarantee protection for people with disabilities — including AIDS and HIV infection — from discrimination in the areas of housing, employment and public accommodations. Endorsed by President Bush and passed by the Senate, this bill is expected to be acted upon by the House of Representatives. By analyzing and providing comments on proposed legislation, Legal Services aids the Policy staff as it works to defeat undesirable bills. Other future concerns on a local level are possible revisions of New York state and city law in the areas of insurance and human rights. As the epidemic evolves and the needs of GMHC clients change, Legal Services will continue to respond with new programs and work to make new laws. □

where the gaps in legal services occur and what areas should be the focus of GMHC's efforts. In collaboration with local AIDS service organizations, Legal Services helped set up a legal program at the AIDS Center of Queens County, where the majority of clients are African-Americans and Latinos. The Center now offers its clients legal advice and advocacy provided on an ongoing basis by volunteer attorneys who are based in Queens. A second program is under development in Upper Manhattan in conjunction with the Minority Task Force on AIDS. Similar legal services efforts, linked with AIDS organizations in other communities, will be needed to make sure that people living with AIDS throughout the city can receive the help necessary to deal with issues of insurance, housing, discrimination, immigration, and personal finances. GMHC expects to continue to expand this community-based network in the coming years. □



## Volunteer Office

**G**MHC couldn't exist without volunteers. We can measure the dollar-value of the time put in by our 1,600 volunteers — a figure our accountants place at \$1.5 million — but there is no true measure of the total worth of our corps. The generosity of time, energy and spirit of these men and women, gay and straight, young and old, are central to GMHC's identity and provide the means by which we can serve the AIDS community. None of the missions, goals, tasks and services described in the other sections of this report could be accomplished without the active involvement and daily participation of the volunteers.

Hundreds of people come to GMHC each year to volunteer. It is impossible to characterize a typical volunteer. On their application form, volunteers indicate their individual expertise within some 40 different categories of relevant skills. Included in the roster are vital technical expertise such as hospital advocacy and social work, as well as haircutting, massage, and theatre arts. Applicants are free to add their own categories, and they do — everything from macrobiotic cooking to fluency in Mandarin Chinese. Every one of these skills is put to good use.

This year, there was a noticeable increase in the number of GMHC clients who chose to act as volunteers. Client volunteers are regularly assigned any task that a non-diagnosed volunteer might perform. Client volunteers prepare meals, solicit donations for a holiday gift drive, help out in Recreation, assemble condom packets, and stuff envelopes with *Action Alerts* on policy issues. As a reason for volunteering, client volunteers often report that they want the opportunity to give something back to the agency. For many, the simple fact that they are able to do so is a valuable affirmation of the personal strength with which they are facing the illness.

This year marked the beginning of an 18-month CUNY study of GMHC's volunteer base. Some of the study's preliminary findings have confirmed what we already knew about our volunteers, such as gender (78% male and 22% female). Other findings point out on-going developments in our volunteer population, which changes along with the epidemic. The study indicates that the impulse to volunteer one's services to GMHC is no longer confined to the gay community. The Volunteer Office eagerly awaits the completion of the study next year as an important contribution to the limited body of literature on volunteerism.

A computer-based automation system now allows GMHC to take full advantage of all the services that volunteers can provide. The system can help place volunteers in the departments and positions where their skills will be best utilized. Once a volunteer has been assigned, the Volunteer Office is now able to follow his or her work closely and make sure the volunteer is being used effectively by keeping track of different assignments and length of time performing in each position. This powerful new tool reduces the risk of volunteers being shuffled from post

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GMHC's volunteers come from every walk of life, generously giving their time and energy to tackle jobs great and small. Without volunteers, GMHC would not exist.







GMHC's four-day-long volunteer training addresses many of the emotional issues involved in working with a person with AIDS. Prospective volunteers team up in supportive groups during the training to confront fears of death and illness, and to learn practical information necessary to an understanding of AIDS.

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## VOLUNTEER TRAINING

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**P**eople who choose to volunteer at GMHC are making an important commitment to help people with HIV illness. GMHC supports that commitment with a four-day training program to prepare new volunteers for the work they will be doing with people with AIDS. Each training is conducted over two consecutive weekends and attended by an average of 50 people. Presentations by GMHC staff give the trainees a basic understanding of HIV illness, the various services GMHC offers, and how they might best, as volunteers, use their skills with clients. Expert speakers focus on other issues surrounding AIDS, including cultural sensitivity, clients' needs assessment, substance abuse, death and dying, and holistic treatment alternatives.

During training sessions, the large group of new volunteers breaks into small teams to confront individual feelings about AIDS and examine their reasons for becoming volunteers. Much of this exploration is done through role-playing by team members.

Most importantly, the training program prepares new volunteers to work directly with people with AIDS in a manner that is empowering to both client and volunteer. While some volunteers may choose to work in a capacity where they have no direct contact with clients, all trainees are given a better understanding of the practical and emotional support needed by people living with AIDS.

to post and becoming discouraged in work that lacks focus or the proper use of skills. Using the computer technology, the Volunteer Office is able to improve the personal quality and extent of each volunteer's experience within the agency.

The on-going task of updating and inputting records for the agency's entire active volunteer base was a formidable one — completed, of course, by volunteers. Although setting up the computer system was a lengthy process, it has more than earned back the time it required. The Volunteer Office can now marshal its volunteer forces with speed and efficiency. For example, when the Education Department was putting together a program for employers this year, they needed a volunteer with expertise in curriculum, personnel, and employee issues to assist them with the design. With the help of the computer system, the Volunteer Office provided the names and skill profiles of six volunteers in a matter of moments.

GMHC continues to share its experiences in the areas of recruitment and cultivation of a volunteer base with a wide range of other volunteer and AIDS-related service organizations. Particular attention was paid this year to community-based AIDS service organizations that serve large populations of people of color. The Volunteer Office helped the organizations develop strategies for recruiting volunteers from within their communities. As many GMHC clients live in boroughs other than Manhattan, the Volunteer Office is also targeting the outer boroughs for recruitment, emphasizing to potential new volunteers that they can remain in Queens, The Bronx, Brooklyn or Staten Island and serve PWAs in their own neighborhood.

The work of the volunteers and Volunteer Office is essential to the day-to-day functioning of GMHC and is never taken for granted. Recognition of this came from outside the agency this year, when GMHC's Volunteer Office was awarded a citation — one of only 60 out of 2,000 nominated organizations so honored — in the 1989 President's Volunteer Action Awards. □



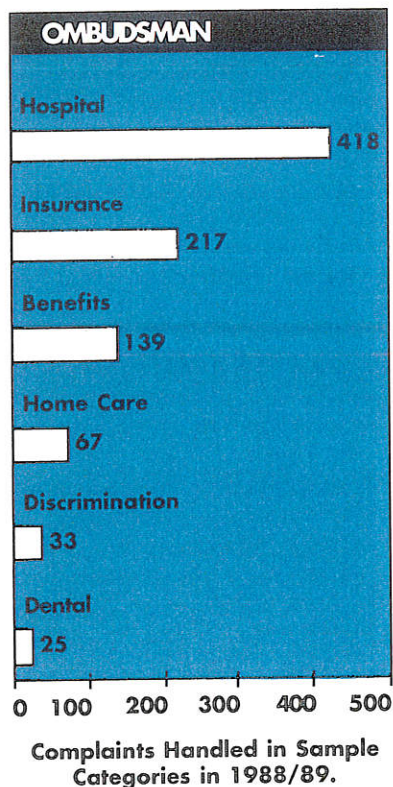
## Office of the Ombudsman

The Office of the Ombudsman is the place where people with HIV illness, their care partners or family members can bring their urgent health care concerns. Whatever the nature of the problem — hospital care, home care, treatment in prison, entitlements, insurance — the Office of the Ombudsman works closely with the person with HIV illness to solve the problem. The Ombudsman staff attempts to work with or, if necessary, change the systems where entrenched bureaucracy too often gets in the way of providing appropriate services.

As with Legal Services, people do not have to be registered GMHC clients to take advantage of the services of the Offices of the Ombudsman. This year the Ombudsman's staff handled over 1,500 health-related complaints — an increase of about one-third over the previous year. The staff has daily contact with a range of professionals in health-related fields: physicians, nurses, insurance executives, union representatives, home care contractors, hospital administrators and public service officials. The frequency and pattern of problems reflect the limitations of existing systems and reveal gaps in services that might otherwise escape notice. For example, repeated reports of home-care workers' deficiencies, including "no shows" and thievery, pointed to the need for closer monitoring of the home-care service industry. Similarly, inadequate planning for patients being discharged from overcrowded hospitals has led to poor follow-up care and created a great demand for a strong GMHC advocacy response.

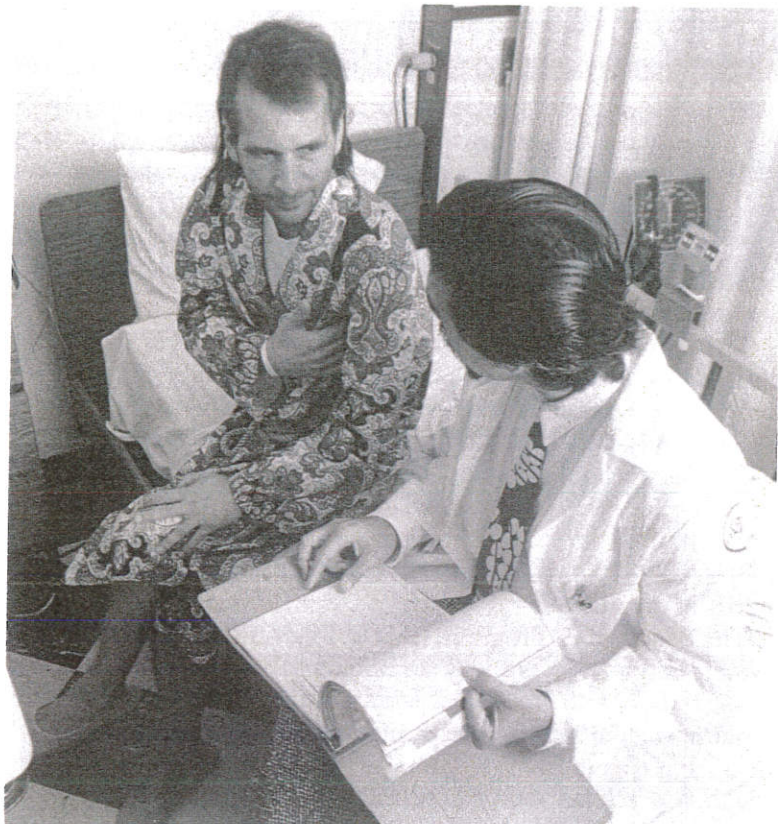
The Ombudsman's Office works closely with other GMHC departments to move issues forward and effect change within systems. This year, collaboration has been particularly important in dealing with insurance problems. A PWA might call the Office of the Ombudsman to complain that he is not being reimbursed for pentamidine. Ombudsman staff will confirm that his insurance coverage is in place and review what steps the PWA has already taken. Staff then makes phone calls or writes letters to the insurer to obtain proper reimbursement for the client. If these efforts are unsuccessful, the Ombudsman staff goes to Legal Services for an intervention from an attorney. If problems resist solution on a legal level and are seen system-wide, they can become issues that the Policy Department places on its agenda when dealing with legislators in Albany and Washington. As many of GMHC's clients live longer and face multiple problems, Ombudsman staff is being called on to confront an ever-growing variety of systems.

The Office of the Ombudsman frequently intervenes in emergency situations. When a newly-diagnosed patient was being released from a city hospital two days before a holiday weekend with no discharge planning for his future housing or other needs, Ombudsman staff was called in and stopped the discharge. Their quick action prevented the hospital from forcing the man out onto the street. The staff involves a range of city and state regulatory agencies in such cases, including the Patient



*Within the framework of an AIDS diagnosis, an individual could experience problems with health care providers in each of these sample complaint categories.*





Investigation Unit of the New York State Department of Health and the Independent Professional Review Agent.

While regulations exist to guarantee patients' rights, the watchdog role of the Office of the Ombudsman often provides the means by which PWAs can have those rights honored. The Ombudsman staff's continued work with both the city and state Human Right Commissions has led to significant decreases in the number of cases involving funeral homes that refuse to provide decent, humane service to people with AIDS. Similar collaborative work has addressed problems in the dental profession, where some dentists have ignored their public mandate to serve all people and refused services to people with HIV illness.

The Office of the Ombudsman is called on to deliver testimony before a variety of groups. The New York City Council Health Committee, the State Assembly Committee on Health, Alcoholism and Drug Abuse, and the New York State Senate Committee on Child Care were among the venues in which it gave testimony this year.

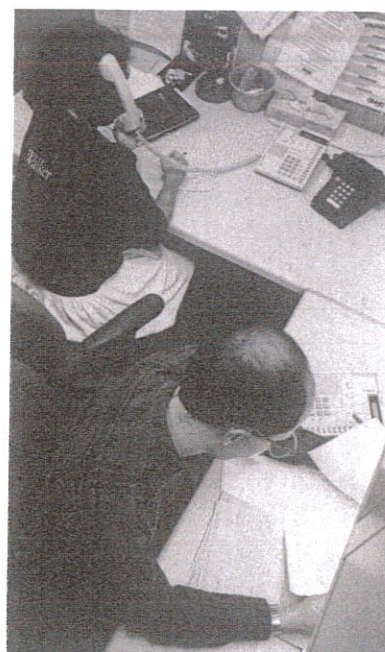
Increasingly, GMHC's Office of the Ombudsman has gained recognition as a resource for service providers in the AIDS community. With the frequent absence of appropriate health care delivery in New York City's outer boroughs, Ombudsman staff often plays a vital role in spotlighting problems and working with community-based organizations to formulate strategies to effect change. Wherever the source of the complaint, the Office of the Ombudsman works to insure that individuals receive the health care they require and that the system is better able to respond to the next individual who needs services. □

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A person with AIDS must be able to ask questions of his or her health care provider. The open dialogue between a doctor and his or her patient is essential to plan an effective course of treatment.

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If problems arise — and they do — between a person with AIDS and his or her physician or the health care system, the Office of the Ombudsman staff stand ready to negotiate for resolutions.





## Development

**F**inancial independence has always been a tenet of GMHC's charter. In 1988/1989, less than 20% of GMHC's funds came from government sources. The generous support of thousands of individuals continues to be the backbone of fundraising for GMHC. This year individual donors contributed nearly \$4 million, with over \$1 million coming from institutions, foundations, and corporations.

The efforts of the Development Office allow GMHC to expand its services to clients while preserving the flexibility and autonomy that private support permits. Whether the contribution is the \$200 raised by "The Children of Lucy's Class," a group of elementary school students; the \$350 collected in a hat passed backstage at a Broadway show; or a \$100,000 gift from a family foundation to our Capital Campaign, each donation is crucial to helping GMHC continue to deliver the services that meet the needs of our clients.

The Benefactors' Program, GMHC's monthly giving plan, was established in 1986 as a way for donors to assist in providing the organization with an assured source of income by giving a fixed amount each month. Bequests, memorials and other targeted gifts from clients and their families also remain a vital and much-appreciated source of revenue for the agency. The spacious client dining room that has quickly become the heart of the Recreation program, for example, was funded in large part by a family in memory of their son.

GMHC's most visible fundraising efforts continue to be the special events that brought in over \$5 million last year. The biggest of these special events is AIDS Walk New York, which continues to break fundraising records for AIDS events worldwide. On a sunny day in May, AIDS Walk 1989 raised \$3 million,

AIDS Walk New York, GMHC's most visible fundraising event, has become for many the unofficial beginning of summer in the city. This past year's event broke all records for AIDS fundraising: 16,000 walkers representing 125,000 sponsors raised \$3 million.





of which \$375,000 was earmarked by GMHC for grants to 21 community-based AIDS organizations. The 16,000 walkers represented over 125,000 sponsors whose generosity helped the Walk generate a 20% increase over last year's record-breaking event. This year also saw a significant increase in the number of walking teams supported by schools, community groups and employers. The 225 teams raised some \$250,000, with top fundraising honors going to the teams fielded by the New York City Ballet, American Airlines Flight Attendants, HBO, and The Works.

Other major fundraising events included a contemporary art auction at Sotheby's, which raised over \$1.7 million. Such artists as David Hockney, Willem de Kooning, Julian Schnabel, and Robert Mapplethorpe donated original works, many of which were created solely for the auction.

During the coming year, the Development staff will be involved in planning a number of future events. On March 17, 1990, Radio City Music Hall will be the home of Arista Records' 15th Anniversary Concert to benefit GMHC and AIDS organizations nationwide. Music for Life II, with chair Beverly Sills and artistic directors Leonard Bernstein and James Levine, is scheduled for October 28, 1990 at Carnegie Hall. Then in early 1991, GMHC will present Dancing for Life II, with artistic director Jerome Robbins at Lincoln Center's New York State Theatre.

This year's direct mail program yielded a net income of more than \$800,000. Through a demographically targeted acquisition program, 13,680 individuals gave first time gifts to GMHC. During the year, we reached out to a national audience with a letter from actress Joanne Woodward. In an effort to respond to a number of pressing financial needs, GMHC sent six appeals to donors during the year. Our donors continue to be among the most generous in terms of the size of individual gifts given through direct mail.

GMHC once again received funding from various United Way campaigns. In addition, the State Employees Federated Appeal named GMHC the first AIDS-related organization to benefit from its matching gifts program.

Foundations and corporations have continued to break new ground by coming forward to support GMHC. The AT&T and American Express Foundations are major funding sources for GMHC's Library Project, through which we distribute hundreds of thousands of educational publications free of charge each year. In May, GMHC held an open house for the corporate and foundation communities. David Nee, Executive Director of the Ittleson Foundation, which made its first AIDS grant to GMHC for the computerization of Client Services records, and Barkley Calkins of Morgan Guaranty Trust, a corporate contributor to our Capital Campaign, both served as gracious and eloquent hosts. For many corporate funders, AIDS remains a controversial issue; a gift to GMHC can represent considerable internal dissent and debate. We appreciate the support we have gained from the corporate and foundation communities thus far, and look forward to increased support to face the challenges that affect all of us in the years ahead. □

**T**he AIDS epidemic has been devastating, and Gay Men's Health Crisis has, from the very earliest days, been a significant leader in visualizing, organizing and implementing necessary and appropriate responses. Through its work as an advocate, and as a direct provider of essential services, the commitment and dedication of both the professional staff and the many volunteers that comprise GMHC have provided an outstanding example of the importance of community-based initiative in addressing serious social problems. We are proud to have been able to support the important work of GMHC. □

R. Barkley Calkins  
J.P. Morgan & Co., Inc.



## Communications

**M**isinformation played a central role in the public's early response to the AIDS epidemic. Even today, the social, political and scientific aspects of the epidemic continue to change so quickly that accurate, up-to-date information can be hard to find. The Communications Department gathers and disseminates authoritative information on every aspect of the epidemic to the press, the general public, and GMHC clients and volunteers. The Communications staff places this information in a perspective that gains fresh insight daily from our client work and from our frontline experience of the epidemic.

GMHC takes pride in the fact that the press and the public have come to view the organization as one of the most reliable authorities on AIDS. This year, GMHC appeared in over 300 articles and on 50 radio and TV programs. Such visibility enhances credibility and helps GMHC provide its clients with the quality of service they deserve.

Unfortunately, this year also saw a noticeable drop in the number of AIDS-related stories reported by the nation's major newspapers, magazines and network television news departments — a reduction that persisted until reports of AZT's effectiveness and of other new therapies led to a reversal of the trend and a suddenly renewed media interest in the epidemic. These fluctuations underscore the constant need to focus the attention of the nation's news media — and, by extension, their readers and viewers — on the urgency of the AIDS epidemic.

Recognizing the links between public perception and public policy, the Communications Department works closely with the Policy Department to shape a message that supports the public policy agenda of GMHC and other AIDS organizations. During 1988/1989, GMHC sponsored a series of news conferences to dramatize the funding inadequacies of both the state and city budgets.

When the New York City Health Commissioner proposed mandatory reporting of all HIV positive diagnoses, GMHC convened a news conference to assail the plan and explain how it would ultimately damage the public health fight against AIDS by discouraging individuals from learning their HIV status. Members of the news media heard representatives from the Columbia University School of Public Health, the Hispanic AIDS Forum, the Minority Task Force on AIDS and the Community Research Initiative, among others, denounce the proposal, which was ultimately defeated. The news conference was widely covered on television and in newspapers.

That GMHC brought together a broad range of organizations to fight the mandatory reporting proposal is typical of the emphasis on coalitions that is a crucial element of an overall communications strategy. GMHC often uses its influence within the news media to call attention to the efforts of other community-based organizations with which it works.

Communications staff also offers the media guidance in

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### "THINK ABOUT IT"

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**I**n the past, GMHC had no formal policy to encourage individuals to take the HIV antibody test, in part because of a concern over confidentiality and also because of the lack of effective therapies to treat HIV infection. But the past two years brought encouraging changes that addressed many of GMHC's concerns, including measures that protect the confidentiality of test results and the emergence of preventive treatments that give individuals compelling reasons to learn their HIV status as early as possible. In late summer, GMHC called a press conference at its headquarters to unveil a new advertising and information campaign. Its message: "If you haven't taken the antibody test for the AIDS virus, Think About It, because if you test positive, now you have choices."

The announcement made front-page headlines in *The New York Times* the next day and in media throughout the country in the weeks that followed. The effects of the campaign were felt immediately, with a substantial increase in calls to the GMHC Hotline asking about the HIV antibody test. GMHC is



understanding stories that may not originate with GMHC. Staff serves as a source for information on all aspects of the epidemic, and works regularly with reporters who are struggling to stay abreast of the rapidly emerging developments pertaining to the epidemic, helping them place new information in the proper context.

GMHC also keeps clients, donors and volunteers informed through the monthly *News From GMHC* and the bi-monthly *Volunteer*. Staying informed about the epidemic and its issues will become more challenging in the coming years. Through the Communications Department, GMHC will strive to ensure that the extended AIDS community will have the information to meet those challenges head on. □

adapting programs to address the dramatic rise in the numbers of men and women who are newly aware of their HIV status and may seek counseling and other services. The Communications staff used the increased attention on GMHC to focus the media not only on the HIV testing question but on the urgent need for access to new treatments and availability of proper health care. □

## Finance & Administration

**W**hen it began operations, GMHC had no formal budget. Today, a five person staff oversees complex accounting functions associated with managing the agency's \$12 million budget. The accounting staff is responsible for oversight on all contracts with government agencies, including the audits that accompany such contracts. Staff and volunteers sort and count incoming checks from GMHC's direct mail and special events fundraising efforts. After this year's AIDS Walk, volunteers and staff worked 12-hour days for two weeks, counting thousands of checks that totalled \$3 million. Information Services provides in-house consultation for the computer systems used in every department.

### ■ Personnel

GMHC began with volunteers; there were no paid staff positions. Eight years later, 125 staff members, with a wide range of professional experience, perform a variety of tasks that often defy formal job descriptions. The Personnel Office is continually seeking the best qualified and most committed person to fill each new opening. Personnel staff are also responsible for addressing the special needs of employees working in a stressful environment, administering benefits, and orienting new employees.

### ■ Facilities

After modest beginnings on one floor of a borrowed brownstone, GMHC has now completed the first year in its own six-story building. Facilities staff is responsible for round-the-clock security and maintenance of this 37,000 square foot space. GMHC headquarters is not only an office building but a meeting place for the AIDS community and a haven for clients, with the dining room serving daily lunches, a landscaped roof garden for relaxation, a gym, and conference rooms where support groups for people with HIV illness and their carepartners meet from morning till night. □



# Financial Statements

## A Message from the Treasurer

The fiscal year ended June 30, 1989 was significant for GMHC in many ways.

It was marked by GMHC's expenditure of over \$8 million for program services and related administrative efforts excluding fundraising. Spending on client services programs increased 27.3 percent over last year and spending for GMHC's public policy development and advocacy efforts increased 29.3 percent. Direct spending on education programs was consistent with last year's expenditures but the costs associated with direct mailings that were used to educate and inform our supporters and the public at large are not included as an education expense. In the future our accounts will separate these educational expenditures from fundraising.

Total spending on all direct program services increased over 15 percent from last year while total spending on all supporting services, i.e. management and fundraising efforts, increased only 2.3 percent above last year.

This fiscal year was GMHC's first year occupying its building on West Twentieth Street. Not only does the building serve as administrative headquarters where staff and volunteers can coordinate GMHC's efforts in serving PWAs, PWARCs, and their carepartners, but in many ways the building belongs to its clients. The building provides a comfortable environment where volunteers help clients through intake interviews, group services, financial and legal counseling and seminars as well as many other programs.

Significant capital spending was needed to complete the recreation facilities that include a complete kitchen capable of preparing and serving over 600 meals a week for our clients. Generous contributions that were earmarked by their donors were used to complete work on a splendid roof garden providing a pleasant recreation area for clients.

Also, now that the building is completed it serves as GMHC's endowment. This asset can provide a potential source of funds to continue uninterrupted GMHC's programs if, for example, government funding were curtailed for an extended period of time.

Equally important were the capital expenditures that were made for computer systems to help GMHC enter the 1990s better able to accomplish its goals in dealing with the epidemic. Besides computerizing the accounting and personnel departments, a new computerized case management system in the Client Services Department is capable of serving a greater number of clients, monitoring the clients' records and responding quickly to their changing needs.

A computer-based automated information system with a diverse database is being installed to allow the volunteer Hotline staffers to better answer the increasing number of telephone calls being handled daily. A new computer-based automation system in the Volunteer Office effectively helps staffers assign volunteers to departments and programs where their skills are best utilized.

The accomplishments of the past year would not have been possible if it were not for GMHC's very dedicated staff and volunteers. They are by far GMHC's most valuable asset.

In closing I want to thank GMHC's many supporters who have helped GMHC to effectively provide its services to clients, educate the public and advocate for change. But sadly our task is not over; GMHC will need your continued support until this epidemic is conquered.



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





Certified Public Accountants

**Peat Marwick Main & Co.**  
345 Park Avenue  
New York, NY 10154

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, 1989, 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. The financial statements of GMHC as of June 30, 1988 and for the year then ended were audited by other auditors whose opinion dated September 24, 1988 (not presented herein) expressed an unqualified opinion on those statements.

We conducted our audit in accordance with generally accepted auditing standards. 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 financial statements referred to above present fairly, in all material respects, the financial position of GMHC at June 30, 1989, 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.

During 1989, GMHC changed its method of accounting for net investment in fixed assets, pledges, and fund-raising expenses as described in note 9.

August 25, 1989

*Peat Marwick Main & Co.*



Member Firm of  
Klynveld Peat Marwick Goerdeler



## BALANCE SHEET

*June 30, 1989 (with comparative figures for 1988)*

| Assets                                     | 1989                 | 1988              |
|--|----------------------|-------------------|
| Cash                                       | \$ 913,993           | 2,791,117         |
| Investments (note 2)                       | 1,064,669            | 84,942            |
| Grants receivable                          | 964,766              | 748,705           |
| Pledges and other receivables (note 9)     | 625,629              | 59,242            |
| Other assets                               | 12,531               | 42,714            |
| Fixed assets, net (note 3)                 | 9,985,109            | 7,230,970         |
| <b>Total assets</b>                        | <b>\$ 13,566,697</b> | <b>10,957,690</b> |
|  |                      |                   |
| Liabilities and Fund Balances              | 1989                 | 1988              |
| Accounts payable and accrued expenses      | \$ 217,274           | 393,847           |
| Mortgage payable (note 4)                  | 500,000              | 1,500,000         |
| Deferred support (note 4)                  | 445,097              |                   |
| <b>Total liabilities</b>                   | <b>1,162,371</b>     | <b>1,893,847</b>  |
| Fund balances (note 9):                    |                      |                   |
| Unrestricted                               |                      |                   |
| Designated (note 5):                       |                      |                   |
| Operating reserve                          | 1,500,000            |                   |
| Program development                        | 500,000              | 1,000,000         |
| Building fund                              |                      | 500,000           |
| <b>Total designated</b>                    | <b>2,000,000</b>     | <b>1,500,000</b>  |
| Undesignated                               | 495,909              | 1,668,081         |
| <b>Total unrestricted</b>                  | <b>2,495,909</b>     | <b>3,168,081</b>  |
| Restricted                                 | 423,308              | 164,792           |
| Net investment in fixed assets             | 9,485,109            | 5,730,970         |
| <b>Total fund balances</b>                 | <b>12,404,326</b>    | <b>9,063,843</b>  |
| <b>Total liabilities and fund balances</b> | <b>\$ 13,566,697</b> | <b>10,957,690</b> |

See accompanying notes to financial statements



## STATEMENT OF REVENUE, EXPENSES AND CHANGES IN FUND BALANCES

*Year ended June 30, 1989 (with comparative totals for 1988)*

|  | 1989                |                  |                  |                   | 1988 Total        |
|--|---------------------|------------------|------------------|-------------------|-------------------|
|  | Current Funds       |                  | Plant Fund       | Total             |                   |
|  | Unrestricted        | Restricted       |                  |                   |                   |
| Public support and revenue:                                  |                     |                  |                  |                   |                   |
| Public support:  |                     |                  |                  |                   |                   |
| Contributions  | \$ 2,846,792        | 367,678          | 469,201          | 3,683,671         | 3,464,320         |
| Donated services (note 7)                                    | 1,530,403           |                  |                  | 1,530,403         | 2,127,777         |
| Gifts-in-kind  |                     |                  | 402,397          | 402,397           |                   |
| Established memorial funds                                   | 129,020             |                  |                  | 129,020           | 158,750           |
| Special events, net  | 5,054,962           |                  |                  | 5,054,962         | 4,571,913         |
| Government grants  |                     | 2,518,014        |                  | 2,518,014         | 2,296,249         |
| <b>Total public support</b>                                  | <u>9,561,177</u>    | <u>2,885,692</u> | <u>871,598</u>   | <u>13,318,467</u> | <u>12,619,009</u> |
| Revenue:   |                     |                  |                  |                   |                   |
| Investment income  | 117,941             |                  |                  | 117,941           | 178,118           |
| Rental income  | 96,059              |                  |                  | 96,059            | 33,567            |
| Publications sales   | 92,459              |                  |                  | 92,459            | 75,740            |
| <b>Total revenue</b>   | <u>306,459</u>      |                  |                  | <u>306,459</u>    | <u>287,425</u>    |
| <b>Total public support and revenue</b>                      | <u>9,867,636</u>    | <u>2,885,692</u> | <u>871,598</u>   | <u>13,624,926</u> | <u>12,906,434</u> |
| Expenses:  |                     |                  |                  |                   |                   |
| Program services:  |                     |                  |                  |                   |                   |
| Client services  | 2,431,648           | 1,436,021        | 219,534          | 4,087,203         | 3,211,895         |
| Public information and education                             | 1,490,039           | 950,144          | 89,973           | 2,530,156         | 2,589,820         |
| Public policy development and advocacy                       | 522,249             | 30,250           | 3,599            | 556,098           | 429,994           |
| <b>Total program services</b>                                | <u>4,443,936</u>    | <u>2,416,415</u> | <u>313,106</u>   | <u>7,173,457</u>  | <u>6,231,709</u>  |
| Supporting services:   |                     |                  |                  |                   |                   |
| Management and general                                       | 809,643             | 210,761          | 25,192           | 1,045,596         | 679,151           |
| Fundraising  | 2,043,796           |                  | 21,594           | 2,065,390         | 2,361,709         |
| <b>Total supporting services</b>                             | <u>2,853,439</u>    | <u>210,761</u>   | <u>46,786</u>    | <u>3,110,986</u>  | <u>3,040,860</u>  |
| <b>Total expenses</b>  | <u>7,297,375</u>    | <u>2,627,176</u> | <u>359,892</u>   | <u>10,284,443</u> | <u>9,272,569</u>  |
| Excess of public support and revenue over expenses           | 2,570,261           | 258,516          | 511,706          |                   |                   |
| Other changes in fund balances:                              |                     |                  |                  |                   |                   |
| Plant acquisitions from unrestricted funds                   | (2,242,433)         |                  | 2,242,433        |                   |                   |
| Retirement of indebtedness                                   | (1,000,000)         |                  | 1,000,000        |                   |                   |
| Fund balances at beginning of year, as reclassified (note 9) | <u>3,168,081</u>    | <u>164,792</u>   | <u>5,730,970</u> |                   |                   |
| <b>Fund balances at end of year</b>                          | <u>\$ 2,495,909</u> | <u>423,308</u>   | <u>9,485,109</u> |                   |                   |

See accompanying notes to financial statements



## STATEMENT OF FUNCTIONAL EXPENSES

*Year ended June 30, 1989 (with comparative totals for 1988)*

|   | PROGRAM SERVICES |                                  |  | SUPPORTING SERVICES    |             | Total      | 1988 Total |
|---|------------------|----------------------------------|--|------------------------|-------------|------------|------------|
|   | Client Services  | Public Information and Education | Public Policy Development and Advocacy | Management and General | Fundraising |            |            |
| Staff compensation                                    | \$ 1,266,336     | 785,052                          | 127,850                                | 434,564                | 273,303     | 2,887,105  | 2,106,143  |
| Donated services (note 7)                             | 1,228,159        | 302,244                          |  |                        |             | 1,530,403  | 2,127,777  |
| Employee health benefits and payroll taxes            | 299,821          | 174,284                          | 24,017                                 | 103,203                | 48,660      | 649,985    | 366,053    |
| Professional fees and contract service payments       | 29,382           | 222,118                          |  | 76,824                 | 388,208     | 716,532    | 706,761    |
| Direct mail (note 8)                                  |                  |                                  |  |                        | 925,613     | 925,613    | 1,413,528  |
| Supplies and postage                                  | 65,416           | 114,902                          | 8,539                                  | 27,795                 | 113,004     | 329,656    | 318,972    |
| Telephone and hotline expenses                        | 43,108           | 37,394                           | 5,378                                  | 16,240                 | 30,866      | 132,986    | 115,029    |
| Occupancy   | 305,964          | 127,520                          | 5,480                                  | 101,772                | 30,279      | 571,015    | 373,992    |
| Printing and publications                             | 62,290           | 393,245                          | 7,337                                  | 4,087                  | 71,982      | 538,941    | 577,368    |
| Educational and instructional materials               |                  | 49,211                           |  |                        |             | 49,211     |            |
| Educational television                                |                  | 22,447                           |  |                        |             | 22,447     |            |
| Marketing and promotion                               |                  | 30,686                           |  |                        | 51,570      | 82,256     | 55,384     |
| Travel  | 19,357           | 33,512                           |  | 1,955                  | 16,044      | 70,868     | 90,065     |
| Grants and allocations to other service organizations | 321,664          |                                  | 256,179                                |                        |             | 577,843    | 235,844    |
| Volunteer expenses                                    | 22,646           | 26,503                           |  |                        |             | 49,149     |            |
| Staff expenses  |                  |                                  |  | 71,421                 |             | 71,421     |            |
| Staff and volunteer training and support              |                  |                                  |  |                        |             |            | 127,928    |
| Executive and board expenses                          | 693              | 693                              | 13,074                                 | 27,021                 |             | 41,481     |            |
| Staff and board expenses                              |                  |                                  |  |                        |             |            | 18,064     |
| Staff recruitment                                     | 17,132           | 13,955                           |  | 37,502                 | 2,608       | 71,197     | 56,447     |
| Direct financial aid                                  | 92,581           |                                  |  |                        |             | 92,581     |            |
| PWA recreational program                              | 19,918           |                                  |  |                        |             | 19,918     |            |
| Direct financial aid and PWA recreation program       |                  |                                  |  |                        |             |            | 118,993    |
| PWA food program                                      | 45,062           |                                  |  |                        |             | 45,062     |            |
| Forums, seminars and workshops                        |                  | 34,070                           |  |                        |             | 34,070     | 77,637     |
| Pediatrics program                                    | 6,768            |                                  |  |                        |             | 6,768      |            |
| Insurance   | 5,513            |                                  |  | 86,337                 | 12,143      | 103,993    | 20,318     |
| Equipment maintenance                                 | 2,460            | 19,294                           |  | 4,024                  | 12,494      | 38,272     | 50,329     |
| Direct lobbying expenses                              |                  |                                  | 104,645                                |                        |             | 104,645    | 103,261    |
| Miscellaneous   | 13,399           | 53,053                           |  | 27,659                 | 67,022      | 161,133    | 124,618    |
| Total expenses before depreciation and amortization   | 3,867,669        | 2,440,183                        | 552,499                                | 1,020,404              | 2,043,796   | 9,924,551  | 9,184,511  |
| Depreciation and amortization                         | 219,534          | 89,973                           | 3,599                                  | 25,192                 | 21,594      | 359,892    | 88,058     |
|   | \$ 4,087,203     | 2,530,156                        | 556,098                                | 1,045,596              | 2,065,390   | 10,284,443 | 9,272,569  |

See accompanying notes to financial statements



## NOTES TO FINANCIAL STATEMENTS

### 1 Organization and Summary of Significant Accounting Policies

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, and whose services are provided principally by volunteers, has as its purposes: maintaining and improving the quality of life for persons with AIDS, persons with AIDS-Related-Complex and their carepartners; 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.

GMHC volunteers, under the supervision of professional staff members, deliver a variety of support and advocacy services to PWAs, PWARCs, their carepartners and loved ones.

In Client Services, Intake Clinicians conduct intake interviews and prepare assessments of new clients' physical and psychosocial status, helping clients choose what GMHC services best meet their needs. Volunteers assigned as buddies help with the 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. Volunteers in all three roles serve as peer counselors and advocates who emphasize clients' self-empowerment.

Group Leaders have experience in group services and are trained to facilitate the many support groups GMHC offers to clients, their carepartners, loved ones and friends. Financial Advocacy counselors are experienced in the social welfare system and direct clients through the maze of federal, state and city financial aid programs.

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.

In the Education Department, volunteers staff the Hotline, handle Speakers Bureau engagements, help conduct public education seminars and aid in the production of publications and videos.

The Volunteer Office supervises volunteers who provide essential office support throughout GMHC, performing tasks that include assembling mailings, copying, answering telephones, making messenger runs, proofreading and entering computer data.

**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.

In order to ensure observance of limitations and restrictions placed on the use of available resources, 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 retains full control to use in achieving any of the organization's purposes.

**Revenue Recognition** – Contributions and pledges are considered to be available for unrestricted use unless specifically restricted by the donor. Pledges are recorded as receivable and, if applicable to future periods, an equal amount is recorded as deferred support. All pledges recognized in 1989 were applicable to future years and thus have also been recorded as deferred support.

**Marketable Securities** – Marketable securities are recorded 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.

**Tax-Exempt Status** – GMHC is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code.

### 2 Investments

Investments consist of the following:

| At June 30, 1989:                             | Carrying value      | Market value        |
|---|---------------------|---------------------|
| Liquidating trust<br>(not readily marketable) | \$ 84,942           | \$ 84,942           |
| U.S. Treasury bill                            | 979,727             | 982,773             |
|   | <u>\$ 1,064,669</u> | <u>\$ 1,067,715</u> |

| At June 30, 1988:                             | Carrying value | Market value |
|---|----------------|--------------|
| Liquidating trust<br>(not readily marketable) | \$ 84,942      | 84,942       |

### 3 Fixed Assets

Fixed assets consist of the following:

|   | 1989                | 1988             |
|---|---------------------|------------------|
| Land  | \$ 731,740          | 731,740          |
| Building  | 8,025,097           | 5,898,044        |
| Leasehold improvements                            | 170,351             | 170,351          |
| Furniture and equipment                           | 1,622,760           | 635,782          |
|   | <u>10,549,948</u>   | <u>7,435,917</u> |
| Less accumulated depreciation<br>and amortization | 564,839             | 204,947          |
| Fixed assets, net                                 | <u>\$ 9,985,109</u> | <u>7,230,970</u> |

GMHC has leased a portion of its building to an unrelated not-for-profit organization. The lease, which expires on December 31, 1990, calls for total minimum rental payments of \$116,600 during fiscal 1990 and \$58,300 during the six-month period in fiscal 1991.

### 4 Mortgage Payable

On June 12, 1986, GMHC acquired the land and building ("The Property") located at 129-133 West 20th Street, New York, New York. At June 30, 1988, the Property was subject to a first mortgage of \$1,500,000. The mortgage was refinanced during fiscal 1989 with a \$1,500,000 loan secured by a first mortgage on the Property with the Chase Manhattan Bank, N.A. At June 30, 1989, \$500,000 of indebtedness, bearing interest at 10.56%, was outstanding. The balance outstanding is due November 18, 1991.



## NOTES TO FINANCIAL STATEMENTS

### 5 Designated Fund Balances

GMHC's Board of Directors has designated \$1,500,000 as an Operating Reserve and \$500,000 for the Program Development Fund. These amounts were designated from unrestricted fund balances.

The Operating Reserve was established to ensure that GMHC has the necessary funds available to carry on its programs despite the seasonality of income from contributions and major fundraising events. Furthermore, the reserve provides a cushion against the unpredictability of government support.

The Program Development Fund is a reserve fund for the expansion of existing services and programs or for the creation of new ones. It was established to ensure that GMHC would be able to respond quickly to the unexpected developments in the AIDS epidemic without the necessity of engaging in the slow process of seeking funds from outside sources.

### 6 Operating Lease Commitment

GMHC is obligated under an operating lease that requires minimum annual rentals through 1999 as follows:

|            |           |
|------------|-----------|
| 1990       | \$ 39,000 |
| 1991       | 40,250    |
| 1992       | 42,000    |
| 1993       | 42,000    |
| 1994       | 44,500    |
| Thereafter | 232,000   |

### 7 Donated Services

Numerous volunteers have contributed many hours to GMHC to provide service 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 Direct Mail

GMHC's fundraising expenses include all costs of direct mail efforts (\$925,613 in 1989). In future years, GMHC will evaluate these costs using the appropriate criteria for allocation of joint costs and may classify a portion of these costs as program expense.

### 9 Changes in Accounting

To better conform its financial statements to the guidance issued by the Financial Accounting Standards Board (FASB) and found in *Standards of Accounting and Financial Reporting for Voluntary Health And Welfare Organizations* (Revised 1988), GMHC made several changes in accounting in 1989 as described below. None of these changes affected the total net assets of the organization.

**Net Investment in Plant** – To better display resources invested in fixed assets and restricted by donors for fixed asset acquisition, GMHC has established a separate plant fund. Fund balances at June 30, 1988 have been reclassified accordingly:

|                                   | Fund balances,<br>as previously<br>reported | Reclassification<br>of plant funds | Fund balance,<br>as reclassified |
|-----------------------------------|---|------------------------------------|----------------------------------|
| Unrestricted-<br>undesignated     | \$ 7,399,051                                | (5,730,970)                        | 1,668,081                        |
| Net investment<br>in fixed assets | <u>\$</u>                                   | <u>5,730,970</u>                   | <u>5,730,970</u>                 |

**Special Events and Direct Mail** – In 1988, all expenses related to special events and direct mail were netted against funds raised from these sources in the statement of revenue, expenses and changes in fund balances. In 1989, GMHC has displayed all such expenses, except those constituting direct donor benefits, as fundraising expenses. The 1988 comparative figures have been reclassified accordingly.

|   | Amounts,<br>as previously<br>reported | Reclassification<br>of fundraising<br>expenses | Amounts,<br>as reclassified |
|---|---------------------------------------|--|-----------------------------|
| Support:<br>Contributions,<br>including direct<br>mail campaign | \$ 2,050,792                          | 1,413,528                                      | 3,464,320                   |
| Special events, net   | <u>3,982,735</u>                      | <u>589,178</u>                                 | <u>4,571,913</u>            |
| Subtotal  | 6,033,527                             | 2,002,706                                      | 8,036,233                   |
| Expenses:<br>Fundraising  | <u>(359,003)</u>                      | <u>(2,002,706)</u>                             | <u>(2,361,709)</u>          |
| Net   | <u>\$ 5,674,524</u>                   | <u></u>  | <u>5,674,524</u>            |

**Pledges** – Also during 1989, GMHC recognized pledges of future contributions made to the organization by donors. As it would be impracticable to do so, 1988 figures have not been adjusted to reflect this change.

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## 1985

The HIV antibody test is licensed in March. The American Association of Blood Banks and the Red Cross begin screening the country's blood supply for HIV antibodies. New York City's first anonymous testing site opens. Condom usage is shown to be effective in preventing the sexual transmission of HIV.

In April, the People With AIDS Coalition is created. Also during the year, ADAPT, the Hispanic AIDS Forum, and the Minority Task Force on AIDS are founded to address the specific needs of the populations affected by the epidemic.

The AIDS Action Council is formed as a Washington, D.C. lobby to represent GMHC and other AIDS organizations. Late in the year, the American Foundation for AIDS Research (AmFAR) is formed.

GMHC's Education Department expands to include AIDS Prevention programs. In June, Richard Dunne succeeds McFarlane as GMHC executive director.

Actor Rock Hudson's public announcement of his AIDS diagnosis in July, shortly before dying of the disease, focuses media attention on AIDS as never before.

By the end of the year, over 20,470 people are diagnosed with AIDS in the United States; 8,161 people are dead.

## 1986

The National Academy of Sciences issues a report on the epidemic, *Confronting AIDS*, which calls for substantial increases in federal funding for AIDS education and research.

In May, GMHC holds its first "AIDS Walk" fundraiser. The Public Information Department is started to educate the media and

handle public relations concerns. GMHC's Policy program starts in July to pursue antibody test confidentiality and anti-discrimination protections; it catalyzes the formation of the AIDS Budget Working Group (now the Committee for AIDS Funding), a group of 13 New York City AIDS organizations.

By the end of 1986, the national caseload has risen to 37,061 people diagnosed with AIDS; 16,301 of those people are dead.

## 1987

In March, the drug AZT — the first drug approved to fight HIV itself — is marketed for use by people with AIDS. Although released in record time, AZT's cost — \$12,000 a year — makes it the most expensive drug ever sold. President Ronald Reagan gives his first public recognition of the epidemic in a speech delivered on May 31.

During February, the AIDS Coalition to Unleash Power (ACT UP), is founded to end the AIDS crisis through direct, confrontational political action. Women & AIDS Resource Network (WARN) forms in the spring, providing information and support for women affected by HIV. In October, ultra-conservative Senator Jesse Helms, "disgusted" by GMHC's *Safer Sex Comix*, attaches an amendment to a federal appropriations bill preventing federal funding of AIDS education efforts that "encourage or promote homosexual sexual activity." The Helms amendment is passed overwhelmingly. GMHC proceeds to litigate against it.

As people with AIDS start to live longer due to better treatments and earlier diagnosis, the Client Services program expands: Financial Advocacy grows to meet the entitlement needs of clients, and Recreation develops to provide social activities for

people with AIDS. To disseminate up-to-date information on new therapies, the Office of Medical Information is started by Dr. Barry Gingell. The first edition of *Treatment Issues* is produced by year end.

At the end of 1987, the national AIDS caseload is 59,572. 27,909 people are dead.

## 1988

The Presidential Commission on HIV, headed by Admiral James Watkins, releases its report containing 579 recommendations for handling the AIDS crisis and calling for strong federal leadership in combatting the epidemic.

In July, New York City Health Commissioner Stephen Joseph stirs nationwide controversy by using questionable epidemiological methods to reduce by half the number of New Yorkers thought to be HIV infected. In New York City during 1988, the number of new intravenous drug use-related AIDS diagnoses exceeds the number of new sexually-related cases.

In August, having occupied five separate locations, GMHC consolidates its array of programs in a new building on 20th Street. The agency is instrumental in forming the New York AIDS Coalition, a statewide coalition of over 70 AIDS groups.

In October, the Community Research Initiative (CRI) is founded to conduct clinical trials of promising HIV treatments in a community setting.

As of the end of December, 89,864 cases of AIDS have been reported to the CDC; 46,134 people are dead.

## 1989

New York State's AIDS confidentiality bill, preventing the wrongful disclosure of AIDS-related information, takes

effect in February. The New York City AIDS Task Force reports that AIDS will cost the city over \$7 billion during the next five years. Waves of news stories focus attention on the city's beleaguered health care system.

During the first six months of the year, four drugs effective in treating opportunistic infections and anemia associated with AIDS are approved by the FDA. In August, federal study results indicate that AZT slows the progression of HIV infection in those who are asymptomatic or who have few symptoms. The Americans With Disabilities Act, which extends protection to all HIV infected people, is passed by the U.S. Senate. The National AIDS Commission, mandated by federal law in 1988, convenes to advise Congress on a broad range of AIDS-related issues.

In May, GMHC's fourth "AIDS Walk," the biggest AIDS fundraiser ever, raises over \$3 million. During July, the Policy Department sponsors a forum on AIDS for New York City mayoral candidates to make AIDS a major election issue. In August, as a result of treatment breakthroughs and new confidentiality laws in New York State, GMHC revises its antibody testing policy to urge people who believe they are infected to seek counseling about anonymous HIV testing and early medical intervention.

Under pressure from the AIDS community, AZT's manufacturer, Burroughs-Wellcome, lowers the price of the drug by 20% in September.

As of July, 100,000 Americans have been diagnosed with AIDS; of those, more than 58,000 people are dead. In New York City alone, 20,300 people have been diagnosed with AIDS. Of that number, more than 12,000 are dead.





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