

The
First
Ten
Years

GMHC

GAY MEN'S HEALTH CRISIS

1990 - 1991

ANNUAL REPORT

A I D S 10 YEARS

REMEMBER

RESPOND

RESOLVE



A Family of Volunteers

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

ing force behind our fight to end AIDS.

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

epidemic of fear and avoidance.

Then, as now, GMHC volunteers worked to turn that avoidance into action. Rather than waiting for outside help, we made the most of what we had. Our first mailing lists were the address books of GMHC's founders and friends. Our first fundraisers were card tables set up in front of gay discos. The world's first AIDS hotline was established in May of 1982 after Rodger McFarlane, an early volunteer, offered GMHC his personal answering service. The Hotline got 100 calls the first night.

Calls poured in asking

for information about AIDS and how to prevent it. Other callers were sick and needed help getting care from frightened hospital personnel who were refusing even to enter the rooms of people with AIDS. Volunteers answered the calls, and rushed off to hospitals to confront doctors and change bed sheets.

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



and pitched the different services they wanted to offer.

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

Sandi Feinblum, a volunteer Team Leader who later became GMHC's first deputy executive director, went to a training shortly after calling the Hotline for a friend. "Of the almost 100 people there, I was the only woman," she

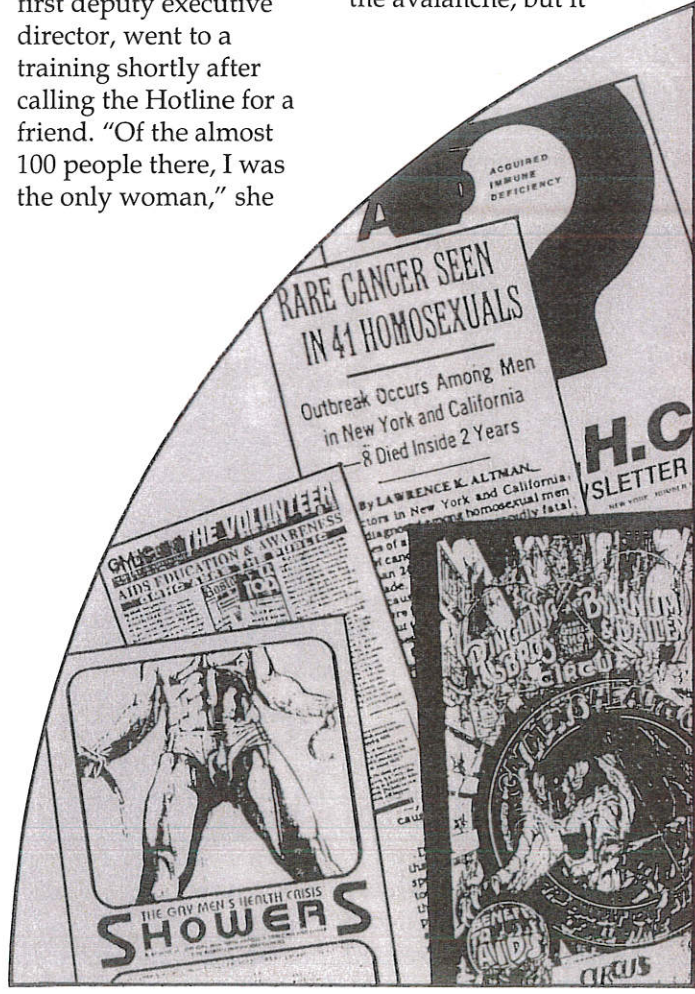
uted free to doctors, hospitals and clinics nationwide. Even the Library of Congress requested a copy.

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

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

recalled. "Women involved with GMHC in the early days faced a lot of sexism, and we and the men had to work hard to understand each other. But no matter what stresses I or any other volunteer was under, we knew we were helping fight the greater damages being done by AIDS."

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



1990-1991

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

SERVICES

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

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

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

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

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

■ **Fighting financial hardship.** GMHC provided financial advocacy to over 2,200 clients this year, helping them obtain entitlements like Public Assistance, Social Secu-

could redirect where the boulders would fall."

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

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

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

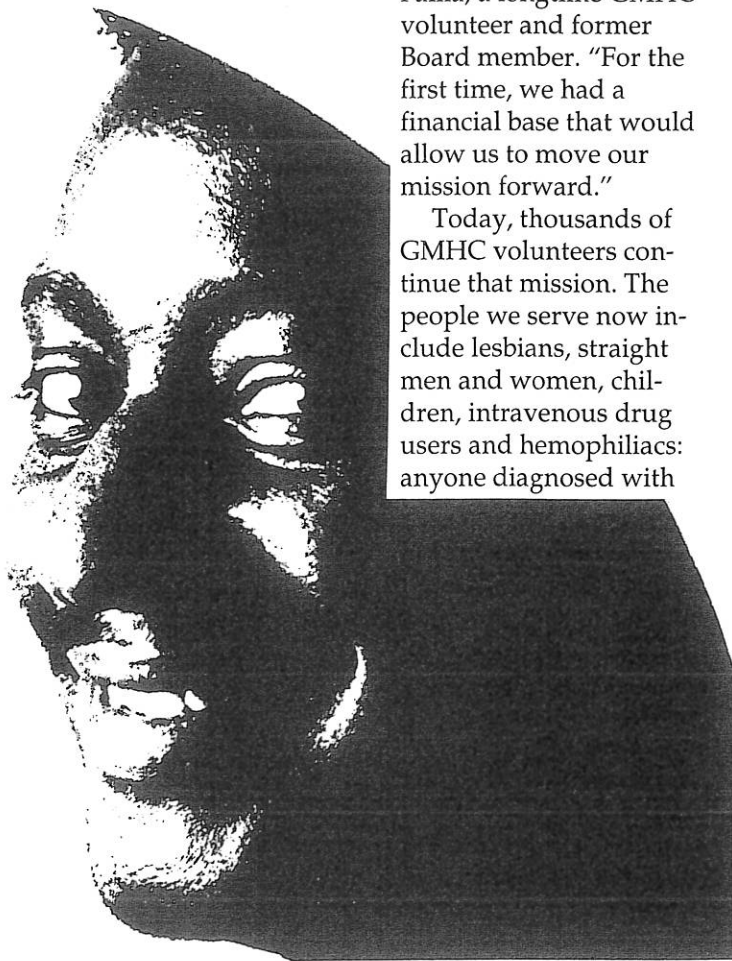
The GMHC fundraisers had no choice but to think otherwise. Coming up with the kind of money needed to help the growing numbers of people with AIDS was going to take a spectacular event like the Ringling Brothers Circus. When Madison Square Garden would not talk to

the GMHC fundraisers, they went directly to the Circus's owners in Virginia. Ringling Brothers said it would be happy to do business with GMHC. All it would take was \$100,000, up front.

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

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

Today, thousands of GMHC volunteers continue that mission. The people we serve now include lesbians, straight men and women, children, intravenous drug users and hemophiliacs: anyone diagnosed with



rity and Medicaid. Client Services also distributed over \$130,000 in emergency grants to help clients eat, pay rent and meet utility bills.

■ **Increasing services to families with AIDS.** Our newly created Child Life Program provides babysitting, outings and other support to HIV-positive children, their siblings and parents.

■ **Providing meals and recreation.** This year GMHC's Nutrition Program served over 34,000 meals, prepared in a professionally-equipped kitchen, to people with AIDS-related illness. Through our Recreation Program, over 1,600 clients used GMHC's in-house gym, massage and acupuncture services, classes and theater tickets.

LEGAL SERVICES helps people answer the many questions that come with HIV infection. Staff lawyers, legal advocates and volunteer attorneys work together to offer clients and their care partners advice, draw up documents for them, and represent them in negotiations, hearings and in court.

Wills, once the most important legal issue for GMHC's clients, are now only one of many concerns. Legal Services helped nearly 1,300 clients with a variety of legal matters this year, including:

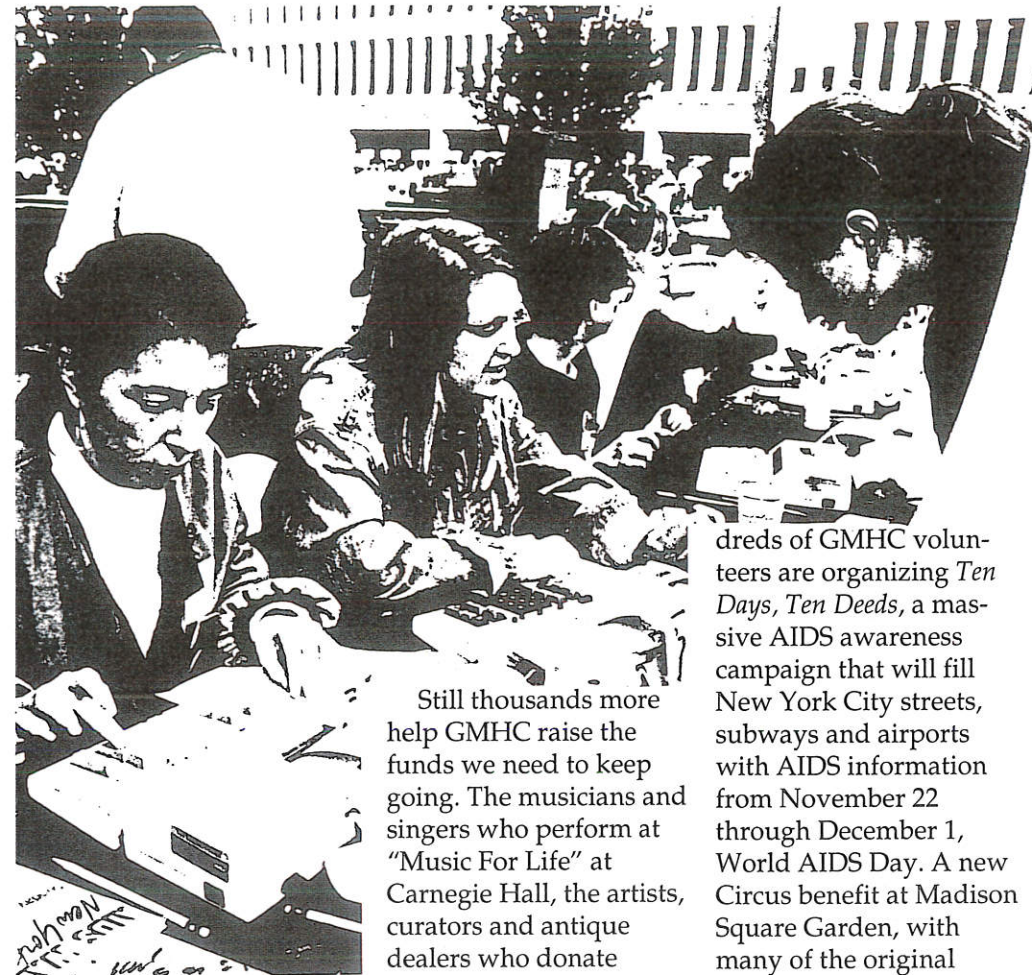
■ **Negotiating with landlords, creditors and the I.R.S.** for people whose lack of funds have made them vulnerable to lawsuits.

■ **Resolving immigration problems** for HIV-infected immigrants who do not have legal status.

■ **Assisting with insurance problems that have become increasingly common as people with AIDS live and work longer.** Legal Services represents clients in insurance litigation, and holds weekly clinics and monthly forums to help guide them through the growing complexities of insurance coverage for people with HIV.

■ **Filing complaints on employment and housing discrimination.**

■ **Drawing up health care proxy documents.** New legislation gives New Yorkers the right to designate someone else to make important medical decisions for them if they are no longer able to do so themselves.



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

We have lost Nathan Kolodner, and Mitchell Cutler, and Ken Wein to AIDS. Paul Popham, Nathan Fain, Paul Rapoport and many other of our most dedicated volunteers are also dead. But GMHC's volunteer spirit is still strong, forming the backbone of our organization. As of this writing, hun-

dreds of GMHC volunteers are organizing *Ten Days, Ten Deeds*, a massive AIDS awareness campaign that will fill New York City streets, subways and airports with AIDS information from November 22 through December 1, World AIDS Day. A new Circus benefit at Madison Square Garden, with many of the original organizers and many new ones, is planned for March 1992.

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

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

AIDS or HIV-related illness in New York City. Our volunteers — grandparents, teenagers and everyone in between — are also drawn from the wide range of communities affected by AIDS. Last year, more than 2,200 volunteers contributed an estimated \$2.5 million worth of services to GMHC.

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

Challenging AIDS Discrimination

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

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

GMHC also led the fight to open other doors to people with AIDS. When a physician was threatened with eviction for treating people with AIDS in 1983, GMHC helped fund Lambda Legal Defense to take the landlord to court. That

litigation — the first AIDS discrimination case — set an important precedent when we won. That same year, GMHC's newly formed Legal Services Department worked to help people with AIDS draw up their wills and successfully lobbied the federal government to declare people with AIDS eligible for disability insurance.

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

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

GMHC volunteers did the needed work, going into hospitals all over the city, advocating for

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

The expertise of the GMHC volunteers was soon recognized by those whose negligence had helped create it. When administrators in New York City's public hospitals decided to teach staff how to attend to people with AIDS safely, GMHC was paid to lead the training. Television and print reporters, who for the first years of AIDS had all but ignored the



epidemic, began showing up at the GMHC offices for interviews. Those volunteers who agreed to appear on television often got a taste of the same kinds of discrimination they were being interviewed about. Technicians, convinced they would get AIDS by touching them, refused to help put on make-up or microphones.

After scientists had isolated the virus that causes AIDS in 1984, the world waited for drugs to fight it. But the first scientific advance was a test, not a treatment. With the approval of the HIV antibody test, GMHC faced a new kind of AIDS discrimination: mandatory testing. Amid politicians' calls for

quarantine, our Policy Department worked to tell legislators that the constitutional rights of people with AIDS and HIV are not expendable in any attempt to protect the uninfected. In 1988, working with New York State Health Commissioner Dr. David Axelrod, we saw our recommendations on confidentiality written into law in New York State.

Knowing that anti-AIDS discrimination measures were not enough — that people with AIDS needed other protections when infections made them go blind or neurological damage put them in wheelchairs — we also fought for sweeping federal legislation to protect the handicapped. With the

signing of the Americans with Disabilities Act in 1990, people with disabilities, including people with HIV infection, won that fight. It will take other battles to make that law reality.

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

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

1990-1991

■ **Helping parents with AIDS to arrange guardianship for their children, and handling disputes over child custody or visitation rights.**

■ **Providing technical support to the Minority Task Force on AIDS, AIDS Center of Queens County, and the Bronx AIDS Service Project, while intensifying efforts to recruit and train volunteer attorneys to work in communities of color.**

■ **Publishing *Facing the Future*, a handbook for parents with HIV, in English and Spanish (with Brooklyn Legal Services), as well as a comprehensive *Legal Services Referral Directory for People with AIDS*.**

THE OFFICE OF THE OMBUDSMAN is where people with HIV illness and their care partners can get help with problems of health care delivery — hospital care, home care, treatment in prison or shelters for the homeless. When an insurer refuses to reimburse a client for a prescribed treatment, or a doctor discharges someone from the hospital before he or she is well, the Ombudsman's Office investigates and works to resolve the problem. The Ombudsman's Office also advocates for the growing numbers of New Yorkers who might not otherwise have a place to turn: homeless people, women who have AIDS and are caring for whole families that are sick, men without doctors or family support. Finding the common trends among many individual complaints, the Ombudsman presses hospitals, city agencies, and insurance companies to improve service delivery for people with HIV.

The Ombudsman's Office handled 2,362 cases this year that involved:

■ **Challenging insurer negligence.** People with HIV are finding it increasingly difficult to get reimbursements for treatments and medical equipment prescribed by their doctors, particularly when those treatments are considered preventive or experimental.

■ **Shortening waits for hospital care.** Many people with HIV-related illnesses are being forced to wait for weeks, or months, for appointments in infectious disease clinics throughout the city.

■ **Speeding up delays in housing programs.** Approximately 20% of



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We are all living with AIDS

Self-Empowerment

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

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

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

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

"In the early days, you got a piece of a paper with a name and address, or a phone call telling you to go to this or that place because someone there was sick," remembered the late Joey Leonte, an early Crisis Intervention Worker who became GMHC's Coordinator of Publications, and later, a GMHC client. "You didn't know what you'd find: a family in crisis, someone who hadn't been able to eat or

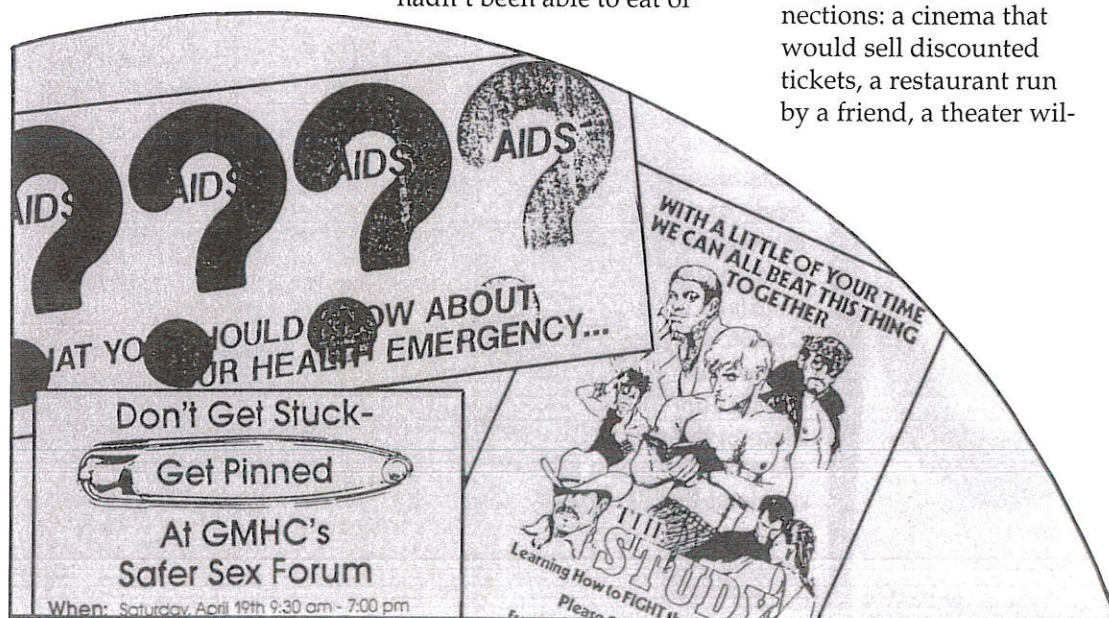
get up to go to the bathroom for three days, or a man who felt fine today but was very worried about the future." What people with AIDS had in common was an overwhelming sense of helplessness. GMHC threw them a lifeline, making sure that those individuals, their loved ones and their families understood that an AIDS diagnosis did not mean life was over.

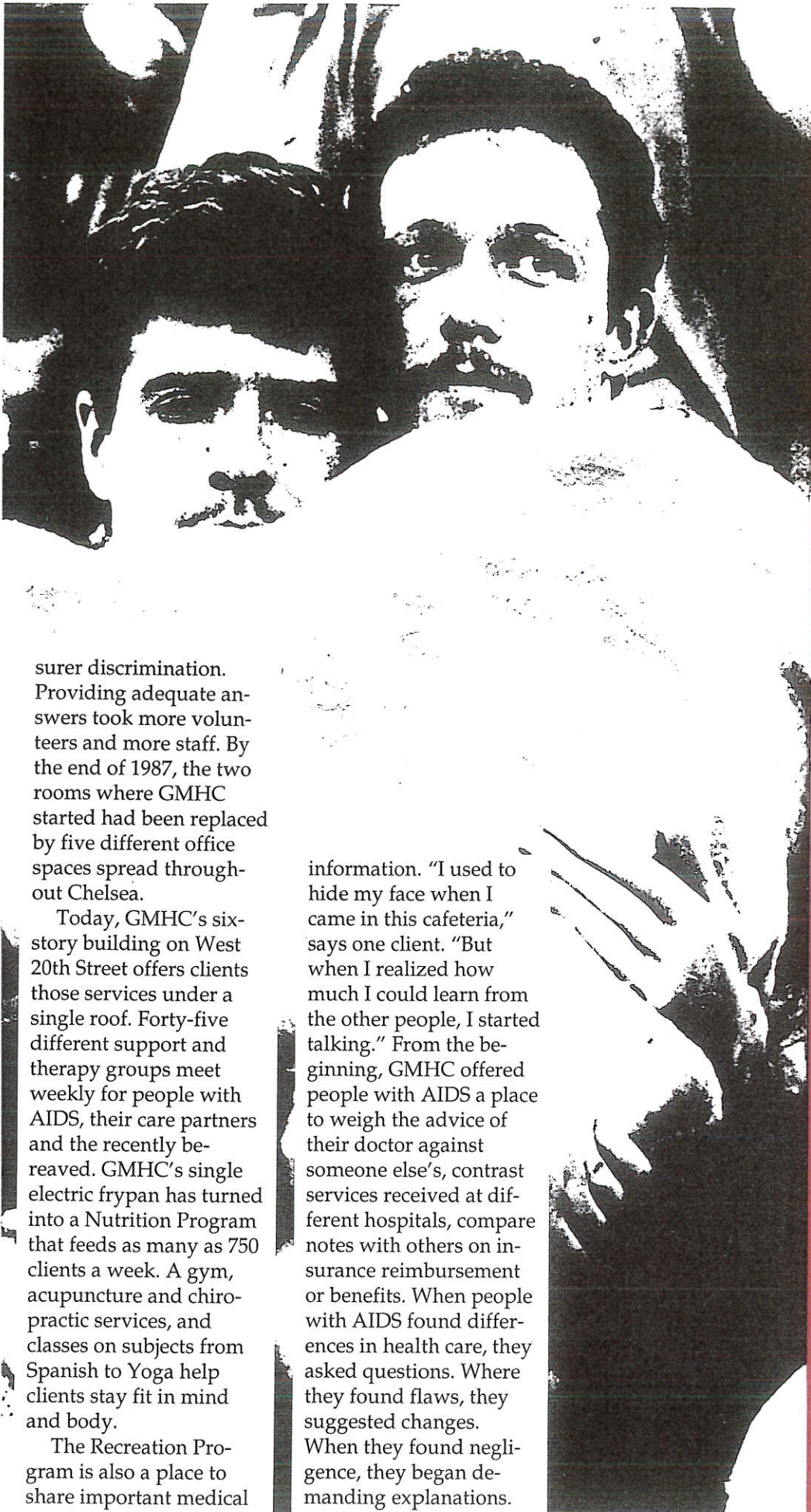
Designed by the same people they served, GMHC's programs helped people with AIDS help themselves. GMHC clients formed telephone teams to keep in touch with others who were homebound or hospitalized. Volunteers ran support groups to help clients cut through the isolation that is a common side effect of AIDS. Our Recreation Program began as a weekly video shown in GMHC's basement, with volunteers cooking food on an electric frypan after the movie. That program grew as volunteers and clients arranged outings to places they had connections: a cinema that would sell discounted tickets, a restaurant run by a friend, a theater wil-

ling to let people into a matinee for free.

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

At GMHC, a steady influx of clients kept the agency in a state of constant expansion. The single desk drawer that locked, once the site of all client files, was replaced first by a file cabinet, then by an entire room and a computer network. As people learned of their HIV infection earlier and lived with it longer, their questions became increasingly complex: what to do when other family members were also diagnosed; how to arrange foster care or immigration status; who to turn to about employer and in-





surer discrimination. Providing adequate answers took more volunteers and more staff. By the end of 1987, the two rooms where GMHC started had been replaced by five different office spaces spread throughout Chelsea.

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

The Recreation Program is also a place to share important medical

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

1990-1991

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

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

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

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

EDUCATION

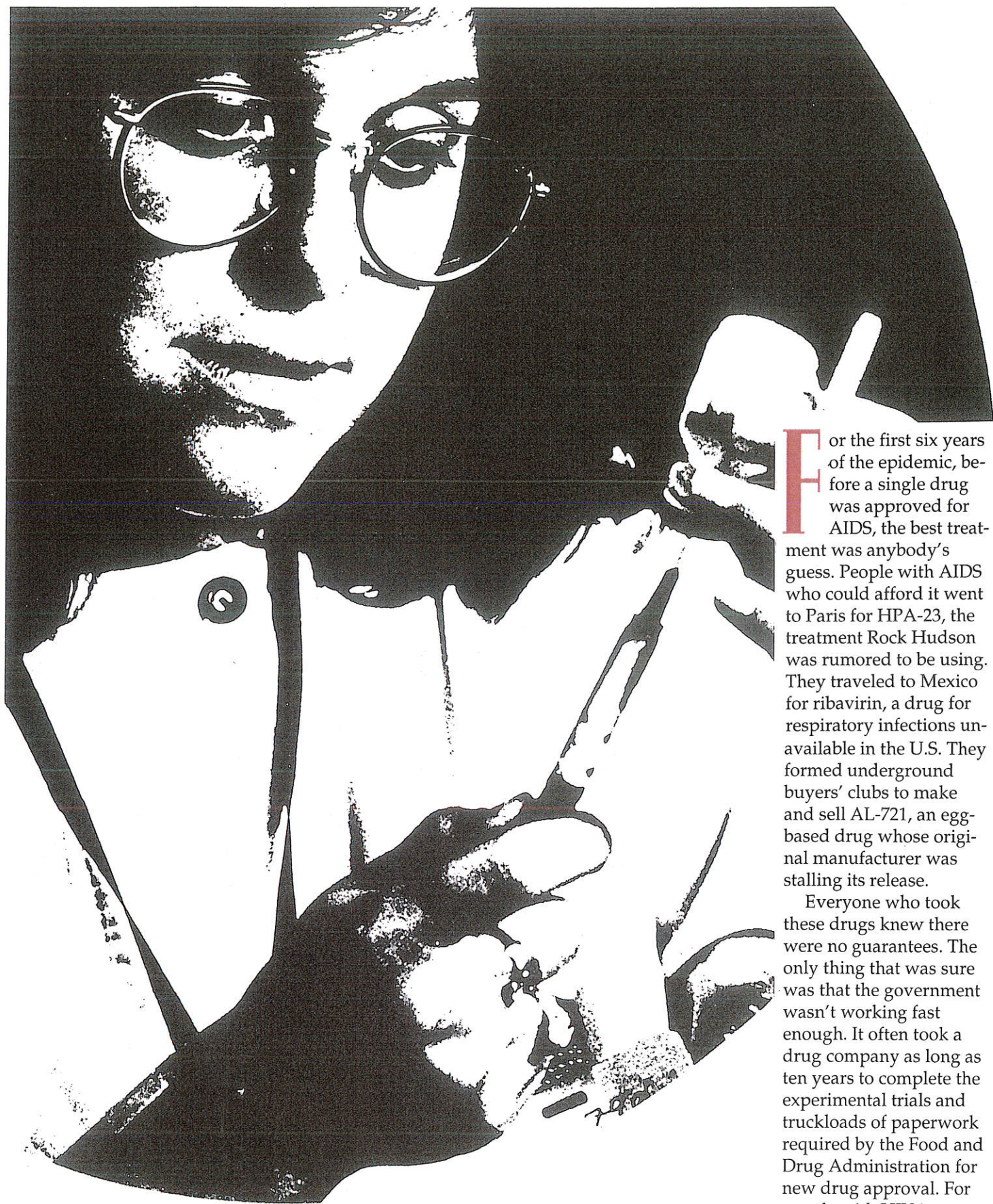
THE EDUCATION DEPARTMENT is the largest non-governmental distributor of AIDS education in the world. Our methods of getting out information to those who need it are varied: publications, videos, workshops, and information tables in bars, clubs and on city streets. Our educational efforts are based on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

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

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

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

■ **Expanding programs in communities of color.** GMHC's new strategies include safer sex plays in Spanish and GMHC's House of



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

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

In the meantime, there was anxiety and misinformation. Overflow

We are all living with AIDS

Medical Advances

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

At GMHC, volunteers and staff pored over medical journals, separating fact from rumor and publicizing advances in AIDS research. "The days they announced the discovery of the virus or published that article saying that there was

almost no trace of HIV in saliva, those were so exciting," remembered former Hotline Director Barry Davidson. "It was such a relief to be able to actually tell people something concrete."

In 1987, the Food and Drug Administration approved the drug azidothymidine, or AZT, for use against HIV. Although released in record time, AZT's price — \$10,000 to \$12,000 for a year's prescription — made it the most expensive drug in history. That same year a physician with AIDS, Dr. Barry Gingell, founded GMHC's Medical Information Program and pressed for answers to the questions raised by the drug approval process. The new and expensive choice available to people with AIDS was also toxic for some of them, causing anemia, muscle cramps and liver

dysfunction. What about people with AIDS who couldn't tolerate AZT, or couldn't pay for it? What about AZT's effect on women, or people of color, on whom the drug had never been adequately tested? What about the other AIDS drugs still sitting untested in laboratories?

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

1990-1991

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

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

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

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

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

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

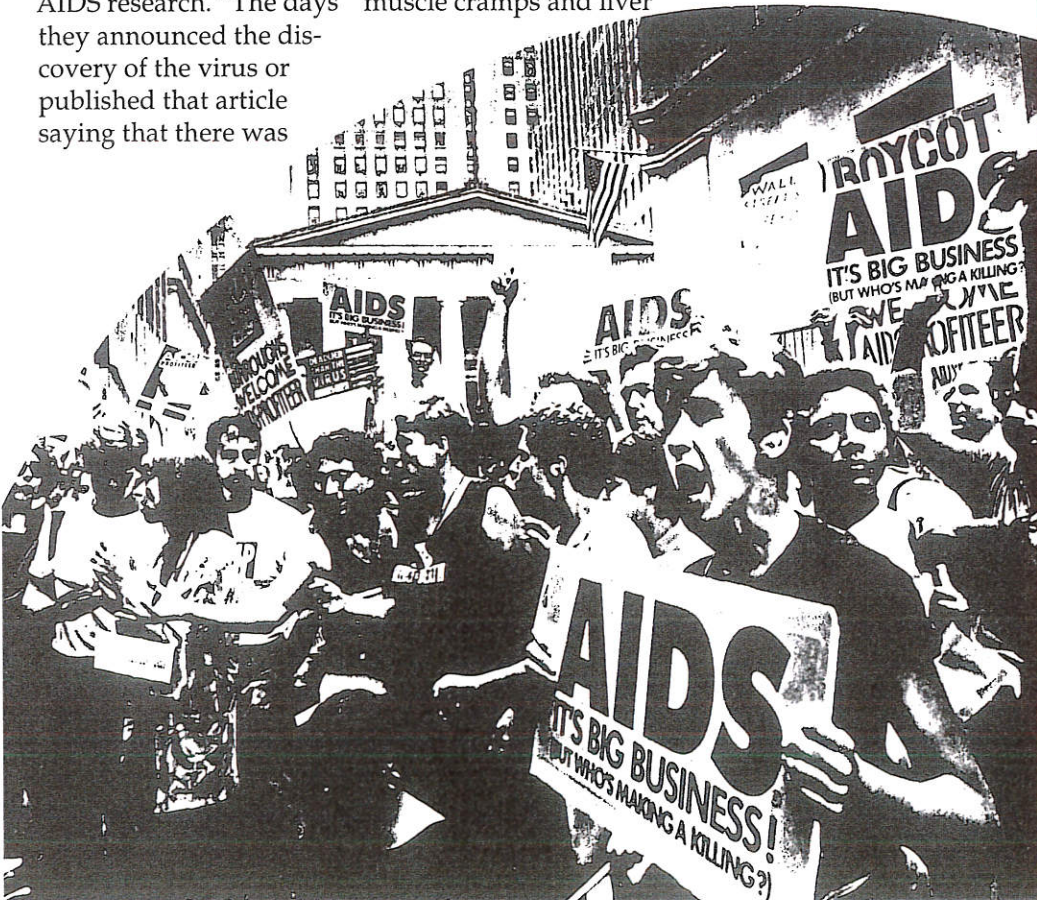
"Hope for people with AIDS comes with funding, not promises."

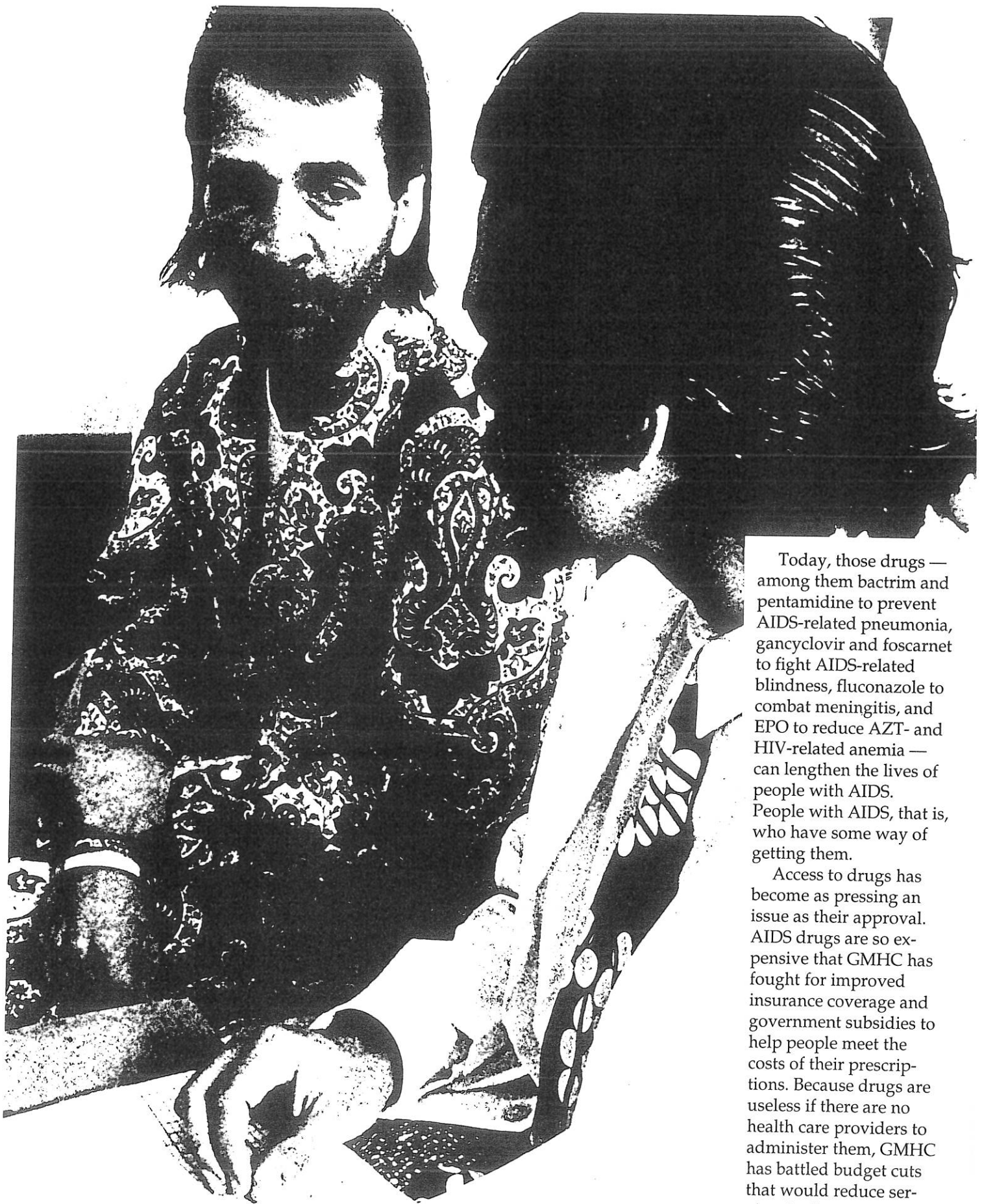
ADVOCACY

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

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

■ **Disaster Relief.** The Federal C.A.R.E. Act of 1990, though funded by Congress at only a third





Today, those drugs — among them bactrim and pentamidine to prevent AIDS-related pneumonia, gancyclovir and foscarnet to fight AIDS-related blindness, fluconazole to combat meningitis, and EPO to reduce AZT- and HIV-related anemia — can lengthen the lives of people with AIDS. People with AIDS, that is, who have some way of getting them.

Access to drugs has become as pressing an issue as their approval. AIDS drugs are so expensive that GMHC has fought for improved insurance coverage and government subsidies to help people meet the costs of their prescriptions. Because drugs are useless if there are no health care providers to administer them, GMHC has battled budget cuts that would reduce services in the public hospitals and clinics caring for the majority of New Yorkers with HIV. Nor

can preventive treatments save lives if people do not know about them. We are now advertising in streets and subways to get people to call our Hotline about treatment options. More outreach is needed: Even last year, thousands of New Yorkers died of pneumocystic pneumonia that is preventable.

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

GMHC is fighting harder for the increased funding and streamlining needed to make the research system work for

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

GMHC's own position on informed, voluntary HIV testing has changed with the changes in available AIDS treatments. The existence of new drugs and new state confidentiality laws led us in August 1989 to start encouraging New

Yorkers to consider having counseling and an anonymous HIV test.

"Individuals with HIV infection no longer have to sit helplessly for the first symptoms of AIDS," Richard Dunne, GMHC's Executive Director at the time, said as he launched our new "Think About It" campaign. GMHC's five-hour-long workshops of the same name have since helped hundreds of men and women get the information and the counseling they need to decide whether they wish to know their HIV status.

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

1990-1991

of the recommended amount, will provide New York City with \$33.4 million in AIDS disaster relief this year. GMHC, an active member of the Planning Council that decides how those funds are used, is lobbying for increased funding of the bill next year.

Education to adolescents. GMHC worked actively to support Chancellor Fernandez's plan, passed by the Board of Education in February 1991, to expand AIDS education and make condoms available in New York City public schools.

Opposition to mandatory testing. GMHC's voice favoring infection control procedures over mandatory testing of health care workers has been heard this year at the Centers for Disease Control, the National Institute of Medicine, and the New York State Department of Health.

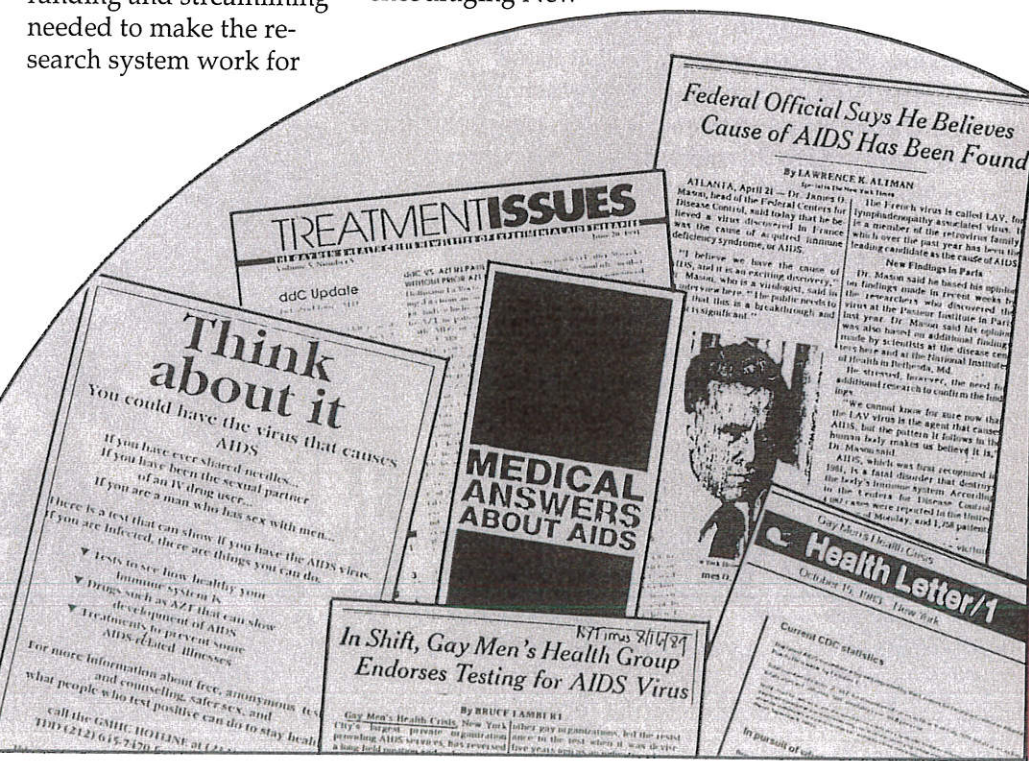
New services for intravenous drug users. GMHC has begun an advocacy project to explore how to integrate effective drug treatment with comprehensive AIDS services.

End to immigration discrimination. GMHC and other AIDS groups deluged the Justice Department with postcards, telephone calls, and testimony opposing the U.S. ban on immigrants with HIV, and fought to move next year's International AIDS Conference out of the U.S. because of this country's discriminatory restrictions.

Attention to women's and lesbians' issues. GMHC has been active in a campaign to revise the CDC's AIDS definition and surveillance of HIV transmission. The CDC currently overlooks AIDS-related infections particular to women and woman-to-woman transmission of HIV.

Improved Medicaid and insurance coverage. Under intense pressure from GMHC, the state legislature rejected many proposed cuts in Medicaid, and passed a bill allowing Medicaid to pay the private insurance premiums for people with AIDS.

THE COMMUNICATIONS DEPARTMENT speaks to members of the press, and through them to the politicians and public whose opinions shape the national response to AIDS.



We are all living with AIDS Education

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

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

In 1985, the year studies first showed that condoms could block the

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

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

This study, known as "The 800 Men Project," produced a new model of AIDS education. Participants responded when

warned about what activities put them at risk for AIDS. But they responded even better when given positive images without fig leaves over the part of the pictures they needed to see to understand. Erotic, explicit AIDS education worked.

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

Helping people practice what those pamphlets preach has been harder. To make the mechanics of safer sex easy, GMHC has created the Condom Pack: two condoms, water-based lubricant and instructions on how to use them, all in a smart, pocket-sized package. Recognizing that the same slogan or photograph is not equally effective in all communities, GMHC has also developed targeted campaigns — a video showing safer sex for lesbians, for example, and posters picturing men who are black and brown, as well

as white. The Education Department's People of Color Prevention Program now works with popular drag entertainers to promote safer sex in Latino gay bars, stages AIDS education plays at community centers and holds Sunday picnics in Harlem. To reach young people of color, GMHC has created the House of Latex, which takes condoms and safer sex information to the voguing balls held all over New York City.

GMHC workshops that help people keep sex safe and satisfying continue to draw crowds. More than 50,000 gay and bisexual men all over the U.S. have participated in these forums run by GMHC volunteers. GMHC's Audio-Visual Program, created in 1987, produces explicit safer sex videos that show *and tell*. The A-V



Program's cable television show *Living With AIDS*, broadcast weekly to 20,000 viewers, is the only television program in America that deals exclusively with issues relating to HIV.

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

North Carolina Senator Jesse Helms was "disgusted" by the comics, he told the Senate. He did not care about the findings of "The 800 Men Project" — or about the lives involved. His amendment

to that year's appropriations bill barred federal funding of any AIDS educational materials that "encouraged or promoted" homosexual activity. When the amendment passed, GMHC proceeded to litigate against it.

Five years later, the Helms amendment is still in effect and GMHC is still waiting for our day in court. We have had to do without federal money as we produce the innovative, sex-positive AIDS education materials that we know work. Gay and bisexual men have responded to our message, accounting for fewer and fewer new AIDS diagnoses even as caseloads across the country continue to climb. But after years of practicing safer sex, many gay and bisexual men have admitted that they are not getting the support they need to con-

tinue. Hundreds of thousands of others — young men, men in rural areas, men of color — have yet to receive any effective AIDS prevention information at all. The government simply hasn't funded any.

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

In May 1991, GMHC's Education and Communications Departments commissioned the Roper Organization to do a nationwide poll of attitudes toward AIDS education. The results made news. An amazing 92% of parents favored AIDS education for children ages 10 to 13. Ninety-nine percent of the population said they could use more information about how HIV is transmitted. "Americans aren't naive about AIDS education, they're desperate for more," GMHC Executive Director Sweeney said upon release of the findings. "This poll sends a loud and clear message that the only Americans afraid of learning about AIDS are in Congress and the White House."

1990-1991

Carefully following the changing social, medical and political circumstances of the epidemic, the department also works to provide GMHC clients, staff, volunteers and donors with up-to-date information about all aspects of AIDS. In addition to the Annual Report, two Communications publications keep the GMHC community informed about AIDS and organizational developments: the bimonthly *Volunteer*, with a circulation of 70,000, and *News From GMHC*, a monthly, two-page update designed specifically for volunteers, donors and staff.

Nationally recognized as a constant and credible source of AIDS information, the Communications Department is adopting new strategies to give voice to those living and working on the front lines of the epidemic. This year's work by the department included:

- **Creating advocacy campaigns** that combine newspaper advertisements, paid radio spots in English and Spanish, and press conferences to raise awareness on issues such as AIDS education, insurance reform, and health care worker guidelines.

- **Working with newspaper editors and television producers across the country** to improve coverage on numerous AIDS issues, including the C.A.R.E. Act, immigration restrictions, and the tenth year of the epidemic.

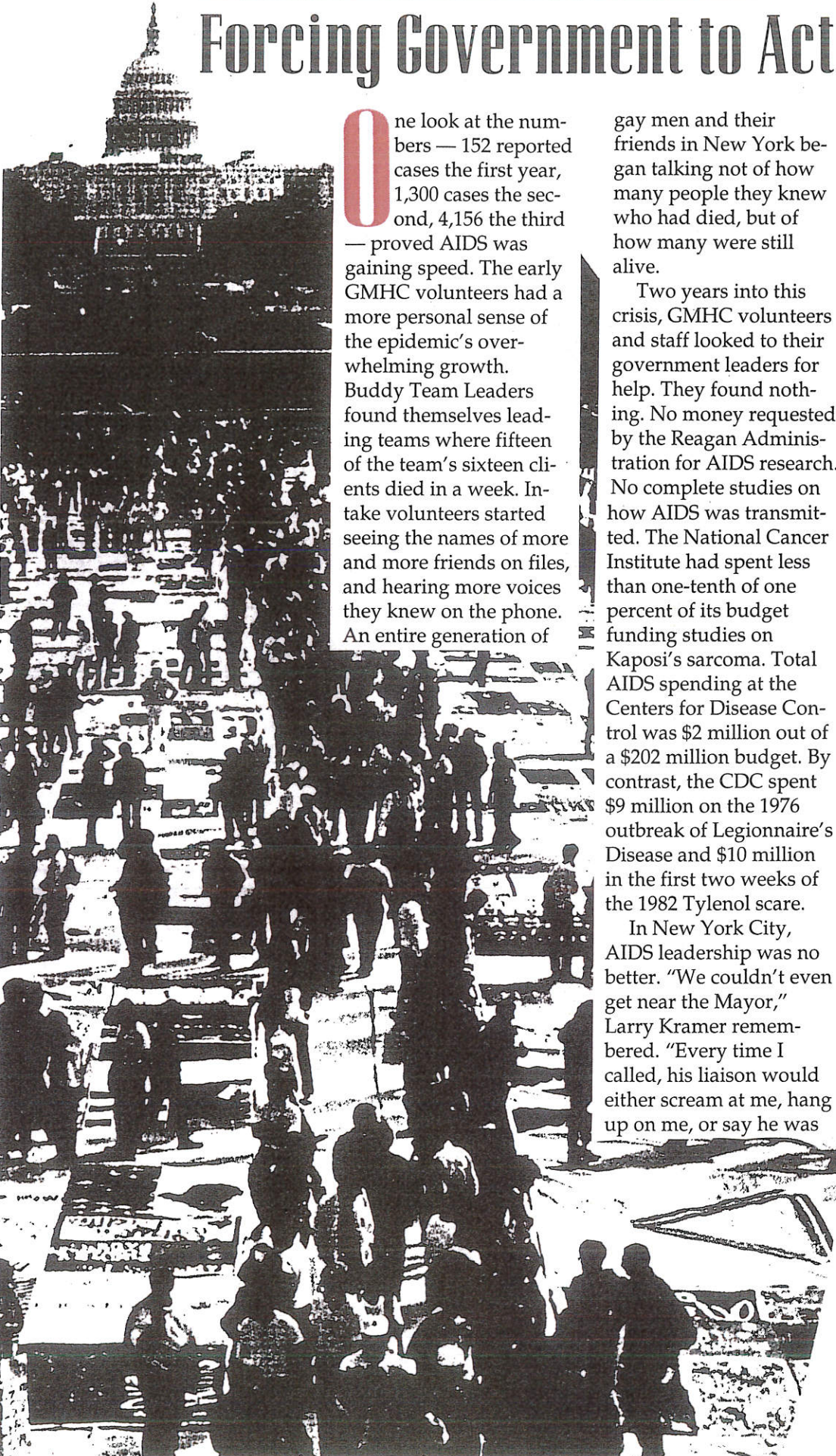
- **Producing the *State of the State of AIDS Report*** evaluating New York's response to AIDS, and releasing it at press conferences in Albany and New York City just before Governor Cuomo's State of the State Address.

- **Surveying national attitudes toward AIDS education** in a poll commissioned (with GMHC's Education Department) from the Roper Organization, and disseminating the results to the press, Congress, city and state officials and other interested parties across the country.

- **Holding numerous press conferences and briefings**, including a press conference on the controversial AIDS treatment hyperthermia, and another on discriminatory U.S. immigration policy at this year's International AIDS Conference in Florence, Italy.

- **Writing Op-Ed pieces and Letters to the Editor** to correct the public record on AIDS.

Forcing Government to Act



One look at the numbers — 152 reported cases the first year, 1,300 cases the second, 4,156 the third — proved AIDS was gaining speed. The early GMHC volunteers had a more personal sense of the epidemic's overwhelming growth. Buddy Team Leaders found themselves leading teams where fifteen of the team's sixteen clients died in a week. Intake volunteers started seeing the names of more and more friends on files, and hearing more voices they knew on the phone. An entire generation of

gay men and their friends in New York began talking not of how many people they knew who had died, but of how many were still alive.

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

In New York City, AIDS leadership was no better. "We couldn't even get near the Mayor," Larry Kramer remembered. "Every time I called, his liaison would either scream at me, hang up on me, or say he was

going to call me back and never did." Three years after the first cases of AIDS were reported, New York City had funded absolutely no AIDS education. Only one out of a thousand gay men in America had AIDS, an official at the newly formed State AIDS Institute observed in 1983. He added, "I wouldn't consider that an epidemic."

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

"Entering the political arena meant being treated like just one more player in the Most Needy wars," observed former GMHC Executive Director Rodger McFarlane.

"Politicians said, 'Okay, you're the spokesperson for AIDS. Now meet the spokespersons for breast cancer, homelessness and drug use.'" AIDS, however, was growing exponentially. It was impossible, GMHC argued, for any social service agency to deal with homelessness or drug use in New York without addressing the issue of the epidemic. AIDS advocates needed to be included in all aspects of a social service system that was increasingly unable to deal with the strain.

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

was to commit more time, more staff and more money to advocacy," said Lenny Bloom, former GMHC Board member and Chair of AIDS Action Council's Board from 1985 to 1989.

Because of AIDS, access to health care will never be the same. In New York State, AIDS advocates moved Blue Cross to offer open enrollment to people with serious illnesses, and won the right to have Medicaid pay the private insurance premiums of people with AIDS.

"Family" has new meaning after our successful push for a proxy bill that lets individuals choose who makes their health care decisions when they can no longer do so. The recent *Braschi* decision that lets one domestic partner keep the apartment if the other dies was another victory for those of us whose families had never been legally recognized.

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

vince me that if you could only spend a quarter of a billion dollars more, we would have the answer," he remarked.

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

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

"I'm walking because I want to do something more than sit back and worry about AIDS. I don't know if I'll make it the whole six and a half miles, but you better believe I'll do what I can!"

SUPPORT SERVICES

THE VOLUNTEER OFFICE recruits, interviews and orients all volunteers, and works to make sure that they are satisfying their own needs as well as those of the agency. Assigning volunteers to the departments that can best utilize them, the Volunteer Office is a crucial link between GMHC's staff and the organization's most valuable resource.

The rapid increase in AIDS cases over the last decade, and the rapid growth of GMHC as we try to keep pace, can make it easy for any individual to feel inadequate to the enormous demands of fighting AIDS. This year the Volunteer Office worked to give volunteers a greater sense of their own importance at GMHC, and created a new forum, the Grief and Healing Workshop, to help them sort out feelings of grief in a safe, supportive environment. The office's achievements this year include:

■ **Recruiting and orienting 1,000 new volunteers**, and redirecting experienced volunteers to new positions in GMHC.

■ **Organizing volunteer participation in a series of events** to celebrate a decade of GMHC accomplishments and renew public commitment to fighting AIDS, including the citywide AIDS awareness campaign *Ten Days, Ten Deeds*.

■ **Holding 19 Grief and Healing workshops for volunteers**, and beginning plans to provide training for Grief and Healing Workshops nationwide.

■ **Instituting a Volunteer Committee** comprised of veteran volunteers, GMHC Board members, and staff to make sure that volunteers have a voice in every stage of the agency's work.

■ **Honoring more than 1,300 volunteers at the annual "Moveable Feast."**

■ **Coordinating a contingent of marchers and the production of a float for the Gay and Lesbian Pride Parade**, and distributing condoms

Fighting for the Future

Governor Cuomo releases a five-year plan on AIDS in 1989, and nearly three years later that plan's recommendations have been postponed or ignored. City Hall proposes cuts to New York's AIDS programs this year for the

first time in the history of the epidemic. That news is followed by the Centers for Disease Control's announcement of a new AIDS definition that may mean 150,000 to 200,000 new cases nationwide next year alone. Even the new definition does not include the infections that disable many HIV-infected women, mean-

ing that women with AIDS in America will remain vastly undercounted and untreated.

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





and safer sex information throughout the weekend of the event.

■ **Surveying over a thousand volunteers** on what keeps them volunteering at GMHC, why they leave, how they manage their time, and what is rewarding about their work here.

■ **THE DEVELOPMENT DEPARTMENT** works to ensure the private support that allows GMHC to expand its services without compromising its autonomy.

Relying steadfastly on current donors and reaching out to new ones, the Development Department realized \$15.1 million in net income from contributions and donated services this year, an increase of 32% over last fiscal year. Fundraising efforts this year included:

■ **AIDS Walk New York 1991 — the world's most successful AIDS fundraising event.** A record 26,000 walkers, backed by 200,000 sponsors, raised over \$4 million for GMHC and other AIDS organizations in New York City.

■ **The first annual GMHC Dance-a-Thon**, in which 6,200 New Yorkers of all ages raised \$1.25 million. More than 5,000 of the dancers were new GMHC supporters.

■ **"Music For Life,"** held at Carnegie Hall and conducted by James Levine. A stellar roster of performers and thousands of classical music lovers came together to raise \$1.4 million.

■ **The fifth GMHC Arts Auction**, held at Sotheby's. The sale of works donated by 126 artists, curators, and dealers raised nearly \$800,000.

■ **A \$100,000 grant to GMHC's Direct Aid Fund and Nutrition Program** from Philip Morris Companies, among GMHC's largest corporate supporters this year.

■ **Grants for GMHC's new Fellowship Program** from the American Express Philanthropic Program, the AT&T Foundation, J.P. Morgan & Co. Incorporated, The Aetna Foundation and The Kent Richard Hofmann Foundation.

■ **Grants to help GMHC expand its Legal Services Minority Outreach program** from the Interest on Lawyer Account Fund and The Joyce Mertz-Gilmore Foundation; grants from The New York City AIDS Fund, The Paul Rapoport

have to be held in the Netherlands, a country that does not ban the HIV-infected.

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

Fighting for the future means expanding GMHC's programs as the scope of the epidemic expands. Since 1988, the year that intravenous drug users accounted for more new AIDS cases in New York than gay men, the number of GMHC clients who have a history of injection drug use has doubled. This year,

GMHC began a new support group for the chemically dependent, and an advocacy project to explore integrating comprehensive AIDS services with drug treatment. The needs of families with AIDS, who increasingly are coming to GMHC for help, are now being addressed through a new Child Life Program that offers babysitting, recreation programs and other support. The program also helps with the harder choices that can come with AIDS, such as arranging foster care for children who are orphaned.

Acknowledging where and how GMHC's services fall short is another part of our fight. This year, lesbian AIDS professionals and activists issued GMHC a call to action, asking that we improve the services we offer to lesbians. Their concerns moved GMHC's Board of Directors to add an explicit

commitment to the lesbian community to our mission statement, and sparked a reappraisal of GMHC programs by senior staff. "We were presented with a clear, compelling statement of need and we responded," said Joy Tomchin, long-time Board member and President of the Board from 1989 to 1991. "The next step is to see how we can expand services to make sure GMHC is a place lesbians can turn when HIV enters their lives."

Making GMHC's staff aware of the different needs and backgrounds of clients, volunteers and co-workers is essential to our service expansion. "For people of color, confronting racism is often a key to our living with AIDS," says GMHC client and Board member Louis Grant. "You run into bias with every step you take to piece together a network of care: from doctors, in hospitals, at social service agencies." At GMHC, all staff are now participating in the first part of a plan to dismantle some

of those biases: trainings that help us recognize the wide range of cultures represented at GMHC, the diversity of who we are in terms of age, gender, race, ethnicity, religion, sexual orientation and professional identification.

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

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

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

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

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

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

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

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

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

That feeling that we can do the miraculous. That is the pride of the AIDS movement. That is our history. As we move into the second decade of AIDS we need to remember that history, build on it, get greater numbers of people to stand up against this epidemic. Volunteer. Educate. Donate. Protest. In the fight against AIDS, ordinary people can make an extraordinary difference.

Foundation and The Health Services Improvement Fund to support the "Keep It Up!" program.

■ **Direct mail**, which raised nearly \$1.9 million in individual contributions, and GMHC's "Benefactors" monthly giving plan which raised \$457,000.

■ **"Friends for Life,"** GMHC's new annual giving program launched with underwriting from Board member Judith Peabody, which raised nearly \$800,000 from 375 major donors.

FINANCE AND ADMINISTRATION

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

ACCOUNTING AND FINANCE

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

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

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

HUMAN RESOURCES/PERSONNEL oversees the recruitment and hiring of new staff, manages a complex array of wage and benefit packages, and coordinates programs such as our new "Diversity in the Workplace" trainings to improve job skills and help staff stay committed to the fight against AIDS.

STATISTICAL HIGHLIGHTS

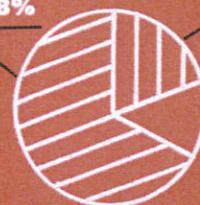
1990-1991

VOLUNTEER HOURS

1990-1991

SERVICES 67.6%
 Client Services 60.1%
 Legal Services 6.7%
 Ombudsman 0.8%

SUPPORT 19%
 Volunteer Office



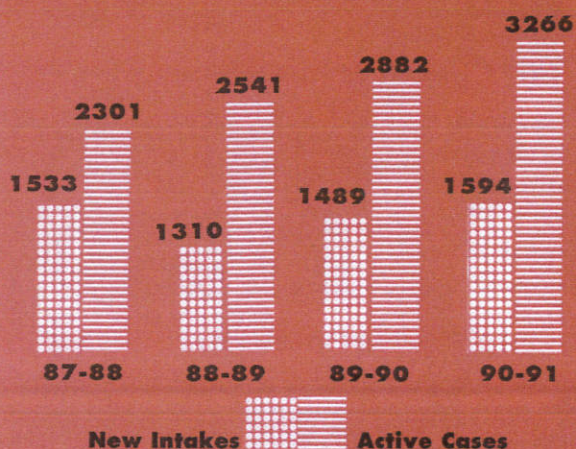
EDUCATION 13.4%

Total Hours: 165,695

Total Monetary Value: \$2.5 Million

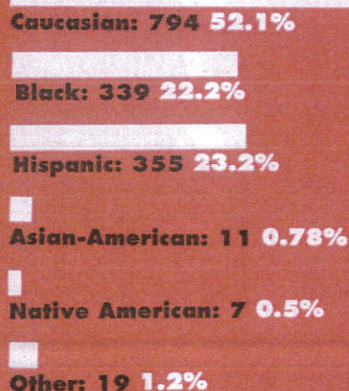
CLIENT SERVICES

TRENDS IN CASELOADS



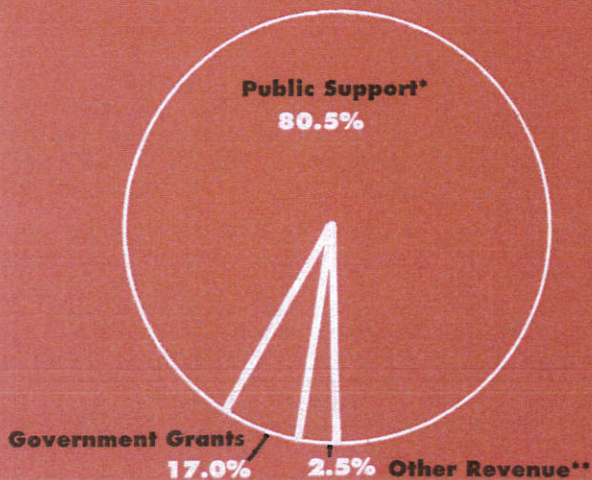
CLIENT SERVICES

RACIAL MIX OF NEW INTAKES FY 90-91



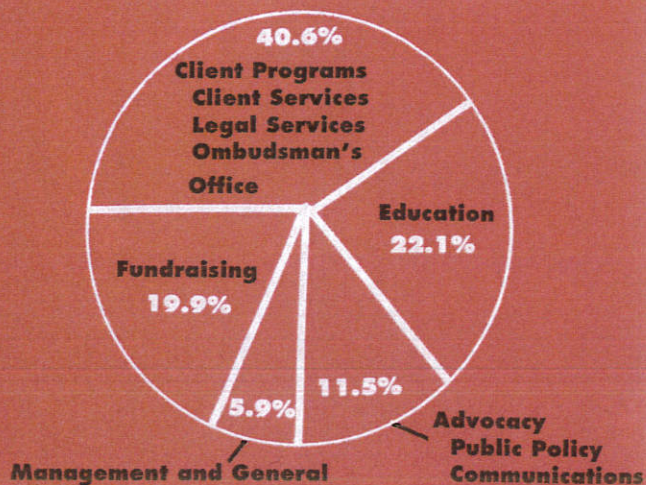
1990-1991 REVENUE

TOTAL \$18,769,784



1990-1991 EXPENSE DISTRIBUTION

EXPENSE TOTAL: \$18,076,390



*Public Support: Contributions, Donated Services, Special Events, Established Memorial Fund

**Other Revenue: Investment Income, Rental Income, Publication Sales

Message from the Treasurer

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

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

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

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

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

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

with over \$12.6 million in the 1991 fiscal year.

To ensure that money will be available to carry on its programs and services uninterrupted as demands on GMHC continue to increase faster than revenue sources, GMHC's Board of Directors has provided for an Operating Reserve. Although amounting to \$2.25 million, it represents less than two months of GMHC operating expenses — hardly a large cushion given the expected decline in government funding, the irregular timing of private contributions, and the anticipated growth in services. In addition, \$750,000 has been reserved for a Program Development

Fund which allows GMHC the ability to quickly establish new programs without the delays inherent in seeking new sources of funds.

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



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

Financial Statements

KPMG Peat Marwick

Certified Public Accountants

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, 1991, and the related statements of revenue, expenses and changes in fund balances and of functional expenses for the year then ended. These financial statements are the responsibility of GMHC's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. 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 as of June 30, 1991, and the results of its operations and the changes in its fund balances for the year then ended in conformity with generally accepted accounting principles.

KPMG Peat Marwick

September 16, 1991

Balance Sheet

June 30, 1991 (with comparative figures for 1990)

	1991	1990
Assets		
Cash, primarily interest bearing	\$ 2,302,376	1,317,899
Investments (note 3)	1,504,145	1,884,827
Government and other grants receivable	682,666	579,741
Pledges and other receivables (net of allowance for doubtful accounts of \$50,000 in 1991 and 1990)	278,675	358,618
Other assets	152,951	113,715
Fixed assets, net (note 4)	<u>10,466,281</u>	<u>9,959,815</u>
Total assets	\$ <u>15,387,094</u>	<u>14,214,615</u>
Liabilities and Fund Balances		
Accounts payable and accrued expenses	\$ 319,448	24,740
Deferred public support	<u>423,080</u>	<u>238,703</u>
Total liabilities	<u>742,528</u>	<u>263,443</u>
Fund balances:		
Unrestricted:		
Designated (note 5):		
Operating Reserve	2,250,000	2,000,000
Program Development Fund	750,000	750,000
Capital Reserve Fund	<u>500,000</u>	<u>500,000</u>
Total designated	3,500,000	3,250,000
Undesignated	<u>567,556</u>	<u>347,415</u>
Total unrestricted	4,067,556	3,597,415
Restricted	76,729	393,942
Net investment in fixed assets	10,466,281	9,959,815
Endowment Fund	<u>34,000</u>	<u>-</u>
Total fund balances	<u>14,644,566</u>	<u>13,951,172</u>
Total liabilities and fund balances	\$ <u>15,387,094</u>	<u>14,214,615</u>

Statement of Revenue, Expenses and Changes in Fund Balances

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

	1991					1990 Total
	Current Funds		Plant Fund	Endowment Fund	Total	
	Unrestricted	Restricted				
Revenue:						
Public support:						
Contributions	\$ 4,713,518	428,726		34,000	5,176,244	3,548,086
Donated services (note 7)	2,489,338				2,489,338	1,892,216
Established memorial funds	156,824				156,824	169,904
Special events (net of direct benefit costs of \$211,674 in 1991)	7,295,466				7,295,466	5,808,301
Government grants		3,181,844			3,181,844	2,491,417
Total public support	14,655,146	3,610,570		34,000	18,299,716	13,909,924
Other revenue:						
Investment income	207,567				207,567	151,249
Rental income	119,250				119,250	116,600
Publication sales	143,251				143,251	135,617
Total other revenue	470,068				470,068	403,466
Total revenue	15,125,214	3,610,570		34,000	18,769,784	14,313,390
Expenses:						
Program services:						
Client programs	4,758,080	2,192,580	386,256		7,336,916	5,283,586
Education	2,584,011	1,298,671	144,027		4,026,709	2,762,905
Public policy development, information and advocacy	2,040,936	101,001	13,093		2,155,030	1,143,740
Total program services	9,383,027	3,592,252	543,376		13,518,655	9,190,231
Supporting services:						
Management and general	787,537	225,951	52,374		1,065,862	1,223,421
Fundraising	3,323,373	109,580	58,920		3,491,873	2,352,892
Total supporting services	4,110,910	335,531	111,294		4,557,735	3,576,313
Total expenses	13,493,937	3,927,783	654,670		18,076,390	12,766,544
Excess (deficiency) of public support and revenue over expenses	1,631,277	(317,213)	(654,670)	34,000	693,394	1,546,846
Other changes in fund balances:						
Plant acquisitions from unrestricted funds	(1,161,136)		1,161,136			
Fund balances at beginning of year	3,597,415	393,942	9,959,815		13,951,172	12,404,326
Fund balances at end of year	\$ 4,067,556	76,729	10,466,281	34,000	14,644,566	13,951,172

See accompanying notes to financial statements.

Statement of Functional Expenses

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

	1991						1990 Total
	PROGRAM SERVICES			SUPPORTING SERVICES			
	Client Programs	Education	Public Policy Development, Information and Advocacy	Management and general	Fundraising	Total	
Staff compensation	\$ 2,559,655	1,342,149	545,650	407,993	411,983	5,267,430	4,197,339
Donated services (note 7)	1,981,642	499,236	8,460			2,489,338	1,892,216
Employee health benefits and payroll taxes	521,461	314,847	148,613	111,930	108,978	1,205,829	654,092
Professional fees and contract service payments	248,032	390,355	187,252	180,385	783,786	1,789,810	618,940
Direct mail					968,005	968,005	760,801
Supplies and postage	154,889	153,554	122,476	31,504	259,761	722,184	425,809
Telephone	92,726	47,635	18,899	28,254	49,493	237,007	199,942
Occupancy	224,677	131,067	45,763	16,555	114,328	532,390	463,140
Printing	81,955	455,212	87,793	9,505	373,328	1,007,793	748,229
Marketing and promotion	23,717	109,299	337,680		192,086	662,782	431,088
Meeting expense	87,254	72,389	67,633	9,625	26,137	263,038	40,886
Travel	24,206	46,697	36,880	18,880	32,543	159,206	130,780
Grants to other AIDS service organizations	390,361	100,060	314,629			805,050	584,750
Staff and volunteer training and support	88,320	47,534	16,626	14,622	12,346	179,448	228,433
Board expenses				44,211		44,211	79,406
Staff recruitment	54,989	32,741	12,033	18,888	4,121	122,772	124,999
Direct financial aid	131,402					131,402	118,219
Nutrition program	113,922					113,922	116,351
Insurance	41,528	11,524	6,429	37,660	13,266	110,407	99,101
Rental and equipment maintenance	51,660	48,295	25,518	6,546	44,932	176,951	109,860
Memberships/subscriptions	9,002	10,068	7,010	6,994	2,289	35,363	27,173
Computer software	34,528	39,146	13,684	8,918	10,651	106,927	16,454
Direct lobbying expenses			133,046			133,046	103,875
Miscellaneous	34,734	30,874	5,863	61,018	24,920	157,409	124,031
Total expenses before depreciation and amortization	6,950,660	3,882,682	2,141,937	1,013,488	3,432,953	17,421,720	12,295,914
Depreciation and amortization	386,256	144,027	13,093	52,374	58,920	654,670	470,630
Total Expenses	\$ 7,336,916	4,026,709	2,155,030	1,065,862	3,491,873	18,076,390	12,766,544

Notes to Financial Statements

1 Organization

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

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

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

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

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

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

Public Policy Development, Information and Advocacy – The Policy Department utilizes a state-wide telephone and mail network to call legislators when HIV-related voting occurs. To push for favorable bills and against unfavorable legislation, full-time lobbyists are employed in Albany and Washington, D.C. In the Communications Department, volunteers and staff write,

design, photograph and edit regular publications and special projects conducted by the department. This year, Communications created an advocacy campaign that combines full-page advertisements, paid radio spots and press conferences to heighten public awareness on important policy issues.

2 Summary of Significant Accounting Policies

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

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

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

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

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

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

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

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

Notes to Financial Statements

3 Investments

The cost and market value of investments are presented below:

	1991		1990	
	Cost	Market value	Cost	Market value
Liquidating trust (not readily marketable)	\$ 74,626	74,626	84,942	84,942
U.S. Treasury bills	836,535	843,336	1,084,373	1,087,080
Certificates of deposit			500,000	500,000
Money market accounts	<u>592,984</u>	<u>592,984</u>	<u>215,512</u>	<u>215,512</u>
	<u>\$1,504,145</u>	<u>1,510,946</u>	<u>1,884,827</u>	<u>1,887,534</u>

4 Fixed Assets

Fixed assets consist of the following:

	1991	1990
Land	\$ 731,740	731,740
Building and improvements	8,327,381	8,152,721
Leasehold improvements	659,664	170,351
Furniture and equipment	<u>2,437,635</u>	<u>1,940,472</u>
	12,156,420	10,995,284
Less accumulated depreciation and amortization	<u>1,690,139</u>	<u>1,035,469</u>
Fixed assets, net	<u>\$ 10,466,281</u>	<u>9,959,815</u>

GMHC has leased a portion of its building to an unrelated not-for-profit organization. The lease, which expired on December 31, 1990, was extended at the option of the lessee for three additional one-year terms and requires minimum rental payments through December 31, 1993 as follows:

1992	\$ 124,550
1993	129,850
1994	66,250

5 Designated Fund Balances

GMHC's Board of Directors has designated \$2,250,000 as an Operating Reserve, \$750,000 for the Program Development Fund and \$500,000 for the Capital Reserve 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 revenue 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 unexpected development in the AIDS epidemic without the necessity of engaging in the slow process of seeking funds from outside sources.

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

6 Real Property Lease Commitment

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

1992	\$281,600
1993	312,300
1994	194,500
1995	198,000
1996	199,700
Thereafter	309,300

7 Donated Services

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

8 Line of Credit

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

Supporters of GMHC

Gay Men's Health Crisis depends on the passion and generosity of many thousands of volunteers and contributors to fulfill its mission of providing services, education and advocacy for men, women and children whose lives are affected by HIV illness.

These services are delivered by our dedicated corps of 2,500 volunteers, whose efforts this year were valued at \$2.5 million. The true worth of volunteer commitment, however, is inestimable.

We wish to express our deepest gratitude to all of our supporters. In addition to the gifts listed below, very special thanks to the unlisted individuals, corporations and foundations whose contributions of time and financial support allow us to continue the fight against AIDS.

* Friends for Life Annual Fund Supporter
+ Member, Benefactor's Monthly Giving Program

\$ 100,000 +

INTEREST ON LAWYER ACCOUNT FUND
PHILIP MORRIS COMPANIES
RJR NABISCO, INC.
SAMUEL AND MAY RUDIN FOUNDATION, INC.
*THE TISCH FAMILY JOAN & BOB TISCH
LAURA & JONATHAN TISCH
LAURIE & DONALD SUSSMAN
ELAINE AND JAMES WOLFENSOHN

\$ 50,000 - \$ 99,999

THE HEALTH SERVICES IMPROVEMENT FUND
*WALKER MCKINNEY
JOYCE MERTZ-GILMORE FOUNDATION
NEW YORK CITY AIDS FUND
*JEFF SOREFF AND GARY ANDERSON
UNITED WAY OF NEW YORK CITY
VAN AMERINGEN FOUNDATION
*THE MALCOLM HEWITT WIENER FOUNDATION

\$ 25,000 - \$ 49,999

AT&T FOUNDATION
EDGAR BRONFMAN, JR. AND JOSEPH E. SEAGRAM & SONS
MARY ANNE AND J. MICHAEL COOK
AARON DIAMOND FOUNDATION
*PHIL DONAHUE
ELEKTRA ENTERTAINMENT
GRUBMAN INDURSKY
SCHINDLER GOLDSTEIN AND FLAX, P.C.
THE J.M. KAPLAN FUND
EDWARD J. MINSKOFF
OVERBROOK FOUNDATION
*SAMUEL AND JUDITH PEABODY
THE PAUL RAPOPORT FOUNDATION
TIME WARNER INC.
ANDREW P. TOBIAS

\$ 10,000 - \$ 24,999

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AMBERSON ENTERPRISE, INC.
AMERICAN EXPRESS
PHILANTHROPIC PROGRAM
AMERICAN SOCIETY OF COMPOSERS, AUTHORS AND PUBLISHERS
*LOUIS A. BRADBURY
BROADWAY CARES
CAPITAL CITIES/ABC, INC.
CHAMPION ENTERTAINMENT
CITICORP/CITIBANK
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*ROY DISNEY FAMILY FOUNDATION
*DANIEL G. FARRIS
THE GAP/BANANA REPUBLIC
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*CURTIS W. MCGRAW FOUNDATION

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J.P. MORGAN AND CO. INCORPORATED
MORGAN STANLEY GROUP, INC.
*ALLAN MORROW
*CHARLOTTE NEUVILLE
THE NEW YORK COMMUNITY TRUST
NEWMAN'S OWN, INC.
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*JAMES G. PEPPER
POLO RALPH LAUREN CORPORATION
POLYGRAM RECORDS, INC.
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*+LESLIE FAY POMERANTZ
*MICHAEL RECANATI
*JEROME ROBBINS
*JOHN AND PATRICIA ROSENWALD
*SANDPIPER FUND
LAWRENCE SCHACHT FOUNDATION
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SIMPSON THACHER AND BARTLETT
SMOKEFREE EDUCATIONAL SERVICES, INC.
SONY CLASSICAL
*BARBARA STANTON
STONEWALL COMMUNITY FOUNDATION
*JOY A. TOMCHIN AND DIANE JEANSONNE
TOWER RECORDS/VIDEO/BOOKS
*HENRY VAN AMERINGEN
THE VILLAGE VOICE
ROBERT AND GALE WALLACH
WNCN-GAF/BROADCASTING COMPANY

\$ 2,500 - \$ 4,999

*+THOMAS L. ABRAMS
BABBIT AND REIMAN
ADVERTISING
*ALEC BALDWIN
BANKERS TRUST COMPANY
+JOHN S. BARTOLOMEO
GERI BAUER
*NORTON BELKNAP
*RICHARD J. BENTLEY
*BERENSTEIN FAMILY
CHARITABLE PARTNERSHIP
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*JOHN N. BLACKMAN, SR.
FOUNDATION
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JERRY BRENNER PROMOTIONS
*ROBERT D. BREWSTER
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BROCKTON WHOLESALE BEVERAGE
BROWN-FORMAN BEVERAGE COMPANY
FLORENCE V. BURDEN
FOUNDATION
CARILLON IMPORTERS LTD.
*MARCY AND LEONA CHANIN
FOUNDATION, INC.
*GIRAUD CHESTER
LIZ CLAIBORNE FOUNDATION
*LARRY E. CONDON

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BMG CLASSICS/RCA VICTOR
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*KEVIN V. BUCHANAN
CHARMER INDUSTRIES, INC.

CHEMICAL BANK
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DELLA FEMINA MCNAMEE
*+WILLIAM DIAMOND
BRUCE DONNELL
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THE EQUITABLE FINANCIAL COMPANY
*GILLIAN S. FULLER
GITANO
*HERBERT Z. AND RITA GOLD
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*JOHN C. HANNA
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ITTLERSON FOUNDATION, INC.
*D.J. KNIGHT & COMPANY, INC.
KORN/FERRY INTERNATIONAL
STEVEN M. KOSSAK
JAMES LAMBERT FOUNDATION
LEUCADIA NATIONAL CORPORATION
*PHYLIS MAILMAN
MANUFACTURERS HANOVER TRUST COMPANY
MCCANN-ERICKSON USA
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*MARY ROCKEFELLER
MORGAN
*PAUL AND MARIANNE NAEFF
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*MAY AND MORRIS
NEWBURGER FOUNDATION
POLYGRAM CLASSICAL AND JAZZ
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*SAUL AND GAYFRYD STEINBERG
*DR. JUDITH SULZBERGER
J. WALTER THOMPSON
LOCK WHITNEY
CYNTHIA WOOD
THE WORKS

\$ 2,500 - \$ 4,999

*+THOMAS L. ABRAMS
BABBIT AND REIMAN
ADVERTISING
*ALEC BALDWIN
BANKERS TRUST COMPANY
+JOHN S. BARTOLOMEO
GERI BAUER
*NORTON BELKNAP
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FOUNDATION
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BOZELL INC.
JERRY BRENNER PROMOTIONS
*ROBERT D. BREWSTER
BROADCAST MUSIC, INC.
BROCKTON WHOLESALE BEVERAGE
BROWN-FORMAN BEVERAGE COMPANY
FLORENCE V. BURDEN
FOUNDATION
CARILLON IMPORTERS LTD.
*MARCY AND LEONA CHANIN
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would not be possible without the extraordinary contribution of services and products from hundreds of individuals and businesses. Special thanks to the following performing artists, visual artists and in-kind contributors listed below whose donations are critical to our success. Their tremendous support kept special event expenses to a minimum, thereby ensuring that maximum proceeds were sped to the fight against AIDS this fiscal year.

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* deceased

In loving
memory of:

Ricky 30 years old

Ralph 34 years old

Thomas 36 years old

Ray 34 years old

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