

we are
ALL
living
WITH
AIDS

GAY MEN'S HEALTH CRISIS
1991/1992 ANNUAL REPORT

GMHC

This report is dedicated to the thousands of women with AIDS who remain uncounted because of a CDC definition of AIDS that excludes them — both from an AIDS diagnosis, and from the government benefits that can help them survive.

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AND EXECUTIVE DIRECTOR

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LETTER FROM THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR

How do you measure success in the midst of an epidemic? Gay Men's Health Crisis (GMHC), the world's first AIDS organization, is now the world's largest. Our AIDS education and advocacy work are saving lives and forcing change nationwide. The services we provide free to New Yorkers with AIDS and HIV have grown to reach more than 14,000 men, women and children. AIDS cases, however, are growing far faster. Over 150,000 Americans have now died of AIDS—more than died in the Gulf, Vietnam and Korean Wars combined.

In this election year, it is hard to talk about AIDS without talking about a massive failure of national leadership. We began our fight in 1981, when there was nothing for people with AIDS: no services, no funding, no public information and no public outcry. Eleven years into this epidemic, we are still a community looking to itself in a crisis. The White House has devoted only one public speech to AIDS in the last four years. Congress slashed funding to the Ryan White CARE Act this year, delivering less than a third of the emergency relief promised to the cities hardest hit by AIDS. Government funding of GMHC, once 35% of our budget, has fallen to 15%. That we have done so much with so little should make us proud — and angry.

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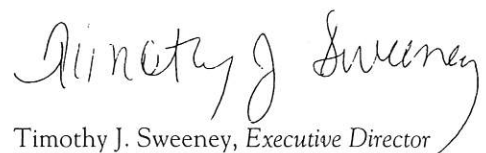
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For all our differences, we share a common message: Volunteer. Donate. Educate. Advocate. In the fight against AIDS, ordinary people can make an extraordinary difference.



Jeff Soref, *President*



Timothy J. Sweeney, *Executive Director*

Mel Rosen (1950-1992)

We remember Mel Rosen, GMHC's first executive director and one of a handful of pioneers who stepped forward to fight for an end to AIDS. Mel led GMHC at the beginning of the epidemic, when AIDS was known as Gay-Related Immune Deficiency (GRID). Later, he became the first head of New York State's AIDS Institute. We will miss his commitment to the rights, dignity and well-being of people with HIV and AIDS. The spirit and value of his work live on.



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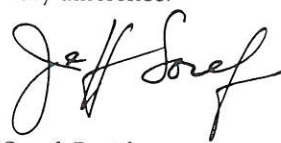
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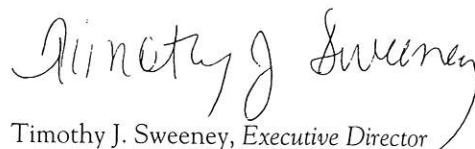
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WHY OUR NAME?

It's a question people ask often. If Gay Men's Health Crisis serves men, women and children with AIDS, why continue to call ourselves Gay Men's Health Crisis? AIDS isn't only a gay disease. It never was. We might have an easier time raising money from both public and private sources if we were called, say, the "New York City AIDS Foundation," so why not change our name?

The answer lies in the history that we never want to lose. Eleven years ago, before AIDS even had its name, a small group of gay men formed GMHC to help sick friends and lovers cope. What those men pioneered — the world's first buddy program, the first medical newsletter, the first AIDS hotline — were

one-of-a-kind, groundbreaking services that still serve as a model for AIDS care worldwide. The early volunteers chose to name their organization after their community because their community was fighting an epidemic the rest of the world ignored. The rest of the world didn't think it was at risk.

Today, GMHC is building on the expertise and experiences of the gay community to reach out to everyone with HIV illness. The name Gay Men's Health Crisis is a reminder of the past and a badge of pride. Our name lets people know that fighting AIDS means fighting the epidemic of discrimination that has helped kill so many so quickly: discrimination not only on the basis of sexual orientation, but also on the basis of race, gender and social status. Our name challenges people to break down stereotypes, put aside narrow definitions of self-interest, stop "us and them" thinking and start saving lives. We're not working to end AIDS because people who get it are gay, or straight, or men, or women, or hemophili-

acs or injection drug users. We're working to end AIDS because we are alive and we don't want anyone else to die the way our friends and loved ones have died.

There is another part of our name — Crisis — that people tend to overlook. We work every day with waiting lists and clogged switchboards and the terrible sense that we need to do more. That urgency never leaves us. We have got to do more, and do it quickly. AIDS can't wait.

WHAT WE DO

GMHC has a triple mission: to provide services for people with AIDS and HIV; to prevent the spread of HIV and keep people healthy through education; and to advocate for the government leadership and funding that can bring us a vaccine and a cure. GMHC's services are available free to any New York city resident diagnosed with HIV illness.

Client Services helps people with the emotional and practical difficulties of living with HIV illness, offering services ranging from daily hot meals to long-term financial planning.

Legal Services offers help with the legal issues that confront people living with HIV, including wills, discrimination in housing, insurance and immigration, disputes with landlords and creditors, and child custody matters.

The Office of the Ombudsman investigates and resolves problems people with HIV encounter in hospitals, with insurance companies, in government offices and in other parts of the health care system.

The Education Department uses every method it can to get the HIV prevention message out — publications, videos, trainings, an AIDS hotline, safer sex workshops, and community outreach.

The Policy Department pushes all levels of government to save lives from AIDS, fighting for increased funding, better legislation, improved and more inclusive AIDS research and care. The Communications Department works with and through the media to support GMHC's advocacy campaigns and to provide accurate, up-to-date AIDS information to the public and to volunteers, donors and staff.



WHO WE SERVE

We serve anyone diagnosed with HIV illness in New York City — men, women and children; African Americans and Native Americans, whites, Latinos and Asians. While people draw neat lines to divide gay men from drug users, whites from non-whites, or rich from poor, AIDS is not so particular. Three out of four of our clients are gay men. Just under half those we serve are Latino, Asian, African American or Native American, making GMHC one of the largest providers of services to people of color in New York City. Nearly 25% of our clients have a history of injection drug use, and nearly 80% are on Medicaid at some point in their illness.

GMHC's volunteers, staff and Board of Directors, too, reflect the range of communities affected by the epidemic. Our 2,300 volunteers, 230 full-time staff members and 30 Board members are men and women of different ages, races, ethnicities and sexual orientations. Many are men and women who are living openly with HIV and AIDS.

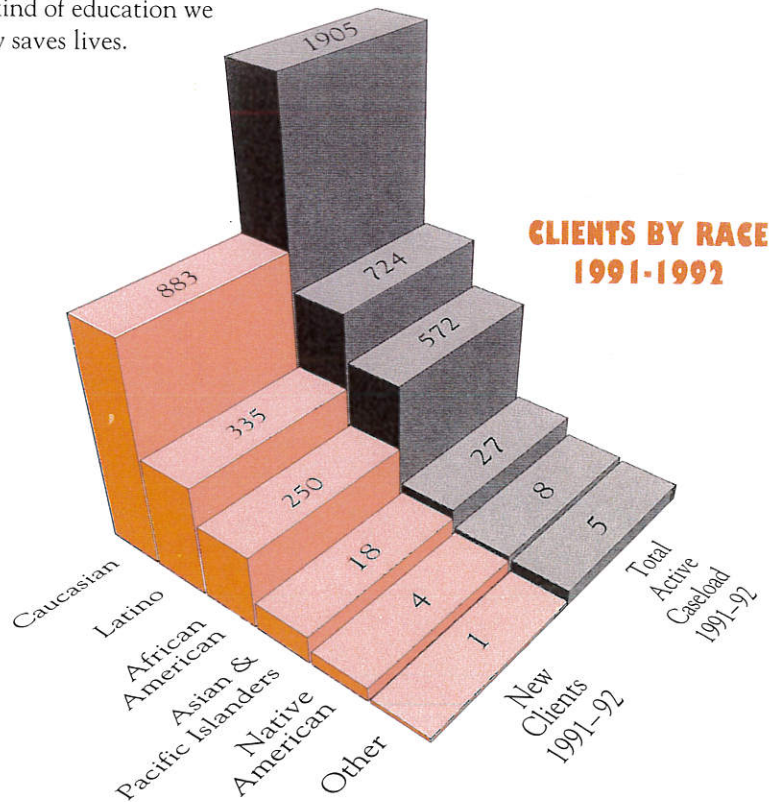
HOW WE PAY FOR WHAT WE DO

Generous gifts from several individuals and a large turnout at this year's AIDS Walk New York were the only things that came between GMHC and a cash deficit this year. With a very limited endowment fund, GMHC faces tremendous pressure every year to raise the money we need. The scale of our fundraising efforts has changed since early GMHC volunteers passed coffee cans among friends or set up card tables in front of gay discos. The crucial role played by private donations, however, remains the same.

An overwhelming 78.7% of GMHC's \$20.3 million revenue budget comes from private donors — hundreds of thousands of individuals who recognize that every gift can make a difference. Nearly 52% of those private contributions are raised by GMHC's special events

— the Dance-A-Thon, Circus For Life, and AIDS Walk New York, among others. Private corporations and foundations supply an additional 4% of our funding. Meanwhile, a corps of 2,300 volunteers continues to be a tremendous and unwavering source of support, contributing an estimated \$2.5 million worth of labor to GMHC this year alone.

Government has proved a less committed supporter. The State AIDS Institute, which gave GMHC its first grant in 1983, is still a valued partner in our work, contributing \$1.6 million. New York City contributed a vital \$878,000 this year through its Department of Health and its Human Resources Administration, and GMHC was awarded \$667,000 in federal Ryan White CARE Bill grants, to be spent over two fiscal years. But GMHC and many other community-based organizations are receiving virtually no other federal support even as AIDS caseloads skyrocket. Federal funding of GMHC's safer sex programs has been blocked since 1986 by restrictions against "offensive" materials. In May of 1992, after years of litigation, the American Civil Liberties Union, GMHC and other AIDS advocates had those absurdly vague restrictions struck down in federal court. We are still waiting for Washington to support the kind of education we know saves lives.



VOLUNTEER TO STOP THE CRISIS OF INDIFFERENCE

What have you done today to end the AIDS crisis?" That boldly-stated question, once the answering machine message of one of GMHC's founders, still captures the sense of urgency and pragmatism that keeps volunteers coming to GMHC.

Our volunteer corps grew sharply this year. More and more New Yorkers have grown tired of watching their loved ones die without drugs to treat their illness and watching the rest of the world go about its business as usual. AIDS volunteers save lives and face death every day. They don't do it for salaries, or awards, or public recognition. They do it because it's a way to combat the pain and despair that comes from living — and dying — with AIDS.

Today, 2,300 volunteers are working in GMHC's offices, in our buddy and crisis intervention programs, as lawyers and therapists and peer educators. Thousands more serve as part of GMHC's telephone lobby teams, and take part in GMHC's special fundraising events. These individuals are the backbone of all of GMHC's work.

CLIENT SERVICES volunteers have been making a difference in the lives of people with HIV and AIDS since 1982. GMHC's first and best known service — our buddy program — is now one of dozens that Client Services offers to help people deal with the emotional and practical aspects of living with HIV illness.

This year, GMHC had to make one of the hardest decisions in its 11-year history. Confronted by skyrocketing demand and the need to maintain the quality of its services, Client Services was forced to accept no more than 100 new clients each month. Prompt referrals to other GMHC services and outside agencies are helping those on Client Services waiting lists find alternate sources of support.

Even with these new and unwelcome limits, the numbers are staggering. Client Services staff completed more than 1,400 intake interviews this year. More than 3,500 men, women and children with HIV illness are now taking

advantage of our client services, which include:

■ **Getting help to people with AIDS in homes, in hospitals and in transition.** GMHC buddies, crisis intervention workers and crisis management partners helped more than 900 clients cope with their AIDS diagnoses and the demands of daily life — everything from grocery shopping to financial planning, advice on family matters and walking the dog. Five new volunteer teams were created this year, including a Filipino team. In July, our new "Bridges" Project began to offer short-term help to people with AIDS who have recently returned home after a period of hospitalization.

■ **Replacing isolation with support.** GMHC ran 44 different support and therapy groups this year to cut through the isolation that is one of the most common side-effects of an AIDS diagnosis. Groups included those for people with HIV illness, their care partners and the recently bereaved, and special groups for women, Spanish speakers, and clients in recovery from substance use. A new series of on-site Alcoholics Anonymous meetings is also helping clients in recovery to stay sober.

■ **Fighting financial hardship.** Our financial advocates performed over 1,000 financial assessments, held 500 seminars and forums for GMHC clients, fought for policy changes in numerous city agencies, and helped clients to obtain benefits such as public assistance, Social Security and Medicaid. GMHC also distributed almost \$150,000 in emergency grants to help clients eat, pay rent and meet utility bills.

■ **Increasing services to families with AIDS.** Our Child Life Program provided baby-sitting, field trips and other support to more than 100 families with HIV this year. The program has created an on-site playroom for the 300 children it serves, extended child care to three days a week, and begun a series of meetings for parents on issues such as disclosing their HIV status to their children.

■ **Providing meals and recreation.** GMHC's Nutrition Program served over 40,000 free hot meals to people with HIV-related illnesses this year. Volunteers and newly-hired staff nutritionists provided hundreds of individual nutritional counseling sessions and produced educational materials on nutrition and HIV in English and Spanish.

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Through our Recreation Program, over 2,500 clients took advantage of GMHC's classes, outings, theater tickets and in-house chiropractic, massage and acupuncture services.

■ **Forging connections for clients whose needs cannot be met by GMHC alone.** Our case managers help 120 clients a month take advantage of GMHC's services and those provided by other community-based AIDS organizations. Doubling in size this year alone, the case management team now includes Spanish and English speakers with expertise in women's and children's issues, psychiatric concerns and drug counseling.

■ **Training volunteers and staff to work more effectively.** More than 1,300 new volunteers took part in GMHC's four-day training sessions this year. Client Services also offered staff and volunteers additional trainings on issues such as suicide prevention, substance use, tuberculosis and HIV-related violence.

LEGAL SERVICES helps people answer the many legal questions that come with HIV infection. Staff lawyers and legal advocates work with 600 volunteer attorneys to offer people with HIV 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. The department doubled in size this year, working to help nearly 1,400 clients with legal matters including:

■ **Reaching out to immigrants with HIV** through a new project that brings attorneys to GMHC and four other locations in Queens, Brooklyn and Manhattan.

■ **Helping attorneys all over the state** through a first-of-its-kind legal back-up center that holds trainings, provides technical assistance, and answers a wide range of questions about HIV and the law.

■ **Providing over 650 clients with legal documents** to help them plan for the future, including wills, health care proxies and powers of attorney.

■ **Working with the Bronx AIDS Services Project** to start a legal services department within that organization and to provide technical support to hospitals and other AIDS service providers in the Bronx.

■ **Assisting with insurance problems,**

representing clients in insurance disputes and holding weekly clinics and monthly forums to guide people with HIV through the growing complexities of insurance coverage.

■ **Opposing housing and employment discrimination.**

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

■ **Negotiating with landlords, creditors and the I.R.S.** on behalf of hundreds of clients whose medical condition makes it impossible for them to manage their debts.

■ **Recruiting and training volunteer attorneys,** and successfully seeking the involvement of major law firms on a *pro bono* basis.

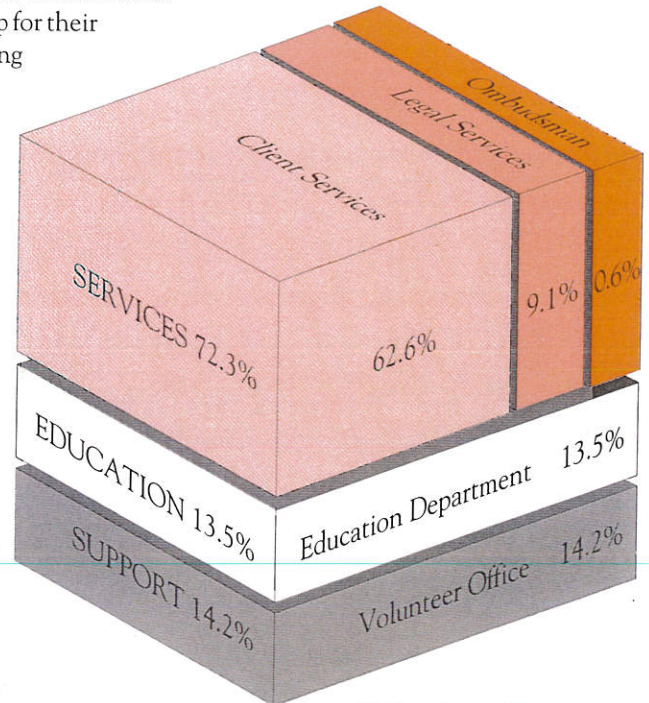
THE OFFICE OF THE OMBUDSMAN

is where people with HIV illness and their care partners can get help accessing health care — hospital care, clinic visits, treatment in doctors' offices or at home. When an insurer refuses to reimburse a client or a doctor discharges patients from the hospital before they are well, the Ombudsman's Office 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 other family members who are sick; prisoners; or homeless people without doctors or family support. Finding the common trends among many individual complaints, the Ombudsman presses hospitals, City and State agencies and insurance companies to improve service delivery for people with HIV.

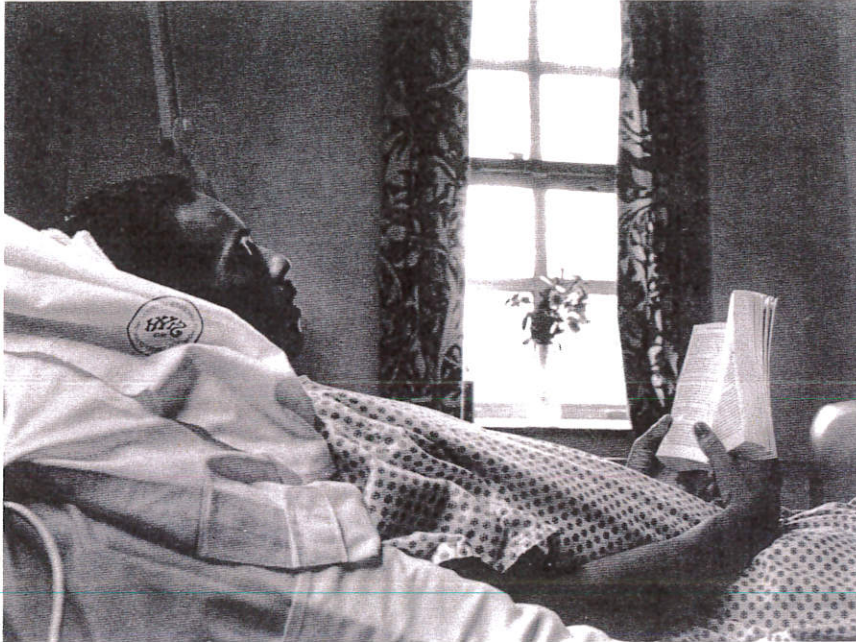
The Ombudsman's Office handled 1,631 cases this year that involved:

■ **Improving hospital care.** Many people with HIV-related illnesses are being forced to



**Volunteer Hours
1991-1992
Total Hours: 150,273**

wait for weeks or months for appointments in infectious disease clinics throughout the city. Those in hospital beds sometimes find themselves without even basic amenities: sheets, blankets or a nurse.



■ **Speeding up delays in housing programs.** Approximately 20% of GMHC's clients are homeless or live in shelters or SRO hotels that are not medically appropriate for people with HIV infection.

■ **Increasing and improving long-term care.** Though both cheaper and more appropriate for many people with AIDS than hospital beds, long-term care facilities remain virtually non-existent in New York City. GMHC and other advocates are fighting for more long-term beds, and for better care in the few facilities that do exist.

■ **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.

THE VOLUNTEER OFFICE recruits, interviews and orients all volunteers, and works to make sure that both their needs and those of GMHC are being met. Assigning volunteers to the departments that can use them best, the Volunteer Office is a crucial link between GMHC's staff and our most valuable

resource. Increasingly, the Office is also the motor behind GMHC's grass-roots campaigns to raise AIDS awareness statewide.

The office's achievements this year include:

■ **Recruiting, interviewing and orienting 1,300 new volunteers,** and redirecting experienced volunteers to new positions in the organization.

■ **Coordinating volunteer participation in AIDS awareness events** such as the "Gathering of Remembrance and Renewal" in the Cathedral of St. John the Divine, our sweeping, citywide condom distribution campaign, United for AIDS Action's rally in Times Square, and the New York AIDS Coalition's AIDS Awareness Day in Albany.

■ **Assisting the Deaf AIDS Project** recruit and train volunteers to provide services for the hearing-impaired with HIV.

■ **Holding Grief and Healing Workshops** to help 84 volunteers deal with their feelings of grief in a safe and supportive environment, as well as training other organizations to develop their own Grief and Healing Workshops.

■ **Organizing GMHC's presence and the distribution of condoms and safer sex information during Lesbian and Gay Pride Weekend.**

■ **Producing volunteer appreciation events** such as the annual Moveable Feast.

DONATE BECAUSE AIDS IS EVERYONE'S FIGHT

With a very limited endowment fund, GMHC is forced every year to confront hard financial realities. We have nowhere near the money we need to get hundreds of men, women and children off our waiting lists and into our programs. Only the generous gifts of several individuals came between GMHC and a cash deficit this year.

For 11 years, GMHC has depended on individuals to help us make the most of what we have. We began our Hotline on the answering service of a volunteer. Our six-story headquarters, paid for by a special fundraising drive, was furnished entirely through donated furniture and supplies. Today we still rely overwhelmingly on community support: hundreds of thousands of individual donors; corporations who sponsor teams for our special events; foundations who support our special programs; and restaurants and other businesses who contribute money, space and services to help us hold fundraisers and deliver services.

Next year we will have to work to reach out to new donors and ask old ones for more. The longer we wait to act, the more lives will be lost. Closing your mind to AIDS — or your checkbook — can only keep the epidemic growing.

THE DEVELOPMENT DEPARTMENT

is GMHC's link to the individuals, corporations and foundations that power our fight. Constantly searching for new ways for GMHC to rally financial support, the Development Department realized \$16.8 million in net income this year, an increase of 11% over last fiscal year. The department's fundraising accomplishments this year included:

- **AIDS Walk New York** — the world's most successful AIDS fundraising event. Twenty thousand walkers, backed by a quarter of a million sponsors, walked through driving rain on May 31, 1992 to raise \$4.7 million. GMHC gave 15% of the net proceeds to other AIDS organizations, distributed largely through the New York City AIDS Fund.

- **A \$1 million gift from entertainment**

entrepreneur David Geffen, the largest individual donation ever received by GMHC (for fiscal year 1992-93).

- **A \$250,000 challenge grant from the Tisch family**, the largest single gift in GMHC's history at the time of its donation.

- **"Friends for Life,"** the annual giving program GMHC launched with underwriting from Board member Judith Peabody and her husband Samuel, which raised nearly \$1.4 million this year from 581 contributors.

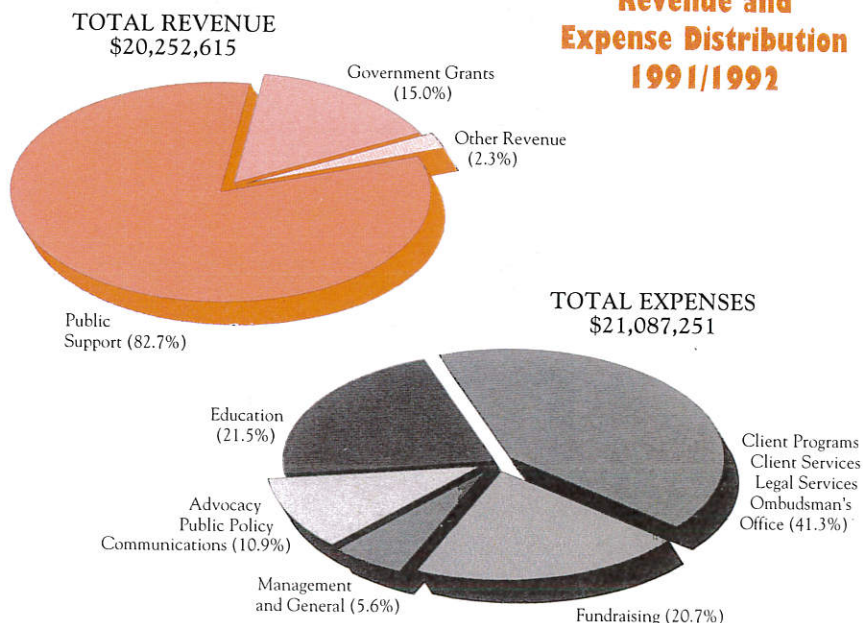
- **The second annual GMHC Dance-A-Thon** on November 30, 1991, in which 7,800 New Yorkers of all ages raised \$1.6 million.

- **Direct mail**, which raised a record \$4 million in individual contributions, and GMHC's Benefactors plan for monthly giving which raised \$545,000.

- **"Circus For Life,"** at Madison Square Garden on March 27, 1992. Ringling Brothers & Barnum and Bailey Circus and a crowd of 15,000 came together to raise \$1.1 million and commemorate GMHC's first major fundraiser, the 1983 Circus.

- **"Partners in Planning,"** GMHC's new planned giving program. Launched this year, the program assists donors in their financial management and estate planning, and raised over \$350,000 in donated assets and charitable trusts.

Revenue and Expense Distribution 1991/1992



EDUCATE TO FIGHT FEAR WITH FACTS

From the start, AIDS was accompanied by an epidemic of fear and denial. Elected officials looked at the sex and drug use linked to AIDS and saw controversies that were too hot to handle. Mainstream society looked at the gay men and drug users who were the first wave of the epidemic and saw a disease that was safely “on the margins.” And while people looked away, the margins moved inward. AIDS moved closer. Today, the majority of Americans know a friend, a colleague or a relative with HIV.

Why is HIV still spreading? Years after we’ve learned how to stop the virus, we have yet to see an effective national AIDS prevention effort. Instead, the government offers us vague euphemisms and unrealistic “Just Say No” campaigns. Thousands of sexually active gay men have never seen a condom, much less used one. Millions of Americans of every sexual orientation, from rural areas to inner cities, have yet to receive the information that can save their lives.

How exactly do you put on a condom? What can you do once you test HIV-positive? GMHC educators have been fielding those kinds of questions for years, and answering them in language their audiences can understand. Our workshops to keep sex safe and satisfying draw crowds: to date, more than 55,000 participants have attended. Our early AIDS information pamphlets have been joined by new titles as the epidemic has expanded: *Women Need to Know About AIDS*, *The Safer Sex Condom Guide for Men and Women*, *¿Qué es el SIDA?* Our materials don’t mince words or put fig leaves over the parts of the pictures people need to see to understand. It can be embarrassing to talk frankly about unsafe sex or drug use. But you can’t die from embarrassment.

The infections people with AIDS *do* die from — and how to prevent and treat them — are the focus of our Medical Information Program. Thousands of people with AIDS and their health care providers attend our community forums on HIV and receive our newsletter on the latest scientific and medical advances in AIDS treatment. There is far more treat-

ment education to do: Many women, for example, are sent home undiagnosed by doctors who don’t recognize their symptoms. And last year alone, 20,000 Americans were diagnosed with an AIDS-related pneumonia that is often preventable.

GMHC’s EDUCATION DEPARTMENT is the largest non-governmental distributor of AIDS education materials in the world. We put out publications and videos, produce a weekly cable television show, conduct HIV prevention workshops and distribute information in bars and clubs, at health fairs and on city streets.

This year, the Education Department’s strategies included:

■ **Fighting fear with facts.** The GMHC Hotline, staffed by trained volunteers, answered a record 83,000 calls this year, a 29% increase over last year. The A-Team, our in-house, drop-in peer counseling group, offered counseling to almost 1,300 individuals, a 15% increase.

■ **Reaching out in communities of color.** GMHC’s new strategies include a safer sex play in Spanish, the “What’s In it 4 Me? A Safer Sex Thang” workshop by and for African-American gay men, and GMHC’s “House of Latex” to bring the safer sex message to gay youth of color.

■ **Improving education to adolescents.** This year GMHC produced and released *It Is What It Is*, an hour-long video designed for high school and college audiences that addresses teen sexual identity, homophobia and safer sex.

■ **Getting treatment information to people who need it.** 175,000 copies of *Treatment Issues*, our newsletter on the latest in AIDS treatment and research, were published and mailed to physicians and people with HIV worldwide. A special *Treatment Issues* was devoted this year to women with HIV, who continue to die faster and get less care than men.

■ **Providing practical advice on safer sex.** Over 2,000 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 and information free and easily available.** GMHC distributed over

Our materials don't mince words or put fig leaves over the parts of the pictures people need to see to understand.

1.5 million condoms this year — more than were distributed by the City of New York — and gave out more than 983,000 pieces of educational literature.

■ **Creating long-term AIDS prevention programs.** GMHC's "Keep It Up!" program is the first of its kind to help gay and bisexual men maintain lifesaving sexual behavior. GMHC, with the San Francisco AIDS Foundation, 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 nearly 12,000 members of community groups on issues as varied as "AIDS 101," treatment developments and volunteer opportunities.

■ **Bringing education into the workplace.** GMHC's AIDS Professional Education Program trained over 3,300 city mental health workers on HIV concerns. Our Employer Education program made 89 presentations to over 1,300 managers, human resource personnel and line staff, an increase of 205% over last year.

THE LESBIAN AIDS PROJECT was started this year to create education, advocacy and support services responsive to the needs of lesbians living with HIV. Equally important, LAP's existence makes it clear that women who have sex with women, however they identify themselves, are at risk for and living with HIV illness.

LAP began in April 1992, after a series of meetings between GMHC and an advisory group made up of lesbians with HIV and lesbians working in AIDS. In keeping with GMHC's mission statement, which makes an explicit commitment to serving New York's gay and lesbian communities, LAP is creating support groups, educational materials, and a network of community advocates to help women who, for the last decade, have been ignored by the Centers for Disease Control, AIDS researchers, health care providers and the majority of AIDS service organizations.

Soon to produce GMHC's first lesbian safer sex kits, LAP has begun its research with a Lesbian and Bisexual Women's sex survey. More than 1,000 women have already responded to this first-of-its-kind survey, which continues to be distributed through community lesbian organizations, to sex workers,

in prisons and in lesbian bars. Other ongoing projects include a young lesbians outreach initiative, a program for lesbians in or recently released from prison, a LAP newsletter and the creation of a legal training to address specific issues confronting lesbians with HIV.



FIGHT TO FORCE THE GOVERNMENT TO ACT

Services can help us manage the AIDS crisis, but only government action can end it. We cannot plug the gap when new funding for AIDS research does not even keep pace with inflation, or when the President trumpets the passage of an AIDS Housing Opportunities Act and then cynically asks — not once, but twice — that it receive no funding. We cannot force Congress and the President to fund AIDS disaster relief fully, or to end the discrimination which stigmatizes Americans with AIDS and keeps HIV-infected foreigners out of the



country. No community-based organization can do the government's job.

Most of the problems in AIDS policy return to a single fact: The people least affected by the epidemic make most of the decisions. GMHC is working in every way it can to make

sure that people with HIV have a place at the table and a voice in the political process. We lobby in Albany and Washington and launch postcard and telephone and grass-roots organizing campaigns. We poll the public, file suits in the courts, work behind the scenes and through the media to get the politicians a ten-year-old message they don't seem to have heard yet: *We are not giving up. We are not going away. We are people with AIDS and people who care about them and we cannot live with another decade of no vision, no funding and no leadership in the fight against AIDS.*

This year, fiscally one of New York's worst, **THE PUBLIC POLICY DEPARTMENT** worked in coalition with other AIDS advocates to beat back virtually all cuts in State and City AIDS programs. Testifying at hearings, coordinating coalition efforts, creating advocacy strategies and confronting sluggish government bureaucracies, members of the department led the campaign to demand:

■ **Accessible Health Insurance.** GMHC and other health organizations deluged State legislators with postcards, phone calls and demands for meetings to protest insurers' discrimination against New Yorkers with AIDS and other disabilities. On July 1, 1992, New York passed landmark legislation requiring insurers to offer open enrollment to all individuals and small businesses, and to stop charging higher premiums to businesses they deemed "risky."

■ **Presidential Leadership.** GMHC spearheaded United For AIDS Action — the largest coalition of AIDS and health organizations in history — to force both political parties to address the issue of AIDS. UAA's 480-member organizations drafted a five-point platform and sent it to all presidential candidates, led voter registration drives, and met with presidential candidate Bill Clinton. GMHC and other UAA members rallied 25,000 people in Times Square during the Democratic Convention, and went to Houston to speak out during the Republican Convention.

■ **Leadership and funding in New York.** Working with the New York AIDS Coalition, GMHC brought over 1,200 people with HIV and their advocates up to the State Capitol this year. In the middle of a recession and a fierce debate over how scarce resources are

allocated, GMHC helped win a \$4 million increase in State funding to community-based AIDS organizations serving people of color and an 11% increase in New York City spending on AIDS.

■ **Faster and better AIDS research.** The handful of drugs now approved to fight AIDS and the infections it causes are expensive and inadequate. GMHC's Policy Department is working with other AIDS activists and the federal government to streamline and improve clinical trials for new drugs, with particular attention to infections and treatments for women with HIV.

■ **Education for adolescents.** After working successfully to make HIV education and condoms available in New York City schools, GMHC led the fight to prevent a parental "opt-out" clause from crippling that condom availability program. We are now working with the State Advisory Committee to draft and implement a new AIDS curriculum from grades K through six.

■ **Clean needles and new services for intravenous drug users.** GMHC led the effort to unite health care providers and advocates in support of a comprehensive risk reduction strategy for drug users, including community-based needle exchange programs.

■ **More attention to women's issues.** GMHC is working to reform the official definition of AIDS which ignores infections common to women and drug users with HIV and is challenging the Social Security system which locks many people disabled by HIV out of government benefits.

■ **Disaster Relief.** The Ryan White CARE Act, though funded by Congress at less than a third of the recommended amount, will provide New York City with \$35 million in AIDS disaster relief in 1992. GMHC, an active member of the Planning Council that decides how those funds are used, is pushing for increased funding of the bill next year.

THE COMMUNICATIONS DEPARTMENT, nationally recognized as a consistent and authoritative source of AIDS information, creates hard-hitting campaigns to reach the press, politicians and public who shape America's response to AIDS. In addition to this Annual Report, several other Communications publications keep our volunteers, donors and staff informed about AIDS and

GMHC: *The Volunteer*, a bimonthly newsletter with a circulation of 70,000, and the monthly, two-page *News From GMHC*.

This year, Communications was busy:

■ **Waging advocacy campaigns** that combined newspaper advertisements, paid radio spots and press conferences to raise awareness on issues such as AIDS education, insurance reform and presidential inaction.

■ **Getting people with HIV seen and heard** through *The Volunteer's* "Living With AIDS" column and our VOICES project, which connects clients with members of the media and others interested in a first-hand perspective on AIDS issues.

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

■ **Polling the public on AIDS education**, and challenging all levels of government to act on the findings. Polls GMHC commissioned from the Roper Organization have consistently found the public to be anxious for more and better AIDS leadership and education.

■ **Holding press conferences and briefings** on issues such as the CDC's AIDS education campaign, condom availability in New York City public schools and, GMHC's new Immigrants with HIV Project.

■ **Working with newspaper editors and television producers** across the country to improve coverage on a wide variety of AIDS issues.

We wish to acknowledge the leadership of the following government agencies, whose financial support of GMHC allows us to continue the fight against AIDS.

New York State AIDS Institute
New York City Department of Health
Medical and Health Research Association — Ryan White CARE Bill
New York City Human Resources Administration
Interest on Lawyers Account
New York City Department of Mental Health and Mental Retardation
New York State Bureau of Nutrition
United States Public Health Service
New York State Legislative Add-on
Federal Emergency Management Agency
New York State Department of Social Services

UNITE TO MAKE THE MOST OF LIMITED RESOURCES

GMHC is not fighting alone. Every day we work with dozens of other community organizations to strengthen and broaden the network of care for people with HIV. We are joining forces to shatter the political silence on AIDS, and using private funds to demand greater public commitment to ending the epidemic. Joining organizations as diverse as the March of Dimes, Black Leadership Commission on AIDS and United Auto Workers, we filled Times Square during the Democratic Convention. We were in Houston at the Republican Convention, working with organizations like the National Gay and Lesbian Task Force, the Log Cabin Republican Club and Mothers' Voices to force proponents of "family values" to recognize how many in the American family — a family which includes gay men, lesbians and single mothers — are sick.

Together, we are also breaking down barriers to service delivery. GMHC's Fellowship Program, completed this year, brought 26 AIDS professionals from as close as the Bronx and as far as California to GMHC for four-month-long training sessions. Whether by helping the Minority Task Force on AIDS design an intake procedure or by training AIDS education staff and volunteers in the New York City school system, we are reaching New Yorkers not able to come to GMHC. With Ryan White disaster relief funds, we are creating new partnerships to get help to New Yorkers who are under-served and ignored — immigrants with HIV, for example, or lesbians, or people with HIV who receive mental health services but little or no AIDS care.

GMHC staff offered thousands of hours of technical assistance to AIDS organizations, schools and universities and other human service organizations this year. We put our expertise and resources toward helping others with issues as varied as fundraising, program development, nutritional trainings and computer support.

We are creating coalitions, mobilizing a movement, and proving — again and again — that the fight against AIDS is one all of us are determined to win.

The organizations GMHC provided technical assistance to this year include:

ACT UP
AIDS Center of Queens County
AIDS Related Community Services
AIDS Service Center of Lower Manhattan
AIDS Treatment and Data Network
Alliance for the Arts
Alianza Dominicana
AmFAR
ASPIRA
Betances Medical Services
Black Leadership Commission on AIDS
Body Positive
Brooklyn AIDS Task Force
Bronx AIDS Services
Cancer Care
Citizen's Advice Bureau
Commission on Human Rights
AIDS Division
Community Health Network
Correctional Association
Daytop Village
Federation of Parents and Friends of Lesbians and Gays
First Unitarian Church
Food for Survival
Fortune Society
Gay Men of African Descent
God's Love, We Deliver
Hispanic AIDS Forum
Jewish Board of Family & Children's Services
Legal Action Center
Methodist Hospital
Minority Task Force on AIDS
Momentum Project
Mothers' Voices
New York AIDS Coalition
New York City Public Schools
SAGE
SHARE
St. Francis of Assisi AIDS Ministry
Stand Up Harlem
Staten Island AIDS Task Force
Upper Room AIDS Ministry
Women's Prison Program

We were in Houston to force proponents of "family values" to recognize how many in the family are sick.

LEW KATOFF, *Staff Member*

“I HAVE STRUGGLED A LOT WITH

why I've become a long-term survivor. Why, since my first bout of pneumonia in '86, was I able to go back to work so quickly? Why haven't I gotten a second major illness or opportunistic infection? I think the hardest issue to deal with is the loneliness of the long distance runner. So many of the people I've been closest to in my life, who I'd have gone to for support, are no longer there. My best friend since I was 12, dozens of people I've worked with — they were all diagnosed after I was, and they've all died. In addition to all the sadness and loss, I feel guilty. I can care for my friends, I can support them. But whatever secret I have, there's no way I can know what it is or how to give it to them.

“I always worked to keep AIDS from taking over my life. I was an obnoxious patient when I needed to be. I refused to wear a hospital gown. I insisted on taking showers rather than sponge baths, and on shaving every morning. Of course, I was lucky: Working at GMHC, I never had that sense of isolation and abandonment that so many people get when they are diagnosed. My boss came and visited me in the hospital. Someone I worked with helped get me into an experimental drug trial. I had a supportive lover who still walks in the AIDS Walk and volunteers in the Education Department. And I didn't have to hide my illness at work. Everyone probably knew, anyway, because being in the hospital was the only thing that would have kept me from the volunteer Team Leader meeting I was supposed to attend the day I was diagnosed.

“I don't know why these volunteer teams work, but they do,' one of my colleagues told me when I first took the job supervising the teams of buddies and crisis intervention volunteers. She was right; by ordinary standards it didn't make any sense. These volunteers were people with no mental health counseling background. They had busy jobs and busy lives. I loved to watch them performing these acts of courage and nobility: meeting clients in the emergency room, arguing with doctors who were discharging people inappropriately, helping people figure out where to get groceries, or how to avoid suicide. I think AIDS volunteerism brings out the worst feelings, but the best actions.

“The stress can make it difficult to work at GMHC when you have AIDS. As the one responsible for 50 different volunteer teams, and later as the Director of Client Services, I knew some people wanted me to be a daddy instead of someone who was sick himself. When I'd be working hard or feeling sick, I could see my co-workers getting upset. Once, when I had a bad



“
**I was an
obnoxious
patient when I
needed to be.**
”

pancreatic reaction to a drug and lost a lot of weight very quickly, the executive director called me in and told me to take three weeks off. I didn't. When you're not sure how much time you have left, you learn how to make your own choices.

"I'm still learning. I'm constantly making choices about treatments — right now, I'm on six different medications. I've been in three clinical trials for drugs that weren't approved yet. I went to France for one of them after I saw a poster at a conference. I sought out specialists, learned what to cut from my diet, and jogged until a neuromuscular disorder made that impossible. It's getting harder and harder for me to walk up stairs and inclines, but I still go to the gym three mornings a week. Recently, I've decided it's okay to take a cab instead of a subway if that leaves me more energy to exercise.

"At work I'm helping others make the most of limited resources, coordinating the technical assistance GMHC offers to dozens of smaller AIDS organizations. I also went to last year's International AIDS Conference to present the results of my research on 53 long-term survivors of AIDS. Just about the only thing they all had in common was that they had a doctor they felt comfortable talking with — and challenging.

"I'm proud of that study, but I'm not satisfied. I keep hoping that if I talk to enough people, crunch enough data, read enough transcripts enough times, I'll find some answer. Not for the world, but for all the people in my life who are ill."

LEONARD LAMBERT, Volunteer

“I BECAME A GMHC VOLUNTEER

by coincidence. I wanted to run groups for gay men who had recently broken up with their lovers. Someone told me there was a place out there called 'gay men's something,' so I called the operator and got the number. My GMHC interviewer was inspiring — smart, professional, insightful and African American. It made a deep impression on me, seeing another African American man who was working to take action against AIDS. When GMHC asked if I'd consider conducting intake interviews, I agreed to give it a try.

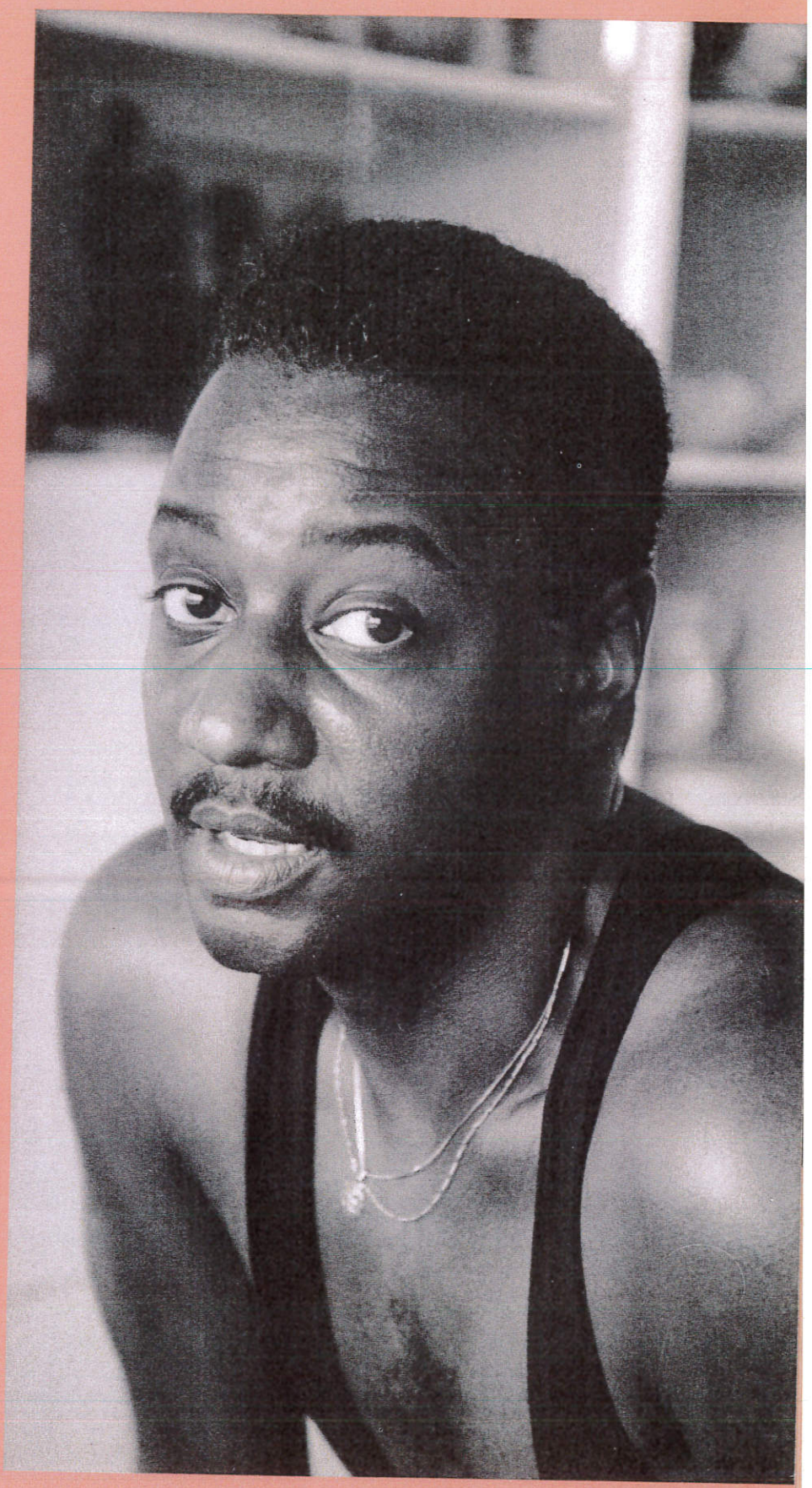
"I work in psychiatry. I'd had five years of experience working at Harlem Hospital. But the three years I spent doing intakes at GMHC were definitely full of new challenges. Clients would start to talk about their diagnosis, and all their questions just mushroomed out from there: 'What should I do about money?', 'What if my lover gets sick too?', 'What about my fear of death?', 'Who can I trust at work?' Some people seemed to bring all this anger to the interview, challenging me: 'You want to help me? You're going to have to prove that you can.' Other people brought boxes of tissues, and it was easy to understand why. Talking to so many people about dying prompted me to start thinking about it myself. 'Couldn't I be sitting in their chair?' I kept asking myself. I wanted to bring that sensitivity to the work I was doing. But it took me a while to get over the fear, to learn how not to hide behind the questions on the intake form.

"I was working full-time, so I did interviews when I could — late in the evening, on Sunday mornings. A lot of the hospitals asked me to put on a mask and gown before going into a room, and I would feel bad because the patient could only see my eyes. Sometimes I'd go to do an interview and find clients lying sick in their apartments, with no one around. As far as I was concerned, 'intake' could also mean going to the store to get someone dinner, or calling a day later to see how someone was doing. I stretched the boundaries when I felt like I had to.

"I was also confronted with my own limitations. I remember visiting one client and finding his Southern mother in the doorway. The situation made me uncomfortable: the apartment was dark, the mother seemed anxious and on edge. I went in and looked at the client, who was lying motionless in a room with no windows, and I remember feeling totally overwhelmed. I explained to the mother that her son needed immediate medical help. Then I asked, 'Mother, how are you doing?' and stood there and watched this woman reach for me. Not in anger, but breaking down in tears. Whether you're a Southern white woman or an African-American man of Southern background, the tragedy of AIDS evokes the same feelings.

"I found a lot of validation and acceptance at GMHC. I've worked at places where I was hired to do something and I got to do everything *but* that. At GMHC you actually do what you came to do. You take care of people.

"I love GMHC for taking care of so many people and situations. I hate the fact that the organization, even as it grows so quickly, hasn't been able to put itself out of business or do all that has to be done. I accept the challenge of dealing with all the changes by staying. I know I can speak out on anything I don't feel comfortable with here. And I've often reflected on my first impression when I came for my interview at GMHC. If what I'm doing encourages others to join the battle against AIDS, then that is one big accomplishment."





SHERRI TERRIZZI, *Client*

“I’M NOT DYING OF AIDS, I’M

living with it. I hate that cliché. But it’s true, I *am* living. There are days when I get so tired I almost have to crawl up the stairs, and I don’t have everything in place: I still have no one to leave my kids with when I die. But they think I’m bionic anyway. And I figure I must have some life left, because I have faith that before my time’s up those things will be set in order. The Lord is my strength and my constant companion. At home and in my schoolwork at the College of Staten Island, He gives me the will to go on.

“I’m still Sherri, I’m not anybody different or dirty. But some people can make you feel so unclean when you are HIV-positive. I’ve had so-called close friends reject me, refusing to visit the house or setting aside a ‘special glass’ for me to use. I still look to see if people pull away after I shake their hand. Nobody deserves that.

“I was even scared to tell my kids, though they must have known something was wrong. Right after I found out I had the virus I had to go pick my littlest daughter up from nursery school, and my eyes were practically swollen shut from crying. I kept getting these unbearable headaches, and my glands were so swollen I couldn’t turn my head. After two months, I finally told them, ‘Listen, be quiet. Mom just found out she has cancer.’ I couldn’t say the ‘A’ word. I just couldn’t say it. My kids are HIV-negative, they’re fine. But my greatest fear is people in the neighborhood finding out about me and deciding not to let their children come over to play any more.

“I needed to confide in someone who wouldn’t run away from me. I got involved with Staten Island AIDS Task Force, and went into a women’s support group. They put me in touch with the New York City Division of AIDS Services, though that didn’t always make things easier. It was like hit and miss: every time I went to the check cashing place, they’d changed the amount of my benefits without giving me any notification. I was told I couldn’t stay on the program that helped pay my tuition and carfare. ‘School’s not allowed,’ they said. I said, ‘I was in college when I found out about this, so why should I quit and die?’ ‘Well, you’re going to die anyway,’ the supervisor told me. Her name was Hope, but I found her hopeless.

“GMHC helped me straighten that out, and supplied two buddies for me. It was hard to adjust to someone else helping me out — before I had HIV, I never let anyone touch my house. But I was getting so tired that I felt overwhelmed by both school and housework. I didn’t feel right making my daughters cook and clean. Michael, my first buddy, came over and helped three times a week. Now I have Steven, who comes on Friday nights and is a tremendous help. In addition to chores, he talks to me, and I need that, too.

“I come to GMHC because people accept me here. And I can’t say enough good things about GMHC’s Child Life Program for supporting my kids. We go on as many GMHC trips as we can: the planetarium, the petting zoo, the circus and Sesame Place. My two oldest daughters especially need relief from the tension. They know I have AIDS, but they can’t tell anyone. My oldest girl is afraid I’ll go public — she’s always telling me how she doesn’t want me to go on television.

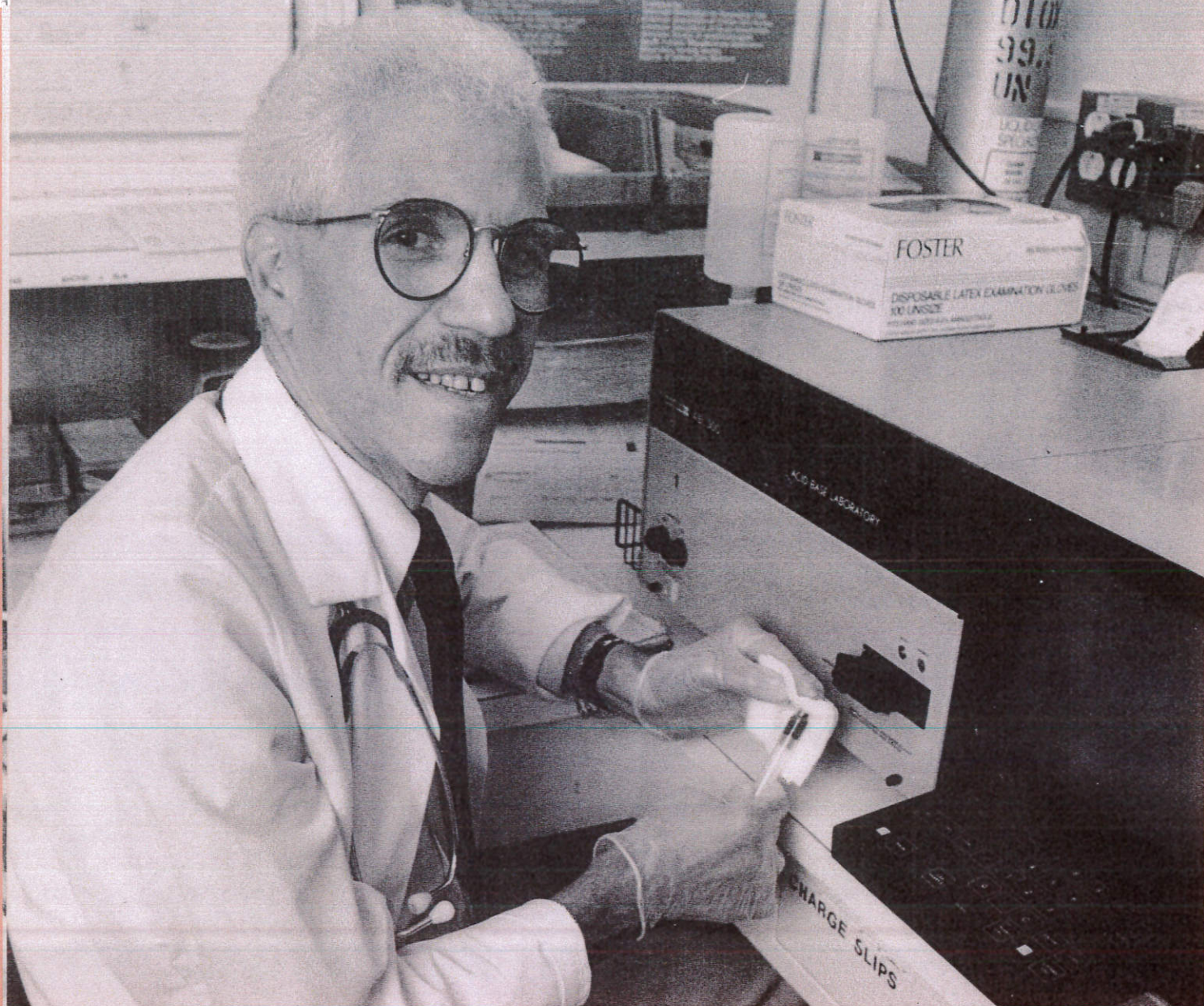
“I’m hiding less and less. I go to women’s shelters and hospitals for the Task Force, visiting and handing out condoms and literature. I’ve designed a research project on women and AIDS, and I’m starting to speak at public health forums and local high schools. People always tell me I don’t look like I’m sick and I say that’s the point: There’s no ‘look’ to AIDS.

“At my own school, I’m handling the pressure. My grade-point average is high, and I’ve won two scholarships. After I graduate, I’m planning to go on with my studies, get my Masters in Social Work and help people with AIDS. I figure I know just how they feel.”

“

People always tell me I don't look like I'm sick and I say that's the point: There's no 'look' to AIDS.

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BERNIE GONZALEZ, *Volunteer*

“OF COURSE I’D HEARD ABOUT

GMHC for years. In the early ’80s I was working as a volunteer nurse at the Community Health Project. It was my Wednesday night routine: get out the penicillin, give shots, do blood tests and counseling. But people started coming in with new symptoms — night sweats, weight loss, diarrhea. These people not only needed to see doctors, they needed continuity of care and legal help. This was before CHP was hooked up with a hospital, before there were any AIDS drugs. All we could do was refer people to GMHC and a very few other places.

“My decision to get more directly involved with the organization was based on a single reason: I wanted to do something for Latinos and blacks. People were hearing about it all the time — ‘el SIDA, el SIDA, el SIDA’— but that didn’t mean they felt comfortable coming for help. Don’t forget, our name is GMHC. I don’t have a problem with that, and I don’t ever want to see the name changed. But where I grew up, in East Harlem, we didn’t

have such a thing as the gay community. You might be playing around with men, but that didn't mean you were 'gay.' Some people still had wives and children.

"I remember so many Central and South American and Cuban men — kids, really — who were going wild in the early '80s. They were in New York! There were no government crackdowns, no secret police, no *comités!* They were having the sexual time of their lives, and they were dying. A lot of them were also here illegally, and that made them suspicious of going to organizations and filling out applications.

"My friends and I had our own suspicions about GMHC, thinking it was only for white gay men from Chelsea. When I started volunteering, I think there was only one Latino on the Board. But I told my friends what I told myself: You can't fight from the outside. If you want to change something, be part of the process. I co-wrote an information pamphlet, *¿Qué es el SIDA?* and translated many others. And when GMHC began the education programs for people of color, I felt they had made a commitment.

"Getting Spanish speaking volunteers to make the needed commitment is another challenge. Where I live in Queens there are so many gay bars for Latinos now, so many young people full of energy, but how do you recruit and retain them? I'm working with the Latino education program to develop volunteer trainings in Spanish. Every time I go out — when I work in hospitals, when I go to give presentations at colleges — I always ask people to come and do something with GMHC. 'Yes, yes,' everyone always says, but a lot fewer show up, and I don't blame them. From a lot of neighborhoods, Chelsea's a long way away.

"How do you break down those barriers? At one of the hospitals I work in, we had to send a mother a telegram telling her that her daughter was critically ill. By the time she got the news four days later, her daughter had died of AIDS. It turns out Western Union refuses to even go where this mother lives — they'd put the telegram in the mail. She didn't have any money, or any idea where to bury her daughter. I could only give her the same advice I give my friends who are sick: Call GMHC. If they don't have the answer, then they'll help you try to find one."

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You can't
fight from
the outside.
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RANDY WOJCAK, *Volunteer, Client and Board Member*

“I WAS AT A PARTY THE OTHER

night where there was a palm reader. 'Why don't you go over?' everyone kept asking, but I was scared to death. I didn't want to hear what she was going to say. Finally, I go over to her and she looks at my hand and starts telling me what a strong lifeline I have. I'm wanting to be real positive while she's telling me this, but I'm thinking, 'You must not be very good.' I told her about my diagnosis and she just looked at me and said, 'So? What difference does that make?' She had a point.

"Living with AIDS means living with uncertainty.

"AIDS changed my life long before I was HIV-infected. I remember going to one of GMHC's education forums in 1985, just after I'd moved to New York, and listening to people talk openly about sex. I'd just never heard that before. I grew up in Del City, Oklahoma, where sex was something you only whispered about. Safer sex was something for people in New York and California. But sitting and listening to the doctor who was leading the session, I could feel this tremendous barrier coming down. It was such a relief to hear people joking and talking frankly about what you needed to do to keep from getting HIV.

"I became a GMHC volunteer myself. During the day, I'd work as the Director of

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**Living with
 AIDS means
 living with
 uncertainty.**
 ”

Management Information Systems at a high-power, straight-laced, company. At night I'd go to colleges, local lesbian and gay groups, or community centers, and teach people about how to protect themselves. Or I'd work on the Hotline, answering questions that would have left me speechless a few months before: 'How can you use condoms for oral sex?', 'How can I get the man I am dating to wear a condom?' Back then, a thin little referral book had all the available information. Today, there are volumes. I've spent the last two years developing a computer system to help us pull all that information up quickly.

"I talked a lot about AIDS then, but I didn't think about it in personal terms. I was sure I was HIV-negative. I was healthy — hadn't been to a doctor since I was 18. I got tested anyway. When the doctor told me I was positive, I couldn't stop crying.

"I got on the wrong train to go home, and got off at the wrong stop. I walked in front of oncoming traffic. I suddenly understood the people who would telephone the Hotline and say, 'I know all the facts, but I just need you to tell me again that I'll be alright.' That night, my mother called. I didn't know which piece of news would upset her more: that I was gay or that I was HIV-positive. I told her both.

"She kept asking me when I was going to come home. I kept telling her the best treatment was available in New York. 'Yeah,' she said, 'but how are we going to get the body back?' That may not have comforted me, but it did slap me out of my 'woe is me' attitude. I told her I'd have my body burned and shipped back to her in an envelope. Later, I mailed her some GMHC literature instead. I needed her to understand what I was going through, but at that time I couldn't be a teacher.

"The 'best treatment' turned out to be the only drug available then: high-dose AZT. I had so many side effects I couldn't tell what was the drug and what was disease: insomnia, diarrhea, infections in my mouth, night sweats, constant fevers, skin rashes. I lost 70 pounds in 60 days. I told everyone I was on a diet. My suit and tie hid a lot of that weight loss, and I managed to stay awake in most meetings. But after I'd used my vacation and sick time and comp time, my boss started asking for explanations. I was terrified that the truth would cost me my job.

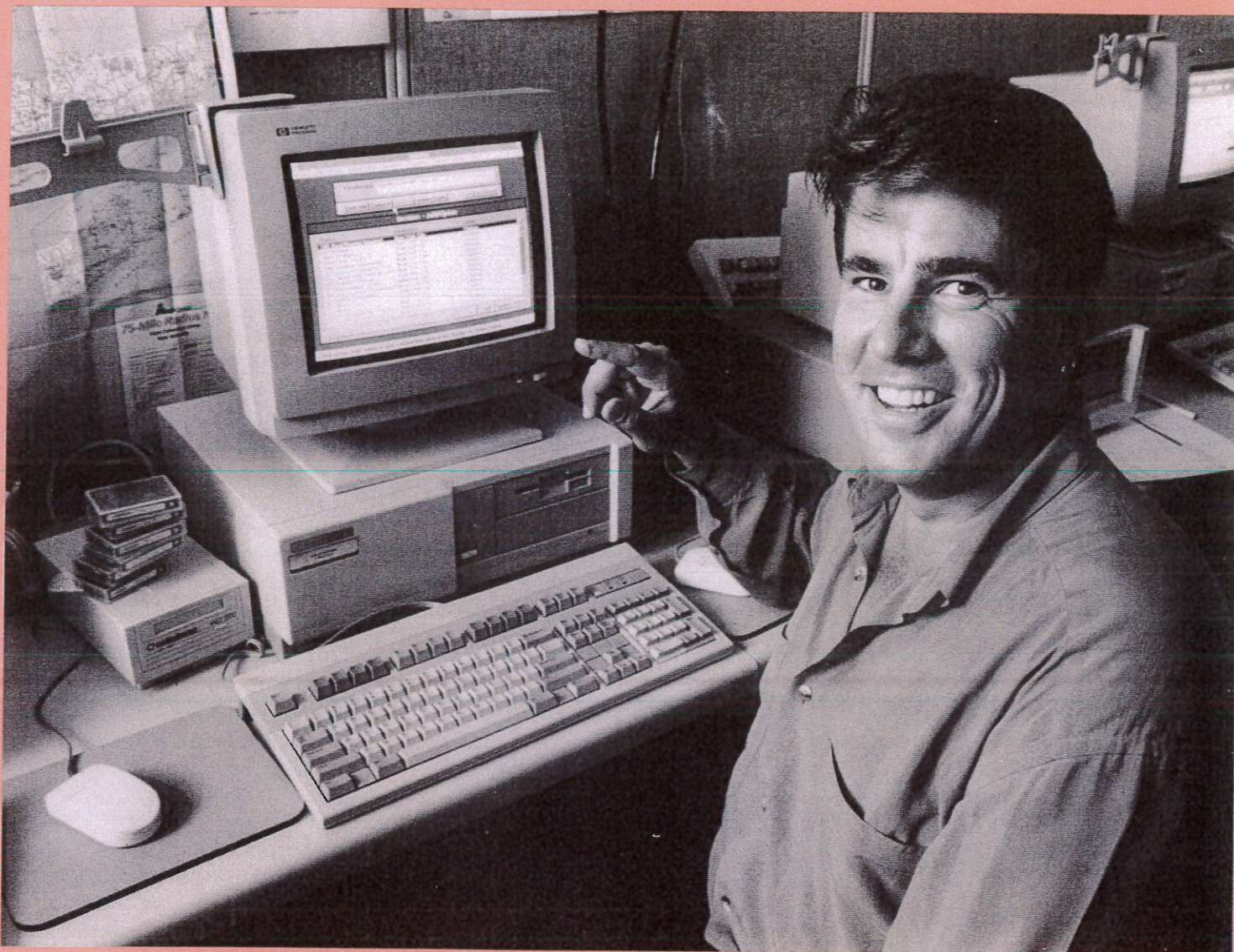
"Once again, GMHC was there to help me work it through. I told my boss, and together we got a GMHC representative to talk to us about how to deal with HIV and other chronic illnesses. This firm was the last place I would have expected to get support, but the plan my boss and I came up with was a dream. For the first time since the holiday party, all the employees in the firm were called together. Company policy, my boss explained during his presentation, was to let all employees with chronic or other health problems work for as long as they felt able. 'Randy has AIDS,' he said, 'and he is still an employee in good standing.' I can still see him sliding a list of hotline numbers and other resources down the conference table and telling everyone to call if they had any questions. It was tense and deadly silent for a few moments. Then my secretary leaned over and said, 'Does this mean we have to be nice to you now?' The ice was broken.

"That support was part of what turned my attitude around. Later, when I did go on disability and leave my job, I volunteered to be a GMHC crisis management partner, and that helped, too. I was hoping my first client would be an easy one, someone like me. He turned out to be a recovering addict with no insurance who'd been evicted while in the hospital. He'd been discharged to an SRO hotel, but no one was sure which. It took me a week to find him.

"Convincing my first client he was worth something, I taught myself that I was: that it was okay to admit that you needed support and someone to care for you. Today, I have lots of support. I don't need a buddy now, but if and when I do, I'll be able to ask for one.

"I used to think of the Hotline computerization project as my legacy, the thing I'd leave behind me that would do people good. Since I've been on the Board, there are less tangible things that make me just as proud. I sat in my first Board meetings saying we need more people with AIDS here, more discussion of housing and chemical dependence — not just in our plans, but right here on the Board. Today, that's happened. I used to talk about the need for trainings in multiculturalism, for special support groups for staff members who

have HIV-related illness or who have HIV but no symptoms, and today that's happening. I'll never know what it's like to be black, or a woman. But I do know — as the only gay child of five, as someone who never went to college, as a person with AIDS — I do understand what it's like to have other people point out a difference and use that to ridicule and oppress you. 'You're a fag and deserve to die,' one of my brothers said when I told him I had AIDS. I know how that kind of discrimination can take away your voice.



"I've found my voice at GMHC. There are a lot of us here, volunteers and staff with HIV, who are finding our voices. And when you speak out, you can get so much back. I spoke at the first GMHC Dance-A-Thon and asked the crowd not to be afraid to hug and touch people with HIV, or if necessary, to take care of us. All night long, one after the other, people kept coming over to hug me. People thought I was about to break into tears, but I just wanted to burst out with joy.

"I've had people say, 'You like working with GMHC because you can stop whenever you want to, and don't have to depend on it for a salary.' I don't know what that means. GMHC is my livelihood. I know it can't cure me. But, as the palm reader might say, it's a very, very strong lifeline."

ANCE • SPEAKING FROM EXPERIENCE • SPEAKING FROM EXPERIENCE • SPEAKING FROM EXPERIENCE • SPEAKING FROM EX

JOAN TISCH, Donor, Board Member and Volunteer

“I DIDN’T EVEN KNOW IT WAS AN

epidemic. But very early, several people in my immediate world became sick and died. What could I do about AIDS? I didn’t have any nursing experience or social work degrees. I told a friend at a family therapy institute that I wanted to give some time, and she said, ‘Wonderful. We’re starting a therapy group for families where a member has AIDS. Why don’t you go to GMHC and train as a volunteer for a few months, and then come work with us?’ I didn’t really know what GMHC was. In those days nobody ever even said the name right, or at least nobody in my zip code. People kept calling it ‘GMAC’ — like General Motors Acceptance Corporation.

“Forty-eight hours later the phone rang and it was the GMHC Volunteer Office. They told me, ‘No matter what you can do, we need you,’ so down I went. They tried to teach me how to operate the main switchboard, but that didn’t work. I could answer the phone at the Volunteer Office, though, and do paperwork and errands like going to hospitals to straighten out bills.

“A few months later, my friend called from the therapy institute. ‘We’re ready for you now,’ she said. ‘I’m not going,’ I told her. ‘I like it here.’

“We were at 18th Street then, which had tiny little offices and a motorized chair to carry clients who were too weak to walk up the stairs. Sometimes people seemed so fragile it was scary: you’d find yourself staring without knowing that you were staring. Once I was the witness for a will. It was terrible, a young man in his early twenties, younger than my children, having to make a will. Most of the time I did much more basic work, like alphabetizing for hours. But I loved the camaraderie.

“Fundraising was the farthest thing from my mind at that point. I wanted an amount of anonymity. Not that anybody in the Volunteer Office knew who I was. The head of the office, Kevin — he’s no longer alive — wanted to walk in the first AIDS Walk, but he had a wooden leg and told me nobody thought he could walk a block. I think he was shocked when I gave him a check for a hundred dollars. ‘If this check bounces, I am going to be very embarrassed,’ he said to me. I said, ‘So will I.’

“Another volunteer, Jerry — he’s also died since — was talking to me about work on the Hotline. Then he said, ‘I have a very nervy question. I hear your husband’s just been made Postmaster General. Do you think we could get a table at the post office?’ I think Bob had only been Postmaster General, what, a day and a half? But there is *still* a table with GMHC literature



on it at the FDR Post Office on Third Avenue.

“Then came the call from Nathan Kolodner. Nathan was GMHC’s Board President, but I knew him as the director of the André Emmerich Gallery. So when he called, I thought, ‘Oh, he has another treasure I can’t live without.’ But Nathan had sold me all the previous treasures without asking me to meet him at the Four Seasons for lunch. It turned out he’d gone to GMHC to run a Board meeting, picked up the clipboard all the volunteers signed in on, and had seen my name. ‘I’m not going to insult your intelligence,’ he said. ‘My reasons for wanting to see you on the Board should be obvious.’ He never asked me to give money directly. I was going to be the credibility bridge between the downtown gay community and the uptown business community.

“I knew Bob and I had the ability to give. And in the year and a half that I’d been at GMHC, I could see that cases were growing tremendously. Clearly it was going to be a private sector problem: the Reagan Administration wasn’t doing anything — or at least anything of substance. GMHC was bursting out of the building: files on the floor, the switchboard always jammed up with calls, staff on top of each other. No one complained. But when they decided to move to 20th Street, we helped with a major donation to the Building Fund.

“In the business community, no one could quite figure me out. ‘Why this?’ people would ask. ‘It’s a big city. Isn’t there anywhere else you could go to volunteer?’ My favorite was when a friend of mine — a very bright woman who is still a good friend — asked, ‘When you stay down there five or six hours, what do you do when you have to go to the bathroom?’ I said, ‘The same thing you would do if you had to go to the bathroom.’ ‘There? You use *that* bathroom?’ This is a very bright woman, but there were a lot of bright people who didn’t know how AIDS was transmitted then. I think even my kids weren’t sure — they thought it was great that I was working at GMHC, but at what price? Today all three of them are doing AIDS work, two of them with GMHC.

“I have two sets of friends: the friends I see until six o’clock, when my husband comes home, and the ones I see when Bob and I get dressed and go to dinners or the theater or benefits or whatever. The second set has taken longer to reach, but in the overall I think my efforts to get the people I know to show support for this fight have worked quite well. Now, when the subject of AIDS comes up, people say, ‘Talk to Joan.’ Of course there are still people, even among the supposedly free-thinking, intelligent people we know, who are holdouts — I think because of homophobia. But at least people no longer seem to think that AIDS is always somewhere else. ‘What do you mean he died of AIDS? Wasn’t he Jewish?’ some friends used to say, as if the two things couldn’t go together. Or people say, ‘I just can’t understand it. How does a woman who’s not a drug user get AIDS?’ ‘Think about it a while,’ I tell them, ‘and if you can’t figure it, out we’ll talk later.’

“I’ve spoken to people in the beauty parlor, even at the dinner table, but I hate asking for money. I don’t sit down and say, ‘Well, now that I’m seated next to you, how about contributing...’ I don’t think it’s appropriate. But I also don’t feel it’s appropriate for anyone, in a crisis like this one, to stop giving or working. If people don’t feel comfortable giving for a gay cause, I’ll ask if they know about the services we provide to women, children and families. I believe in what GMHC does that much. And I’m that angry.

“There was an obituary for an entertainment lawyer in the paper recently, a big paid ad that jumped out at me. And the first sentence was, ‘Died of AIDS and neglect from the Reagan-Bush Administration.’ Now that’s very powerful. I agree with that. And until there’s a cure, until we stop hearing projections that put out every little ray of hope, I’m going to keep going with GMHC, with what I agree with and what I believe. It’s a simple idea, one I grew up with. You give what you can afford.”

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**Now, when
the subject of
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people say,
‘Talk to Joan.’**
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TONYA HALL, *Client*

“WHEN I WAS DIAGNOSED HIV-

positive in 1985, the doctor gave me one sentence of advice: ‘Don’t worry, you have two good years left.’ I’d never heard of infectious disease clinics, or monitoring your immune system. I wasn’t even sure if there were any other women with the virus. For all I knew, I was the only one.

“Three years later, I got double kidney infections and a mouth inflammation so bad I couldn’t swallow. The doctors urged me to apply for Social Security, but when I did the government sent me back a letter that said I wasn’t sick enough. I went downtown for a ‘fair hearing.’ It was a madhouse down there, a hundred of us waiting in this filthy room at nine in the morning — families and sick people and people nodding out on benches. When my turn did come, the investigators were sitting right across from me, but they seemed miles away. They kept firing questions: ‘Could you cook for yourself?’, ‘Can you clean for yourself?’ Six months later, they sent me some brochures showing smiling people in wheelchairs, and a letter saying that though I couldn’t do heavy lifting, I could still find a job.

“A few months after that I had two strokes, and it was the same story. This time they told me that if I had pneumonia or another AIDS-related infection, I could get benefits. I had a seizure instead, and collapsed on a steam pipe that burned all the skin off my lower body.

“I came to six weeks later, wrapped in bandages from my waist to my toes. It took me seven months to recover, lying in a paper robe, on paper sheets, with nurses who were afraid to touch or feed me. Sometimes I’d wake up and find bright orange signs posted over my bed: ‘Warning. Contact Isolation.’ Some nurses would leave the food tray where I couldn’t reach it. ‘They don’t pay me that much,’ one told me. I came to once and found my mother standing over me, hysterical. ‘I knew it, I knew it,’ she kept saying, ‘I knew you’d get AIDS from hanging around those homosexuals.’ The rails are up, I’m strapped down in four-point restraints because of the seizures, and I can’t reach the call button to get her out of there. It turns out a doctor told her I had the virus while I was in the coma. ‘Oh, you mean you didn’t know,’ he said when he saw the shock on her face. ‘I’ll send someone in to talk to you.’ No one ever came.

“That hospitalization was the first time I knew other women who talked about having AIDS. One girl, Jackie, kept screaming, ‘I can’t breathe!’ every time they shut off the lights. I went over and took her hand and asked her what she was so afraid of. She had dropped from 160 to 83 pounds, had no hair and that eczema you sometimes get from the virus.

“She’d been denied benefits seven times. One day, the social worker came in beaming. ‘Jackie will be so happy,’ she told me. ‘She’s been approved!’ Jackie had been dead for two weeks.

“I started drinking. I would sneak out in my smiley slippers and Department of Health robe, clutching my catheter and my urine bag like a purse. It was crazy, but I could fit a whole six-pack of tall boys in my diaper. No one ever said anything but the man at the liquor store.

“The hospital did tell me of plans for Project Samaritan, a place especially for people who were both living in recovery and with the virus. When I got out of the hospital, it still wasn’t open. I went on a seven month rampage, drinking and doing cocaine. My immune system couldn’t handle it — my T-cells dropped to 31. I had thrush all the way down my esophagus, and couldn’t even hold down water. I landed in another hospital with alcoholic hepatitis.

“This time the doctors told me, ‘Tonya, you’re killing yourself. You can’t ever drink again.’ I looked at them like they were crazy. There was the chief of infectious diseases, his assistant, a group of medical students, the doctor who dealt with liver problems, all standing by my bed. They didn’t say, ‘You’re dying of AIDS.’ They said, ‘You’re killing yourself.’ It started hitting me. Drinking and drugs were killing me; AIDS wasn’t.

“I got out of the hospital on my birthday, not wanting to go back to the life I’d had. I asked again about Project Samaritan. Now it was open, but there were no beds available. I

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**I live AIDS like
a challenge,
but I look at it
like a war.**
”

stayed sober for six months, until the Desert Storm Parade. Then I went crazy again. I took all my AZT to overdose. All I got was gas pains.

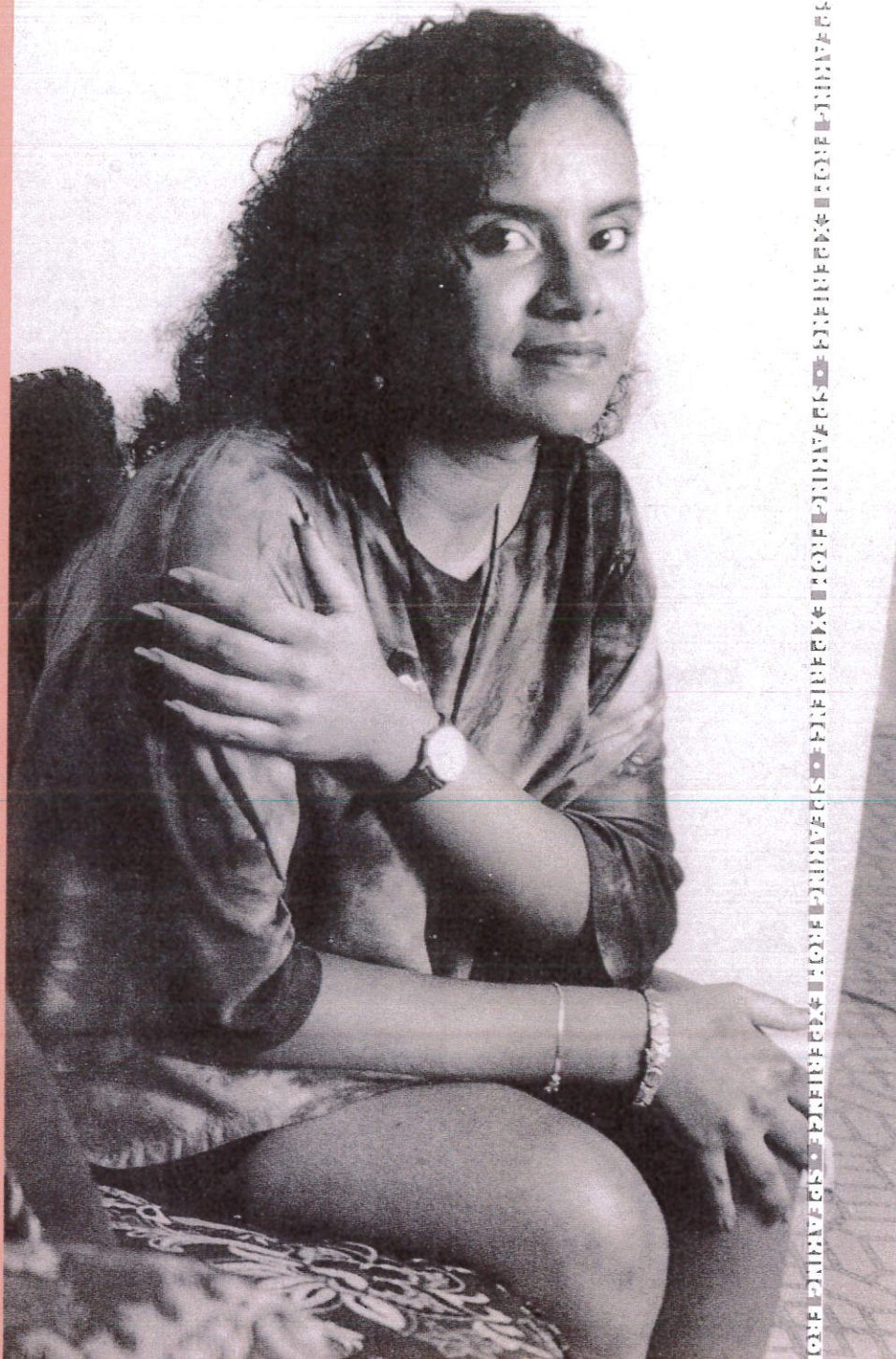
“After a detox program I went into Project Samaritan, and someone there recommended GMHC. I’d thought GMHC was like Jack LaLone for gay men — some kind of spa. But when I went for my intake interview, I got into a conversation with another guy about the virus. People were willing to talk so freely. To see people joking and holding their head up — it gave me a sense of hope.

“My financial advocate at GMHC got me a grant for a winter coat and some underwear. I didn’t understand anything about the Division of AIDS Services, or food stamps, or my M11Q form to prove my diagnosis, and she helped me with all that. And I don’t know what GMHC did, but somebody at Social Security found my application and things started to move again. Today, I get \$332 a month to pay my bills and transportation and living expenses.

“It’s strange. I’m proud — both to be living with AIDS, and to be clean and sober. But it’s easier to talk about having HIV than it is to talk about recovery. Because even in the AIDS community, people don’t have the same compassion for drug users and alcoholics. We don’t even talk about the effects of alcohol or cocaine on the immune system. Most AIDS doctors don’t usually ask you, ‘Do you drink or smoke?’ They put those habits in the ‘comfort category’ — like maybe you eat a quart of ice cream a day, but who cares. I used to think, ‘I’m taking my medicine. So what if I wash it down with vodka?’ I’m working with someone at GMHC now to start a support group for women in recovery, because there are definitely things we need to talk about.

“My family and I are talking, too. My brothers used to joke about girls as notches on their belt — locker room talk. Today, they tell me they’re using condoms. My mother asks me questions now: ‘What does this mean? What’s PCP?’ When I tell her my doctor wants to check me for neuropathy, she asks, ‘What is that?’ Like a lot of women with HIV, I have cervical cancer now, and I think that’s easier for her to accept than AIDS. It is something quiet, a woman’s burden.

“I live AIDS like a challenge, but I look at it like a war. There have been some long wars. And where is that doctor who told me I had two good years left? I want to tell him something: Don’t even think about it! I’m still here.”



SEEKING FROM EXPERIENCE • SPEAKING FROM EXPERIENCE • SPEAKING FROM EXPERIENCE • SPEAKING FROM EXPERIENCE • SPEAKING FROM EXPERIENCE

LETTER FROM THE TREASURER

Gay Men's Health Crisis (GMHC) continued its phenomenal growth in the fiscal year ended June 30, 1992 (FY 1992).

Total expenditures during FY 1992 for all of GMHC's programs, services and administration exceeded \$21 million, approximately \$3 million or 17% more than FY 1991. This number includes the value of donated services, which, based on New York guidelines for not-for-profit organizations, represent close to \$2.5 million. However, this valuation of volunteer efforts solely for accounting purposes cannot truly begin to quantify the enormous value of and need for

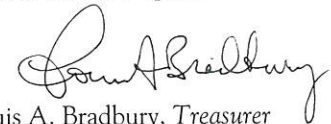
GMHC's volunteer services. Legal and Ombudsman's programs increased \$1.4 million, or 19%, over FY 1991. Education program expenditures increased \$500,000, or 13%, over FY 1991. GMHC's advocacy efforts continued to grow in light of government's continued reluctance to fulfill its obligations, increasing by \$135,000, or 6%, over 1991.

While program spending increase by 15% over the prior year, expenditures for management and fundraising increased by less than \$1 million over FY 1991. This is an astonishing result given the increased cost of fundraising due to the recession and reductions in the rate of government funding.

Government grants continued to be a diminishing source of funds. While only reduced approximately \$143,000 from last year, this minimal reduction in actual support translates to 15% of total revenue, compared to 17% last year and represents 15 individual government grants versus seven in FY 1991. Accordingly, GMHC must continue to rely on the private sector for the vast majority of its support. Fortunately, the generosity of individuals through direct support, special events (AIDS Walk New York, Circus For Life and the Dance-A-Thon), as well as contributions from corporations and foundations, provided GMHC with over \$14.3 million in FY 1992, almost 13% more than last year.

GMHC's Board approved the FY 1992 budget, anticipating that cash receipts would equal cash expenditures (exclusive of depreciation and amortization charges). On a book basis, however, FY 1992 resulted in a deficit of approximately \$835,000, due to the inclusion of the non-cash depreciation and amortization charges of approximately \$870,000.

GMHC ended FY 1992 financially sound and with unrestricted fund balances (exclusive of property, plant and equipment fund balance) of almost \$3.1 million at the end of FY 1991. This amount, however, represents barely two months of GMHC's budgeted operating expenditures for FY 1993. Accordingly, with the continued generosity of its donors and the untiring efforts of its volunteers and staff, GMHC will continue its fight against the HIV epidemic.



Louis A. Bradbury, Treasurer

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, 1992, 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, 1992, and the results of its operations and the changes in its fund balances for the year then ended in conformity with generally accepted accounting principles.

KPMG Peat Marwick

September 18, 1992

Member Firm of
Klynveld Peat Marwick Goerdeler

BALANCE SHEET

June 30, 1992 (with comparative figures for 1991)

	1992	1991
Assets		
Cash, primarily interest bearing	\$ 877,951	2,302,376
Investments (note 3)	2,534,937	1,504,145
Government and other grants receivable	590,841	521,885
Pledges and other receivables (net of allowance for doubtful accounts of \$50,000 in 1992 and 1991)	797,343	278,675
Other assets	271,097	152,951
Fixed assets, net (note 4)	<u>10,709,268</u>	<u>10,466,281</u>
Total assets	\$ <u>15,781,437</u>	<u>15,226,313</u>
Liabilities and Fund Balances		
Accounts payable and accrued expenses	\$ 580,853	319,448
Deferred public support	1,211,183	262,299
Obligation under capital lease (note 5)	<u>179,476</u>	<u></u>
Total liabilities	<u>1,971,512</u>	<u>581,747</u>
Fund balances:		
Unrestricted	3,117,897	4,067,556
Restricted	128,236	76,729
Net investment in fixed assets	10,529,792	10,466,281
Endowment fund	<u>34,000</u>	<u>34,000</u>
Total fund balances	<u>13,809,925</u>	<u>14,644,566</u>
Total liabilities and fund balances	\$ <u>15,781,437</u>	<u>15,226,313</u>

See accompanying notes to financial statements.

STATEMENT OF REVENUE, EXPENSES AND CHANGES IN FUND BALANCES

Year ended June 30, 1992 (with comparative totals for 1991)

	1992					1991 Total	
	Current funds			Plant fund	Endowment fund		Total
	Unrestricted	Restricted					
Revenue:							
Public support:							
Contributions	\$ 6,095,282	577,125	27,538		6,699,945	5,176,244	
Donated services (note 7)	2,500,363				2,500,363	2,489,338	
Established memorial funds	162,687				162,687	156,824	
Special events (net of direct benefit costs of \$258,120 and \$211,674 in 1992 and 1991, respectively)	7,394,837				7,394,837	7,295,466	
Government grants		3,039,223			3,039,223	3,181,844	
Total public support	16,153,169	3,616,348	27,538		19,797,055	18,299,716	
Other revenue:							
Investment income	98,125				98,125	207,567	
Rental income (note 4)	155,595				155,595	119,250	
Publication sales	201,840				201,840	143,251	
Total other revenue	455,560				455,560	470,068	
Total revenue	16,608,729	3,616,348	27,538		20,252,615	18,769,784	
Expenses:							
Program services:							
Client programs	5,944,972	2,304,002	448,712		8,697,686	7,336,916	
Education	3,248,903	1,059,795	233,985		4,542,683	4,026,709	
Public policy development, information and advocacy	2,161,253	50,797	77,983		2,290,033	2,155,030	
Total program services	11,355,128	3,414,594	760,680		15,530,402	13,518,655	
Supporting services:							
Management and general	1,035,161	88,825	59,962		1,183,948	1,065,862	
Fundraising	4,312,432	11,803	48,671		4,372,906	3,491,873	
Total supporting services	5,347,593	100,628	108,633		5,556,854	4,557,735	
Total expenses	16,702,721	3,515,222	869,313		21,087,256	18,076,390	
Excess (deficiency) of public support and other revenue over expenses	(93,992)	101,126	(841,775)		(834,641)	693,394	
Other changes in fund balances:							
Plant acquisitions and debt service from current funds	(855,667)	(49,619)	905,286				
Fund balances at beginning of year	4,067,556	76,729	10,466,281	34,000	14,644,566	13,951,172	
Fund balances at end of year	\$ 3,117,897	128,236	10,529,792	34,000	13,809,925	14,644,566	

See accompanying notes to financial statements.

STATEMENT OF FUNCTIONAL EXPENSES

Year ended June 30, 1992 (with comparative totals for 1991)

	1992						1991 Total
	PROGRAM SERVICES			SUPPORTING SERVICES			
	Client Programs	Education	Public policy development, information and advocacy	Management and general	Fundraising	Total	
Staff compensation	\$ 3,383,680	1,603,493	692,970	532,420	457,860	6,670,423	5,267,430
Employee benefits and payroll taxes	883,730	406,963	153,321	115,592	105,033	1,664,639	1,205,829
Donated services (note 7)	2,057,381	442,982				2,500,363	2,489,338
Professional fees and contract service payments	273,234	373,752	219,056	152,419	1,361,606	2,380,067	2,163,195
Postage and shipping	47,506	91,667	90,594	6,457	711,786	948,010	606,811
Telephone	160,129	80,475	28,055	20,241	79,668	368,568	237,007
Occupancy	274,847	143,296	52,961	36,879	34,154	542,137	523,873
Supplies	122,544	56,268	18,939	20,162	59,587	277,500	300,134
Printing	90,728	330,684	141,320	487	970,318	1,533,537	1,337,654
Equipment rental and maintenance	84,671	42,841	11,782	12,083	17,579	168,956	126,224
Memberships and subscriptions	10,721	10,138	5,950	3,610	3,191	33,610	35,438
Staff and volunteer training and support	79,073	42,090	9,749	21,780	11,227	163,919	179,448
Meetings, travel and related costs	100,841	85,524	40,826	44,643	70,924	342,758	468,016
Marketing and promotion	30,419	116,415	352,506	13,367	306,619	819,326	711,084
Staff recruitment	23,014	30,463	12,714	11,146	34,281	111,618	122,772
Other program expenses	89,771	352,329	25,154			467,254	342,762
Nutrition program	172,123					172,123	113,922
Grants to other AIDS service organizations	131,561	73,462	225,505			430,528	598,500
Direct financial aid	145,889					145,889	131,402
Insurance	17,791	5,506	1,426	51,667	8,981	85,371	110,407
Taxes and interest	6,852	4,673	4,697	35,412	784	52,418	18,963
Direct lobbying expenses			118,065			118,065	133,046
Other special event costs	26,046	5,333			69,860	101,239	59,263
Miscellaneous	36,423	10,344	6,460	45,621	20,777	119,625	139,202
Total expenses before depreciation and amortization	8,248,974	4,308,698	2,212,050	1,123,986	4,324,235	20,217,943	17,421,720
Depreciation and amortization	448,712	233,985	77,983	59,962	48,671	869,313	654,670
Total Expenses	\$ 8,697,686	4,542,683	2,290,033	1,183,948	4,372,906	21,087,256	18,076,390

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

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), symptomatic HIV infection and their carepartners; advocacy for fair and effective public policies and practices concerning HIV infection; and through education and AIDS prevention programs, increasing awareness and understanding of HIV infection.

GMHC volunteers, under the supervision of professional staff members, deliver a variety of 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 Child Life program provides services to families with AIDS by offering babysitting, outings and other support to children affected with HIV disease, 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.

Through the Legal Services Department, staff and 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 last year, GMHC's Technical Assistance Program offered thousands of hours of help to AIDS organizations, universities and other human service agencies with issues such as program development, fundraising, nutritional trainings and computer support. GMHC's Fellowship Program in fiscal 1992 offered month-long training sessions to numerous AIDS professionals from AIDS service organizations around the country.

■ **Public Policy Development, Information and Advocacy.** The Policy Department utilizes a state-wide tele-

phone 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. In fiscal 1992, Communications created an advocacy campaign that combines full-page advertisements, paid radio spots and press conferences to heighten public awareness on important policy issues.

Summary of Significant Accounting Policies

■ **Fund Accounting.** The accompanying financial statements are presented in accordance with 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 are funds which have no restrictions imposed by donors, grantors or other outside parties and, accordingly, may be used for any purpose in achieving the organization's goals.

The endowment fund represents resources that are subject to the restrictions of the gift instrument which require, through the year 2000, that the principal be invested and that only the income from investments be used.

■ **Revenue Recognition.** Contributions and pledges are recorded as revenue when pledged or received unless designated by donors for use in future years in which case they are deferred.

Resources from government grants are recorded as support when the related costs are incurred.

■ **Investments.** Investments are presented in the financial statements at cost or at fair market value at 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 shorter of estimated useful lives of the assets or the life of the related 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 operate 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.

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Investments

The cost and market value of investments are presented below:

	1992	
	Cost	Market value
Liquidating trust (not readily marketable)	\$ 63,891	63,891
Money market accounts	2,471,046	2,471,046
	<u>\$ 2,534,937</u>	<u>2,534,937</u>

Liquidating trust (not readily marketable)
U.S. Treasury bills
Money market accounts

	1991	
	Cost	Market value
Liquidating trust (not readily marketable)	\$ 74,626	74,626
U.S. Treasury bills	836,535	843,336
Money market accounts	592,984	592,984
	<u>\$ 1,504,145</u>	<u>1,510,946</u>

Year ending June 30,	Amount
1993	\$ 44,900
1994	44,900
1995	44,900
1996	44,900
1997	<u>26,191</u>

Total minimum lease payments	205,791
Less: amount representing interest	<u>26,315</u>
Present value of net minimum lease payments	<u>\$ 179,476</u>

4

Fixed Assets

Fixed assets consist of the following:

	1992	1991
Land	\$ 731,740	731,740
Building and building improvements	8,395,052	8,327,381
Leasehold improvements	1,199,088	659,664
Furniture and equipment	2,942,840	2,437,635
	<u>13,268,720</u>	<u>12,156,420</u>
Less accumulated depreciation and amortization	<u>2,559,452</u>	<u>1,690,139</u>
Fixed assets, net	<u>\$10,709,268</u>	<u>10,466,281</u>

GMHC has leased a portion of its building to an unrelated not-for-profit organization. Such lease arrangement expires on December 31, 1993 and requires annual minimum rental payments as follows:

Year ending June 30,	Amount
1993	\$ 129,850
1994	66,250

5

Obligation Under Capital Lease

GMHC is obligated under a capital lease for office furniture expiring January 31, 1997. At June 30, 1992, the asset balance of such leased furniture was \$174,127, net of accumulated depreciation of \$19,348. The following is a schedule of future annual minimum lease payments under the capital lease together with the present value of the net minimum lease payments as of June 30, 1992:

6

Real Property Lease Commitment

GMHC is obligated under operating leases for office facilities, expiring at various dates through January 31, 1999. Future minimum annual rental payments through 1999 are as follows:

Year ending June 30,	Amount
1993	\$ 312,300
1994	214,700
1995	198,000
1996	168,500
1997	52,000
Thereafter	82,300

Rent expense for the year ended June 30, 1992 was \$211,027

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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, 1992. On November 8, 1991 and May 14, 1992, GMHC borrowed \$1,000,000 and \$500,000, respectively, against this line of credit. The loans were repaid in December 1991 and June 1992, respectively, including interest at the then existing prime rate. At June 30, 1992, GMHC had no amounts outstanding on this line of credit. No commitment fee is required for this line of credit.

SUPPORTERS OF GAY MEN'S HEALTH CRISIS

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 children whose lives are affected by HIV illness.

These services are delivered by our dedicated corps of 2,300 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.

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