"I am living proof

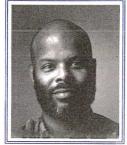


that AIDS doesn't mean that your life is over."

"When I became HIV-positive, I became empowered."



"I am no longer afraid of



finding out about myself."



"Having AIDS has made me value life differently."

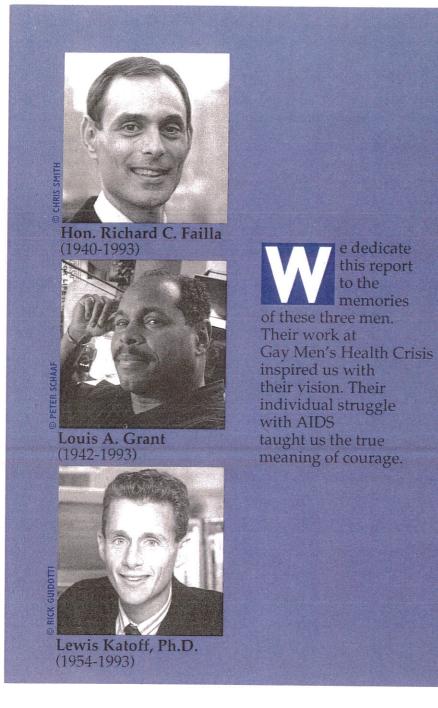
"I hope my business experience can help



guide the agency."

GAY MEN'S HEALTH CRISIS1992/1993 ANNUAL REPORT





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From the Board of Directors

he numbers speak for themselves. **During the 1992-93** fiscal year, Gay Men's Health Crisis provided 3,400 people living with AIDS with emotional and practical support, hot meals, support groups, recreational activities, financial advocacy and other direct services. We assisted another 1,300 people with HIV with their legal matters, and investigated 2,000 health-care related complaints. We answered 77,000 calls to our Hotline, distributed more than one million pieces of educational material, and mounted citywide ad campaigns with life-saving messages that were seen by hundreds of thousands of subway riders each day. We contributed technical assistance to 400 organizations and financial support to 70. And we advocated — in Washington, in Albany, and at City Hall — for legislation that recognizes people with HIV and treats them fairly; for increased funding; and for government to do more, including finding a cure. We are able to do all this because of the dedication of our 2,300 volunteers, and the belief in our work of our many thousands of donors.

These are overwhelming numbers for an agency founded just 12 years ago by six gay men in a Greenwich Village living room. While the demand for services constantly tests our spirit and our resolve, the volunteers, donors and staff of GMHC this year rose magnificently to meet the challenges.

At Gay Men's Health Crisis, we try never to lose sight of the people we serve, the sense of crisis that called us into being and the work that, unfortunately, remains to be done. GMHC was the first service organization created in response to the AIDS epidemic. We are now the largest, yet the "Crisis" in our name has never been more relevant.

The gap is widening between the needs of people with HIV and AIDS and the willingness of government to provide for them. That means we must concentrate even more on a number of difficult tasks: expanding services; strengthening our education efforts; fighting bigotry and discrimination with ever greater determination; increasing pressure on government to respond to the epidemic. We demand a cure — and quickly.

Timothy J. Sweeney completed a three-year term as Executive Director on July 31, 1993. During his seven years at GMHC, including four years as Deputy Executive Director for Policy, Tim saw the agency through a period of profound growth: GMHC accepted 4,000 new clients; the number of staff members serving them increased substantially; and our ability to deliver services, to educate and to advocate was enhanced by a 50% increase in income.

Tim also created GMHC's public policy program. He was one of the principal architects of New York State's confidentiality law, which served as a model for other states across the nation. He also co-founded the statewide New York AIDS Coalition, the citywide Coalition for AIDS

Funding, and helped establish the AIDS Action Council, an AIDS lobby in Washington, D.C. Tim set a standard for strong leadership and visionary thinking. We are indebted to him for his pioneering contributions to this fight.

We are fortunate to have in Tim's successor, Jeff Richardson, a leader with an impressive record of experience in health and human services, including AIDS issues. Jeff was Commissioner of the Indiana Department of Human Services from 1990 to 1992. In 1992, Governor Evan Bayh named him Secretary of the Family and Social Services Administration, a \$4 billion agency with a staff of 13,000. Jeff grew up in New York and was an early volunteer both at GMHC and at the Lesbian and Gay Community Services Center. Prior to assuming his various posts in Indiana, he worked in New York in public relations and marketing. With a law degree and a master's in public administration, Jeff comes to his new position particularly well equipped for the challenges ahead.

We wish to express our appreciation to all of you who have made it possible for GMHC to continue to serve the needs of people with HIV and AIDS. Your generous support in all its forms enables GMHC to continue its outstanding work in a time of expanding needs.

J. H. Bloud

Jeffrey B. Soref, President

Board of Directors

Jeffrey B. Soref*, President, is President, Soref Associates. Louis Bradbury[†], Senior Vice President, is President, Bradbury & Co., and a member of the bars of New York and Washington, D.C. Todd Yancey, M.D.⁺, Vice President, is Attending Physician, AIDS Treatment Center, New York Hospital. Randy Wojcak⁺, Secretary, has been a volunteer since 1986 and is living with AIDS.

David Hollander, J.D.⁺, Treasurer, is Of Counsel, Morrison & Foerster. John Bartolomeo is a founding partner of Clark, Martire & Bartolomeo, Inc.

Bernard Bihari, M.D., is Medical Director, Foundation for Integrative Research and a private practice physician treating people with HIV. Suzanne A. DuBose is Director of Public Affairs, New York Telephone. Ethan Geto is a Founding Partner, Geto & deMilly, Inc.

José Ramón Fernández-Peña, M.D.⁺, is Associate Director for Quality Management, Bellevue Hospital Center.

Jerome Goldsmith, Ed.D.+, is Senior Consultant, New York State Department of Health.

Barbara Grande Le Vine, C.S.W., is a psychotherapist in private practice and has been a volunteer since 1983. Stephen E. Herbits is Executive Vice President, Corporate Policy and External Affairs, Joseph E. Seagram & Sons, Inc.

Richard W. Jasper is President. Jasper International and is living with AIDS.

James C. McIntyre is Executive Director, Big Apple Circus. Allan Morrow is a Partner. Kenilworth Equities and is living with AIDS.

Hal J. Moskowitz is Rehabilitation Equipment Specialist, Rehabilitation Equipment, Inc. and has been a volunteer since 1983.

Judith Peabody has been a volunteer since 1985 and is a former Member of the AIDS Subcommittee, National Institutes of Health (1987-1991).

Samuel Phillips is Director of Personnel, City University of New York. Lourdes Quinones, R.N.⁺, is Nursing Practitioner in chemical dependency, St. Luke's-Roosevelt Hospital Center.

Michele Russell⁺ is Case Manager, Center for Special Studies, New York Hospital.

Steven J. Spector is Director, Nomura Securities International. Joan Tisch has been a volunteer since 1986.

Robert C. Woolley is Senior Vice President and Director of the Decorative Arts Division, Sotheby's.

*Executive Committee

Honorary Board Members

Dan Bailey, Jesse Barsin, Ira Berger*, Leonard Bloom, Esq., Nick Bollman, John Caban, Ed.D.*, Robert Cecchi*, Cynthia Dames, Robert M.T. Diario, Harry Diaz*, Richard Dunne*, Hon. Richard Failla*, Nathan Fain*, Brad Frandsen*, Louis A. Grant*, Joe Hernandez, Ronald Johnson, Dan Johnston, Marcy L. Kahn, J.D., Nathan Kolodner*, Larry Kramer, Larry Mass, M.D., Claudette Lefebvre, Ph.D., Frank Lilly, Ph.D., Sandra Lowe, Esq., Larry McDevitt, Rodger McFarlane, Kenneth Meeks, Ph.D.*, Max Navarre*, Joe Paschek*, James Pepper, Enno Poersch*, Paul Popham*, Russell A. Radley, Paul Rapoport*, Mel Rosen*, Stash Santoro*, Bernard L. See, John Stoddard, Rafael Tavares, M.D.*, Alice Terson, Joy Tomchin, Sam Watters, Robert Wechter, Nathalie Weeks *Deceased

Sitting, from left: Jerome Goldsmith, Louis Bradbury, Jeffrey B. Soref, Suzanne A. DuBose, John Bartolomeo, Michele Russell. Standing, from left: Robert C. Woolley, Ethan Geto, David Hollander, José Ramón Fernández-Peña, Barbara Grande Le Vine, Todd Yancey, Steven J. Spector, James C. McIntyre, Judith Peabody, Samuel Phillips, Hal J. Moskowitz, Allan Morrow.



Creating New Strategies Against AIDS

MHC strives to devise novel solutions to new or evolving problems that face all people living with or affected by HIV. In the last fiscal year, we embarked on a number of new initiatives aimed at strengthening the agency, broadening our reach, and meeting a wider spectrum of needs. These included:

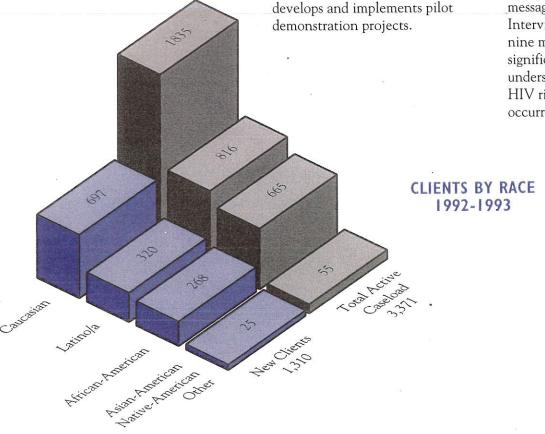
Restructuring program management. More than 4,800 New Yorkers with HIV now receive direct services from GMHC. To serve clients better, we restructured our client programs to enhance their quality and improve access to them. Three program departments were reorganized into five more accessible departments: Intake/Client Information Systems, Clinical Services, Client Advocacy, Legal Services, and Recreation/ Nutrition/Childlife.

Increasing political action. To expand GMHC's involvement in AIDS advocacy during election campaigns, we established a new entity called GMHC Action. Its role is to highlight AIDS issues during important elections and to encourage people to register and vote in a way that will positively influence government policies on AIDS. GMHC Action will neither endorse candidates nor make campaign contributions, but it will allow election activities that previously were barred to GMHC and all other organizations that receive a 501(c)(3) tax exemption from the Internal Revenue Service.

Measuring the effectiveness of our programs. The new Department of Evaluation Research is fundamental to improving agency programs through systematic evaluation. It enables us to be more accountable to our mission; it runs a committee that ensures the rights of participants in human research at GMHC; and it develops and implements pilot demonstration projects.

During the last year, the department completed an assessment of the agency's managed growth policy and its impact on access to services, as well as a two-year evaluation of a workshop for gay and bisexual men called "Keep It Up!" which reinforces safer sex practices. Evaluation Research also began GMHC's first systematic study of client satisfaction with services and interviewed 751 clients at random about their experiences with client programs.

One of the most innovative of the department's activities involved a one-year educational project, pursued in concert with GMHC's Education Department, funded by the American Foundation for AIDS Research. The project sought to reduce risk-taking behavior among the clientele of three bars where men who trade sex for money or drugs meet their clients. Thirty popular or influential patrons of those bars were recruited and trained to communicate safer sex messages to other patrons. Interviews with 1,862 men over nine months indicated that significant changes in both the understanding and practice of HIV risk reduction behavior occurred in each location.



Providing services to PWAs with substance abuse issues. Many people living with HIV and AIDS also are grappling with substance abuse and recovery issues. At GMHC, where 22% of our clients are dealing with these issues, we are expanding our capacity to help clients with the range of alcohol and drug abuse problems they face. This is key to GMHC's larger mission: Chemical dependency impairs people's ability to make informed health maintenance decisions, negotiate safer sex, and locate HIV health and social services appropriately. We confront daily the significant role that substance abuse plays in the growth of the AIDS epidemic, particularly in the gay and lesbian communities.

Helping our clients with substance abuse issues makes our education, client service and policy efforts more effective. We recognize that substance abuse is more than addiction to crack cocaine or injectable drugs like heroin. Substance abuse is also the use of alcohol and recreational and prescription drugs in a way that undermines people's control over the use of the substance itself, their behavior, or their efforts to maintain their health.

GMHC began a weekly dropin group for clients with chemical dependencies two years ago. That effort soon grew to onsite 12-step meetings open to clients, volunteers and staff. In February, with Project Connect of the Lesbian and Gay Community Services Center, GMHC began ten-week cycles of an Early Recovery Group.

We reinforced our commitment to recovery support services by dedicating a room to 12-step meetings. Currently, there are daily meetings of Alcoholics Anonymous, Narcotics Anonymous and Sexual Compulsives Anonymous organized by the recovery community.

GMHC named May 1993 Recovery Awareness Month to help clients, volunteers and staff members recognize how often the fight against HIV is part of the fight to stay clean and sober. Among the activities were an all-women panel on recovery from crack use, lunch-time video screenings on recovery issues. new 12-step meetings for alcohol and drug users, a "Sex, Recovery and HIV" safer-sex workshop, and a live call-in cable TV show featuring HIV-infected men and women in recovery.

Helping immigrants with HIV and AIDS. In January 1993 GMHC broke new ground with the Immigrants With HIV Project. Funded with a renewable one-year grant of \$100,000 from the Ryan White CARE Bill, the Project puts lawyers in the communities where immigrants live, work and receive services — and where the HIV epidemic is expanding. The project operates at five sites in Queens, Brooklyn, the Bronx and Manhattan, offering legal assistance to Latinos, Asians, Haitians and people from other countries to help them attain legal resident status or obtain crucial public assistance benefits they might not otherwise receive. During the year, we assisted more than 960 HIV-positive immigrants with more than 2,000 matters.

Developing the Lesbian AIDS Project. GMHC's Lesbian AIDS Project (LAP) has undergone significant expansion since it was launched in April 1992. Today, LAP is recognized as one of the nation's foremost providers of services to lesbians with HIV and AIDS, advocacy on their behalf, and education to prevent woman-to-woman transmission of HIV. In the past year, LAP published a safer-sex manual and distributed 10,000 copies of its new newsletter, LAP Notes; surveyed more than 1,600 lesbians about their sexual practices; and educated and increased awareness at a number of AIDS service organizations about the need to develop lesbian-sensitive services and education. LAP is now working at three hospital sites to document for the first time the rate of female-to-female transmission of HIV, as well as the breadth of sexual partnering between women.

With the Group Services unit of Clinical Services, the Lesbian AIDS Project started two lesbian HIV-positive support groups — one at GMHC and one at Stand Up-Harlem — and a lesbian HIV recovery group. These groups assist lesbians in dealing with their antibody status and its impact on them as women, mothers, lovers and carepartners.

Michael Hatoff

I sometimes wonder how many people I've known who have died of AIDS. I've never really counted. My guess is somewhere between 250 and 300 people. The point is that my whole generation has been pretty much wiped out. Being a long-term survivor has been a very hollow victory.

Working on the Hotline was sort of my support group, especially when I was taking care of Enno. I feel that one of my strong points on the Hotline is reassuring callers who have just received an HIV diagnosis and who think it's the end of the world. I was diagnosed in '85, I am still healthy, and I have that tool to work with them. I know what they are going through because I went through the same thing. When I was diagnosed I wouldn't make plans on Thursday to go to the movies on Saturday. Why make plans? I might be dead. It's a normal reaction for people to have.

I don't want to come off making myself seem like a hero or anything, but I think one of the most important things in dealing with all this is your mental attitude. I've seen people – friends – die in six months because of negative attitudes and just giving up. Five times a day when I take my pills, I'm reminded that something is wrong. But I don't dwell on it.

I am living proof that a diagnosis of HIV or AIDS doesn't mean that your life is over. A lot of medical advances have made it possible for people with AIDS to live a pretty normal life. But, obviously, there's still a long way to go in treatments for AIDS.

Michael, 50, was diagnosed with HIV in 1985. His lover, Enno Poersch, a member of GMHC's first Board, died in 1990. Illness subsequently forced Michael to retire as a paper hanger. He became a Hotline volunteer in 1988 and a volunteer receptionist in Recreation four years later. Michael also is a client of the Recreation Department. Over the years, he has received help from the Financial and Legal departments and been a member of an AIDS therapy group.



Helping People To Live With AIDS

welve years into the AIDS epidemic, the need to help people is greater than ever. Individuals diagnosed with AIDS still reel from the news of their diagnosis. They still need help at home and they still need advocates in the hospitals. They continue to confront serious financial and legal questions: "Who will make medical decisions for me if I become unable to do so myself?" "How do I make a will?" "What will I live on?"

Answering those questions, and offering the appropriate help, is why we exist. This year, GMHC registered 1,310 new clients, bringing the total caseload to 3,371. Of that number, 54.4% are white, 19.7% are African-American, 24.4% are Latino or Latina, and the remaining 1.5% are Native American, Pacific Islanders or other ethnic groups. Ten percent of GMHC's clients are women. Seventy-eight percent of our clients are gay, lesbian or bisexual; of that 78%, 39% are people of color.

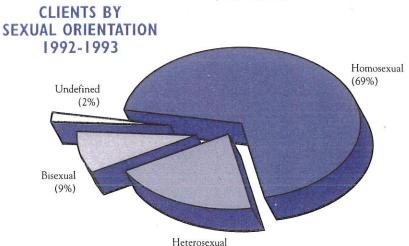
Many of our clients' needs are met within the CLINICAL SERVICES DEPARTMENT, which, during the 1992-93 fiscal year, provided:

- Crisis Intervention Services. With the aid of 400 volunteer buddies, crisis intervention workers and crisis management partners, this unit served a total of 735 people. Clients received long-term and short-term services, including emotional support, advocacy and help with the tasks of daily living.
- Group Services. Thanks in large measure to the participation of 70 volunteer mental health professionals, GMHC offered clients 47 therapy and support groups a week, among them: groups for carepartners, couples, women with AIDS, Spanish-speaking PWAs, and chemically dependent PWAs. New groups were formed for lesbians, clients with a minimum of 90 days of sobriety, and caregivers of adolescents and younger children.
- Intensive Case Management. Serving people who have greater needs for case management assistance individuals who "fall through the cracks" for a variety of reasons this unit worked with 221 clients during fiscal year 1992-93.

Mental Health Linkage
Program. In partnership with the
Jewish Board of Family and
Children's Services, GMHC provided individual psychotherapy
to 228 clients, plus psychiatric
consultations. The program also
trained GMHC staff members
and health-care providers who
serve people with AIDS.

Our CLIENT ADVOCACY DEPARTMENT represents the merging of the former Ombudsman and Financial Advocacy offices. By bringing these two units together, internal procedures have been streamlined to make services more accessible to clients. Last year, our Ombudsman's Office handled 2,017 cases aimed at improving health care delivery in hospitals, providing access to safe and appropriate housing placements for people with AIDS, challenging insurer discrimination, and expanding health-care advocacy to local communities. In particular, this powerful voice:

- advocated for people with AIDS to receive swift surgical services at hospitals which have too often delayed such services;
- articulated the concerns of clients about inadequate dietary and nutrition supports at some facilities;
- worked with individual hospitals and the city/state Department of Health to improve housekeeping, patient care, nursing aide performance and ancillary services;



(20%)

- encouraged hospitals to respond more sensitively and efficiently to PWAs with tuberculosis; and
- urged the city's Division of AIDS Services to speed payments of rents and security deposits for people receiving housing assistance in order to reduce the risk of homelessness.

Our Financial Advocacy office helps people with AIDS fight financial hardship. Last year, we helped more than 2,000 people obtain entitlements such as Public Assistance, Social Security and Medicaid. Financial Advocacy also:

- educated nearly 500 people with HIV about eligibility for government entitlement programs through monthly seminars;
- answered more than 6,500 calls to the Financial Hotline regarding insurance benefits, Social Security Disability, income support and procedures for filing for benefits;
- intervened for more than 800 clients who need to maintain their medical insurance pending receipt of Medicaid; and
- provided financial assistance to more than 1,000 clients in need of food, uninterrupted telephone service during medical emergencies or other urgent necessities.

With more than 600 volunteer lawyers, our LEGAL SERVICES DEPARTMENT

gives anyone who has an AIDS-related legal concern the advice — and often the assistance — he or she needs. Staff members and volunteers draw up documents and represent clients in negotiations, hearings and court. This year, Legal staff and volunteers responded to 40 calls each day, and helped more than 1,300 new clients with their legal concerns. Other matters handled included:

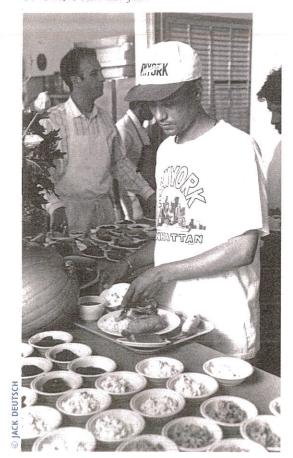
• negotiations with landlords.

- the I.R.S. and other creditors on behalf of people whose illness has made it impossible for them to manage their debts. More than 850 matters of this nature were handled;
- 368 cases of housing and employment discrimination;
- resolving 1,311 disputes with insurance companies; and
- helping parents with AIDS plan for the future care of their children and handling disputes over child custody or visitation rights.

Legal Services also worked hand-in-hand with GMHC's Public Policy Department to draft a new state guardianship law to help parents with AIDS. It also fought as co-counsel on behalf of a client who had earned medical benefits through years of work in the construction industry, only to have his union benefit plan exclude all medical treatment for HIV and AIDS. That case led to a landmark ruling by the Equal Employment Opportunity Commission which found that employers cannot discriminate against employees with HIV or AIDS by limiting or discontinuing their medical benefits.

continued on page 12

This year, GMHC served 48,707 hot meals to clients – 39% more than last year.



9

Diane Green

y HIV status is what empowers me, but my ARC status is what entitles me. I need to use the term "ARC" so I can have benefits. But when I became positive, I became empowered. It didn't move me back, it moved me forward. I made that choice about 48 hours after my diagnosis. I just told myself, "I'm going to get back up and fight this."

I came first for the Child Life program. There were about 50 kids in Child Life then, and my three were part of that. I wanted my kids to have a normal life. I've raised them practically on my own because my family is all dead. Child Life kept me afloat. They put me in touch with other parents that were in similar situations. We had a place to come to. We had events. They were especially needed back at the time when my husband was sick and money was scarce. GMHC was a haven for me.

I became a client and was referred to Recreation. I would come for lunch, the chiropractor and meetings. I would always go to the roof garden. When I'm inside GMHC's walls, I let down a little bit more. Even though in daily life HIV-positive people blend in a little bit more, there's always an edge. We know that we're different, but different isn't necessarily bad.

My first buddy, John, became more of a friend than just a buddy. At the time, I had tremendous pressure. I was running a household. I was taking care of a sick husband. I also was one of the original girls of Life Force, Women Fighting AIDS. When I was having a rough time, I would call him up and he would come and take me and the kids to the beach. I would sit and get calm, and he would watch the kids. He helped me to be able to do the things I needed besides just being functional, so I started to feel like a person again. John is still in my life.

Married in 1984 to an injection drug user, Diane, 34, lost her husband to AIDS in October 1992. She has three healthy sons, 5, 6 and 7 years old. During her last pregnancy Diane learned she was HIV-positive. Diane, who started her own community service program in Brooklyn, is planning to enroll in a modern-dance school. In recovery for nearly a decade, Diane is now living with a boyfriend whom she describes as a "dream come true."



Families with AIDS face unique challenges, and during 1992-93, GMHC expanded its services for them. The RECREATION/NUTRITION/ CHILD LIFE DEPARTMENT added individualized and family nutritional counseling to its array of services to men, women and children with HIV and AIDS. The department provides meals and nutritional counseling under two Ryan White CARE Bill grants. During 1992-93, we: achieved a 40% increase to 200 in the number of families participating in Child Life. Child Life has recently started a weekly drop-in support group; a telephone network that allows registered parents to reach out for mutual support; extended child-care hours; Friday evening family time, which lets parents enjoy a candlelit dinner on one floor while their children play elsewhere; a teen program of field trips and other activities; and a Child Life nutrition program, providing meals to children in their GMHC playroom and on day trips; and significant improvements in the kitchen and dining area funded through a memorial gift from the family of Peter Kreuger;

- served 48,707 meals during the year, an increase of 39% over last year (up from 35,000);
- provided 495 initial nutrition assessments, 1,187 on-site counseling sessions, 115 home visits and advice to 1,087 clients at nutrition groups and forums;
- offered classes, excursions, parties and other recreational activities to 150 new clients each month, bringing the total number of Recreation clients now to 2,600;
- through professional volunteers, provided a range of popular alternative therapies for clients, including acupuncturists, body work and chiropractic sessions;
- distributed 4,000 theater tickets to clients. The tickets were generously donated to GMHC by the performing arts community and by a number of individuals;
- registered 50 clients in free classes at local colleges and universities.

Making a Real Difference: Our Volunteers

hey stand on street corners with educational literature. They facilitate support groups. They become buddies whose compassion and caring brighten the lives of people living with AIDS. They stuff envelopes, pass out condoms and dish out ice cream. In addition, they welcome new clients to the agency, open up their homes to major donors, make telephone calls, serve on the Board of Directors, and hand-deliver mail.

They could not be more diverse. They are chief executive officers and blue collar workers, gay men and straight, lesbians and heterosexual women, pensioners and students, HIV-infected and virus-free, and individuals from a wide range of ethnic groups.

They are our volunteers and they are vital to every aspect of GMHC's work. Last year, 2,300 volunteers worked in our client, education and advocacy programs, contributing an impressive 126,830 hours with a monetary value of \$2.7 million. Another 5,000 seasonal volunteers helped us with our large fundraising events.

Ask them, and invariably our volunteers will tell you that the work is its own reward.

GMHC has made concerted efforts to retain experienced volunteers by finding ways to increase support, reduce burnout, heighten capabilities and express appreciation for what our volunteers do. At the same time, we have intensified our efforts to attract new volunteers from all walks of life.

In 1992-93, the VOLUNTEER DEPARTMENT launched the "Spectrum of Support" (S.O.S.) Program, an array of services for, and often facilitated by, GMHC volunteers. "S.O.S." grew out of Grief and Healing Workshops started three years ago to help volunteers deal with the loss of clients, friends and lovers. Since then, the department initiated support groups for HIV-positive volunteers, regular tours of the agency, a quarterly newsletter, a yoga class and stress management workshops.

Always, we strive to show volunteers how vital their contributions are. At a popular Chelsea nightclub called Roxy, more than 1,200 of our volunteers attended an evening of volunteer appreciation, which included a buffet and dance in February. John Epperson, as the popular drag performer "Lypsinka," had the crowd cheering and laughing at his unforgettable performance.

The inimitable Lypsinka entertained more than 1,200 GMHC volunteers at the February 27 evening of volunteer appreciation.



In our ongoing effort to increase diversity, the Volunteer Department worked with the Deaf AIDS Project to recruit, train and place five deaf volunteers in GMHC clinical service teams. In the Bronx. GMHC worked with Bronx AIDS Services, Inc. and the Bronx Episcopal AIDS Ministries to develop a comprehensive plan to expand AIDS volunteerism. Together, we created an unprecedented partnership among organizations with vastly different experiences. Most importantly, we recruited volunteers to work with people with AIDS in the Bronx, drawing the support of Bronx Borough President Ferrer and the blessing of Episcopal Archdeacon Michael Kendall, among many others.

We also launched a second urgently needed buddy team in the Bronx, where, in some neighborhoods, as many as one in ten residents is infected with HIV.

Our vision of partnership with other communities is also being realized in Brooklyn in partnership with the Brooklyn AIDS Task Force and the Association of Brooklyn Clergy for Community Development.

Volunteers founded GMHC, and they remain our heart to this day. They demonstrate, time after time, that we can move the mountains of despair, ignorance, discrimination and indifference. To the volunteers who move those mountains, we give our thanks.

Robert E. Penn

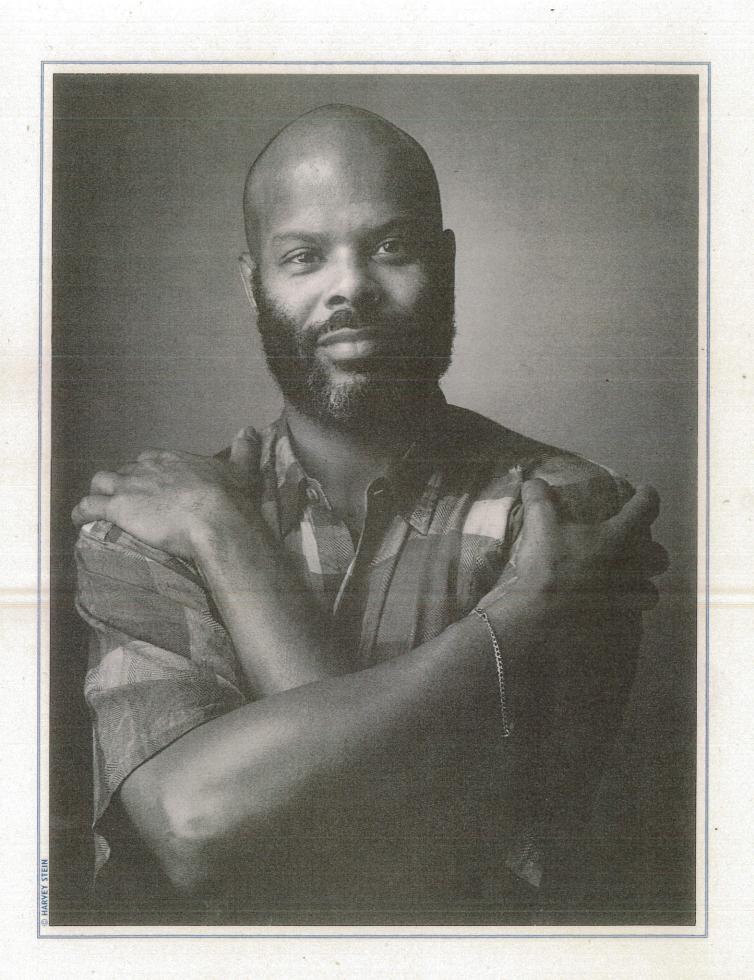
I'm happier in this job than I've been at any other job. I can be myself. I am no longer afraid of finding out about myself. The parts of my life that especially come together at GMHC are being gay and being HIV-positive.

But I think GMHC still could do more for people of color. I spend too much time explaining to people what it means to be African-American and what it means to be HIV-positive. I really think it behooves the person who is not African-American or not Latino or not Native American or not Asian or not Pacific Islander to go find out something, too. Like homework, all Americans have a responsibility to learn about somebody other than their own people. For people of color, we have no choice; we are taught European history, even in high schools attended exclusively by people of color.

It's great that GMHC is safe enough for some people to disclose their HIV status. It's good that we have the HIV-positive support and staff advocacy groups. Our challenge as an agency in the next years will be for people who have tested HIV-negative to get in touch with their feelings about working with HIV in an environment where there are quite a few volunteers and staff who are HIV-positive and, obviously, clients.

Some people feel that we need to listen to HIV-positive people and work on that. But that's like saying with blacks in the workplace that we need to have blacks come train us about being black. That's only a part of the story. What are all the myths, the preconceived notions, the perceptions, false or accurate, that people who are not HIV-positive bring into the workplace that affect their interactions with those who are? It's very important, and really has to be addressed. We can't make enough progress with only part of the picture.

Robert, 45, learned he was HIV-positive in early 1986 and still feels well. A Harvard alumnus, he holds an M.B.A. from New York University. After extensive work-related travel in the U.S., Africa and Asia, he took a position with the National Organization for Women Legal Defense and Education Fund in 1988. He also began volunteering in GMHC's Education Department, dealing with culture shock as he handed out literature at drag balls. He became a member of the GMHC staff in 1990 and now is Assistant Director, AIDS Prevention.



Teaching People Everywhere How To Stay Healthy

ducation works. In cities where explicit AIDS prevention efforts have targeted adult gay males, the number of new AIDS cases reported among them has stabilized. Getting AIDS prevention information out to all communities — people of different ages, cultures and sexual orientations — remains an important part of GMHC's mission.

For the first time, GMHC this year reached more than one million people with our AIDS education messages. But **GMHC's EDUCATION DEPARTMENT** began 12 years ago with our Hotline, the world's first service for AIDS. Since then, hundreds of thousands of men and women, gay and straight, anxious or calm, have been calling the Hotline. This year alone, our volunteers answered more than 77,000 calls. Callers ask about HIV antibody testing, transmission, symptoms, risk reduction, AIDS treatments, clinical trials, even non-AIDSrelated issues. They are answered with compassion, concern and accurate information. Our Hotline also counsels people who are considering an HIV test, and supports and provides referrals to individuals who test positive.

related issues. They are with compassion, conce accurate information. C Hotline also counsels pe are considering an HIV supports and provides reindividuals who test positive and he always are condoms?

One of GMHC's public health campaigns, seen by 800,000 subway riders each day during the summer of 1992.

To reach populations in need, the Education Department has added a variety of approaches: lectures, workshops, bar "zaps," community information tabling and media campaigns. The prevention staff focused on a series of lectures to provide basic AIDS information to people of color, injection drug users, young adults and Spanish-speaking individuals. In recognition, the U.S. Department of Health and Human Services cited GMHC's program to offer AIDS education in Latino gay and bisexual bars with a "Community Health Promotion" award. Staff educators also attended gay church group meetings and rehabilitation center groups, and conducted safer-sex presentations at bathhouses.

We educate, as well, through a growing library of publications. Last year, a record 179,813 copies of Treatment Issues, GMHC's newsletter about treatments for HIV and AIDS, went to individuals, medical professionals and community-based organizations. The monthly publication is now considered the premiere source of treatment information serving the HIVpositive community. The Education Department also produced a number of new publications, among them "Listen Up," a rap brochure for African-American youth who are gay or bisexual, and "Enjoy Yourself, Don't Destroy Yourself," a harm reduction brochure with information about recreational drug use. We also sponsored neighborhood treatment forums and opened the Barry Gingell HIV/AIDS Treatment Library,

the first such dedicated collection in New York City, which is staffed and supported by volunteers.

Other GMHC educational highlights included:

- an innovative citywide public health campaign that advertised the availability of drugs that prevent PCP, a leading killer of people with AIDS. Since mortality rates from PCP are high among communities of color, our campaign used bilingual radio and subway ads to target Latino and African-American men and women. During a six-month period, the posters appeared in every other subway car - 3,000 in all — and radio spots aired on five stations. We also distributed posters and PCP fact sheets to hospitals, clinics, communitybased organizations, physicians' offices and government agencies.
- the largest forum to date on HIV vaccine and immune therapies, co-sponsored with the Community Research Initiative on AIDS. During the two-day event, more than 500 medical professionals and laypeople learned about therapeutic vaccines from world-renowned researchers.
- another public health campaign designed for gay men, "He plays hard... and he always uses condoms," was the first subway AIDS education effort in New York that combined positive images of gay men with a safersex message. Developed with 35 community-based organizations and hospitals, the bilingual campaign was seen by 800,000 subway riders daily and targeted gay men of all colors.

- a "House of Latex Ball," which drew 500 enthusiastic young adults to Club Shelter. The event was the culmination of GMHC's work to build a relationship with New York City's House culture, where vogueing is celebrated. Host Moi Renée coaxed leading Houses into competing for prizes and prestige; meanwhile, members of GMHC's own House of Latex spread the safer-sex message in their inimitable way.
- the first GMHC safer sex guide to be sponsored, funded and distributed by outside, for-profit companies. Produced in partnership with Benetton, the Italian clothing company, and *Spin* magazine, the brochure reached 1.5 million readers in the 18-34 age range.
- a workshop called "What's in It 4 Me? A Safer Sex Thang," which offered more than 100 gay African-American men a safe place to discuss safer sex and homophobia.
- videos for specific populations: "It Is What It Is" for lesbian and gay adolescents (produced with an accompanying curriculum for use in New York City public schools); "Encuentro sin Riesgo," for gay and bisexual Latinos; and "Loud and Clear," produced for the deaf in conjunction with the Deaf AIDS Project.

A key method for us to extend our reach is through our TECHNICAL ASSISTANCE DEPARTMENT. This allows GMHC to promote and replicate our programs at other organizations so that services are available to more people with AIDS. In this way, we not only stretch our resources farther, but we also contribute to organizations that reach underserved communities.

This year, technical assistance took the form of trainings, needs assessments, development programs, grantwriting, fundraising and strategic planning for groups in New York City, around the U.S. and the world. Examples of technical assistance provided by GMHC include guiding the New York City School Board towards implementation of an HIV/ AIDS education program; providing both financial and practical services to the Coalition for the Homeless' Haitian AIDS Project to assist HIV-positive-refugees from the U.S. prison camp at Guantánamo Bay, Cuba; and advising Seattle. Washington's Northwest AIDS Foundation on case management, intake procedures and volunteer trainings.

Among the groups that GMHC has provided technical assistance to are: AIDS Network of West Virginia, American Indian Community House, Body Positive, Fortune Society, Gay Men of African Decent, Leukemia Society, Lower East Side Needle Exchange, NYC Coalition Against Hunger, and South Asian AIDS Action.

Lisa Reid

I really thought life would wait for me and whatever might happen would take a back seat to the fact that I really wasn't sure what I wanted to do and where I wanted to be and how I wanted to get there.

It didn't happen that way.

Having AIDS has made me value life differently. Today, I don't take life for granted so much. I take my relationship seriously. I take seriously my interaction with other people and how I treat them and how they treat me.

I need to come in for support groups again because I'm so busy advocating for everybody else that I don't do a whole helluva lot for myself. I come from a family of substance abuse – one brother died when I was 16 in a drug-related incident, and another brother has AIDS. He's been incarcerated off and on since he was 16 years old. He's 51 now.

When I'm at my most optimistic, I feel like I'm going to be here for my daughter Dorian. But sometimes, when the days are really not that great and I'm not feeling all that up, a little fear sets in. Who's going to be here for her? I think that's what makes me the most comfortable about not really having her with me – that she's learned to establish a life outside of being in the hospital with me. That sounds real morbid, but that was one of the things I was thinking about when I decided to let her go live with my sister in Virginia.

I have a big fear about what I see happening in ethnic communities. A lot of these community-based organizations that plan to offer AIDS services are backed by religious groups. How are they going to address the addiction and the gay issues when they're not even acknowledging them in the churches? Many of us in the black community, gays and lesbians, and people who are HIV-positive and drug addicted, have been alienated from the community – particularly from the churches. Are they going to let us on the boards? Are we going to have a say-so? I'm really concerned about that.

At 34, Lisa has been married twice, and entered, in May 1993, into domestic partnership with Denise Lynder. Her daughter Dorian is 13 years old. A recovering alcoholic and drug addict, Lisa was working for New York City's public schools when she learned she was HIV-positive in December 1988. She was diagnosed with AIDS in 1990. Lisa has used many GMHC services. She volunteers in two AIDS organizations—the HIV Care Network of Southeast Queens and the HIV Health and Human Services Council.



Turning Concern into Commitment: Our Donors

e could not serve our clients, advocate effectively or provide essential education programs without the generous support of GMHC's individual donors, corporations and foundations. Their help has made it possible for us to pioneer programs for all affected communities. By funding GMHC's programs, our donors help people with HIV and AIDS everywhere.

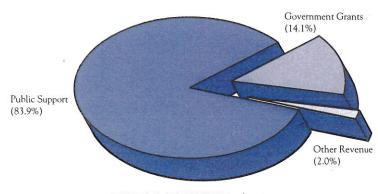
In the past fiscal year, net contributions to GMHC totaled \$20.7 million — 83.9% of our annual operating budget. Included in this sum was \$16.1 million from individuals and donated volunteer services, \$1.9 million from corporations and \$2.7 million from foundations.

A remarkable \$9.3 million, or 37.9% of GMHC's budget, resulted from our special events, among them:

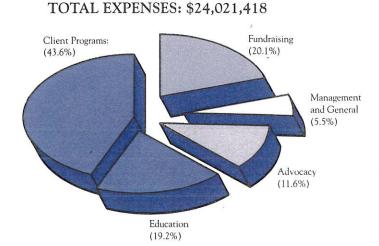
- AIDS Walk New York. A record 28,000 men, women and children, including more than 800 teams from the broadest imaginable range of businesses and communities, turned out on May 2 to walk ten kilometers and turn in \$5 million in support. GMHC shared \$560,000 of the net proceeds with AIDS organizations citywide.
- AIDS Dance-A-Thon.

 Madonna, Salt-n-Pepa, Nona
 Hendryx and Queen Latifah
 were among the performers at
 the five-hour Javits Center
 extravaganza, which more than
 9,000 people attended on
 December 12, 1992. The event
 raised nearly \$2 million.
- Music For Life. A sold-out Carnegie Hall concert on March 14 featured conductors James Levine and Kurt Masur, plus performers Kathleen Battle, John Browning, Thomas Hampson, Midori, Jessye Norman and Pinchas Zukerman. "Music for Life" raised \$1.6 million for GMHC's fight against AIDS.
- AIDS Radio-Thon. During 28 continuous commercial-free hours on Oct. 1-2, 1992, listeners contributed \$200,000 to hear their favorite songs and bid on auction items donated by Elton John, Cher, U2, the Rolling Stones, Magic Johnson, Cameron Mackintosh and others.
- Aretha Franklin: "Duets." Gloria Estefan, Elton John, Bonnie Raitt, Smokey Robinson and Rod Stewart joined the "Queen of Soul" on April 27 at the Nederlander Theatre for an event that netted \$220,000 for GMHC and GMHC Action.

REVENUE AND EXPENSE DISTRIBUTION 1992-1993



TOTAL REVUNE: \$24,718,400



Major donors were and remain essential partners in our work. GMHC's President's Council, composed of our most generous donors — individuals who give \$25,000 a year and more — was created with Board member Joan Tisch and former Board member James Pepper as co-chairs. Entertainment entrepreneur David Geffen, who helped launch the Council with a \$1 million contribution, is honorary chair. Our Friends For Life annual giving program (\$1,000 a year and more) continues to grow; 220 new "Friends" joined this year, bringing the total membership to 735.

This year we also established our first planned giving program, "Partners in Planning," which encourages donors to remember GMHC in their bequests and personal financial planning.

Another highlight of 1992-93 was a reception honoring James D. Wolfensohn for his \$100,000 gifts to Music For Life in 1987 and 1990. The dedication of the Joan H. Tisch Conference and Community Room, a generous gift from the Tisch family with furnishings contributed by Loews Hotels, took place during another reception in June.

Other key components of our fundraising efforts are direct mail and telephone solicitation, which together raised more than \$4.8 million for GMHC, an 8% increase over the previous year.

Special appeals were also successful. For example, GMHC's first note card appeal, which featured a donation by David Hockney of his newest artwork, generated more than 10,500 contributions, totalling approximately \$250,000. The Fall Food Appeal and the Direct Aid Appeal enabled the agency to help clients obtain food, shelter and medical care.

Our clients and all whom GMHC serves benefit from the generosity of our donors, whether the donation is a modest sum or a major gift. We join these beneficiaries in expressing our appreciation for the vision of our donors and their faith in our work.

GMHC PRESIDENT'S COUNCIL (As of June 30, 1993)

Honorary Chairman
David Geffen

Council Chairpersons
James G. Pepper

Joan and 1000 Tisch

Co-Chairs (\$100,000+)
Calvin and Kelly Klein*
Jeffrey B. Soref
Gale and Robert Wallach*
The Malcolm Hewitt Wiener
Foundation
Mr. and Mrs. James D. Wolfensohn*

Vice-Chairs (\$50,000+)
Louis A. Bradbury and
Douglas W. Jones
Jonathan Burleson
Phil Donahue and Marlo Thomas
Connie and Harvey Krueger*

William F. McCarthy
Walker McKinney
Robert and Ornella Vittadini Morrow
Michael A. Recanati
Patricia and E. John Rosenwald, Jr.*
Ira Statfeld
Edward Sulzberger Foundation*
Henry van Ameringen

Members (\$25,000+)
Harry Bader and Fred. P. Hochberg
Christopher H. Browne
Mario Buatta
Beth Rudin DeWoody
Barry Diller
Abigail E. Disney and Pierre N. Hauser
Daniel G. Farris
Donald Florence
Alice and Stanley Harris
Jeffrey Katzenberg
Steven M. Kossak

Joanne Leonhardt Cassullo
Mr. and Mrs. James S. Marcus
Allan Morrow
Dr. Paul and Marianne Naeff
Yoko Ono
Michael Palm
Judith and Samuel Peabody
Martin Richards
Joel Schumacher
Jonathan Sheffer
Jan Allan Sreineri
The Tisch Family
Jonathan and Laura Tisch
Laurie Tisch Sussman
Steven Tisch
Terrance K. Watanabe
Henry and Stacey Winkler
Robert C. Woolley
*Multi-year pledges

Allan Morrow

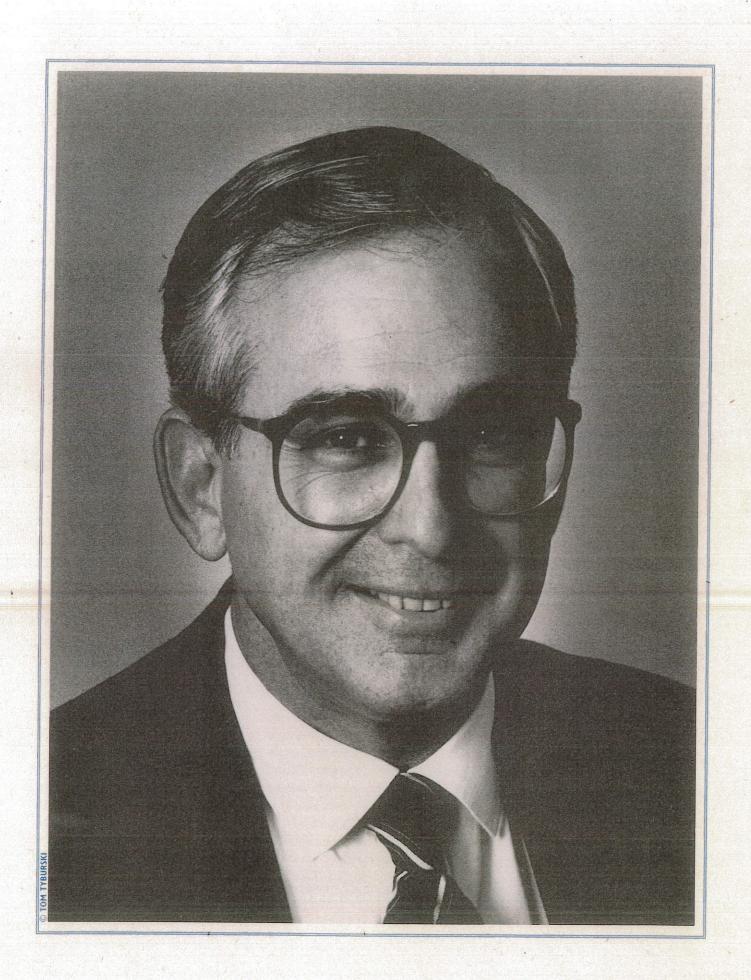
I'm very business oriented. I try to stress the need for efficiency by reminding others that GMHC is a business in addition to a social service agency. One of GMHC's objectives is raising money for our various programs. I serve on the Development Committee, and the Facilities Task Force of the Board, which will help decide the future direction of GMHC programs. One of the projects of the task force is to recommend to the Board whether to provide more services for people with AIDS, or to continue the same services, but for more people. How many people can we serve? What kind of facility will it take?

I express my concern about the ability of GMHC to raise so many millions of dollars each year. It is a big responsibility as there are very limited reserves or endowments. If we continue to expand, I believe the cost of expansion can be paid for, but the cost of operating expanded programs should be carefully studied. Since these are services to individuals, not a research program, we cannot reduce those services already being provided to our clients. Yet many people fail to realize the difficulty in continually raising operating funds.

The work I am proudest of is the Recreation Program and the creation of the kitchen and roof garden. Putting in a kitchen and roof garden delayed completion of the then-new building at 129 West 20th Street for some months. However, I feel it was worth the delay. It heightened the awareness that recreation is a very important part of the needs of people with AIDS. It is very hard to convince people of something like that when you are fundraising. But the success of the roof garden and kitchen area are permanent reminders of the need for recreation. I hope any future expansion of the agency will bear in mind that it is very important for people with a common problem to have a place to communicate with other people about their problem.

What I would like most to achieve through my involvement with GMHC is to enhance the lives of those who are living with AIDS through recreation as well as to further the education of the general public. I hope my business experience and expertise can help guide the agency in the future.

At 53, Allan has been living with AIDS for two years. Although he has had to fight three serious opportunistic infections, he continues his gay, lesbian and AIDS volunteer work at organizations as varied as Burden Center for the Aging, the Lenox Hill Neighborhood Association and GMHC. A founder of GLAAD and founding president of the Stonewall Community Foundation, he joined the Board of GMHC in 1992.



Forcing Change: The Many Faces of Advocacy

n the streets, in the newspapers, through the mail and in the private offices of lawmakers and government officials, GMHC applied constant pressure on the political system over the past year to improve policies for people with HIV and AIDS. We marched and rallied, criticized and cajoled. And we succeeded — to a point. However meaningful, our victories are not nearly enough.

Until all communities affected by AIDS are served adequately by government, GMHC will keep up the pressure.

PUBLIC POLICY DEPART-

MENT. Nothing influences the political system more than sheer numbers. GMHC delivered those numbers — 25,000 strong — at last year's United for AIDS Action Rally in Times Square. Four days before his election, then-candidate Bill Clinton delivered a landmark AIDS policy speech that included every demand UAA made at the July 14 rally.

On World AIDS Day, December 1, GMHC launched a campaign called "AIDS Won't Wait, Governor Cuomo" to press New York's governor and legislature to increase the AIDS budget. The campaign included postcards and newspaper advertisements, radio spots and statewide phone-ins. In January, we issued our third annual State of AIDS in New York report and issued an AIDS "report card" which gave the governor a failing grade on his response to the epidemic. On AIDS Awareness Day, March 1, we organized 1,500 people with HIV and their families, volunteers and staff members from organizations across New York State to meet in Albany with state legislators. The result: The governor added \$10 million to his Executive budget, and the legislature increased the budget by an additional \$8 million. The increases raised the governor's original proposal by 18%. It was the first increase in State AIDS funding in three years.

Along with the State budget victories, there were several major legislative successes in Albany as well. Foremost of these were three landmark laws, enacted in the summer of 1993, that make it easier for New Yorkers with HIV to get, keep or even sell their insurance policies. These laws make it more difficult for insurers, companies or unions in the state to limit insurance payments for specific diseases, easier to carry long-term disability insurance from job to job, and safer for subscribers to deal with companies that buy back life insurance policies from

terminally ill customers. The new legislation regulates the companies for the first time.

For the April 25 March on Washington for Lesbian and Gay Rights, GMHC sent 15 busloads of clients, volunteers, staff members and friends to join hundreds of thousands of others in the nation's capital. Our contingent wore buttons, donned T-shirts and carried placards that bore the slogan: "Homophobia Kills-Cure Hate-Stop AIDS." The slogan was created by GMHC's Communications Department for an advertising campaign that appeared in bus shelters all over Washington during April, in The New York Times and The Washington Post, in Berlin during the IX International AIDS Conference, and all over New York City during Gay Pride Weekend. A Spanish version made its first appearance at the June 13 Puerto Rican Day parade.

In New York City, GMHC worked to maintain AIDS funding for vital city benefits. Pressure from GMHC and other AIDS organizations prevented a reduction in the budget of the Division of AIDS Services. which otherwise would have had to stop paying for home transfusions and nutritional programs. We also were active in the fights for AIDS education, condom availability in schools, and the Rainbow Curriculum. Other efforts to influence city policies included a voter registration drive and an educational campaign about the community school board elections.

To counter an organized assault on school board vacancies by the religious right, GMHC Action, our new political arm, worked to educate other AIDS-related organizations and their constituents about the issues at stake, counter misinformation, and provide guidance on the unusual voting procedures in the election. GMHC Action orchestrated the distribution of thousands of informational leaflets and successfully lobbied the mayor to mail election notices to all registered voters. These efforts helped create a record voter turnout almost double the previous community school board election and ushered into office the first three openly lesbian and gay board members in the city's history. Most importantly, new alliances were forged among communities of color, lesbian. gay and straight activists, AIDS advocates, parents and people concerned about public school education of all classes, sexual

The COMMUNICATIONS **DEPARTMENT** is deeply involved in informing the public about every aspect of GMHC's work. On a daily basis, the department works with the media to ensure accurate coverage of AIDS issues, produces publications for a variety of audiences, and mounts high-impact advertising campaigns. Communications and Public Policy department staff members cooperated on the two-month-long state budget campaign to produce newspaper ads and radio spots, postcards,

orientations and backgrounds.

AIDS won't wait, Governor Cuomo.

The number of New Yorkers living with AIDS grows by some 20% a year.

But for the last two years, New York State's investment in care and prevention has been frozen solid,

In real life, this amounts to a 40% cut in AIDS spending when the need has never been greater.

To his enduring credit, Governor Cuomo has often acted as a leader

should, expressing his concern and setting the stage for action. All he hasn't done is ask for

e money. Example?

There's a program to make sure people living with AIDS can afford life-prolonging prescriptions.

But not enough funds to make sure they will get to see a doctor who can write a prescription.



By now, one out of every 53

New Yorkers has become infected

with HIV, the virus that leads to AIDS And HIV makes each of these people more vulnerable to deadly tuberculosis.

Women have emerged as the fastest-growing group of people diagnosed with AIDS.

And health care providers have reeled from hundreds of millions in

Medicaid cuts supported by the Governor. We can't live another

year like this.
Funding for essential
HIV/AIDS services and
education to prevent its
spread must be boosted by
at least \$50 million in
Governor Mario Cuomo's
1993-94 Executive Budget.
Just to stay even.
What can you do about

What can you do about it? Send the Governor a message he must not forget: AIDS won't wait. Call (212) 417-2100 or

mail the coupon below.

for any property of the section and against the sectio

The Advisor of the Body private and beauty for their back took

GMHC ran this full-page ad in The New York Times on December 1, World AIDS Day.

special events and the State of AIDS Report. The Communications Department also spearheaded preparations for the March on Washington, turning out GMHC baseball caps, "Homophobia Kills" t-shirts, banners and buttons, as well as the outdoor and newspaper advertising for the "Homophobia Kills" campaign.

Last year, the Communications Department:

- arranged more than 100 interviews with GMHC clients, volunteers and staff with HIV requested by news media, from broadcast networks to neighborhood newspapers.
- ran a series of four "advertorials" called "Promises to Keep: An AIDS Agenda for the Clinton Administration" in The New York Times and The

Washington Post, underscoring President Clinton's campaign promises on AIDS.

- secured media coverage for prevention education and treatment initiatives such as the PCP prevention campaign, the House of Latex ball and the Vaccine Forum. The effort paid off with increased press visibility for AIDS Awareness Day, the Bronx volunteer recruitment endeavor and numerous other joint undertakings with other community-based organizations.
 published this annual report,
- The Volunteer, our bimonthly newsletter circulated to 85,000 people, the two-page GMHC News, which goes to 9,000 readers every month, and a number of other pamphlets, brochures and information pieces.

ublic opinion and public policy change all too slowly. There is still much to be done on every front. The United States has yet to declare war on AIDS. A universal health-care plan that provides comprehensive coverage, including prescriptions and preventive care for all Americans, has yet to be enacted. Our nation has not yet committed sufficient funds to find a cure for HIV, safe and effective drugs for opportunistic infections, or a vaccine to protect uninfected invidividuals. Government has not yet implemented forthright HIV prevention campaigns for all communities. The Americans With Disabilities Act is on the law books, but has yet to be enforced. Discriminatory policies that bar people with HIV from insurance, jobs, housing, benefits and entrance into this country are still in effect. A so-called "Manhattan Project" for AIDS has yet to be launched. Full funding of the Ryan White CARE Act has never been appropriated. The 30 recommendations of the National AIDS Commission have never been acted upon.

To be sure, government has a great deal of work to do. So do we. It is our obligation to make sure that elected officials everywhere hear the message that everyone is affected by HIV, and that we will not tolerate a lack of vision, or of leadership in the fight against AIDS. Until that message is heard, heeded and acted upon, we will work tirelessly to move the mountains of apathy, intolerance and inaction. We must do no less.

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

New York State AIDS Institute Medical and Health Research Association-Ryan White CARE Bill

New York City Department of Health

New York City Human Resources Administration New York State Bureau

of Nutrition .

Department of Health and Human Services

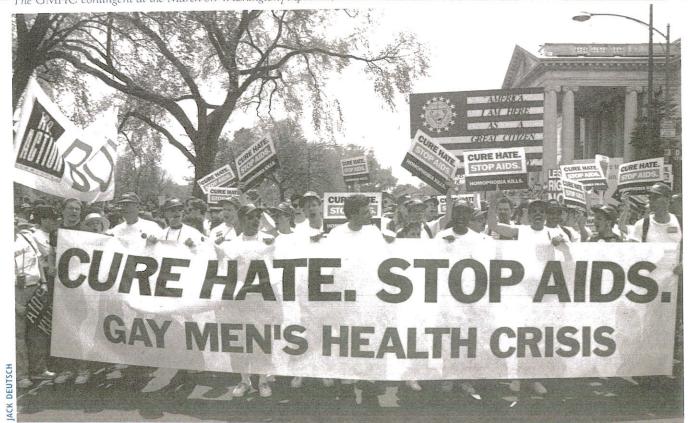
Federal Emergency
Management Agency

New York State Legislative

Grant

New York State Department of Social Services

The GMHC contingent at the March on Washington, April 25, 1993. An estimated one million people took part in the event.



: 26

From the Treasurer

ay Men's Health Crisis, Inc. (GMHC) continued to grow rapidly in the fiscal year ended June 30, 1993 (FY 1993).

Total expenditures during the year for GMHC's program services reached \$17.9 million, up 15% from the year before, and almost double the figure from fiscal year 1990. Of that amount, \$2.7 million is the value of donated services, as calculated at fair market value. This financial valuation of volunteer efforts, of course, does not begin to measure the enormous contribution of GMHC's volunteers.

More than \$10.4 million was spent on client programs, 20% more than last year, and public policy and communications expenditures grew by approximately the same percentage to almost \$2.8 million. Spending on education was up by only 2% despite a larger budgeted increase, in part because some costs of a major PCP awareness campaign were delayed by a few months into fiscal year 1994.

GMHC continues its efforts to maintain the leanest administrative structure possible in order to provide every service dollar we can. We were able to hold the increase in the cost of supporting services, including fundraising, to approximately \$602,000 over fiscal year 1992, an increase of less than 11%. Such costs dropped to 25.6% of total costs, down from 26.3% in the prior year.

Government grants increased approximately \$439,000, or 14%, over the prior year, but

continued their long pattern of decline as a percentage of total revenue. Despite our best efforts to obtain all feasible government funding, such support constituted only 14% of our total revenue in FY 1993, an indication of the continuing failure of government at all levels to respond adequately to AIDS.

So GMHC must continue to rely primarily on the generosity of individuals and relatively few foundations and corporations. Fortunately, our donors came through — by the hundreds of thousands. Their contributions ranged from one gift of \$1 million to the thousands of gifts, large and small, contributed at the eighth annual AIDS Walk New York, the third annual AIDS-Dance-A-Thon, the third Music For Life, and GMHC's other special events and fundraising campaigns. Not including donated services, their gifts, which totaled more than \$18 million, a 26% increase over the previous year, made GMHC's work possible.

The FY 1993 budget as approved by GMHC's Board of Directors contemplated that cash receipts would equal cash expenditures (excluding depreciation). Thanks to our donors' generosity, and prudent fiscal management, revenues exceeded expenditures by approximately \$697,000. About one-third of that amount is earmarked for the PCP awareness campaign mentioned above.

GMHC ended FY 1993 financially sound. Its unrestricted fund balances (exclusive of property, plant and equipment fund balances) totaled \$4.5 million. This amount, however, represents barely two months of GMHC's budgeted operating expenses for fiscal year 1994. The continued generosity of our donors and the untiring efforts of our volunteers and staff are essential for GMHC to continue the fight against the HIV epidemic.

Davil Vollade

David Hollander, 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, 1993, and the related statements of support, 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 Gay Men's Health Crisis, Inc. as of June 30, 1993, 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 Reat Borwick

Balance Sheet

June 30, 1993 (with comparative figures for 1992)

3	1993	1992
Assets		
Cash, primarily interest bearing	\$ 338,390	877,951
Investments (note 3)	4,251,918	2,534,937
Government and other grants receivable	587,738	590,841
Pledges and other receivables (net of allowance for		
doubtful accounts of \$50,000 in 1993 and 1992)	722,059	
Other assets	393,489	
Fixed assets, net (note 4)	10,044,097	10,709,268
Total assets	16,337,69	15,781,437
	i i	
Liabilities and Fund Balances		
Accounts payable and accrued expenses	1,162,73	3 580,853
Deferred support	473,49	4 1,211,183
Obligation under capital lease (note 5)	141,39	5 179,476
Other liabilities (note 9)	53,16	
Total liabilities	1,830,78	1,971,512
Total habitetes	¥:	
Fund balances:	4,505,69	3,117,897
Unrestricted	64,51	
Restricted	9,902,70	
Net investment in fixed assets	34,00	2 2 2 2 2 2
Term endowment fund		and some and appropriate and a
Total fund balances	14,506,99	07 13,809,925
Total liabilities and fund balances	\$ 16,337,6	9115,781,437

See accompanying notes to financial statements.

Statement of Support, Revenue, Expenses and Changes in Fund Balances

Year ended June 30, 1993 (with comparative totals for 1992)

			1993			
	Current funds		Net investment Term			20 <u>2</u>
	Unrestricted	Restricted	in fixed assets fund	endowment fund	Total	1992 Total
Support:						8
Contributions Donated services (note 7) Established memorial funds Special events (net of direct benefit	\$ 7,749,918 2,735,050 141,463	1,103,813 6,730	36,505	\$ 3 °	8,890,236 2,735,050 148,193	2,500,363
cost of \$352,829 and \$258,120 in 1993 and 1992, respectively) Government grants	8,965,403	8,353 3,478,235		-	8,973,756 3,478,235	7,394,837 3,039,223
Total support	19,591,834	4,597,131	36,505		24,225,470	19,797,055
Revenue: Investment income Rental income (note 4) Publication sales and training fees Miscellaneous	95,302 129,850 237,483 30,295				95,302 129,850 237,483 30,295	98,125 155,595 201,840
Total revenue	492,930				492,930	455,560
Total support and revenue	20,084,764	4,597,131	36,505		24,718,400	20,252,615
Expenses: Program services: Client programs Education Public policy development,	6,594,706 3,195,812	3,284,068 1,165,540	589,583 258,611		10,468,357 4,619,963	8,697,686 4,542,683
information and advocacy	2,640,631	65,186	68,923		2,774,740	2,290,033
Total program services	_12,431,149	4,514,794	917,117		17,863,060	15,530,402
Supporting services: Management and general Fund raising	1,165,029 4,683,432	86,171 44,039	72,027 107,660		1,323,227 4,835,131	1,183,948 4,372,906
Total supporting services	5,848,461 _	130,210	179,687		6,158,358	5,556,854
Total expenses	_18,279,610 _	4,645,004	1,096,804		24,021,418	21,087,256
Excess (deficiency) of support and revenue over expenses	1,805,154	(47,873)	(1,060,299)		696,982	(834,641)
ther changes in fund balances: Plant acquisitions and debt service from current funds	(417,359)	(15,850)	433,209			
ınd balances at beginning of year	3,117,897	128,236	10,529,792	34,000	13,809,925	14,644,566
ınd balances at end of year	\$ 4,505,692	64,513	9,902,702	80 80 80 80		13,809,925
	-	-112.45	12 021102	2 1,000	17,000,001	13,003,343

See accompanying notes to financial statements.

Insurance

Taxes and interest

Total expenses

Miscellaneous

Direct lobbying expenses

Total expenses before deprecia-

tion and amortization

Depreciation and amortization

Statement of Functional Expenses

Year ended June 30, 1993 (with comparative totals for 1992)

	Program Services		Supportin	g Services			
	Client programs	Education	Public policy development, information and advocacy	Management and general	Fundraising	Total	1992 Total
Staff compensation-	\$ 4,293,347	1,703,040	843,895	590,509	627,824	8,058,615	6,670,423
Employee benefits and							
payroll taxes	1,249,245	499,452	201,887	144,631	151,177	2,246,392	1,664,639
Donated services and equipment		×					
(note 7)	2,158,200	576,850				2,735,050	2,500,363
Professional fees and contract							
service payments	330,692	226,839	259,848	290,685	1,818,562	2,926,626	2,687,330
Postage and shipping	48,031	95,309	93,629	7,526	806,621	1,051,116	948,010
Telephone	152,336	62,300	26,581	25,502	18,152	284,871	368,568
Occupancy	350,895	165,901	28,930	31,898	86,118	663,742	542,137
Supplies	112,326	51,012	19,699	31,501	54,866	269,404	277,500
Printing	101,907	317,333	134,997	1,227	637,574	1,193,038	1,226,274
Equipment rental and							
maintenance	136,449	56,320	19,732	21,376	121,077	354,954	270,195
Memberships and subscriptions	17,397	14,155	6,160	4,605	2,895	45,212	33,610
Staff and volunteer training							
and support	118,450	47,479	11,836	31,342	19,095	228,202	163,919
Meetings	7,793	10,460	6,937	4,718	1,480	31,388	57,486
Travel and related costs	65,428	47,294	76,535	12,921	47,422	249,600	285,272
Marketing and promotion	26,052	54,185	470,819	419	187,116	738,591	819,326
Staff recruitment	83,124	39,243	27,483	35,930	11,613	197,393	111,618
Other program expenses	107,804	246,315	23,154			377,273	467,254
Food and related supplies	212,601					212,601	172,123
Grants to other AIDS service				<i>t</i> :			
organizations	133,316	110,102	318,800			562,218	430,528
Direct financial aid	91,552					91,552	145,889

27,693

9,071

999

4,361,352

258,611

58,096

19,971

3,762

9,878,774

7,297

6,536

2,577

1,251,200

72,027

<u>\$10,468,357</u> <u>4,619,963</u> <u>2,774,740</u> <u>1,323,227</u> <u>4,835,131</u> <u>24,021,418</u> <u>21,087,256</u>

7,013

2,022

625

125,235

2,705,817

68,923

115,955

41,817

125,235

123,769

22,924,614

1,096,804

15,856

4,217

115,806

4,727,471

107,660

85,371

52,418

118,065

119,625

20,217,943

1993

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 volunteerism, has as its purposes: maintaining and improving the quality of life for persons with AIDS (PWAs) and symptomatic HIV infection, and their carepartners; increasing awareness and understanding of HIV infection through education and AIDS prevention programs; and advocating for fair and effective public policies and practices concerning 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

Client Programs. In Client Program departments, 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 perform 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 group GMHC offers clients, their carepartners, loved ones and friends. The Child Life Program provides services to families with AIDS by offering child care, outings, nutritional counseling and other support to children affected with HIV disease, their siblings and parents. The Recreation Program offers diverse services, social activities and special events. GMHC's Nutrition Program provides clients with free hot meals five days a week, in addition to individual nutritional counseling. The Client Advocacy

carepartners and loved ones.

Department works to ensure that people with HIV and AIDS receive adequate services from health care providers, hospitals and related services. Through the Financial Advocacy Program, the department also directs clients to the proper government financial aid programs and helps them receive benefits to which they are entitled. Through the Legal Services Department, staff and volunteer attorneys assist clients with estate planning, powers of attorney, living wills as well as legal matters involving insurance, housing, discrimination, immigration and personal finances.

■ Education. GMHC's Education
Department volunteers and staff operate
Hotlines, give presentations through the
Speakers' Bureau, conduct public education seminars, advertise, hold safer sex
workshops and produce informative
publications and videos. The AIDS
Professional Program trains mental
health professionals about the concerns
of HIV-positive individuals. The
Medical Information Program produces
a highly respected monthly newsletter
on the latest advances in the understanding and treatment of HIV infection and AIDS.

■ Technical Assistance. GMHC's Technical Assistance Program was started in 1991 to assist other community-based AIDS organizations establish their own programs and services. During this fiscal year, thousands of hours of technical assistance are provided by GMHC staff and volunteers to other organizations on program development, fundraising, nutritional trainings and computer support.

■ Public Policy Development.

The Public Policy Department utilizes a statewide telephone and mail network to call legislators when HIV-related voting occurs. To push for favorable bills and against unfavorable legislation, full-time lobbyists are employed in Albany and Washington, D.C. The department forges coalitions among AIDS organizations and other social change groups throughout New York City and the nation.

The Communications Department volunteers and staff help produce regular publications and special projects. The department also creates advocacy campaigns that often combine full-page

advertisements in leading periodicals with radio spots and press conferences to heighten public awareness on important policy issues.



■ 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 Term Endowment fund represents resources that are subject to 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. After the year 2000 the principal is expendable.

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.

Government grants are recorded as support when the related costs are incurred.

- Investments. Investments are presented at cost or at fair market value at the date of the gift, if contributed.
- Fixed Assets. Fixed assets are presented at cost, or at fair market value at the date of the gift, if contributed.

 Depreciation and amortization have been provided using the straight-line method over the shorter of estimated

useful lives of the assets or the life of the related lease.

■ 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 AIDSrelated issues without jeopardizing its exemption from income taxes under Section 501(c)(3).

In addition, during 1993, GMHC established a related organization to influence public policy on HIV and AIDS related issues (see note 9).

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

INVESTMENTS

The cost and market value of investments are presented

June 30,1993

Liquidating	Cost		Market value	
trust (not readily marketable) U.S. Treasury bills Money market accounts	_2	52,031 2,196,960 2,002,927	52,031 2,195,886 2,002,927	
	\$4	,251,918	4,250,844	
	June 30,1992			
Liquidating trust (not readily		Cost	Market value	
marketable) U.S. Treasury bills	\$	63,891	63,891	
Money market accounts	_2	,471,046	2,471,046	
	\$2.	534,937	\$2,534,937	



FIXED ASSETS

Fixed assets consist of the following:

	Jun	e 30
	1993	1992
Land Building and	\$ 731,740	731,740
building	0.420.224	0.305.053
improvements Leasehold	8,439,331	8,395,052
improvements Furniture and	1,235,958	1,199,088
equipment	3,293,324 13,700,353	2,942,840 13,268,720
Less accumu- lated depre-	15,700,555	13,200,720
ciation and	2 (5(25(2.550.452
amortization		2,559,452
Fixed assets, net	\$10,044,097	\$10,709,268

GMHC has leased a portion of its building to an unrelated not-for-profit organization. Such lease arrangement expires December 31, 1993 and requires minimum rental payments of \$66,250.

OBLIGATION UNDER CAPITAL LEASE

GMHC is obligated under a capital lease for office

furniture expiring January 31, 1997. At June 30, 1993 and 1992, the asset balance of such leased furniture was \$135,433 and \$174,127, net of accumulated depreciation of \$58,042 and \$19,348, respectively. 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, 1993:

	Year ending June 30	Α	mount
14	1994 1995	\$	41,882 44,900
T. 16	1996 1997		44,900 26,191
Total future mini			157,873
Less: amount reprinterest Present value of r		_	16,478
minimum lease payments	2	\$	141,395

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 1994 1995 1996 1997	Amount \$ 320,828 219,223 168,417 52,000
1998 1999	52,000 30,333

Rent expense for the year ended June 30, 1993 was \$347,950.

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 at fair market value 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.

LINE OF CREDIT

GMHC has a \$5,000,000 line of credit available to support seasonal working cap-

ital needs. This line of credit will expire on December 31, 1993. GMHC did not borrow against this line during the year ended June 30, 1993. No commitment fee is required for this line of credit.

RELATED PARTY TRANSACTIONS

On February 3, 1993, GMHC established a related organization, Gay Men's Health Crisis Action, Inc. (GMHCA), under section 501(c)(4) of the Internal Revenue

Code. GMHCA's principal activities are to influence public policy on HIV

and AIDS related issues.

Both GMHC and GMHCA share the same management, employees and facilities, in addition to certain directors. Certain costs for fundraising, programs and administrative management are shared between the two organizations with a proportionate share of those costs billed to GMHCA. As of June 30, 1993, GMHC has a net amount due to GMHCA of \$53,162.

Supporters of Gay Men's Health Crisis

GMHC welcomes this opportunity to acknowledge and salute these "checkbook activists." Every gift, regardless of the size, matters to GMHC. Though it would be impossible to print a complete list of the countless individuals who respond to Polygram Classical & Jazz sible to print a complete list of the GMHC's direct mail appeals, sponsor participants in the AIDS Walk or Dance-A-Thon, or purchase tickets to a GMHC fundraiser, we extend our sincere and heartfelt appreciation to those supporters, along with the generous major donors listed below, for helping us to help others.

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Names in italics are members of GMHC's President's Council. * Friends for Life Annual Fund † Members, Benefactor's Monthly Giving Program

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