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GMHC

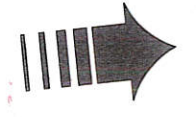
on the

GMHC

GAY MEN'S HEALTH CRISIS

1998
Annual
Report

REPORT



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From the Executive Director

For years before this one, directors at AIDS organizations across the country invoked a common vision of the future. "We want nothing more than to get out of this business," one after another told audiences great and small. "All our work is for that day when we can end this terrible suffering, hang the 'closed for business' sign on the door, and go home." 1997-1998, though, was the year that forced us to replace simple hopes about the future with more complicated questions. What direction should AIDS organizations take now that medical advances—a near revolution in AIDS treatment—mean less terrible suffering, but more people who need help to live? What happens when AIDS service providers start hanging "closed" signs on their doors and go home, not because we've found the cure, but because newspaper headlines and the donors who read them have declared AIDS "over" and moved on? How do you weigh the need to change with the times, to create new kinds of programs that emphasize getting early treatment and staying on it, against the fact that thousands of people aren't benefiting from the new drugs and still need help finding housing, meals and a way to cope? How do you balance the real hope of new treatments against the hype that ignores how little we still know about their long-term effects?

For GMHC, the most comprehensive AIDS organization in the country, 1997-1998 was the best and worst of times. It was the best of times because this year we saw AIDS deaths drop sharply for the first time in nearly twenty years. No, not all racial groups or age groups or risk groups saw equal benefits, but all people with HIV, in all groups, are living longer. This year began to mark an end to the plague years, and the dawn of the AIDS treatment era. The combination of new AIDS drugs known as "cocktails," for those lucky enough to be able to pay for and tolerate them, have changed the picture of AIDS as we knew it. Opportunistic infections associated with HIV, still deadly, are down by 85%. The image of the AIDS victim—weak, hollowed, and helpless—has in many cases been replaced by another, of an outwardly healthy person confronting astronomical medical bills, a relentless daily treatment regimen of up to 25 pills taken at different times, and a deep confusion about what to do next. This was the year of the Lazarus syndrome, the recalling to life of people who had been thought by others, and had thought of themselves, as dead.

It was the worst of times because these incredible advances came with heavy, almost crushing costs. Among them is the \$20,000 a year price tag, every year for life, for those using the

new drugs—not counting tests, or treatment failures that require switching to other medications. Another cost, harder to measure, may be even more deadly. People with AIDS are wasting away less quickly, but compassion for them, and commitment to helping those still in need of help, is rapidly dwindling. In a pattern found throughout the country, donations for the services that have helped keep people with AIDS alive are going down, and some organizations smaller than ours are going belly up. The *New York Times* declared this year the "twilight of the epidemic." News, no doubt, to the thousands of people who came daily to GMHC, often with canes, in wheelchairs, or in high anxiety about how they were going to get food, keep their apartment, or meet their medical bills. For people with AIDS, the lights are going out, not on the epidemic, but on the radar screens of the people whose attention and caring has been crucial to helping keep them alive.

You may no longer know as many people who are lying, corpse thin, in the hospital with AIDS. But do you know how patients with HIV struggle to cope? Do you know how often HIV mutates around the drugs prescribed to treat it, or how the toxic effects of the drugs can cause bodily deformation, heart attacks, or good old, debilitating diarrhea, pain and kidney stones? Do you know what it means to risk a treatment failure for even one or two missed doses in the course of a lifetime of five, fifteen or even forty pills a day, with complicated dietary restrictions? Do you know how useful it can be, and how important, to have help with the basics of treatment-era AIDS service: adherence to medications, advice about how to return to the work force, and accurate assessment of physical changes in response to the drugs?

If you have HIV, or work with people who have the virus—as GMHC's 220 staff and over 6,000 volunteers do—you know first hand not only how much has changed with AIDS, but how ill-prepared society is to deal with those changes. At GMHC, the world's first AIDS service organization, we also recognize that it is our responsibility to lead the way to change. Since no AIDS drugs are useful if you don't know you're infected with HIV, we opened an HIV testing center to help people know they are infected as soon as possible, and worked to place pro-testing messages in subway cars, on billboards and throughout the media. Since there is no vaccine, we prioritized the prevention programs that are our only hope of slowing the disease. Because HIV infections continue unabated in spite of—or perhaps in part because of—promising medical advances, we launched new initiatives, with tailored messages, to let people know how deadly life with HIV can be, and how they can work to prevent infection. We replaced the old "use a condom every time," message, as limited in its effectiveness in the gay community as the

Surgeon General's warning on cigarette packs have become in the world at large, with workshops, counseling and media campaigns that speak to the complicated realities of sex. With HIV infections and AIDS cases rising particularly quickly among women, and the income level of many people with AIDS falling steadily, GMHC launched a Women and Family Services program to help with HIV prevention, treatment education and the skills needed to keep families healthy and together. And we began the painful process of remaking our programs: retraining volunteers, streamlining bureaucracy, and inaugurating state of the art programs—treatment adherence workshops, returning to work trainings, and other short-term interventions—that will make a difference for people with AIDS for a long time to come.

We did not, and will not, cut our support to the people with AIDS for whom our services are a safety net. This year we consolidated all our programs into a single building in order to lower costs, enhance access to services for our clients, and boost community spirit among staff and volunteers. GMHC's dining room still offers three seatings a day, and more than 61,000 nutritious meals a year. Our AIDS hotline, the world's first, still provides thousands of hours of counseling each month for people without doctors, or without a clue about who can help. Staff lawyers and client advocates still work overtime, less busy with end-of-life concerns, but swamped with complaints about evictions, harassing creditors, insurers and public benefits programs anxious to dump the sickest people off their rolls. Our fundraisers, volunteer department and communications staff pulled out all stops this year, creating events and campaigns to locate new supporters, and revitalizing longstanding efforts in every way possible. A record number—more than 38,000—turned out for this year's AIDS Walk.

It's no accident that 1997-1998 was the year of new legal control and punishments for people with HIV: legislation proposing mandatory testing of people with HIV, mandatory notification of their sexual partners, mandatory recording of names of people who test positive and widespread attempts to criminalize the sexual lives of people with the virus. In the public imagination, a weak, helpless person with AIDS is to be pitied, but a man or woman with AIDS who is healthy, working, and out in the world is more often feared. GMHC policy and media experts worked this year to stem a wave of laws aimed at criminalizing, containing or neutralizing the sexuality of people with HIV. Here in New York State, no fewer than 19 punitive bills were proposed, and through hard work—community organizing, lobbying and media campaigns—defeated. In Florida, a man with HIV was forced to wear a hood in court to prevent him from spitting on the jurors. In Alabama, a legislator proposed

outlawing prescriptions of the new anti-impotence drug Viagra to anyone with HIV. His crude, discriminatory assumption—that people with HIV are neither deserving of sexual pleasure nor capable of sexual responsibility—was echoed in disturbing national polls. One in four Americans now describes feeling uncomfortable about being around someone with AIDS. One in three believes that people with AIDS have gotten what they deserve. Half those surveyed think, despite twenty years of public education, that they can get AIDS from a shared drinking glass or toilet seat.

AIDS is in danger of being eclipsed, but this is not the twilight of the epidemic. Already reports are coming back with higher numbers of treatment failures than we had anticipated, and fewer people able to afford the new drugs. All the people pictured in this report—some living with AIDS, some hoping to keep others from having to do so—are recognizing the new realities, and the new challenges, of the AIDS treatment era. We hope that you too will choose to support our work, however you can: volunteering, donating, educating and advocating for change. We hope that you will stand up against the cries that AIDS should not be seen as exceptional, recognizing instead that exceptional effort is still needed to contain an epidemic that—unlike cancer or heart disease or other health care crises—spreads from person to person, and is spreading as fast today as it was ten years ago.

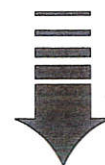
We hope you recognize not only how much has been done, but how much is left to do. To do otherwise is to ignore the dark descending, not on the epidemic, but on the lives of thousands of men, women and children with HIV who will be lost without our help.

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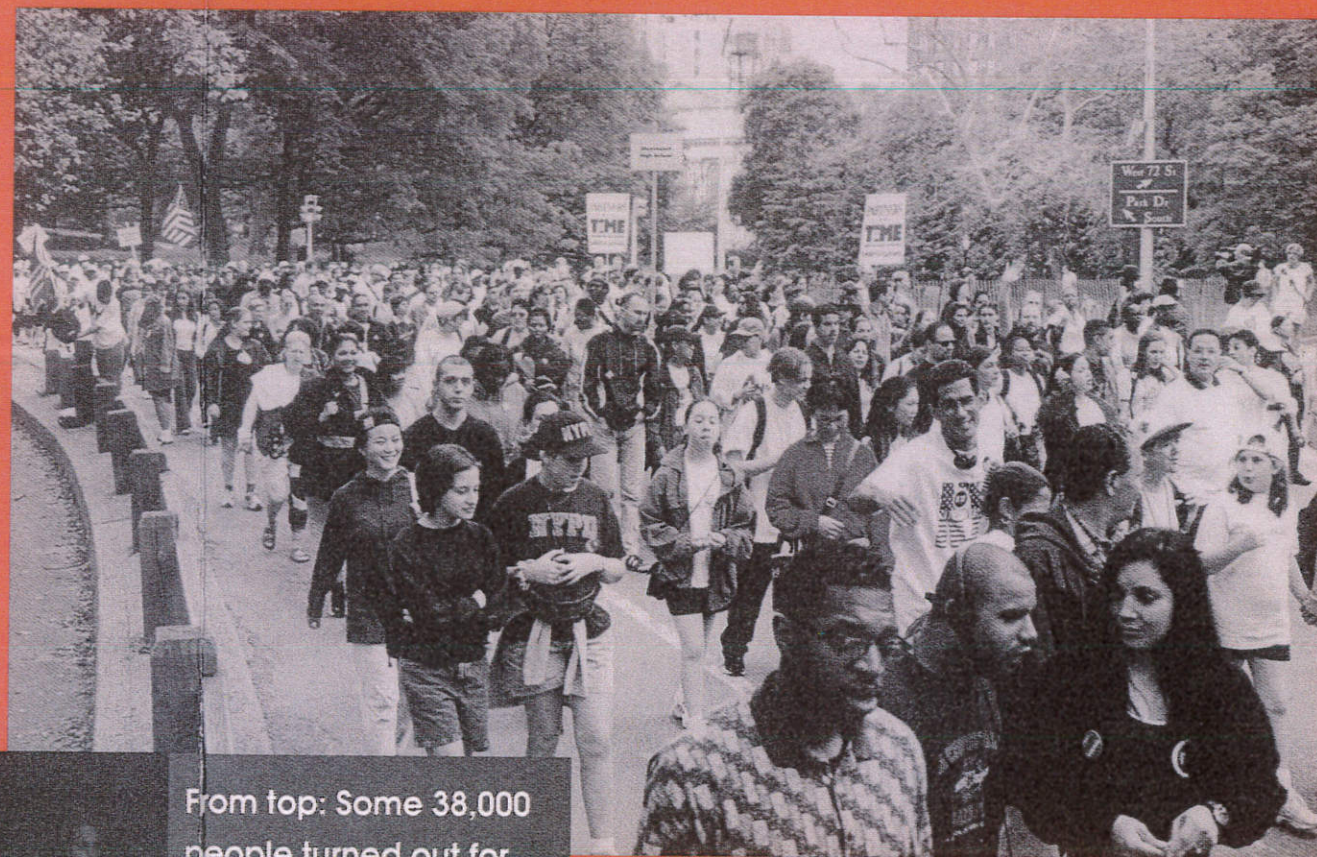
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From top: Some 38,000 people turned out for AIDS Walk '98; Ruben Blades was among the Latino stars at "El Concierto Por La Vida"; GMHC observed Gay Pride with ads and marching contingents;



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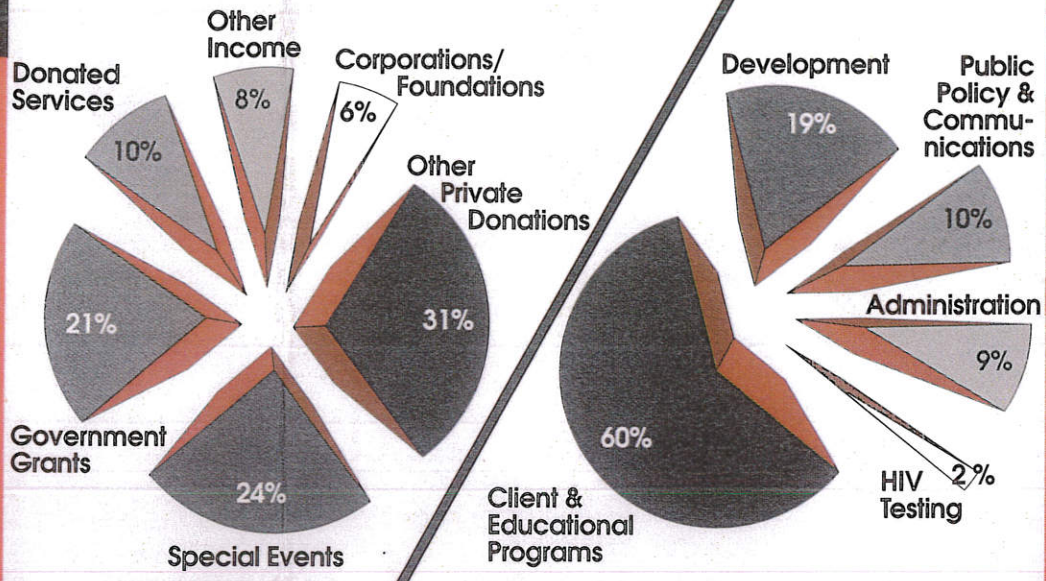
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In the midst of an epidemic, our deeds define us.

Because of who we love, **OUR LIVES MATTER**

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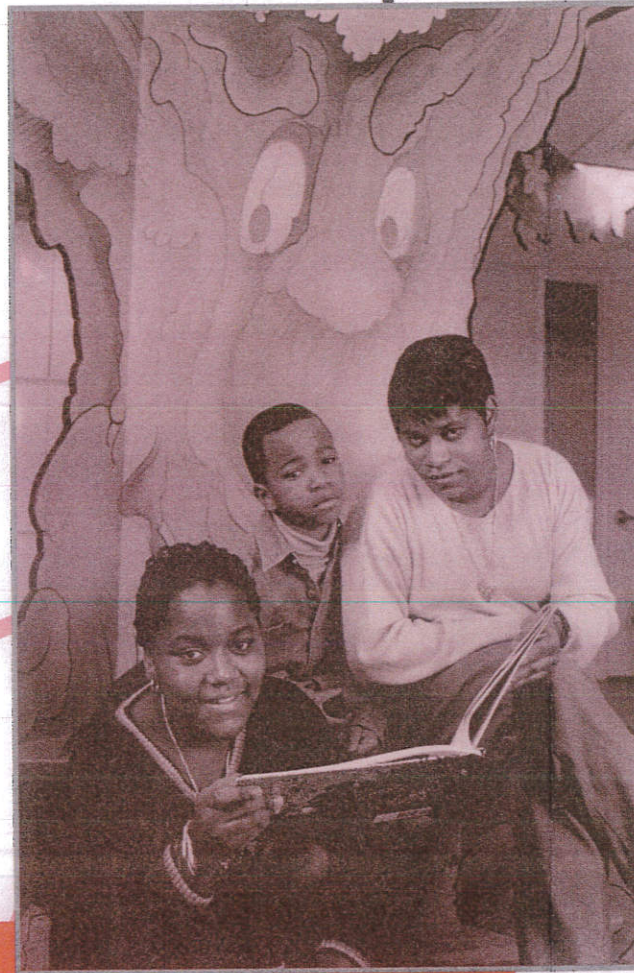


ON THE FRONTLINES

Marcia Tanner

client and volunteer peer educator for the Child Life program

What do parents with HIV need? Information about medical decisions, someone to help them make sense of benefits and legal decisions, a sense of connection with other families going through the same thing and a place to feel safe. In the parent's group I helped organize, we talk: like how do you know when it's the right time to tell your child that you're infected? I want to tell my son, but I'm not ready: at seven, I'm not sure he's old enough to understand. His sister, she's eleven, she's known since she was eight. Telling her was the hardest and best thing I've ever done. I see myself in her: she's working to do everything right, keep her room neat, studying hard. Her dream is to go to Harvard. Mine is to be here to see her graduate. Both my children love coming to the Child Life playroom. I know how they feel. It sounds strange, but I can talk about things here I'm afraid to be open about in my own neighborhood. I used to sit around the house, depressed. But I was a teacher before I got sick, and I still have things to teach, like how to keep the virus from taking control. I want to be an example of power as a mom and a client, helping people see that you can get out there, do research and be your own advocate rather than just giving up or waiting for someone to hand you something.



HIV can strain families to the breaking point. GMHC's **WOMEN AND FAMILY SERVICES**, of which the **CHILD LIFE PROGRAM** is one part, helped more than 1,380 family members in 1997-1998, offering counseling, buddies, babysitting, outings, life skills workshops, nutritional counseling and a free food pantry. Serving 50% more people than last year, the Child Life program is expanding faster than the epidemic itself, which increasingly strikes women and their children.

WHO WE SERVE

By gender:

Male	80%
Female	20%

Helping people with AIDS in 1997-1998, GMHC:

Offered more than 6,500 hours of counseling in more than 50 different support groups, including those for HIV positive parents, couples where one person has AIDS, women with HIV, long-term survivors of AIDS, caretakers and people who've lost loved ones to the illness;

Increased by almost 100% the number of people to whom we offered free legal advice, helping more than 3,300 with health insurance, employment, benefits, child custody, wills, landlord problems and the crushing debts that can come with trying to stay well;

Aided more than 1200 people in gaining access to GMHC services and other programs that could help, sending trained intake interviewers into counseling rooms, clients' homes and hospitals to offer needs assessments, practical advice, support and referrals;

Used the telephone to break through isolation, providing more than 5,000 referrals and crisis interventions, calling more than 2,200 people with HIV illness who were homebound or otherwise incommunicado, and working with Coalition for the Homeless to offer voice mail and a phone number for those who had neither phones nor homes of their own;

Dispatched nearly 500 buddies who spent 28,800 hours helping homebound people with AIDS with everything from shopping and chores to working out complicated medication schedules and ways to stick to them;

Provided one-on-one and family therapy free to people with AIDS in Spanish and English;

Offered clients more than 2,600 nutritional counseling and education sessions, 450 education scholarships, 25 different weekly classes, 30,000 theater tickets, and wellness programs including massage, acupuncture, reiki, yoga and chiropractic care.



Marcia Tanner

writer and department

By the time I was destroyed New York from AIDS, the Bis English. Peo book about m Brazil, to a getting deat lost, I could to put togeth showing why Before the he watching the I was granted for permaner I appreciate

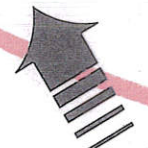
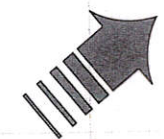
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To fight for fair policies and against

WET DING



WHO WE SERVE By race/ethnicity:

White	34%
Black	31%
Latino/a	31%
Asian/Pacific Islander	1%
Native American	<1%
Undisclosed	2%

GMHC's IMMIGRANTS WITH HIV PROJECT, operating at five sites throughout Manhattan, Queens and Brooklyn, provided free legal help to nearly 1,500 men and women in 1997-1998, and helped a record number of HIV positive immigrants obtain asylum and legal permission to remain in the U.S.

D Souza Legal Services of client

I heard about GMHC, I was sick, living in the shelters, suicidal. I'd come to Brazil with my Church. When they learned I had AIDS, he put me out. I didn't have family. I didn't speak English here got me some housing, some benefits. I wrote a book about my experiences with the Church that was published in Brazil. It got a lot of attention, and then my family in Rio started threatening me. It was a big risk to apply for asylum: If I was deported. Daniel, the GMHC lawyer, worked with me. He gave me a huge pile of documents, like another book, and it would be dangerous for me to have to go back. I was hearing, I didn't sleep for 32 hours. Once it started, GMHC lawyers, I was scared, but secure. We won: I got legal permission to live here, to work here, to apply for citizenship. It wasn't just paper, or the victory, it was the human touch.

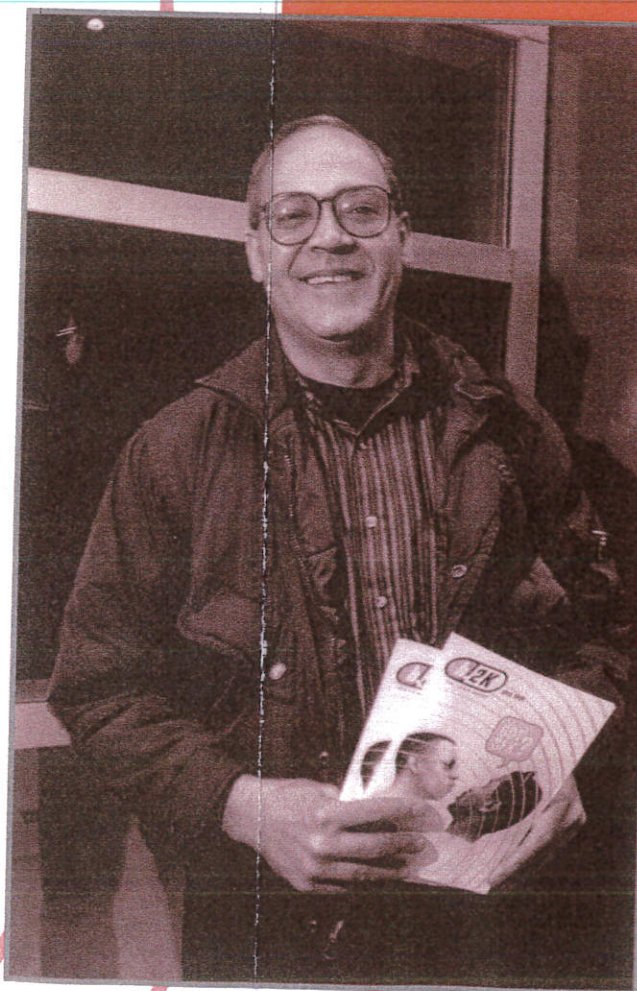
Ismael Rivera volunteer, Proyecto P.A.P.I.

Two of my friends were trying for a month to get me to join the group. It was a real Latin soap opera: they'd say, "you have to come, come tonight," and I'd say, "I can't possibly, I don't want to." My little brother is positive. I didn't want to be in touch with it. When I went, it was totally different than I thought, much lighter. People were friendly, joking, teasing each other but doing the work at the same time. I found out later that some were positive, some were negative. We translate things into Spanish, go out to the bars with condoms and literature, try to provide basic information, register people for the Beyond 2000 project, or just try to establish a connection, a relationship. Many of the men we talk to are out at the bar, but still in the closet—they tell you flat out they won't come to GMHC to get this information. I gave one guy a condom, and he called me over an hour later and said, "How do you use it?" I thought, "Is this a pick up line?" But he was serious. He was 26, he didn't know. We're all learning. I went to an all-day retreat with the other

volunteers and they asked me to start, to break the ice. Talking about my feelings, my history, it was very emotional. There are so many private things, things you don't want to remember, about your ex-boyfriends, what it felt like to come to New York, so many wonderful people who got sick. I didn't realize until then how I was holding it all inside, and how strong and good it felt to talk about it, and let it go.

PROYECTO PODER, APOYO, PREVENCIÓN E IDENTIDAD (P.A.P.I.)

is one of five HIV prevention projects, each targeting different groups, that make up GMHC's Beyond 2000 (b.2K) initiative. A three year effort to recruit 2,000 gay men to help each other and others stay uninfected into the next millennium, the project met this year's goal and then some, recruiting more than 1,500 men in the first year alone. b.2K's workshops, magazine, and counseling programs have become a model for prevention efforts nationwide. More than 600 of b.2K's current volunteers are Latino.



PREVENTING HIV infection, and the harm it causes

in 1997-1998 GMHC:

Blocked rate hikes for people who buy their own insurance in New York, launching a public awareness campaign dramatizing the potential impact of the measures and crafting an agreement to subsidize premiums for these most vulnerable New Yorkers.

Lobbied for and won a \$16 million increase in the State budget for continued Medicaid coverage for legal immigrants with AIDS whose benefits were to be cut off.

Freed \$75 million in funds from the National Cancer Institute and directed them toward AIDS research.

Used www.gmhc.org, our award-winning website receiving more than a million "hits" annually, to provide policy alerts and accurate AIDS information to individuals from Botswana to the Bronx.

Coordinated opposition to numerous discriminatory laws, using briefing papers, opinion pieces, letter writing campaigns and community organizing to oppose mandatory partner notification, mandatory names reporting for people testing HIV positive, and other coercive measures.

Worked in coalition to block privatization of public hospitals until protections were in place for people with HIV and AIDS.

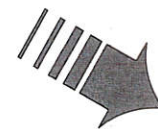
Rallied support for needle exchange in the New York congressional delegation, and openly confronted the Clinton Administration about its wrongheaded opposition to the measure.

Led the New York State effort to ensure access to HMOs for people with disabilities, including people with HIV and AIDS.

Fought for and won \$24 million in funds to develop HIV special needs plans for HMO's and community-based organizations in the age of managed care.

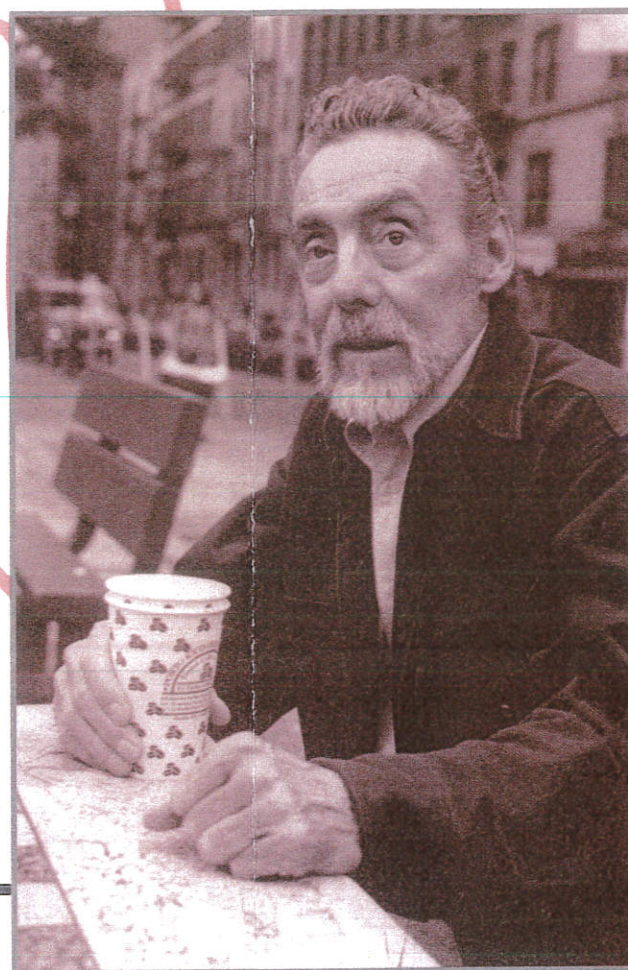
Convened a national meeting of health care privacy experts to discuss drafting of federal legislation to protect the privacy of medical records, allow consumers to inspect their own files and punish unauthorized disclosure of medical information.

people with AIDS



JUSTICE RECREATION volunteer, Recreation and Nutrition program

Twelve years ago, I met someone from GMHC when I went to a talk on mortality with a friend who'd lost a child. Back then, I didn't realize AIDS was such a problem, or that a single volunteer could make a difference. Now people say "Serving dinner every Friday night for twelve years? How can you do it?" Simple. Three hundred "thank you's" every time I go in. The worse the week I've had, the better my Friday night is, because when I get here everything just falls into perspective. It's different than it was: when I started, it was forty people for a meal, a frozen stuffed cabbage and baked beans, people hanging out until midnight when we'd reheat something else and set it out. Now we have an excellent team in the kitchen and everything's fabulous, but there are so many people, we have to do three seatings a night. I have had to step back a bit, no more hospital visits five nights a week. I couldn't keep it up. But when I think about stopping, or complaining, I think, well, AIDS hasn't stopped, so why should I. If I have a headache I've only to look around and realize I have nothing to complain about. And besides, I love the recognition. When people come me and say, "I'm so glad to see you here tonight, that you're with us," that's a tonic for me. That has real meaning. You get that in your nine-to-five job.



NEW YORK CITIZENS AIDS NETWORK

(NYCAN) GMHC's citizen lobbying effort, registered more than 12,000 voters, reached more than 20,000 with aggressive phone banking at election time, and mobilized people with AIDS and their supporters in districts all across the State on issues like partner notification, insurance rate hikes, and Medicaid cuts.

Dimitri Alexander

client and public policy volunteer

I got mobilized when Albany started talking about "partner notification" and criminalization of sex for people with HIV. I was furious when I saw the papers. A week after that I went to a weekend training conference for GMHC's New York Citizens AIDS Network, and I was impressed. The man leading the workshop was calm, but he knew in exquisite detail how to explain why this kind of conservative thinking discriminates against people with HIV, attacks our civil rights, and fights people with AIDS in the name of fighting AIDS. From him I learned that lobbying is really a form of verbal chess, a way of presenting the issues, grounded in fact and given power by your personal story. I'm an actor, so I have good communication skills. I'm living with AIDS, so I have an affinity for the issues. I and a group of other volunteers hit the streets: getting people to sign letters to members of the Assembly, circulating petitions. I went to the POZ Magazine convention, the gay and lesbian business expo, streetcorners, everywhere where there were other people with AIDS who could understand. This year, at the training workshop, I was teaching rather than sitting in the audience. I've also started a new project, getting people in their districts to meet with their legislators and form an ongoing relationship. These are general meetings, not agenda driven, to get people into their legislators' offices, get them known. We started a month ago and we've already had visits in Harlem, Brooklyn, and a few in Manhattan. We get people in the district to call other people in the district to see if they want to go along. For Brooklyn we got a woman whose sister had died of AIDS, and she was bringing up the sister's teenage daughter. She went in and she said what she had to say. And there was no question. That legislator was listening.



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Volunteers provided 8,335 hours of support to GMHC's MEALS PROGRAM this year, making every dollar go farther. In 1997-1998, the program served more than 61,000 hot meals to people with AIDS who might not otherwise eat, find social support or successfully meet the demands of their HIV treatments.

WHO WE SERVE
By sexual orientation:

Gay/Lesbian/ Bisexual	62%
Heterosexual	34%
Undisclosed	4%

Jamie Pittman
volunteer, David Geffen Center

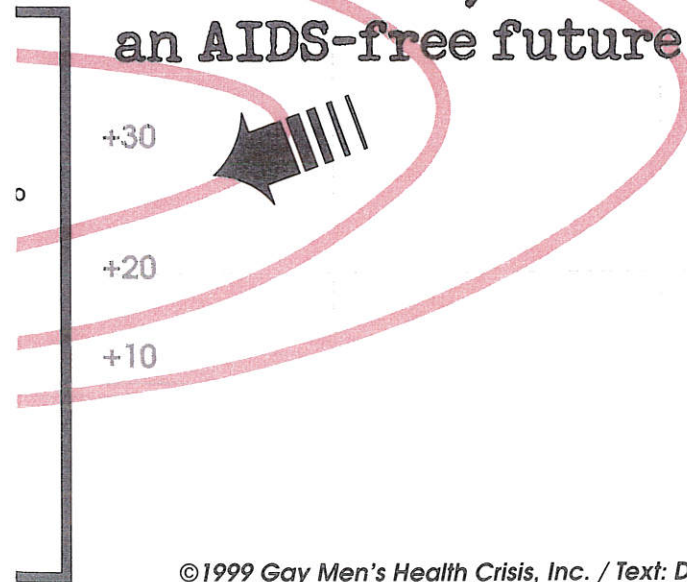
When I first heard the words "doctor," and "HIV testing center," I was expecting someplace where there would be tons of rules and everyone was judging you with their eyes. People are focused here, but it's not stuffy and sterile. I came new to New York, from rural North Carolina. Watching how hard staff here work to build relationships has helped me figure out some relationship questions of my own. Everyone's caring, but relaxed. The same person who can give you the best possible counseling and draws your blood is still a person, who can talk to you about life. The staff here is even coming to the presentation of my newest creation at design school, which is where I am when I'm not volunteering. Actually, Bernadette, one of the counselors: she's wearing it!

At GMHC's DAVID GEFFEN CENTER FOR HIV PREVENTION AND HEALTH EDUCATION — dubbed "best place for an HIV test" by New York Magazine—no one is turned away for lack of funds, and counselors actually listen rather than lecture. At testing centers nationally, a third of people tested never show up for their results. At the Geffen Center, men and women return for their test results at a rate of 99.8%.

To stop HIV and the harm it causes in 1997-1998, GMHC:

- Performed more than 3,000 evaluations, counseling sessions and group meetings in English and Spanish through our groundbreaking Substance Use Counseling and Education Programs;*
- Offered dozens of workshops whose topics and titles — "One Night Stands," "Love Stories," "Positive and Sexual," "Sex is..." — gave nearly 1,000 gay men new ways to talk and think about HIV risk, love, and sex;*
- Delivered more than 3,000 free acupuncture treatments to calm our clients and help them contemplate the risk for HIV and ways to lower it;*
- Created a department of Women and Family Services which offers a sweeping array of workshops, counseling and trainings;*
- Pioneered programs to reach lesbians struggling with HIV or fighting to stay uninfected, creating workshops, support groups, and peer education through our Lesbian AIDS Project, an initiative setting a national standard on reaching women too often overlooked;*
- Organized hundreds of forums, trainings and workshops in English and Spanish at AIDS organizations, health care settings, prisons and community centers to help people understand changing AIDS treatment developments;*
- Forged new programs—Gay Men's Counseling and Education, Soul Food (for Black men), Proyecto P.A.P.I. (for Latino men), and Peer 2000 (for young men)—to reach gay men at high risk for HIV infection;*
- Created groundbreaking new publications—including GMHC's first safer sex kit for women, the Spanish language treatment publication Notas Clínicas, booklets and fact sheets on AIDS drugs and recreational drug use, as well as an annual magazine, Beyond 2000, which carried GMHC's messages to more than 200,000 readers;*
- Distributed more than one million pieces of educational literature on HIV, how to prevent it, and how to treat it, making GMHC the world's largest distributor of AIDS information in the world;*
- Published LAP Notes, the only regular publication devoted to issues relevant to lesbians with HIV and those who care about them, and more than 500,000 copies of the internationally respected treatment publication, Treatment Issues;*
- Answered more than 38,000 calls for help on the GMHC AIDS Hotline, providing counseling, emotional support, information and referrals to AIDS services across the country;*
- Offered free, confidential support, information and face-to-face peer counseling to more than 700 people who walked into GMHC in need of advice, many facing critical issues such as a new HIV diagnosis, recent risky behavior, the decision to test for HIV.*

FIGHTING
for fairness, and
an AIDS-free future



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