

GMHC ANNUAL REPORT

July 2000 – December 2001

GMHC continues to experience a significant increase in not only the volume but the diversity of newly registered clients. As the following scenarios illustrate, clients often enter with specific requests. Upon further engagement, it becomes immediately clear that there exist myriad underlying issues inextricably linked to the management of their health and well-being.

rs who are living with HIV/AIDS in order to alleviate h
discuss how to disclose his HIV status. Client is a 28-year

LETTER FROM THE EXECUTIVE DIRECTOR

Imagine if you will, the courage it took to assail a disease without a name, an origin, or a clear route of transmission. Imagine the commitment required to continue that assault for over two decades, fighting and never wavering. The founders of Gay Men's Health Crisis had that kind of courage. Theirs was the first organized response to a disease that has and will continue to affect each and every one of us for years to come.

I am proud to say that the courage first demonstrated twenty years ago is as strong as ever at GMHC. Now, our challenge is to remain as facile as the virus is cunning; to respond quickly and directly in ways both new and effective; and to never be complacent. A dear friend says, "keep on keepin' on," an appropriate maxim as it honors the unrelenting commitment of the past while drawing on its strength for the future. That perseverance defines GMHC's history, and perhaps more importantly, determines our future.



Ana Oliveira

With alarming statistics emerging every day that indicate the pervasiveness of HIV/AIDS—and its disconcerting counterpart the growing trend by many to no longer consider it a threat—the need for GMHC and all that it does has never been greater. With mounting obstacles, decreased support, and the inevitable toll of two decades of struggle—we have much work to do. We must continue to provide quality care to those living with the disease and we must fight until new infections are not just stymied, but reduced to nothing.

GMHC will persevere in these endeavors. We will "keep on keepin' on." We will continue to increase the accessibility of our services to those communities pushed to the margins by income, race, sexual orientation, gender and stigma. We will continue to provide a safe space for all people infected and affected by HIV and AIDS—a space that is ever more inclusive—never exclusive. We will remain on the cutting edge of care, fashioning our services holistically—responsive to the needs of the *human being* living with this disease. We will continue to voice loudly the need for HIV and AIDS to be a local, state, and national priority—as a healthcare and human rights issue. Institutionally, we will continue to aggressively partner with other organizations to reach as many people as possible, maximizing our complementary skills and talents.

GMHC learns from and responds to the people we serve, the volunteers who keep us functioning, and the donors who make it all possible. The combined strength of these constituencies makes us an organization delivered and directed by the same desire—to serve. We are positioned to respond quickly and effectively to a disease that increasingly changes its direction and tactics. Resilience and determination are our greatest strengths. They guarantee our existence and efficacy for years to come and maintain our evolution, our ambition, and our tenacity. They are an integral part of our successes, inform the strides we have yet to take, and fuel the courage required to persevere in these challenging times.

A handwritten signature in dark ink, appearing to read "Ana Oliveira".

Ana Oliveira
Executive Director

LETTER FROM THE CHAIRMAN OF THE BOARD OF DIRECTORS

Thinking about Gay Men's Health Crisis in 2001, the turbulent year that contained both the horrors of the World Trade Center attacks and the 20th year of AIDS, I am struck by the foresight and potency of our mission statement. It has been said that the test of a truly great mind is the ability to hold onto two opposing thoughts at the same time. GMHC is a truly great institution because under the leadership of our Board and our Executive Director, Ana Oliveira, it continues to grow and change to meet the increasing demands of the epidemic all the while doing more with less.

In a period of extraordinary tumult, GMHC has remained extraordinarily stable. In a year in which every resource was stretched thin, we reduced operating costs, reduced our cost to raise a dollar to 23.6 cents, and paid down our bank loan—so important to our future viability. As we have been asked to do more with less, I am proud to say that we were able to give raises to our staff and improve our benefits structure for the first time in three years. The strength of our mission, the professionalism and dedication of our staff, the commitment of our volunteers and donors—and our unique ability to adapt and progress—led to a year of exemplary service and cost-efficiency. In the past year, we:

- honored our heritage with an exhibition on the 20-year history of the epidemic at the Museum of the City of New York;
- expanded our Early Intervention Services through the introduction of Orasure (an orally-administered HIV test) and began offering syphilis testing in response to an alarming increase in syphilis rates in NYC, especially among gay and bisexual men in Chelsea;
- launched the Hotline Online Project, expanding the reach of our hotline services through online information sharing, peer-counseling, and referral services;
- implemented the Managed Care Consumer Assistance Program for HIV-positive clients on public assistance who rely on HMOs for their health insurance;
- enhanced our policy presence through hosting a landmark forum on global treatment access, held in conjunction with the United Nations General Assembly Special Session on AIDS;
- expanded Soul Food and Proyecto P.A.P.I., our community-building and HIV-prevention initiatives for black and Latino gay and bisexual men; and
- through a major gift from a longtime donor, Terry K. Watanabe, launched the Addie J. Gutttag Partnership Initiative to provide momentum to new collaborative efforts, new technical assistance programs, and new outreach activities.

What follows is a portrait of the agency over the past 18 months. We felt that any year scarred by the events of September 11 warranted some extra time for reflection and appraisal in order to communicate as full a picture as possible. We hope that the pages that follow honor the selfless contribution of time and creativity, generous financial support, and forceful activism we benefit from every day of our lives. I invite you to read them with an open heart, a curious mind, and a prodigious commitment to join in our efforts.



William F. McCarthy

A handwritten signature in cursive that reads "Bill McCarthy".

William F. McCarthy
Board Chair

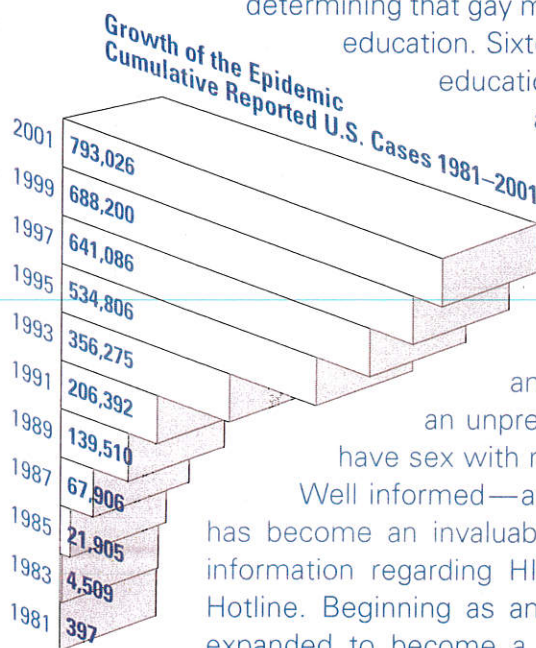
HIV PREVENTION INITIATIVES remain the most effective, broad-based strategy to accomplish the first critical task outlined in GMHC's mission statement—to reduce the spread of HIV disease. In the absence of a cure, prevention initiatives provide a crucial access point where we can intervene, directly alter the course of the epidemic, and save lives.

Prevention, though highly instrumental in the effort to halt this epidemic, brings with it a number of challenges. It must reflect cultural norms relevant to vulnerable communities and it must continue over time. It must address the differences within highly diverse populations. And it must engage each of the communities it seeks to serve in a culturally appropriate dialogue—GMHC does just that.

In 1985, GMHC began that dialogue when it conducted the groundbreaking survey—the 800 Men Project. The survey changed the face of HIV prevention, determining that gay men responded to gay-affirming, sex-positive, explicit HIV education. Sixteen years later, GMHC continues to provide provocative education materials like *The Arrow of Love*, a new brochure about uro-genital health, which ran as an insert in the popular free gay weekly, *HX*. The Sexual Health Survey of gay and bisexual men, conducted from 1998 to 2000, followed in the footsteps of the 800 Men Project, reestablishing this important dialogue on a grander scale by engaging thousands of community respondents. Groundbreaking in the size and diversity of its sample, the survey continues to yield an unprecedented level of detailed information about men who have sex with men throughout New York City.

Well informed—and equipped with two decades of experience—GMHC has become an invaluable resource to thousands of people seeking accurate information regarding HIV and AIDS. GMHC created the very first HIV/AIDS Hotline. Beginning as an answering machine in a founder's apartment, it has expanded to become a national and international resource on the phone, in person, and online, playing an instrumental role in breaking the isolation many people with questions and concerns about HIV and AIDS feel. In addition, the Hotline remains one of the only national interactive HIV/AIDS resources that provides counseling as well as referrals.

Another reflection of GMHC's priority to engage vulnerable communities is our community-based, peer-driven outreach programs each of which target and serve a distinct community in ways informed by that community. Gay Gotham is an initiative helping gay- and bisexual-identified men to collaboratively raise a greater consciousness of HIV prevention and sexual health through workshops, groups, and one-on-one peer counseling sessions about sex and relationships. Gay Gotham volunteers hand out prevention materials and interact with the community at bars and dance clubs in New York City. Soul Food, an initiative helping black men



Our mission is to reduce the

who practice same sex desire connect with their peers, recently expanded to include Soul Food Plus—a specific prevention intervention for HIV-positive black men to discuss sex, how to stay safe, and how to protect others from infection. Proyecto P.A.P.I. [Poder, Apoyo, Prevención e Identidad (“Power, Support, Prevention, and Identity”)], a program involving volunteers working in HIV prevention among immigrant Latino gay and bisexual men in New York City, recently grew to include a new group in Portuguese for HIV-positive gay men—thereby expanding our ability to reach an even more diverse audience. It also houses QUE (Queer Urban Explorers), a program targeting young Latino gay men. The House of Latex Project, a program now in its 11th year, continues to target

Client is a 22-year-old gay African American male. Client is seeking HIV counseling and testing due to recently learning that a former sexual partner tested HIV positive. Client presented with concerns that he may have been infected by his partner after having had sex without a condom. Client reports that although he generally practices safe sex, he finds it difficult to be consistent when he is falling in love. Client is overwhelmed by the prevalence of HIV in the world and wants prevention counseling services to help him address the levels of risk in his behavior.

members of the House/Ball community, a social network of primarily black and Latino, gay, bisexual, and/or transgendered youth and young adults. The House of Latex Project provides group and individual support throughout the year and culminates in the largest community-wide prevention effort of its kind, The House of Latex Ball—a wildly popular community event with nearly 3,000 participants.

An holistic, harm-reduction approach informs every aspect of GMHC’s prevention services. For example, GMHC was the first to include substance use counseling in a prevention effort—addressing the relationship between substance use and risk behavior. Today, many of our clients participate in our Steps Towards Change group, helping them develop plans and coping skills to deal with their substance use issues, reducing their risk of infection and increasing their well-being. In addition, the Gay Men’s Counseling and Education initiative provides education programs, drop-in safer-sex counseling, ongoing groups, and one-on-one counseling for both HIV-positive and HIV-negative gay men.

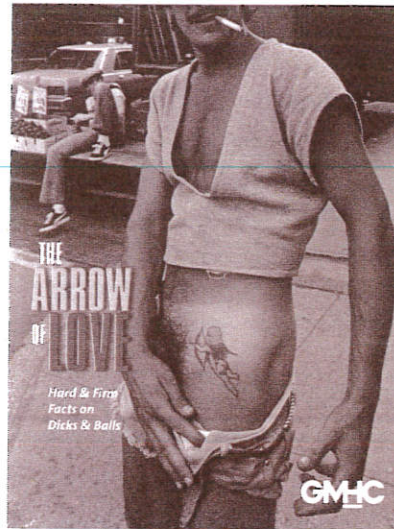
Responding to the expansion of the AIDS epidemic, GMHC developed programs and strategies addressing the impact of HIV and AIDS in communities of women. The Lesbian AIDS Project (LAP), created in 1992, addresses the absence of HIV-related services for women who have sex with women. By affirming and engaging lesbian-identified women living with HIV, GMHC seeks to remedy the many layers of stigma that impact them. Within LAP, the Latina Initiative targets the unique HIV and health-related needs of the Latina community

spread of HIV disease...

and serves as a bridge, integrating Spanish-speaking women into the services provided by GMHC. Other women-focused programs, like Women In Action and its sister Mujeres en Acción, provide counseling, prevention education, support groups, and referral services, building self-esteem, and offering all women, regardless of sexual identity, a variety of opportunities for personal growth in a safe and empowering environment.

All of these efforts engage marginalized communities with voluntary testing, information, and care. The nature of the HIV testing and counseling programs at GMHC directly reflects significant changes within the disease itself. Over the past two decades AIDS has grown from an epidemic to a pandemic. The painful realization that this disease would not be swiftly eradicated demanded a significant change in the methods used to prevent its spread. GMHC's evolving prevention philosophy acknowledges that people must assess their own risk taking. Within the context of sexual and emotional well-being we provide services that address factors that may adversely effect decision making and put a person at risk of HIV infection.

GMHC has long been a pioneer in the development of explicit and culturally targeted educational materials.

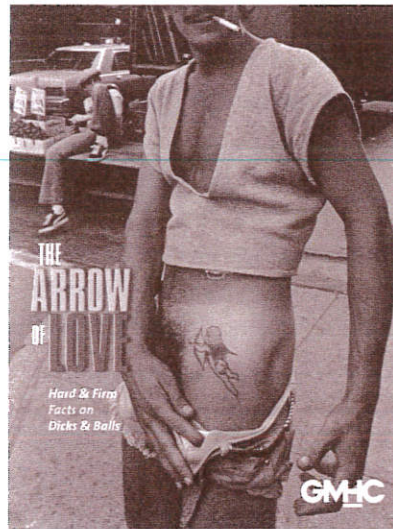


Our trained peer volunteers working in the field seek to engage persons at risk with testing and care. In fact, many vulnerable community members frequently access GMHC's services through the David Geffen Center for HIV Prevention and Health Education. The Geffen Center tested 1,500 people over the past year with an unequaled 98% rate of return for test results. This stands in sharp contrast to the New York City Department of Health's 50% rate of return. These numbers clearly reflect both the importance and quality of our testing services. The Geffen Center offers both blood and oral mucus-based testing by appointment and via walk-in hours, and this past fall, began testing for syphilis (in partnership with the Department of Health). Furthermore, 99% of people who test positive at the Geffen Center have an appointment with a primary care physician within two

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weeks of their initial test, speaking directly to the Center's effectiveness as a bridge to both medical provision and GMHC's services, which offer a comprehensive array of treatment and education programs.

By cultivating an organic intelligence—basing our education and outreach on information and experience gathered in the field—GMHC has become the leader in providing relevant, specific, and, most importantly, effective prevention services. We are an organization informed by the very people we serve. In addition, by recognizing (and encouraging) the multiple points of intersection within all the communities we serve, GMHC is able to provide accurate and effective prevention services to all, at the exclusion of none.

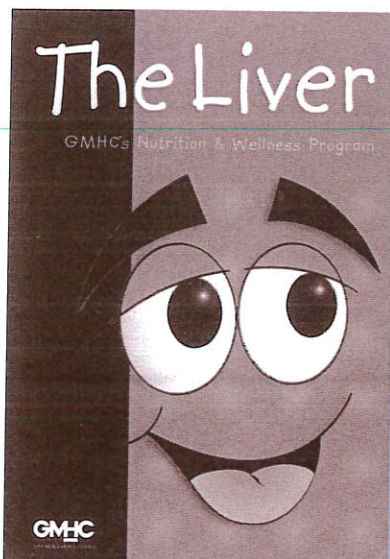
Client is a 30-year-old gay white male living in Manhattan. Client began seeing a counselor in SUCE program for crystal meth use and the sex he is having on crystal meth. Client reports recreational drug use in the past, but the inexpensive, long-lasting high of crystal in combination with its disinhibiting side effects have made him more interested in getting high, both with others and when he's alone. Drug use has not yet interfered with client's job, though recent promotion has increased his expendable income and subsequently his consumption. Client reports feeling lonely and bored, and having sex with 5 to 12 people during any given weekend, but feeling consistently alienated. In groups, client is examining the relationship between his sex life and his crystal habit, and is interested in changing those behaviors.



Eye-catching safer-sex kits combine condoms with information about GMHC services.

THE LIFE AND WORK OF GMHC centers around the basic assertion that people with HIV and AIDS need information, access to services, and medical care to stay in control of their lives. From the beginning, our programs have been designed to respond to the people we serve. Today, we continue to adapt to the epidemic and its alarmingly increasing numbers. Our programs provide stability in an increasingly difficult environment, addressing a range of quality-of-life issues that so many take for granted: food, housing, access to health care and mental health support. We support individuals working to transform their lives and their communities. GMHC provides free services for everyone in New York City infected with and affected by HIV and AIDS: from those at risk to long-term survivors, from those newly infected to those struggling with failing therapies. In so doing, GMHC uniquely responds to the true depth and complexity of this epidemic under one roof.

This complexity is reflected in every aspect of GMHC today. From the diversity of our staff, volunteers, and Board of Directors to the continual expansion and inclusiveness of our programs. HIV is like no other modern disease. It has no vaccine. It cannot be cured. Medications are limited. Its psychosocial implications are unrelenting. No other disease has ever provided such a piercing lens on our sense of humanity, on our human condition. No other disease today carries with it the stigma, the shame, and the isolation that people living with HIV and AIDS experience.



By improving the lives of people living with AIDS, our work is always evolving. One of our greatest assets in this fight is the courage and commitment of our volunteers. GMHC's first 80 volunteers, rallying behind our six visionary founders, are now more than 7,000 men, women, and young people. Those initial pioneering individuals helped create and distribute GMHC's first medical newsletter, mailing 50,000 copies to doctors, hospitals, and clinics nationwide. Today's volunteers send more than a million copies of educational and prevention materials around the world. Our monthly newsletter, *Treatment Issues*, for instance, provides probing analyses of research data, up-to-date coverage of new and experimental developments in AIDS therapies, and life-saving information for people living with HIV and AIDS.

Relevant, up-to-date medical and treatment information is essential to clients' abilities to manage their HIV disease.

The Terry K. Watanabe Volunteer Center at GMHC is the most extensive and diverse volunteer program in the city, with the highest quality of training and supervision. Our volunteers come from 50 countries, range in age from 16 to 90, and bring a multiplicity of assets to the work of GMHC. Unique to volunteer programs—and true to our guiding spirit of partnership—the Watanabe Center not only trains and supports volunteers; it is a learning center that shares its experience and resources in volunteer management and provides technical assistance to service organizations throughout the world.

Twenty-one years ago, GMHC's Meals Program began with a single electric frying pan. Last year, we reached a new peak, serving more than 70,000 meals as

...help people living with HIV

part of a comprehensive nutrition and wellness program. Most of our clients rely on public assistance to survive, living on \$11 a day. For many, GMHC provides their only daily meal. Our holistic nutritional approach not only offers wholesome meals, it maximizes the benefits of HIV medications by helping clients adhere to their treatment regimens through counseling and support. The Peter Krueger Dining Room at GMHC provides daily opportunities for our clients to come together, ask questions and learn from one another, and to socialize in a healthy environment—countering the tremendous isolation that many experience in their day-to-day lives.

Client is a 47-year-old heterosexual African-American woman. Client was diagnosed over a year ago with HIV through heterosexual contact. Client has a primary care physician and a psychiatrist. Client is not currently on any HIV medications due to severe side effects experienced during her first round of treatment. Client has a history of drug and alcohol abuse however reports being clean for a couple of months and wants to stay clean. Client reports having two biological children and one adopted child at home, all under the age of 10. Client wants help in disclosing her HIV status to her children.

In the first six months of 2001, GMHC experienced twice as many serious illnesses and deaths among our clients as in the past two years combined. With over 100 multi-lingual workshops and training sessions each year, our Treatment Education and Nutrition & Wellness programs reflect the complex challenges of managing life with HIV and AIDS with a scope of subject matter that is enormous. Recent offerings range from seminars on reading lab reports and HIV-related complications to understanding the specifics of the immune system as a whole.

In 1991, recognizing that HIV is a family disease, requiring services that include both parents and children, GMHC established the Child Life Program. At that time, families dealing with HIV had few places to turn for information and support to address their losses and their grief. Today, GMHC is helping families succeed as families. Today's Child Life Program serves 850 children and their families who are dealing with entirely new, long-term issues of living with AIDS. Our services include a food pantry and emergency food packages (which saw a 25% increase in usage this year); workshops and support groups (also up dramatically in the past year); parenting classes to help increase communication and problem-solving skills; permanency planning services; increased access to primary care; child sitting; and recreational and social events to help normalize the experience of living with HIV and AIDS.

Fear, depression and anxiety as well as social isolation, high-risk behavior and substance use, are some of the emotional and behavioral manifestations of the

trauma of living with HIV and AIDS. At GMHC, services integrate the mental and physical needs of clients, as we are intimately aware of the relationship between mind and body. Hundreds of mental health interventions are conducted at GMHC each year. The security of a safe environment, peer support, and professional mental health services are essential to uncovering and working to overcome the many underlying challenges that complicate the lives of people living with HIV and AIDS. GMHC provides over 1,000 support groups in the course of the year for persons living with HIV and AIDS as well as their care partners and significant others. Our Buddy Program continues to connect clients with more than 300 volunteer buddies, who provide personalized care and support wherever it is needed.

Our mental health professionals provide critical services, from crisis intervention, to short- and long-term counseling and support groups, to extensive follow-up activities. Because of this, clients actually access the services to which they are referred and receive the assistance and advocacy to which they are entitled. In connecting clients with primary medical care, GMHC has an extraordinary 96 percent success rate. In following up with clients' psychiatric care and in connecting clients to drug and alcohol detox programs, GMHC is also a state leader.

For many people living with HIV and AIDS, maintaining or improving their health and independence is a vicious paradox. And, like the epidemic itself, the issues of housing advocacy and homelessness prevention continue to grow larger and more complex. In 1983, a physician was threatened with eviction from his home simply for treating people with AIDS. GMHC helped Lambda Legal Defense take the landlord to court. That suit—the first successfully litigated AIDS discrimination case—set a critical precedent. HIV discrimination in New York City continues unabated. Our clients are still being evicted, fired, and denied basic human rights simply because they are living with HIV or AIDS. The legal services and client advocacy work of GMHC supports and fights for more than 3,000 people each year, providing services in English, Spanish, and Haitian Creole.

GMHC operates legal clinics in seven off-site locations throughout the Bronx, Brooklyn, and Queens, meeting the legal needs of HIV-infected individuals in their communities as well as the courtroom. These clinics were especially important in re-engaging clients into services after September 11, when many immigrants feared detention and deportation. Immigrants face multiple barriers to obtaining HIV care, and frequently dread deportation to their countries of origin, where treatment is often not available and the stigma of HIV or homosexuality amounts to a de facto death sentence. We serve more than 2,000 documented and undocumented immigrant clients each year, providing legal counseling and advocacy. Often, we are a safe haven, not only connecting people to much-needed healthcare, but also engaging individuals in the legislative process through a unique and highly active client-driven immigrant advisory board.

All of GMHC's client and volunteer programs are grounded in the lives of those we serve, such as our Program Services Advisory Group, a client-focused

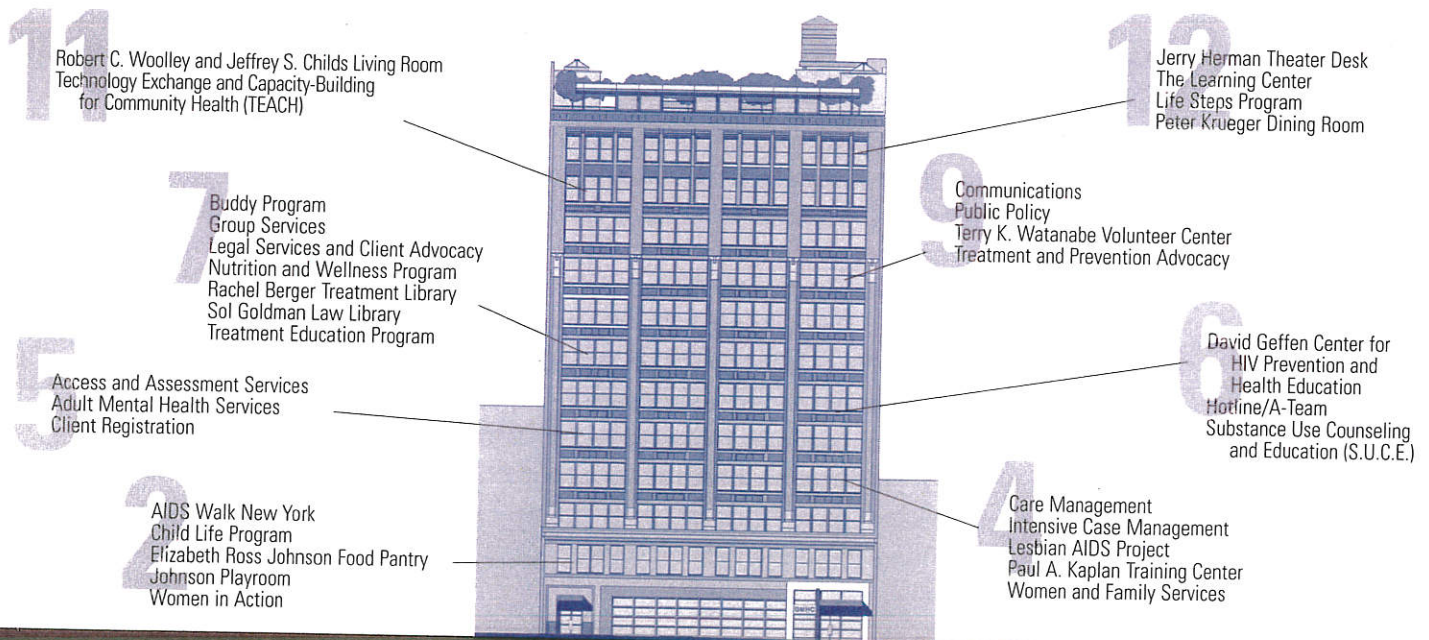
...maintain and improve their

forum for our consumers to not only provide input but to actively participate in enhancing our programs. Nowhere is this activity more remarkable than in our burgeoning Peers Program, a supportive and comprehensive training process through which clients—whose lives are already complicated by HIV and AIDS—become part of a dynamic solution. For those delving into the complicated terrain of transitioning from disability to the workplace, or exploring their continuing education, our career-development workshops and seminars are a source of great empowerment for our clients.

Since our founding, we have worked with organizations throughout the world to develop volunteer programs, AIDS hotlines, HIV prevention campaigns, legal and political advocacy efforts, and targeted, HIV treatment education materials. In the 20th year of AIDS, our own 20th anniversary, we received a major gift from longtime donor Terry K. Watanabe to create the Addie J. Gutttag Partnership Initiative. This initiative is providing momentum to new collaborative efforts, new technical assistance programs, and new outreach activities, helping GMHC continue to develop long-term strategies in dealing with the epidemic. In the aftermath of September 11, the work of the Addie J. Gutttag Partnership Initiative proved to be of even greater urgency and purpose. We have learned that the social-service community serves most—and serves best—when we come together and build on our respective strengths. We serve the needs of people throughout the five boroughs of New York, and continue to engage all communities affected by the epidemic.

Our hard-won expertise in dealing with life-and-death issues, in confronting crisis, reinforces our ability to persevere in the face of adversity. We are a community of activists, committed and courageous, bound by the promise of a world without AIDS.

The Tisch Building



health and independence...

“THINK GLOBALLY, ACT LOCALLY” the saying goes. GMHC grew out of a response to what at first seemed like a local emergency. As the scope of the pandemic expanded, communities around the country and around the world responded and looked to GMHC for ideas and leadership. We responded by developing strategies to end the epidemic from the ground up, with attention to details at both the local and global level.

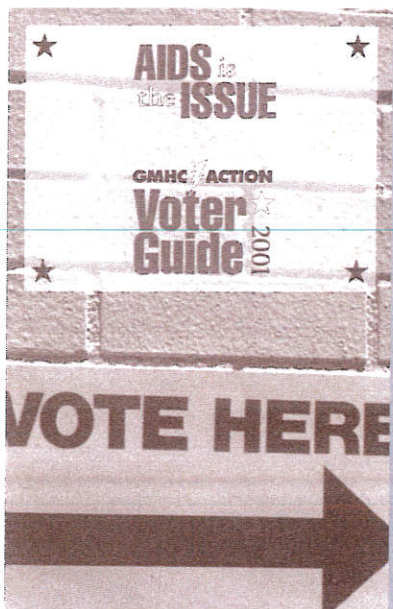
Our long history of advocacy on behalf of our clients and the greater AIDS community has made us a significant force in shaping public policy responses to the epidemic. In the early days, advocacy efforts focused on discrimination faced by people stigmatized for living with HIV and AIDS. At the same time, legal battles were mounted to ensure access to quality care. People living with HIV and AIDS became their own advocates, revolutionizing a public health care system with demands for speedier access to quality life-saving care and treatment.

GMHC speaks authoritatively on the issues affecting people living with HIV and AIDS precisely because our clients and volunteers bring their day-to-day experiences to educate policymakers. Nowhere is this clearer than in the work of the New York Citizens AIDS Network (NYCAN), GMHC’s grassroots advocacy organization, which brings clients and volunteers face-to-face with elected officials throughout New York and in Washington, D.C.

During elections, GMHC plays a very important role in keeping AIDS a vital campaign issue, educating voters and candidates alike. Registration and education efforts during the 2000 presidential elections included a get-out-the-vote campaign that resulted in more than 10,000 calls made to potential voters. For the most recent mayoral elections, GMHC developed and distributed 20,000 voter guides, detailing the candidates’ positions on issues of concern to our constituents. GMHC was an active partner in the planning and presentation of four candidate forums from Harlem to Chelsea. Throughout the busy campaign season, our volunteers utilized AIDS Walk, street fairs, and other events to register voters and educate the public about their crucial role in the election process.

Central to our advocacy efforts is the elimination of barriers to healthcare. In the past year, GMHC helped more than 4,000 clients navigate the complicated bureaucracies that provide public benefits and health insurance, especially Medicaid, the primary health insurance for a majority of people living with AIDS. A striking example of the potential for reform came in the wake of the events of September 11 with the creation of a Disaster Relief Medicaid program. This program made it possible for access to same-day health coverage which we have long advocated for in coalition with our partners in New Yorkers For Accessible Health Coverage and other healthcare groups. Most notably, a streamlined eligibility and re-certification process will make it easier to get and keep health coverage, benefiting thousands of people living with this disease.

Working at all levels of government is critical to our ability to maintain a strong voice for people with HIV and AIDS.



...and keep the prevention,

In keeping with our commitment to high-quality health care for people living with HIV and AIDS, GMHC was a key partner in the statewide community planning process for Special Need Plans (SNPs) for Medicaid beneficiaries living with HIV. GMHC wrote the book, *SNiP Tips*, a guide to navigating the new system throughout the city.

Recent data from a number of studies, including GMHC's own Sexual Health Surveys, and the CDC's Young Men's Surveys, continue to show alarming rates of HIV, hepatitis C and sexually transmitted infections, especially among young gay men and people of color. Advocating for effective, community-based, culturally appropriate HIV prevention services remains a top priority. Despite a

Client is a 42-year-old gay white male. CD4 count and viral load unknown. HIV mode of transmission: same sex contact. Client reports being diagnosed with depression and is taking anti-depressants. Client's entitlements include Medicaid, SSI, and food stamps. Client is currently residing in city shelters and on occasion with a sister. Client presented with no medical documentation or names and numbers of any medical or psychiatric provider. Client expressed challenges in taking his meds as prescribed, creating difficulty in keeping scheduled appointments and following through on treatment plans. Lack of stable housing and consistent access to food adds to this complication.

series of severe year-end budget cutbacks, GMHC and our partners salvaged a new initiative to provide \$2.5 million in city funding for prevention efforts targeting communities of color. We continue to work actively in Albany for the creation of a similar initiative for communities of color statewide.

Through our partnership with AIDS Action Council, GMHC was involved with successful efforts to increase the level of federal funding for prevention, domestically and globally, helping to secure increases for the Ryan White CARE Act and other domestic prevention programs. In addition, we pressed for greater U.S. contributions towards the global AIDS fund to be administered by the United Nations.

Intravenous drug use continues to propel the epidemic, accounting for 40% of infections in New York State alone. GMHC played a crucial role in the passage and implementation of the state's Expanded Syringe Access Program, one of the most significant pieces of public health legislation in the history of the fight against AIDS. This measure, allowing the sale and possession of needles without a prescription, is a step towards much-needed access to sterile syringes, and expanded needle exchange programs—programs that have been shown to cut the spread of HIV in half in other states.

treatment and cure of HIV...

Since the beginning of the epidemic, we have lobbied drug companies, the National Institutes of Health, and the Food and Drug Administration for expedited research and development of and access to new drugs for HIV and AIDS. Today, we continue this groundbreaking work, pushing for research and faster access to new drugs, desperately needed by the many people who are resistant to the current generation of treatments. We have expanded our advocacy efforts in AIDS research, fighting for an effective vaccine and HIV microbicide. GMHC and the Rockefeller Foundation jointly hosted a conference on microbicides, bringing together leading scientists and advocates to discuss the challenges and opportunities for this revolutionary development in HIV prevention.

As with our program services, AIDS treatment activism must reflect the needs of the communities hardest hit by the epidemic. To that end, GMHC co-sponsored the National Minority AIDS Council's North American Treatment Action Forum, bringing together treatment educators and activists from communities of color to learn about and discuss the latest developments in AIDS research and treatment. GMHC is also a founding member of the AIDS Treatment Activists Coalition, a new national coalition of people living with HIV and AIDS and advocates working together to end the AIDS epidemic by improving HIV research and treatment access.

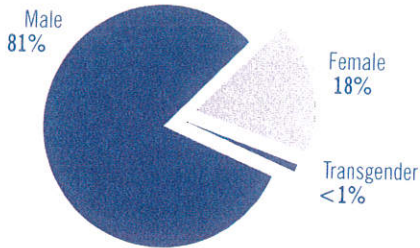
In June 2001, we organized a policy forum on the implementation of antiretroviral therapy in the developing world, coinciding with the first United Nations General Assembly Special Session on HIV and AIDS. While death rates from AIDS have fallen dramatically in the United States, most people with HIV and AIDS around the world do not have access to the drugs that have made this possible. GMHC's forum brought together the world's leading scientists and advocates fighting for treatment for the world's poor, including UNAIDS, Doctors Without Borders/Médecins Sans Frontières, and the Brazilian National AIDS Program. Later in the year, we co-sponsored a scientific workshop to develop cheaper versions of important laboratory tests used to manage HIV infection to ease their implementation in the developing world.

Whether advocating for increased prevention efforts, more and better treatments, expanded access to quality healthcare, or legislative reforms to benefit people living with HIV, GMHC has proven itself a leader in creating sound public policy to effectively fight AIDS.

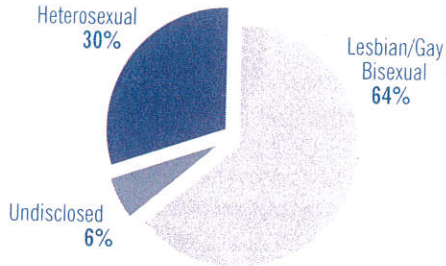
...an urgent national and

GMHC'S CLIENTS

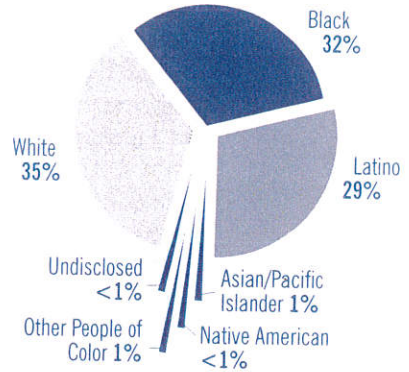
BY GENDER



BY SEXUAL ORIENTATION

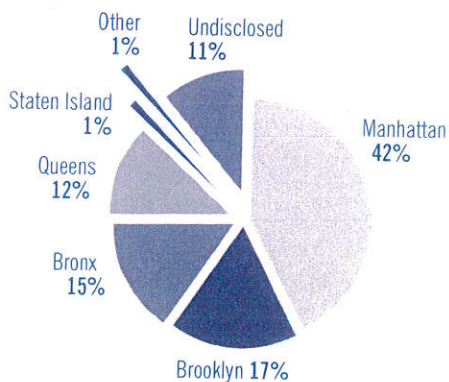


BY RACE AND ETHNICITY

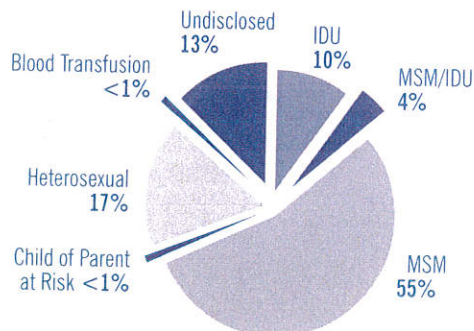


Client is a 31-year-old bisexual Latino male. Client received his diagnosis a month ago and requested a Newly Diagnosed group. Client hasn't told anyone about his diagnosis. Client reports feeling depressed, isolated and worthless. Client's CD4 count is 470 and his viral load is 10,000. Client is not currently taking any medications. Client wants to be in a support group with others who are living with HIV/AIDS in order to alleviate his feelings of isolation, learn how to live with his illness, and discuss how to disclose his HIV status.

BY BOROUGH OF RESIDENCE



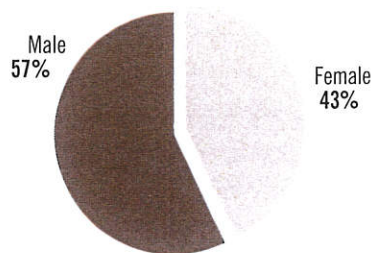
BY MODE OF TRANSMISSION



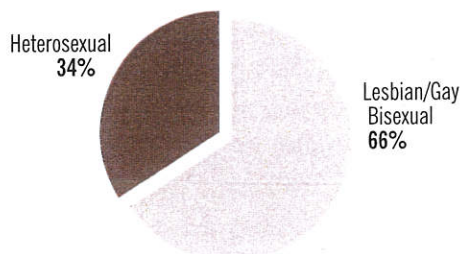
local priority.

GMHC's STAFF

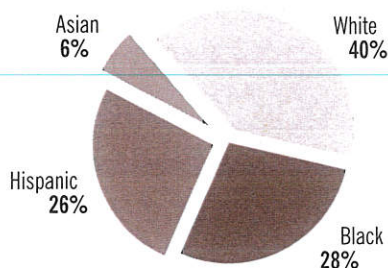
BY GENDER



BY SEXUAL ORIENTATION



BY RACE AND ETHNICITY



2000-2001 BOARD MEMBERS

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 William F. McCarthy, *Co-Chair*
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 Lawrence Van Valkenburgh
 Vaughn Williams

LETTER FROM THE TREASURER

I am proud to report that during the fiscal year ending June 30th, 2001, Gay Men's Health Crisis raised more money while spending less; met its budgeted goal; and completely paid down our existing line of credit. I am most proud of these accomplishments because none of them happened at the expense of the essential services we provide to thousands of men, women, and children infected or affected by HIV and AIDS—here in New York, across the country, and around the world.

In fiscal year 2001, GMHC's unrestricted revenues were \$22.592 million—\$12.686 million from private contributions (including our successful special event fundraisers) and \$6.794 million from government grants. The remaining \$3.112 million was generated by specific service fees, increased revenue from our Medicaid billing program, tenant's rent, and publication subscriptions. 76.4%, or \$17.069 million of the total \$22.329 million in expenses, went to our clients via Program Services, the remainder was used for Support Services and Fundraising.

It cost GMHC 23.6 cents to raise a dollar, a decrease in fundraising costs from last year. This is a particularly remarkable achievement during a time of shrinking private support and economic woe. Yet, with a cadre of over 7,000 volunteers, a streamlined staff of highly trained professionals, and increased cost-cutting measures we have managed to do more with less.

Building on this success, we will continue to focus on two financial objectives for the future. First, to improve the financial and operational infrastructure of GMHC to continue to maximize the potential of our finite pool of private and public resources. Second, to secure new sources of revenue to support the full scope of GMHC's ever changing (and growing) response to the epidemic. Finally, with our commitment—and with yours—we are confident that we will continue in our tradition of leadership and financial stability.

Respectfully submitted,



James Capalino

Treasurer, Board of Directors



Mitchell & Titus, LLP

Certified Public Accountants
and Consultants

One Battery Park Plaza
New York, NY 10004-1461
Tel (212) 709-4500
Fax (212) 709-4680
E-mail: newyork.office@mitchelltitus.com

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Gay Men's Health Crisis, Inc.

We have audited the accompanying consolidated statement of financial position of Gay Men's Health Crisis, Inc. ("GMHC") and Affiliates (collectively referred to as the "Organization") as of June 30, 2001, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended. These consolidated financial statements are the responsibility of GMHC's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit. The consolidated financial statements as of June 30, 2000, were audited by other auditors whose report dated October 6, 2000, except for Note 5 which was as of December 14, 2000, expressed an unqualified opinion on those consolidated statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of GMHC and Affiliates as of June 30, 2001, and the changes in their net assets and their cash flows for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Mitchell & Titus, LLP

New York, New York
January 25, 2002
except for Note 5, as to
which the date is
February 15, 2002

GAY MEN'S HEALTH CRISIS, INC. AND AFFILIATES
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
June 30, 2001
(With comparative financial information for 2000)

	2001	2000
ASSETS		
Cash and cash equivalents (Note 2)	\$ 635,926	\$ 1,303,360
Investments	35,718	49,564
Government contracts receivable	1,479,825	5,455,043
Pledges receivable (net of allowance for uncollectible pledges of \$125,000 in 2001) (Note 3)	1,163,152	1,130,693
Pledges receivable—building fund (Note 3)	590,000	1,030,698
Other receivables	102,233	417,969
Prepaid expenses and other assets	287,195	334,213
Restricted cash (Note 5)	533,946	511,081
Leasehold improvements, office furniture and equipment, net (Note 4)	10,459,944	11,492,196
Security deposits	686,142	686,142
Total Assets	\$ 15,974,081	\$ 22,410,959
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable and accrued expenses	\$ 1,381,072	\$ 2,044,703
Government contract advances	1,337,499	-
Loans payable (Note 5)	1,169,860	2,759,888
Accrued compensated absences	241,886	212,593
Other liabilities	43,455	268,045
Total liabilities	4,173,772	5,285,229
Commitments and contingencies (Notes 7 and 8)	-	-
Net assets		
Unrestricted		
For current operations	817,227	(478,561)
Invested in leasehold improvements and equipment	10,459,944	11,492,196
Total unrestricted	11,277,171	11,013,635
Temporarily restricted (Note 9)	523,138	6,112,095
Total net assets	11,800,309	17,125,730
Total Liabilities and Net Assets	\$ 15,974,081	\$ 22,410,959

The accompanying notes are an integral part of these consolidated financial statements

This timeline represents selected milestones in the history of GMHC and the AIDS pandemic. It serves as a marker of how far we have come and a reminder of how much remains to be done.

1001
The Centers for Disease Control and Prevention reports first case of the illness that will be known as AIDS. Gay Men's Health Crisis is founded.

GAY MEN'S HEALTH CRISIS, INC. AND AFFILIATES
CONSOLIDATED STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2001
(With summarized financial information for 2000)

	Unrestricted	Temporarily Restricted	Total	
			2001	2000
SUPPORT AND REVENUE				
Support:				
Contributions	\$ 6,258,037	\$ 1,105,899	\$ 7,363,936	\$ 7,305,055
Contributed services and in-kind support	1,592,439	-	1,592,439	1,227,390
Special events, net (Note 6)	5,262,852	-	5,262,852	4,801,892
Government contracts	6,794,489	-	6,794,489	6,373,418
Total support	19,907,817	1,105,899	21,013,716	19,707,755
Revenue:				
Investment income, net	30,785	-	30,785	13,147
Rental income (Note 7)	268,331	-	268,331	314,723
Third party reimbursement	873,483	-	873,483	616,638
Publication sales and HIV testing	50,999	-	50,999	44,131
Other	294,096	-	294,096	434,468
Total revenue	1,517,694	-	1,517,694	1,423,107
Net assets released from restrictions:				
Expiration of time restriction	985,899	(985,899)	-	-
Restrictions satisfied by performance	181,510	(181,510)	-	-
Total net assets released from restrictions	1,167,409	(1,167,409)	-	-
Total support and revenue	22,592,920	(61,510)	22,531,410	21,130,862
EXPENSES				
Program services:				
Client programs	9,102,536	-	9,102,536	8,709,422
Education and training	4,201,800	-	4,201,800	2,977,087
HIV testing and related services	1,176,222	-	1,176,222	430,210
Public policy development, information and advocacy	2,588,504	-	2,588,504	1,402,139
Total program services	17,069,062	-	17,069,062	13,518,858
Supporting services:				
Management and general: (Note 2)				
Program	510,631	-	510,631	2,126,816
Real estate	159,775	-	159,775	447,454
Total management and general	670,406	-	670,406	2,574,270
Fundraising	4,589,916	-	4,589,916	4,888,906
Total expenses	22,329,384	-	22,329,384	20,982,034
Change in net assets	263,536	(61,510)	202,026	148,828
Net assets at beginning of year, as previously reported	11,013,635	6,112,095	17,125,730	16,976,902
Prior period adjustment (Note 10)	-	(5,527,447)	(5,527,447)	-
Net assets at beginning of year, as restated	11,013,635	584,648	11,598,283	16,976,902
Net assets at end of year	\$ 11,277,171	\$ 523,138	\$ 11,800,309	\$ 17,125,730

The accompanying notes are an integral part of these consolidated financial statements

The epidemic is named. GMHC creates first AIDS Hotline, Buddy Program, and Patient Service Division.

First AIDS discrimination lawsuit is successfully litigated. GMHC launches its Legal and Advocacy Department.

GAY MEN'S HEALTH CRISIS, INC. AND AFFILIATES
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2001
(With summarized financial information for the year ended June 30, 2000)

	Program Services				Supporting Services				Total		
	Client Programs	Education and Training	HIV Testing and Related Services	Public Policy Development Information and Advocacy	Total	Management and General			Total	2001	2000
						Program	Real Estate	Fund Raising			
Personnel and Volunteer Services											
Staff compensation	\$ 3,300,750	\$ 1,717,651	\$ 559,903	\$ 905,661	\$ 6,983,965	\$ 118,323	\$ -	\$ 716,054	\$ 834,977	\$ 7,818,542	\$ 7,888,056
Employee benefits and payroll taxes	673,334	306,959	95,071	134,251	1,210,215	17,071	-	105,359	122,430	1,332,645	1,583,429
Volunteer services	1,047,564	460,876	29,760	30,825	1,569,025	15,375	-	8,039	23,414	1,592,439	1,227,390
Total personnel and volunteer services	5,522,248	2,485,486	684,334	1,070,737	9,762,805	151,369	-	829,452	980,821	10,743,626	10,698,874
Other than Personnel Costs											
Professional fees and contract service	819,346	425,925	130,516	620,383	1,996,370	143,350	-	1,778,237	1,322,087	3,918,957	3,344,325
Postage and shipping	43,598	29,712	6,193	59,238	138,741	1,331	-	357,503	358,334	497,575	502,747
Telephone	97,685	32,887	29,273	22,028	181,873	7,017	-	36,239	43,256	225,129	162,825
Occupancy	841,582	490,719	125,166	150,245	1,607,712	27,387	38,893	187,853	254,733	1,862,445	1,436,403
Supplies	60,604	15,855	32,348	16,851	127,158	1,396	-	17,754	19,750	146,908	112,079
Printing	80,431	73,506	5,329	25,361	185,227	279	-	313,866	314,145	499,372	454,322
Equipment rental and maintenance	71,202	34,821	11,658	68,424	186,105	3,405	-	26,271	29,676	215,781	231,621
Memberships and subscriptions	14,401	16,757	399	110,368	142,525	430	-	2,321	2,751	145,276	56,714
Staff and volunteer training and support	13,595	16,060	4,452	2,555	36,662	663	-	386	1,049	37,711	48,724
Meetings	378	528	26	5,882	5,814	280	-	110	390	7,204	8,450
Travel and related costs	24,516	59,515	2,061	46,237	132,330	1,254	-	38,894	40,158	172,488	90,868
Marketing and promotion	2,201	41,488	4,948	132,390	181,027	17	-	147,221	147,238	328,265	92,579
Staff and volunteer recruitment	15,567	4,537	223	1,350	22,277	814	-	11,709	12,523	34,800	104,154
Food and related costs	331,208	-	-	-	331,208	-	-	-	-	331,208	254,192
Grants to other AIDS service organizations	120	4,634	-	70,383	75,137	-	-	-	-	75,137	76,579
Direct financial aid to clients	126,698	4,348	108	-	131,154	-	-	-	-	131,154	87,301
Insurance	72,220	25,727	13,757	20,242	137,996	2,268	3,322	20,736	31,516	169,472	160,548
Real estate and other taxes	68,815	26,409	9,396	11,248	115,868	2,291	99,304	16,537	117,832	233,700	116,228
Interest	156,493	77,702	19,045	35,023	288,264	5,397	-	50,659	56,756	345,020	500,030
Provision for bad debt	-	-	-	-	-	125,000	-	-	125,000	125,000	276,645
Miscellaneous	87,152	67,413	4,206	10,682	169,453	4,751	-	577,583	582,444	751,897	790,368
Total other than personnel costs	2,327,812	1,449,544	405,715	1,411,290	6,194,361	329,740	146,419	3,583,979	4,060,138	10,254,499	9,008,002
Total expenses before depreciation and amortization	8,450,060	3,935,030	1,090,049	2,482,027	15,957,166	481,109	146,419	4,413,431	5,040,959	20,998,125	19,706,876
Depreciation and amortization	652,476	266,770	36,172	106,477	1,111,896	29,522	13,356	176,485	219,363	1,331,259	1,275,158
Total expenses	\$ 9,102,536	\$ 4,201,800	\$ 1,126,222	\$ 2,588,504	\$ 17,069,062	\$ 510,631	\$ 159,775	\$ 4,589,916	\$ 5,260,322	\$ 22,329,384	\$ 20,982,034

The accompanying notes are an integral part of these consolidated financial statements

1001
GMHC issues its first safer sex guidelines.

1001
HIV antibody test is licensed. GMHC attends the First International AIDS Conference in Atlanta. GMHC Education Department expands to include AIDS prevention.

GAY MEN'S HEALTH CRISIS, INC. AND AFFILIATES
CONSOLIDATED STATEMENT OF CASH FLOWS
For the Year ended June 30, 2001
(With comparative financial information for the year ended June 30, 2000)

	<u>2001</u>	<u>2000</u>
Cash flows from operating activities:		
Change in net assets	\$ 202,026	\$ 148,828
Prior period adjustment	(5,527,447)	-
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,331,259	1,275,158
Provision for bad debt	125,000	276,645
Donated stock	-	(330,979)
Net realized gains on investments	(1,441)	(961)
Decrease in government contracts receivable	3,850,218	1,203,446
(Increase) decrease in pledges receivable	(32,459)	433,435
Decrease (increase) in other receivables	315,736	(213,063)
Decrease (increase) in prepaid expenses, and other assets	47,018	(43,432)
(Decrease) increase in accounts payable and accrued liabilities	(663,631)	563,940
Increase in government contract advances	1,337,499	-
Increase (decrease) in accrued compensated absences	29,293	(307,623)
(Decrease) increase in other liabilities	(224,590)	57,076
Net cash provided by operating activities	<u>788,481</u>	<u>3,062,470</u>
Cash flows from investing activities:		
Proceeds from sale of term endowment investment	13,846	7,292
Proceeds from sale of investments	-	332,660
Capital expenditures	(299,127)	(75,227)
Net cash (used in) provided by investing activities	<u>(285,281)</u>	<u>264,725</u>
Cash flows from financing activities:		
Deposit to restricted cash	(22,865)	(511,081)
Proceeds from contributions receivable—building fund	440,698	651,009
Borrowings under line-of-credit agreement and term note	2,600,000	2,375,000
Repayments under line-of-credit agreement and term note	(4,188,467)	(4,773,109)
Net cash used in financing activities	<u>(1,170,634)</u>	<u>(2,258,181)</u>
Net (decrease) increase in cash and cash equivalents	(667,434)	1,069,014
Cash and cash equivalents at beginning of year	<u>1,303,360</u>	<u>234,346</u>
Cash and cash equivalents at end of year	<u>\$ 635,926</u>	<u>\$ 1,303,360</u>
Supplemental disclosure of cash flow information:		
Cash paid during the year for interest	<u>\$ 345,021</u>	<u>\$ 498,402</u>

The accompanying notes are an integral part of these consolidated financial statements

GMHC holds its first AIDS Walk and creates its Public Policy Department. Surgeon General releases report calling for AIDS education for children and condom use.

NOTE 1. Mission and Organizational Structure

Organizations' Structure

The accompanying consolidated financial statements of Gay Men's Health Crisis, Inc. include the financial statements of three affiliated not-for-profit organizations:

- Gay Men's Health Crisis, Inc.
(GMHC) - AIDS Service, Education, and Public Policy
- Gay Men's Health Crisis Action, Inc.
(GMHC Action) - Lobbying and Public Policy Influence
- GMHC Health Services, Inc.
(GMHC Health Services) - HIV Testing and Medical Service

All inter-organizational balances and transactions have been eliminated in consolidation.

GMHC and GMHC Health Services are not-for-profit organizations exempt from U.S. Federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and have been designated as organizations which are not private foundations. Additionally, GMHC has elected to operate under Section 501(h) of the Code in order to participate in limited lobbying activities regarding AIDS-related issues without jeopardizing its exemption from income taxes under Section 501(c)(3).

GMHC Action is a Delaware corporation exempt from Federal income taxes under Section 501(c)(4) of the Code.

Gay Men's Health Crisis, Inc.

GMHC is a not-for-profit, volunteer-supported and community-based organization committed to national leadership in the fight against AIDS. Founded by volunteers in 1981 when the first cases of AIDS were reported in New York, GMHC was incorporated under New York State law on June 25, 1982. GMHC seeks to reduce the spread of HIV disease, help people with HIV maintain and improve their health and independence, and keep the prevention, treatment, and cure of HIV an urgent national and local priority. Over 11,000 men, women, and children are served by GMHC's direct support programs for people with AIDS: preventive education, public policy, and technical assistance reach hundreds of thousands of others. GMHC provides a broad array of programs through the efforts of 4,400 trained volunteers and a staff of 157 professionals.

Gay Men's Health Crisis Action, Inc.

GMHC Action was incorporated under Delaware law on February 3, 1993. GMHC Action's mission is to influence public policy on HIV and AIDS-related issues through a range of public education, advocacy and electoral activities. GMHC Action will monitor activities at all levels of government (Federal, state, and local) to assess the efforts of elected officials to respond to the HIV/AIDS epidemic and to encourage them to strengthen those efforts. GMHC Action, through its New York volunteer force of over 1,400, uses direct contact with legislators and communication to members of the general public who are concerned about the governmental response to AIDS.

Among the specific activities GMHC Action undertakes are the following: conducting candidates' forums and visits to legislators; soliciting the positions of political candidates and elected officials on AIDS-related issues; communicating with supporters and the general public about the positions of political candidates and elected officials and conducting voter registration drives.

GMHC Health Services, Inc.

GMHC Health Services was incorporated as a not-for-profit corporation in New York State on February 21, 1997. GMHC Health Services was formed for the purpose of enhancing GMHC's capacity to render a range of services in connection with HIV testing.

The Organization's program services include the following:

Client Programs

GMHC provides a comprehensive continuum of psycho-social services for people living with and affected by HIV/AIDS. The Treatment Education Program offers a range of education, counseling, and intervention services, workshops, individual counseling, fact sheets in English and Spanish, and a Treatment

Library, with Internet access to relevant medical information. Volunteers in the Buddies Program help clients too sick to perform basic chores or run errands. Buddies make visits to hospitals and homes, supply emotional support, and, when necessary, advocate for needed services. Intensive Case Management provides ongoing help to HIV-positive clients with multiple and difficult problems and needs as a safety net for those at high risk for losing essential services and resources. GMHC's Meals Program provides over 70,000 meals per year, and along with the Nutrition Program works to ensure the success of powerful new HIV therapies which depend on proper diet and adherence to complicated treatment regimens. The Learning Center helps arrange more than 500 scholarships at local school and universities, and provides classes on-site. Women and Family Services provides culturally appropriate outreach, education, and support services for women and families at risk for, or living with, HIV/AIDS. Women In Action/Mujeres In Acción targets HIV-positive women with current and past histories of chemical dependency. The Child Life Program seeks to strengthen family systems through concrete and supportive services, including a food pantry, nutritional counseling, parenting and other skills-building workshops, and support groups. Legal Services and Client Advocacy advocates on both an individual and global level for the fair treatment of people living with HIV/AIDS. Each year it provides free legal assistance to nearly 3,000 clients, direct representation, and advice on a variety of complex HIV/AIDS-related legal issues. Client Advocates help clients obtain food stamps, Social Security and Medicaid, and resolve problems related to the agencies that control the delivery of these benefits. Each year GMHC's Client Advocacy Helpline answers questions from thousands of callers. GMHC offers over 40 different support groups on a weekly basis, both short-term and long-term, for persons living with HIV/AIDS and their significant others. GMHC's prevention programs reach over 3,000 persons a year, focusing on high risk populations, utilizing targeted, culturally appropriate messages.

HIV Testing and Related Services

GMHC offers a range of HIV testing options: blood tests, Orasure (oral mucosa), as well as other co-existing STIs such as syphilis and hepatitis testing. GMHC Health Services enhances the value of HIV counseling and testing as a primary prevention tool by incorporating testing into a continuum of supporting services designed to assist HIV-negative individuals in remaining uninfected, assisting HIV-positive individuals in avoiding behaviors which could transmit the virus; providing a comprehensive range of services to HIV-positive individuals to learn about access to treatment options and appropriate health care; and encouraging individuals at risk to be tested and to learn of their HIV status by offering accessible, high-quality counseling and testing programs.

Public Policy Development, Information, and Advocacy

Twenty years of providing direct services and education have given GMHC a unique familiarity with the needs of people with AIDS, and the ability to fight effectively for public policies that support fairness, HIV prevention efforts, biomedical research, and the delivery of AIDS services, including medical care. GMHC's public policy and communications departments build diverse coalitions of organizations and individuals; publicize the service and education needs created by HIV/AIDS; and work closely with policymakers in New York City, Albany, and Washington, DC to help mold an effective governmental response to the epidemic. To ensure that the public is educated on important AIDS-related issues, GMHC holds press conferences, arranges interviews, and creates advocacy campaigns. By working together with the public and policymakers, GMHC seeks to construct new and better solutions to an ongoing crisis.

**AZT, the first drug to fight HIV, is approved.
GMHC creates a Medical Information Department
and publishes first issue of *Treatment Issues*.**

**The World Health Organization declares
December 1 World AIDS Day.**

NOTE 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying consolidated financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America for non-profit organizations.

Basis of Presentation

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows.

Unrestricted net assets - Net assets that are not subject to donor-imposed stipulations.

Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that will be met either by actions of the Organization and/or the passage of time.

Permanently restricted net assets - Net assets subject to donor-imposed stipulations that require the assets to be maintained permanently by the Organization. The Organization currently does not have any permanently restricted net assets.

Revenues are reported as increases in unrestricted net assets unless their use is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law.

Cash and Cash Equivalents

For purposes of the consolidated statement of cash flows, the Organization considers all highly liquid investments purchased with original maturities of three months or less to be cash equivalents.

The Organization maintains its cash in a number of bank accounts. The cash in these accounts from time to time exceeds the Federal Deposit Insurance Coverage and subjects the Organization to concentration of credit risk. However, the Organization monitors this risk on a regular basis.

Investments

Investments are presented at fair value based upon quoted market prices.

Grants and Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted, depending on the existence and/or nature of any donor restrictions.

All donor restricted support is reported as an increase in temporarily restricted or permanently restricted net assets, depending on nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Unconditional promises to give (pledges) are recognized as revenues in the period awarded at their net present value discounted at a risk-free rate.

Third-Party Reimbursements

Third-party reimbursements for clinical services, including estimated retroactive adjustments under reimbursement agreements with third-party payors, are reported at their estimated net realizable amounts. Differences between estimated and final settlement amounts are reflected in the consolidated financial statements when they are determined.

Leasehold Improvements, Office Furniture and Equipment

Leasehold improvements, office furniture and equipment are recorded at cost or, in the case of gifts, at appraised value at date of the gift.

Depreciation is provided over the estimated useful lives of the respective assets on the straight-line basis. Depreciation is recorded on the half-year convention in both the year of asset acquisition and disposition. Equipment held under capital leases

and leasehold improvements are amortized on the straight-line method over the estimated useful lives of the assets or the life of the respective leases, whichever is shorter.

Contributed Services and In-kind Support

Numerous volunteers have contributed many hours to the Organization to provide services to persons with AIDS, conduct fund-raising, and provide administrative support. The Organization has consistently recorded, at fair value, as support and expenses, certain program-related contributed services that meet the criteria set forth in Statement of Financial Accounting Standards No. 116, "Accounting for Contributions Received and Contributions Made."

Expenses related to donated goods are recorded in the accompanying combined statement of functional expenses in the expense caption, which reflects the nature of the gift.

Government Contracts

Revenue from government contracts is recognized when reimbursable expenses are incurred under the terms of the contracts. Contract payments in excess of qualified expenses are accounted for as contract advances.

Allocation of Functional Expenses

Expenses are recorded in functional categories by program and supporting services when incurred. In certain cases, allocation of expenses between categories are made.

Additionally, indirect supporting service expenses which are not directly identifiable by program are allocated by staff levels or management's estimate of percentage of effort.

Accounting Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and judgments that affect the reported amounts of assets and liabilities and disclosures of contingencies at the date of the consolidated financial statements and revenues and expenses recognized during the reporting period. Actual results could differ from those estimates.

Comparative Financial Information

The consolidated financial statements include certain 2000 comparative information. With respect to the consolidated statement of activities, such prior year information is not presented by net asset class and, in the consolidated statement of functional expenses, 2000 expenses by object are presented in total rather than by functional category. Accordingly, such information should be read with the Organization's 2000 consolidated financial statements from which the summarized information was derived.

Reclassifications

Certain 2000 amounts have been reclassified to conform to the 2001 presentation.

NOTE 3. Pledges Receivable:

Pledges receivable, including multi-year commitments, were discounted to net present values using a discount rate of 6%. The commitments for 2001 and 2000 are as follows:

	June 30	
	2001	2000
Less than one year	\$ 520,760	\$ 1,738,911
One to five years	1,431,000	675,000
Total	1,951,760	2,413,911
Less unamortized discount	(73,608)	(199,814)
Less allowance for uncollectible contributions receivable	(125,000)	(52,706)
Total pledges receivable, net	\$ 1,753,152	\$ 2,161,391

**NOTE 4.
Leasehold Improvements, office furniture
and Equipment:**

Leasehold improvements, office furniture and equipment consist of the following:

	June 30	
	2001	2000
Leasehold improvements	\$ 14,270,706	\$ 14,251,531
Furniture and equipment	3,167,724	2,887,773
	17,438,430	17,139,304
Less accumulated depreciation and amortization	6,978,486	5,647,108
Leasehold improvements, office furniture and equipment, net	<u>\$ 10,459,944</u>	<u>\$ 11,492,196</u>

NOTE 5. Loans Payable

Loans payable consist of the following:

	June 30	
	2001	2000
Loan from board member's estate (a)	\$ 1,000,000	\$ 1,000,000
Term loan and note (b)	169,860	634,888
Line of credit outstanding (c)	-	1,125,000
	<u>\$ 1,169,860</u>	<u>\$ 2,759,888</u>

(a) In July 1997, GMHC entered into a loan agreement for \$1,000,000 with a board member to bridge working capital and building fund cash requirements. In August 1998, the amount became due to the board member's estate. This loan bears interest at the prime rate.

(b) In October 1997, the Organization entered into a loan agreement with two financial institutions to provide a \$3,350,000 term loan to finance the remaining capital expenditures related to leasehold improvements. The term loan expired on December 31, 2001. The maximum loan amount allowed to be outstanding at December 31, 2000 and 2001 is \$300,000 and \$0, respectively. The term loan is secured by contributions receivable by the building fund and is to be repaid as the building fund receivables are collected by the Organization. Under the term loan agreement, the Organization is required to maintain certain net asset balances, debt to net worth ratio, minimum debt service coverage ratio, and adjusted net income amounts. At June 30, 2001, the Organization did not meet one of these financial covenants that the financial institutions subsequently agreed to waive. The loan was repaid on December 31, 2001.

(c) The Organization has a \$4,000,000 line of credit to support seasonal working capital needs. The line of credit is subject to additional covenants, and expired on December 31, 2001. As of June 30, 2001, there was no outstanding line of credit balance. On March 15, 2002, the Organization and its lending bank extended the line of credit to January 15, 2003.

Restricted Cash

The financial institutions require the Organization to maintain a cash collateral account to secure existing obligations. At June 30, 2001 and 2000, \$533,946 and \$511,081, respectively, were in the separate blocked account.

NOTE 6. Special Events

Special events are reported net of costs of direct benefits to donors of \$17,497 and \$96,038 for the years ended June 30, 2001 and 2000, respectively.

NOTE 7. Operating Lease Commitment

The Organization is obligated under an operating lease for an office facility expiring on December 15, 2010. Future minimum annual rental payments under the lease are as follows:

Year ending June 30	Amount
2002	\$ 1,408,000
2003	1,464,000
2004	1,522,000
2005	1,583,000
2006	1,771,000
Thereafter	10,008,000
	<u>\$ 17,756,000</u>

Rent expense for the years ended June 30, 2001 and 2000 was approximately \$1,275,613 and \$1,132,000, respectively.

The Organization has sublet a portion of its facility to an unrelated corporation whose lease expires on May 1, 2010. The required minimum annual rental income payments are as follows:

Year ending June 30	Amount
2002	\$ 237,000
2003	244,000
2004	252,000
2005	260,000
2006	270,000
Thereafter	1,428,000
	<u>\$ 2,691,000</u>

NOTE 8. LITIGATION:

The Organization is involved in various claims and legal actions arising in the ordinary course of business. In the opinion of the Organization, the ultimate disposition of these matters will not have a material adverse effect on the Organization's consolidated financial condition.

NOTE 9. TEMPORARILY RESTRICTED NET ASSETS:

Temporarily restricted net assets are available for the following time and program purposes:

Periods after June 30, 2001	\$ 500,000
Specific grant program:	
Client Programs	23,128
	<u>\$ 523,128</u>

NOTE 10. PRIOR PERIOD ADJUSTMENT:

Prior period adjustment represents a correction of an error related to the recognition of revenue for certain government contracts.

The Federal Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and the Americans with Disabilities Act pass.

GMHC launches the Child Life Program. A decade into the epidemic 158,911 people are dead from AIDS in the U.S. Congress enacts HOPWA, the Housing Opportunity for People with AIDS Act.

IF AIDS HAS LEFT IN ITS WAKE a legacy of loss and struggle, then it has also left one of commitment and generosity. Those traits have been amply exemplified, year after year, by our more than 400,000 donors. Whether it's a \$425 gift raised from a high-school car wash in Tucson, AZ or a \$100,000 commitment by an anonymous donor—GMHC depends upon and treasures our donors. All gifts, both restricted and those designated for general support, guarantee our day to day existence.

Over the past eighteen months, GMHC has streamlined our fundraising efforts. Not only has the Development Department cut costs; they have managed to raise more money while spending less. For example, in addition to the annual AIDS Walk, GMHC produced fewer—but more lucrative—special events. In December of 2000, GMHC produced *You Gotta Have Friends II*. With the help of Cyndi Lauper and the B-52s, GMHC brought the house at Carnegie Hall to its feet with a rousing evening honoring long time supporters Phil Donahue and Terry K. Watanabe. In February of 2001, GMHC produced a special Valentine's Day event with cabaret star Julie Wilson at the W Hotel.

The following pages contain the names of people, foundations, and corporations, without whom, none of what you have just read would have been possible. Publishing their names does not begin to express our gratitude for their unstinting generosity—not just in terms of dollars, but in setting a social and philanthropic example of compassion and intelligence as well. We extend to them our most sincere thanks.

WHERE OUR MONEY GOES



GMHC launches the Lesbian AIDS Project.
 Over a quarter of a million people have
 been diagnosed with AIDS in the U.S.

Though it would be near impossible to list the hundreds of thousands of individuals, corporations and foundations who give to us, we extend our deepest appreciation to all of them, as well as to the generous major donors listed below. Names in **bold** are members of GMHC's President's Council. Names with an asterisk indicate members of GMHC's Friends for Life annual giving campaign. Names in *italics* are Friends for Life—Best Friends, individual donors who have increased their gift this past fiscal year by 25% or more.

\$100,000+

Estate of David Burdsall
Paul G. De Vido
Phil Donahue and Marlo Thomas
Fiona and Stanley Druckenmiller
 Philip Morris Companies Inc.
Joan and Bob Tisch
Terry K. Watanabe Charitable Trust

\$50,000—\$99,999

Anonymous
 AOL Time Warner
 Estate of Albert J. Blois
Broadway Cares/Equity Fights AIDS
 Estate of Peter Fitzgibbons
David Geffen Foundation
Judith and John Hannan
Jerry Herman
Estate of Harley M. Jones
Rita J. and Stanley H. Kaplan Family
Foundation, Inc.
Calvin Klein
Estate of Bernard Pearlman
May and Samuel Rudin Family
Foundation, Inc.
 Estate of Michael Thompson
 Estate of Robert E. Smith
Henry van Ameringen
 Vivendi Universal Fund

\$25,000—\$49,999

Anonymous
 Agouron Pharmaceuticals, Inc.
Joseph Arena and Dr. Thomas D'Eletto
 Bristol-Myers Squibb
 Capital Z Management, Inc.
Margaret Burden Childs
in memory of Jeffrey Childs and Robert Wooley
Joanne Leonhardt-Cassullo
 The Gap/Old Navy Clothing Company/
 Banana Republic
Maureen A. Hayes
 The Helene Foundation
 Elton John AIDS Foundation
Catherine Kellner
 M A C AIDS Fund
 Macy's East
The Mailman Foundation, Inc.
William F. McCarthy and Jonathan Burleson
Page and Otto Marx, Jr. Foundation
The Curtis W. McGraw Foundation
 Estate of John Menaker

Merck & Co., Inc.
 Constance Milstein in honor of Joan Tisch
Ornella and Robert E. Morrow
New York City AIDS Fund
The Overbrook Foundation
Judith and Samuel Peabody
Leslie Fay Pomerantz
Raymond Family Foundation
 Roche
Rockefeller Foundation
Fiona and Eric Rudin
 Estate of Robert Charles Santangelo
The Schnurmacher Foundations
 Showtime Networks, Inc.
The Ted Snowdon Foundation
 Stonewall Community Foundation
 United Way of New York City
 United Way of Tri-State
Verizon Foundation
The Malcolm Hewitt Wiener Foundation

\$10,000—\$24,999

Anonymous (4)
 ABC, Inc. Foundation
 Anheuser-Busch Companies, Inc.
 AXA Foundation
 The Frances and Benjamin Benenson Foundation*
 The Morton K. and Jane Blaustein Foundation
 Bloomberg L.P.
 Rebecca Susan Buffett Foundation
 CBS Foundation
 Christie Family Foundation, Inc.
 Kenneth Cole
*Alexandra and Steven Cohen**
 The Cowles Charitable Trust
 Eric Paul Coyne and Rodney Alan Giles*
 Design Industries Foundation Fighting AIDS
 Doris Duke Charitable Foundation
 DuPont Pharmaceuticals Company
 Entrust Capital, Inc.
 Estate of William J. Findlay
 GlaxoSmithKline
 Barbara and Milton R. Gottlieb*
 Michael J. Greenberg*
 Grey Advertising, Inc.
 The Hagedorn Fund
 Hazel Haines*
 Estate of Ernest Harff
 The Clarence E. Heller Charitable Foundation
 Hess Foundation*
 Jeffrey L. Humber, Jr.*
 Impact Communications, Inc.
*Lisa Keith and Allan Karp**
 Estate of Janet Wolff Kayes
 Estate of John R. Keller
 Don King Productions
 Ruth Morgenthau Knight Foundation
 John M. Lloyd Foundation
 Estate of Kenneth F. Martin
 Drs. Martin A. Nash and Jack Hennigan*
 Paul L. Newman*
 Pfizer, Inc.
 Nancy and Frank Pierson*
 Christopher Radko
 Paul Rapoport Foundation
 Grace Jones Richardson Trust*
 The Jerome Robbins Foundation
 Estate of Aaron F. Snyder
 Peter N. Speliopoulos and Robert L. Turner*
 Barbara H. Stanton*
 TMP Worldwide/Monster.com
 Estate of Louise S. Tanner
 Andrew Tobias and Charles Nolan
 Lawrence N. Van Valkenburgh*

Morgan and Robert Wallace*
*Nina and Gary Weiker**
 Dick E. Ziff Foundation

\$5,000—\$9,999

Anonymous (11)
 Abbott Laboratories Fund
 Claire and Kenneth Aipert
 Bert Amador*
*Chris Amb and Scott Cleanwater**
 American Express Company
 American Management Systems, Inc.
 Atlantic Bank of New York
 Ward Auerbach*
 Eddie Bauer
 Bear, Stearns & Co., Inc.
 Daniel L. Berger*
 Mr. and Mrs. Peter Boal*
 Boenringer Ingelheim
 Matthew Bronfman and Lisa Belzberg*
 Diana Brooks*
in memory of Robert Woolley
 Susan Buxton*
 James F. Capalino*
 G. Whitfield Cook*
 Estate of Robert F. Dietrich
 Fuller Foundation Inc.*
in memory of Gino Piserchio
 Gallery Marketing Group, LTD
 Geogeson Shareholder Communications
 Louis R. Gigante*
 The Howard Gilman Foundation
 Francine and Leonard Goldstein
*Marjorie V. and Irwin Guttag**
 Janet H. and Peter B. Harckham*
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 Stan Herman
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 Lee Hulko*
 Madeleine R. and Bruce Johnson*
 J.P. Morgan Chase Manhattan Foundation
 Steven M. Kossak
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*Donna Field and Michael Krasnoff**
 James T. Lee Foundation, Inc.
 The Marks Family Foundation
 Ron Martin*
 Malcolm B. Martin*
 Stephanie and Carter McClelland*
 Estate of Frederic A. McRae
 Estate of Steven A. Menges
 Barbara and Alan Mirken*
 MZA Events
 Ortho Biotech
 Deryck Palmer
 Wendy Keys and Donald Pels*
 James G. Pepper
 Alexandra L. and Frederick W. Peters*
 Barbara and Jeffrey M. Picover*
 The Pittman Family Foundation
 Polo Ralph Lauren Corp.
 Pratt-Heins Foundation
 Louis and Harold Price Foundation, Inc.,
in memory of Jonathan Wentworth
 Carolyn and Stephen Reidy*
 SBLI Life Insurance Co. of NY, Inc.
 Scholastic, Inc.
*Nicholas J. Serwer, Esq.**
 Andrew Shiva*
 Ann and Herbert Siegel Fund
in honor of Mrs. Joan Tisch
 Elizabeth and Stephen Silverman*
 Alan B. Slifka*

The CDC expands the definition of AIDS to include new conditions, some specific to women. GMHC creates Treatment Education and Advocacy Department.

AZT is shown to reduce HIV transmission from mother to child. The CDC announces AIDS is the leading cause of death for Americans ages 25-44.

Arthur and Henrietta A. Stone
Charitable Trust*
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Jody Falco and Jeffrey Steinman
Dr. Judith Sulzberger*
Anne and Joseph Taranto*
Joseph Tringali*
Viacom International Inc
Village Care of New York
Rafael Vinoly*
Jan K. Weil*
Whole Foods Market
Vaughn C. Williams*
Estate of Barbara Wolff
Worldwide Pants, Inc.
Robert G. Zack*
Zurich Centre Group LLC

\$2,500—\$4,999

Anonymous (9)
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Aegis Capital Corporation
James Lee Aldridge*
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Giorgio Armani Corporation
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Nancy and Bob Ascher and Family*
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Virginia and Peter Carry*
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Clear Vision Optical Company, Inc.
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Credit Lyonnais
Patricia Crown and Anthony Radice*
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Florence De Lavalette*
The Helen and Philip Deiman Foundation*
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Aaron Diamond AIDS Research Center
Laurie Diamond
William Diamond and Anthony Baratta*
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Norman P. Goldblatt*
Deborah and Kevin Eroymsom*
Mitzl and Warren Eisenberg Family
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Empire Blue Cross Blue Shield
Enterprise Rent-A-Car Foundation
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in memory of Robert Farber
Dean R. Feldman*
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Suzanne Greenberg*
Jesse D. Greenberg, M.D.*
Elizabeth Groves
Addie J. Guttag*
The Hansmann Family Foundation*
Mark E. Harris*
Michael C. Harwood*
The William Talbott Hillman Foundation*
Hotel, Restaurant & Club Employees
Winfield Huppuch, III*
Infinity Outdoor
Carl Jacobs Foundation*
Jeanne Pierre Originals, Inc.
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David Kleinberg*

F. Gary Knapp*
Bill Kux*
La Paz Foundation*
Lawrence Foundation
Laura Levenstein*
Ruth and David Levine*
Ellen and Tom Likovich*
in memory of Richard D. Magro, Jr.
Peter C. Lincoln*
Lindy Linder
in memory of Robert Farber and
Christine Swann
Local 1199 Solidarity Fund
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Joshua L. Mack and Ron Warren*
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Thomas S. McArdle*
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Jan Mitchell*
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NBC TV Network
New York Hotel Trades Council
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Weitz & Luxenberg, P.C.*
in honor of David Egilman, M.D.
Peter S. Wilson*
C. R. Wishner*
Wolfensohn Family Foundation*
X.E.S. - NY
Estate of Barbara Sutro Ziegler

\$1,000—\$2,499

Anonymous (49)
525 Made In America, Inc.
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Gila and Peter J. Acker*
Acorn Technology, Inc.
Cheryl Adamik*

Ruth and Herbert Adge*
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Muriel Alpren*
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David Ballon*
Barclays Business Centre
Arlene Baril
Robert Barish*



Mr. and Mrs. Richard Barthelmes

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Brian Bender*
Daniel Berk
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Joseph Billone*
Laurence Bjorkman
Susan and Matthew Blank
Carol and James Blann*
Jeanne Blaustein
Barbara H. and James A. Block*
The Body Shop
Dr. Joshua Schaffer Boger

December 1, 2000—GMHC honored Phil Donahue and Terry Watanabe, at a gala concert at Carnegie Hall. Pictured here are the B-52s: Fred Schneider, Kate Pierson, Keith Strickland, and Pat Irwin; with Terry Watanabe, Cyndi Lauper, and Phil Donahue.

100F
The Food and Drug Administration approves the first protease inhibitor. The President hosts the first White House Conference on HIV and AIDS and creates the Presidential Advisory Committee on HIV/AIDS.

Je Sweeney and Eric Sogomon
 Perry Borenstein*
 Robert Eric Borgstrom*
 Louise Bourgeois*
 Adele S. Bowler*
 Isa Bozano*
 David Brastauskas*
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 in honor of Arnold Rowan
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 Maurice J. Cohn
 Commercial Interiors of America
 Stephen Cone*
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 Joel J. Cooper*
 Yves Cossette*
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 Richard L. Cutter*
 CVS Corporation
 CZ Foundation, Inc.
 Willem Dafoe*
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 Philippe & Deborah Dauman Family
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 D. David Dershaw M.D.
 Mr. and Mrs. Robert E. Diefenbach*
 The Dilascio Family Foundation, Inc.
 Judy and Tom Dillenberg*
 Gary J. Dipillo*

Diversified Store Fixtures, Inc.
 Strachan Donnelly*
 Barbara and Thomas Dooley
 Downtown Cabaret Theatre of Bridgeport
 Randall Drain*
 Jamie Drake*
 Christopher Durang*
 in memory of Kevin Grubb
 Earlybird Delivery Systems, LLC
 Lester Edelstein*
 Margot and Eric Egan*
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 Gene Falk and Tim Savin*
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 Chris J. Farr
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 The Ferkauf Foundation Trust
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 First Quality Maintenance
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 Hedy and David I. Gensler
 Peter & Kristen Gerhard Foundation
 Joseph V. Giacalone
 Lauren K. Gibbs*
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*Sandra and James Healey**
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 David Hollander*
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The FDA approves the viral load test. GMHC launches the Women's Education Services Department and Proyecto P.A.P.I.

GMHC moves to its current home in the Tisch Building. The David Geffen Center for HIV Prevention and Education opens. Soul Food is launched. CDC reports the first drop in U.S. AIDS deaths since the beginning of the epidemic.

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The Congressional Black Caucus calls on the President to declare a public health state of emergency regarding AIDS in African American communities. AIDS kills more people worldwide than any other infection.

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1000
34.3 million adults are living with AIDS worldwide. GMHC releases results of landmark survey of gay men's sexual practices in New York City.

2000
The XIII International AIDS Conference is held Durban, South Africa—the first ever held in a developing nation. Syringes are decriminalized without prescription in New York State.

Partners in Planning

Members of Partners in Planning have informed GMHC of their legacy plans. We gratefully applaud their foresight.

Anonymous (2)
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AIDS Walk New York embodies the commitment of tens of thousands of individuals in the fight against AIDS.

900,000 Americans are living with HIV in the U.S. Rates of new HIV infection remain steady at 40,000 a year.

Client is a 22-year-old gay African American male. Client is learning that a former sexual partner tested HIV positive.

Client is affected by his partner after having had sex without a condom.

Client is a member of a community-based organization committed to national leadership in the fight

against AIDS. Our mission is to reduce the spread of HIV disease, help people with

preventive services, and wants prevention counseling services

to help him maintain and improve their health and independence, and keep the

use of condoms a 30-year-old gay white male living in Manhattan. Client

is interested in prevention, treatment and cure of HIV an urgent national and local priority. In

addition to his drug use and the sex he is having on crystal meth. Client

is interested in fulfilling this mission, we will remain true to our heritage by fighting homophobia

and expensive, long-lasting high of crystal in combination

and affirming the individual dignity of all gay men and lesbians.

Client is interested in getting high, both with others and when he

is alone. Client's recent promotion has increased his expendable income

and he is often lonely and bored, and having sex with 5 to 12 people during

his work hours. Client is examining the relationship between his

and those behaviors. Client is a 47-year-old heterosexual African



The Tisch Building
119 West 24 Street
New York, NY 10011

HOTLINE: 1-800-AIDS-NYC (1-800-243-7692)

TTY: 212/645-7470

WEB SITE: www.gmhc.org