

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.

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

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.

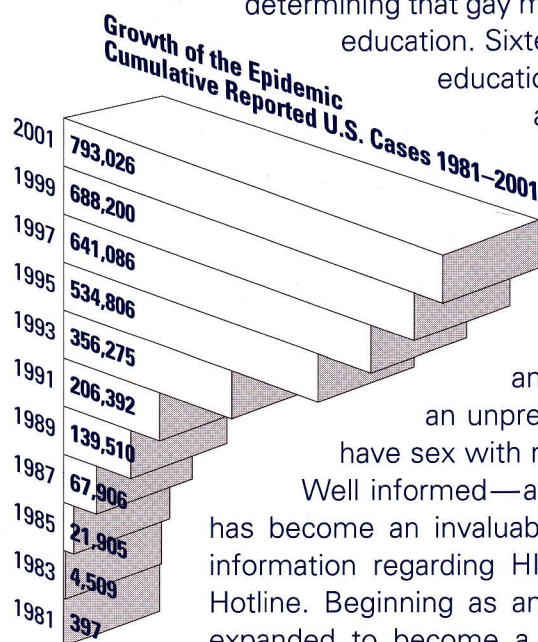
Prevention, though highly instrumental in the effort to halt this epidemic, brings with it a number of challenges. It must reflect cultural norms relevant to vulnerable communities and it must continue over time. It must address the differences within highly diverse populations. And it must engage each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

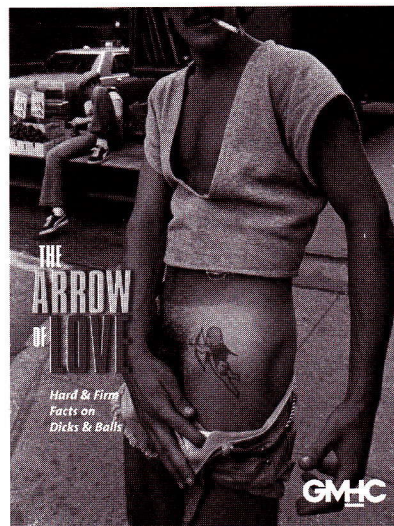
Responding to the expansion of the AIDS epidemic, GMHC developed programs and strategies addressing the impact of HIV and AIDS in communities of women. The Lesbian AIDS Project (LAP), created in 1992, addresses the absence of HIV-related services for women who have sex with women. By affirming and engaging 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

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.

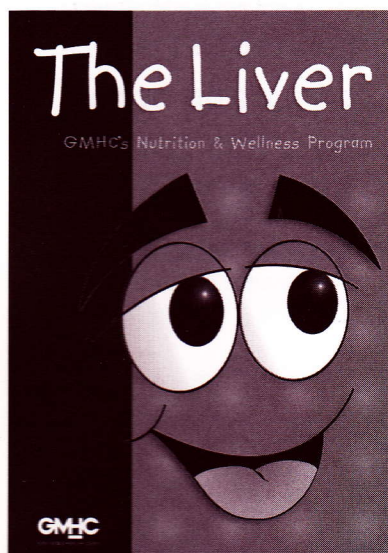
This complexity is reflected in every aspect of GMHC today. From the diversity of our staff, volunteers, and Board of Directors to the continual expansion and inclusiveness of our programs. HIV is like no other modern disease. It has no vaccine. It cannot be cured. Medications are limited. Its psychosocial 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.

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



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

...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

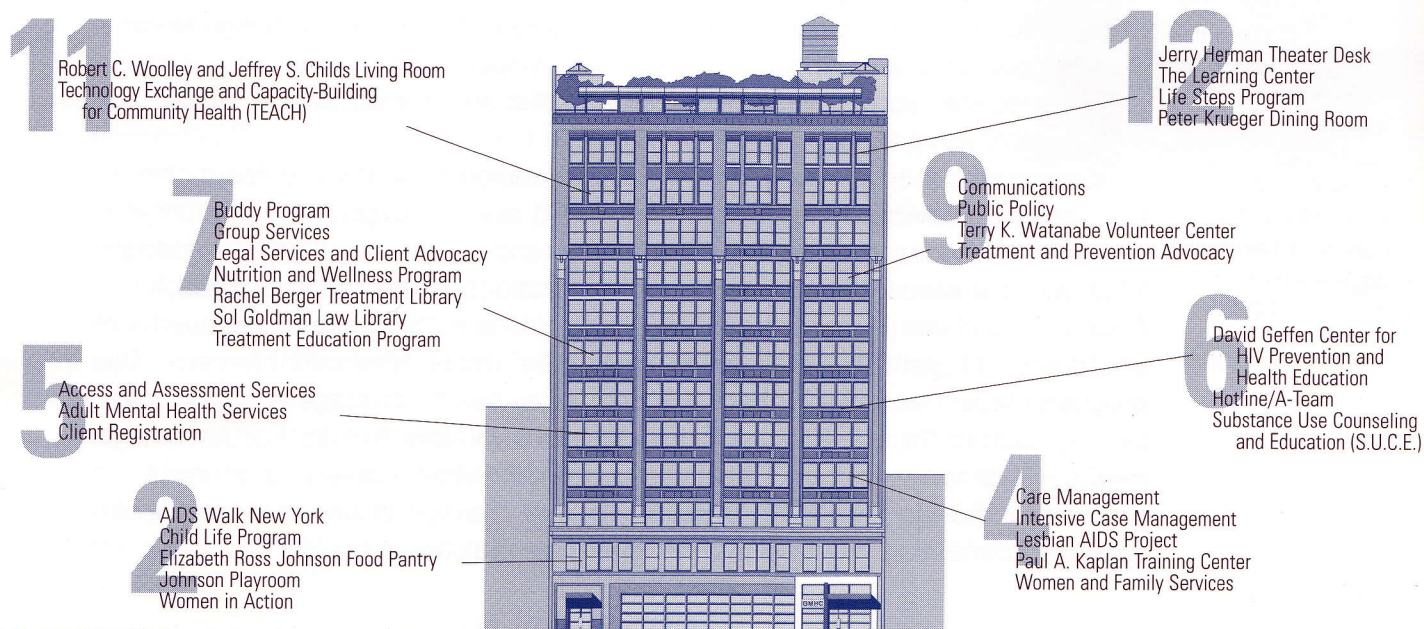
...maintain and improve their

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. Guttag 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. Guttag 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



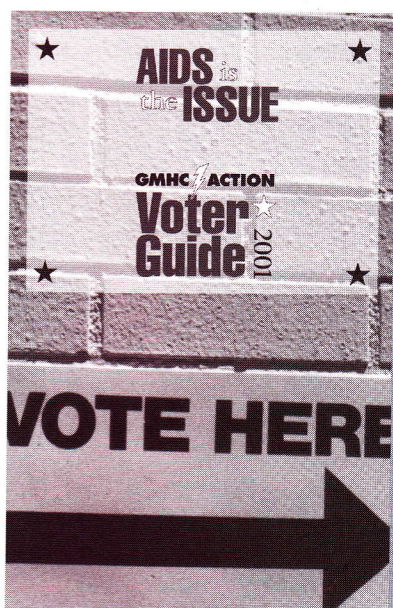
health and independence...

"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.



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

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.

...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.

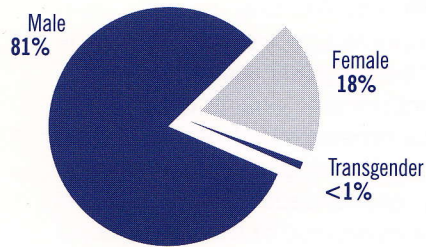
In June 2001, we organized a policy forum on the implementation of antiretroviral therapy in the developing world, coinciding with the first United Nations General Assembly Special Session on HIV and AIDS. While death rates from AIDS have fallen dramatically in the United States, most people with HIV 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.

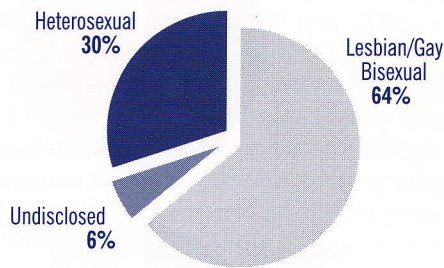
...an urgent national and

GMHC's CLIENTS

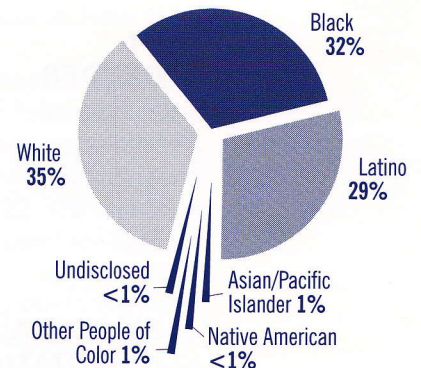
BY
GENDER



BY SEXUAL
ORIENTATION

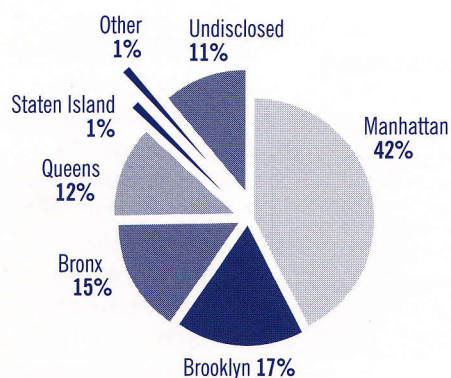


BY RACE AND
ETHNICITY

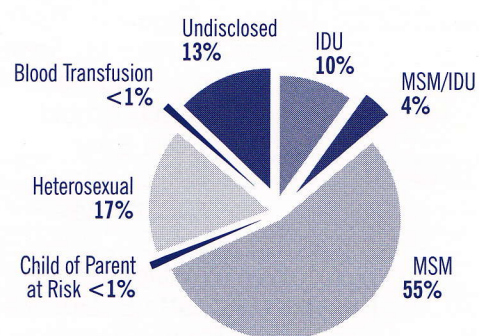


Client is a 31-year-old bisexual Latino male. Client received his diagnosis a month ago and requested a Newly Diagnosed group. Client hasn't told anyone about his diagnosis. Client reports feeling depressed, isolated and worthless. Client's CD4 count is 470 and his viral load is 10,000. Client is not 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



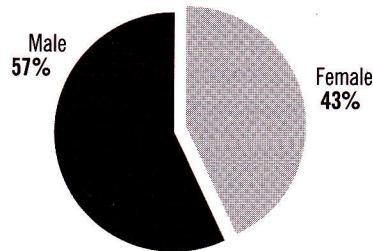
BY MODE OF
TRANSMISSION



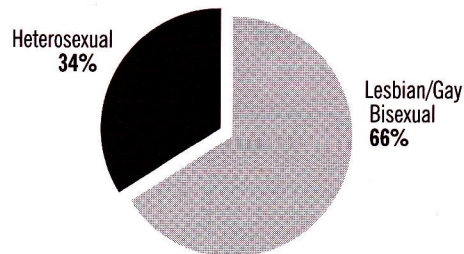
local priority.

GMHC's STAFF

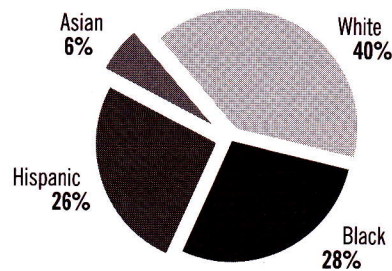
BY GENDER



BY SEXUAL ORIENTATION



BY RACE AND ETHNICITY



2000-2001 BOARD MEMBERS

Marjorie Hill, Ph.D., *Co-Chair*
 William F. McCarthy, *Co-Chair*
 James F. Capalino, *Treasurer*
 Thomas Morgan III, *Secretary*
 Moises Agosto
 Peter D. Arnold
 Ellen Baer
 Esther Chachkes
 Didi Charney
 John E. Colón
 Phil Donahue
 Reverend Rosetta E. DuBois-Gadson
 Elaine Ehrlich
 Richard F. Ferrari
 William Floyd

Michael Giordano, M.D.
 John T. Green
 Stan Herman
 Jeffrey Humber
 Dee Livingston
 Ron Martin
 Hal Moskowitz
 Octavio Perez
 Fran Reiter
 Joe Steele
 Howard Sperber
 Kendall Thomas
 Joan Tisch, *ex officio*
 Lawrence Van Valkenburgh
 Vaughn Williams

LETTER FROM THE TREASURER

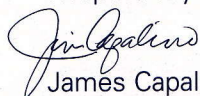
I am proud to report that during the fiscal year ending June 30th, 2001, Gay Men's Health Crisis raised more money while spending less; met its budgeted goal; and completely paid down our existing line of credit. I am most proud of these accomplishments because none of them happened at the expense of 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

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.

is experienced during her first round of treatment. Client
being clean for a couple of months and wants to stay clean
ed child at home, all under the age of 10. Client wants her
year-old gay white male. CD4 count and viral load unknown
reports being diagnosed with depression and is taking anti
d food stamps. Client is currently residing in city shelter
ical documentation or names and numbers of any medical c
ing his meds as prescribed, creating difficulty in keeping
plans. Lack of stable housing and consistent access to food

Text by Noel Alicea, Mike Dimpfl, Matthew Montelongo, and Richard Teller

Design and layout by Adam Zachary Fredericks

Latino male. Client received his diagnosis a month ago and
one about his diagnosis. Client reports feeling depressed
viral load is 10,000. Client is not currently taking any

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

Gay Men's Health Crisis (GMHC) is a not-for-profit, volunteer-supported and

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

HIV maintain and improve their health and independence, and keep the

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

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

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



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