



Promising Crossroads: Choosing Our Future

By Kelsey Louie, CEO, GMHC

I HAVE SAID many times that we are at a promising crossroads in terms of ending the epidemic, but in order to achieve that promise, we must have the courage to act now. We are less than eight weeks away from one of the most critical presidential elections in our history. On November 8th, our country will choose our next leader. Some may vote for a person. But many will vote for what that person represents. Does he or she represent prejudice and discrimination, or equality and inclusion? The decision each of you makes will impact us all.

As the world's first and leading HIV and AIDS service organization, Gay Men's Health Crisis (GMHC) realizes the impact of being silent, which is why we have been fighting to have HIV and AIDS be a part of the conversation in this election cycle. We were proud to put out the first presidential candidate survey right before the Iowa caucus, but disappointed that only three of the 18 candidates running at the time decided to answer our survey. Even though there are 1.2 million people living with HIV in America, not one of the major news networks inserted a question to the candidates about a disease that has killed over 650,000 people in this country alone. When people ask me if I think we will end the epidemic and find a cure, I always tell them, "yes, if we can overcome our greatest challenge of no real substantive conversations from our leaders."

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Three candidates responded to GMHC's survey:



Jeb Bush



Ben Carson



Chris Christie



Ted Cruz



Hillary Clinton



Carly Fiorina



Jim Gilmore



Lindsey Graham



Mike Huckabee



John Kasich



Martin O'Malley



George Pataki



Rand Paul



Marco Rubio



Bernard Sanders



Rick Santorum



Jill Stein



Donald Trump

GMHC's Presidential
Candidates' Survey 2016

HIV and AIDS is not just an issue of health care. Mental health, substance abuse, the Affordable Care Act, gender-based violence, harm reduction strategies, were a few of the topics GMHC asked the 18 candidates. All of these topics intertwine, and are drivers of the epidemic. We cannot have leaders who fight to pass discriminatory bathroom laws, which disproportionately impact those at risk for HIV and AIDS. We need to elect leaders who understand the correlation between mental health and how passing common sense gun control will help prevent hate crimes and violence against the LGBT community.

Because of our tenacity through the darkest hours of the epidemic, we are finally seeing the first generation of long-term survivors of HIV and AIDS, who account for over one-quarter of the people living with HIV in this country. I was proud to be a part of the coalition of HIV and AIDS activists who met with Secretary Clinton and Senator Sanders earlier this year. We collectively advocated for policies that impact both long-term survivors and, most

importantly, on how we can finally end the epidemic in America.

The question to the men and women across our country who hope to be elected this November is simple: Will you be a part of finally ending the epidemic in America? You either support creating access to life-saving tools like PrEP and PEP, or you don't. You either understand that all individuals should have access to comprehensive quality care,

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such as nutrition counseling, job readiness training and mental health counseling, or you don't. You shouldn't be running for any office, if you are not ready to address the drivers of the HIV and AIDS epidemic.

At GMHC's David Geffen testing center, we have achieved incredible success with immediately linking people who are diagnosed with HIV to care. The outcome of removing barriers to treatment and testing results in 90 percent of the people who test positive

at our testing center being virally suppressed. This outcome creates both the optimal health outcome for the client, but also makes it nearly impossible to spread the virus. Sadly, I don't see more programs like ours being implemented across the country, in large part because elected officials are either willingly ignoring the crisis or, worse, are indifferent to the crisis.

As the 2016 election begins to come to an end, I encourage everyone to ask candidates questions about HIV and AIDS. Without raising our voices and asking these questions, no answers will be given. As we found out earlier this year, what is even worse is when you do ask the questions and the candidate ignores them altogether. However, we have learned over the past 35 years that no response is a clear response that is not lost on people who have been fighting this fight from the very beginning.

It is inhumane not to fight this battle. And we have so much to fight for. We are not satisfied with the status quo. We are not happy with social and economic injustice. GMHC is here to safeguard the defenseless, to be a vital resource, and to ensure the collective voice of our community is not just heard, but also respected.

Most importantly, we are here to end the epidemic. And when we do, it will be because of our determination and spirit, which has lasted 35 years. From the darkest days of the epidemic in 1981, to today, it has never wavered. We have only become stronger. And we will stay strong until we find a cure.

Read the full survey at gmhc.org/survey2016.



LGBT. Violence. HIV.

By Cecilia Gentili, Assistant Director of Policy, GMHC

PULSE NIGHTCLUB BILLED itself as "the hottest gay bar in Orlando" but all of that changed on June 12, 2016, when 49 individuals lost their lives and more than 50 were injured, in what soon became the deadliest mass shooting in US history.

News of the attack soon spread around GMHC and the word "terror" is what came to the minds of many in the days that followed. Terror is a word the LGBT community is far too familiar with. At GMHC, we remember the terror that ensued when the AIDS epidemic struck in the 1980s and no one wanted to be near a gay person for fear of getting sick.

Today, we know the threat of physical violence, even death, is a daily part of life for the LGBT

community. In a recent interview, Maurice White, a GMHC client, expressed that when he learned about Pulse, "I was frozen for two days and I thought of my personal history of violence."

Orlando was an incident that was intentionally perpetrated against victims just for being who they are, which makes this massacre a hate crime. Maurice supported this notion, adding that "violence to me is when you put somebody in a box and [are] biased and prejudice towards them. It's when you don't let someone express themselves as a human being."

In an interview with Shelby Chestnut, Co-Director of Community Organizing and Public Advocacy at the New York City Anti-Violence Project, she discussed the annual Hate Violence Report which recorded

24 hate violence homicides in 2015, a 20% increase from 2014. Of the 1,253 survivors who reported being victims nationally, Shelby noted that “the majority were gay, youth, and people of color.”

When it comes to violence directed towards the trans community, many other factors like intersections of racism, sexism and transphobia play a role. Transgender Advocate Brooke Cerda noted “I know last year in the US we lost 23 women...and in some countries it is 23 women in one month. Everybody is jumping on the bandwagon of ‘progress, progress, progress’ and there’s a lot of misinformation [in] saying that. I’m worried because a lot of trans women, especially the younger generation of girls, buy into the thinking that it’s a more accepting world for trans women and it’s not. We stand at the intersection of being women first and then trans. There’s no way we can escape those two as much as we want. We cannot even thank our ancestors [trans women] for all of the things they did for us. We don’t have the money or resources to thank our elders. The hard part is the threat of violence. That is what kills you. Just walking around, you just can’t help think it’s a matter of time.”

So what do we do?

We need to change laws and culture to rid our society of things like discrimination, harassment, transphobia, and homophobia.

At GMHC, we are constantly working to support and create an affirming and safe space where our more than 10,000 clients can access comprehensive quality care and support, regardless of sexual orientation or gender identity. This work is supported by the agency’s senior management, led by CEO Kelsey Louie and the Board of Directors.

Soon we will be adding staff members’ gender pronouns to individual email signatures. The practice of asking individuals what pronouns they use allows us to not make assumptions about a person’s gender identity and to promote awareness of transgender and gender non-conforming communities. We’ve hosted transgender awareness trainings to promote inclusion and share proven best practices as an effective way to enhance cultural competency. And, we have two gender neutral bathrooms on site.

But we know that at the end of the day, our clients and staff leave GMHC and are prone to hate motivated violence. The time is now to utilize the momentum and power the LGBT community has to pass explicit non-discrimination protections at the state and federal level along with creating life-saving and medically necessary health care for everyone. Our education system must be safe for transgender students, and law enforcement must improve their responses to crimes committed against transgender people.

In the first six months of 2016, the murders of 14 transgender people have been reported. This number does not include individuals whose deaths were not reported or investigated, nor victims who were misgendered:

*Monica Loera • Jasmine Sierra
Kayden Clarke • Veronica Banks Cano
Maya Young • Demarcus Stanberry
Kedarie/Kandice Johnson
Quartney Davia Dawson-Yochum
Shsnte Issac • Keyonna Blakeney
Tyreece Walker • Mercedes Successful
Amos Beede • Goddess Diamond*

**These are not new asks, but the time is now.
Not next month, not next session, not next year.
Now.**

As GMHC CEO Kelsey Louie said following the Orlando tragedy, “The love and pride our community has is an example to all Americans of how we will once again come together and take care of our own. When the world turned its back on us as HIV and AIDS ravaged our community, we defiantly stood up and fought back. When they said you can’t marry the one you love, we stood up and won the right to say ‘I do’...It is time for us to once again stand up and say you can’t scare us back into the closet. We will love proudly, we will dance proudly, and we will march through the streets proudly this month and every month. Our hearts are broken, but our spirits will fight on in honor of those we lost.”

So let’s keep fighting.

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We Are All Long-Term Survivors

By Bill Bracker, Psy.D., Vice President, Programs & Clinical Services, GMHC

THE AIDS EPIDEMIC began in 1981, and the very next year, GMHC started a Buddy Program to help those dying from the disease. Buddies escorted clients to the hospital, medical appointments, and shopped for food and other household needs when clients became too weak to leave their homes. At this time, it was not a question of if you were going to die, but when.

Today, thanks to highly active antiretroviral therapy (HAART), HIV is no longer a death sentence and people with HIV are living longer and healthier lives. Long-term survivors are every gender identity and sexual orientation. They are all ethnicities and they all survived the darkest days of the AIDS epidemic with courage and compassion.

At GMHC, we are committed to taking care of our long-term survivors and have a long history of doing so. Every day, we are inspired by the tireless advocacy and tenacity of individuals like Larry Kramer, one of our founders, who celebrated his 81st birthday, and Sean McKenna, who helped revive GMHC's Buddy Program.

GMHC relaunched its Buddy Program in 2015 to ensure that long-term survivors have access to services they require to meet their unique needs. One major difference with the current program is that it's designed to help people live their lives to the fullest, not prepare them for the end of life. Last year we also started hosting the weekly long-term survivor groups, which provides emotional support for anyone who self-identifies as a long-term survivor.

Services & Advocacy for GLBT Elders (SAGE) has come in to train staff on the needs of older adults and creating a more innovative, competitive care environment. On a public policy level, GMHC is working with a coalition of providers from across New York to specifically address the needs of older adults, including long-term survivors, as part of Governor Andrew Cuomo's plan to end the AIDS epidemic in New York by 2020. And, our advocacy work includes the need for more research that requires ongoing and sustained funding of long-term survivor issues.

The needs of long-term survivors are evolving, which is why GMHC created a committee to examine

the programs and services we offer. We believe it is critical to utilize the knowledge and experience of long-term survivors in developing and implementing programs affecting their lives.

As GMHC expands mental health services, we are keeping an eye to long-term survivors who often face isolation; the stresses of living with a chronic disease; elevated risk for depression, substance use, and suicidal ideation; stigma; and symptoms that resemble post-traumatic stress disorder.

Until we find a cure, we will all become long-term survivors. At GMHC, we will continue leading the conversation, providing direct services, sharing stories and best practices, and advocating for policies and funding.

But, we cannot do it alone.



June 2016: Sean McKenna at GMHC's Long-Term Survivor event in Fire Island Pines

They are all ethnicities and they all survived the darkest days of the AIDS epidemic with courage and compassion.



Kelsey Louie and Larry Kramer

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