
Decrease new infections among women
Implement the Dignity for All Students Act
Gay Men's Health Crisis
CITY POLICY AGENDA
2008
Provide comprehensive sex education in public schools
Pass HASA for All
Streamline funding for communities of color
Increase HASA enhanced rental assistance
Decrease new HIV infections among young gay men of color
GMHC

SUMMARY

Gay Men's Health Crisis, the world's oldest HIV/AIDS organization, promotes the following New York City policy agenda for 2008:

Prevention

- Decrease new infections among young women of color
- Decrease new infections among young men who have sex with men
- Secure funding streams for HIV prevention and services in communities of color
- Expand sex education and gay-affirming interventions with youth in schools
- Support microbicides development

Housing and Essential Services

- Pass HASA for All (Int. 691)
- Make necessary changes to HASA's housing placement services as recommended by the NYC Office of the Comptroller
- Increase HASA enhanced rental assistance to 110% of fair market rent (FMR)

Testing

- Expand HIV testing while maintaining written informed consent

INTRODUCTION

Twenty-seven years since AIDS was identified in the U.S., HIV in New York City continues to ravage communities and challenge policymakers. HIV most significantly affects those at the margins of society—youth, women of color, immigrants, prisoners, gay and bisexual men, especially black gay men, and transgender women.

GMHC is particularly concerned with the epidemic's burgeoning impact on young people and people of color.

GMHC is particularly concerned with the epidemic's burgeoning impact on young people and people of color. New York City experienced a 33% increase in HIV incidence from 2001 to 2006 among young men who have sex with men (MSM). Black and Latino MSM make up 77% of new HIV infections in young MSM in New York City. One in four teen girls is infected with a sexually transmitted disease (STD) nationally; one in two African American young women has an STD.[1]

Of the 3,653 people diagnosed with HIV in New York in 2004, 85% were persons of color (53.5% black, 28.6% Hispanic).[2]

According the New York City Department of Health and Mental Hygiene (DOHMH), approximately one in 70 New Yorkers is HIV-positive. Particular groups share a disproportionate burden of the epidemic. One in 40 African Americans living in New York City has HIV, as does:

- 1 in 25 men living in Manhattan
- 1 in 12 black men age 40–49 years
- 1 in 10 men who have sex with men
- 1 in 8 injection drug users
- 1 in 5 black men age 40–49 in Manhattan
- 1 in 4 men who have sex with men in Chelsea[3]

The causes of these disparate impacts are complex and deeply rooted in the very factors that have contributed to the spread of HIV—stigma, discrimination, poverty, homophobia and racism. Despite advances in HIV prevention and treatment over the decades, we are still hamstrung by an educational system that fails to prepare young people to protect themselves, and a public healthcare system that allows the most vulnerable to fall through the cracks.

As GMHC continues to advocate at the federal and state levels, we also recognize that New York City still has significant hurdles to overcome in the fight against HIV, particularly in addressing the risk of some of our most vulnerable populations. This agenda details the policy changes that would help us bring down infection rates and improve treatment and care.

PREVENTION

Decrease new HIV infections among young women of color

GMHC supports targeted outreach and programming for women. Despite a decrease in the total number of new infections among New York City residents, women—especially young women of color—continue to be at high risk of HIV infection. The total number of new HIV diagnoses in New York City declined by 5% between 2005 and 2006. However, a 6% increase was observed among females ages 13–29 years. Over 90% of women newly diagnosed and women living with AIDS in 2006 were black or Hispanic. While we have seen some success with the city's prevention efforts for women, it has not been enough. New York

City budget cuts, such as those proposed in Mayor Bloomberg's executive budget, will continue to negatively impact women across the five boroughs.

HIV risk among young women is alarming in New York City, and more must be done to address the needs of this vulnerable population. Nationally, teen pregnancy rates are going up, and young women of color are at increased risk for sexually-transmitted diseases (STDs). The birth rate among teenagers 15 to 19 in the United States rose in 2006 by 3%, the first such increase since 1991, and teen pregnancy in the South Bronx is the highest in New York City. The borough's rate is double the national average.

In 2000, 52% of all New York City women infected with AIDS resided in ten neighborhoods known to have the city's highest concentration of poverty.

New York City needs to target its prevention efforts and services for young women in the neighborhoods hardest hit by the HIV/AIDS epidemics in Brooklyn, Queens, Manhattan and the Bronx. In 2000, 52% of all New York City women infected with AIDS resided in ten neighborhoods known to have the city's highest concentration of poverty. Designated resources for women should support programming that addresses the multiple levels of risk young women face. GMHC supports focused efforts for women that include peer-led outreach, targeted HIV and STD testing and screening campaigns to encourage women to know their status, and high-impact social marketing to change attitudes, norms and behaviors in communities. Targeted support should also be used to create a comprehensive referral network and continuum of care that includes crisis intervention and counseling, supportive housing, and services addressing domestic violence, trauma and substance abuse.

Designated resources for women will enable expansion of programming that addresses the multiple levels of risk young women face.

Decrease new HIV infections among young men who have sex with men (MSM)

GMHC believes that special attention and outreach is needed to prevent the further increase of HIV among young gay men of color. In September 2007, the NYC DOHMH reported a 33% increase in HIV incidence in the last six years among young men who have sex with men (MSM) ages 13–29 years old. Black and Latino MSM make up 77% of new HIV infections in young MSM in New York City.

GMHC believes that the increased incidence among young MSM, especially young men of color, is deeply intertwined with racism, homophobia, ideas of masculinity, and HIV stigma. These issues all converge in black and Latino communities, having a significant affect on young men and their decision-making related to risk. In our efforts to address these issues, policy makers at the city level have the ability to increase the capacity to reach this specific group of young people. GMHC advocates for expanded funding to support focused outreach and care for young MSM of color, including mental health care and counseling, substance abuse treatment, crisis intervention, case management, and increased access to targeted HIV counseling and testing, STD screening, referrals and connections to medical care.

GMHC encourages the City Council to streamline the funding process for HIV prevention in communities of color.

As incidence is increasing in New York City among young black and Latino men and women, the community-based organizations that do the ground-level outreach and prevention have run into significant funding barriers to reach populations at highest risk. The City Council has sought to address this need by funding the HIV/AIDS Prevention and Education Initiative (also known as New York City Communities of Color HIV/AIDS Coalition, or NYCCOCHAC) for communities of color and women, and they have granted financial awards to organizations across the city. The organizations that have received the contracts for the previous fiscal year, however, have to wait several months, sometimes as many as 9 or 10 months, to receive the funds. Once they receive the money, groups doing prevention in communities of color have only a few short months or even weeks in which to spend it before the end of the fiscal year. This delayed process forces organizations without ample financial resources into further binds; they must run the program with their own money and then wait for the City to reimburse them when the money is finally available. Many organizations cannot adequately or effectively run the programs and services for which they received contracts because the money they were promised is not given in a timely manner. This practice has implications for both the community-based organizations and the people in the community who are in need of outreach, care and services. **GMHC encourages the City Council to change the process of funding allocation to make the money available to community-based organizations as soon as the contracts are awarded.**

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Sex education and gay-affirming interventions with youth in schools

GMHC urges the New York City Department of Education to provide every New York City public school student with age-appropriate comprehensive sex education and evidence-based HIV prevention curricula. According to National Youth Risk Behavior Survey data, almost half (47%) of high school students in the United States report being sexually active. Because youth are not receiving adequate information about protecting themselves when they chose to engage in sexual activity, 4 million young people in the U.S. contract sexually-transmitted diseases (STDs) each year. The CDC reports that one in four teenage women, and one in two African American teenage women, has an STD. Considering that young people ages 15–24 make up almost half of all new HIV infections reported in the United States each year, the lack of science-based prevention and comprehensive sex education puts youth in danger.

Currently, sex education is not mandated by the NYC Department of Education, meaning that the school principals decide whether or not to include sex education in their school's curriculum. Mayor Michael Bloomberg and Chancellor Joel Klein should require all middle and high school principals to implement the sex education curriculum initially adopted in December 2007.

> Young gay and bisexual men in schools with gay-affirming interventions are less likely to engage in HIV risk behavior.

In addition to comprehensive sex education, GMHC also encourages science-based HIV/AIDS and STD prevention education for each public school student. Currently, AIDS education is required for high school students by state law. However, the information shared within each school is not determined by the city or state and can be different in every school or every class. GMHC asks that the city Department of Education mandate specific requirements for AIDS prevention and education and that they monitor this provision in every public school.

GMHC urges Mayor Bloomberg and the Department of Education to implement and enforce the Dignity for All Students Act (DASA). New York City's Dignity for All Students Act mandates the Department of Education to report and monitor harassment and bullying, and to provide protections for students or staff who may be targeted due to race, ethnicity, religious affiliation, sexual orientation or gender expression. Youth Risk Behavior Survey data from New York City and other parts of the country show that gay, lesbian, and bisexual youth report higher rates of depression, isolation and suicidal ideation.[4,5,6] Anti-gay harassment is also a major cause of high drop-out rates among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth.[7] DASA requires staff training on important issues such as gender identity and sexual orientation, and encourages the development of gay-straight alliances and peer involvement in harassment prevention. Research shows that family acceptance and school-based interventions, such as gay-straight alliances and anti-bullying initiatives, are key resiliency factors for gay youth.[8] Young gay and bisexual men in schools with pro-gay interventions report less risky behaviors associated with HIV transmission including unsafe sex.[9]

Passed overwhelmingly by the New York City Council in 2004, DASA was vetoed by Mayor Bloomberg. His veto was defeated by a City Council override a few months later. Since then, the Bloomberg Administration has failed to implement the provisions of the law, arguing that the Department of Education already has adequate policies in place to deal with harassment of its students. The Bloomberg Administration argues that passage of the state version of DASA would be helpful in implementing changes, and that the City Council has overstepped its authority in mandating education policy through DASA. Because as many as 80% of public high school students in New York City report having been harassed or bullied at some point, it is obvious that current policies have not been enough to protect them. DASA is essential to enhancing and mandating stricter regulations to protect students.

> Four million young people in the U.S. contract sexually-transmitted diseases (STDs) each year.

The Bloomberg Administration and the Department of Education have been working to try alternative programs to train teachers on issues of sexuality and gender and to create supportive and safe environments for youth in their classrooms. GMHC applauds the efforts of the Department of Education to train teachers on the particular issues affecting LGBTQ students. However, we also encourage Mayor Bloomberg to implement the law passed over his veto. The Department of Education should specifically instruct all middle and high school principals to implement DASA in their schools. Currently, 50 of the 350 public high schools in the city have gay-straight alliances. The other schools should be required to create gay-straight alliances beginning in the fall of 2008. Also, in addition to addressing LGBTQ issues in teacher trainings, principals should ensure that all middle and high school students themselves discuss sexuality and

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gender in age-appropriate ways through anti-bullying and tolerance curricula.

Microbicides

GMHC supports the development of alternative prevention technologies, and urges the City Council to support microbicide development. In New York City, women and girls constitute one of every three new HIV diagnoses.[10] Biologically, women are more susceptible than men to sexually-transmitted HIV infection. Their susceptibility to HIV infection is also increased due to their lack of economic and social power, especially in situations and cultures where women cannot control sexual encounters or negotiate protective measures such as condoms.

Microbicides are a class of topical products currently under development that women could apply vaginally to prevent transmission of HIV and other infections. Rectal microbicides could also prevent infections among both women and men. Microbicides are considered one of the most promising prevention tools on the horizon, and many scientists believe that, with an increase in funding and coordination, a safe and effective microbicide could be available in five to ten years for use in the U.S. and abroad. Even a partially effective microbicide could avert an estimated 2.5 million HIV infections over three years.

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GMHC urges the City Council to pass Resolution 839, which supports the passage of the federal Microbicides Development Act introduced in both the House of Representatives (H.R. 1420) and the Senate (S. 823). GMHC further urges the New York City Department of Health and Mental Hygiene to work with community-based organizations to raise public awareness of microbicides.

HOUSING AND ESSENTIAL SERVICES

GMHC supports the passage of HASA for All (Intro 691), which would allow more individuals to qualify for housing, nutrition and transportation services through the HIV/AIDS Services Administration (HASA). Housing is key to the health of people living with HIV/AIDS. Stable housing provides people with HIV/AIDS a foundation from which HIV treatment and care can be fully managed. Both national and local research has shown that stable housing increases a person's likelihood of attending medical visits, adhering to treatment and staying on medications, and ensures less stress-related illnesses for people with HIV.[11,12] Yet, inadequate housing continues to be a major problem for thousands of persons living with HIV and AIDS in New York City. Unstable housing and homelessness can also lead to unnecessary illness and premature death; HIV-related illness is currently the number one cause of death for women in New York City's shelter system.[13]

In addition, people who are stably housed also demonstrate reductions in risk behaviors associated with HIV transmission, including high-risk sexual behavior and drug use. From a public health perspective, stable housing is an effective structural intervention that can prevent transmission of HIV.[14]

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New York City's HIV/AIDS Services Administration (HASA) provides vital housing, nutrition and transportation services to low-income New Yorkers living with AIDS. Current HASA regulations require those who receive benefits from HASA to have an AIDS diagnosis or symptomatic HIV infection, meaning a T-cell count of 200 or less or two opportunistic infections, such as pneumocystis carinii pneumonia (PCP) or toxoplasmosis. HIV-positive New Yorkers who do not meet the medical requirements cannot receive housing and other benefits. Incredibly, some people actually stop taking their medications in order to become sick enough to qualify for HASA services. We should not wait until people become seriously ill before providing them with housing. GMHC urges the City Council to pass the HASA for All Act (Intro 691), which would expand HASA eligibility criteria to include all low-income New Yorkers with HIV before they become seriously ill and progress to AIDS.

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GMHC urges HASA to make all changes recommended by the Office of the Comptroller so that clients are efficiently moved into stable permanent housing. In 2003, the New York City Office of Comptroller William Thompson audited HASA and recommended changes to improve the efficiency of housing placement services. The comptroller's office found that HASA was not efficient in processing permanent housing applications. Specifically, the report

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found that HASA case managers were not following up on permanent housing applications, and that often clients' landlords were not receiving timely initial payment even after valid leases had been secured for permanent housing. The report also highlighted a breakdown in communication among the eligibility unit, the housing unit and the case managers concerning clients' housing applications. This poor communication sometimes precluded clients from receiving the housing assistance and benefits that they needed within the 30 days mandated by law. Seven changes were recommended to ensure better service to HASA clients who needed housing assistance:

1. Improve the HASA manual for housing procedures.
2. Create monitoring tools to track the housing placement process.
3. Ensure that the financial assistance packages are processed in a more timely fashion by recording the dates of each step of processing.
4. Ensure that financial assistance packages are complete before they enter the process by having supervisors monitor and examine the documentation.
5. Develop supervision strategies to ensure timeliness of each application submitted.
6. Require the signature of clients and staff when the application and other documentation are submitted.
7. Submit the applications as soon as all documentation is given by the client.[15]

In a follow-up report issued in June 2007, Comptroller Thompson reported that HASA had not fully implemented the recommended changes from the 2003 audit. The Comptroller further stated that the overall system had not improved to the benefit of HASA clients. People who receive HASA benefits are still not being efficiently moved into essential permanent housing in a timely manner.[16] GMHC calls for HASA to implement the necessary changes in order to more effectively serve clients in need of housing.

GMHC encourages HASA to increase the level of enhanced rental assistance to allow HASA clients better access to private market apartments. GMHC supports the efforts of the New York City AIDS Housing Network (NYCAHN) to encourage HASA to increase rental assistance to 110% of HUD established fair market rents (FMR) and index such assistance to FMR levels in future years. This change would better enable HASA clients to obtain quality private market housing in a timely manner, and would align the agency's payment standards with other comparable rental subsidy programs that HASA clients compete with, such as the Housing Choice Voucher Section 8 program.

The current guidelines HASA uses for approving requests "above enhanced rental assistance" rely on October 1, 2002 Section 8 rent payment standards, despite the fact that Section 8 payment standards have increased by 17% since that time. HASA's payment standards are now outdated, and their declining value has become a major impediment to securing adequate housing for clients seeking private market apartments. Furthermore, currently no process exists for ongoing adjustments to the payment standards in order to keep pace with escalating rent costs in New York City. GMHC supports indexing the increase for future years so that HASA housing benefits remain competitive.

> HASA's rental payment standards are woefully outdated. Many HASA clients can no longer find appropriate housing, because other rental subsidy programs pay a much higher rate.

The shrinking number of apartments that are affordable given current enhanced rental assistance levels are located in extremely low-income neighborhoods that are increasingly further away from medical services and social support networks. These limited housing options undermine the goal of enabling clients to obtain decent apartments in diverse neighborhoods with convenient access to transportation and services. Many HASA clients can no longer find appropriate housing, because other rental subsidy programs pay a much higher rate.

GMHC encourages HASA to increase enhanced rental assistance levels to 110% of the FMR and to index rental assistance levels to the FMR in future years. In doing so, HASA would promote better access to quality housing, proximity to medical and social services, and a more efficient housing placement process.

TESTING

GMHC supports the city's efforts to expand HIV testing to find the one in four people living with HIV who are undiagnosed. However, we adamantly oppose Commissioner Thomas Frieden's efforts to do away with written, informed consent.

GMHC recognizes the importance of knowing one's HIV status, for both care and prevention. Early entry into care and treatment is critical for people who test positive. Unfortunately, immigrants and other groups are more likely to test late and be diagnosed with both HIV and AIDS. Likewise, testing presents an opportunity for those who test negative to get the education and support they need to stay that way. We have long supported efforts to expand access to free, voluntary testing and counseling. Populations at highest risk, such as gay men and African-American women, should be prioritized. This expansion of testing should only be done in a manner that protects written, informed consent of those being tested, in both medical and non-medical settings.

The city's campaign to remove written, informed consent is based on the unsubstantiated claim that such consent is a barrier to people getting tested.

GMHC continues to oppose attempts to remove written consent and to significantly reduce the information that one receives when getting tested for HIV. We will oppose any legislative change that threatens to erode the fundamental human right of New Yorkers to consent to an HIV test. The city's campaign to remove written, informed consent is based on the unsubstantiated claim that such consent is a barrier to people getting tested. These attempts are also premised on the inaccurate perception that HIV and AIDS are no different than any other sexually transmitted disease (STD) or medical condition. Despite claims that written informed consent is a barrier to HIV testing, the New York City Health and Hospitals Corporation (HHC) launched a pilot program to routinize HIV testing in its facilities and achieved dramatic results. The pilot program saw a 116% increase in patients being tested (from 62,023 in 2005 to 133,859 in 2007), and written informed consent was maintained throughout the program.[17] The city's jail system had a fourfold increase in HIV tests from 2003 through 2006 while maintainig written informed consent.

GMHC applauds the efforts of the Department of Health and Mental Hygiene (DOHMH) to increase HIV testing in New York City. In addition to testing, however, we also encourage the city to take further responsibility in connecting those who test positive with essential services. This effort requires an acknowledgement that testing itself does not prevent the spread of HIV, nor does it ensure that those who test positive will be linked into care simply by knowing their HIV status. Measures must be taken to increase the number of people who receive the medical care and social services that they need to live healthy lives. We know that lack of access to competent and consistent medical care is the true barrier to encouraging early HIV testing and reducing concurrent diagnoses, and connection to medical care must be addressed in order to stop the epidemic.

Health and Hospitals more than doubled HIV testing while maintaining written informed consent; the city's jails quadrupled testing while protecting written, informed consent.

References

1 Centers for Disease Control and Prevention. Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease. Released at the National STD Conference in Chicago, March 2008.

2 Torian L, Wiewel E. Risk factors for concurrent diagnosis of HIV/AIDS in New York City, 2004: The role of age, transmission risk, and country of birth. In: Program and abstracts of the 14th Conference on Retroviruses and Opportunistic Infections; February 25-28, 2007; Los Angeles, Calif. Poster 964.

3 HIV/AIDS Information. New York City Department of Health and Mental Hygiene. Retrieved May, 15, 2008 from http://www.nyc.gov/html/doh/html/ah/ah.shtml.

4 Jordan, K. M. (2000). Substance abuse among gay, lesbian, bisexual, transgender, and questioning adolescents. School Psychology Review, 29(2), 201–6.

5 Garofalo, R., Wolf, R. C., Wissow, L. S., Woods, E. R., & Goodman, E. (1999). Sexual orientation and risk of suicide attempts among a representative sample of youth. Archives of Pediatrics & Adolescent Medicine, 153(15), 487–501.

6 Massachusetts Department of Education. (2000). 1999 Massachusetts Youth Risk Behavior Study. Boston: Author.

7 Gardner, R. (2002, February). Destination graduation: Dropout prevention New York State style. Paper presented at annual conference of the Centers for Disease Control and Prevention Division of Adolescent and School Health, Washington.

8 Goodenow, C. (December 4, 2007). "Protective and risk factors for HIV-related behavior among adolescent MSM." (Analysis of Massachusetts Youth Behavior Survey data). National HIV Prevention Conference, Atlanta, GA.

9 Ibid.

10 Department of Health and Mental Hygiene. (January 2005). Health Bulletin: Women and HIV/AIDS. Health and Mental Hygiene News, Vol. 3, No. 11.

11 Aidala, A., Waddell, E. N. and Sotheran, J. L. (August 2005). Factors Associated with Delayed Care Seeking among HIV-Infected Individuals in New York City. Paper presented at the annual meeting of the American Sociological Association, Marriott Hotel, Loews Philadelphia Hotel, Philadelphia, PA. Retrieved March 2, 2008 from http://www.allacademic.com/meta/p23448_index.html

12 Kidder, Wolitski, Royal, Aidala, Pals, Courtenay-Quirk, Kenny, Holtgrave, Harre and Stall for the Housing & Health Study Team. NYC Council HASA for All Briefing. (September 6, 2007). Baseline Findings from the Housing & Health Study of Homeless and Unstably Housed People Living with HIV: Housing, Adherence, Health and Stigma.

13 New York City Departments of Health and Mental Hygiene and Homeless Services. The Health of Homeless Adults in New York City. (December 2005).

14 Kidder, Wolitski, Royal, Aidala, Pals, Courtenay-Quirk, Kenny, Holtgrave, Harre and Stall for the Housing & Health Study Team. NYC Council HASA for All Briefing. (September 6, 2007). Baseline Findings from the Housing & Health Study of Homeless and Unstably Housed People Living with HIV: Housing, Adherence, Health and Stigma.

15 Office of the Comptroller. Audit Report on the Processing of Clients' Permanent Housing Applications by the HIV/AIDS Services Administration of the Human Resources Administration. (June 2003).

16 Office of the Comptroller. Follow-Up Audit Report on the Processing of Clients' Permanent Housing Applications by the HIV/AIDS Services Administration of the Human Resources Administration. (June 2007).

17 Omi, J., Hamilton, T. (2008). Expanding HIV Testing at HHC. NYC Health and Hospitals Corporation.

About Gay Men's Health Crisis

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. GMHC serves one in every six persons diagnosed with AIDS in New York City. As the world's oldest AIDS service provider, GMHC helps over 15,000 men, women and children and their families each year. GMHC offers a wide range of comprehensive client services, including hot meals, benefits/entitlements advocacy, healthcare advocacy, case management, legal assistance, HIV counseling and testing, individual and group counseling services, prevention education, home-based support, and mental health services.

GMHC has been on the frontlines of the AIDS epidemic since it began, focused on the communities most threatened by HIV and expanding our service provision as the epidemic shifts and grows. The number of GMHC clients has increased by over 50% just since 2000. Our clients reflect the diversity of the HIV epidemic:

69% are people of color;
64% are gay, lesbian, bisexual;
23% are women; and
Over 50% reside outside of Manhattan.

Additionally, nearly one-third of our clients are 50 years of age or older, while 28% of all new prevention clients are under 30. Of our total clients served we continue to see a larger proportion living in poverty—approximately 72% are living on an annual income of less than $10,000. Over 70% of GMHC clients rely on Medicaid, while 15% rely on the AIDS Drug Assistance Program (ADAP) for their medical care and life-saving prescription drugs.

Questions? Contact Kristin Goodwin, Manager of City Policy and Community Organizing, at (212) 367-1234.

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