Cents and Sensibility

What now drives ASOs financially is at odds with what drives them politically.

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The charitable response to the AIDS epidemic has changed dramatically since Larry Kramer first descended Moses-like on Fire Island during Labor Day weekend in 1981. Setting up shop in the middle of Gay America's premiere playground with card tables and folding chairs, Kramer and his cohorts rattled their cans in the faces of many unwilling listeners, asking them to "Give to Gay Cancer." They stood outside discos for eight-hour stretches, dropped brochures on front steps and in mailboxes and took the entire resort community hostage with banners and placards. The weekend's profits, all in the name of research, came to $769.55.

From the founding of Gay Men's Health Crisis (GMHC) in Kramer's living room in 1982 to its current permutation as one of the country's largest AIDS service organizations (ASOs), the organizational response to AIDS has also evolved.

Now, well into the second decade of the epidemic, ASOs exist not only on the grassroots level; many also have well-developed, multilayered service and treatment programs and public policy lobbyists. ASO budgets have ballooned (GMHC's is now over $27 million per year); celebrity support has fattened some ASO coffers; and the federal government's $200,000 spent on AIDS in 1981 has mushroomed to more than $3 billion in 1995. And that doesn't include Medicare, Medicaid and other entitlement spending.

Along with this evolutionary response to the illness has come the realization that AIDS is not a short-term crisis, as originally believed (and hoped), but a long-term health care issue, profoundly impacting every aspect of our culture and economy.

This changing recognition of the reality of the epidemic has brought with it a distinct shift in fundraising strategies for AIDS organizations.

The problem is that what now drives ASOs financially -- long-term donor cultivation and strategic planning -- is at odds with what drives them politically -- the immediate urgency of care and advocacy.

For 15 years, that urgency has tugged at the heartstrings of the giving public. And it's worked to an extraordinary degree, with both private- and public-sector funding sources. Moreover, the history of AIDS fundraising is replete with examples of innovative ideas that combine popular

culture, star power, merchandising and volunteerism that have set new standards and opened new frontiers in nonprofit fundraising.

But with people living long-term with HIV and advancements in medical research, selling the hope of a cure in the short term has become a cliché that few believe possible. The dilemma is that the institutionalization of AIDS carries with it the grave danger of destroying faith. The realization that HIV may become a chronic, manageable disease might be great treatment news, but it also reinforces the fact that medical science is far from finding a cure and numbs public concern about the severity of the immediate crisis. The result is a giving public battered between hope and hype, optimism and pessimism, extraordinary generosity and so-called “compassion fatigue.”

“AIDS is no longer as trendy and attractive for progressive funders as it used to be,” says Housing Works co-founder Eric Sawyer. As someone who has spent six years with the New York City ASO that provides housing for homeless PWAs, Sawyer has firsthand experience with the problems of fundraising. “Financial accountability is crucial and infrastructure is needed if you hope to operate on a long-term basis, but the difficulty in raising money for overhead is that it eats up a lot of money that originally went to programs. We have to find more creative sources and ways of raising money.”

In the early days, donors could see tangible results from their generosity in the relative short term. Today, as the epidemic has become so gargantuan and many of the easy victories have already been won, it is tougher to provide that immediate payback to donors. And as more people believe that the AIDS epidemic won’t end anytime soon, the challenge for ASOs is how to keep the charitable dollars flowing. What’s at risk now is the lack, even the loss, of money -- money for research, treatment, necessities of life, lobbying Congress -- money to simply keep the ASO door open at a time when caseloads continue to rise.

The key is finding a balance between an ambitious vision and the organizational realities of raising funds, managing a bureaucracy and delivering services on a daily basis.

Charitable giving (individual gifts, bequests, corporate and foundation grants) has been the financial backbone of most ASOs since the beginning of the epidemic and often provides 100 percent of the funds.

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