True Colors

Race rifts at GMHC raise a red flag for all major AIDS agencies

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It’s worth repeating, so let me say it again: There is still a gay men’s health crisis," entertainment mogul David Geffen told a largely white, gay male crowd of 2,800 at You Gotta Have Friends, a Gay Men’s Health Crisis (GMHC) fundraiser at Carnegie Hall in January. For the well-heeled audience that applauded Geffen’s remarks, both the glitzy event, which raised $4.4 million in a single night, and Geffen’s $2.5 million gift to GMHC offered reassurance that optimism over protease inhibitors and first-ever drops in AIDS deaths would not slow the momentum of services for men who have sex with men. But for a group of black AIDS activists who are affiliated with GMHC or who have left for community-based organizations (CBOs), it was yet another reminder of the overlapping crisis that affects not just black gay men but the entire black community. And a reminder, too, that for them no Geffens are at hand.

Theirs is a battle against an epidemic that accounts for one of every three deaths among black men aged 25 to 44 and that has left black women 15 times as likely as white women to have HIV. What these activists ask is, how much of Geffen’s gift -- and the many humbler GMHC donations -- will get to their financially strapped communities? And it’s a question raised with increasing urgency as government services for the poor are slashed and HIV infections among people of color soar. In 1995, the number of AIDS cases among black Americans for the first time equaled the number among whites. Yet blacks make up only 12 percent of the U.S. population; whites, almost 74 percent. Nor are blacks the only people of color AIDS disproportionately strikes. Last year, Latinos made up almost 20 percent of cases, but just 10 percent of the U.S. population overall. And infections are rising among Asian and Native Americans. By the year 2004, it is estimated that the epidemic will be 90 percent nonwhite.

But the big-city behemoth AIDS service organizations (ASOs), such as New York City’s GMHC, the San Francisco AIDS Foundation, AIDS Project Los Angeles and Washington, D.C.’s Whitman-Walker Clinic, were primarily started by white gay men of means to care for their own. Most remain white-controlled, although shifting demographics and pressure from people of color have forced them to broaden the focus of their services. Still, activists of color charge that these agencies have failed to adequately diversify their boards and managements or to share resources with the sprawling network of smaller and poorer CBOs in the hardest-hit neighborhoods. The result, in city after city, is a struggle over funds and control of an effort whose bottom line is saving lives.

At the San Francisco AIDS Foundation, charges of racism in hiring, promotion and disciplinary

actions were a factor in a successful unionization effort two years ago and remain a flashpoint. In Washington, D.C., two CBOs in communities of color closed last year, casualties of the funding wars; a city investigation concluded that federal health officials unfairly favored Whitman-Walker and other agencies over local groups of color. In Philadelphia, a people of color coalition condemned as racist last year's Tanqueray's American AIDS Ride, a national fundraiser, because beneficiaries must pony up a whopping $80,000 to be eligible for proceeds.

These racial divisions run deep in New York City, the U.S. epidemic's ground zero and home of GMHC, the oldest, largest and richest ASO of all. The last two years have witnessed bitter battles over whether the organization has broken its promise to serve the city's diverse AIDS communities -- both with the allocation of its $30 million annual budget funds and with the treatment of members of its staff and board. The tensions reached critical mass in January 1996 around GMHC's plans to use Geffen's gift to build the city's biggest HIV testing center near its home base in Chelsea, a largely white, gay, middle-class neighborhood. The clinic would link those who test negative or positive with prevention, education and other GMHC services. In a highly publicized protest, three African-American board members -- psychiatrist Dr. Richard Dudley, community school board member Doug Robinson and Dr. Billy Jones, currently executive director of the Kingsboro Psychiatric Center in Brooklyn -- left the 30-person, majority-white board after the agency rejected their proposal to study the effect of placing the center in Chelsea on people of color, who make up nearly 60 percent of GMHC's active clients.

Robinson cites the group's refusal both to open branch offices in people of color neighborhoods and to work in cooperation with CBOs there: "We wanted them to reach out in St. Albans, Jamaica, Bed-Sty, Harlem, areas of the Bronx. These are areas where there are gay people. But the proposals were ignored because the people in power on the board are white men." the center in Chelsea on people of color, who make up nearly 60 percent of GMHC's active clients.

"We're a Chelsea-based organization. This is the neighborhood we know best," responds Mike Isbell, GMHC's associate executive director. Explaining that GMHC nixed the proposed study as too expensive, Isbell says the agency instead did a study determining that people of color could easily reach the testing center by public transportation.

The dispute is over not only how to serve people of color, but who will lead the project. Many activists of color charge that well-connected ASOs use their fundraising prowess to attract big-dollar private donors and fat foundation and government grants, diverting the money from the neighborhood CBOs that, they argue, could best serve those populations. This, according to activists, only complicates the already uphill battle of CBOs to survive. Funders are often blind to the fact, for example, that men of color who are gay or bisexual need prevention targeted specifically to them. "We have our own family, religious and other traditional values that have to be a part of any initiative," says Leo Rennie, a former senior policy analyst at GMHC who is currently the executive director of Brooklyn's People of Color in Crisis. Or the fact that many hurdles stand between women of color and the services they need. "The public has a perception of poor women of color as irresponsible and undeserving," says Tracy Gardner, a former GMHC policy analyst and the current policy director of the Harlem Directors Group, an advocacy organization.

“This makes it difficult to fund prevention tailored to the realities of these women’s lives, for example, providing services to both women and children in one location.”

Compounding the crisis is the host of other ills these communities face. “Serving people of color involves a longstanding commitment not only to fighting HIV but to addressing a myriad of needs, including poor housing and health care, unemployment and other forms of racism,” says Joe Pressley, who left a position as a GMHC associate policy analyst to become director of outreach, education and prevention at Harlem United, the neighborhood’s largest CBO. Nor is there the same potential for high-profile, high-dollar AIDS fundraising in these communities. “We are faced with many problems,” says Gardner. “There’s not the luxury of having one sexy disease to fundraise around. All the needs are great. All are pressing.”

This discrepancy in fundraising muscle combines with government policies to devastating effect. Last fall, after many complaints from people of color groups nationwide, the Centers for Disease Control and Prevention (CDC) solicited proposals for HIV prevention projects serving “high [HIV] incidence minority communities.” Project Announcement 704 offered $17 million directly to CBOs, with 75 percent overall targeted to groups serving people of color. The result in New York City? At presstime, only a few of the 18 city organizations that made the CDC cut are people of color groups, and none is African-American.

“There’s an amazing reluctance to call this what it was, which is racism,” says Gardner. “Agencies serving the city’s black communities were shut out. If this can happen in New York, it bodes ill for other communities around the country.”

As CBOs struggle for elusive funding, GMHC has increasingly hired professionals from the communities they serve. “GMHC wants to attract people of color as staff members, so that they’ll have access to [clients in] communities of color,” says Pressley. But former board member Robinson charges that the agency fails to promote long-term employees of color to senior-level positions, where they might have a genuine impact on the organization’s direction. “For example,” he says, “in 10 years, they’d only had one African-American who was a high-level senior manager.”

In his board resignation letter, Jones, the city’s former mental-health commissioner, accused GMHC of being unable to work with highly qualified people of color in addressing the epidemic in their communities: “My expertise and knowledge have been perceived as threatening, always with racial intent, to be devalued and rejected.”

The situation deteriorated further last November, when GMHC’s People of Color Resource Committee (a staff support group) disbanded, charging in a letter to management that some of its members had been passed over for promotion, harassed and even fired for their participation in the group. Isbell denies the charges. “The numbers refute their charge that this is a systemic problem,” he says. “In the past year, the majority of new hires have been among people of color, who now make up 39 pecent of the staff. And people of color were underrepresented in the number of staff departures.”

Robinson decided that community pressure might help bring change. He cofounded Colorwatch, a diversity-monitoring committee of the Lesbian and Gay People of Color Steering Committee. Colorwatch wrote to GMHC, demanding answers to the new charges. In April, Colorwatch met with Isbell. “The agency took our concerns seriously and has taken measures including sensitivity training and a new system of hiring through the human-resources department rather than department heads,” Robinson says. “But there are still no people of color in high-ranking management positions.”

In the wake of the board crisis and increased scrutiny of its track record on race, GMHC established the Community Partnership Initiative (CPI) last year. According to a brochure, CPI is “designed to support other community-based AIDS organizations to develop expertise in addressing their own programmatic, operational and financial needs.” CPI assists nonprofits with budgets of less than $2 million that are located outside lower Manhattan or serve traditionally underserved communities. “It’s in GMHC’s interest to see organizations outside of Manhattan flourish,” says board member Dennis DeLeon, executive director of the Latino Commission on AIDS. “Their position becomes politically untenable otherwise, and there will be pressure for them to give up more and more of their public funding.”

Two high-profile African-Americans who remained on GMHC’s board after their colleagues’ departure -- former New York Times executive Tom Morgan III and former mayoral gay-community liaison Dr. Marjorie Hill -- point to CPI or client satisfaction as evidence of a commitment to serve people of color and to provide services in the outer boroughs. “There are tree shakers and jelly makers,” says Morgan, who has AIDS. “They shook the tree and the rest of us are going to make the jelly.”

“To build relationships of trust we have to offer CBOs something concrete and work with them on their terms,” says Colin Robinson, former executive director of Gay Men of African Descent and current head of CPI. One example is a program that allows GMHC senior managers to spend five months providing technical assistance to organizations with budgets of under $1 million. Already, 14 organizations are scheduled to be served in 1997, and the recruitment process is continuing. “There’s a three-part mission at GMHC: To provide services, educate and advocate for policy,” says Isbell. “With CPI we want to add a fourth leg and make it a chair.”

But activists assert that CPI’s funding is paltry -- out of GMHC’s $30 million annual budget, CPI receives only $250,000, $75,000 of that in government funds -- and suggest that is a sign that GMHC’s commitment is less than serious. “Tell me another AIDS organization that can raise $4.4 million in one night,” says Rennie. “Do the math and then put it in perspective.” Isbell counters that CPI’s budget “doesn’t count the hundreds of hours of technical assistance from staff.”

But in January, GMHC’s credibility was substantially undermined by its actions involving an allocation of New York City Department of Health prevention funds. GMHC had joined with 50 community reps, service providers and other experts in a three-year, city-mandated planning process to apply for the money, but when the 32 awards were announced, GMHC received only $100,000 of its $400,000 request. GMHC’s Isbell and representatives of two other gay

organizations protested the city's decision. "I raised my deep concerns with the planning group from day one that men who have sex with men deserve a fair share of government funds," says Isbell. Because of GMHC's political clout, Isbell was able to pressure health commissioner Margaret Hamburg and deputy mayor Randy Maestro to cancel the grants and re-evaluate the process. After the 32 defunded groups counterprotested, the city cut their contracts from three years to one, barely enough time to get any program up and running. Ultimately, the city restored the contracts in full and found additional funds for several groups initially granted less than requested, including GMHC.

But the GMHC victory came at a cost. "It was a long, arduous and hateful process to come up with this funding," says Gardner. "There was a process that GMHC was a part of and that these communities were invested in. GMHC went around it because it was dissatisfied with the results. That was disingenuous." Isbell responds, "I'm an outcome person, not a process person."

For activists of color, GMHC's actions raised grave doubts about its commitment to empowering organizations when that conflicts with its own interests. Not surprisingly, these doubts have made it difficult for CPI to form partnerships. "God bless Colin Robinson for trying to do this, but this is GMHC's guilt money," says Rennie, whose People of Color in Crisis received a share of the disputed funds. "You can't, on the one hand, give out a few thousand dollars and then, on the other, question a Department of Health allocation that gave significant amounts of money to people of color organizations because you're not satisfied with the funding your agency received."

"If well-funded agencies wanted to put their money where their mouth is," maintains Pressley, whose agency, Harlem United, also got funding, "they would provide technical assistance without competing for those same dollars."

Beyond the questions posed by funding looms the larger question raised by Dr. Billy Jones upon his departure: Are predominately white, gay male agencies willing to address the surging epidemic that primarily affects people of color? "It's not an easy task," says Colin Robinson. "It requires cultural change. And these are people who are already stretched, even in an organization with GMHC's resources."

Activists ask how that change can occur when most large ASOs are still run by white-controlled boards, white CEOs and white upper management. Some, like Colin Robinson, still see possibilities for working within the system to forge partnerships between the mega-agencies and smaller groups. Others have abandoned the GMHCs and brought their considerable skills and expertise to the CBOs. But all agree this calls for challenging the actions and policies of the large organizations even while accepting the necessity of working with them. It also means accepting the obvious: That the most effective response to the epidemic raging in their communities will come from within.

"What GMHC does, it does well," says Gardner of the organization's success in serving its core constituency. "But it doesn't do all. Instead of asking them to respond directly to needs that may not be first and foremost on their agenda, there should be a concerted effort to address the

communities we serve, to identify needs, to find resources and, when possible, to work on this with groups like GMHC.”
