# Opening New Doors

Two years later, relocation fears from GMHC clients have been replaced with reinvigorated hopes.

February 19, 2013 By Oriol R. Gutierrez Jr.

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Founded by activists three decades ago after a gathering in the apartment of Larry Kramer, Gay Men's Health Crisis (GMHC) in New York City is now one of the nation's premier AIDS service organizations. In the early years, the group primarily supported gay white men. GMHC has since expanded services for people of color, women and others.

Marjorie J. Hill, PhD, a licensed clinical psychologist, has been the chief executive officer of GMHC since 2006. Before joining the staff, she was a member of the GMHC board of directors and served twice as cochair.

Her roles before GMHC include assistant commissioner for the Bureau of HIV/AIDS at the New York City Department of Health and Mental Hygiene and director of the New York City Mayor's Office for the Lesbian and Gay Community during the David Dinkins administration.

On April 29, 2011, Hill led a group of supporters at the ribbon-cutting ceremony for GMHC's current location on West 33rd Street. They spent the previous 15 years in a building in Chelsea. The move was the culmination of years of controversy over looking for new space. The concerns included being able to serve hot meals, having to use a separate entranceway and being conveniently located. Hill shares about the aftermath of the move and how GMHC weathered Hurricane Sandy.

**Tell us about the new location.**
For our clients, it has worked so much better. The new location is beautiful, and it's a much more efficient use of space. We have a completely brand-new, renovated kitchen. We have a dining room that is 20 percent larger than it was in our old building. We have hot meals. We have a beautiful entryway. We have two floors instead of 11 floors. Our elevator works faster than the ones we had in the other building. We have Wi-Fi.

When we planned the layout of our programs, we did it in such a way to collocate programs that often share clients. We can now escort people from one area to another, whereas because those old elevators were so slow, we did not necessarily do so.

For our staff, it has been an absolute upgrade. Everyone's space is nicer than the space they had

in the old building. We ended up not having to spend any money on furniture because we negotiated to keep all the furniture that was here.

When clients who've heard all the controversy finally come to check it out, they say, "What was the problem?" Even some of our donors who were worried about the move have said, "What was the problem?" I tell them, "Change is hard."

**How did your organization get through Hurricane Sandy?**
Eighty-five percent of GMHC clients live at or below the federal poverty line. On a good day with good weather they have challenges. You throw in a natural disaster, and our clients are really suffering.

Much of southern Manhattan did not have electricity. We were very lucky that GMHC did. We served hot meals that week. We actually had a couple of people who walked in from Brooklyn and from the Bronx for services because the subway was down.

People who have the biggest crises often get helped right away, and that's the way it should be. Then there are some people who fall through the cracks. We're trying to identify those people who are going to need longer-term services.

We also have had increased requests for mental health services. Since many of our 12-step groups were not able to meet or people weren't able to get to them, some individuals have had some slips without that support. We're trying to help them get back on track.

As a result of Sandy, we had to cancel Fashion Forward, one of our annual fund-raising events. We only do three events a year, so we counted those revenues in our budget. To minimize that hit, we established a new fund called Hurricane Relief Forward. The fund ensures that GMHC can provide the full range of services for individuals who might need a little more because of Sandy.

**How has GMHC responded to the changing needs of clients over the years?**
Things are dramatically different now than they were when GMHC first opened its doors.

HIV wasn't even identified when we first began providing support. Fast-forward 30 years, HIV is no longer an automatic death sentence.

What has not changed to the degree that we would like is the level of stigma and discrimination against people living with HIV or presumed to be living with HIV. Stigma and discrimination are not only fueling the epidemic, but they are barriers to individuals getting tested, getting into care and staying in care.

The Village Voice identified us a couple of years ago as the best place to get an HIV test in New York. For individuals who test positive, we don't just give them a slip of paper that says here's a place you can go. We connect them to care, and if they do not go, for whatever reason, we help them get to that place or find another place.

For individuals who test negative, we don't just say, "You're negative, that's great, go out in the world." We provide services and information to help those individuals stay negative.

Even though HIV meds are simpler in general than they were years ago, being on a medication for the rest of your life is challenging. We started a partnership with a pharmacy because we recognize the importance of treatment adherence and do a fair amount of work around medication management. It doesn't work if it's in the bottle [instead of being used].

We are expanding our housing support. Our attorneys spend a fair amount of time in housing court. Our case workers and staff also spend a fair amount of time at the New York City HIV/AIDS Services Administration (HASA) and at Social Security making sure that individuals have the kind of support services they need.

We believe in advocacy—it's in our DNA. We continue to press for legislation that improves the quality of life for people living with HIV, as well as those affected by HIV. We also provide opportunities for our clients who are interested in advocacy. We have a saying around here that no one can tell your story better than you. We give our clients opportunities to tell their stories.

Racism, homophobia, lack of access to medical care, poverty—those are all drivers of the epidemic. What we have found at GMHC is that we can't just focus on safer sex and HIV tests. We have to focus on college and work force development, as well as mental health and housing.

**What motivated you to fight against HIV/AIDS? What keeps you inspired?**
I had a friend, an African-American heterosexual woman named Lorraine, who died of AIDS-related complications. She had been diagnosed with GRID (gay-related immune deficiency) before the discovery of HIV and the renaming of the disease. I still think about her.

My first program experience was as a psychologist at Kings County Hospital. We started a disclosure program to help families with a member in the home dying of AIDS. I also went to ACT UP demonstrations working for the Dinkins administration. But it was joining the GMHC board in 1994 that started my professional AIDS experience.

I am so inspired by our clients and advocates who work with us who live very courageous, honest and resilient lives. I think about Lorraine and what her life was like, particularly the last six months of her life as she died in isolation. Today, I know women with HIV who are giving television interviews, raising families, challenging members of Congress. It's just amazing to me.

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