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In Transition: A Microhistory of Gay Men's Health Crisis (GMHC) 1986-1996

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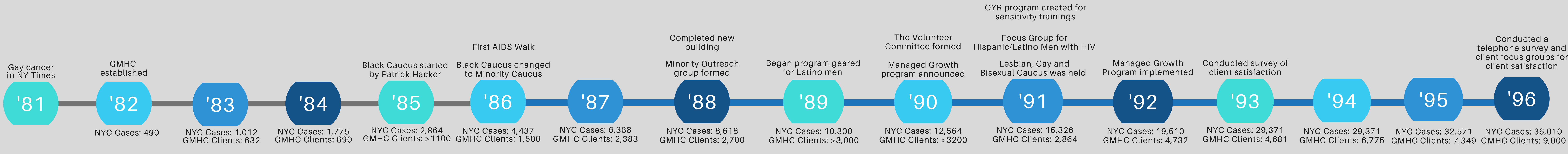
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GAY MEN'S HEALTH CRISIS (GMHC)

Gay Men’s Health Crisis (GMHC) was founded in 1982 in NYC in response to the stigma, discrimination, and insufficient governmental assistance in the beginning years of the AIDS epidemic. Individuals and groups affected by AIDS were denied critical resources such as healthcare, social services, and housing. Many people with AIDS (PWAs) lost their jobs, the support of their families, and were dealing with increasing social isolation. GMHC’s staff and volunteers responded by providing a range of services, including: medical, legal, and financial information, counseling, and advocacy, as well as social and emotional support.

WHY A MICROHISTORY?

In the context of the AIDS epidemic, community-based organizations like Gay Men’s Health Crisis (GMHC) represent microworlds, with their own stories of change, challenge, conflict, and heroism that can reveal stories otherwise lost in the broader history of the AIDS epidemic. This poster represents the start of a microhistory (from 1986-1996) that tells the story of people whose lives intersect in the context of one of the earliest organised responses to the AIDS crisis during a time of significant transition and intergroup conflict.

METHODS AND MATERIALS

This historical analysis draws on archival materials from 1986-1996, including GMHC newsletters, meeting minutes, results from internal agency reports, and other related documents to explore several research questions pertaining to conflicts within and surrounding GMHC during this transitional period:

- What was the original purpose of GMHC? What was it for? Who did it serve?
- What challenges did GMHC face during the early years of the AIDS epidemic?
- In what ways did GMHC react and adapt to those challenges?
- How did those changes affect the different groups of people who volunteered or worked at the agency, or came to the agency for services?
- In what ways did the organization change as a result?

CHANGING EPIDEMIC

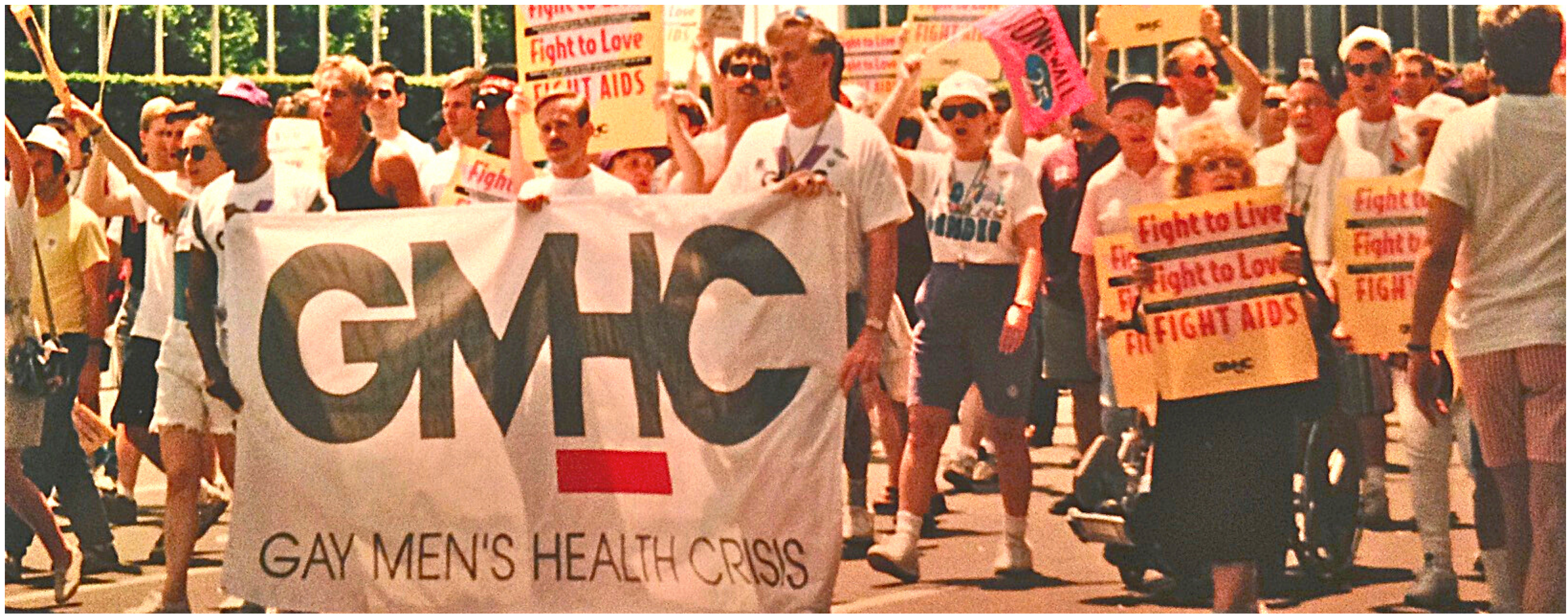
Between 1986 and 1987, total cases in the U.S. increased from 28,712 to 50,2781. The number and diversity of those with AIDS also increased especially among intravenous drug users, women, and people of color. This led to greater demand for services and the diversity of those seeking services. From 1986 to 1989, GMHC’s caseload doubled from 1500 to 3000, and then doubled again from 1989 to 1993. Diversity among clients followed a similar trend. From 1987 to 1993, the percentage of GMHC clients who were black and hispanic increased from 27% to 44%. An article in The Volunteer in 1990 recognized this change stating “*While new cases among gay men are slowing, those among IV drugs users, in particular within communities of color, are increasing rapidly.*”

AGENCY'S RESPONSE

MOVEMENT TO PROFESSIONALIZE

As the number and diversity of people affected by HIV/AIDS increased, those seeking GMHC services also increased in number and diversity. The agency and its budget grew as their caseload expanded, and began to transition from a movement-based mutual aid collective to a full-scale social service organization.

By the time Paul Popham stepped down in 1986, a million-dollar building had been purchased to consolidate five previously separate offices into one location. During 1988, construction was completed as both the staff and budget doubled (90 employees and 7 million dollars respectively. Pressures to professionalize increased, creating internal organizational struggles surrounding workload issues, changing professional boundaries and the management of volunteers.



MANAGING VOLUNTEERS

Volunteers provided essential services to clients, yet having so many unpaid and untrained service providers presented challenges in maintaining professionalism. Due to the close nature of the relationship formed between volunteer and client, boundary issues arose as the distinction between friendship and professional relationship blurred. In one case, a volunteer ignored the direction to help their client arrange a medical exam and instead took them on a week-long vacation.

NEW PROGRAMS AND SERVICES

In fall of 1986, an article “53% is no Minority” was published in the Volunteer Newsletter detailing disparities between the number of Black and Latino PWAs and GMHC volunteers. The article also suggested that GMHC was only effective at “*educating its own-white gay men*” and pointed to white volunteer discomfort, but also distrust of GMHC among Black and Latino communities. In 1986, the organization launched initiatives to expand into Black and Hispanic communities and to improve educational services for women, and people of color. Between 1988-1989, focus groups of Black and Latino gay men were established to develop “*culturally and linguistically appropriate*” educational materials. Despite these efforts, however, it remained a common belief that ongoing distrust between GMHC and other Black and Latino community-based organizations would limit their success.

ADDRESSING MULTICULTURALISM

By 1990, GMHC had reached some degree of success with its educational efforts, winning an award for its AIDS education program for Latino men. However, the successes were outpaced by increases in client needs. In 1991, two hired consultants proposed a 7-point action plan to make GMHC a more multicultural organization. One of the challenges GMHC faced in making these changes was to manage the perception that it was no longer committed to the needs of the LGBT community. So in 1991, GMHC added a promise to “*maintain its commitment to the lesbian and gay community*” to its mission statement and created new programs and educational materials directed at lesbians.

STAFF DEVELOPMENT

As GMHC expanded and professionalized, it recruited professionals from outside the agency rather than developing existing staff, many of whom came from the AIDS movement. Professional development programs ended and new educational requirements were added to job announcements. The LGB Staff Caucus expressed concern over these changes, but their concerns were dismissed. Fear that loyal staff would be replaced by outside experts continued to grow.

MANAGING GROWTH

In October of 1990, in response to the already overwhelming but increasing number of people with AIDS (PWAs) needing services, the agency announced a new managed growth program. The program, which was formally implemented in 1992, capped new client intakes at 25 a week. The goal was to reduce wait times of client services while maintaining the quality of programs already in place. Ironically, these new limits meant prospective clients had to call the agency an average of 12 times before they got through, and then still experienced long hold times. While well-intentioned, the policy increased the difficulty of becoming a client and led to much frustration among PWAs.

CHANGES LEAD TO TENSIONS

PWAS CAN'T GET IN

The managed growth plan was implemented shortly afterward and was condemned by many clients and volunteers after its announcement. One client expressed their frustrations with GMHC by writing:

"I still cannot believe that you had the indecency to print such shit, or even worse, that you intend to implement it as policy...The whole fucking system is crumbling, Tim!"

Volunteers and clients expressed concern about the cap as GMHC was one of the few places serving PWAs in NYC. Some wondered who GMHC was loyal to. One client said:

"If the agency was started by and for gay men, will [the] caps prioritize gay men or allow anyone who comes first?"

LACK OF CULTURAL COMPETENCY

In 1996 a series of focus groups conducted with different demographic groups of clients provided some insights into GMHC’s cultural competency. Although most acknowledged the value of the services GMHC provided, many clients continued to express disappointment with what they perceived as the GMHC’s lack of cultural competency.

PROBLEM WITH LOCATION

GMHC’s location was a concern. For some clients, especially those living in underserved areas like East Harlem, Woodside, and the Bronx, it was difficult to travel to Chelsea where GMHC was located. Consequently, there was a sense that people of color were not a priority. Some female clients felt there should be more flexible scheduling and transportation options. It was suggested during one of the groups that as it got bigger and professionalized, GMHC was becoming less personal, and that they “*are less concerned about the feelings of the clients*”.

NO IVDUS

GMHC’s prohibitions against active drug among clients created tensions between clients who were IV drug users and those who were not. Some clients felt they couldn’t refer friends who really needed help because of this policy. It was suggested that “drug user” was code for a person of color. A heterosexual Latina client said she was kept out of an event because someone thought she was a drug user. However, other clients said they stopped coming to GMHC because of the presence of drug users, complaining that GMHC had become less of a gay organization.

WHO DOES GMHC SERVE?

Others, especially heterosexual clients, expressed concern that GMHC treated gay men better and that they felt like outsiders when they first joined. Some felt there weren’t enough services designed specifically for women, heterosexuals and racial minority clients and discussed wanting more events that were catered toward their culture or people like them. It was suggested that more people of color were needed at the agency.

CONCLUSION

This microhistory is just a glimpse into an agency during a period of crisis. GMHC has weathered these difficulties and is still active today, serving 10,000 people; approximately 75% of whom are LGBTQ and 60% are people of color. Nonetheless, this history allows for an analysis of transitioning organizational identity as GMHC grappled with the pressure to professionalize and serve all those in need amidst a tumultuous pandemic.