

[B A T T L I N G A I D S]

S I D E

Beyond the obvious scientists and political advocates there is a rank and file of committed workers without whom the fight against AIDS is impossible.

E F F E C T S

BY CLAUDIA M. CARUANA

Wrapped in a tattered blanket, a shivering, obviously sick man in New York City's Grand Central Station shakes an empty paper cup. He starts coughing violently. Commuters, in a hurry to catch trains at the end of the day, walk around him, trying not to look. It is a cold January evening. Soon, a police officer will ask him to move on, but there really aren't too many places for a homeless person with AIDS to go.

In a well-furnished apartment near Central Park, a woman whose husband died a few months ago of AIDS worries about their two daughters and herself. Although she is healthy now, she too is infected with the HIV virus. There are only a few people with whom she has confided her secret. But what will happen when she becomes sick and unable to keep her job? Who will care for her daughters?

At a major New York City teaching hospital, many nurses and other health-care professionals find it difficult to provide the special care that patients with AIDS require. They are burned out. There just never is enough help or money in these troubled times. Equally frustrating is their knowledge that, even if more funds were available, it's difficult to recruit health-care professionals in the city.

New York City, 1991. AIDS—Acquired Immunodeficiency Syndrome—will not go away. There are more reported cases of AIDS—28,990—here than the combined total cases in Los Angeles, San Francisco, Houston, and Washington D.C. And according to New York Department of Health estimates, between 125,000 and 235,000 people living in New York City are infected with the deadly HIV virus.

Behind the chilling statistics are individuals—often alone—trying to cope with a devastating constellation of symptoms that eventually will kill them. Many have lost their jobs, medical insurance, and homes as well. Others have lost their will to live. Survival is day-to-day.

But other people—many of whom are not infected by the HIV virus—have nonetheless been affected by the ordeal of AIDS. Family, friends, co-workers, and caregivers alike need support, comfort, and understanding. Theirs can be a bleak future too.

Although medical researchers, health-

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Photography by STEVE SARTORI.

care professionals, politicians, and protesters grab most of the daily headlines about AIDS, there are other people—often unnoticed—who work to meet the special housing, medical, emotional, financial, and pastoral needs of a terminally ill population.

Despite the inadequacy of government funding, lack of respect given to people with AIDS, and a seemingly unconcerned and detached public, these unsung heroes—advocates for the homeless, social

workers, fund raisers—assist people coping with living while they are dying.

They seek living accommodations, provide meal service to those unable to prepare their own, and help them find appropriate medical care. They also assist families who carry the financial and emotional burden of caring for a terminally ill member, raise funds for more research and treatment facilities, or give support to burned-out health-care professionals. Like the ancient Chinese adage, they are “lighting one candle instead of cursing the darkness.”

Who are they? Why are they doing this?

Here are just three of those special people—Syracuse alumni living in New York City who are making crucial differences in the lives of many people.

“Passion About a Mission”

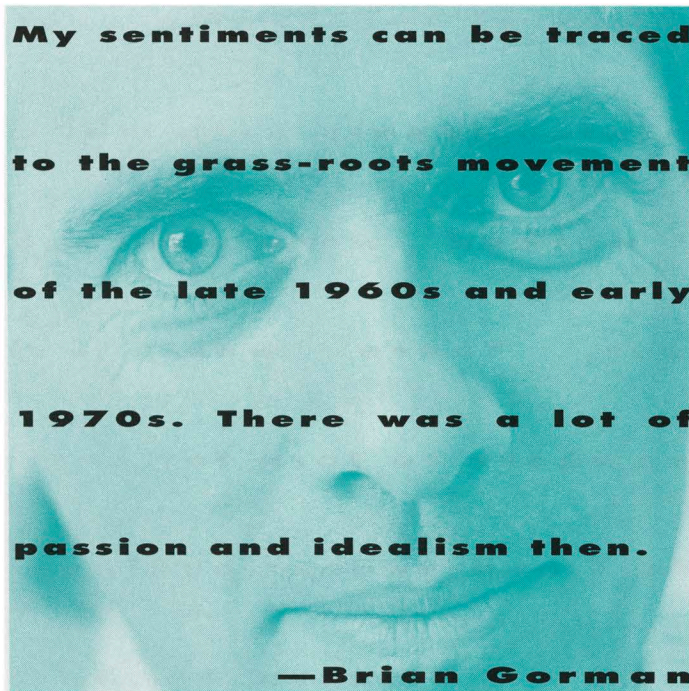
Some New Yorkers like to say there is a beacon of hope at the corner of Christopher and West streets at the edge of Greenwich Village. Although that may be true, Brian Gorman, a 1971 graduate of the College of Arts and Sciences and associate director of finance and administration for ARC—the AIDS Resource Center—likes to say it is an excellent example of what people

working together can do for each other.

Here, overlooking the Hudson River, is Bailey House, once the posh River Hotel, but now the home of 44 formerly homeless people with AIDS. The building, taken over by New York City in 1984 because the developer renovating it was unable to convert the rooms into condominiums, is managed by ARC.

ARC was begun in 1983 by several religious and community leaders. Unlike other programs in which residents are required to share apartments, Bailey House has 44 individual rooms with private bathrooms. Although each room has its own refrigerator for snacks and medications, Bailey House has full dining facilities. There also are recreational facilities and programs. Residents contribute toward room and board with their Supplemental Security Income (SSI) benefits. The services of a registered nurse are available seven days a week.

With ARC since September, Gorman says he selected the organization over several other offers because “it is the right fit for me. I believe in an organization that believes in itself. I needed to be part of an organization that had a passion about a mis-



sion and a mission I could be passionate about. ARC was just such a place.”

He adds: “My sentiments can be traced to the grass-roots movement of the late 1960s and early 1970s. There was a lot of passion and idealism then. People, when working together, could make things work.”

Back in New York for the past four years, Gorman, who also earned two master's degrees (one at the University of Texas at San Antonio and the other at the University of Oklahoma) and completed coursework toward his doctorate at Syracuse, worked most recently with Peat Marwick as a consultant to higher education.

Gorman says there are “at least 10,000 homeless people with AIDS or HIV-related illnesses in New York City alone. Unfortunately, the number will continue to grow.

“In a city so large, it is tragic that there are only 200 supportive housing units for these people. ARC provides 84—the 44 private rooms at Bailey House and the remainder in a Supportive Housing Apartment Program (SHAP).

“ARC holds the leases for these apartments, which are in Manhattan and Brooklyn,” Gorman explains. “We don't provide meals for the residents of these apartments, who are individuals or families who also must be eligible to receive SSI benefits. Those needing meal service receive it from another group, God's Love We Deliver.”

According to Gorman, “ARC fills a gap in AIDS service delivery in New York City. I believe it is successful because it is a community based, grass-roots movement and many of the issues involving AIDS will be addressed on a grass-roots level.”

Who are Bailey House residents? More than half are between the ages of 30 and 39, and 13 percent are women. During the past three and a half years, Gorman notes, an average of 10 to 18 residents have in-room assistance, such as a visiting nurse or home health aid, at any one time. He notes that because AIDS can be episodic, some of the residents do not require direct care at all times. Residents live at Bailey House an average of eight to nine and a half months.

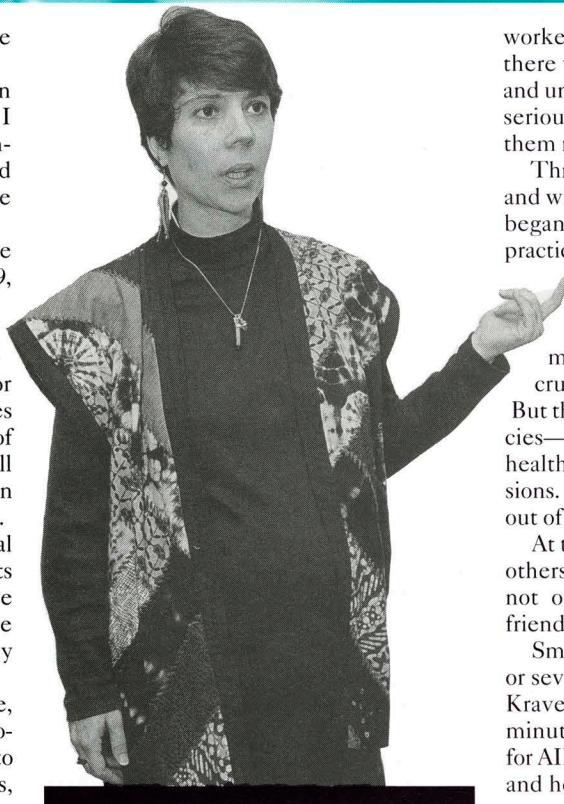
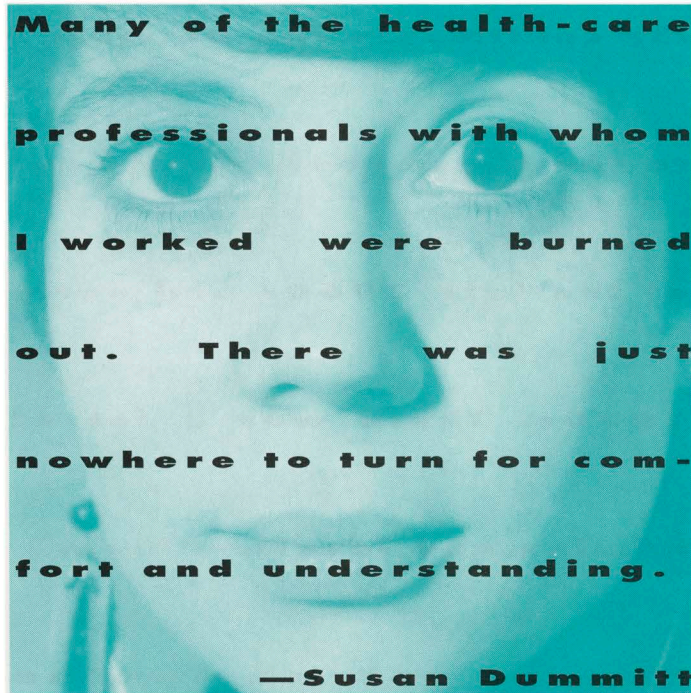
Gorman says there is a strong “emotional element for what we do for the 44 residents at Bailey House. Because we are small, we can treat our clients as individuals. . . . I have gone to memorial services for 14 Bailey House residents since September.”

A prime focus of ARC is pastoral care, Gorman says. “It is not uncommon for people faced with adversity to come back to their church or religion. Some religions,

unfortunately, have not always been responsive. At ARC, we try to help people feel hopeful instead of hopeless.”

“A Bit of a Crusader”

A telephone call from a friend who worked at the Gay Men's Health Crisis, a private, New York City-based organization, was responsible for social worker Susan



Blumberg Dummitt's initial involvement with AIDS in 1983. The voice at the other end of the telephone asked, “Can you speak with one of our very distraught clients who is dying of AIDS?”

Dummitt agreed and recalls that her experience working with that man brought a new understanding of helping people “living, not dying.”

After graduating from SU in 1976 with a selected-studies degree from the College of Arts and Sciences, Dummitt worked for a year in a large New York City advertising agency. Her job: “I hated it.” But always considering herself “a bit of a crusader,” even during her Syracuse days, Dummitt sought another career: social work. She completed her master's in social work at New York City's Yeshiva University in 1982.

Primarily because of her work with clients recommended by the Gay Men's Health Crisis, she chose to join the newly formed HIV unit at St. Clair's Hospital in 1985. Located in New York City's notorious Hell's Kitchen neighborhood, St. Clair's, operated by the New York Roman Catholic Archdiocese, was the first American hospital solely dedicated to treating people with AIDS.

“Many of the health-care professionals with whom I worked were burned out. Unfortunately, there was just nowhere to turn for comfort and understanding, much less support. Like seriously ill people, those working with them need support, too.”

Three years later, Dummitt left St. Clair's and with fellow social worker Joyce Kravets began Learning to Live, a group therapy practice for health-care professionals working with people with AIDS.

Initially, she says, it was difficult to convince health-agency administrators that this type of service was crucial to the well-being of their staffs. But that changed. “In most cases, the agencies—hospitals, hospices—for whom the health-care providers work pay for the sessions. But sometimes workers pay for them out of their own pockets.”

At the same time, Dummitt realized that others could benefit from support groups: not only patients, but the families and friends of people with AIDS.

Small groups—usually no more than six or seven people—meet with Dummitt and Kravets every other week, usually for 90-minute sessions. There are specific groups for AIDS patients, their families and friends, and health-care professionals working with

AIDS patients. "Occasionally, a physician will be part of the health-care group," Dummitt explains. Recently a small group was formed, comprised of teachers who have young students with AIDS in their classes.

Today Dummitt, a mother of two who is expecting twins in May, also maintains a private social-work practice. But she looks at her work with AIDS clients, their families, and caregivers, as a "privilege." She acknowledges, "I could never do this work without Joyce. We need each other's support. This is now part of our lives. We continue to learn a lot about living from our HIV-infected clients, and how to keep our own lives in balance."

Dummitt says the "economics of the 1990s are scary," and affect AIDS funding. "Already there have been cutbacks at many of the health-care services agencies. Several that send health-care workers to us have limited the number of sessions workers can attend."

She observes that there seems to be a new wave of homophobia and more gay-bashing. Women infected with the HIV virus tend to be more quiet about their condition. Many may not be aware of the newest treatment options. Men, in contrast, tend to be more open about their condition.

"Medical advances and better care options are allowing people with AIDS to live longer. But they, their families, and the people responsible for their medical and emotional care need a network of people caring about their concerns. Equally important, they need someone to care about them."

"The Natural Link"

Not everyone can look back at their college days and point to a specific incident that affected their choice of work profoundly. Michael Seltzer does.

It was fall 1965 and Seltzer attended an orientation meeting in Hendricks Chapel about a chapel-hosted program—Operation Crossroads Africa—that would build a school in the Cameroon.

"I wanted to go," the 1968 Maxwell School graduate and AIDS fund-raiser recalls, "although I knew I could never afford the \$1,800 that was necessary for the trip."

A previous Crossroads participant suggested he try to raise the money.

"I went to local Syracuse civic organizations, such as Hadassah, and spoke about

what I and others in the program hoped to accomplish. I planned a slide show when we returned. We also arranged a film benefit that spring; we screened Bob Dylan's *Never Look Back*. I raised the money."

Today, Seltzer is a founder and executive director of Funders Concerned about AIDS. He is also a senior consultant to the Conservation Co., a management consulting firm.

Why fund-raising? Seltzer maintains he did not choose a career. "I never felt the

pressure to have a career. Many of my professional activities go back to the sentiment of the social consciousness raised in the sixties. I am an idealist. A lot of life choices were made back then."

The summer after his work in Africa, he became a VISTA volunteer at a West Virginia Job Corps center. After graduation, he re-enlisted in VISTA, this time working with low-income children of Polynesian descent in Hawaii. His first job was as an east coast regional director for the Freedom from Hunger Foundation. The first project: Walks for Development to raise funds as well as consciousness.

Between 1987 and 1988, he worked as a consultant for the Ford Foundation, advising about the design and implementation of the National Community AIDS partnership. This is a consortium of more than 130 local and national foundations and corporations, distributing funds for local AIDS/HIV care and prevention programs.

In his present position, Seltzer says he acts "as the bridge and the natural link between AIDS efforts and organizational philanthropy, encouraging foundations and corporations to fund AIDS [programs]. We do not advise organizations or individual groups involved in AIDS work, however."

The author of *Securing Your Organization's Future: A Complete Guide to Fundraising Strategies* (Foundation Center, 1987), he received the first Terry McAdam Award from the Nonprofit Management Association for the book in 1989.

According to Seltzer, there are more than 30,000 American foundations and corporations that have giving programs. "AIDS now is a regular philanthropic priority for many private grant-makers. There is no question that in the early years of the epidemic private funding was sluggish. It is important to get the message out about AIDS, especially the global perspective."

He emphasizes raising funds for AIDS-related organizations has come a long way in the last five years, "but we have a long way to go." ■

