

Meeting the Challenge:

**Foundation Responses to
Acquired Immune Deficiency Syndrome**

by

Michael Seltzer

**MEETING THE CHALLENGE:
FOUNDATION RESPONSES
TO ACQUIRED IMMUNE
DEFICIENCY SYNDROME***

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I. INTRODUCTION

Philanthropic institutions in the United States are uniquely positioned to address the pressing social problems of the day. "One of philanthropy's most valuable assets is its unique ability to allocate funds rapidly to fill critical needs as they emerge," as noted by the Chicago Community Trust in its winter, 1987 newsletter. The charters of the country's 24,000 plus foundations proclaim high-minded goals in behalf of the well-being of this country's citizenry, and in some cases, the world's residents as well. As Paul N. Ylvisaker, a member of the Boston Foundation's Distribution Committee, has noted, we look to our philanthropic institutions for "statements of heroic leadership."

This high standard is now being put to test by acquired immune deficiency syndrome (AIDS), one of the most virulent and devastating epidemics of the 20th Century. What has the foundation response been in the first six years of this epidemic? What factors have contributed to their participation, or lack thereof, in the cause of combatting AIDS? What role can foundations play in assisting their communities in responding to this challenge to our nation's public health?

At the behest of the Ford Foundation, more than 100 foundation representatives were interviewed to ascertain the experiences of their institutions in responding to the relentless tragedy of AIDS. They were queried in regard to grants to medical care, social services, public policy and civil rights initiatives, international and developing country efforts, and education and public awareness. Eighty-five private foundations in 20 states reported making 253 grants totaling \$18,612,738 since the inception of the epidemic. The information gathered through

these interviews is summarized in this report. The views expressed are entirely those of the author.

II. THE AIDS PANDEMIC

The dimensions of this fatal disease are staggering.

- o As of August 17, 1987, 10,431 New York City residents have been diagnosed with AIDS. AIDS is the leading cause of death in the City for men 25 to 44 years of age and women 25 to 34, according to New York City's Inter-Agency Task Force on AIDS.
- o By 1991, the U.S. Public Health Service projects that more than 270,000 Americans will have contracted AIDS, and 179,000 of them will have died. The majority of these individuals have already been infected by the virus.
- o If current trends continue, by 1991 there may well be as many as 10 million Americans infected with AIDS.
- o The Public Health Service estimates that pediatric AIDS cases will increase ten-fold in the next five years.
- o The World Health Organization has reported that as many as 50,000 people already have AIDS in Africa, and most of these are heterosexuals. Estimates of HIV (the human immuno-deficiency virus which causes AIDS) infection range from 5% to 15% of the population of Central Africa.
- o The World Health Organization has received reports of AIDS from 119 countries. In addition to Africa, serious epidemics have emerged in other corners of the developing world (Brazil, Haiti, Dominican Republic, Mexico).

- o Estimates of 100 million people infected with HIV worldwide by 1991 are viewed as realistic by both the Director General of the World Health Organization and the U.S. Secretary of Health and Human Services.

In the spring of 1981, the Centers for Disease Control in Atlanta, Georgia began to receive reports from both east and west coasts of unusual illnesses (pneumocystis carinii and Kaposi's sarcoma) among otherwise healthy young men. Within a month, a CDC Task Force, under the leadership of Dr. James Curran, was established. The first mainstream press report on this startling phenomenon appeared in the back pages of the New York Times on July 3, 1981. By the end of that year, the CDC had received reports of 266 cases within the United States. The number of cases and resultant deaths began to climb almost immediately, as illustrated in the following chart:

	<u>Number of Cases</u>	<u>Number of Known Deaths</u>
1981	286	241
1982	1,012	877
1983	2,809	2,422
1984	5,632	4,406
1985	9,781	7,028
1986	13,825	6,564
1987 (to date)	7,121	1,744
<u>Total</u>	<u>40,532</u>	<u>23,445</u>

(Source: AIDS Weekly Surveillance Report United States AIDS Program Center for Infectious Diseases, Centers for Disease Control, August 17, 1987. Note: The CDC reports a two-month lag time in the reporting of cases from State Health departments. Also, all data is provisional and incomplete due to underreporting of cases.)

Ninety percent of the first reported cases of what would be dubbed acquired immune deficiency syndrome in 1982 were homosexual men. Ironically, although others besides homosexual men were affected by AIDS

from the beginning (i.e., Haitians, hemophiliacs, IV drug users, prostitutes, and women who had sex with bisexual men), the stigma of "a gay disease" was immediately attached by the media. That perception framed society's early responses to this deadly disease.

Current provisional CDC data provide evidence to the degree to which AIDS has spread as of August 17, 1987:

<u>TRANSMISSION CATEGORIES</u>		
	Cumulative Number of Cases	(%)
ADULT/ADOLESCENTS		
Homosexual/Bisexual Male	26440	(66)
Intravenous (IV) Drug Abuser	6546	(16)
Homosexual Male and IV Drug Abuser	3037	(8)
Hemophilia/Coagulation Disorder	365	(1)
Heterosexual Cases	1544	(4)
Transfusion, Blood/Components	844	(2)
Undetermined	1194	(3)
SUBTOTAL [% of all cases]	39970	[100]
CHILDREN		
Hemophilia/Coagulation Disorder	30	(5)
Parent with/at risk of AIDS	439	(78)
Transfusion, Blood/Components	68	(12)
Undetermined	25	(4)
SUBTOTAL [% of all cases]	562	[100]
TOTAL [% of all cases]	40532	[100]

In the last two years, attention has been drawn to the racial composition of those diagnosed with AIDS. Over 38% of all U.S. AIDS cases are racial minorities, even though racial minorities account for only 17 percent of the nation's total adult population. Over 75% of women with AIDS and 78% of children with AIDS are members of minority groups, as well as 90% of all prisoner cases.

The social, economic and public policy dimensions of acquired immune deficiency syndrome have become clearer and more well-known as the

epidemic spreads. Dr. Stephen C. Joseph, Commissioner of Health of New York City, noted in an address to foundations on May 18, 1987, "AIDS is a public health crises, an economic concern, an issue in the workplace, a sociopolitical phenomenon, and a human tragedy. It is having a wide-spread effect on civil liberties, housing, social services, education and every segment of our population."

Hospitals in major urban areas like San Francisco, Newark, New York City, and Los Angeles have had to accommodate increasing numbers of cases. In New York City, on any given day, over 1,000 people suffering from AIDS or AIDS-related illnesses occupy New York City hospital beds. The U.S. Public Health Service at a conference in June, 1986, predicted that by 1991, annual health care costs for AIDS cases will be in the range of \$8-16 billion. New social service delivery systems have had to be established to respond to the growing needs of not only those immediately affected, but also of other members of at-risk groups, as well as the "worried well."

While the medical and social service delivery systems were being strained, public officials and opinion makers began to address sensitive public policy decisions on such ethical and civil rights issues as mandatory testing. In the first six months of 1987, more than 500 bills pertaining to AIDS issues were introduced in state legislatures, more than on any other topic.

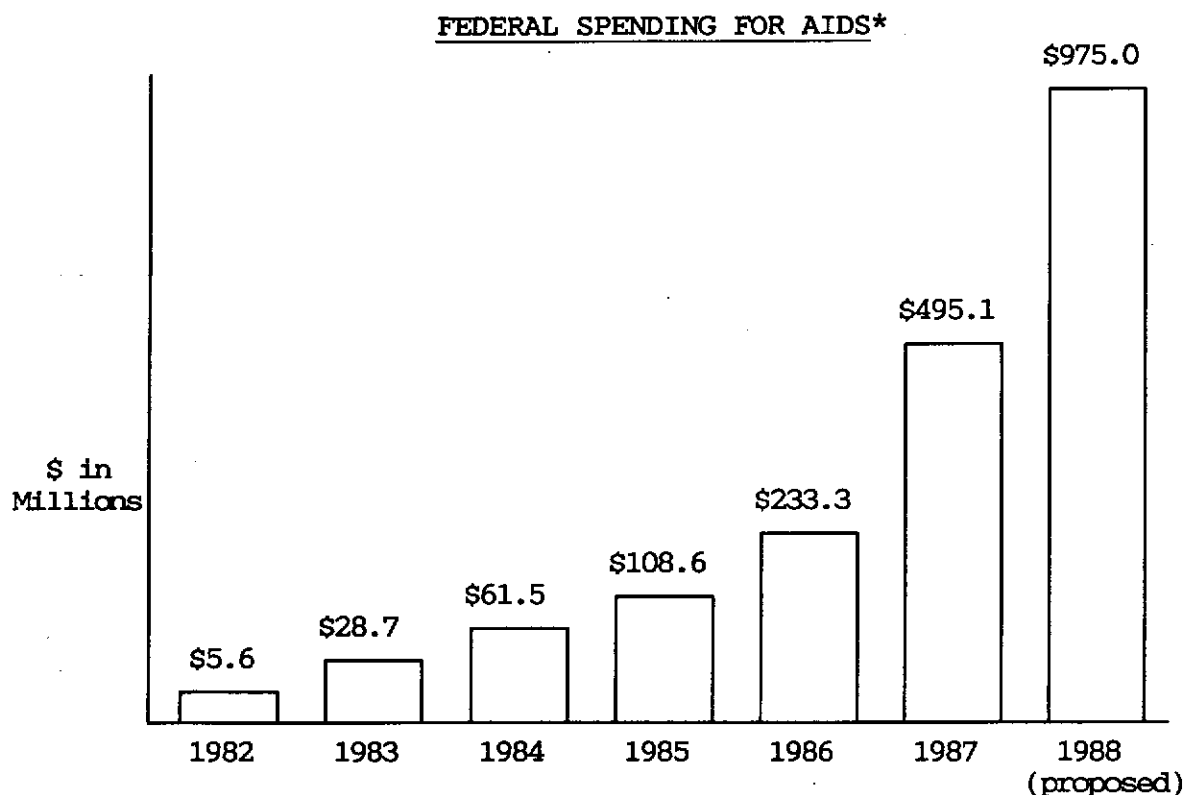
As mentioned earlier, the impact on minority communities has been particularly devastating. On the whole, blacks and Hispanics become sicker and die sooner after diagnosis than their white counterparts due to a variety of factors.

III. NONPROFIT AND GOVERNMENT RESPONSES

Grassroots social service and advocacy organizations arose overnight from within the afflicted communities to meet the broad array of needs of individuals with AIDS and to provide funding for medical research. Their leaders were propelled by a sense of personal loss and tremendous concern among their ranks. Immediate steps had to be taken to provide for the ill, the dying, their survivors, and the fear-filled. These pioneering efforts were rarely undertaken by existing organizations. Very few private or public institutions were moved to action in the early years of the epidemic. Rather, new structures and new leadership had to emerge. All of these ground-breaking efforts derived their financial support in those early years solely from individuals. Perhaps the most dramatic symbol of this outpouring of support occurred in April, 1983 when 18,000 people filled Madison Square Garden to capacity at a performance of the Ringling Brothers and Barnum & Bailey Circus to benefit the Gay Men's Health Crisis. Funds for the first grants made for AIDS research were derived from this grassroots effort.

Allocation of public funds to combat AIDS started in 1982, when the Public Health Service received \$5.6 million, primarily for the Centers for Disease Control and the National Institutes of Health. By 1985, the federal allocation would increase to \$108.6 million. Government response has been slow and late. Chart A illustrates overall federal spending in response to AIDS. As recently as July, 1987, a

survey conducted by the Congressional General Accounting Office concluded that Federal financing has been "inadequate in all priority areas."



*This includes funding through the Department of Health and Human Services, exclusive of Medicaid, for the Centers for Disease Control, the National Institutes of Health, the Public Health Service, the Alcohol, Drug Abuse and Mental Health Administration, Office of the Secretary, Office of Minority Health, and contingency funds.

(Source: Appropriations Bill for Health and Human Services.)

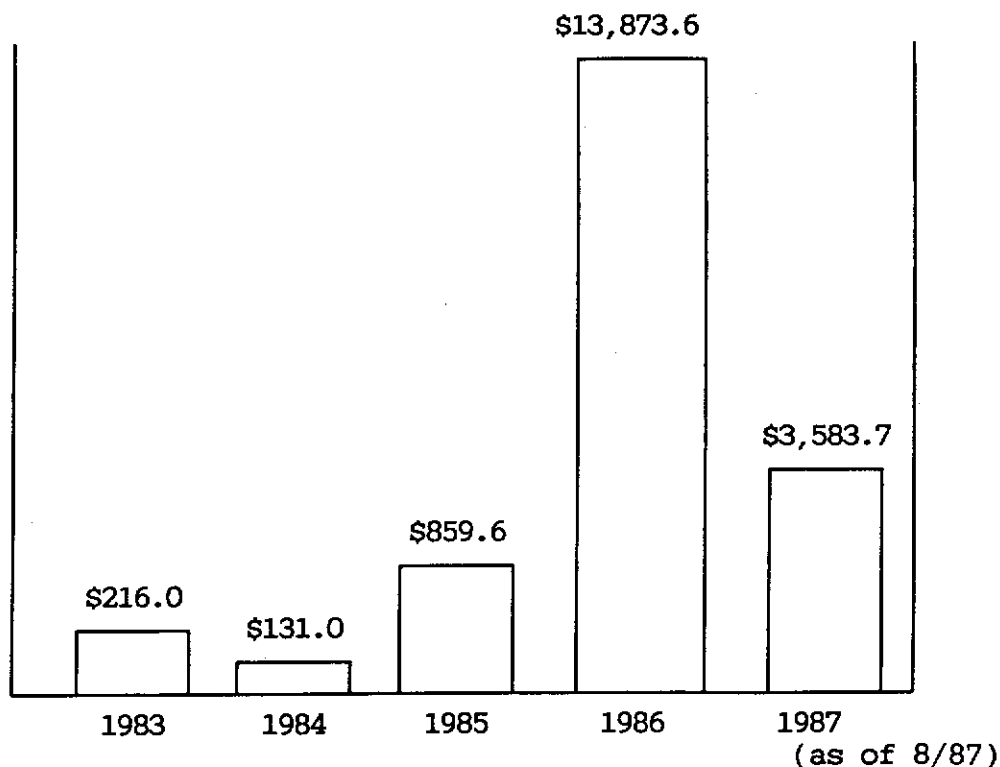
According to the Intergovernmental Health Policy Project, state expenditures for AIDS prevention totaled \$9.6 million in fiscal year 1984-85, \$33 million in fiscal year 1985-86 and \$65 million projected for fiscal year 1986-87.

In 1986, a committee convened by the National Academy of Sciences and the Institute of Medicine recommended that by 1990, approximately \$1 billion annually, primarily from Federal sources, will be needed for education and other public health measures, while an additional \$1 billion will be needed for research.

IV. FOUNDATION RESPONSES TO AIDS

Foundation support began in 1983. According to interviews conducted for this report, 5 grants totaling \$216,000 were awarded in response to AIDS initiatives in 1983; 10 grants for \$131,011 in 1984; and 25 grants totaling \$859,633 in 1985. (See chart below.)

YEARLY DISTRIBUTION OF GRANTS



Early foundation responses to AIDS were severely hampered by both internal and external factors which were major obstacles to foundation involvement.

Internal Factors

- o Funders lacked the necessary expertise in the field of health and in AIDS in particular.
- o Many grantmakers had restrictions excluding funding in the area of health, or health funders had prohibitions against "single disease" organizations to discourage inquiries from the more than 60 national health charities.
- o Some funders did not have any stated interest in the constituencies most directly affected by AIDS (gay men, intravenous drug users, hemophiliacs) or any prior personal contact with these constituencies and their respective organizations.
- o Most foundations do not actively solicit proposals for consideration.

External Factors

- o Lead organizations combatting the AIDS crisis are often grassroots in nature and are not standard grantees of many national and local foundations.
- o These same pioneering organizations lacked the necessary expertise in grantsmanship required by funders and/or were not submitting proposals. One major national foundation indicated an interest in making grants relating to the medical aspects of AIDS, but indicated that they had not received any

proposals. Moreover, there was no tradition of foundation support for projects flowing from the gay and lesbian community, leading to a wariness on the part of the grantseeker.

- o As noted in an article on AIDS in the Chicago Community Trust newsletter, "there is widespread consensus that interventions in response to public health programs associated with the emergence of new diseases should be funded from public sources."

What has been very evident in polling foundation personnel is the importance of personal experience with AIDS. Once a corporation or a foundation had to face AIDS when an employee became sick from the disease, awareness and most often, compassion emerged. In 1986, one major corporation changed its charitable restriction on "single disease related" funding once several of its employees died from AIDS. As employers grappled with AIDS within their own midst, institutions underwent profound changes as individuals examined their own consciences and asked, "What can we do personally to stem the growth of this pernicious challenge to our nation's health?"

Suddenly and overnight, many foundations have begun to take swift steps, overcoming both internal and external obstacles, to respond to this indiscriminate killer. They have moved from reacting to proposals received to actively soliciting requests. Early funding pioneers quickly discovered that "AIDS was not just another issue," to quote Joyce Bove, Senior Program Officer, New York Community Trust.

Just as society was not equipped to deal with an epidemic of the proportions of AIDS, foundations had to stretch beyond their normal program guidelines to respond. As Catherine McDermott, President of Grantmakers in Health, stated at its first program on AIDS in 1984, "AIDS defies all categories of funding."

1983 - Foundation Involvement Begins

The first five foundation grants related to AIDS were made in 1983, year 3 of the epidemic. Two community foundations, New York Community Trust and the San Francisco Foundation, were among these early funders. (Their efforts will be discussed in a later section of this report.) The others were the Charles A. Dana Foundation, the Chicago Resource Center, the Eugene & Agnes Meyer Foundation, and Joint Foundation Support. Dana awarded \$20,000 to the Hastings Center for the development of guidelines on confidentiality for volunteers engaged in AIDS-related research. These guidelines were subsequently put to substantial use nationally. This grant stemmed from Dana's commitment to the protection of human health and prevention of disease. The Chicago Resource Center launched a gay and lesbian grants program area in 1983, and AIDS projects were some of the first initiatives funded. The Fund for Human Dignity (New York City) was awarded \$10,000 for its AIDS program; \$5,985 went to the Capp Street Foundation (San Francisco) for printing and distribution of a brochure on AIDS, and \$5,000 for the AIDS program of the North Carolina Research Group. The Eugene & Agnes Meyer Foundation provided \$15,000 of start-up costs for the establishment of the Whitman-Walker AIDS Clinic in Washington, D.C. Finally, Joint Foundation Support made grants for important early social service needs:

\$3,500 to the Fund for Human Dignity AIDS hotline and \$1,500 to an AIDS Counseling Center in Philadelphia. In most cases, sympathetic staff or board members of these funders were responsible for their foundations' entries into the field.

In early 1983, in response to the unavailability of federal funds for AIDS research, Dr. Mathilde Krim and colleagues in the medical and scientific communities formed the AIDS Medical Foundation. In 1985, AMF united with a similar organization based in Los Angeles to become the American Foundation for AIDS Research (AmFAR). The goal of the newly formed foundation was to encourage and support research on the biomedical and psycho-social aspects of AIDS. AmFAR has pioneered in raising funds nationally for research, while also educating the American public through publications, public service advertisements and announcements, films and countless media appearances. In addition, AmFAR officials have participated in the formulation of public policy by testifying before local, state and federal legislative bodies.

Preliminary efforts at education and consciousness raising within the foundation world itself were attempted simultaneously. Concerned funders in New York City and San Francisco organized briefings for their colleagues. Sadly, the first New York briefing sponsored by Grantmakers in Health on March 7, 1984 attracted only twelve representatives. The foundation community in 1984 was still mirroring the responses to AIDS from other sectors of society. Such meetings, however, would prove to be critically important later in galvanizing the interest of local grantmakers.

1984-1985 - Foundation Involvement Mounts

While more than 9,000 AIDS cases had been recorded in the U.S. by the summer of 1985, one particular case drove home the reality of AIDS to the American public --that of Rock Hudson. The heightened visibility of AIDS in the country at large also had a notable effect on foundation funding efforts. While the number of foundations supporting AIDS work was still modest, the numbers of small-to-medium-sized private foundations making AIDS grants increased. Moreover, this period can be highlighted as the turning point at which many foundations began to become informed about AIDS and to look to funding AIDS work in a more concentrated manner.

In 1985, The Aaron Diamond Foundation of New York City began its multi-million dollar program in support of AIDS research by soliciting requests from appropriate institutions. Consistent with the Foundation's focus on biomedical research in New York City, the Aaron Diamond Foundation has awarded AIDS research grants to Rockefeller University, Albert Einstein College of Medicine, Memorial Sloan-Kettering Cancer Center, New York University/Bellevue Medical Center, Public Health Research Institute of the City of New York and other institutions. Founded in early 1984, The Design and Interior Furnishing Foundation for AIDS (DIFFA) came into existence as an expression of concern by members of the design, architecture, and furnishing professions. Its prime goal is to make grants to AIDS organizations nationwide that "provide direct services to people with AIDS, legal and financial assistance, education, housing and research into the cure and treatment of AIDS." DIFFA has raised more than \$1 million and will make a total of \$700,000 in grants

to more than fifty local and national initiatives in 1987. Other foundations that began funding AIDS work in 1984-85 included the C.S. Fund, the Levi-Strauss Foundation, the Field and Ittleson Foundations, the James Irvine Foundation, the New York Foundation and the Skaggs and van Ameringen Foundations. Most of their grants were given for social services, education or technical assistance. Some foundations made the first of a series of AIDS-related grants, while others awarded single grants that did not necessarily reflect an ongoing commitment. It is worth noting that during this period most foundations funding AIDS work did not have a specific category for such funding. They either found an appropriate niche within existing program areas, or made exceptions to accommodate AIDS funding.

1986-1987 - Foundations Commit

In 1986-87, in the sixth year of the epidemic, foundation involvement in AIDS work became more substantial. By the end of 1986, foundations had made 130 grants totaling \$13,873,631. The 1986 joint Grantmakers in Health/New York Regional Association of Grantmakers AIDS Forum in New York drew over 80 foundation officials, in contrast to the 12 that attended the 1984 forum. Five New York area funders subsequently began to meet regularly to discuss collaborative efforts. Some foundations began to receive relevant proposals for the first time. The Ford Foundation appears to have received its first proposal in 1986. Aside from the increase in number of grants and foundations involved, more funders' briefings on AIDS were conducted. Numerous foundation representatives interviewed for purposes of this report told of board and

staff education efforts that had lasted anywhere from a few weeks up to a year and a half. Two especially significant developments occurred in this period: the entry of the Robert Wood Johnson Foundation, which launched its \$17.2 million AIDS Health Services Program, and the beginning of important collaborative funding projects. The Johnson Foundation awarded grants to consortia in eleven cities to develop projects providing specialized care from the hospital to the home, emphasizing in-home and community-based care. Foundations, such as the Kaiser Family Foundation, the Levi-Strauss Foundation, the Metropolitan Life Foundation, A.T.&T. Foundation, the Public Welfare Foundation, the John T. & Catherine D. MacArthur Foundation, the Joyce Mertz-Gilmore Foundation, the Pew Memorial Trusts and the Rockefeller Brothers Fund, also made grants, primarily in the areas of community education and social services. As the reach of the disease spread further and the media publicized AIDS's indiscriminate assault on the American public, more Foundations saw fit to join the ranks of AIDS funders.

It is important to remember the other side of the picture, however. One regional grantmakers' association in a low-AIDS incidence metropolitan area sponsored a program on AIDS which attracted only 4 people--when their average program usually drew 20 participants. In addition, some funders, government and private, continued not to fund AIDS service organizations because they viewed them as gay groups.

Collaborative funding efforts have begun taking substantive form in the last year and a half. These projects not only provide more money, but also allow sharing of resources and expertise. This enables those with more money than time, or vice versa, to have a more significant

impact. The Cleveland and Gund Foundations have joined together to plan a comprehensive proactive program, including public education, social service delivery, public policy and civil liberties issues. They hope to stimulate a coordinated foundation response to AIDS in the Cleveland area. Private foundations and corporations are co-funding prevention programs through education locally and regionally. Since January, 1986, when they sponsored a conference for the local philanthropic community, Northern California Grantmakers have been collaborating on a variety of initiatives. They include production of a videotape of the conference proceedings and an needs analysis study to examine the scope of AIDS in six Bay Area counties, to assess the adequacy of services and funding, and to make recommendations on the potential role for grantmakers. Additionally, a group of local foundation and corporation representatives has been meeting monthly to share information about proposals and the current status of existing local programs, and to note opportunities for individual or collaborative efforts.

In April, 1987, at the annual meeting of the Council on Foundations, a breakfast roundtable on the AIDS virus drew 22 participants from nine states. After that historic session, attendees decided to form an affinity group of the Council in order to meet the pressing need for information sharing expressed by foundation personnel.

Patterns of Involvement

Community Foundations

Community foundations play a key role in supporting local AIDS social service providers, in building community awareness and in provid-

ing incentive for local government action. This is true whether the foundation is in a small Midwestern state or a large metropolitan center. A number of community foundations were the first in their areas to provide funding--before government, corporations or any other foundations. Examples include:

The San Francisco Foundation: In June, 1983, this Foundation initiated the first AIDS grant in the San Francisco Bay Area when it awarded \$10,000 to the AIDS/Kaposi Sarcoma Research and Education Foundation to support research and educational activities. From the beginning, the San Francisco Foundation targeted organizational development, systems planning and technical assistance as a priority to shore up recipient organizations, helping to ensure their survival and simultaneously rendering them more attractive to other funders.

The Philadelphia Foundation: This Foundation's involvement began in the fall of 1985, when they made it possible for the director of a newly-established AIDS organization working in the black community to attend a New York conference on outreach among minority groups. The following spring, they hosted an educational briefing on AIDS for funders, which was poorly attended. Grantmaking began in 1986, when staff solicited requests from and subsequently funded the two AIDS organizations in Philadelphia at that time. The Foundation was able to draw from funds that donors had designated for incurable diseases and mental health.

The Cleveland Foundation: In 1986, joint conversations between the Foundation and the City Health Department resulted in a \$67,000 public education grant for a program to be conducted by the City and a

Health Issues Task Force. The purpose of the grant was to carry out a newspaper and billboard public awareness campaign on AIDS and to support a phone-based inquiry fulfillment service. The Foundation support was instrumental in prodding the local health department to take action. Since then, the local Academy of Medicine has sought and received funds, and, as previously noted, the Gund and Cleveland Foundations' collaboration on determining a comprehensive local foundation response has begun.

Rhode Island Foundation: In 1986, this Foundation provided the seed money to establish the Rhode Island Project AIDS, the first AIDS education and service program in the State, with a \$35,000-per-year, three-year commitment. There had been no prior government or foundation efforts to combat AIDS in the State. In 1987, the Foundation provided \$17,000 to cover the start-up costs of the Rhode Island Hospital AIDS clinic. As a direct result of the efforts of Rhode Island Foundation, the state government is now taking an active role in supporting AIDS initiatives.

The New Haven Foundation: In 1986, the Mayor of New Haven established a local AIDS Task Force. The New Haven Foundation gave the first major AIDS-related grant in the City to this Task Force for general support and production of materials. Their grant was made conditional on city agreement to support the Task Force in its second year of operation as a line item in the city budget. As the Task Force proved to be successful, it will be funded by the City in its second year.

New York Community Trust: In 1983, in response to a request for proposals mailed out on blood disease research, the Trust received its first AIDS-related request from Cornell University Medical College for a

research project. Its subsequent grant was one of the first AIDS-related grants in New York City, and the precursor of fifteen additional grants issued by the Trust.

Armed with the Trust's strong mandate to promote the welfare of the City, Joyce M. Bove, Senior Program Officer in charge of health matters (and recently appointed Vice President, Special Projects), has been highly proactive in stimulating interest within the Trust and in the local philanthropic community as well. She has solicited proposals from key relevant grantees, conducted briefings for other funders, trustees and corporate CEO's, organized donor-education campaigns for the Trust's donor-advised funds, and sought out ways to match funds earmarked for specific fields of interest at the Trust with relevant AIDS projects (e.g., human justice funds granted to The Correctional Association of New York to analyze the impact of AIDS on New York State's prisons). The Trust's grants have been in the areas of media and public education, services for targeted populations (including minorities, adolescents and prisoners), blood disease research, public policy and technical assistance.

Large National Foundations

Six national foundations have made grants in response to AIDS. They are: The Robert Wood Johnson Foundation, The Gannett Foundation, the Rockefeller Brothers Fund, the Rockefeller Foundation, Pew Memorial Trusts, and John T. and Catherine D. MacArthur Foundation.

The Robert Wood Johnson Foundation (Princeton, New Jersey), a leader in health-oriented grantmaking, has developed the most far-reaching program of any grantmaker to date. It announced a \$17.2 million

initiative in February, 1986, to fund an eleven-city AIDS Health Services Program. This four-year national program is designed to bring more humane, less costly health and supportive services to individuals with AIDS and AIDS-related disorders. By extending financial support to consortia of service providers, health professionals, and health care institutions, public agencies and nonprofits are encouraged to work cooperatively in support of coordinated, effective systems of care. This multi-million dollar commitment constitutes more than 50% of all foundation funding to date. While the Johnson program is a milestone, it also highlights the need for a massive influx of foundation dollars and the relatively small amount of other foundation dollars expended for AIDS programs.

In order to provide accurate and current information, the Johnson Foundation also made several grants to enable health professionals to disseminate and share their knowledge about AIDS, including grants of \$600,000 to the Institute of Health Policy Studies at University of California at San Francisco, \$1 million to the Albert Einstein College of Medicine, \$200,000 to Georgetown University, and \$150,000 to George Washington University for a variety of policy initiatives, professional education for physicians, and pediatric care. It is useful to note that the Johnson Foundation generally does not support programs concerned solely with a specific disease. However, they chose to develop an AIDS initiative since it related strongly to their existing program interests.

The Gannett Foundation (Rochester, New York), which supports community projects in areas served by Gannett Co., Inc. media operations, has made 13 local grants totaling \$176,071 for AIDS-related purposes

since 1985. Most were for community education, counseling and hospice programs in Atlanta, Rochester, New York City, Dallas, Washington, D.C., Fort Myers, Florida, San Francisco, Iowa City and San Rafael, California. Due to the Foundation's commitment to communities served by Gannett Co. Inc., it has been able to support a variety of community-based organizations across the country. Local Gannett chief executive officers recommend appropriate grantees to the Foundation. In addition, the Foundation annually asks Gannett Co. CEOs to ascertain the six top priority problem areas in the 95 Gannett communities. Gannett CEOs use a variety of methods to determine the priority needs of their communities, including reader ballots, focus-group meetings and, to a lesser extent, telephone or mail polling, interviews with community leaders, and analyses of independent surveys. AIDS was not mentioned until 1986, and then, only in the priority lists submitted from Berkeley, California and Washington, D.C. In the subsequent year (1987), 16 other CEOs added AIDS to their list. Since Gannett properties include a large number of mid-sized communities outside high AIDS-incidence cities, their experience is indicative of the level of interest in these locales.

Case Study of Rockefeller Brothers Fund Involvement in AIDS

The Rockefeller Brothers Fund (RBF) provides a good case study of how an internationally oriented foundation with no established health program became involved with AIDS. In early 1986, officers at the Foundation decided that there were sufficient social and public policy implications of the AIDS epidemic in New York City to warrant its inclusion in their small existing New York program. Leadership at the

Fund also realized that the name of their institution could lend some credibility to the efforts it supported.

Hilary Palmer, Program Associate of the Fund, became familiar with this new field by talking to other foundation colleagues who had become involved and reading numerous periodicals and reports. She was then able to prepare background materials for her trustees and to bring appropriate grantees to their attention. She found it necessary to take exceptional steps for the Fund, such as soliciting proposals from prospective grantees. The Fund had expertise in the public policy arena, especially in bringing people together from different points of view to forge consensual policy. This led them to support the establishment of a New York-New Jersey Citizens Commission on AIDS which, in turn, would endeavor to increase public understanding of the steps necessary to respond to the epidemic. An RBF trustee actually conceived of the commission and other trustees responded positively, which provided foundation staff with a mandate to proceed.

Since Ms. Palmer had a limited budget available (\$250,000 over a two-year period), she looked for other opportunities where a limited infusion of dollars could make a difference. For example, she recommended to her trustees a modest technical assistance grant for the Gay Men's Health Crisis to hire a management consultant to help them engage in long-term planning, addressing a critical need of the organization. RBF had made similar grants in the past to organizations in its other fields of interest.

RBF's entry into the field of AIDS funding did initially stem from interest at the highest level of the foundation. Its capability

derived from the ability of a program officer to become conversant in the field through self-education and networking.

Other Private Foundations

Board members and program officers at private foundations that are issue-oriented or geographically focused often found that they could support AIDS initiatives as part of existing fields of interest.

For example, the Charles Revson Foundation (New York) made a grant for distribution of a film intended to educate New York City high school students about AIDS out of its concern for New York City public education. In a similar manner, its support of the New York-New Jersey Citizens Commission on AIDS stemmed from its standing commitment to public policy issues in New York.

The Public Welfare Foundation's (Washington, D.C.) past support of hospices and medical care for disadvantaged groups enabled it to accommodate the AIDS requests it received. Based on that experience the Foundation is continuing to refine criteria for funding AIDS education and care programs.

The J. Roderick MacArthur Foundation's (Chicago, Illinois) long-standing commitment to civil rights and liberties has enabled it to support legal initiatives to prevent illegal workplace discrimination against individuals with AIDS or ARC, those who are HIV-positive, or members of high-risk groups.

The New World Foundation (New York) has been assisting local and national initiatives on AIDS in public education, advocacy, and service delivery through its technical assistance program since 1984.

It was evident again from the interviews conducted for this report that the personal interest of a board or staff member led to their foundation's involvement.

Public Foundations

Local public foundations, or public charities, have often served as the first source of grant support for community-based and minority-oriented endeavors. These include: the Liberty Hill Foundation (Los Angeles), the North Star Fund and The Fund for the City of New York (New York City) the Haymarket People's Fund (New England), the McKenzie River Gathering (Oregon), the Wisconsin Community Fund, the Live Oak Fund (Texas), the Fund for Southern Communities (Georgia, North and South Carolina) and the Headwaters Fund (Minneapolis/St. Paul).

Patterns of Foundation Grants Corresponding to Fields of Interest

Medical Research

Except for the substantial efforts of the American Foundation for AIDS Medical Research (AmFAR) and the Aaron Diamond Foundation (New York), foundation grants for biomedical research purposes have been minimal. AmFAR has made more than \$5 million in commitments since 1983, while the Diamond Foundation had authorized grant awards exceeding \$3 million through 1989.

In both cases, these grantmakers have found that their funds serve as vital sources of immediate start-up or bridge revenues before public funding becomes available, or provide "add-on" dollars for publicly restricted grants. AmFAR has found that well-timed grants of \$50,000 can be of substantial value to a research project in such cases.

Other research grants include: John T. and Catherine D. MacArthur Foundation (Chicago, Illinois) (1987): \$300,000 to the University of California at Davis for research on a vaccine for individuals who are already diagnosed with AIDS or who have tested HIV positive. The Helena Rubinstein Foundation (New York) (1986): \$60,000 to the Children's Blood Foundation for support of AIDS research in an immunology laboratory and for general support of the Division of Pediatric Hematology/Oncology of New York Hospital. The T.J. Martell Foundation (New York) began funding AIDS research indirectly in 1983 as an outgrowth of its interest in leukemia, cancer, and blood diseases. Currently, it has committed close to \$1 million. The Moody Foundation (Texas) granted \$100,000 in 1987 to the Foundation for Immunological Disorders.

Medical Care

Foundations whose mandates include health and that are not self-circumscribed by the "one-disease restriction" have been making AIDS-related grants since 1985.

Grants include:

The van Ameringen Foundation (New York) (1985): \$100,000 over three years to the hospice program at St. Vincent's Hospital in New York; (1986): \$100,000 over three years to the Gay Men's Health Crisis to address staff burn-out and stress to insure that there is an adequate number of well-equipped care providers; (1987): \$35,000 to the Stuyvesant Polyclinic for a psychiatric social worker in a mobile AIDS project.

The Eugene and Agnes Meyer Fund (Washington, D.C.) (1983):

\$15,000 to the Whitman-Walker Clinic for establishment of its AIDS clinic.

The Ahmanson Foundation (Los Angeles, California) (1987): \$100,000 to AIDS Project/LA for health care.

The Gannett Foundation (Rochester, New York) (1986): \$120,000 to the Hospice of San Francisco and Berkeley to convert a former convent into Coming Home Hospice for terminally ill AIDS and cancer patients.

The Robert Wood Johnson Foundation's formidable entry into this field of activity was described earlier in this report.

Education and Public Awareness

A substantial number of the grants made to date have been to support educational and media projects targeted at the American public. Hoffmann-La Roche Incorporated (New Jersey) made one of the first commitments in 1984, when it granted \$180,000 to WNET, the New York-New Jersey PBS affiliate, for the production of AIDS: Profile of an Epidemic, the first television documentary on the subject. The Metropolitan Life Foundation (New York) earmarked \$150,000 in 1987 for educational programs aimed at certain target populations and high-risk groups. It mailed out a request for proposals to 40 nonprofit organizations to elicit submissions in this area. Also, the Foundation made a three-year grant of \$150,000 to Project Hope in 1987 to evaluate AIDS education strategies in European countries and the United States.

In 1987, the Chicago Resource Center mailed out a request for proposal for the development of AIDS education and prevention programs to more than 400 black and Hispanic organizations in the Chicago area. In

response, they have received 22 proposals. The Public Welfare Foundation, the Maurice Falk Medical Fund, New York Community Trust, American Express Foundation, the Charles Revson Foundation, and the Pacific Telesis Foundation have supported the production and distribution of videotapes, public service announcements, and films.

Other examples of pertinent grants include:

The Scott Paper Company (Pennsylvania) (1987): \$100,000 to the National AIDS Network, Washington, D.C. for educational programs in cities where Scott has facilities.

The Spencer Foundation (Chicago, Illinois) (1986): \$102,000 to the University of California at Berkeley for a study on school and community responses to children with AIDS.

The Skaggs Foundation (Oakland, California): \$5,000 to the San Francisco AIDS Foundation for bus and store placards (1984); \$2,500 to the New Conservatory children's theater for production of a play on AIDS for adolescents (1986).

The American Foundation for AIDS Medical Research will be launching an educational grants program in the fall of 1987 to complement its current medical research grants program. It will be soliciting proposals from the educational community for innovative model projects that have a built-in evaluation component.

Social Services

The majority of grants to date have been in the field of service delivery to individuals with AIDS or ARC. Most of these grants tend to cluster geographically around the high-incidence communities (New York

City, San Francisco, Los Angeles, Philadelphia, Washington, D.C., Miami) where active community-based organizations provide a variety of services to their constituencies.

Some of the social service grants this survey identified are detailed as examples:

The Fairfield County Cooperative Foundation (Stamford, Connecticut) (1987): \$70,000 for staff and operation of a four-town area AIDS coalition.

The Catherine Manley Gaylord Foundation (St. Louis) (1986): \$2,000 to the St. Louis Effort for AIDS, a direct service organization.

The Hyams Trust (Boston) (1986): received a request for \$10,000 from the AIDS Action Committee and funded the group for double that amount.

The Chicago Community Trust (1987): \$50,000 to the Illinois Alcohol & Drug Abuse Agency, an established service organization that was able to extend its expertise to AIDS work and to develop a model AIDS prevention program that is being replicated across the country.

The Irvine Foundation (San Francisco) (1985-86) has emphasized services for families of persons with AIDS, funding such projects for \$60,000.

The Kaiser Family Foundation (San Francisco) (1986) has funded emotional and practical support services and hospice care with grants totaling \$49,000.

The George Gund Foundation funded two particularly innovative education projects in Cleveland in 1986-87: the United Labor Agency received \$3,000 for an AIDS education seminar for labor union representa-

tives, and the City Department of Health was granted \$2,500 to print materials for distribution to school administrators for an AIDS seminar.

The Morgan Guaranty Trust Company decided to suspend its normal restriction against disease specific grant requests in order to address the major public health implications of AIDS and granted \$25,000 in 1986 to the New York Blood Center for a model health education program and \$25,000 in July, 1987 to the Gay Men's Health Crisis capital fund.

While much service work is being supported, there has been very little funding of minority initiatives (i.e., blacks and Hispanics). This situation is changing as foundations get more involved in funding that directly benefits the minorities affected by AIDS. For example, New York Foundation, New York Community Trust, Pacific Telesis, the Irvine Foundation, Zellerbach Foundation and the Crossroads Fund are some of the foundations supporting the newly emerging minority AIDS organizations. The Rockefeller Brothers Fund recently granted \$70,000 to the Council of Churches of the City of New York for its Minority Task Force on AIDS, a group established to provide education, advocacy and services to minority communities.

Public Policy

On the local level, a number of foundations have taken a proactive role in shaping local public policy on AIDS. In the New York-New Jersey region, the Rockefeller Brothers Fund, the Robert Wood Johnson Foundation, the United Hospital Fund, the New York Community Trust, the Health Services Improvement Fund of Empire Blue Cross/Blue Shield, the Fund for the City of New York, and others took the lead in creating a bi-

state commission to "marshall and increase the response of all sectors of society to the AIDS epidemic in the region, with particular emphasis upon the business and voluntary sectors."

Lead funders recruited the Fund for the City of New York, a private operating foundation and public charity, and Jane Hughes, one of its associate directors, to create the commission. The Fund was willing to serve as the fiscal sponsor of the project, as well as to assist in defining the commission's mandate, develop and submit proposals for funding, select and recruit commission members and co-chairs, and to conduct the search for the executive director. Jane Hughes worked closely with staff of early funders in addressing these early tasks. Other funders that provided needed support for this undertaking included the Charles H. Revson, Aaron Diamond, Florence and John Schumann, Prudential, Josiah Macy, Jr., New York Life, Hyde and Watson, and Victoria foundations, Hoffmann-La Roche Incorporated, the Fund for New Jersey, and the Design and Interior Furnishing Foundation for AIDS.

The Commission will explore the complex range of non-medical issues facing the New York metropolitan area, define objectives which meet the tests of practicality and compassion, and recommend policies "from the schoolroom to the boardroom" which can guide the private and public sectors in the fight against the deadly disease.

Similarly, in Philadelphia, the Pew Memorial Trusts are launching a Philadelphia commission to examine AIDS impact on different sectors of the community and to develop a concerted and cooperative city-wide response. The Cleveland Community Foundation is working with the Gund Foundation on a similar project.

The Field and the Norman Foundations and Joint Foundation Support in New York have provided support to the Hastings Institute Society on Ethics and Life Sciences to look at the legal and public health implications of AIDS and to make public policy recommendations.

Civil Rights

Only a few foundations have made grants in response to requests for support for legal projects that seek to protect the civil rights of individuals with AIDS.

On a national level, the J. Roderick MacArthur Foundation and the Chicago Resource Center, both based in Chicago, Illinois, the Joyce Mertz-Gilmore Foundation in New York and the C.S. Fund in Freestone, California, have awarded grants to such organizations as the American Civil Liberties Union and Lambda Legal Defense and Education Fund for projects designed to counter illegal discrimination.

In San Francisco, the Skaggs Foundation awarded \$5,000 to the Bay Area Lawyers for Individual Freedom for their Legal Referral Panel to cover the pro-bono legal costs of persons with AIDS.

International and Developing Country Concerns

The Rockefeller Foundation is the only American foundation that has awarded any grants to date responding to international concerns. It awarded \$50,000 to anthropologist Brooke Schoepf for research in Zaire to assess the social impact of the AIDS epidemic in Central Africa, to develop culturally and politically acceptable public health initiatives to reduce the transmission rate, and to evaluate the effectiveness of

these measures. In August, 1987, the Rockefeller Foundation convened a meeting of ten specialists to discuss the heterosexual transmission of AIDS in Africa. They had ascertained that information on such transmission was limited, as studies have been few, piecemeal and poorly funded. Internationally oriented foundations, such as the Edna McConnell Clark Foundation and the Carnegie Corporation of New York, have been monitoring the situation, especially in Central Africa, but have not seen a role for their institutions to play.

The World Health Organization continues to play the primary role in responding to AIDS in developing countries. The international dimensions of the disease have potentially disastrous implications for people living in underdevelopment. According to Professors Potter and Stoto at Harvard University, "AIDS looms as a major cause of death in sub-Saharan Africa. Its significance is already comparable to major killers such as malaria, tetanus, diarrhea, respiratory infections, and malnutrition. Given its rapid spread, it is possible that AIDS could soon surpass all of these other diseases."

V. FUNDING OUTLOOK FOR THE FUTURE

Interviews conducted during July, 1987 with foundation officers concerned about AIDS reveal that more and more grantmakers are grappling with how they can most effectively respond to the AIDS epidemic. Awareness is strongest in high incidence metropolitan areas [see Appendix 1 for list], but still lagging in many parts of the country. This is of particular concern, since, according to the Public Health Service Plan for Prevention of AIDS and the AIDS Virus (June, 1986), "by 1991, more

than 80% of diagnosed cases will be outside New York City and San Francisco."

Unfortunately, the federal government and most state governments have been devastatingly slow in their actions to date. As Terrance Keenan, Vice President for Special Programs of the Robert Wood Johnson Foundation pointed out, "AIDS is not an issue where the government is going to be brave." It is, therefore, even more critical that foundations enter the public policy arena in their traditional role as consensus builders.

In addition, philanthropic institutions can play a crucial role in assisting nonprofit organizations and local and state governments:

- o to provide badly needed coordinated medical and social services, housing and practical support for daily living to individuals with AIDS, ARC and individuals who are HIV-positive and their partners and family members, especially "orphaned" school-age children who are left behind through the death of parents
- o to design, launch and monitor targeted community education programs for high-risk groups as well as for the general public
- o to develop sound public policies that simultaneously promote public health concerns and protect the civil rights of those directly affected by AIDS
- o to aid overseas institutions and appropriate governmental bodies to respond to the increasing numbers of individuals with AIDS in developing countries

Foundations can also serve as sources of seed funding for model programs and can expand ongoing support for vitally needed services and programs. As was illustrated by the community foundations in Cleveland, New Haven and Rhode Island, philanthropic institutions can use their resources to leverage public dollars and to prod appropriate government officials into action.

In the middle of the country and in current low-AIDS-incidence localities, local foundations can play an important role in initiating proposals and programs that stress health promotion and basic education. The title of a report from the Midwestern Legislative Conference reflects the current perception in that region: "AIDS: Diagnosis of A Dawning Crisis." It is essential that foundations in these communities take proactive steps now.

To meet the growing interest among foundations, The Foundation Center will be distributing a special report on foundation support for AIDS research and service programs to more than 3,000 of the Country's largest foundations in October, 1987. The principals preparing The Foundation Center report and this report for the Ford Foundation collaborated in collecting data from foundations.

Simultaneously, David P. Willis of the Milbank Memorial Fund and Professor Daniel M. Fox of SUNY Stony Brook completed an exploratory study of the response of social scientists, and the organizations that sponsor their research, to the AIDS epidemic.

Regional associations of grantmakers are continuing to play the pivotal role by convening local meetings of corporate and foundation representatives to educate funders about the ever-widening implications

of the AIDS epidemic and to discuss grantmaking strategies. Plans are currently underway for additional programs in both New York City and the San Francisco Bay area for early fall. In addition, there will be several sessions regarding AIDS at the 1988 annual meeting of the Council on Foundations in Los Angeles.

Finally, the newly formed foundation affinity group, Funders Concerned About Acquired Immune Deficiency Syndrome, is undertaking a variety of initiatives to bring the issue more to the forefront of the philanthropic agenda, including a guide to funding strategies. Commenting on the formation of the affinity group, James A. Joseph, President of the Council on Foundations, remarked that "the grantmaking community is in a unique position to offer leadership to help deal with the problems of AIDS, but that grantmakers too must be educated about AIDS and its impact. Working closely with this group of funders, the Council on Foundations is prepared to offer the type of leadership and assistance our field needs to deal with this critical issue. We are committed to help educate grantmakers about AIDS, to help grantmakers assess strategies for private funders, and overall, to enhance the capacity of the grantmaking sector to do its part in fighting this disease."

In summary, our society's ability to confront AIDS will continue to be contingent on available financial resources. The prognosis for foundations meeting this challenge in the future is quite encouraging.

Appendices

1. List of SMSA's with High Incidence of AIDS Cases
2. Chart on Yearly Distribution of Grants by Subject Category
3. Table of Yearly Distribution of Grants by Subject Category
4. Graph of Grants for AIDS by Foundation
5. Graph of Grants for AIDS by Subject Category
6. List of Foundations, Number of Grants and Total Amounts Given
7. Methodology of Study

Appendix 1

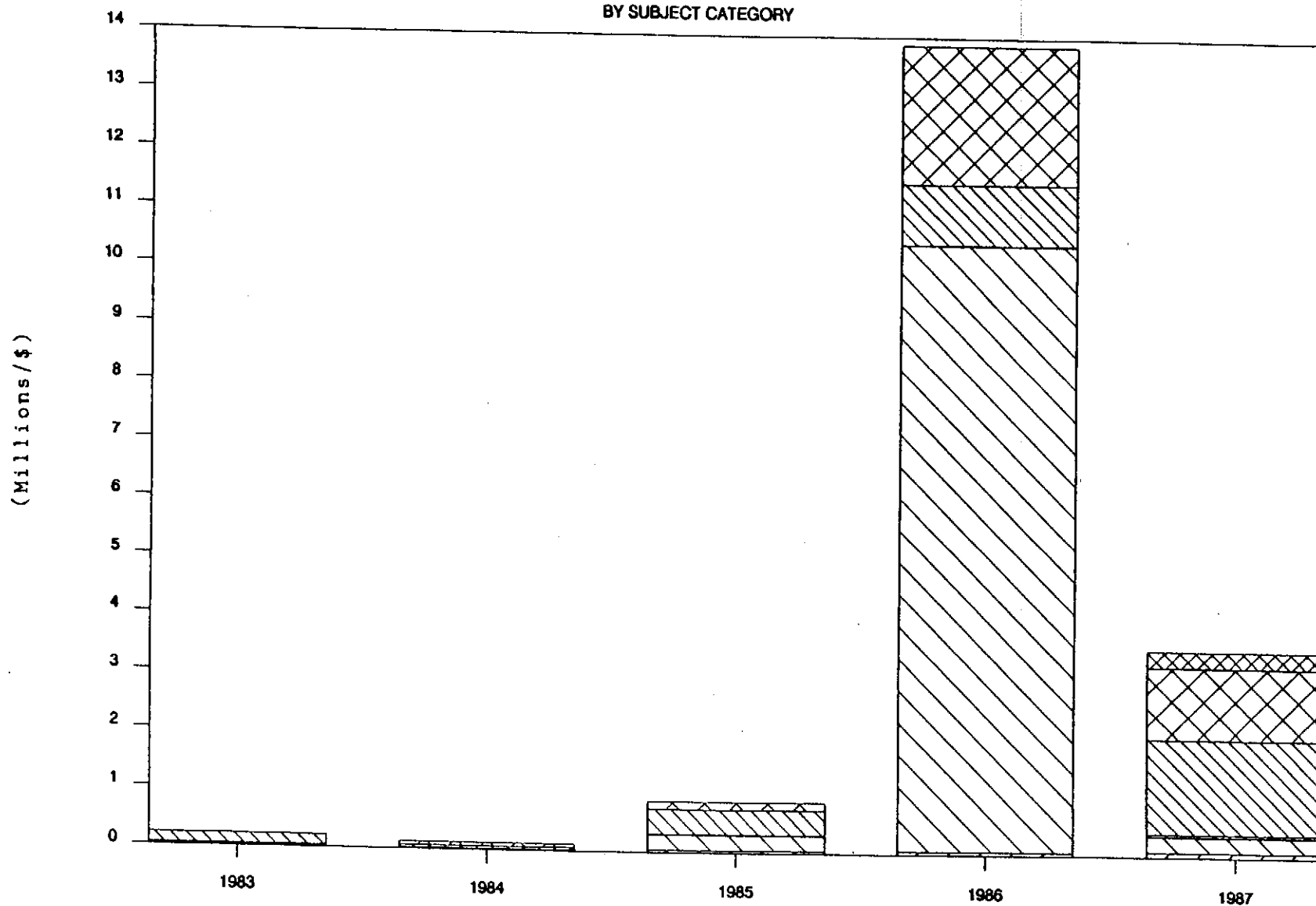
**LIST OF STANDARD METROPOLITAN STATISTICAL AREAS (SMSA'S) OF RESIDENCE
WITH HIGH INCIDENCE OF AIDS CASES
(In descending order)**

New York, NY
San Francisco, CA
Los Angeles, CA
Houston, TX
Washington, DC
Miami, FL
Chicago, IL
Newark, NJ
Philadelphia, PA
Dallas, TX
Atlanta, GA
Boston, MA
Ft. Lauderdale, FL
Nassau-Suffolk, NY
San Diego, CA
Jersey City, NJ
Seattle, WA
Denver, CO
New Orleans, LA
Anaheim, CA

(Source: AIDS Weekly Surveillance Report United States AIDS Program
Center for Infectious Diseases, Centers for Disease Control, August 17,
1987.)

YEARLY DISTRIBUTION OF GRANTS

BY SUBJECT CATEGORY



Field of Activity

ER	MC	MHE	MR	PH	MHW
Equal Rights	Medical Care	Medical/Health Education	Medical Research	Public Health	Welfare

Appendix 3

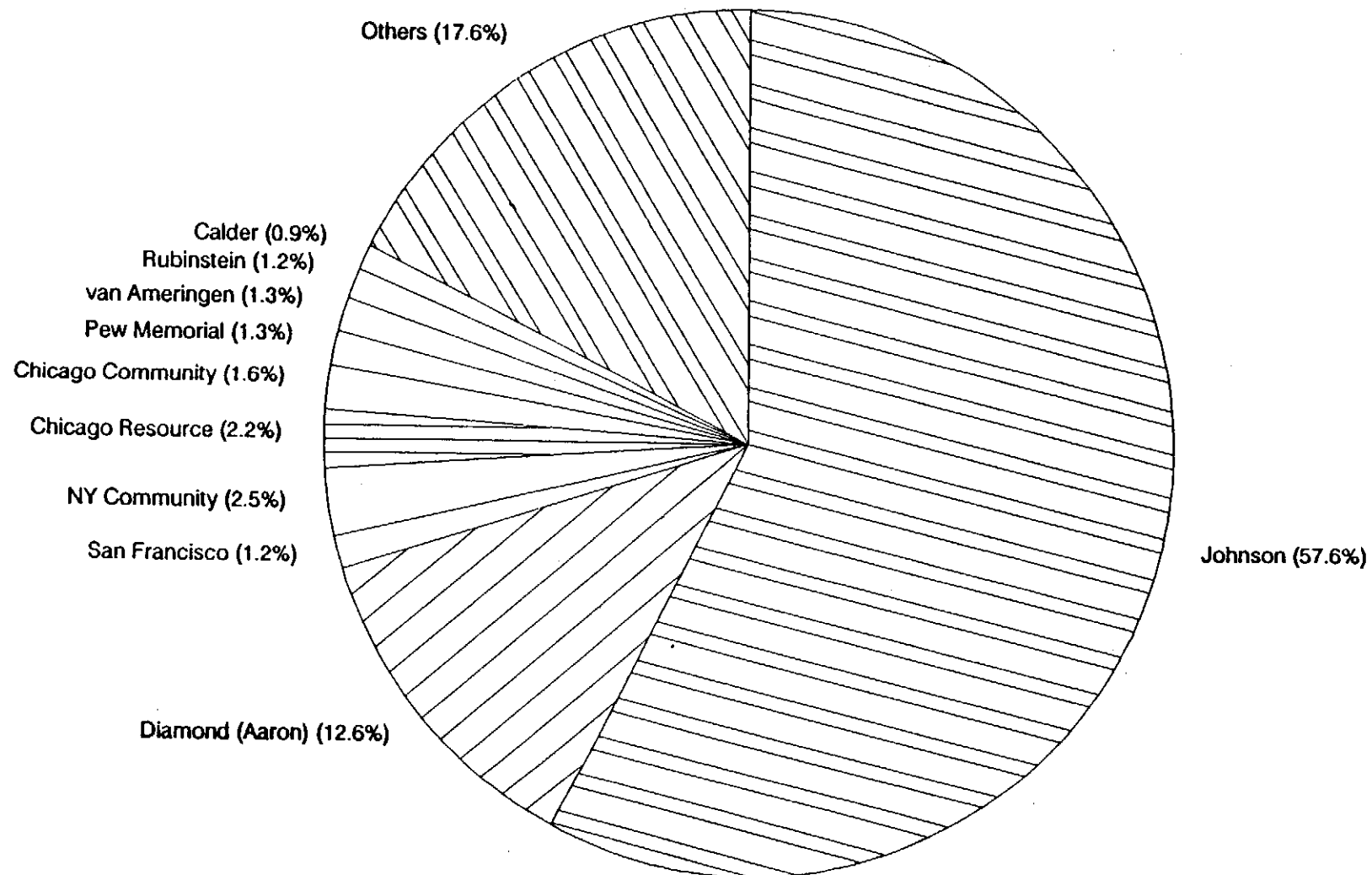
YEARLY DISTRIBUTION OF GRANTS BY SUBJECT CATEGORY

<u>FIELD OF ACTIVITY</u>	<u>1983</u>		<u>1984</u>		<u>1985</u>		<u>1986</u>		<u>1987*</u>	
	<u>AMOUNT</u>	<u>NO.</u>	<u>AMOUNT</u>	<u>NO.</u>	<u>AMOUNT</u>	<u>NO.</u>	<u>AMOUNT</u>	<u>NO.</u>	<u>AMOUNT</u>	<u>NO.</u>
Equal Rights			10,000	1	45,000	3	63,000	5	85,000	5
Medical Care	35,000	2	10,000	1	257,833	7	10,367,242	24	266,560	6
Medical & Health Education (Professional)					5,000	1	10,000	2	49,982	2
Medical Research	181,000	3	50,000	1	415,000	6	1,042,000	8	1,617,025	7
Mental Health									51,200	3
Public Health			61,011	8	136,800	17	2,391,389	91	1,232,196	48
Welfare									230,500	2
TOTALS	216,000	5	131,011	11	859,633	34	13,873,631	130	3,532,463	73

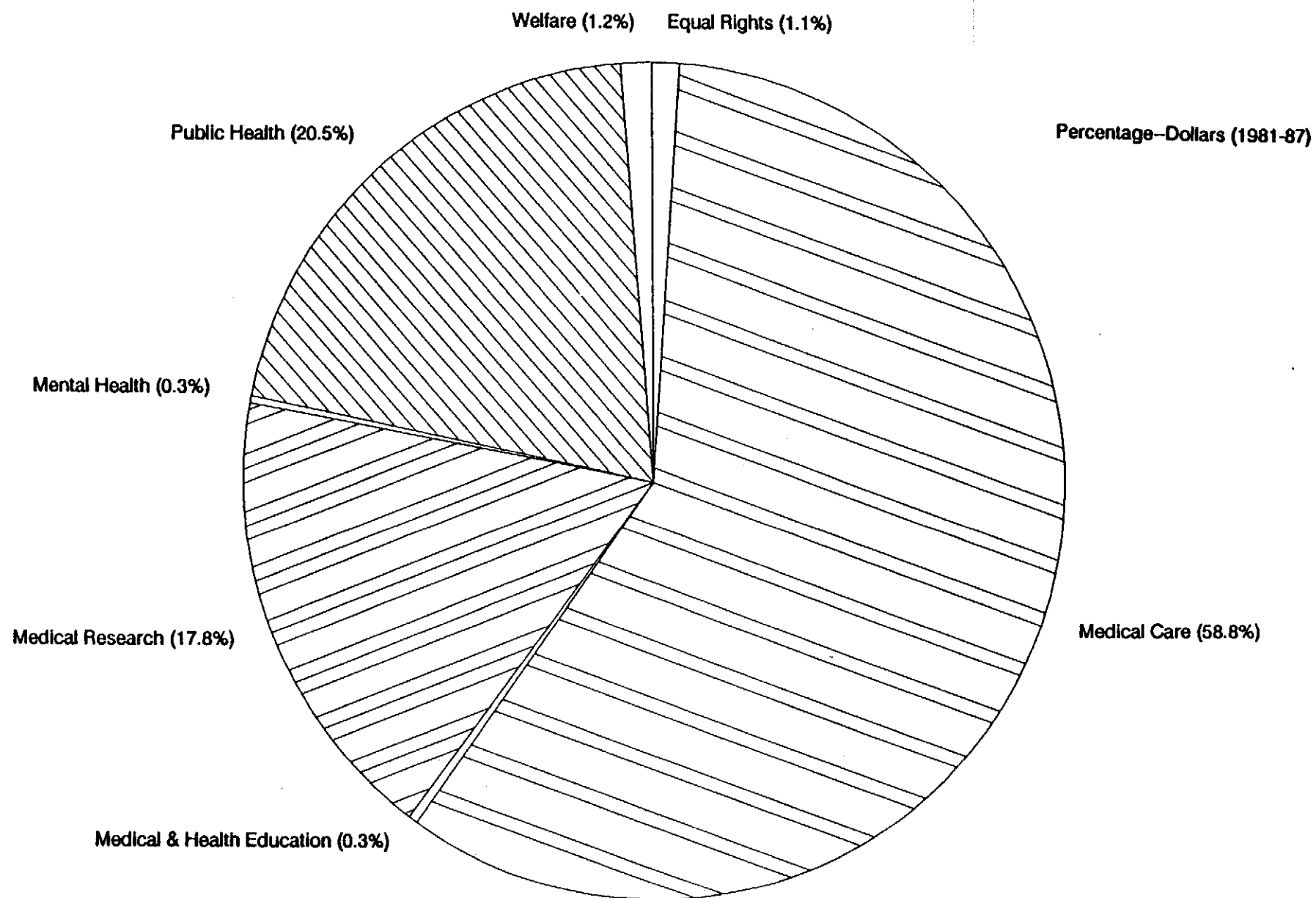
*1/1-8/15/87

GRANTS FOR AIDS BY FOUNDATION

Percentage--Dollars (1981-87)



Grants for AIDS by Subject Category



Appendix 6

GRANTS TO AIDS INITIATIVES BY PRIVATE FOUNDATIONS
(as reported, August 1, 1987)

Private Foundation	Amount	Number of Grants
Ahmanson Foundation, The	150,000	1
Atkinson Foundation	14,547	5
Atlanta Community Foundation, Inc., (Metropolitan)	13,981	3
Booth Ferris Foundaton	15,000	1
Borg-Warner Foundation, Inc.	5,000	1
Bremer (Otto) Foundation	750	1
C.S. Fund	10,000	1
Calder (The Louis) Foundation	175,000	3
California Community Foundation	29,332	1
Central New York Community Foundation, Inc.	10,000	1
Chicago Community Trust, The	307,000	4
Chicago Resource Center	403,518	46
Clark (The Edna McConnell) Foundation	19,000	1
Cleveland Foundation, The	97,935	4
Colorado Trust, The	31,045	1
Commonwealth Fund, The	5,000	1
Connecticut Mutual Life Foundation, Inc., The	25,000	1
Dade Foundation	4,913	1
Dana (The Charles A.) Foundation, Inc.	20,000	1
Dayton Hudson Foundation	20,000	1
Denver Foundation, The	20,000	1
Diamond (The Aaron) Foundation, Inc.	2,336,905	9
Dolfinger-McMahon Foundation	5,000	1
Emerson (Fred L.) Foundation, Inc.	10,000	1
Flintridge Foundation	100,000	2
Foerderer (Percival E. and Ethel Brown) Foundation	5,000	1
Fund for New Jersey	16,500	1
Fund for the City of New York, Inc.	20,000	2
Gannett Foundation, Inc.	166,000	9
Gerbode (Wallace Alexander) Foundation	50,000	1
Goldman (Richard and Rhoda) Fund	40,000	1
Haas (Paul and Mary) Foundation	1,000	1
Harrisburg Foundation, The Greater	2,400	1
Hoyt (Stewart W. & Willma C.) Foundation	2,500	1
Hyams (Godfrey M.) Trust	20,000	1
Irvine (The James) Foundation	100,000	1
Ittleson Foundation, Inc.	50,000	1
Johnson (The Robert Wood) Foundation	10,729,095	14
Kaiser (The Henry J.) Family Foundation	75,240	6
La Crosse Foundation	1,000	1
Levi Strauss Foundation	81,500	4
MacArthur (J. Roderick) Foundation	60,000	3
Marin Community Foundation	39,000	1
McCormick (Robert R.) Charitable Trust	40,000	1
McKnight Foundation, The	150,500	1
Meadows Foundation, Inc.	148,120	1
Mertz-Gilmore (Joyce) Foundation	10,000	1
Metropolitan Life Foundation	150,000	1
Meyer (Eugene and Agnes E.) Foundation	59,156	5

Appendix 6

GRANTS TO AIDS INITIATIVES BY PRIVATE FOUNDATIONS (as reported, August 1, 1987)

Private Foundation	Amount	Number of Grants
Minneapolis Foundation, The	20,000	1
Moody Foundation, The	100,000	1
Mountain Bell Foundation	1,200	2
New Haven Foundation, The	34,000	1
New York Community Trust, The	472,000	15
New York Foundation	134,000	7
Oppenstein Brothers Foundation	5,000	1
Pacific Mutual Foundation, The	51,084	13
Pacific Telesis Foundation	35,000	3
Pew Memorial Trust, The	240,000	1
Philadelphia Foundation, The	14,837	1
Phillips (Ellis L.) Foundation	10,000	1
Pittsburgh Foundation, The	10,000	1
Primerica Foundation	5,000	1
Public Welfare Foundation, Inc.	90,000	3
Revson (Charles H.) Foundation, Inc.	110,000	1
Reynolds (Z. Smith) Foundation, Inc.	16,000	1
Rhode Island Foundation, The	84,560	2
Rochester Area Foundation	4,000	1
Rockefeller Brothers Fund	158,000	3
Rubinstein (Helena) Foundation, Inc.	215,000	3
San Francisco Foundation, The	224,100	11
Scherman Foundation, Inc., The	15,000	1
Seattle Foundation, The	9,823	1
Sierra Foundation, The	149,467	6
Skaggs (L.J.) and Mary C. Skaggs Foundation	15,000	1
Sloan (Alfred P.) Foundation	18,000	1
Spencer Foundation, The	102,100	1
Tarrant County, The Community Trust of Metropolitan	500	1
Times Mirror Foundation, The	100,000	1
Utica Foundation, Inc.	5,000	1
van Ameringen Foundation, Inc.	235,000	3
van Loben Sels (Ernst D.) Eleanor Slate	50,000	4
van Loben Sels Charitable Foundation		
Washington, Inc., The Community Foundation of Greater	16,200	3
Wien (Lawrence A.) Foundation, Inc.	11,430	1
Zellerbach Family Fund, The	5,500	1
TOTAL	18,612,738	253

NOTE: Grants by the American Foundation for AIDS Research (AmFAR) and the Design and Interior Furnishing Foundation for AIDS (DIFFA) are not listed in this Appendix since they are public foundations that came into existence specifically in response to AIDS. AmFAR has made grants totaling \$5.3 million since 1983; DIFFA has made grants totaling \$1 million since 1984.

Appendix 7

METHODOLOGY OF STUDY

During the course of this project, foundation officials were interviewed by phone to ascertain their institutions' responses to AIDS initiatives. Foundations were selected on the basis of some expressed prior interest (or involvement in the field). This was determined by actual grants or by attendance at a local or national AIDS briefing. Some funders were identified by an informal sampling of grantees across the country. In addition, representatives of regional associations of grantmakers were interviewed. Since The Foundation Center and the Milbank Quarterly were also simultaneously polling foundations on their AIDS-related grants, all three efforts were able to benefit from each other's research. A number of foundation officers, whose institutions have made strong commitments to AIDS, were interviewed at length in person.

The foundations and grants described in this report were chosen for illustrative purposes. There was not sufficient space to describe the AIDS-related grantmaking activities of all 85 foundations mentioned in Appendix 6. While this survey is the most complete to date, some foundations assuredly have been omitted due to lack of reported information. (For instance, The Fund for the City of New York has reported awarding six additional grants totaling \$42,000 over and above the two grants in the amount of \$20,000 cited in Appendix 6.) Corporations were not included as part of the mandate of this project unless they had established foundations for their charitable giving. One positive byproduct of this project is that more than two-thirds of foundation officials queried requested a copy of this final report for their own use.