

AIDS Legal Council of Chicago
Annual Report 2006

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Message From The Executive Director
Ann Hilton Fisher

Every milestone is an invitation to reflect on the challenges and accomplishments of the past and an opportunity to articulate a better vision for the future. As we now commemorate 25 years of life with AIDS, I am struck by how much, and how little, has changed.

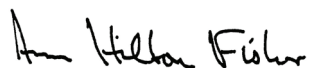
At ALCC, we still hear of employers who believe that people with HIV are a danger in the workplace, health providers who test people for HIV without their permission and nursing homes that turn clients away because they are living with HIV.

But now, we also hear of gay-run businesses denying health care coverage to employees with HIV because they are afraid that it will cost too much. We see sixth-grade dropouts with schizophrenia who need help navigating the bureaucracy of Social Security so they can get the benefits needed to pay for food and shelter. We assist clients from all over the world who need help with petitions for asylum and HIV-waivers because it would be far too dangerous for them to return home.

Over the past 25 years, the landscape of the epidemic has changed dramatically, and with it, the faces and the stories of those who are living with the disease. And with every change, the Council has been forced to learn, relearn and adjust the way it works so that we could continue to be a relevant and authoritative source for those who turn to us for advice.

This year has been no different. With rising caseloads and emerging legal issues in the area of HIV and AIDS, Council staff and board recently completed a strategic plan that lays out a new framework for expanding our presence so that our services will be more widely accessible in the community. We've addressed the financial uncertainties that are all too common for non-profit agencies such as our own and have outlined steps to attract more pro-bono volunteers. Furthermore, we have been fortunate to add to our extraordinary staff, have been able to expand our fundraising and recently completed a thorough search for new office space that will allow us to better serve our clients.

I am proud of everything that the Council has been able to accomplish this year and hope you will take some time to learn more about how our legal assistance and education programs touch the lives of thousands of people every year. I would also like to extend a special thank you to those who have given the Council their support and encouragement in the past. Our work would not be possible without you.



The AIDS Legal Council of Chicago

Who We Are

The AIDS Legal Council of Chicago is the only service provider in Illinois devoted exclusively to addressing the legal needs of persons with HIV and AIDS. When ALCC opened its doors 18 years ago, existing social services were poorly equipped to meet the legal needs of those affected by the disease. Ignorance, homophobia and fear conspired to create complex legal problems, including discrimination, denial of health care, loss of employment and breaches of confidentiality. Those who were severely ill often needed help with wills and powers of attorney.

In response, a small group of volunteers came together in 1988 and started the AIDS Legal Council of Chicago, one of the very first grassroots agencies in the nation devoted entirely to providing legal services to people with HIV. Today, ALCC has a legal staff of four attorneys and six paralegals who work out of two offices. **The Council is the largest training resource on HIV-related legal issues in Illinois and one of the most respected members of the AIDS service community.** ALCC is also an important leader in advocating for public policy and legislation that enhance the ability of people with HIV to access medical care, public benefits, housing and other vital services.

18 Years of the AIDS Legal Council of Chicago



1988—The AIDS Legal Council of Chicago is established by founder James Monroe Smith and a group of volunteers in the legal and medical fields. ALCC first starts seeing clients in the living room of Jim Smith's north side apartment.

1991- With rising rates of HIV infection among minorities and in low-income communities, ALCC opens a satellite office on the campus of Cook County Hospital to better serve clients from the city's south and west sides.



1994- The Council publishes its first comprehensive guide on HIV-related legal issues. More than 3,000 English and Spanish copies are distributed.



As the epidemic spread into minority and lower-income communities during the early 90s, the Council responded by expanding its outreach efforts and hiring additional staff. **In 1991, ALCC opened a part-time office on the campus of Cook County Hospital where it could better serve lower-income clients who were then receiving care at the hospital's two HIV clinics.** Then in 1995, the Council hired a Spanish-speaking attorney and initiated its **Latino Outreach Program**, an effort to connect with groups and monolingual Spanish speakers in the Latino community.

As the epidemic progressed and as client demand for more specialized legal services grew, the Council continued to expand its areas of legal expertise. With the advent of more promising therapies in the mid-1990s, ALCC began to address the concerns of clients interested in returning to work, many of whom had questions about confidentiality in the workplace, public benefits and employer insurance. Then, as foreign-born individuals began to learn of ALCC's services, ALCC developed its **HIV-Positive Immigrants' Rights Project** and started helping clients with HIV who were facing immigration-related legal issues.



1994- ALCC wins an important case for a client with HIV who was refused medical care by his physician. The court orders the doctor to administer treatment.

1995- ALCC hires a bi-lingual attorney and launches the Latino Outreach Initiative to provide legal assistance and education in predominantly Latino neighborhoods.



1997—New advances in HIV treatment become available. The Council initiates the Return-to-Work Counseling Initiative to help clients with HIV who want to go back to work.

1998- ALCC publishes nine legal guides in English and Spanish covering major HIV-related legal issues.



Today, the Council's staff assists clients with more than 1,400 legal cases a year. Many can be quite complex and time-consuming, requiring extensive research and documentation to resolve successfully. However, when we reach a proper resolution, our work can make a very real difference in clients' lives, allowing them to pay for rent, food and vital medical care. More than once, our assistance has helped to save people's lives.

ALCC serves clients from Chicago and neighboring Cook County suburbs who have HIV and cannot afford private representation. Many seek help with the bureaucratic maze that is the public benefits application process. These benefits are a vital lifeline for those who are sick, disabled or unable to work. Another area of legal help often requested by clients is estate and family planning, including wills, powers of attorney and guardianships that help bring security to the minor children of parents with HIV. Discrimination, confidentiality, insurance disputes and employment issues are other legal matters that our clients routinely bring to us at ALCC.



1999- ALCC opens an office at the new CORE Center and formally launches the Communities of Color Outreach Initiative.

2000- ALCC takes a lead role in the "100% Campaign," a legislative initiative raising Medicaid eligibility from 41% to 100% of the federal poverty level. As a result of its passage, nearly 100,000 seniors and people with disabilities in the state of Illinois are able to access Medicaid for the first time, including 1,500 residents who are living with HIV.



2002 – ALCC launches the HIV+ Immigrants' Rights Project to handle growing demand for legal assistance among foreign-born people with HIV.

2005— ALCC's caseload surpasses 1,400 legal cases. Outreach programs targeting women and youth with HIV are launched.

Client Profile

Who We Help

ALCC exists to provide direct services to low-income individuals with HIV who cannot otherwise afford legal representation. While ALCC does not have strict income requirements, most of the clients it serves have very little or no income at all. The Council is not funded by the Legal Services Corporation, so it can freely assist foreign-born individuals without regard to their current immigration status.

As the epidemic has continued to spread, the Council's client demographics have changed. Today, more than 70% of the Council's clients are African-American or Latino. More than 30% have never completed high school. Despite the increase of HIV infection among heterosexual men and women, gay men continue to represent more than 50% of our client base. Moreover, 4 in every 10 clients report some kind of mental health problem, ranging from depression and anxiety to more profound mental illness and learning disabilities. Women account for approximately 25% of the Council's overall client base.

Client Demographics

From July 1, 2005 to June 30, 2006

Race/Ethnicity

African American.....	44.1%
White.....	27.9%
Hispanic.....	26.0%
Other.....	1.0%
Asian.....	0.5%
Native-American.....	0.5%

Education

Below High School.....	13.5%
Some High School.....	17.3%
High School Graduate.....	18.7%
Some College.....	29.6%
College Graduate.....	16.0%
Advanced Degree.....	4.9%

Risk Factor

Gay/Bisexual.....	49.3%
Heterosexual.....	32.9%
Heterosexual IV Drug Use.....	6.5%
Gay/Bisexual IV Drug Use.....	1.8%
Blood Transfusion.....	1.6%
Hemophilia.....	0.4%
Parent Infected.....	1.0%
Other.....	6.4%

Age

Over 49.....	20.8%
40-49.....	42.8%
30-39.....	26.7%
20-29.....	8.4%
13-19.....	0.9%
Under 13.....	0.4%

Over the years, new and life-saving therapies have allowed many ALCC clients to live longer and lead more productive lives, a fact reflected in the decreasing number of clients who come to us with an AIDS diagnosis, as well as the growing number of Council clients who are now over the age of 40. Eight years ago, these clients accounted for approximately **37%** of ALCC's entire service population. Today, they are nearly **64%**.

During the same period, the Council has also experienced a steady increase in the number of foreign-born clients with HIV who need assistance with immigration-related issues, particularly among Latinos. Six years ago, Latinos accounted for little more than 11% of the Council's clients. In 2006, four years after the launch of ALCC's HIV-Positive Immigrants' Rights Project, that number has more than doubled, with the most significant increase coming from Mexican-born clients.

Client Demographics

From July 1, 2005 to June 30, 2006

Income

No Income.....	30.5%
\$1—\$10,000.....	34.2%
\$10,001—\$20,000.....	20.9%
\$20,001—\$30,000.....	7.8%
\$30,001—\$40,000.....	3.3%
Over \$40,000.....	4.2%

Health Status

AIDS.....	39.3%
HIV+ (symptomatic).....	33.4%
HIV+ (asymptomatic).....	22.8%
HIV-negative.....	3.5%
Unknown.....	0.9%

Gender

Male.....	74.1%
Female.....	25.3%
Transgendered.....	0.6%

Country of Origin

Mexico.....	99
Cuba.....	16
El Salvador.....	13
Ethiopia.....	11
Honduras.....	7
Ecuador.....	6
Cameroon.....	6
Jamaica.....	6
Poland.....	6
Peru.....	6
Croatia.....	5
Guatemala.....	5
Belize.....	4
Colombia.....	4
Congo.....	4
South Africa.....	4
Spain.....	4
Sudan.....	4

Case Profiles

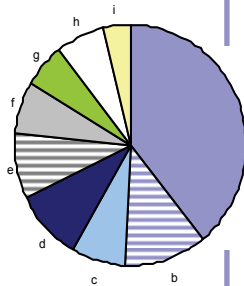
How We Can Help

The Council provides legal assistance in cases where an individual's HIV status, real or perceived, is the cause of his or her legal difficulties. We assist clients with discrimination cases, insurance disputes, return-to-work questions and confidentiality issues. We help those who come to us because they are too ill to work and need assistance applying for public benefits. We provide legal help to immigrants with HIV who want to normalize their status in the United States. And we help clients who need to write wills, powers of attorney or guardianships to guarantee that their loved ones will be cared for in case of serious illness or death.

The following are actual client stories that exemplify the kinds of legal cases our attorneys and paralegals assist clients with every day. For additional information on the following topics, please feel free to download ALCC's legal guides available on www.aidslegal.com, or call ALCC's legal team at (312) 427-8990.

Legal Issues

a. Public Benefits.....	39.1%
b. Estate Planning/Powers of Attorney....	11.8%
c. Debtor/Creditor Issues.....	7.5%
d. Employment.....	9.4%
e. Immigration.....	8.9%
f. Insurance.....	6.9%
g. Confidentiality.....	5.8%
h. Miscellaneous.....	6.7%
i. Permanency Planning.....	3.9%



Public Benefits includes Social Security Insurance (SSI), Social Security Disability Insurance (SSDI), Medicaid, Medicare, and other public aid programs.

Employment includes workplace discrimination, return-to-work legal issues, workplace accommodations and other employee rights

Immigration includes citizenship issues, legal permanent residency, requests for asylum and other immigration-related legal issues.

Miscellaneous includes Housing, Family Law, Criminal Transmission, issues arising at school and other legal matters.

Case Profiles

Confidentiality

When Michael came to see us, he was visibly upset.

Michael had spent several days at an area hospital but felt unhappy with the attention he had received there. Although he had made his concerns known to hospital staff, he felt like they were ignoring him. Frustrated, he telephoned a friend to tell him his situation.

In the middle of his conversation, a medical student walked into Michael's hospital room and, hearing him complain, asked Michael to hand over the phone. The student then proceeded to tell Michael's friend, "Look, we realize your friend has HIV. He is going to get all the care he needs."

Michael's friend didn't know he had HIV.

When William was diagnosed with HIV, his doctor wrote a letter to his boss stating that William should be terminated from his job. William worked as a manager for a catering company and his doctor felt that Williams' illness posed a serious health threat at work.

Although his employer was skeptical of the doctor's claim, William was ultimately terminated from his job at the catering company. Without a job and with no health insurance, William came to the AIDS Legal Council looking for help.

John called the AIDS Legal Council with concerns that his confidentiality had been breached by his attorney. While in open court, and in front of John's family members, his attorney proceeded to inform the jury that John was HIV-positive, something no one in his family knew. Appalled that his family had to learn of his illness in this manner, John contacted ALCC to find out what his legal options were.



What does Illinois law say about HIV and my confidentiality rights?

Mirta Woodall, ALCC Attorney:

With very few exceptions, your HIV status is nobody's business but your own. Illinois law is very clear in this respect. Your HIV status is confidential and almost no one can disclose it without your permission.

But if I test HIV-positive, doesn't my doctor have to tell my employer?

Absolutely not. Most people who test positive for HIV do not want their employer to know, because they know they may face discrimination in the workplace. In William's case, we talked to his employer and he got his job back. More importantly, we talked to his doctor who recognized his error and agreed to compensate William for lost pay and insurance coverage.

What about my spouse or other members of my family? Is my doctor allowed to tell them?

Your doctor is allowed to tell your legal husband or wife but even then, he or she must first give you the chance to tell your spouse yourself. If your doctor tells other family members, friends, roommates or your sexual partners without your permission, he or she would be violating Illinois' AIDS Confidentiality Act. In Michael's case, we were able to get a settlement for him and the hospital agreed to retrain its staff on the confidentiality rights of patients with HIV. In John's case (involving an attorney instead of a doctor), we trained the office of the Cook County Public Defender in confidentiality and disclosure of defendants' HIV status.

If I test positive for HIV, do I have to tell anyone when I have sex or share needles?

Actually, yes. Illinois law says that any HIV-positive person who does not disclose his or her status and does something which **could** transmit HIV is committing "criminal transmission of HIV." You don't actually have to infect someone to break this law. Putting someone at risk is enough.

What can I do to stop someone from telling others I'm HIV-positive?

One thing you can do is make it clear to that person that any unauthorized disclosure of your HIV status is a violation of the law. The Illinois AIDS Confidentiality Act states that each time someone intentionally discloses your HIV status, that person can be fined **\$5,000** by the courts. If this person threatens to tell five people about your HIV status, he might be liable for \$25,000

For more information on this topic, check out ALCC's complete legal guide, *HIV and Confidentiality: Your Legal Rights* available online at www.aidslegal.com.

Case Profiles

Discrimination

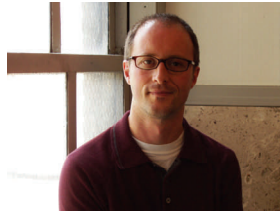
When Jennifer called us, she was in a panic.

She was interviewing for a job and the prospective employer handed her a medical form that specifically asked about her illnesses and doctor visits. Jennifer was unsure what to do. She didn't want to point out that she was HIV-positive and ruin her chances of getting the job.

Richard learned he was HIV-positive during a routine screening for HIV when he applied for a position with a suburban police force. Although he scored fourth out of 15 applicants in the physical ability, written and psychological exams, he was denied a position with the force even as less qualified candidates were hired. Richard contacted ALCC and Lambda Legal to discuss his case and legal options.

Michael was being released from the hospital and his social worker contacted an area nursing home to arrange for his transfer. Michael had been admitted to the hospital for throat cancer testing and had asked to be admitted to this particular home upon his release because he had family living in the vicinity.

When his social worker called and explained to the director of admissions that Michael had HIV, she was told that the home could not accept him because the staff did not have experience dealing with people who had HIV. When Michael's social worker pressed on and suggested some referrals to properly train the staff, she was flatly told that the nursing home would not accept any patients who are HIV-positive. The social worker then contacted us on Michael's behalf to learn what legal options they had and what steps should be taken to make sure others would not be illegally turned away.



How can I protect myself from HIV discrimination?

Justin Hayford, ALCC Case Manager:

The best defense against discrimination is knowledge.

People with HIV have been fired from their jobs, kicked out of their apartments, denied health care and even abandoned by their families. Many of these actions are illegal but the law can protect you.

Are there jobs I am not allowed to have because I am HIV-positive?

The only job you would not be allowed to have is one where you would pose a *direct threat* of infecting someone when carrying out routine job duties. A hospital could probably refuse to hire you as a surgeon if you are HIV-positive, but if you were applying for a job as a secretary, an employer could not say that you might accidentally cut yourself and therefore pose a threat to others. Cutting yourself accidentally is not part of a secretary's routine job duties.

Can an employer ask me to take an HIV test?

Under certain circumstances, an employer may require a person applying for a job to have a medical exam, including an HIV test. *But an employer can require this exam only if he or she has already offered you a job, and if everyone applying has to take the exam also.* More importantly, the employer cannot refuse to hire you based on the result of that HIV test, unless being HIV-positive would prevent you from doing your job. Most employers do not test applicants for HIV because their HIV status is irrelevant to most jobs. In Richard's case, the village agreed to a settlement and decided to stop testing applicants for HIV.

I need to have surgery, but my surgeon won't operate because I'm HIV positive. Is that legal?

No. Refusing to operate because you are HIV-positive would be illegal under the American With Disabilities Act. If the surgeon tells you that you have to take an HIV test before he'll operate, ask him what difference it would make if you were HIV-positive. If he says he would need to take extra precautions, tell him that he should be using universal precautions on all patients. If he refuses to operate on you, he is breaking the law.

Denial of health services, whether it's from a doctor, dentist, or nursing home staff, is a violation of the Americans with Disabilities Act. Like the example above, nursing home staff should be fully prepared to deal with patients of all health backgrounds, including HIV. In Michael's case, we contacted the nursing home and they agreed to remove from their policies the ban against accepting clients with HIV.

For more information on this topic, check out ALCC's complete legal guide, *HIV and Discrimination: Your Legal Rights* available online at www.aidslegal.com.

Case Profiles

Public Benefits

Sylvester called us frantically after learning that his application for disability benefits had been denied a second time.

Sylvester had advanced AIDS and was often so ill that he could not leave his home. His viral load (a measure of how much HIV is in the blood) was off the charts. His Kaposi's Sarcoma was so severe, his doctors feared the rare cancer would soon spread to his internal organs.

In addition, Sylvester suffered from chronic fatigue and complained constantly of debilitating headaches. He had pneumonia and recurrent diarrhea. He was battling depression, hypertension and suffered on many occasions from night sweats.

And yet his application was rejected twice because some bureaucrat thought he was in good enough health to continue working and supporting himself. We began to collect and review Sylvester's medical records so that we could appeal and prove to Social Security that Sylvester was indeed disabled and thus entitled to disability benefits.

Sharon was a mother of four living with HIV.

She had cared for her young children by herself, but her illness was now so advanced that she was no longer capable of working and sustaining her family without assistance. When she got her first rejection letter after applying for disability benefits, she almost felt like giving up — like she just didn't have the strength to take on the bureaucracy and fight back. So she called us and asked for help to get benefits for her family and get survivor benefits so her children would have some security after Sharon passed away.



What should I know about applying for public benefits?

Dale Green, Paralegal

Many people who need to apply for public benefits, like Social Security, Food Stamps or a Medicaid card, have no idea where to begin. And once they start the process, they often find it extremely confusing and frustrating. In cases like Sharon and Sylvester's, we often have to do extensive background work, collecting medical records, interviewing a client's physician and painstakingly build a case to prove that our clients are too ill to continue working and desperately need the benefits they've applied for.

What do I have to do to get Social Security benefits?

There are two different kinds of Social Security benefits for people disabled by HIV or AIDS. One is called **Social Security Disability Insurance (SSDI)** which is available to people who have extensive work histories and had money taken out of their paychecks for Social Security. The other is called **Supplemental Security Income (SSI)** and is meant for those who haven't worked much and have little money — less than \$2,000 in assets.

How does Social Security define "disabled?"

For Social Security, being "disabled" basically means being unable to work because of a severe medical condition. You will be considered disabled if you can't do any "substantial" work. Usually, Social Security believes that anyone working and making more than \$860 a month is doing substantial work and is therefore not disabled.

Being HIV positive or having AIDS doesn't automatically qualify you for Social Security. There needs to be strong medical evidence that you have severe physical or mental health problems that make it impossible for you to work.

If I can't work and don't have insurance, how will I pay for my health care?

There are two major public programs that help people with HIV pay for health care. Medicare is part of the Social Security system and there is no cost for Part A, which pays for your hospital bills. If you've been on SSDI for two years, you will be automatically eligible for Medicare.

Medicaid is run by the Illinois Department of Human Services and is free, but often hard to get. There are strict rules about how poor you have to be to qualify, but it pays for just about everything, including hospital bills, doctor visits, lab tests, nursing home care and prescription drugs.

For more information on this topic, check out ALCC's complete legal guide, *HIV and Public Benefits: Your Legal Rights* available online at www.aidslegal.com.

Case Profiles

Insurance

Bob was self-employed and was paying about \$500 per month for his health insurance. Then one day, Bob received a disturbing letter from his insurance company informing him that from now on he would be required to pay one annual premium for his policy.

The premium would be \$6,293.64. The total would be due in a month.

After placing numerous fruitless calls to his insurance company, Bob finally called the AIDS Legal Council of Chicago and asked for help. We filed a complaint with the Illinois Department of Insurance which worked with ALCC to find a compromise. But the insurance company was steadfast in its position that there are no laws that prohibit them from changing a policy from a monthly premium to an annual premium.

Over the years, Frank lost more than 50 friends to HIV and endured firsthand the disabling effects of this disease on his own life. Faced with his rapidly deteriorating health, Frank finally had to quit his job and apply for disability benefits to make ends meet.

One day, Frank received word that his insurer was terminating those benefits on the grounds that Frank had recovered sufficiently to return to work. The truth, however, was much different, as Frank was suffering from Kaposi's Sarcoma (a sign of advanced HIV disease), daily fatigue, chronic diarrhea and a host of other health problems. Unsure what to do, Frank called ALCC and asked us for help.

When a Professional Employer Organization took over the administrative tasks at Helen's company, they cancelled the company's insurance because her HIV medications were causing its premiums to rise.

Shortly afterwards, Helen's hours were reduced and she became a part-time employee. Two weeks later, the company found another insurer, but refused to include Helen on the policy because she was now a part-time employee. She was further refused COBRA benefits even though they were legally required to offer them to her. Distraught, Helen called us for help.



What should I know about HIV and insurance?

Ann Hilton Fisher, Executive Director:

People may have told you that because you are HIV-positive, you'll never get health insurance. This isn't necessarily true. It may be difficult to get certain types of insurance if you're HIV-positive — for example, an individual health or life insurance policy. But people with HIV can and do get insurance every day.

Unfortunately, when it comes to insurance, the deck is often stacked against people with HIV. In Bob and Frank's cases, it took the threat of legislation and a lawsuit to get the insurance companies to reverse their decisions. Still, here are some answers that could be helpful if you have questions about HIV and insurance.

Can my insurance company cancel my policy if I test positive for HIV?

No. It is very likely that when you submit your first HIV-related claim, your insurer will investigate and request medical records to verify when you were diagnosed. If it turns out that you lied about your HIV status on your application, *then* the insurance company could cancel your policy. Otherwise, testing HIV positive is not valid grounds for terminating an insurance policy.

Can my employer deny me coverage because I'm HIV positive?

No. If your company provides insurance coverage to its employees, then it must offer insurance to all eligible employees. Moreover, if you are fired or if you quit, you may be eligible for COBRA benefits, in which case you could continue to receive health insurance under the company's policy for 18 months, so long as you pay the premiums in full. In Helen's case, we worked with her employer to ensure that she had access to her COBRA benefits. Today, she is employed full-time again, in good health and receiving the care she needs.

Is it better to get individual health insurance or group health insurance?

Generally speaking, if you are HIV positive, it is better to have group health insurance because the premiums are likely to be lower, the coverage will probably be better and the rates are likely to remain stable. If your company doesn't offer insurance or if you are self-employed, think about joining other groups that offer insurance. If you are a free-lance writer, is there a national writer's association that offers insurance?

For more information on this topic, check out ALCC's complete legal guide, *HIV and Insurance: Your Legal Rights* available online at www.aidslegal.com.

Case Profiles

Immigration

In 1987, Enrique was diagnosed with AIDS.

He had come to the United States to study English on a student visa, but when he found out he had HIV, everything changed. He had to make a choice: to stay and live in the States illegally or return to his home in Colombia. He knew there would be no medical care for him there. A friend of Enrique's had returned to Colombia shortly after learning he had AIDS and he was dead after a few months.

Enrique also realized that it would be very difficult to keep his HIV status a secret once he returned to his country. And because of his sexual orientation, he knew he could be threatened with violence.

He applied for asylum in the U.S. and after a very long and arduous process, it was granted to him in 1999. But this was only the first step, since his status as an asylee was only temporary. He contacted the AIDS Legal Council of Chicago to find out how what he could do to become a legal permanent resident.

Gloria and her husband both had HIV and were applying for legal permanent residence in the United States. When they came to see us at the Council, we explained the HIV-waiver process to them and the requirement that they demonstrate that they would not become a "public charge". Fortunately, they had a relative in Chicago who had a stable income and owned a home.

Then, just as we were about to submit the application for their HIV-waiver, Gloria's husband suddenly died.

Gloria and her son then turned to us, desperate for answers and hopeful that they might still be able to obtain the lawful permanent residence that would permit them to remain in the United States.



What should I know about HIV and immigration?

Beth Webber, ALCC Paralegal:

Coming to the United States, or obtaining permanent residence status here can be very challenging for any foreign-born individual with HIV. Here are a few things you should know about current immigration laws and how they affect people with HIV.

If I am HIV positive, can I still get legal permanent residence in the United States?

Under current immigration law, the Department of Homeland Security can keep any immigrant who is HIV positive out of the United States. Individuals who are HIV positive are not eligible for permanent residence unless they can first get an **HIV waiver**. The waiver is discretionary and a denial cannot be appealed.

What is the HIV waiver and how can I get it?

There are two kinds of HIV waivers available. A waiver may be issued if the applicant has an immediate family member (a spouse, parent or child) who is a lawful permanent resident or citizen. To qualify for this family based waiver, the applicant must show that he or she will pose a minimal danger to the public health, will not contribute to the spread of HIV and will not become a "public charge." The public charge requirement usually is the most difficult, since the applicant must prove that he or she has private medical insurance, the financial resources to cover the cost of medical care, and/or a statement from a government clinic showing that they will provide services.

The second kind of waiver is available only to asylees and refugees. The waiver is issued for humanitarian purposes and individuals who apply do not need to meet the public charge requirement, nor do they need to have a family member in the U.S.

If I am HIV positive, can I become a U.S. citizen?

Yes, Naturalization applicants do not take a medical examination and the HIV grounds of inadmissibility do not apply. However, applicants who are HIV positive should consider speaking with an attorney in order to prepare for other possible challenges that may arise during the citizenship application process.

For more information on this topic, check out ALCC's complete legal guide, *HIV and Undocumented Immigrants: Your Legal Rights* available online at www.aidslegal.com. To speak with an ALCC legal staff person (either in English or in Spanish), call (312) 427-8990 for assistance.

Community Support

The Advocates Circle

\$4,000 +

Christopher Dickinson*
& Joe Datu
Jane Scanlon
James Perry
& Robert Horton

\$3,000

Ed Jeske & John Hern

\$2,500—\$2,999

Dr. Robert Jespersen
& Glenn Arakaki
Rob LoPrete*
T. Smith
& Eva Janzen Powell

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Kathy Roach
Tadd Moriarty
George Gibson
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Melanie Sikorski
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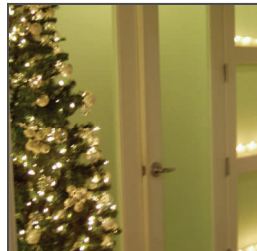
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H. Russell Bauer
The Hon. Tom Chiola
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Linda Coon
Darwin Corrin
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Community Support

Government, Corporate and Foundation Funding

Government

Ryan White Care Act Title I
Ryan White Care Act Title II
Family Options II
Lifelong Families

Foundations

AIDS Foundation of Chicago
American Immigration
Lawyers Association
Braeside Foundation
Chicago Area Foundation
for Legal Services
Chicago Bar Foundation
Design Industries Foundation
Fighting AIDS/DIFFA
Equal Justice American
Internship Foundation
Frank & Gertrude Dunlap
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United Way of Chicago
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Kimball Anderson receiving the 2006 Advocate of the Year Award.

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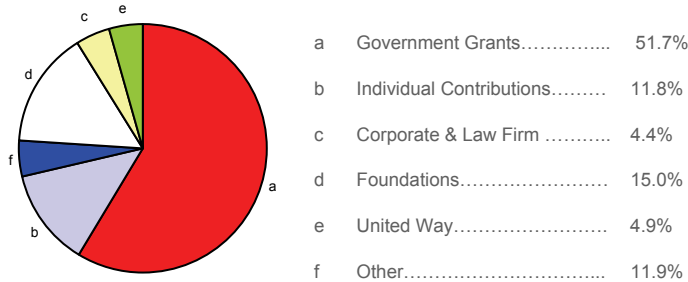
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The Big Gay Cocktail Club
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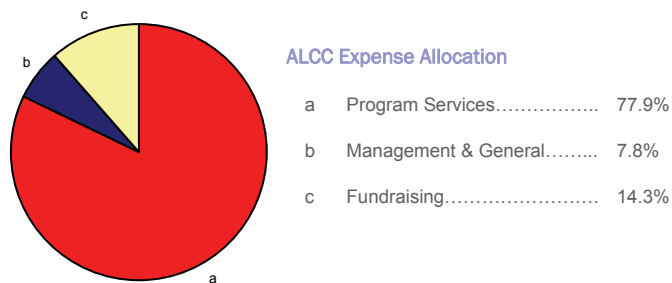
2005-2006

In FY2007, the AIDS Legal Council of Chicago will have an annual budget surpassing **\$1 million** to support its services and programs for low-income individuals living with HIV. As the AIDS epidemic continues to spread, and as more clients call ALCC for legal help, the Council will rely on the following sources for the funding it needs to keep its doors open:

ALCC Funding Sources



All non-profit agencies have built-in expenses that allow it to operate offices, hire staff, serve clients, produce and disseminate information, raise funds, and create an efficient and effective work environment. In FY2006, ALCC's expenses were distributed as follows:



The Council's federal 990 tax forms are available on request or can be viewed online at www.guidestar.com.

AIDS Legal Council of Chicago Staff List

Legal Staff

Executive Director

Ann Hilton Fisher

Linella Lim Gavin

Family Options Attorney

Mirta Woodall

Attorney

Ruth Edwards

Attorney

Dale Green

Communities of Color Outreach Advocate

Justin Hayford

Case Manager

Carey Nachtigall

Paralegal

Kate Miller

Paralegal

Beth Webber

Paralegal

Steven Barrera

Paralegal

Administrative Staff

Cynthia Frahm

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Ricardo Cifuentes

Director of Community Relations

Kevin Beaney

Office Administrator

Reece Rosendo

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