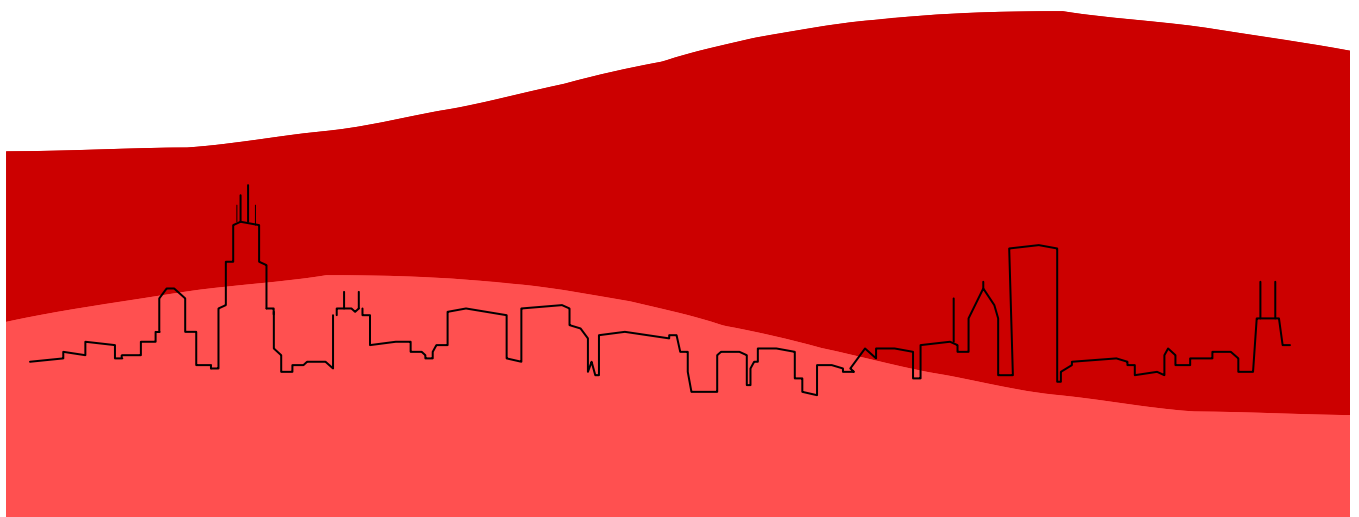




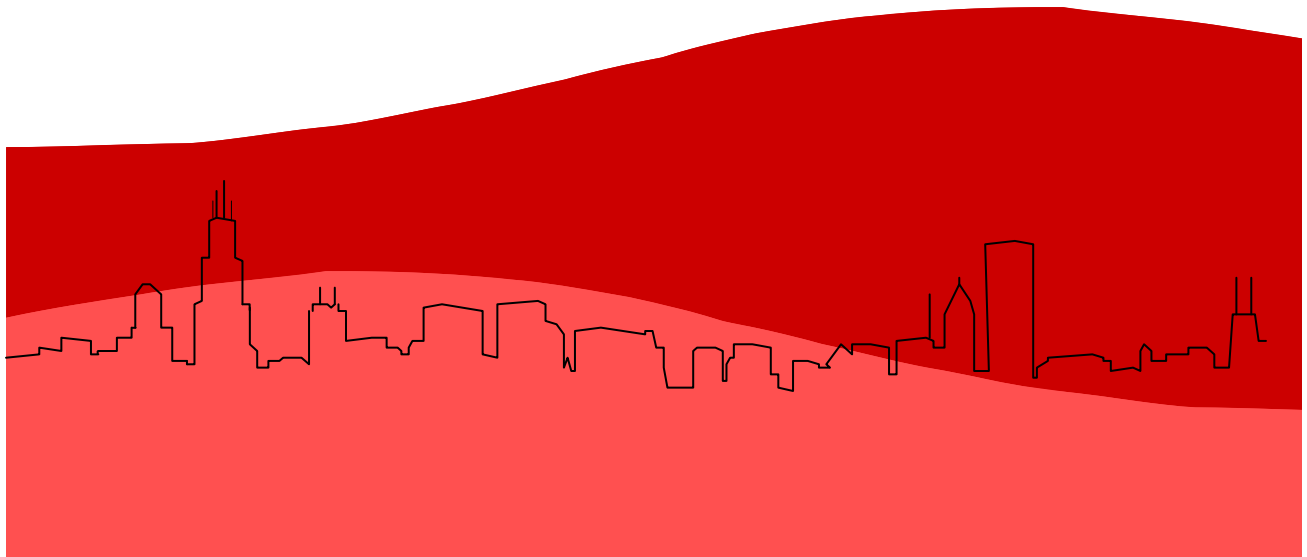
AIDS Legal Council of Chicago

Annual Report **2008**





The AIDS Legal Council of Chicago exists to preserve, promote and protect the legal rights of men, women and children in the metropolitan Chicago area living with HIV/AIDS. The Council provides direct legal services to people in need; educates consumers, service providers, and the public about HIV-related legal issues; and advocates for social policies that ensure fair treatment for all people affected by HIV/AIDS.

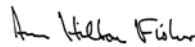


Introduction

Fiscal Year 2008 — the AIDS Legal Council's 20th year — marked a period of remarkable growth for our agency. In our ongoing efforts to secure justice, dignity and financial independence for people with HIV, we inaugurated a statewide hotline that gives every Illinoisan with HIV access to free legal advice on state and federal public assistance programs. We hired our first outreach coordinator and witnessed a dramatic increase in the number of educational workshops we delivered. We invested in advertising, completed an exhaustive survey of our operations, and began to conduct interviews with consumers and case managers to find out what services we could be providing to people with HIV outside Cook County.

At ALCC, our philosophy has always been to follow the epidemic wherever it spreads. This philosophy led us to open an office on the campus of Cook County Hospital in 1991, hire our first bilingual attorney in 1995 and launch

multiple programs over the past 20 years aimed at helping women, immigrants, parents and teens with HIV-specific legal challenges. As we begin FY'09, we are positioned to continue that tradition and bring health care, employment, financial security and peace of mind to thousands of people with HIV struggling to overcome challenges and legal hurdles. We owe thanks to hundreds of volunteers and contributors who have believed in our mission and supported us along the way. Please take a moment to learn about our accomplishments this year and discover the progress your ongoing support has helped make possible.



Ann Hilton Fisher
Executive Director



Individual Client Cases

Every year the AIDS Legal Council of Chicago provides free legal help to more than 800 low-income individuals with HIV in the Chicago metropolitan area. Thanks to our services, clients can fight back against HIV discrimination and access the health care they urgently need. They can protect their confidentiality rights and obtain public benefits assistance so they can pay rent, buy food and get other basic necessities. Clients can find relief to their insurance and immigration problems. And they can receive help with wills, powers of attorney and permanency planning — all necessary to guar-

antee a measure of stability to their loved ones in the event of serious illness or death.

More than 25 years after the advent of the AIDS epidemic, legal help for people with HIV continues to save lives. Last year, ALCC staff provided free counseling and representation to **855** individuals with HIV and addressed more than **1,435** separate legal issues—our highest caseload since 2005. As we continue to pursue new avenues of outreach, these numbers will continue to rise and our services will be in more demand than ever before.

On average, more than 1,200 HIV cases and 1,000 AIDS cases are diagnosed every year in Chicago. Source: Chicago Department of Public Health.



Client Stories*

Irene

"I first spoke with Irene in September of 2006, shortly after she moved back from Atlanta to Chicago. A mother of four, Irene had HIV and was doing her best to care for her children. But her health was rapidly declining. Her mother Betsy was doing everything possible to help, but eventually Irene had to be moved to a nursing home where she could receive the skilled care she needed.

"Irene's first priority was to make her mother the guardian of her four grandchildren, so we prepared a short-term guardianship for Betsy and helped her get public benefits for the children. Soon after, Betsy was also able to enroll her grandchildren in school. We then connected her with our Family Options program that provides vital counseling and social work support for families affected by HIV. This would help stabilize the situation and also ensure that Betsy

could give her grandchildren the emotional support they needed in this very difficult time.

"Sadly, Irene died a couple of months later. After Betsy made funeral arrangements for her daughter, ALCC continued to work with her to make the guardianship permanent, filing guardianship petitions for the four children and representing Betsy in court. The guardianship was finally granted in October 2007. Although this has been a very difficult time for the family, our work has helped to keep this family together and make the transition as smooth as possible for Betsy and her young grandchildren."

Ruth Edwards
Staff Attorney



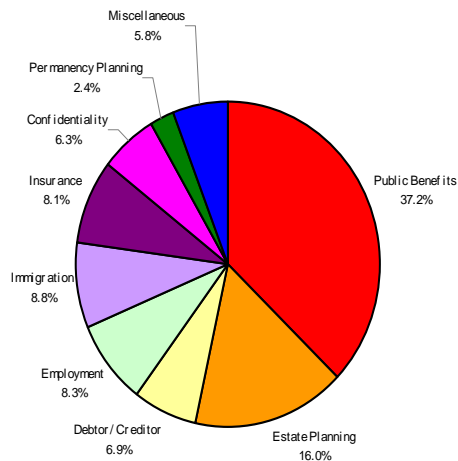
*All client names have been changed for confidentiality reasons.

About the services we provide

It is not unusual for clients like Irene (see her story on previous page) to seek help with multiple legal issues. In fact many clients face a wide range of problems that require the help of a legal professional to resolve. Because most of our clients have very little or no income, they most often need assistance accessing public benefits such as Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicare, Medicaid

and a host of other programs. These are programs that can make a huge difference in their lives, enabling them to pay rent, buy food, seek medical treatment and provide for their loved ones. Other issues are important too. After public benefits clients most often seek our help with estate planning (such as wills and powers of attorney), immigration, work-related problems, insurance and debtor/creditor issues.

Figure 1: Case Profile by Category



Public Benefits includes Social Security Insurance (SSI), Social Security Disability Insurance (SSDI), Medicaid, Medicare, and other public benefit 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, school issues and other legal matters.

Client Stories

Martin

“For years, Martin had medical coverage under two insurance plans: Medicare and the private health insurance he got through his domestic partner’s employer. Because his partner’s company employed more than 100 people, Medicare law clearly stated that his private insurance would be his primary source of health coverage, and for many years it was.

“But then in November, Martin’s private insurance suddenly began denying all of his medical claims. Their argument? That because federal law does not recognize same-sex domestic partnerships, *Medicare* should

be his primary coverage— not his partner’s policy. With both Medicare and the private insurance company refusing to pay his claims, Martin called ALCC for help.

“I spoke to Martin, reviewed his case with him and after some research, concluded that the private insurer was mistaken in its interpretation of the law. I immediately placed a call to one of their attorneys. After a few phone conversations, he admitted their mistake. Martin’s problem was promptly resolved.”



Justin Hayford
Case Manager

About the people we serve

Most of our clients are desperately poor, with 55% reporting an annual income of \$10,000 or less **and one-third reporting no income whatsoever**. There are many reasons our clients often find themselves in these circumstances. Some have lost a job and are unable to continue working. Others have been recently released from prison and find it impossible to find a job. Still others have lived in poverty their entire lives. Whatever the reason, these are among the most vulnerable clients that we serve and the ones who need our help the most.

Figure 2: Client Profile by Income

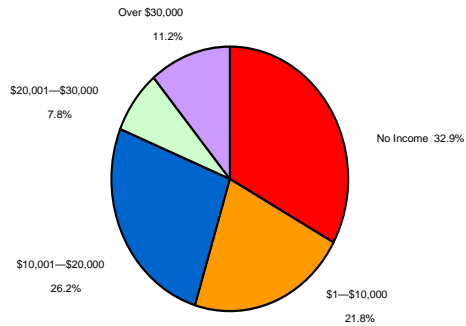
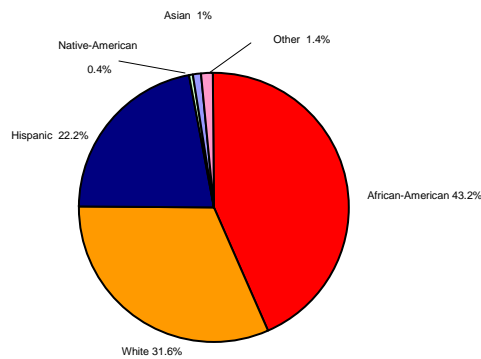


Figure 3: Client Profile by Race



AIDS affects men and women from all economic, cultural, linguistic and ethnic backgrounds. Currently, more than two-thirds of all our clients are people of color. Of these, African-American clients represent more than 43% of the people we serve and Hispanics represent slightly more than 22%. At the CORE Center, where hundreds of uninsured people with HIV receive medical and other services, these numbers are even higher.

All data from July 1, 2007 to June 30, 2008

About our clients with mental impairments

HIV and mental illness are two medical diagnoses that are characterized by widespread stigma and discrimination, and persons who suffer from both frequently experience overwhelming barriers to justice, stability and care. Among individuals who come to ALCC for legal help, approximately 42% report some form of mental health problem, from depression and acute emotional distress to more severe conditions including schizophrenia, dementia, bipolar disorder and cognitive dysfunction. In some instances, these problems may follow a diagnosis of HIV or result from prior drug and alcohol abuse. For others, they represent life-long conditions.

Regardless of the origin, when compared to non-mentally ill individuals with HIV, persons with mental health problems are far more vulnerable to poverty, discrimination, unstable housing and unmet medical needs. They are 47% more likely to have no source of income and 56% more likely to be in poor health (with nearly half reporting a diagnosis of AIDS when they come to us for help). Not surprisingly, people with mental health problems are also far more likely to have an unstable living situation. They are three times more likely to be homeless, three times more likely to reside in long-term care facilities, and four times more likely to live in transitional housing.

Figure 4: Percent of mentally ill and non-mentally ill clients with annual income of \$10,000 or less

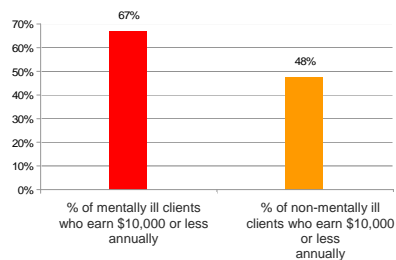
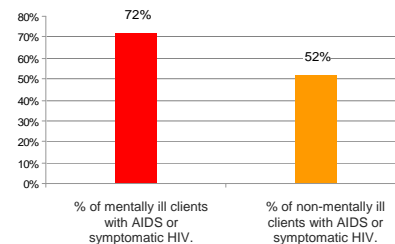


Figure 5: Percent of mentally ill and non-mentally ill clients who report a diagnosis of AIDS or have symptomatic HIV



Client Stories

Bill

"When Bill called me for help, he was having trouble getting his HIV meds. Bill had recently had a stroke and was suffering from memory impairment and confusion, but I didn't realize how serious it was until a few moments later when he called again and explained the entire story to me a second time. He had completely forgotten about our conversation ten minutes earlier and our appointment for the following afternoon.

"The first thing I did was to put one of Bill's friends on the phone and ask him to remind Bill to come and see me the next day. The idea worked and Bill walked into our office at the appointed time.



Kate Miller
Paralegal

"After speaking with Bill and examining the papers I asked him to bring, I was able to find the source of his problem. Bill was a Medicare recipient and was experiencing problems with his prescription drug plan — a problem that can often be very complex and hard to resolve, particularly for someone with special needs like Bill.

"Immediately we got to work, finding Bill a new prescription drug plan and enrolling him. Since it wouldn't be effective for several weeks, we also faxed an application to the AIDS Drug Assistance Program and got on the phone with the administrator in Springfield. We explained the urgency of Bill's situation and he was granted immediate access to his medications while waiting for his new drug plan to kick in. It was the best possible outcome for Bill and he was so happy when he left that afternoon. He looked at me with a big grin and exclaimed, 'Your office is the best thing since pie!' I'll never forget that."

Client Stories

Karin

"When Karin first called us for help, she sounded extremely anxious. An asylee from Colombia, she explained that she had just received some documents from the U.S. Immigration Service but could not understand what they wanted because of her limited English. She was terrified that they wanted to send her back to her country where she might be attacked or even killed because of her HIV status.

"When Karin and her husband came to see me the next day, she had big, dark circles under her eyes and her hands were shaking. Her husband also looked very nervous. I looked at the papers Karin brought with her and explained that she was being asked to submit a special waiver because her medical exam had indicated that she had HIV.

I then explained to Karin that the law bars immigrants with HIV from entering the country or adjusting their legal status unless they obtain this special waiver. With the deadline for submitting the application fast approaching, we quickly got to work making a list of additional documents she would need to collect and all the things I would do in the meantime. By the time of our next appointment, Karin appeared far more relaxed and she had all her papers in order. We put together her application for the waiver and sent it in. Six weeks later, Karin received her green card in the mail."

Steve Barrera
Paralegal



Immigrants with HIV

Fortunately, the regulation which bars foreign-born people with HIV from immigrating to the U.S. may be changing soon, making life easier for immigrants who want to adjust their legal status. But until that day comes, we will continue to work with people like Karin (see story on previous page) who have no alternative but to apply for an HIV waiver. This is a very complicated and cumbersome project and too many clients are ineligible to apply. But for those who qualify, this is the only way they can adjust their legal status in the U.S.

Since starting the HIV-Positive Immigrants' Rights Project in 2002, ALCC has experienced a significant increase in the number of foreign-born clients with HIV. In FY'08, more than one in five clients was born outside the U.S., including many who had little or no familiarity with English. Most come from Mexico and other countries in Latin America but we also see numerous clients from other corners of the globe. During FY'08, ALCC staff assisted clients from nearly 50 different countries .

Figure 5: Clients by Country of Birth

Belize.....	4	Guinea.....	1	Peru.....	2
Brazil.....	2	Honduras.....	4	Philippines.....	2
Burkina Faso.....	2	India.....	1	Poland.....	2
Cameroon.....	4	Iran.....	1	Romania.....	1
Canada.....	1	Iraq.....	1	Rwanda.....	1
Chile.....	1	Ivory Coast.....	1	Senegal.....	1
Colombia.....	6	Jamaica.....	2	Somalia.....	1
Congo.....	3	Kenya.....	1	South Africa.....	1
Cuba.....	4	Latvia.....	1	Swaziland.....	1
Ecuador.....	5	Liberia.....	1	Sweden.....	2
El Salvador.....	7	Malawi.....	2	Togo.....	1
England.....	1	Mexico.....	82	Uruguay.....	1
Ethiopia.....	4	Mozambique.....	1	Vietnam.....	1
Germany.....	1	Nicaragua.....	1	Zambia.....	2
Greece.....	2	Nigeria.....	4	Zimbabwe.....	1
Guatemala.....	8	Panama.....	1		

Outreach & Education

Every year ALCC staff conducts trainings on a wide range of HIV-related legal topics in an effort to educate people with HIV about their rights. Last year, we delivered a total of 106 trainings (a 30% increase in our numbers from the previous year) and reached more than 2,900 individuals, including hundreds of case managers, consumers, students, doctors and members of the legal community. By reaching out to these different audiences, we not only provide critical information to people who are directly impacted by HIV, but also to those who deliver care and services to people with HIV.

Much of this success is the direct result of our decision to add a new staff position at ALCC last year. In October 2007, ALCC hired Pete Subkoviak to be our first Community Outreach Coordinator and help us develop a plan to better organize and expand our outreach. We could not be more pleased with the results. ALCC staff reached out to dozens of new agencies last year and traveled to many new sites to conduct critical trainings on HIV and the law. This year we are hoping to expand even further and add partner agencies that may not be integrated into the broader HIV service community.

Living with HIV?

Call the **AIDS Legal Council of Chicago** for more information and legal help with:

- Obtaining Social Security, Medicaid and Health Insurance
- HIV Privacy and Testing Laws
- Employment Rights
- Immigration for People with HIV
- Wills, Powers of Attorney and Guardianships for Children
- Other HIV-related legal issues

Free and confidential assistance.
Se habla español.

(312) 427-8990
www.aidslegal.com

You have rights!




ALCC launched its "Living with HIV" mass-transit campaign this year to reach Chicago-area residents who might benefit from HIV-specific legal services.

Living with HIV? **You have rights!**

Call the **AIDS Legal Council of Chicago** for more information and legal help with:

- HIV Testing and Privacy Laws
- Obtaining Social Security, Medicaid and Health Insurance
- Employment Rights
- Immigration for People with HIV
- Wills, Powers of Attorney and Guardianships for Children
- Other HIV-Related Legal Issues

Free, confidential assistance.
Asistencia legal para personas VIH+. Se habla español.



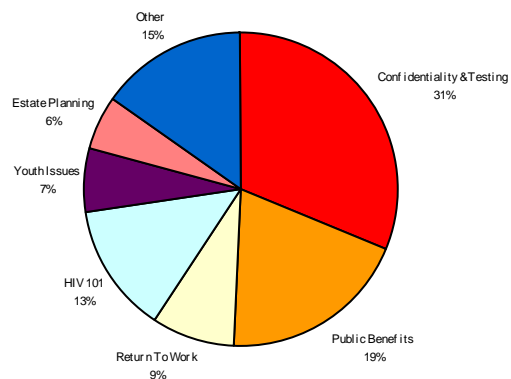

In addition to expanding outreach through educational trainings, ALCC also took the step this year of initiating an advertising campaign on the CTA . Starting on the CTA Red and Green Lines, the “Living with HIV” campaign has grown to include other transit routes, including the Blue Line as well as various CTA bus lines which operate throughout the far South Side of Chicago — an area where HIV has had a particularly devastating impact.

During the first four months, the campaign has generated dozens of calls, referrals and thirty new client cases. Although advertising is not our primary means of reaching out to prospective clients, the campaign is a terrific way of communicating with hundreds— even thousands— of individuals daily who may be living with HIV and are unfamiliar with their rights or legal options.

During FY’08, ALCC also received a grant from the Illinois Department of Public Health to initiate a statewide hotline for any person

with HIV who needs phone counseling with public benefits matters. The new telephone number was inaugurated in January 2008 and English-Spanish palm cards were created and distributed to service providers who see clients outside Cook County. Since the launch of the hotline, the Council has seen its number of downstate clients increase by more than 40%.

Figure 6: ALCC Educational Trainings by Topic



All data from July 1, 2007 to June 30, 2008

Advocacy

Policy advocacy is an integral part of our efforts to improve the quality of life of people with HIV. Working with elected officials at all levels of government and other advocates throughout Illinois, we are able to have a greater impact on the lives of people with HIV than would be possible through direct services or educational trainings alone.

A major focus for us this year was to participate in the effort to repeal the obsolete 1987 state mandate that requires public health officials to notify school principals if a student at their school tests positive for HIV. Because the principal has the discretion to notify others at the school (such as a student's classroom teacher, the school nurse or other school personnel), the confidentiality rights of children and teens with HIV are inadequately protected, leaving them vulnerable to harassment and discrimination. To illustrate: a young boy with HIV recently had a humiliating experience after falling during basketball practice at school. The coach immediately rushed in to keep other students away, a gesture that not only fueled widespread speculation about

the young boy's health at school (and led parents and other schoolchildren to learn of his HIV status) but was also deeply hurtful and embarrassing for the child.



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Working with State Representative Sara Feigneholtz, the AIDS Foundation of Chicago, the Illinois School Nurses Association and a wide range of other advocates, ALCC tried to repeal this harmful and unnecessary provision, but was unfortunately unsuccessful when it

finally came up for a vote. ALCC and its partners in this effort are committed to continuing this fight and will try again during the next session of the General Assembly.

A piece of good news this year was the ruling handed down by the Illinois Supreme Court in the case of *Doe v. Dilling*—a case that has been on our radar since 2004. In this case, a lower court awarded \$2 million to a woman who sued the parents of her deceased fiancé for allegedly failing to disclose his HIV status to her. In our brief, ALCC explained that a dangerous precedent would be set if service providers and case managers could be sued for refusing to disclose a person's HIV status to a third party (something this is not currently allowed under the Illinois AIDS Confidentiality Act). We also argued that it would be unreasonable for an adult in a sexual relationship to look to someone other than their sexual partners for information about his or her HIV status.

The Illinois Supreme Court agreed with the arguments. In its opinion, the Supreme Court echoed the Council's confidentiality concerns, specifically noting that holding the parents accountable "would be at odds with the provisions of the [Illinois AIDS] Confidentiality Act which guarantees the confidentiality of a person's HIV status." This was an important victory and we give special thanks to Christopher Dickinson of Jenner & Block LLP for his excellent work on the Council's *amicus brief* in the case.

ALCC has also been working with immigrant organizations across the country to seek the repeal of the HIV immigration ban which currently keep foreign-born persons with HIV from entering the country. The President has signed legislation that includes a repeal of the ban but we are awaiting to see if the Department of Health and Human Services removes HIV from its listing as a disease of public health significance.

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Todd Solomon
Tonya Moore
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Patrick McCurry
Eugene Garmize
Mennatallah Eltaki

*of McDermott Will & Emery LLP
for conducting an in-depth
assessment of ALCC's governance
and management policies as part
of the Community Economic
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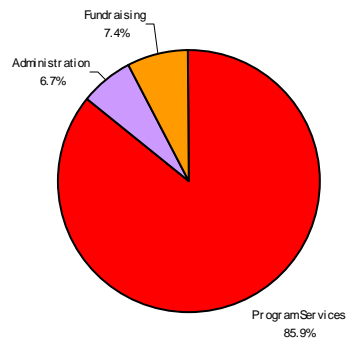
*Despite our best efforts, this list of major donors, sponsors and volunteers may not be complete. We sincerely apologize for any omissions.

Financial Statements

Statement of Activities and Changes in Net Assets
Year Ended June 30, 2008

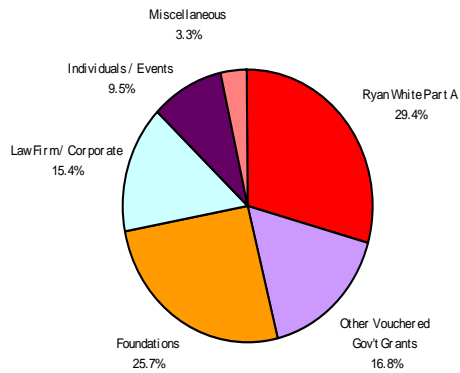
	Unrestricted	Temporarily Restricted	Total
Revenues & Other Support			
Public Support			
Grants from Government Agencies	\$ 531,278		531,278
Grants and Contributions	578,872	74,000	652,872
Net assets released from restriction	81,167	(81,167)	
Cy Pres distributions	95,573		95,573
Special events			
Gross Proceeds	31,953		31,953
Direct Expenses	(22,222)		(22,222)
TOTAL PUBLIC SUPPORT	1,296,621	(7,167)	1,289,454
Other Revenue			
Program services fees	17,039		17,039
Investment Income	21,099		21,099
TOTAL OTHER REVENUE	38,138		38,138
TOTAL REVENUE	1,334,759	(7,167)	1,327,592
Expenses			
Grants from Government Agencies	994,347		994,347
Grants and Contributions	78,001		78,001
Net assets released from restriction	85,647		85,647
TOTAL EXPENSES	1,157,995		1,157,995
CHANGE IN NET ASSETS	176,764	(7,167)	169,597
NET ASSETS BEGINNING OF YEAR	763,811	81,167	844,978
NET ASSETS, END OF YEAR	\$ 940,575	74,000	1,014,575

Total Expenses



Program Services.....	\$994,347	85.9%
Administration.....	\$78,001	6.7%
Fundraising.....	\$85,647	7.4%

Support and Revenue



Ryan White Part A.....	\$338,023	29.4%
Other Vouchered Grants.....	\$193,255	16.8%
Foundations.....	\$295,774	25.7%
Law Firms / Corporations.....	\$177,128	15.4%
Individuals / Events.....	\$109,105	9.5%
Miscellaneous.....	\$38,139	3.3%

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