

halc



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ABOUT US

OUR VISION

To see an end to the HIV crisis.

OUR MISSION

To provide free and comprehensive legal assistance to anyone in NSW with an HIV-related legal problem and to undertake community legal education and law reform activities in areas relating to HIV.

OUR VALUES

To provide high quality legal services whilst displaying an appreciation of, and sensitivity to, the special needs of people with an HIV related legal matter.

OUR FUNDERS

The services we provide are made possible by the funding received from the Commonwealth and NSW Governments via the Community Legal Services Program (CLSP), and in addition, the generous funding provided by the NSW Public Purpose Fund.



We received some funding for project work undertaken throughout the year. These were projects undertaken with Positive Life NSW; JTA International Pty Ltd. (AusAid Health & Papua New Guinea Development Law Association); City of Sydney, University of Sydney for a project with UNAIDS.

We were able to raise some money this year through an internet based fundraising campaign. Further information is provided in the 'Funding' section of the report.

Finally, our services are made possible through the remarkable outputs of our volunteer program which over the last year delivered 10,710 hours of work, allowing us to **double** the number of clients we could see, and the work that we could deliver.

OUR WORK

The HIV/AIDS Legal Centre (HALC) is a specialist community legal centre that provides high quality legal services around HIV, Hepatitis C and the law. We do this by providing free and comprehensive legal assistance to people with an HIV or HCV-related legal problem; undertaking community legal education for professionals and the wider community; and engaging in law reform activities including public interest litigation.

THE SITUATION TODAY

While HIV is now a chronic, manageable condition, the social stigma and discrimination associated with the condition remain a fact of life for many with HIV. A complex array of social factors associated with HIV in Australia exacerbate the effect of this social stigma – a third of people with HIV live below the poverty line, half have difficulty meeting basic expenses like food, rent and medication. One-half of the population have been diagnosed with a mental health condition, and/or live with at least one other major health problem.

HALC's clients are among the most marginalised of this already vulnerable population.

THE CHANGING NATURE OF THE EPIDEMIC

Add to this, the significant demographic shifts within the people with HIV population. Medical advances mean that more and more people live with HIV today. The population as a whole is ageing and HIV-associated cognitive issues are becoming more common, with estimates that 1 in 3 people with HIV suffer some form of neurocognitive impairment. The population is more diverse and dispersed than ever before, with over half the population expected to live outside NSW by 2020. Steady increases in incidence rates have been recorded in almost every state and territory, with greater than proportionate increases among heterosexual, non-Anglo-Saxon and people living in regional and remote area sub-populations. This brings different and new complexities, particularly in relation to societal issues such as stigma and discrimination.



Images are stock photos and the people portrayed in this image are in no way connected with the HIV/AIDS Legal Centre, our work or clients.

PRESIDENT'S REPORT

The 2013 – 2014 year has brought new challenges for HALC, with funding cuts meaning the loss of one (of a total of four) solicitors. However, HALC have risen to the challenge with a focus on private fundraising alongside the regular work in order to maintain the quality and breadth of services.

HALC continues to provide high quality representation to vulnerable people living with HIV and Hepatitis C across NSW, as well as taking matters of public interest from around the country. In addition to case work, law reform and Community Legal Education were also provided. Some remarkable matters during the year included test cases on privacy and discrimination in the armed forces and in the provision of insurance, reports on the state of Australian immigration law and HIV, and the production of a resource for people with HIV in South Australia.

The productivity of the Centre was remarkable with 17,000 hours of work being delivered over the year, of which government funding accounted for only 40%. The rest of it came from service generated income and HALC's remarkable volunteer program which more than doubles staffing and outputs.

HALC's new strategic plan has a renewed focus on law reform, staff and volunteer engagement and funding. 2014 saw HALC's first crowd funding campaign and an amazing community response that saw HALC raise over \$25,000! This focus, paired with HALC's low running costs, go a long way to ensuring the continued viability of services now and into the future. The overall funding environment however remains difficult and as a community we must remain watchful to ensure that critical services such as HALC are properly resourced and funded.

The committee thanks the ever resourceful, dynamic and hardworking team of staff and volunteers who consistently provide an excellent service to populations who experience higher than average legal challenges. As HIV and Hepatitis C affect us all, so does HALC's work benefit us all.

The committee welcomes new member Kristina Stefanova and thanks continuing members Michael Frommer (AFAO), Andrew Smith (Hepatitis NSW), Iryna Zablotska-Manos (Kirby Institute) and Anna Roberts (ASHM) for their support over the year. The committee also thanks outgoing member Lance Feeney (Positive Life New South Wales) for his contributions over the years, and wishes him well with his future endeavours.

PRINCIPAL SOLICITOR'S REPORT

It's been a challenging yet successful year for HALC. We began the year with staffing cuts, and ended with our first successful tender to the United Nations.

In between, we ran over *seven hundred* cases, including instructing senior counsel at the NSW Supreme Court of Appeal on a test case on privacy rights for people with HIV in NSW.

We provided advice and/or representation in matters from AVOs to the unlawful termination of employment on grounds of HIV status. We produced resources (including a disclosure guide for people with HIV in South Australia) and ran education for professionals and the community. One particularly memorable example was speaking to HIV-positive teenagers on their experiences of stigma, and you can read about that later in this report.

We also contributed articulately on a number of different law reform issues and took action on systemic problems affecting people with HIV, that we could only have identified through our broad based casework. This year saw the finalisation of one significant public interest pieces of litigation, that took almost eight years from start to finish, and the start of three new matters that might well take as long. Change is slow but the issues are important, and to each we bring not only passion and expertise but the wide variety of networks and relationships we have established to allow us to do this work as cost effectively as we do.

What unites that broad spectrum of work is the growing understanding that law matters for health, and particularly disability. Personal experience shows you that any interaction with the legal system is stressful and exhausting, often to the point where many people throw up their hands and give up. What is more insidious

is that legal problems *cluster*. People with certain demographic characteristics – specifically poverty and disability – are more likely to face legal problems, with that likelihood geometrically increasing as those factors confound.

The Law and Justice Foundation of NSW reports that someone with six or more *indicators of disadvantage* is 6 times more likely to have legal problems than the general population. In our experience, disability and poverty are not just indicators of the likelihood of legal problems, they are also the two factors most likely to represent unequal access to the sort of resources that prevent everyday problems from becoming life threatening.

Being homeless is no joke, particularly when you have an immune system that is severely compromised. More than half of our clients who were born in Australia (an indicator of eligibility for social services) are on a Centrelink benefit, with the majority of them on a full pension indicating functional incapacity.

It's our connections and resources that keep us going during those all too critical – and yet entirely too commonplace – junctures in life that can be make or break; incidents like a relationship breakdown, eviction, the termination of employment, or an unexpected accident. That those members of our community who are the most vulnerable are at the same time the most likely to face those problems, and the least equipped to deal with them is a tragedy. It's a matter of basic human rights, the basis of for all of what HALC did over the last year, and will do over the next.

STEVE, 51, ABORIGINAL, GAY, HIV POSITIVE

Sometimes I don't remember things or know what I'm doing. My doctors tell me that I have HIV Associated Dementia. I have been in trouble with the police in the past, I have been trying to do better but sometimes it's hard. I'm often homeless and although people try sometimes try to help, because people don't always understand me it makes me angry and then I have trouble expressing myself. I think that sometimes this make people think that I'm just too hard to deal with.

I was charged by police with breaking and entering. I don't really remember what happened that day. All I do remember was that I was hungry and that I went into someone's house to get something to eat. I think that they were home. When the police arrived I was eating a sandwich and I had cracked an egg in a pan but hadn't turned it on – like I said, I get confused sometimes.

HALC represented me in court. They came and visited me at prison a couple of times and explained everything to me. They even helped me find a social worker and somewhere to live when I got out of prison.

Steve was charged with *break and enter with intent to commit serious indictable offence*. He had poor connections with medical services, and was homeless. We acted for him in the criminal proceedings and ensured he was charged with a more appropriate offence. Importantly, we re-established his connections with a treating team and a social worker, including specialist services that had had difficulties working with him in the past. While on remand, he could not get bail as he did not have an address. We made sure that when he got out of prison, he wouldn't simply end up back where he was.

OUR CLIENTS

HIV remains a highly stigmatised condition and it disproportionately affects already vulnerable populations – gay men, migrants, sex workers, women with HIV, injecting drug users. Our work has given us an understanding of the complexity of intersecting structural inequities, and legal skills across a variety of different jurisdictions to deal with them.



CARA, 32, ORIGINALLY FROM VIETNAM, AND BABY NIO

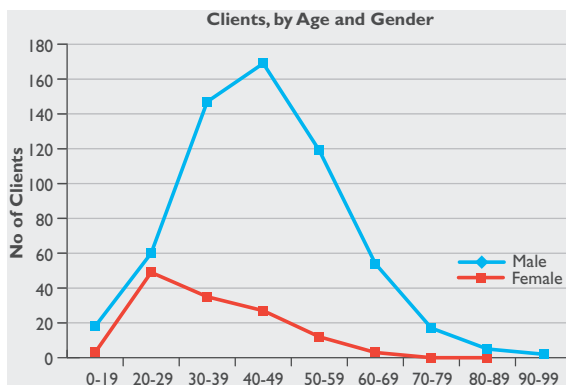
I married my Australian husband, Chris in 2011 in Sydney. We lodged a partner visa application so that I could live with him in Australia. We were delighted when we found out soon after our marriage that I was pregnant with our first child. However, during my prenatal tests, I was diagnosed with HIV. This was a huge shock for me, and for Chris. I was very worried that my baby might contract HIV. The hospital took good care of me, and my baby and husband tested negative for HIV.

Not long after the birth of Nio, my marriage started to breakdown. Chris became verbally and physically abusive towards me, threatening to withdraw his sponsorship for my partner visa so I would be sent home to Vietnam and Nio would stay with him as an Australian baby. I was very isolated; there was nobody I could talk to about my HIV or what was happening at home. I was terrified that I would lose my baby.

One evening Chris came home and said he wanted to take Nio out for a walk. He left the house and then sent me a message to say that he had taken Nio and that I should move out. I was in a huge panic. Nio was only 10 months old and had never spent any time away from me. I had nowhere to go and no money. I always depended on Chris. I talked to a social worker about what had happened and to help me find somewhere to live but it was very difficult for her to find anywhere because I did not have a permanent visa for Australia.

I sent many messages to Chris and tried to call him, but he did not reply. Finally I moved to a refuge and my support workers put me in touch with a solicitor at HALC. The solicitor explained to me that we could make an urgent application to the Family Court to get Nio back. It was a very stressful process and I had to go to Court and tell the Judge what had happened. I had an interpreter to help me and a HALC solicitor to represent me. The Court granted orders that the Federal Police had to find Chris and Nio and to return Nio to me. It took another 48 hours for the Police to find them and return Nio to me. I was so relieved. Nio and I were separated for 4 nights. We continue to live in a refuge, and HALC continues to assist me with visa and family matters, which are complicated by my HIV status. I don't know what I would have done to get my son back without the help from HALC.

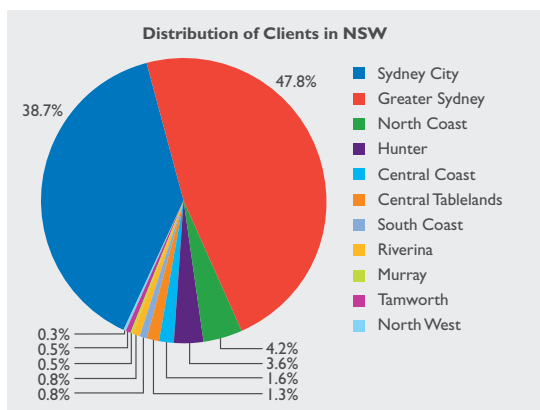
HALC services a **remarkably diverse** client group, in terms of age, location, nationality, gender and sexuality. We saw approximately 720 clients last year, of which approximately 25% identified as female. Our clients ranged from infants to a gentleman in his nineties, and represented between themselves every inhabited continent.



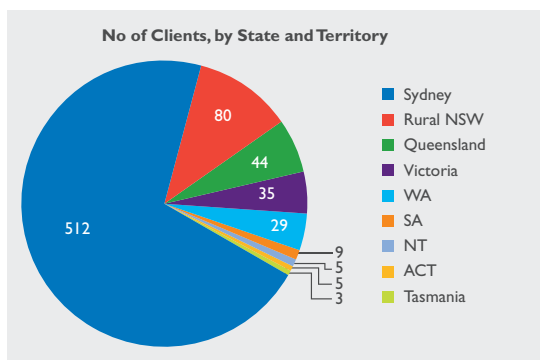
While our largest demographic remains men who identify as homosexual (consistent with the general demographic of people with HIV), they were proportionately under-represented. Conversely, *some of the harder and more difficult to access populations* – such as women and migrants – are significantly over-represented among our client base, reflective of the connections and the relevant specialist expertise to those communities (migration, domestic violence, family law) that we have built over the years.

Indigenous Australians comprise a roughly equal proportion of our client base as they do in the general population of people with HIV (about 3.5%).

Figures are approximations, and are extrapolated from our datasets.

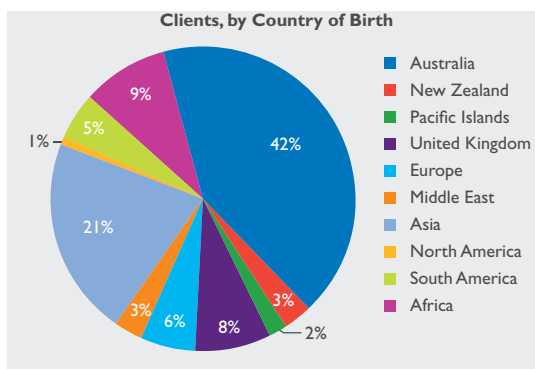


Clients were seen from every electoral district in NSW, barring the Northern Tablelands. In addition, clients with issues of particular interest or at risk of serious harm were seen from every state and territory through the unfunded *HALC volunteer program*.



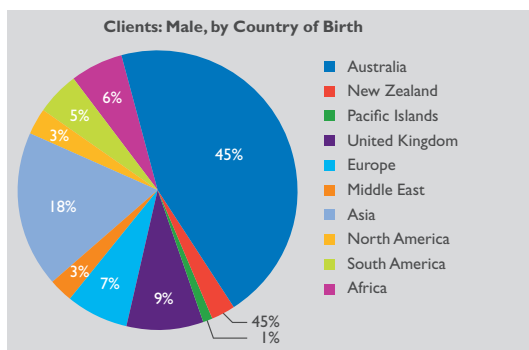
Migration remains a significant portion of HALC's work, representing as it does some of the most significant and entrenched laws discriminating against people with HIV.

HALC delivered over the period, in conjunction with Professors Crock and McCallum AO of the University of Sydney, a comprehensive review of Australian laws and policies affecting the entry, stay and residence of people with HIV/AIDS for UNAIDS. A copy of the report is available on our website.

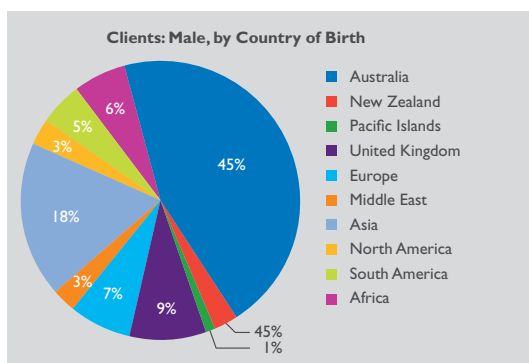


A consequence of HALC's migration work is a strong connection with a number of CALD communities most affected by HIV in Australia. Many of our repeat clients initially engaged with our service as a result of seeking migration advice.

Figures are approximations, and are extrapolated from our datasets.



The single largest differentiating factor between our male and female clients is country of birth – men are almost twice as likely to have been born in Australia, while Asian and African women form significant sub-populations of our client base. **Cara's** story [13] is emblematic of the problems of isolation that migrant women with HIV can face in Australia.



OUR WORK

The dynamics affecting HIV and the law have led HALC to adopt a different model of service delivery to most other legal assistance services. We don't focus on one-off advices or referrals but rather deliver high quality legal services across a range of jurisdictions to a specific community – people with HIV.

We do this while *also* performing the functions of a *specialist* legal centre such as running public interest litigation or providing advice to other sector agencies, research institutions and governmental departments.

OUR APPROACH

As a service with significant resource constraints, it would be easy for HALC to simply focus on the specialist aspects of its function – effectively law reform and a sort of consultancy.

Instead we've chosen to leverage our modest funding through a remarkable and dedicated volunteer program to increase our ability to deliver services. Our model produces genuine outcomes for individuals which also translates to significant public health savings. It **also** allows for identification of systemic issues, and an opportunity to correct them.

Mark (story overleaf) was at one of those critical junctures when he came to us – foreclose and a slowly accelerating rush of problems – medical, housing and financial were very much on the cards. He was very fatigued and couldn't pursue a draining claim against an obstinate insurer alone. He couldn't afford private representation.

Thanks to our assistance, Mark has a good chance of returning to workforce at some point. Enabling people with HIV to continue their engagement with society also helps ensure continued adherence to medication, prevention of disease progression, and prevention of onward transmission.

Mark's matter also highlights the issues that people with HIV face in obtaining insurance. HIV is an automatic ban in Australia to critical insurance products such as income protection. Over 2013/14 HALC began acting on behalf of a number of litigants to attempt to change these medically outdated and discriminatory practices.



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MARK, 55, SYDNEY

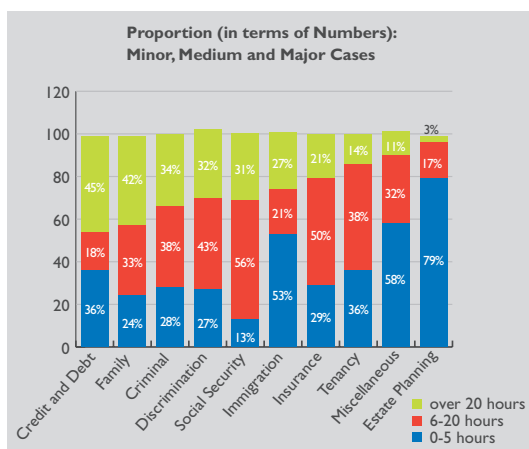
I've been living with HIV for almost 20 years now, and it never really affected my life. I was religious about medication, and was lucky enough never to have real problems with side effects. I was in fulltime employment and my health was good right until last year; I started suffering from fatigue and just couldn't focus at work. I started getting bad headaches and my relationships at work started going downhill. It got so bad I had to go on unpaid annual leave. It took quite a few months before I was diagnosed with HIV-associated neurocognitive disorder and had a name to what was going on.

I couldn't go back to work and was falling behind on mortgage payments. At my age, coping with all of this was just too much. What I really needed was some breathing space – a few years where I didn't have to worry about anything except my health. If I got that I was sure that in time I'd be able to get back on my feet. I've always worked! Always paid my own way and been very independent. I had been through those very uncertain early years with HIV and made it through them!

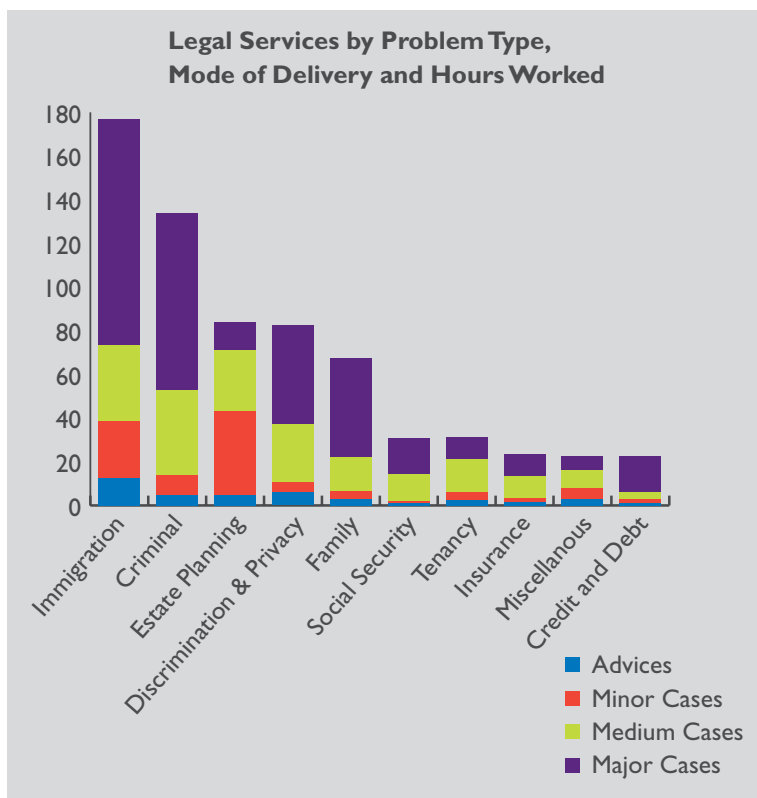
I was referred to HALC by my doctor and they acted for me to claim on my insurance with my super. My lawyer warned me it would be a tough fight – I didn't have a diagnosis when I stopped working and frankly, my doctors and I both thought the HIV wasn't the problem at the time. It took quite a few months, but now I've paid off what was left on the mortgage and invested the rest and I've been put on the pension so I can just focus on my health and myself now.

In terms of casework, HALC provides one-off advices, and ongoing casework which is classified by our principal funder, Attorney Generals, into three categories: minor (<5 hours); medium (6-20 hours); and major (>20 hours).

Over 2013/14, HALC provided 671 *advices*, ran approximately 312 *minor*, 232 *medium*, and 178 *major* cases. The distribution of work across the different practice areas provides insight as to what matters tend to be more complex – for instance discrimination and criminal matters as compared to wills and estate matters.



In terms of *hours spent* (overleaf), HALC spent 5, 12, 30 and 53% of its time respectively on *advices*, and *minor*, *medium* and *major* cases. Approximately one quarter of HALC cases involved court representation.



REPORTS



Alexandra Stratigos – Falling Through the Cracks

Every day I have the privilege of assisting people to achieve residency in Australia. For most of our clients it is a long struggle for them to obtain permanent residency in Australia and they need assistance to get there, especially for those seeking protection in Australia.

In the 2013/14 year three of our clients had made onshore protection (refugee) visa applications and they came to us for help after the department of immigration had already refused their visas, we assisted all these clients with their appeal to the Refugee Review Tribunal.

Rose, Mosen and Bridget's experiences with agents and the department of immigration are not uncommon, the refugee visa process is stressful and difficult and the arguments are not always straightforward, especially around a person's HIV status, however sometimes it just takes dedication and hard work.

Rose, 53, HIV positive from Zimbabwe:

“When I got to Australia I made arrangements to lodge my protection visa right way. I knew I couldn’t go back to Zimbabwe. Robert Mugabe is one of my in-laws – I don’t support him – I had been raped, attacked and threatened. I didn’t have any help with my application, I just filled in the form and then went to an interview, I thought that if I just told immigration about what had happened they would understand, I was so scared and alone when I went for my interview.”

Bridget, 33, mother of 4, HIV positive from Rwanda:

“In 1994 I was captured during the genocide and repeatedly raped, I was 14 years old, since then I have been fleeing harm from Rwanda to Congo to Malawi and then again in Rwanda. When I arrived in Australia I was granted assistance with my application through the IAAAS, I was told that lawyer/migration agents funded through IAAAS had lots of experience with refugees. I was diagnosed with HIV when I went for the visa medical examinations, this made me even more scared to go back to Rwanda. I told the agent that I was HIV positive, she told immigration about my HIV status but didn’t say anything else about it. In the interview I was asked a lot of questions, I know that my history is complicated. My agent didn’t help me, at the end she only spoke for about one minute, she didn’t even make any written submissions on my behalf. Immigration refused my visa because they said they didn’t believe me”

Mosen,

“It was very easy to talk to HALC, I felt like they understood. They even found a social worker to support me when I became stressed and anxious. HALC took down a statement from me telling the tribunal about how life was in Iran and what I thought would happen if I had to return; they then made written submissions to the tribunal. I didn’t even have to go for another interview and the tribunal said I could have my visa.

I have always wished that I could be open about my sexuality but this was definitely not an option in Iran. This is the first time in my life that I have felt free. Simple things like being able to hold hands with my boyfriend is something that I was never able to do in Iran.”

Rose,

“HALC spent many hours with my trying to understand exactly what happened when I was in Zimbabwe and what I thought when I went back, they took information from me that I hadn’t realise was important to tell immigration when I made my application. When we went to the interview I was scared, but my lawyer was right there with me which made me feel better. I think that because HALC provided lots of information to the tribunal the interview wasn’t so long and scary.

Although I’m in my 50s I have gone back to school to get a certificate in aged care, I enjoy working and attending church, and I always feel safe.

Bridget,

“The first thing that the tribunal said in the interview was that they had read my extra statement and the submissions by my lawyer and they weren’t worried about my credibility; I knew then that everything would be ok. My case was very hard but I knew that my lawyer was always working hard to help me, I knew this because she would call and ask me questions to learn more about me, and she was also speaking with my doctor and psychologist to get letters of support. HALC are now helping my husband and babies, who are living as refugees in Malawi, to come Australia.”

Rita Siliya,

“My family and I would like to thank you and your organisation from the bottom of our hearts for making possible what seemed impossible in 2012 before you took over our case. This is really good news though it is not a permanent visa at least it gives us something to work on. I have been applying for jobs, though I just discovered that I am pregnant after being a mum 17 years ago. However I am hopeful I will have a health pregnancy, as I haven’t had any issues before and that something will come up soon.”

Mosen, 27, gay from Iran says:

“I chose my previous migration agent because she was also Persian and I thought that she would understand, but she made me feel uneasy and ashamed about being gay. She barely even spoke to me and would avoid making appointments to see me. She made me go to my interview with immigration alone, after the visa I found out that she hadn’t even made any submissions on my behalf.”

If Mosen, Bridget and Rose had had more help from the beginning they may have obtained a permanent visa far sooner and if they had not had access to our services they may have also been refused by the Refugee Review Tribunal. Reaching a fast outcome in the soonest possible time is particularly important for people like Bridget who is separated from her young family. And those such as Mosen and Rose who would likely be killed if they were deported are at high risk.

In the 2013/14 year we have also represented clients in the Federal Circuit Court. Two of these cases involved the lawyers for the Minister for Immigration agreeing that the Migration Review Tribunal (MRT) had made a jurisdictional error and those matters were returned to the MRT for redetermination without even going to a hearing.

For the Siliya family they had thought that they had run out of visa options, this family have been in Australia since 1998 and because of Rita and Peter's HIV status they haven't yet obtained a permanent visa. The family was previously represented by a competent migration agent; however the agent wasn't particularly familiar with the health criteria. We noticed the error made by the tribunal and represented the family before the Federal Circuit Court, they are now back on track.



REPORTS



Melissa Woodroffe – Reaching Out

An important part of HALC's role is to empower people living with HIV to understand their legal rights and obligations. HALC achieves this through the delivery of legal education, and the production of online and printed resources. Our commitment to working with the wider HIV sector (with healthcare professionals and social work and support staff) provides front-line staff with the information they need to ensure that vulnerable

people living with HIV are referred as early as possible for legal advice. The majority of HALC referrals come via healthcare workers.

"When do I have to disclose my HIV status?" "Do I have to tell my boss that I've got HIV?" "My boss has suspended me from work because I have HIV, is this lawful?" "My ex-girlfriend has disclosed my HIV status on Facebook how can I stop her?"

These are some of the most common questions we are asked. This is a tricky area, not least because the laws vary from State to State. In response, HALC has produced Disclosure Guides for New South Wales, South Australia and Western Australia. These Guides are used by the HIV community sector, people with HIV, employers and others. The South Australia guide was finalized and launched in this year, in collaboration with colleagues at Positive Life South Australia. This successful collaboration resulted in HALC being invited to deliver a seminar for HIV sector staff on 'HIV, mental health and the law', a successful event with over 30 attendees including medical, nursing, psychology and social work staff, and staff from corrective services in South Australia. Closer to home, in the Blue Mountains, we delivered an interactive session on HIV and the law for a group of teenagers affected by HIV.



HALC works closely with its partner organisations including SWOP (Sex Workers Outreach Project), Positive Life NSW, ACON and the Kirby Institute, providing legal advice and legal education in a range of areas. HALC has also been invited to contribute its recognized expertise in HIV and human rights law in numerous forums. For example, as an invited guest speaker at a seminar organized by the Australian Human Rights Centre at the UNSW Faculty of Law, in preparing the chapter on ‘HIV and the law’ for the Law Handbook (NSW), in co-authoring the report for UNAIDS on HIV and migration, and in contributing to journal articles on HIV.

REPORTS



Indraveer Chatterjee – Change is slow

The burden for generating systemic change through our legal system is unfortunately most placed on litigants who courageously chose to put their future financial and emotional health at risk, in order to try and change something that affects not just them but their entire community.

2013/14 saw the resolution of one of HALC's longest running actions, involving several litigants and lasting almost 8 years. It culminated in a decision by the Appeal Panel of the Administrative Decisions Tribunal that the Anti-Discrimination Act does in fact prohibit discriminating against a person on the basis of their relative's HIV-positive status – even if their relative had died at the time of the discrimination. It was certainly a victory for common sense, and the right one for the principles behind the Act.

A decision the other way the other way would have meant, for instance, that funeral homes could choose to refuse to tend to the bodies of people with HIV, or refuse them space in graveyards. There is no space in a modern society for attitudes based on stigma, ignorance or fear. Along with that decision came policy change on part of the Department of Forensic Medicine, who will now reconstruct bodies of people with HIV or Hepatitis C following autopsy, preventing unnecessary grief and distress to the family and friends of the deceased – and preserving their privacy even in death.

2013/14 also saw a test case as to the coverage of NSW's privacy laws. Andrew had his HIV status disclosed for no apparent reason by Centrelink to a third party. State law gave him a right to a trial, while federal law did not. HALC acted for Andrew and instructed senior counsel in a matter before the NSW Supreme Court of Appeal. While we were ultimately unsuccessful before, the Court and the Department recognised the public interest in the matter with no costs being awarded against him. We continue to seek a remedy for Andrew, and will pursue alternate avenues over the coming year. Change is slow, but we get there in the end.



JENNIFER, 38, NSW

My personal health information was disclosed by the medical records department of the hospital where I had my babies, to my abusive ex-partner. In addition to my Hepatitis C status being disclosed a range of other information was also disclosed, including my history of injecting drug use, that I was on the methadone program and that I had previously had a pregnancy termination.

I was not proud of my past and I hadn't disclosed this information to my partner. I had always felt intimidated by him and I had seen how he had treated his ex-wife in Family Court to try to ruthlessly gain custody as a way of punishing her.

My ex got this information as he had lodged a request for the children's information, which consequently also contained my information. When my ex got my personal health information from the hospital he disclosed this information to a variety of people and used this information against me to not only my detriment, but also that of my children, in Family Court.

The disclosure resulted in the court and the Independent Children's Lawyer panicking about the risks I posed to my own children! And my ex's panic, aggression and hostility towards me caused the children significant stress and anxiety.

The family matter resolved only after a lengthy 7 day hearing which HALC and a barrister assisted me with. A request was successfully made for the matter to be heard in closed court and after the hearing a decision was reached which I am confident was in the best interests of my children.

HALC also represented me in a privacy matter before the NSW Civil and Administrative Tribunal. Now there is finally formal recognition that mother's health information must be considered separately to her baby's and appropriate safeguards must be put into place to ensure that a mother's privacy is preserved.

ACKNOWLEDGMENTS

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BARRISTERS AND PRO BONO SOLICITORS

We gratefully acknowledge the significant support, advice and expertise contributed by barristers and solicitors in private practice. This includes providing pro bono representation for clients in complex litigation.

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Mr Stephen Walsh

Mr David Hughes

Mr James Sheller

Ms Emma Beechey

Ms Rachel Mansted

Ms Penny Purcell

Ms Lisa Powell



Ms Lisa D'Ambra

Mr Kerry Murphy

Ms Deslie Billich

Mr Mark McDiarmid

Mr Mathew Butt

Ms Kat Lane

Ms Katie Wrigley

Mr Ali Motjahedi

Mr Charles Abbott

Mr Peter Bollard

Mr Gareth Lewis

OTHER PRO BONO PARTNERSHIPS

We gratefully acknowledge the support provided by our partners who in addition to providing legal advice, have also assisted with providing us with access to their graphic design expertise, and providing venues for launch of resources and other events, and especially:

- Dan Creasey, Tina Douglas, Pablo Roman, and Carly Roberts of the ProBono team at DLA Piper.
- ACON Health Ltd and its staff for their ongoing support and assistance.
- David Shoebridge and Alex Greenwich for their support in our fundraising efforts and hosting the fundraising breakfast at Parliament House.
- Dale Schilling for his expert guidance in making our fundraising campaign successful.

FUNDING

HALC was successful in supplementing its core funding with some alternative sources via one-off grants or projects during the year. This funding enabled us to undertake a significant amount of additional work, including interstate work, pay rent and build up a small amount of much needed equity. The grants are as follows:

- \$10,000 from Positive Life NSW for producing two factsheets on legal issues related to HIV, titled At Risk and Infecting Others.
- \$7,727 from JTA International Pty Ltd. (AusAid & Health & Papua New Guinea HIV Implementation Services Provider). HALC is providing support, advice and ongoing mentoring to the Papua New Guinea Development Law Association (PNGDLA) to enable the organisation to become a stable fixture in the HIV and legal sectors in Papua New Guinea. This is the second of the four quarterly payments to be received from AusAid.
- \$2,091 from Law Foundation of South Australia. This was additional funding provided by the Foundation to support printing of the resource HALC produced for them titled, Disclosing your HIV Status – A Guide to some of the Legal issues.
- \$3,000 from City of Sydney to support the cost of printing and distribution of HALC resource ‘Unravelling the Law – A Guide for women living with HIV’.
- \$9,266 from University of Sydney, Faculty of Law for assisting with a research project on Immigration Law for UNAIDS.
- \$455 from sale of 500 copies of the updated NSW Disclosure Guide (launched in the previous financial year) to ACON Health Ltd.
- \$28,854 in generous donations from clients and supporters of HALC through the year. A large part of this donation was through our crowdfunding campaign.

HALC AUDITED FINANCIAL STATEMENT FOR 2014

INCOME	2014 (\$)
State	90,362
Commonwealth	91,177
Public Purpose Fund	136,495
Service income	32,540
Sundry income	6,298
Disbursements recovered	15,906
Donations received	28,854
Interest received	2,691
Total Revenue	404,323



EXPENDITURE

Amortisation & intangibles	0
Annual Leave provision	(3,707)
Audit and Accounting fees	6,180
Bank Charges	141
Bookkeeping fees	422
Client disbursements	18,862
Communications	4,476
Depreciation	2,449
General expenses	1,394
Insurance	1,703
Library	382
Long Service Leave provision	729
Memberships	5,768
Office Expenses	6,704
Practicing Certificates	3,260
Programs and Planning	8,758
Rent	28,391
Repairs and Maintenance	729
Salaries	250,260
Staff Training	1,091
Superannuation	24,492
Travel and Accommodation	3,565
Workers Compensation	1,458

Total Expenses	369,445
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Net Surplus/(Deficit)	34,878
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