

2001

A N N U A L
R E P O R T



CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

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“When an alien resides with you in your land, do not mistreat him. You shall treat the alien who resides with you no differently from the natives born among you. Have the same love for him as for yourself, for you too were once aliens in the land of Egypt”.

-Leviticus 19:33

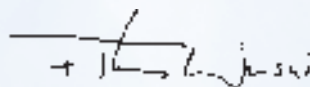


Message from CLINIC's Board Chairman and Executive Director

In 2001, the Catholic Legal Immigration Network, Inc. (CLINIC) faced growing demand for its traditional services and particular challenges resulting from the terrorist attacks of September 11, 2001. The growth of the agency's operational responsibilities was due in large part to the increase in the number and sophistication of CLINIC's member agencies. By year-end, CLINIC supported 242 Catholic immigration offices, most of which handled a wide array of immigration cases. The need for quality legal representation for our nation's historic population of immigrants increased during the year.

The events of September 11th altered the policy debate and environment for newcomers to the United States. Prior to September 11th, the U.S.-Mexico dialogue appeared to be paving the way for a legalization program for select foreign-born workers. The attacks temporarily halted and toned down expectations for these talks. They also led, in short order, to sweeping anti-terrorism legislation and to a steady stream of Department of Justice "interim" regulations, internal instructions, and enforcement measures targeting the foreign-born. CLINIC played an active role in the advocacy, analysis, and dissemination of information on these changes in law and policy.

Perhaps most importantly, September 11th forced Catholic immigration programs to re-examine the values that underlie their work. The Catholic Church views the experience of migration as its heritage, from the Exodus, to the Exile, to the Holy Family's flight to Egypt, to the missionary work of St. Paul and the early Church, to the growth of an "immigrant church" in the United States. We stand in solidarity with migrants fleeing extreme poverty, natural disaster, and persecution, and with the victims of terrorism. We value security and the integration of law-abiding immigrants into our nation's life. We want to prevent terrorists from entering the United States, but find migrant crossing deaths unconscionable. CLINIC and its member agencies exist to promote the God-given rights of immigrant families, low-wage laborers, and asylum-seekers. In serving newcomers, we believe that we serve our God.



Most Reverend Thomas G. Wenski
Auxiliary Bishop of Miami
Chairman



Donald Kerwin
Executive Director

Introduction

The U.S. Census Bureau reports that foreign-born persons and their children comprise roughly one in five residents in the United States. The U.S. foreign-born population has increased by 33 percent since 1990 alone. CLINIC serves this historic population of newcomers. CLINIC operates as a legal support agency for a rapidly growing network of Catholic, charitable immigration programs. Ten years ago, CLINIC served 17 member agencies. By the end of 2001, it trained and supported 131 member agencies that operated legal offices in 242 sites. Its members employ more than 900 persons, including 215 persons “accredited” to represent immigrants by the federal Board of Immigration Appeals (BIA) and 102 staff attorneys. CLINIC and its local partner agencies serve vulnerable newcomers, such as INS detainees, refugees, asylum-seekers, families in need of reunification, and victims of trafficking and domestic violence.

Beyond its extensive training and technical support services to member agencies, CLINIC organizes national programs for particularly needy populations and directly represents groups that its local partner agencies cannot. CLINIC also represents and supports dioceses, religious orders and communities that need the services of foreign-born priests, nuns and lay religious workers. CLINIC has five programmatic divisions.



CLINIC's Catholic Identity

CLINIC's Catholic identity infuses every aspect of its work — how it is governed, who it serves, how it treats its clients, the way it works, and why it does the work that it does.

FIRST, CLINIC is a subsidiary of the USCCB and is governed by a Board comprised primarily of bishops. It operates as a legal support agency for diocesan immigration programs.

SECOND, the kinds of cases and advocacy positions taken by the Catholic network—involving family reunification, protection of the persecuted, empowerment through work authorization, legal status and citizenship — have their roots in Catholic social teaching.

THIRD, CLINIC views newcomers in their full human dignity, not solely from a legal service perspective. This requires CLINIC and its affiliates to partner with programs and agencies that can meet the non-legal needs of newcomers.

FOURTH, CLINIC takes the Catholic view that advocacy draws its legitimacy from service. Service allows advocates to give voice to newcomers, not speak “for” them.

FIFTH, CLINIC has adopted a principle of Catholic social teaching—subsidiarity—to guide its programmatic commitments. Subsidiarity leads CLINIC to respect the different roles and capacities of its local partner agencies and to encourage them to assume as much responsibility for newcomers as they can. This allows CLINIC to focus its limited resources on needs that local programs cannot meet. In this way, CLINIC seeks to leverage maximum legal representation for low-income newcomers.

SIXTH, the Catholic network safeguards the rights and promotes the dignity of all newcomers; it does not distinguish among perspective clients based on race, religion or ethnic background.



“Our community has a growing immigrant population with few resources for their immigration needs.

CLINIC offered all the management and legal assistance necessary to help us start our first immigration program.

Without CLINIC, our dream would not have been realized.”

Marie Hoff, Ph. D.
Executive Director
Catholic Charities of Idaho

Division of Training and Technical Support

The Division of Training and Technical Support provides core training and legal support services to CLINIC’s national network of 131 Catholic immigration programs. The division provides national support, which includes an 800 number for case questions, e-mail updates, a monthly newsletter, training manuals, legal reference materials, local training, and litigation in federal court. CLINIC’s field office attorneys provide individualized training and support to programs within their geographical regions. In 2001, CLINIC assisted 72 non-attorneys to become “accredited” representatives. Based on the volume of trainings, publications and technical assistance it provides, CLINIC is the most productive legal support agency in the field.

In 2001, the division conducted 85 immigration trainings, including 24 multi-day sessions. The division published new training manuals titled *Impact of Criminal Convictions* and *Effective Legal Writing for Immigration Advocates*, while updating the following manuals: *Advanced Family Immigration Law*, *Survey of Immigration Laws*, *Relief from Removal*, *Immigration Law for Refugee Resettlement Staff* and *Violence Against Women Act*.



LABOR PROJECT

Beyond its core training and support functions, the division fosters new program initiatives at CLINIC. In 2001, CLINIC established the Immigrant Workers’ Justice Project, to help improve the lives of immigrant workers across the country through training, technical assistance, advocacy, and program development. With the support of a labor attorney, CLINIC provided technical assistance and training on labor issues affecting low-wage immigrant workers.

CLINIC's labor attorney contributed to the agency's monthly newsletter by submitting articles on overtime pay and minimum wage. She also offered advice to member agencies on a myriad of issues, including trafficking of persons, requirements for opening bank accounts, discriminatory firings, employers' responsibilities to domestic service workers, and social security benefits. In addition, CLINIC developed an *Immigrant Workers' Rights* Manual and posted materials about the rights of immigrant workers on its website. CLINIC also participated in numerous advocacy efforts with religious and worker justice organizations across the country.

BORDER PROJECT

During the year, CLINIC worked with a group of national Catholic agencies, bishops, and diocesan staff to assess the needs and challenges of U.S.-Mexico border communities. These agencies included Catholic Relief Services, the Catholic Campaign for Human Development, Migration and Refugee Services, and the USCCB Secretariats for Home Missions, the Church in Latin America, Social Development and World Peace, and Hispanic Affairs. CLINIC, along with these agencies, seeks to create a bi-national pilot program in integrated communities comprised of the dioceses of El Paso/Las Cruces/Cuidad Juárez and Tucson/Hermosillo. CLINIC's role in this initiative is to increase services to diocesan immigration programs, to farmworkers, and to INS detainees in border communities.



“CLINIC’s work and assistance on labor issues has been critical to our success. We have been able to assist local employers and immigrant workers regarding the high volume of “no-match” letters sent out by the Social Security Administration. Legal materials and consultations provided by CLINIC’s labor attorney have educated employers and workers about their legal rights and responsibilities. It is through CLINIC’s assistance that our program has been able to save jobs for many immigrants. We look forward to working with CLINIC in this area in the future.”

**Vicki Mayster
Catholic Charities
Immigration and
Resettlement Services
Diocese of Santa Rosa, CA**

CLINIC's creation of national projects broadens the availability of multi-lingual, low-cost legal services for immigrants and refugees and strengthens the network of Catholic Charities' capacity to serve more people.

Bob Moser, Ph.D.
Deputy Director
Catholic Charities of
San Diego, CA

Division of National Operations and Support

CLINIC's Division of National Operations and Support pursues funding from government, corporate and private sources to help member agencies participate in



national projects that meet the needs of clients who would otherwise be under-served.

Low-income families, political refugees, the elderly and the disabled are examples of immigrants who, without special assistance, might not receive immigration benefits.

NATURALIZATION SERVICES

U.S. citizenship opens the door to voting, holding elected office, accessing certain government benefits and jobs, and expediting family reunification. CLINIC offers citizenship projects throughout the country in partnership with its member agencies. Funding from the federal Office of Refugee Resettlement supports a citizenship project for refugees in Seattle, WA, Los Angeles, CA, San Diego, CA, Phoenix, AZ, Dallas, TX, Lincoln, NE, St. Louis, MO, Detroit, MI, Arlington, VA and Washington, DC. Combined, these partner agencies helped to file more than 3,000 citizenship applications in 2001. A similar project funded by the State of Florida Refugee Services Office provided assistance to more than 1,500 refugees living in Miami, Ft. Myers, West Palm Beach, St. Petersburg, Orlando, Pensacola, and Jacksonville. The program helped refugees file lawful permanent resident and citizenship applications, attend English classes, and prepare for citizenship interviews.

VIOLENCE AGAINST WOMEN ACT (VAWA)

CLINIC serves at-risk immigrant women and children in Boston, MA, New York, NY, Richmond, VA, Miami, FL, and Washington, DC who are victims of physical and emotional abuse. The Violence Against Women Act (VAWA) allows abused spouses to petition for lawful permanent residency without the abuser's consent or



involvement. In 2001, CLINIC's partner agencies received more than 400 inquiries, filed 96 residency applications for 129 beneficiaries, and provided more than 400 referrals for restraining orders, shelter, housing, counseling, medical care, child support, and employment placement.

NATIONAL IMMIGRANT EMPOWERMENT PROJECT (NIEP)

Immigrants contribute extensively to U.S. economic, cultural, spiritual and civic life. Yet, too many low-income immigrants continue to live on the margins of society. Due to systemic barriers, many immigrants suffer abusive workplaces, substandard housing and poor municipal services.

In recognition of these severe social problems, CLINIC, the Catholic Campaign for Human Development (CCHD) and other national Catholic agencies created the National Immigrant Empowerment Project (NIEP). NIEP seeks to engage low-income immigrants in collective action to eliminate barriers and change systems

Marie - A VAWA Case Study

Jean and Marie met as children in their native Haiti. After Jean came to the United States, he kept in contact with Marie, eventually returning to Haiti to marry Marie when she was just 17 years old. After returning to the U.S., Jean told Marie that he would send for her "when the papers were ready." Eventually, Marie grew impatient and came to live with Jean and his family in the U.S. After her arrival, he would tell Marie that he had filed her immigration papers. At other times, he said that he would never file them.

Jean began to beat Marie and threatened her with deportation if she notified the police about the abuse. Once, while Jean was at work, his father visited Marie, offering her \$50 with a warning to leave his abusive son. Marie boarded a bus to Boston to live with her mother and sister. In anger, Jean pursued Marie and threatened her family.

Based on a friend's recommendation, Marie called Catholic Charities of Greater Boston. Catholic Charities filed a VAWA self-petition on her behalf for lawful permanent residency. If the INS approves this petition, Marie will receive a green card, allowing her to stay in the United States, work and become self-sufficient.

Catholic Charities has also educated Marie on police and INS procedures and on the benefits and services she can access. Marie accepted her immigration attorney's advice and called the police, filed a report, and obtained a restraining order. From that point on, Marie contacted the police each time Jean threatened her family. Jean subsequently left Massachusetts and no longer disturbs Marie and her family.

Today, Marie lives in safety without fear for herself or her child whom she supports.

that negatively impact their communities. CLINIC and its national partners fund 17 community-based organizations. These organizations work with volunteers, ethnic-based community leaders, parish priests and laity, city council members and others to bring about social change.

ASYLEE INFORMATION AND REFERRAL SERVICES

Federal regulations specify that refugees and asylees are eligible for the same benefits. Refugees can easily access refugee benefits and services with the assistance of refugee resettlement agencies. Asylees have traditionally underutilized these benefits. Recognizing this gap, the Office of Refugee Resettlement awarded CLINIC a grant to establish the first-ever, national referral line for asylees.

In July 2001, CLINIC's Asylee Information and Referral Line opened for service at Catholic Charities' Community Services (CCCS)/Migration Services of the Archdiocese of New York. The 800 number links persons granted political asylum with thirteen operators who speak eighteen languages. The operators, in turn, access a database of more than 500 public and private agencies that provide refugee-based services. The goal is to help asylees gain self-sufficiency through language and employment training.

The referral line received approximately 1,200 calls during its first six months in operation. On a monthly basis, callers from an average of 48 nations use the line. Call volume has been the greatest in Florida, California, Maryland and New York. CLINIC expects that the volume of calls will significantly increase in 2002.

ADMINISTRATIVE FUNCTIONS

CLINIC sees a vital link between strong management of its operations and the expansion of services to low-income immigrants. CLINIC's national office supports all the administrative needs of its twelve field offices, including accounting, human resources, technology and equipment, and secretarial functions. In addition, resource development activities work to ensure adequate funding for national and regional projects. In 2001, CLINIC's developed a resource development plan and hired additional staff to expand its fundraising activity.

Division of Public Education and Advocacy

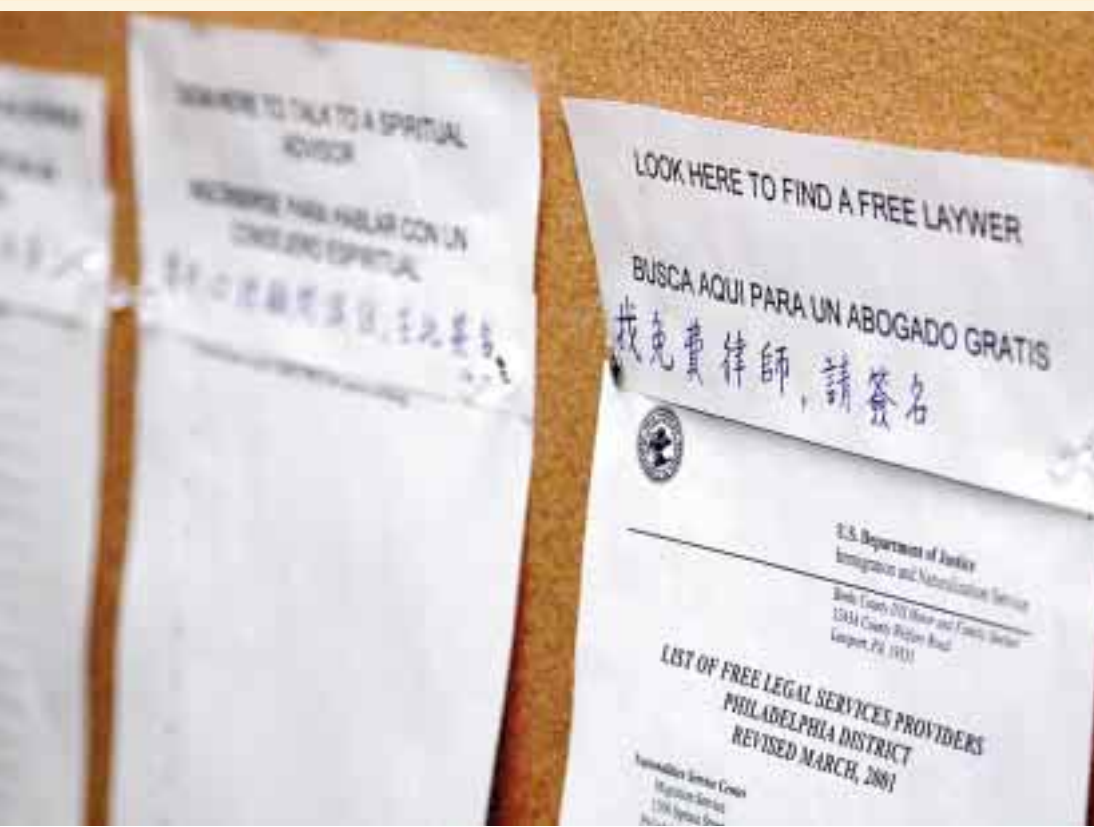
The Division of Public Education and Advocacy tackles problems faced by indigent immigrants and CLINIC affiliate agencies that can only be resolved through advocacy and litigation. The Division works in collaboration with Migration and Refugee Services (MRS) of the United States Conference of Catholic Bishops (USCCB). CLINIC focuses on administrative advocacy with the Immigration and Naturalization Service (INS) and the Executive Office for Immigration Review (EOIR).

In 2001, CLINIC's advocacy priorities included INS processing delays and poor customer service, videoconferencing of asylum hearings, alternatives to detention, monitoring detention standards, and naturalization and fingerprinting issues. The division's goals were set by CLINIC staff and affiliate agencies. The division focuses on four areas of activity:

- 1) administrative advocacy
- 2) coordinating pro bono litigation support
- 3) reporting, documentation, research and field surveys; and
- 4) using media to promote advocacy.

"The Executive Office for Immigration Review (EOIR) values the strong and productive partnership with the Catholic Legal Immigration Network, Inc. in coordinating the highly successful Board of Immigration Appeals (BIA) Pro Bono Project. The Project marks an important precedent in EOIR's long-standing commitment to encouraging and increasing pro bono representation for individuals in immigration proceedings. CLINIC's expertise and steadfast commitment to the Project have been critical to its ongoing success."

Steve Lang
Pro Bono Coordinator,
Executive Office for
Immigration Review



A pro bono attorney in the BIA Pro Bono Project described her experience as follows:

“My client was detained in Hartford, Connecticut, several hundred miles away. I read his testimony in his transcript, and talked to him once or twice on the phone. I sent off the brief, and his case took its place in the back of my mind. Three weeks later, the Board granted my client asylum, the INS released him, and he was on a bus to Boston to meet me. I have to say that seeing him was one of the most gratifying moments of my life. To watch my client go from what he considered to be the brink of death to freedom was quite something”.

“In its short existence, CLINIC has become a leading provider of services to immigrants and refugees, and a pre-eminent advocate of justice for non-citizens.”

**Arthur C. Helton
Senior Fellow,
Council on Foreign Relations**

Throughout 2001, the division participated in high profile meetings with the INS, EOIR, and other federal agencies to improve immigrants’ right to justice. CLINIC also prepared formal comments on proposed and interim federal regulations that would increase INS fees, lengthen pre-charge detention periods, stay detention release decisions by Immigration Judges, allow the government to eavesdrop on attorney-client communications and create stricter release procedures for indefinite detainees. In 2001, CLINIC’s Division of Public Education and Advocacy analyzed two border security bills, prepared materials on alternatives to detention, and provided input on several versions of anti-terrorism legislation.

BOARD OF IMMIGRATION APPEALS (BIA) PRO BONO PROJECT

In 2001, the Division developed the Board of Immigration Appeals (BIA) Pro Bono Project, one of the nation’s most successful. Under the project, attorneys review unrepresented cases before the BIA involving detained asylum-seekers, minors, and persons whose cases Immigration Judges have certified for appellate review. Case descriptions are posted weekly to an e-mail listserv and shared with a list of pro bono attorneys and law school clinics, who decide whether or not they can assume representation. If so, CLINIC matches counsel with the detainee. CLINIC and its non-profit partner agencies recruited more than 220 pro bono attorneys and secured counsel in 130 unrepresented cases. In many cases, the BIA granted relief or remanded the case for another hearing. Several detainees were released after years in custody, highlighting the importance of legal representation. During the year, CLINIC also conducted two BIA training sessions at Washington, DC area law firms, produced the first BIA newsletter, developed plans to implement a pro bono project in New York, and met with immigration officials to discuss the videoconferencing of asylum hearings.

U.S. – MEXICO BORDER REPORT

CLINIC believes that its advocacy should turn on an intimate knowledge of the needs of its member agencies and of the low-income immigrants that they serve. For this reason, CLINIC works hard to document the needs of particularly vulnerable immigrant populations. In 2001, CLINIC researched and published its fifth report on “at-risk” immigrants in the United States titled *Chaos on the U.S.-Mexico Border: A Report on Migrant Crossing Deaths, Immigrant Families, and Subsistence-Level Laborers*. Based on numerous case studies, the report attempts to put a human face on the starker problems of the border region, with a focus on those impacted by INS enforcement policies, immigrant families, and low-wage laborers.

Division of Religious Immigration Services (DRIS)

For many decades, CLINIC has represented dioceses and religious orders that need to immigrate foreign-born priests, nuns, seminarians, and lay religious workers. In 1998, CLINIC's Board of Directors unanimously approved the creation of a new division for this purpose. The Division of Religious Immigration Services (DRIS) enables CLINIC to accomplish its mission to "enhance, extend, and support the legal immigration work of the Catholic Church in the United States." DRIS clients are arch/dioceses and religious institutes that bring individual priests, lay religious workers, and religious to the United States.

The Division accomplishes its goals through a variety of client services: legal representation, consultation, education and advocacy. The Division assists clients in preparing applications for immigration benefits for religious workers. The Division also provides clients with an orientation to the U.S. immigration system and up-to-date information on religious worker visas and guidance on their use. In addition, the Division provides client assistance in identifying legal issues in religious immigration cases and ways to resolve those issues. In 2001, DRIS increased its organizational clients from 135 to 180 and its caseload from 595 to 716. DRIS also collects and documents grassroots stories that assist CLINIC's Division of Public Education and Advocacy and MRS Policy Office to build the case for federal immigration policy change, such as the permanent extension of the religious worker immigrant visa.



During 2001, the Division was engaged in outreach efforts to showcase its services. DRIS participated in several conferences with organizations such as the Legal Resource Center for Religious, Leadership Conference of Women Religious/Conference of Major Superiors of Men, and the National Association for Treasurers of Religious Institutes.

PUBLICATIONS AND ARTICLES

In 2001, DRIS began work on two publications for clients, entitled *Rights and Responsibilities for Permanent Lawful Residents* and *Frequently-Asked Questions for Foreign-Born Seminarians Studying in the U.S.* In addition, the Division published its first quarterly newsletter, *Religious Immigration*

"What a blessing DRIS was when I called their offices to assist our staff through the immigration maze. We are most grateful for your considerable experience which you shared so generously. The gifts the Division brings are unique and afford many opportunities which could be so easily denied."

Suzanne M. Donovan, SC
Diocese of Wilmington, DE

Quarterly, for arch/diocesan and religious institute clients and representatives. DRIS also published a short information article on a provision of law that allowed certain persons to become permanent residents without leaving the country. The article was disseminated widely to national Catholic organizations, reaching 2,600 leaders, treasurers, vocation and formation directors, and attorneys of religious institutes.

TRAINING

In 2001, the Division conducted six trainings, including a training for immigration program staff from the Archdiocese of Washington on religious worker visas. The Division also provided training for vocation and seminary staff of the Archdiocese of Los Angeles and other local dioceses on the use of student and religious worker visas by seminarians. A similar training for foreign-born religious students was jointly presented with the International Student Office of the Catholic University of America. In Kansas City, KS, the Division offered a presentation on the five major pitfalls in handling religious immigration cases at the Legal Resource Center for Religious' 2001 Legal Seminar. In June, Division staff traveled to Dallas, TX to offer the first Division-sponsored training for diocesan and religious institute staff responsible for religious immigration cases. The Division also gave a presentation at the Religious Formation Conference's biennial Congress.

A DRIS Success Story

DRIS assisted a U.S. religious order to immigrate two Mexican priests. Today, these priests serve two Catholic parishes in southern California: one in the inner city, another in an adjacent neighborhood. The parishes are predominantly Latino and composed of 8,000 registered households. Their neighborhoods are infested with gangs, drug trafficking and abuse, and prostitution.

The two priests engage in all of the traditional aspects of ministry in a parish setting. However, the harsh realities of their environment and the lives of their parishioners have moved them to design additional ways to evangelize and catechize, to make God's message more real and personal, and to empower their parishioners to effect change.

The priests are dedicated to their vocations and their ministry. They are also deeply committed to solidarity with their parishioners and to a spirituality that assumes a contemplative stance in the midst of the harshest circumstances. Their deepest desire is that each parishioner will feel loved by God and that, with time, the cultural differences that divide their parishioners will be eliminated.

Without CLINIC's legal representation, the religious order would have been unable to staff these parishes adequately, to fulfill its own unique mission in the Church, and to meet the material and spiritual needs of the parishioners confided to its care.

Division of Special Projects

The Division of Special Projects administers direct service programs for immigrant populations that overwhelm the capacity of local Catholic agencies. Since 1996, the division's work has been primarily with INS detainees. Due to major changes in the law, this population has grown dramatically.

The Division seeks to increase services to immigrant detainees and to link legal services to administrative advocacy. The division encourages and supports holistic services for detainees, including pastoral counseling and social services. In 1996, CLINIC co-founded the Detention Watch Network, a national coalition of legal, social service, and pastoral organizations working in this area. A significant national partner in CLINIC's detention work has been Jesuit Refugee Services (JRS). This collaboration has led to the JRS fellowship program with national Catholic law schools. JRS fellows commit themselves to two years of service at one of CLINIC's detention sites. Currently, CLINIC employs JRS fellows from Georgetown University, Boston College, and Loyola University of New Orleans.

In 2001, CLINIC detention attorneys worked in New York, New Jersey, California, Texas, Louisiana, Florida and Massachusetts, partnering with other organizations working on detention issues. The division participated in several meetings and conferences during the year. In particular, CLINIC made presentations at events sponsored by the American Bar Association, Lutheran Immigration and Refugee Services (LIRS), Migration and Refugee Services, the Catholic Campaign for Human Development, Loyola University of New Orleans' International Law Society, Fairfield University, the Beverly Hills Bar Association, Human Rights Watch, the Mexican American Bar Association, and the annual conference of the Pro Bono Institute.



"My name is Juan. I am 18 years old and reside in California. I was brought to the attention of the INS at age 17 because of a mistake I made at age 13. While in detention waiting to be processed, I was fortunate to see CLINIC's phone number. I told my mother about CLINIC, and she contacted them.

CLINIC intervened and assisted in getting me out on bond from the juvenile hall where I was being detained. I hated that place, all I did was stress and worry. CLINIC attorneys appeared in court on my behalf and relieved the stress of the entire situation. What concerned me most was being thousands of miles away from my mother and younger siblings.

CLINIC's attorneys worked extremely hard on my behalf to close my case with the INS. I will be grateful to CLINIC for the rest of my life."

**A CLINIC client
in Los Angeles**



In 2001, the division:

- Offered 214 “Know Your Rights” presentations to over 2,400 detainees;
- Consulted with 806 individual detainees and represented 177 clients;
- Established a JRS fellowship position with St. John’s Law School;
- Collaborated with LIRS in support of the Detention Watch Network;
- Advocated to INS for interpreters for detained asylum-seekers, alternatives to detention, and the implementation of detention standards;
- Prepared reports on procedures and regulations that allow for the release of certain long-term and indefinite detainees;
- Wrote an amicus brief in a successful Supreme Court case challenging the practice of indefinitely detaining immigrants who have been ordered deported, but who cannot be deported;
- Prepared comments on interim regulations concerning implementation of custody review procedures for indefinite detainees;
- The division raised CLINIC’s visibility by being cited in the *Detention Watch Network* newsletter, the *Newark Star Ledger*, *Catholic Light*, the *Los Angeles Times* and the *Los Angeles Daily Journal*. The division also fielded media inquiries from *Time Magazine*, *60 Minutes*, *ABC News*, the *Oakland Tribune*, and the *New York Daily News*.

CASE STUDY – Special Projects

Teresa, a 15 year-old girl from El Salvador, had come to the United States with her mother when she was a toddler. The Department of Children and Family Services had removed Teresa from her home because of the abuse she had endured at the hands of her mother. She became pregnant and found herself in INS custody at Los Padrinos Juvenile Hall, facing deportation to a country in which she had no known relatives.

A CLINIC attorney worked to prepare Teresa's petition for special immigrant juvenile status, a visa that is available to children who have been the victims of abuse, abandonment and neglect. As required, Teresa's attorney requested the consent of the state juvenile court to determine if abuse had occurred. Once consent was granted, the CLINIC attorney worked with an attorney in the state Dependency Court to gather the documentation required for the Special Immigrant Juvenile Status petition. Throughout this long process, Teresa remained detained. In the end, her application was approved and the Immigration Judge granted her request to become a legal resident of the United States. Teresa was released to her extended family.

Once released, Teresa re-enrolled in school and received the support that she needed during the duration of her pregnancy. Her goals are to continue her studies, be a good mother, go to college and become a United States citizen.

Tribute to James J. Haggerty



James J. Haggerty retired in early 2002 after thirty years of devoted service to MRS and CLINIC. Jim came to MRS and CLINIC after eleven years in the Society of Jesus, a formative experience that shaped his spiritual life and his vocation with newcomers. As a Jesuit, Jim received his B.A. from Fordham University, an M.A. in history from New York University, and an M.A. in teaching English-as-a-Second-Language from Columbia University. Subsequently, he received his law degree, with honors, from Brooklyn Law School. Jim was the first in his family to attend college. His father, who had worked in sales, once

asked Jim exactly what it was that he did as a lawyer and with his many degrees. “Sales,” Jim responded. His CLINIC colleagues, who experienced and benefited from Jim’s persuasive powers over many years, readily understood this punch line.

From 1973 to 1988, Jim served as an immigration counselor for MRS. Prior to receiving his law degree in 1986, Jim directly represented thousands of low-income immigrants as a Board of Immigration Appeals accredited representative. He also served as the Regional Director of MRS’s historic legalization program. In 1987 and 1988, he served as the MRS Regional Office Director. CLINIC was founded in 1988 to serve as a legal support agency for the nation’s growing network of Catholic immigration programs. As CLINIC’s Northeast Regional Coordinator, Jim became one of the new agency’s bright lights and guiding forces. In 1996, Jim became head of CLINIC’s detention program, a position he held until his retirement.

From CLINIC’s start, Jim demonstrated his genius at program development. He regularly created crucial programs for poor immigrants out of the chaos of their needs, CLINIC’s capacity, partner agency commitment, and multiple funding sources. This type of work could not be more difficult and “sales” is one of the many skills it requires. CLINIC’s multi-agency “consortia” programs, the Immigration Representation Project in New York, CLINIC’s detention work, and many of its other defining programs can be credited to Jim. Jim could be such a persuasive advocate for his programs that Hugh Brien, CLINIC’s former Director of Administration, adopted a unique management rule in response — “to deny every third request Haggerty makes,” no matter the merits. Gamesmanship has always been part of the enjoyment of working at CLINIC.

In 1992 and 1993, CLINIC entered a turning point in its short history, as the bishops initiated a year-long review of the struggling agency. Jim weighed in strongly that the need for CLINIC was great (and growing), that its model was creative and flexible enough to meet evolving needs, and that not only should CLINIC survive, but that it was poised to flourish. Jim proved right, partly because of the programs he had helped to create and partly because of his own vision. A wise person, Jim consistently focused the agency on the principles and values that should guide its work:

- 1) subsidiarity – which pushes CLINIC to build local capacity
- 2) service to the most poor
- 3) dividing money fairly among those doing the work (a more controversial proposition in the larger immigrant service community than one would hope)
- 4) building enough flexibility into CLINIC to respond to emerging needs
- 5) responding to the multi-faceted needs of clients which invariably means partnering with agencies that can meet their non-legal needs.
- 6) These have been crucially important guiding principles for CLINIC.

As of this writing, Jim has had three retirement parties, one with CLINIC, USCCB and select diocesan immigration staff in Atlanta, one with his immigration service colleagues in New York, and a third with his friends and colleagues at the Archdiocese of New York. A frequent theme of these events has been Jim’s almost “divining rod” quality in being able to locate Irish bars, even in cities and neighborhoods where one would not expect to find them. The going-away events have also highlighted perhaps Jim’s greatest gift, the gift of “community” that has infused all of his work with newcomers. Jim has been a great friend and colleague. We will miss him.

2001 CLINIC Board of Directors

Most Reverend Thomas G. Wenski
CHAIRMAN

Auxiliary Bishop of Miami

Most Reverend Stephen E. Blaire
VICE PRESIDENT

Bishop of Stockton

Most Reverend George V. Murry
TREASURER

Bishop of St. Thomas

Most Reverend Emilio Allué
Auxiliary Bishop of Boston

Ms. Jane Golden Belford, Esq.

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Catholic Legal Immigration Network, Inc.

ASSETS	December 31,	
	2001	2000
CURRENT ASSETS		
Cash and cash equivalents	\$ 77,995	\$ 178,697
Accounts receivable (net of allowance for doubtful accounts of \$10,000 for 2001 and 2000)	40,422	39,579
Contributions receivable	232,450	918,950
Grants receivable	758,482	26,448
Receivable from sub-grantees	440,682	
Prepaid expenses and other current assets	20,021	33,469
Restricted cash – Catholic Campaign for Human Development	413,697	
TOTAL CURRENT ASSETS	1,983,749	1,197,143
RESTRICTED INVESTMENTS	884,591	370,075
PROPERTY AND EQUIPMENT		
Furniture and equipment	327,990	446,669
Leasehold improvements	45,787	45,787
Equipment under capital leases	20,919	20,919
TOTAL PROPERTY AND EQUIPMENT	394,696	513,375
LESS ACCUMULATED DEPRECIATION AND AMORTIZATION	(257,243)	(343,635)
NET PROPERTY AND EQUIPMENT	137,453	169,740
DEPOSITS	3,250	3,250
TOTAL ASSETS	\$3,009,043	\$1,740,208

Statements of Financial Position

LIABILITIES AND NET ASSETS	December 31,	
	2001	2000
CURRENT LIABILITIES		
Accounts payable	\$ 125,606	\$ 139,639
Contributions payable	140,916	85,000
Grants payable	583,572	40,000
Accrued expenses	119,558	75,904
Refundable advances	450,510	
TOTAL CURRENT LIABILITIES	1,420,162	340,543
NET ASSETS		
<i>Unrestricted:</i>		
Operating	77,944	(28,358)
Board designated – Endowment purposes	384,591	370,075
Total unrestricted	462,535	341,717
Temporarily restricted	1,126,346	1,057,948
TOTAL NET ASSETS	1,588,881	1,399,665
TOTAL LIABILITIES AND NET ASSETS	\$3,009,043	\$1,740,208

2001 Statement of Financial Position

CLINIC STATEMENT OF ACTIVITY

REVENUE

Professional and Religious Contracts	\$ 393,339
Membership Fees	108,556
Contributions, Foundations and Government Grants	2,372,942
USCCB/MRS Subsidy	2,588,000
Other Revenue	144,686

TOTAL REVENUE	\$5,607,523
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EXPENSES

Program Services	\$ 4,592,565
Support Services	
Management and General	707,681
Fundraising and Development	118,061

TOTAL EXPENSES	\$5,418,307
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“Brothers and sisters, that is the light you carry, that is the light each of our brothers and sisters on the move have within them. Let us open the door, let us welcome them, let us be gifted by that light and enriched within our own community”.

**–Most Reverend James A. Tamayo
Bishop of Laredo, Vice President,
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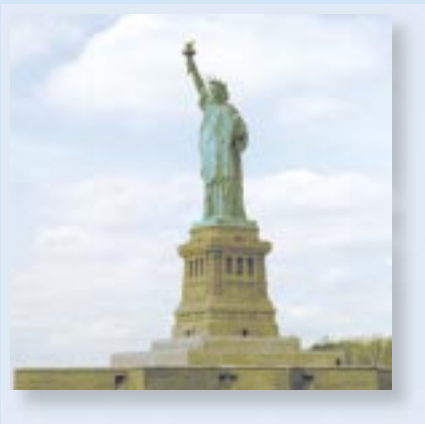
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