

Making a dream a reality

CLINIC

2002 | Annual Report

CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

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"The task of welcoming immigrants, refugees and displaced persons into full participation in the Church and society with equal rights and duties continues the biblical understanding of the justice of God reaching out to all peoples and rectifying the situation of the poor, the orphans, the widows, the disadvantaged, and especially in the Old Testament, the alien and the stranger."

— *Together a New People: Pastoral Statement on Migrants and Refugees.* National Conference of Catholic Bishops, 1986



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About Us



Anne Li

CLINIC advocates for transparent, fair and generous immigration policies. It represents one expression of the Catholic Church's commitment to the full membership of migrants in their chosen society. CLINIC and its member agencies serve the most vulnerable migrants, such as refugees, asylum seekers, detainees, families in need of reunification, laborers abused in the workplace, victims of domestic violence, and survivors of human trafficking.

In 1988, the United States Catholic Conference (USCC) established CLINIC

as a legally distinct nonprofit organization to support a rapidly growing network of community-based immigration programs. CLINIC's network originally comprised 17 programs. It has since increased to 155 programs in 248 office locations. The network employs roughly 1,000 attorneys and accredited paralegals who, in turn, represent more than 100,000 low-income immigrants each year. CLINIC and its member agencies serve low-income immigrants regardless of their race, religion, gender, ethnic group, or other distinguishing characteristic.

Mission Statement

“To enhance and expand delivery of legal services to indigent and low-income immigrants principally through diocesan immigration programs and to meet the immigration needs identified by the Catholic Church in the United States.”

CLINIC FULFILLS ITS MISSION BY:

- Providing a full range of legal and non-legal support services to 155 member agencies comprised of Catholic Charities and diocesan legal immigration programs that serve poor immigrants seeking family reunification, citizenship, and protection from persecution and violence.
- Creating, funding and managing direct legal service projects that are national in scope and thus overwhelm local member agency capacity or expertise.
- Representing archdioceses, dioceses, and religious congregations that need

foreign-born priests, nuns and lay religious workers to serve immigrant communities in the United States.

CLINIC's mission and activities are guided by the Catholic principle of subsidiarity. Subsidiarity leads CLINIC to respect the roles and capacities of its community-based member agencies. It encourages them to assume as much responsibility for local needs as they can. This allows CLINIC to focus its resources on needs that local member agencies cannot meet. In this way, CLINIC maximizes the productivity of its programs nationwide.



Nicholas DiMarzio

Most Reverend
Nicholas DiMarzio
Bishop of Camden
Chairman, CLINIC
Board of Directors

As the Catholic Legal Immigration Network, Inc. (CLINIC) embarks upon its fifteenth year, we pause to celebrate the agency's accomplishments and to recognize the extraordinary service that it provides. More than ever, the United States is a nation of newcomers; one out of every five U.S. residents is an immigrant or the children of immigrants. Likewise, the Catholic Church in the United States enjoys historic numbers of immigrant members. In these newcomers, the Church sees its heritage and hope for the future. It sees the means to gather God's scattered children. In successive statements on migration, the U.S. bishops have emphasized that unity can only be achieved by embracing newcomers in their diversity. As Pope John Paul II states, culture plays a defining role in human identity. Migration creates and restores cultural pluralism, thus providing the pre-condition to unity.

These teachings put the Church at odds with the prevailing national mood. Particularly since the terrorist attacks of September 11, 2001, newcomers have been subject to harsh legislation and policies. These changes in policy have largely failed to enhance our national security and have threatened to undo many years of work in welcoming and integrating immigrants into the life of our nation. Under these circumstances, CLINIC's work could not be more timely or important. CLINIC's network of independently operated Catholic Charities and diocesan immigration programs serve newcomers out of 248 offices nationwide. CLINIC provides comprehensive training and technical support to affiliate office staff. The agency directly serves the most needy of immigrants, including persons in detention, those fleeing persecution, survivors of domestic violence and low-wage laborers. CLINIC also serves religious institutes and dioceses that severely need the services of foreign-born priests, nuns, and religious lay workers. Finally, CLINIC engages in advocacy on behalf of its network with officials from the Department of Justice and the new Department of Homeland Security.

CLINIC's ministry offers our nation a different vision for the treatment of immigrants. It recognizes, in the best of Catholic tradition, that justice for newcomers is not an option, but an imperative and a right. CLINIC serves as a witness to the belief that justice cannot be achieved outside of a commitment to service. As an agency, CLINIC has risen to this historic moment. If CLINIC did not exist, it would need to be created. May its good work continue for many years to come.



Donald Kerwin

Donald Kerwin
Executive Director

Message from the Board Chairman and Executive Director

Making a Dream a Reality

IN 2002, CLINIC SUPPORTED CITIZENSHIP PROJECTS IN THE FOLLOWING CITIES:

Arlington, VA
Dallas, TX
Detroit, MI
Ft. Myers, FL
Jacksonville, FL
Los Angeles, CA
Miami, FL
Orlando, FL
Pensacola, FL
Phoenix, AZ
Salt Lake City, UT
San Diego, CA
Seattle, WA
St. Louis, MO
St. Petersburg, FL
Washington, DC
West Palm Beach, FL

CITIZENSHIP

THE NEED: The strength of the United States depends in part on its inclusiveness and the integration of its immigrant families. Newcomers need legal, social and educational assistance to guide them through the complex process of obtaining citizenship.

CLINIC'S RESPONSE: CLINIC administers the nation's largest program of legal and educational services for citizenship applicants, currently operating in 17 cities with large immigrant populations. It advocates nationally for fair, high-quality and affordable immigration services for all newcomers.

In the past five years, CLINIC and its network of member agencies have guided tens of thousands of immigrants and refugees on the journey towards citizenship.

CLINIC and its member agencies focus their citizenship outreach and legal service efforts on the most vulnerable and disenfranchised immigrant populations. More than 40,000 elderly, low-income, low-literate, disabled and persecuted newcomers have achieved citizenship through CLINIC's projects. As a result, these new citizens are experiencing newfound freedom, economic security and a political voice.



In 2002, CLINIC citizenship projects produced more than 4,000 consultations, 1,884 citizenship applications, 3,800 permanent resident (green card) applications, and more than 7,500 hours of English language and citizenship-test preparation.

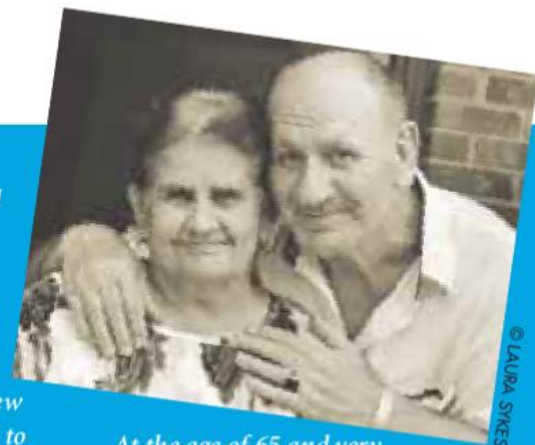
CLINIC also promotes citizenship through:

- advanced naturalization training to nonprofit immigration counselors;
- national advocacy with government immigration authorities;
- public education through local media outlets; and
- publications, including *Citizenship for Us: A Handbook on Naturalization & Citizenship* which was distributed to more than 1,000 agencies in 2002.

Ludmila" came to the United States from Uzbekistan as an elderly refugee with her husband and daughter. By the time she became eligible to apply for U.S. citizenship five years later, she suffered from leukemia. She sought the assistance of CLINIC's member agency Refugee

Assistance Program (RAP) in Seattle. Ludmila's case required considerable effort and advocacy including: three attempts to obtain from her doctor a disability waiver for the English and civics exam; scheduling transportation with her working daughter; coordinating a Russian-speaking interpreter;

re-scheduling a missed INS interview due to a hospitalization; scheduling a home interview with an INS officer; re-scheduling the interview when the officer failed to appear; and later scheduling a home oath of allegiance ceremony.



At the age of 65 and very ill, Ludmilla finally became a U.S. citizen.

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IMMIGRANT EMPOWERMENT, CIVIC PARTICIPATION AND INTEGRATION

Bringing newcomers and communities together to improve our country's future.



Juan Rivera © 2003 CHW Teen Photo Project

THE NEED: Too many low-income immigrants live on the margins of our society. Local immigrant communities must be empowered to identify and

address barriers to their full participation in U.S. society.

CLINIC'S RESPONSE: CLINIC and the Catholic Campaign for Human Development established the National Immigrant Empowerment Project (NIEP). NIEP provides financial support and technical assistance to 17 grassroots, immigrant-led organizations that identify and break down systemic barriers to the integration of immigrants in their chosen communities.

In its first year, NIEP grantees and their low-income members collectively:

- Identified and trained over 525 women, 459 men and 87 youth to become immigrant leaders.
- Mobilized over 3,600 women, 3,041 men and 663 youth to engage in 356 separate advocacy activities. These involved access to healthcare, affordable housing, education, transportation, childcare, driver's licenses, and bank accounts. Labor, immigration and environmental issues were also addressed.
- Held local leaders, public officials and institutions (such as school systems and city councils) accountable to immigrant needs and concerns.

NIEP promotes collective action among low-income immigrants to improve their communities and lives. NIEP-funded organizations: 1) help communities identify problems that impede their full participation and integration in this country; 2) develop action plans to address these problems; and, 3) draw upon a network of local and national agencies for support. To build grantee capacity, CLINIC provides targeted training and technical support through site visits, conference calls, the dissemination of materials, and one-on-one meetings.

NATIONAL IMMIGRANT EMPOWERMENT PROJECT (NIEP) GRANTEES:

- Austin Interfaith Sponsoring Committee, Austin, Texas
- Border Network for Human Rights, El Paso, Texas
- Catholic Charities of the Diocese of Rockville Center, Amityville, New York
- Central American Resource Center (CARECEN), Washington, D.C.
- Chelsea Latino Immigrant Coalition, Chelsea, Massachusetts
- Coalition for Humane Immigrant Rights of Los Angeles, Los Angeles, California
- Colonias Development Council, Las Cruces, New Mexico
- Contra Costa Interfaith Sponsoring Committee, Martinez, California
- El Buen Samaritano, Austin, Texas
- Iowa Immigrant Rights Network, Des Moines, Iowa
- National Association of Latino Elected and Appointed Officials Educational Fund, Los Angeles, California
- National Coalition for Dignity and Amnesty for Undocumented Immigrants, Toledo, Ohio
- Sunflower Community Action, Wichita, Kansas
- Tenants' and Workers' Support Committee, Alexandria, Virginia
- VOZ Workers' Rights Education Project, Portland, Oregon
- Wind of the Spirit Immigrant Resource Center, Morristown, New Jersey
- The Workplace Project, Hempstead, New York

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In Washington, D.C., NIEP grantee Central American Resource Center (CARECEN) has worked tirelessly to advocate for affordable housing. Due to local development initiatives that target historically mixed and low-income neighborhoods,

many immigrants face eviction. In some cases, landlords employ pressure tactics to get low-income residents to vacate their apartments so they can be rented to higher-paying tenants.

To combat this trend, CARECEN has mobilized 40 low-income immigrant associations, each composed of tenants living in a separate building. These associations advocate for access to housing and for building renovations.

In partnership with local banks, the Department of Housing and Community Development and non-profit organizations, the associations purchase buildings to ensure their use for affordable housing.

Serving Those Who Serve

RELIGIOUS IMMIGRATION SERVICES

THE NEED: The Catholic Church is experiencing a decrease in vocations to the priesthood and religious life while seeing an increase in Catholic immigrants. These two realities are prompting the Church to bring foreign-born priests, religious workers and laity to serve the spiritual and pastoral needs of its members.

CLINIC'S RESPONSE: CLINIC's Division of Religious Immigration Services (DRIS) assists arch/dioceses and religious institutes in bringing an average of 160 foreign-born priests, sisters, seminarians and laypersons to the United States each year to serve in Catholic agencies, parishes, and schools.

Steady immigration to the United States of foreign-born Catholics is expanding the ethnic, cultural and linguistic diversity of the Catholic Church. At the same time, fewer U.S. men and women are entering



DRIS

Ms. Mary Luz Sarah Chen, (not pictured) a citizen of the Philippines, was born deaf. Last year, the Archdiocese of San Francisco, a CLINIC client, requested legal

assistance to bring Ms. Chen to the United States. The Archdiocese had recently established the first parish for the hearing-impaired and appointed as its pastor Reverend Thomas Coughlin,

the first hearing-impaired man ordained a priest in North America. As a religious worker serving in the parish, Ms. Chen will engage in pastoral ministry to the hearing-impaired, teach

catechism in sign language, assist in liturgical and prayer services, and teach sign language to seminarians at St. Patrick Seminary in Menlo Park, California.

the seminary or religious life. The Church is bringing foreign-born religious workers into the United States to minister among foreign- and native-born Catholics. Their services enable the Church to make the sacraments more accessible, to deliver more comprehensive social services, to engage in effective spiritual and pastoral ministry, and to instruct children and adults in their faith.

DRIS is the primary agency in the Catholic Church assisting religious organizations to bring foreign-born religious workers to the United States. DRIS represents 204 religious organizations, 131 religious institutes, and 73 arch/dioceses. DRIS has a staff of six: four attorneys, one paralegal and a staff assistant. Together, they manage approximately 700 cases. In 2002, the Division opened a record number of 238 new cases and closed 162.

DRIS offers a variety of legal services to its clients. The services most frequently requested are:

- nonimmigrant visas for religious workers;
- petitions for special immigrant religious worker visas;
- applications for adjustment of status to permanent resident;
- responses to Requests for Evidence from immigration authorities;
- changes of status from one non-immigrant status to another; and
- extensions of stay.

Through these services, DRIS enables CLINIC to better fulfill its mission to enhance, extend, and support the legal immigration work of the Catholic Church.

“Know that you have my heartfelt thanks and admiration, too, for the professional way you’re taking care of Religious Immigrants – like myself – who long to serve the U.S. Church.”

— **Father John Saffirio**, Italian-born Consolata Missionary who previously ministered to indigenous people in Brazil and now serves a Catholic parish in Riverside, California



DRIS PROGRAM HIGHLIGHTS

- DRIS offered religious immigration law training sessions in New Jersey, Georgia, California, Massachusetts and Illinois. More than 120 participants attended. DRIS also gave a presentation at the World Relief Services annual conference in Baltimore.
- Division staff conducted 10 on-site visits in California and Texas, serving 18 religious institute clients and 54 foreign-born members. The on-site visits provide an

opportunity to review, evaluate, and improve a religious institute’s immigration policies, procedures, and practices.

- The Division updated its informational brochure and published two pamphlets, one for lawful permanent residents and the other for foreign-born seminarians. DRIS also continued the publication of its quarterly newsletter for clients. DRIS authored two articles on religious immigration law:

- 1) “Avoiding Five Common Pitfalls in Religious Worker Immigration Cases”, published in the Legal Resource Center for Religious Legal Bulletin, Number 74, and distributed to its approximately 400 religious institute subscribers; and
- 2) “U.S. Immigration Law for Use by Vocation and Formation Personnel”, published in the Religious Formation Conference’s Resource Manual, Volume 1.

Making the System More Fair

As a result of legislation signed by President Bush on November 25, 2002, the functions of the Immigration and Naturalization Service (INS) were transferred into a newly created, cabinet-level agency named the Department of Homeland Security (DHS). Effective March 1, 2003, functions of the INS were divided between the Directorate of Border and Transportation Security (BTS) and the Bureau of Citizenship and Immigration Services (BCIS). BCIS assumed the INS service function of processing benefit applications for asylum, adjustment of status, family and employment-based visas and citizenship. The BTS is divided into two bureaus – the Bureau of Customs and Border Protection (BCBP), which handles all aspects of securing border areas and ports-of-entry, while the Bureau of Immigration and Customs Enforcement (BICE) handles internal immigration enforcement matters, particularly the detention of non-citizens.

ADVOCACY AND FEDERAL LITIGATION

THE NEED: Certain immigration laws and policies undermine the rights and dignity of immigrants.

CLINIC'S RESPONSE: CLINIC advocates with government agencies for the just treatment of immigrants, and litigates when necessary to overturn unfair immigration policies. CLINIC tackles problems faced by low-income immigrants that can only be resolved through advocacy and litigation. It focuses its efforts on administrative advocacy with the Department of Homeland Security (DHS) and the Department of Justice's Executive Office for Immigration Review (EOIR). It writes comments on proposed regulations, meets with government officials on priority issues, and authors sign-on letters and articles. CLINIC also provides policy suggestions and immigrant case studies highlighting key issues to Migration and Refugee Services (MRS) of the United States Conference of Catholic Bishops (USCCB), which leads legislative efforts by the Catholic community.

The events of September 11, 2001 transformed the policy environment for immigration issues. The attacks led to sweeping anti-terrorism legislation and a steady stream of Department of Justice "interim" regulations, internal instructions, and enforcement measures targeting and infringing upon the rights of the foreign-born. Much of CLINIC's advocacy in 2002 focused on these issues.

CLINIC's advocacy includes a special emphasis on detention-related policies and practices. CLINIC operates the nation's largest detention representation project for asylum seekers, victims of torture and indefinite detainees. CLINIC also organizes convenings and convocations on cutting-edge issues.

CLINIC's advocacy division has also been heavily involved in monitoring the INS transition into the DHS. The shift of the INS' service functions into a department focused on security brings the risk that newcomers will increasingly be viewed as threats, rather than as the foundation upon which our nation was built. Due to the significant impact that the INS-DHS transition will have on CLINIC's affiliate member agencies and their direct service work, CLINIC has made liaising with the

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Child released from detention tearfully tells his story before Congress. CLINIC's advocacy priorities include detention reform, especially for children.

government on the transition a major advocacy priority. CLINIC has taken a significant leadership role in a workgroup comprised of national advocates. CLINIC's Director of Public Education and Advocacy, Christina DeConcini, chairs the group's subcommittee on enforcement. CLINIC also participates in the subcommittee on immigration and citizenship services.

PRO BONO DEVELOPMENT

Board of Immigration Appeals (BIA) Pro Bono Project

THE NEED: Without legal representation, detained immigrants have little hope of winning cases before the Board of Immigration Appeals (BIA), the nation's highest administrative appeals court for immigration cases. Without legal representation, it is virtually impossible for detainees to present a legal claim to remain in the U.S.

CLINIC'S RESPONSE: CLINIC operates the BIA Pro Bono Project, one of the nation's most successful pro bono initiatives. The BIA Project matches detained, indigent immigrants with volunteer lawyers who represent them before the BIA.

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In 2001, more than 3,650 detained immigrants had cases on appeal before the BIA. Forty-nine percent of these immigrants did not have legal representation. While some detained immigrants try to represent themselves, few detention centers stock their libraries with immigration materials. Even when such materials are available, few

"I sent off the legal brief and three weeks later the Board of Immigration Appeals granted my client asylum, the INS released him, and he was on a bus 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."

— A pro bono attorney in CLINIC's BIA Pro Bono Project

WHAT TYPES OF INDIVIDUALS DOES THE BIA PROJECT ASSIST?

- Asylum seekers – persons forced to flee their homelands due to persecution.
- Long time U.S. lawful permanent residents ("green card" holders), who have valid claims to relief from removal (including claims to U.S. citizenship) and who risk separation from their family members and communities if removed.
- Minors in Detention – children who are detained and face the daunting process of presenting claims to relief from deportation without legal representation.
- Persons granted the right to stay in the United States, but who remain in detention because the U.S. government has appealed an Immigration Judge's decision.

Although immigrants occupy a place of reverence in our nation's history, many of our current immigration laws and policies do not honor this heritage.

detainees can master the complex legal procedures and standards that apply to their cases. The disposition of such cases can have serious consequences for the immigrant, such as removal to a country where he or she may be permanently separated from U.S. family members, persecuted, or tortured.

Since the BIA Project's implementation in 2001, CLINIC and its Project partners have recruited more than 300 volunteer lawyers, and supervised students at law school immigration and appellate litigation clinics.

PUBLIC EDUCATION AND MEDIA RELATIONS

THE NEED: Our nation's immigration laws and policies are felt most acutely by "at-risk" or particularly vulnerable immigrants. Documentation and media coverage of the human impact of these measures are crucial to advocacy efforts which seek to create a more just immigration system.

CLINIC'S RESPONSE: CLINIC's advocacy focuses on monitoring and challenging government practices and policies that undermine immigrants' ability to access the justice system and fully integrate into U.S. society. Disseminating press releases, placing opinion pieces and generating news stories through various media outlets enable CLINIC to increase public awareness about the many injustices faced by immigrants, and inform and advance the policy debate about these issues.

Although immigrants occupy a place of reverence in our nation's history, many of our current immigration laws and policies do not honor this heritage. Many people are unaware of how such laws and policies divide families, prevent immigrants from accessing the justice system, result in their prolonged and unnecessary detention, and fail to protect those fleeing persecution.

CLINIC takes the Catholic view that advocacy draws its legitimacy from service, and that service allows advocates to give voice to newcomers, not to speak "for" them. This philosophy lies at the root of CLINIC's efforts to document the struggles and challenges faced by newcomers served by the Catholic network. To help give a voice to immigrants, CLINIC brings real-life stories

BIA PROJECT HIGHLIGHTS

- In 2002, the BIA Project secured counsel for 94 non-citizen detainees who would otherwise have appeared before the BIA without representation.
- Since the BIA Project began in January 2001, 40 detained immigrants represented by volunteer lawyers have won their cases and the right to remain in the

United States. In an additional 14 cases, a volunteer attorney persuaded the BIA that part of an Immigration Judge's decision to deny relief was flawed. As a result, the detained immigrant was given an additional hearing with a new opportunity to present his or her case before an Immigration Judge.

- More than 33 law firms are involved in the BIA Project. CLINIC is grateful to these firms for their support of the Project. Several law school clinics also participate in the project.

to the public's attention through various television, radio and newspaper outlets. CLINIC hopes that such documentation efforts will lead to systemic changes in immigration policy to better reflect the dignity of newcomers and the crucial role they play in our nation.

In 2002, CLINIC's media coverage focused on rising migrant deaths along the U.S./ Mexico border, abuses by U.S. Border Patrol agents, harsh U.S. immigration laws that divide American families, injustices experienced by detained immigrants, the exploitation of undocumented workers, and INS processing delays and poor customer service.

During the year, CLINIC expanded its advocacy efforts by hiring a media relations coordinator. Throughout the year, CLINIC brought stories of immigrant men, women and children to the public's attention by placing opinion pieces and generating news stories in various media outlets, including the *Arizona Republic*, *Miami Herald*, *Christian Science Monitor*, *San Diego Union-Tribune*, *The Nation*, *Univision* and *Voice of America*. On October 21, 2002, CLINIC co-sponsored a day-long conference with the United States Conference of Catholic Bishops/Migration Refugee Services on

"Government Policies, Practices and National Security since September 11, 2001 and the Impact of Immigrants, Migrants and Refugees." Conference attendees included journalists from *America* magazine, *Voice of America*, *Catholic News Service*, *El Pregonero*, *Washington Independent Writers*, *Copley News Service* and *Univision*.

CLINIC also disseminated press releases on urgent issues, including:

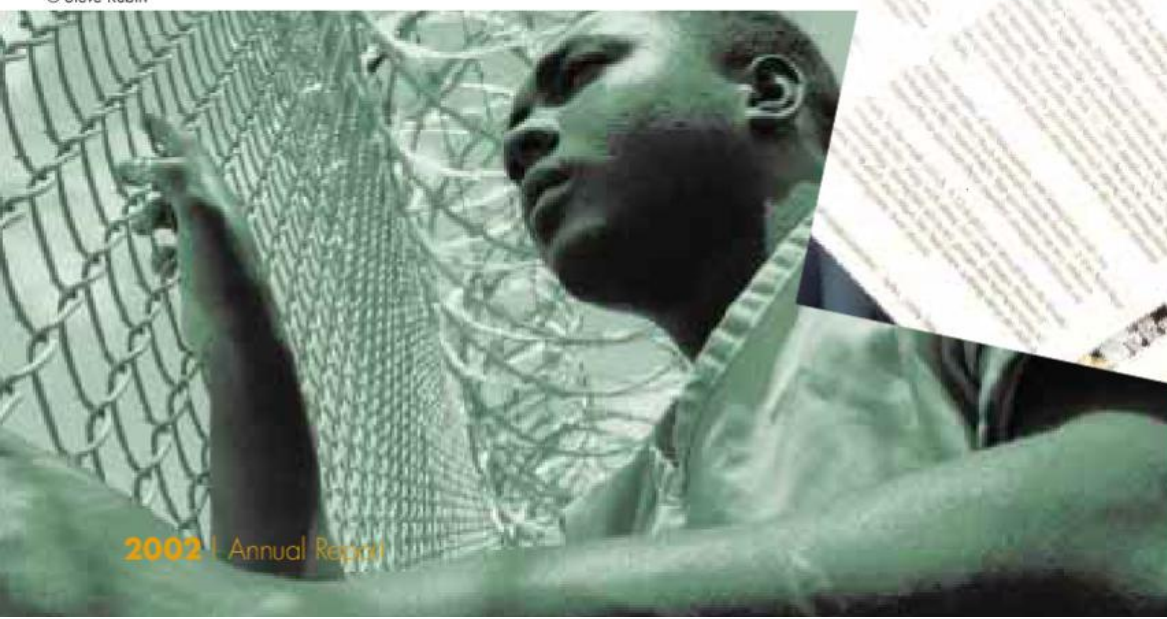
- the arrest and detention of several hundred immigrants by the INS as part of a post-September 11 special registration program;
- the proposed creation of a Department of Homeland Security;
- the blanket detention of asylum seekers under an initiative of the Department of Homeland Security known as "Operation Liberty Shield"; and,
- the use of hollow-point bullets by U.S. Border Patrol agents.

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Defending At-Risk Women, Children and Families

ASYLUM SEEKERS AND TORTURE SURVIVORS

THE NEED: Asylum seekers fleeing political persecution come to the United States to find safety and protection. Many are detained upon arrival for months or even years. Their access to legal representation is limited, and they are kept far away from family and other support systems.

CLINIC'S RESPONSE: CLINIC operates the nation's largest legal representation program for asylum seekers in detention.

The United States boasts a long and proud history of offering refuge to persons fleeing political persecution. Unfortunately, the United States sometimes undermines its international standing through its laws and policies related to those fleeing persecution. The detention of asylum seekers, often for prolonged periods, is an egregious example. Detention can cause particular anguish for asylum seekers because it can evoke the conditions that they fled in their home countries.

Asylum cases often require lengthy and complex preparation of legal arguments and supporting documentation. Many

nonprofit organizations throughout the United States are able to represent non-detained, indigent asylum seekers. However, the situation for detained asylum seekers is much more difficult.

Most detention centers are not located near family, legal, and other support systems. Distance often hinders access to legal representatives, who often cannot afford to take a case pro bono since case preparation involves many hours and traveling to the detention center to meet with a client can be time consuming. Detention also makes it more difficult for the asylum seeker to obtain help from friends and family members in getting necessary documentation to support the asylum claim. It can also preclude medical screenings by volunteer physicians who can substantiate torture claims.

Detention causes many worthy asylum seekers to abandon their cases altogether, and to return to countries where they face renewed harm.

CLINIC attorneys work within detention facilities in Boston, Newark, Miami, New Orleans, Los Angeles, San Francisco, El Paso, and Lancaster, CA. These attorneys identify victims of persecution and torture that have strong asylum cases, and either

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represent them in removal hearings or provide assistance in locating pro bono counsel. CLINIC also plays a lead role in a nationwide program that represents and assists victims of torture.

Asylum cases are very resource-intensive, involving 40 hours or more of legal research, interviewing clients and witnesses, preparation of witness statements, and compiling extensive supporting evidence. The work is demanding, but the rewards are immeasurable; i.e., knowing that each client granted asylum will not perish at the hands of persecutors, but can make a life of safety and security in the United States.

MINORS IN DETENTION

THE NEED: Every year, the INS places approximately 5,000 non-citizen children into detention. Most of these children, some as young as 8-years old, are without legal representation when facing an Immigration Judge in a hearing that will determine whether they will remain in the United States or be returned to their home countries.

CLINIC'S RESPONSE: CLINIC lawyers and their project partners in Los Angeles and San Francisco meet with all detained, indigent and unrepresented non-citizen children to inform them about U.S. immigration law and to advise them of their legal rights in removal (deportation) proceedings. CLINIC, its nonprofit partners and pro bono lawyers represent all children detained by the government in these two cities who have some legal basis for remaining in the United States.

The INS apprehends and detains children entering the United States to join their families or fleeing from violence or danger in their home countries. Most of these children are teenagers, but some are as young as 8-years old. They are often held in jail-like state and local juvenile facilities, and may be housed with U.S. children who have criminal backgrounds, while the INS seeks to remove them to their home countries.

INS does not provide indigent children with legal counsel. In fact, most detained non-citizen children appear before the Immigration Judge alone. They must try to convince the court that, under complex U.S. immigration laws, they are eligible to remain in United States.

The INS apprehends and detains children entering the United States to join their families or fleeing from violence or danger in their home countries. Most of these children are teenagers, but some are as young as 8-years old.

"Remembering" by Antonia Paz © 1999 CHW Teen Photo Project

ASYLUM SEEKERS AND TORTURE SURVIVORS PROJECT HIGHLIGHTS

- CLINIC played a lead role in the implementation of a nationwide program for victims of torture funded by the Office of Refugee Resettlement. Through this project, CLINIC detention attorneys in Newark, Miami, and New Orleans represented torture survivors, and began to forge new partnerships with providers of social and psychological services, such as Physicians for Human Rights.
- CLINIC served as the lead agency for the New Jersey Detention project, a collaborative of four nonprofit organizations that represent clients in the INS' Elizabeth Detention Center under a grant from the IOLTA Fund of the Bar of New Jersey.
- A grant from the Firedoll Foundation made possible a wide range of collaborations between CLINIC offices and other organizations for the benefit of asylum seekers. Firedoll funding supported monthly conference calls that allowed CLINIC detention attorneys to share information and legal strategies on complex asylum cases. A notable case involved an indigenous Mexican boy, detained by the INS in Los Angeles, whose rural family had been targeted in Oaxaca, Mexico by a paramilitary group seeking to maintain control over indigenous land holdings.

LOCAL PARTNERSHIPS: WORKING TOGETHER TO PROTECT THE MOST VULNERABLE

Legal Services for Children, Inc. collaborates with CLINIC's San Francisco detention attorney to represent and advocate for indigent detained children in the San Francisco area.

Latham & Watkins, a large Los Angeles-based law firm, has donated hundreds of hours of pro bono lawyer time to representing indigent detained children, helping to realize CLINIC's goal of providing service to all indigent detained minors that request assistance.

The Beverly Hills Bar Association has provided pro bono attorneys to work with CLINIC lawyers, who have trained them in immigration law pertaining especially to the detention of minors. CLINIC placed more than 30 cases, which require 40 hours of work on average, with pro bono lawyers as a result of this training.

CLINIC lawyers and their nonprofit organization partners in Los Angeles and San Francisco seek to assist children who have family ties in the United States to locate their family members, obtain release into their families' custody, and secure free legal services. Some children remain detained, but have viable claims to political asylum, visas for victims of violence or human trafficking, or some other form of relief from removal. CLINIC and its partner organizations either match these children with volunteer lawyers or represent them in Immigration Court.

VICTIMS OF VIOLENCE: LEGAL AND SOCIAL SERVICES

THE NEED: Tens of thousands of immigrants need protection from domestic violence, human trafficking and involuntary servitude. CLINIC gives abused and victimized newcomers a new beginning in safety and freedom.

CLINIC'S RESPONSE: CLINIC supports legal and social service programs to assist foreign-born women escape from abusive

spouses and obtain legal residence on their own. These programs provide shelter, long-term housing, food, clothing, employment, job training, and mental health and legal counseling.

CLINIC advocates with federal immigration authorities for effective implementation of the new "T" and "U" visas for victims of trafficking and other criminal activity, and provides training to its member agencies on the use of these visas.

Violence Against Women

Foreign-born women have been found to remain in abusive personal relationships if their legal immigration status is dependent on marriage to a U.S. citizen or permanent resident. Without this status, undocumented women cannot legally work or become economically independent.

In addition, victims of domestic violence are often trapped in violent relationships because they fear deportation, separation from their children and impoverishment.

In 1994, Congress enacted the Violence Against Women Act (VAWA), which was intended to prevent violence against women and increase methods of intervention in abusive situations. Many immigrant women

Deepak P. (not pictured) is a teenage boy from the Gujarat province of India, a province devastated by violence between Hindus and Muslims. Deepak's parents and sibling were killed

when their house was set on fire. A family friend arranged to send Deepak to safety in the United States. Deepak was apprehended by the INS at the Los Angeles airport and placed in INS detention. Deepak was interviewed by

CLINIC attorneys who referred his case to a pro bono attorney with the Beverly Hills Bar Association. CLINIC attorneys mentored Deepak's pro bono attorney and guided him through the

complicated process of seeking asylum. After several months in detention, the Immigration Judge granted Deepak's request for asylum, and he was released to a foster care family.

are now able to apply for legal residence by showing evidence of abuse, rather than relying on abusive spouses to file applications for them.

However, the fear of being alone, poverty, lack of resources, and cultural and language barriers remain obstacles to seeking assistance. In addition, there is an immense need for expanded outreach and legal immigration services.

CLINIC provides funding and training to member agencies to identify foreign-born women and children in violent relationships. CLINIC has supported Victims of Violence Projects in Boston, New York City, Washington, D.C., Silver Spring, Miami, Arlington and Richmond.

When a battered woman seeks help, she receives a legal and social assessment allowing her to determine the services and protection she needs. In each program, a community collaborative coordinates referrals made by Catholic Charities' immigration attorneys for social services including: shelter care; long-term housing; food and clothing; employment and job training; mental health counseling; and legal counseling for restraining orders, child custody and support payments. In the past two years,

CLINIC-led projects have assisted more than 300 women and children to live in the United States permanently, independently, and safely. CLINIC continues to seek private and federal funding to expand this successful project.



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“Maria,” a native of Mexico, came to the United States at the urging of her U.S. citizen husband “John.” John promised to file a lawful permanent resident application on her behalf. Once she arrived, John regularly beat Maria, routinely threatened to kill her, and kept her in isolation. She avoided seeking help

because she feared reprisal by her husband and deportation. When John broke her jaw and three ribs, she went to the emergency room where medical staff referred her to law enforcement and a local Catholic Charities immigration program. A Catholic Charities immigration counselor presented Maria with legal, social service and

immigration options. Maria promptly entered a shelter with her two children. After Maria pressed charges, John was sent to prison. The Catholic Charities immigration counselor determined that Maria could apply for lawful permanent resident status without John’s assistance.

Maria’s application was approved within six months. As a result, she took her children out of the shelter, obtained work authorization, found employment, learned to drive, and made friends in the community. Today, she is safe and self-sufficient.

CLINIC launched a Victims of Trafficking/“U” Visa Working Group through its Midwest Field Office in Chicago with startup funding from the Hospital Sisters of the Third Order of St. Francis.

Trafficking and Enslavement

Another form of violence against migrants is human trafficking and enslavement. Victims of human trafficking often leave their countries because of desperate economic circumstances. Trafficked workers find themselves enslaved or indentured for many reasons. Most must pay off immense transportation debts or risk violence to themselves or their families. Others are lured to the United States with the promise of a well-paying job, but instead find themselves forced to work in sweatshops, agricultural fields or as prostitutes.

Dislocated women and children separated from family and friends are often targeted to be victims of crimes. Their undocumented status makes it more difficult for them to come forward for help.

The Victims of Trafficking and Violence Protection Act of 2000 recognized this problem by creating a new nonimmigrant visa classification so victims can report crimes, participate in the prosecution of those who preyed upon them, and begin to normalize their lives. The “T” visa applies to

victims of severe forms of human trafficking who are also able to participate in the prosecution of the trafficker. The “U” visa applies to non-citizens who suffer substantial physical or mental abuse due to criminal activity against them, including trafficking and domestic abuse.

CLINIC works with government agencies to ensure that these measures effectively address victims’ needs. CLINIC provides training and has produced a manual, *Immigration Relief for Abused Immigrants*, for its member agencies on “T” and “U” visa applications. CLINIC also participates in a consortium of 22 Catholic social service and policy agencies working in tandem on outreach and education to assist victims of human trafficking.

CLINIC launched a Victims of Trafficking/“U” Visa Working Group through its Midwest Field Office in Chicago with startup funding from the Hospital Sisters of the Third Order of St. Francis. This working group educates Chicago community-based organizations about the law’s potential benefits for victims of trafficking.



BORDER PROJECT

THE NEED: Too many people along both sides of the U.S.-Mexico border live in poverty, without access to adequate housing, sanitation, clean water, medical care, and living-wage employment opportunities. Hundreds die each year crossing the border along dangerous off-road routes.

CLINIC'S RESPONSE: CLINIC thoroughly documented problems on the border in its report titled *Chaos on the U.S.-Mexico Border*. CLINIC joined forces with several Catholic organizations to focus its programmatic and advocacy efforts on the border crisis.

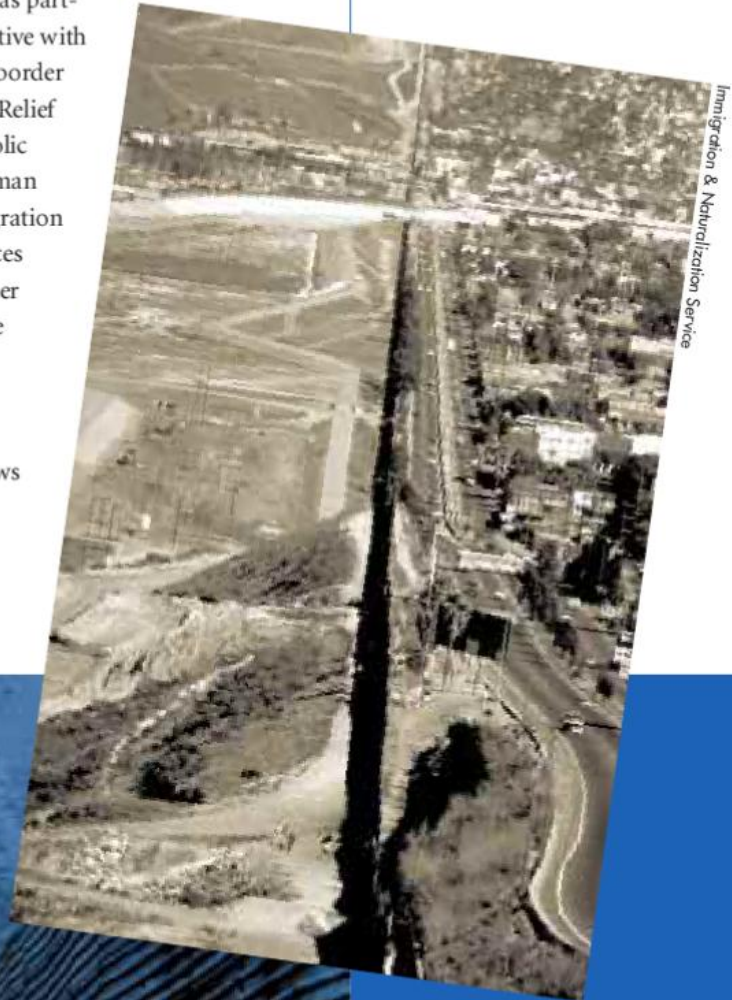
The U.S.-Mexico border region highlights some of our nation's most deeply-seated challenges. These include the tension between national security and U.S. dependence on foreign-born workers, its role in the global economy and its heritage as a nation of immigrants. Migrant crossing deaths, high poverty rates, substandard housing, inadequate health care, poor working conditions, and families divided by U.S. immigration laws characterize the border region. Many of these conditions are documented in CLINIC's publication, *Chaos on the U.S.-Mexico Border: A Report on*

Migrant Crossing Deaths, Immigrant Families and Subsistence-Level Laborers.

In 2002, the U.S. and Mexican bishops' conferences discussed the possibility of an historic joint pastoral statement dealing with the movement of people across the border. This statement, *Strangers No Longer: Together on the Journey of Hope*, will call for greater solidarity with migrants and between the people of Mexico and the United States.

As the result of increased attention to the border region, a unique, bi-national collaboration between local border dioceses and national Catholic agencies has been formed. CLINIC has partnered in this initiative with U.S. and Mexican border dioceses, Catholic Relief Services, the Catholic Campaign for Human Development, Migration and Refugee Services and numerous other departments of the United States Conference of Catholic Bishops. This coalition allows participants to address problems

Serving Vulnerable Newcomers



Immigration & Naturalization Service



CLINIC's Border Project highlights include re-opening its El Paso Field Office, with an attorney representing non-citizens in detention.

that require a multidisciplinary solution. The initiative combines advocacy, public education, community and worker organizing, and increased legal, pastoral and social services.

CLINIC's Border Project highlights include re-opening its El Paso Field Office, with an attorney representing non-citizens in detention. CLINIC has also begun funding two immigrant-led, community-based organizations through its National Immigrant Empowerment Project. Under this project, the Border Network for Human Rights in El Paso and Colonias Development Council in Las Cruces, New Mexico develop local immigrant leadership and seek solutions to systemic problems in their communities.

IMMIGRANT WORKERS' JUSTICE PROJECT

THE NEED: Immigrant laborers too often do not reap the benefits of their work. They suffer from low, sub-minimum wages, and other violations of employment and labor law.

CLINIC'S RESPONSE: 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.

Immigrant laborers enrich our nation and improve our quality of life, but do not reap the benefits of their work. Instead, they endure sub-minimum and non-payment of wages, or receive regular paychecks but still do not earn enough to escape poverty. Immigrants work disproportionately in jobs that do not provide health insurance or other benefits that most workers take for granted. Many immigrant laborers also suffer from occupational hazards including pesticide poisoning, exposure to dangerous chemicals, perilous construction sites, repetitive stress injuries, and cuttings.

CLINIC believes that the approach to these problems should go beyond improving wages and working conditions. As a nation, the United States must recognize that immigrant laborers personify core U.S. values: patriotism; hard work; strong families; an effort to improve one's condition; and a desire to contribute. By allowing these negative conditions to persist, we dishonor

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these values. In treating low-income immigrants with dignity and respect, we build a better future for these laborers and ourselves.

CLINIC provides technical advice and assistance on employment and labor law issues to member offices nationwide. It also assists member agencies in outreach to employment and labor groups in their local communities.

CLINIC's labor attorney provides legal advice to educate member agencies and assists them in responding to their clients' concerns. The attorney provides advice on issues such as Social Security no-match letters, correction of Social Security Administration earning statements, applications for Individual Tax Identification Numbers (ITIN), workers' compensation for undocumented workers, and the use of matricula consular cards. In addition, the attorney provides substantive articles for CLINIC's monthly newsletter.

NATIONAL ASYLEE INFORMATION AND REFERRAL LINE

THE NEED: Immigrants granted political asylum need assistance in navigating the labyrinth of public and private resources available to help them become self-sufficient and fully integrate into their new communities.

CLINIC'S RESPONSE: CLINIC's National Asylee Information and Referral Line provides a centralized source of accurate information about asylee eligibility for services and where these services can be obtained.

Each year, approximately 25,000 people from 128 nations are granted political asylum in the United States. Asylees have suffered persecution in their countries of origin, forced migration, detention in the United States, and the uncertainty of the asylum adjudication process. Many need well-coordinated and prompt social services to ease their transition.

CLINIC's labor attorney provides legal advice and assistance to educate member agencies in responding to their clients' concerns.

IMMIGRANT WORKERS' JUSTICE PROJECT HIGHLIGHTS

- CLINIC received the Archdiocese of Washington's first annual Monsignor George C. Higgins Award in "recognition of its commitment to the support and defense of low wage, at-risk immigrant workers and their rights to a fair salary, a safe work environment and to join a union."
- CLINIC participated in discussions with union leaders, particularly with the AFL-CIO, to expand immigration and workers' rights training.
- CLINIC provided small grants to its member agencies to expand labor education and representation in their communities.
- CLINIC's labor attorney began to serve on the Board of Directors for the National Interfaith Committee for Worker Justice.

Multilingual immigration counselors, who speak a total of 19 languages, are employed by Catholic Charities Community Services of the Archdiocese of New York, a CLINIC member agency and subgrantee.

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CLINIC's National Asylee Information and Referral Line, funded by the Office of Refugee Resettlement, provides a single, centralized source of accurate information about service eligibility and programs across the country. The toll-free phone number is listed in all asylum grant letters issued by the INS Asylum Office.

In 2002, 4,662 newly-approved asylees called the information line. They received 10,161 referrals to services helping them become self-sufficient. These included English classes, employment training, immigration counseling and health care.

Multilingual immigration counselors, who speak a total of 19 languages, are employed by Catholic Charities Community Services of the Archdiocese of New York, a CLINIC member agency and subgrantee. Counselors refer asylee callers to one of the 550 agencies serving refugees and asylees nationwide.

Federal regulations specify that refugees and asylees are eligible for the same benefits and services. (People apply for refugee status before they arrive in the United States, while immigrants apply for asylum when physically present in the United States.) While all newly-arriving refugees are sponsored by resettlement agencies, asylees are not. Thus, asylees are at a disadvantage in finding the public and private resources to help smooth their transition.

“Sonja”, a 67-year-old retired dentist and asylee from Albania, called the referral help line from her adopted home in North Carolina. She started crying when she heard the help line counselor speaking Albanian

because it was the first time she had heard her native language since she came to the United States alone eight months earlier. “God sent you to help me,” she told the counselor. Sonja asked for advice on moving to New

York, where she had heard there was a large Albanian community. The counselor found Sonja an affordable apartment to share with another Albanian woman. A local North Carolina pastor moved Sonja in his van to

New York. Now, Sonja is happily settled in her new home, an active member in the Albanian community, and very appreciative of the help she received.

ATTORNEY-OF-THE-DAY TOLL-FREE HELP LINE

THE NEED: Member agencies and community-based legal agencies face constant challenges in interpreting immigration law and choosing the most effective strategies for representing clients.

CLINIC'S RESPONSE: A toll-free help line offers local immigration practitioners advice from CLINIC's veteran immigration attorneys on specific legal questions.

CLINIC takes pride in the high-quality legal representation that its member agencies provide to low-income immigrants nationwide. CLINIC offers local practitioners case-specific advice and information. Its help line receives an average of 20 calls per day, or in excess of 5,000 calls each year. Each question is promptly researched and answered.

Typically, questions asked cover topics such as family-based immigration, naturalization, temporary employment authorization, and relief from removal (deportation). Most questions by callers involve both

substantive legal and practical advice on effective strategies for representing clients before government authorities.

Common questions asked in 2002 involved: the implementation of the Child Status Protection Act; acquisition of citizenship under a statute enacted in 2000; humanitarian reinstatement of visa petitions; changes in affidavit of support requirements; submission of social security earnings; changes in consular processing; eligibility for re-registration under Temporary Protected Status for Salvadorans, Nicaraguans, and Hondurans; final regulations implementing the Indochinese Adjustment Act for certain Southeast Asian refugees; immigration relief for battered spouses and children; and special registration for certain non-immigrants from Muslim-populated nations. Tracking the type and frequency of questions helps guide CLINIC on its choices for training topics, articles for its newsletter and advocacy priorities.

Expanding Legal Services



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Immigration & Naturalization Service

“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

CONVENING AND CONVOCATION

THE NEED: Immigration and refugee service providers can increase their effectiveness through training, sharing of best practices and discussion of current legal issues. They also benefit from a sense of community and shared touchstones.

CLINIC’S RESPONSE: CLINIC’s Annual Convening brings together the nation’s largest network of nonprofit immigration service providers.

CLINIC’s convening in 2002 was held from May 9-11 in Atlanta, Georgia, with 260 attendees. The theme, *Welcoming Immigrants in a Changed National Climate*, underscored the tremendous challenges facing immigration practitioners and programs in the wake of September 11, 2001.

The opening plenary session addressed legal issues, immigrant service provisions, and Catholic social teaching as it applies to immigration policy after September 11th. The second plenary session focused on the severe and unequal impact of U.S. immigration laws on women. Convening participants were able to choose from 16 workshops designed to impart practical

knowledge, including: fundraising for nonprofits; employment-based immigration; enhanced enforcement by the INS; new immigration laws and policies; asylum; and detention. CLINIC drew approximately 56 presenters and panelists from its network of member agencies, the government and the private bar.

IMMIGRATION LAW TRAINING

THE NEED: Immigration law is highly complex and evolving. Low-income immigrants depend on the skill and expertise of nonprofit immigration counselors.

CLINIC’S RESPONSE: CLINIC provides high-quality immigration training to its member agencies’ legal staff. Each year CLINIC helps more than 1,000 nonprofit immigration attorneys and legal counselors expand their expertise.

CLINIC provides an annual training schedule on substantive legal issues, as well as on practical skills. Training manuals are regularly updated and distributed to trainees. These publications are valuable assets to hundreds of nonprofit immigration programs nationwide.

IMMIGRATION LAW TRAINING PROGRAM HIGHLIGHTS:

- CLINIC conducted 31 full- or multi-day training sessions in 21 cities. Training sessions covered: family-based immigration; survey of immigration law; relief for battered spouses; naturalization; immigration law for refugee resettlement staff; and the impact of criminal law on immigrants.
- CLINIC also conducted training on program management (intake, case management, fiscal accounting, fundraising) and on improving general immigration skills (interviewing, research, writing).
- CLINIC staff spoke at training sessions sponsored by the American Immigration Lawyers’ Association, the Lutheran Immigration and Refugee Services, Illinois Coalition for Immigrant and Refugee Rights, World Relief, Immigrant Legal Resource Center, Cincinnati Battered Women’s Network, National College of District Attorneys, and the University of Texas School of Law.
- CLINIC’s Director of Training and Technical Assistance, Charles Wheeler, received the first “Daniel Levy Memorial Award” for a lifetime of outstanding achievement in immigration law. Senior Attorney, Mark von Sternberg received the American Immigration Lawyers’ Association’s Pro Bono Award.

CLINIC field office attorneys located in Boston, New York City, Washington, D.C., Miami, Chicago and San Francisco also conduct local training for member agencies and other organizations. Staff also speak at national conferences and assist other networks in training their member agency staff. CLINIC also conducts specialized on-site training at member agency offices upon request.

IMMIGRATION MANAGEMENT PROJECT

THE NEED: Local nonprofit immigration service providers need to develop, adopt, and share best practices in program management, advocacy, and fundraising.

CLINIC'S RESPONSE: The Immigration Management Project (IMP) has provided training to the executive directors and immigration program directors of more than 220 nonprofit immigration programs.

Local immigration service providers, including CLINIC's member agencies, are challenged by the number of newcomers needing assistance and by the complexity of their cases. The IMP helps these providers

to upgrade their program management, advocacy and fundraising skills in order to meet those challenges.

The IMP's training manual, *Immigration Management: Building Blocks for a Successful Program*, is based on best practices used by many of the country's most experienced nonprofit immigration programs and managers. The training curriculum covers program design, case selection criteria, case management systems, fee schedules, alternative funding sources, financial controls, marketing, staff training and legal ethics. Ninety nonprofit immigration programs received management training in 2002.

CLINIC offered trainings in Dallas, Portland, Miami, Savannah and Washington, D.C. Participants represented a diverse mix of faith- and community-based organizations. CLINIC also continued to provide management consultations for member agencies. On-site assessments took place in Boise, Idaho, Gillette, Wyoming and San Diego, California.

CLINIC also convened a working group of member agencies to propose modification of Council of Accreditation (COA) standards that are not well suited to legal service programs.

The Immigration Management Project (IMP) has provided training to the executive directors and immigration program directors of more than 220 nonprofit immigration programs.

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CLINIC produces reports, manuals, handbooks, position papers, articles, and a monthly newsletter.

CLINIC delivered best practice information, along with timely legal and policy information to its network through a 1,200 subscriber broadcast e-mail list. This service has created greater cohesion within the network.

PUBLICATIONS AND NEWSLETTERS

THE NEED: U.S. immigration law and policy often fails to respect the integrity of families, protect those at risk of violence and persecution, or offer appropriate paths to citizenship. CLINIC seeks to build awareness among policy makers, news media, advocates and the general public on problem issues. It supports reform based on the compelling message of Catholic social teaching.

CLINIC'S RESPONSE: CLINIC produces reports, manuals, handbooks, position papers, articles, and a monthly newsletter.

CLINIC's publications are noted for their in-depth analysis, true-life immigrant stories, and

advocacy for the fair and humane treatment of newcomers. In 2002, CLINIC staff authored several widely-cited articles and reports. CLINIC also published seven substantive immigration law manuals, which it distributed in conjunction with its immigration law training sessions: *Family-Based Immigration Law*; *Survey of Immigration Law*; *Immigration Law for Refugee Resettlement Staff*; *The Impact of Crimes*; *Relief from Removal*; *Citizenship for Us*; and *The VAWA Manual: Immigration Relief for Abused Immigrants*. These are essential tools for immigration practitioners.

CLINIC's monthly newsletter, *Catholic Legal Immigration News*, provides technical information to more than 1,000 nonprofit immigration service providers. Each issue includes substantive articles on timely immigration topics, an update on CLINIC's advocacy efforts, notices on upcoming training opportunities, and the most recent Visa Bulletin that charts which immigrant visas are currently available. It also includes articles on Catholic social teaching, which guides CLINIC's work and mission. "News from the Field" articles are written by member agency staff, highlighting work performed locally. More than 1,000 copies are distributed and circulated within organizations.

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DETAINED LONG-TERM RESIDENTS

THE NEED: Non-citizens with significant family, community, and employment ties to the United States are increasingly vulnerable to removal (deportation) and to detention for long periods while they await removal hearings.

CLINIC'S RESPONSE: CLINIC helps individuals with strong cases to apply for relief from removal, and to apply for release while awaiting their hearings. CLINIC detention attorneys have also represented non-citizens who, despite having no terrorist connections, were caught up in the government's post-September 11 sweep.

Until the late 1980s, non-citizens with significant family, community, and employment ties to the United States were not likely to be detained while removal proceedings were pending against them. Beginning in 1988, and continuing through the 1990s, a series of laws were enacted that: (1) defined more activities as deportable offenses; (2) greatly expanded the use of detention during the period preceding a removal hearing; and (3) made it much more difficult even for long-term residents with strong U.S. ties to obtain relief from removal.

CLINIC provides a variety of services for detained long-term residents facing removal proceedings. CLINIC assists individuals with strong claims to relief from removal and whose cases are in judicial circuits where release is legally possible to apply for pre-hearing release and reunification with U.S. family members. CLINIC also provides full representation in Immigration Court for selected long-term residents who have claims for relief. Represented non-citizens are far more likely to succeed in making such a claim.

The aftermath of September 11 has provided additional challenges for non-citizens, particularly those of Middle Eastern and South Asian origin. Using minor immigration infractions as a rationale, the government has detained numerous non-citizens for extensive periods in order to interrogate them prior to removal. CLINIC has assisted long-term U.S. residents who, despite having no terrorist connections, were caught in the post-September 11th sweep. CLINIC has helped them to mount defenses in situations where these immigrants qualify for asylum, for the right to depart voluntarily in lieu of a deportation order, or for other forms of relief from removal.

*Upholding
the Rights
of Detained
Immigrants*

LONG-TERM DETAINEE PROGRAM HIGHLIGHTS

■ With the generous support of the Open Society Institute, detention lawyers in several CLINIC offices represented non-citizens arrested in the post-September 11th sweep who faced deportation for minor immigration infractions. CLINIC's New York-based detention attorney worked with nonprofit organizations in the New York/New Jersey area to provide an extensive program of "know your rights" presentations to non-citizens in one of the nation's largest detention

facilities, located in Elizabeth, New Jersey. "Know your rights" presentations inform detainees about Immigration Court proceedings, the consequences of immigration law infractions, and any forms of relief from removal that may permit them to remain lawfully in the United States.

■ CLINIC inaugurated its El Paso Border Project in 2002 with the resumption of its detention representation project, made possible by the generous support of the

Carnegie Corporation Foundation of New York and the W. O'Neil Foundation, Inc. A CLINIC detention attorney in El Paso works with nonprofit partners in the area to provide "know your rights" presentations in the INS' El Paso Service Processing Center. Select detainees receive direct representation. Information on these cases and their detention conditions is documented and used to help formulate national advocacy priorities.

CLINIC believes that every effort to assist detainees, no matter how modest, can make a profound difference in the lives of individual non-citizens, their families and their communities.

DIOCESAN DETENTION PROGRAM DEVELOPMENT

THE NEED: Detainees and their families in hundreds of communities across the country need legal information and representation. The need greatly exceeds the ability of CLINIC and other detention representation programs to assist them.

CLINIC'S RESPONSE: CLINIC works with its member agencies nationwide to set up detainee legal service programs in local communities, using models that address the particular needs of local detainee populations and that are sensitive to member agencies' individual capacities.

Working with detainees can be overwhelming. Many detainees need assistance, and local immigration service providers already have many demands upon their time and resources.

CLINIC believes that every effort to assist detainees, no matter how modest, can make a profound difference in the lives of individual non-citizens, their families and their communities. It can also help to

change the way that communities view widespread detention of non-citizens.

CLINIC's Special Projects Division worked closely in 2002 with Catholic diocesan immigration programs in Miami and Los Angeles areas, sharing information and strategies about individual cases, and engaging in joint advocacy before local INS officials. CLINIC also collaborated with Catholic Charities in New Orleans to serve detained torture survivors held by INS in state and local contract prisons in the New Orleans area.

CLINIC helps additional Catholic immigration programs to design legal-assistance initiatives that address detainee needs and that are sustainable over time. These programs:

- Assist other nonprofit agencies by agreeing periodically to represent particularly vulnerable detainees;
- Provide accurate and timely legal information to families of detainees who are helping the detainees represent themselves in Immigration Court;
- Offer legal orientation programs in detention centers and organize pro bono lawyers to represent particularly vulnerable detainees.

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East C Pod, York County Prison (based on a drawing by a former INS detainee); from *Hard Place*, a website by Jenny Polak and Lauren Gill at the Lower East Side Tenement Museum online. www.tenement.org/hardplace

INDEFINITE DETAINEES

THE NEED: Thousands of non-citizens who have received removal (deportation) orders have been imprisoned for months or even years in the United States because their home countries have refused to take them back.

CLINIC'S RESPONSE: CLINIC lawyers across the country represent indefinite detainees, working to return them to their U.S. families under government-supervised release until they can be removed from the United States.

The United States is detaining roughly 5,000 immigrants who cannot be deported because their countries of origin will not take them back. Most indefinite detainees come from countries without diplomatic ties to the United States, such as Cuba, or ineffective diplomatic ties. Others are stateless, or come from countries that have no functional or central government.

Under 1996 legislation, non-citizens with removal orders, many of them nonviolent offenders, are held in detention until the INS effects their removal. Unable to return home but barred from resuming life in the

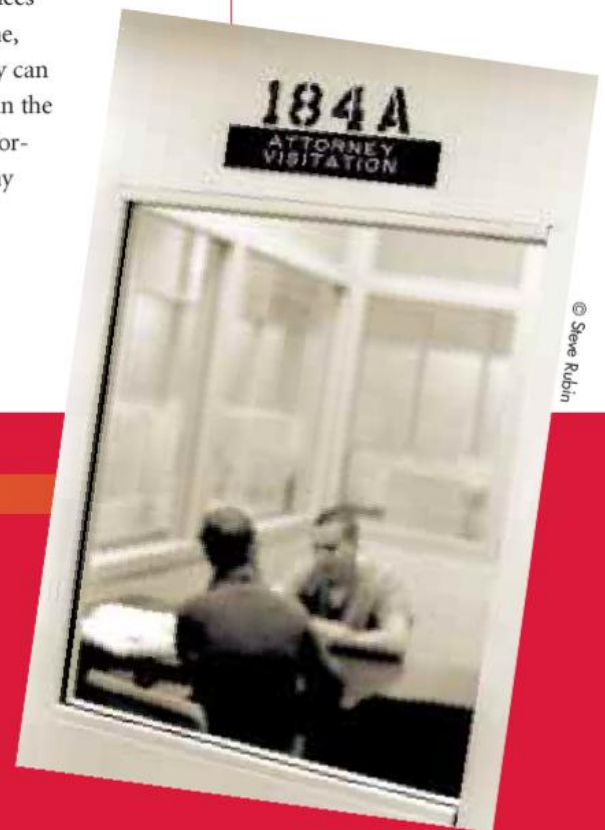
United States, these so-called "lifers" languish indefinitely in detention facilities across the country.

Some indefinite detainees manage to navigate the U.S. legal system successfully on their own. Most, however, cannot. CLINIC's detention lawyers identify and represent indefinite detainees, advocating with the Department of Homeland Security in an effort to obtain release. When continued detention is egregious and advocacy does not succeed, CLINIC's lawyers bring cases to federal court.

LEGAL RIGHTS ORIENTATION

THE NEED: Few indigent detainees are able to obtain legal representation. CLINIC and its nonprofit partners lack the resources to represent every deserving detainee without a lawyer. Unrepresented detainees face deportation hearings alone, without knowing whether they can assert a legal claim to remain in the United States, and without information about how to assert any rights they might have.

The United States is detaining roughly 5,000 immigrants who cannot be deported because their countries of origin will not take them back.



© Steve Rubin

INDEFINITE DETENTION PROGRAM HIGHLIGHTS

■ CLINIC's work with indefinite detainees garnered significant press attention in 2002. CLINIC attorney, Laurie Joyce, was quoted in articles in the *National Law Journal* and the *Miami Herald*. She also

interviewed for segments on National Public Radio's *All Things Considered* and Public Radio International's *The World*.



ZADVYDAS V. DAVIS: A STRONG PRECEDENT AGAINST INDEFINITE DETENTION

On June 28, 2001, the United States Supreme Court issued a landmark decision in *Zadvydas v. Davis*, ruling that the government does not have the power to hold non-citizens indefinitely and must consider, on a case-by-case basis, supervised release of detainees within a reasonable period after they are ordered removed.

Under the *Zadvydas* decision, non-citizens who do not pose a danger to the community, and who have no significant likelihood of returning to their countries in the foreseeable future, should be released after no longer than six months in INS custody.

Unfortunately, individualized INS reviews in response *Zadvydas* have not operated effectively. Most detainees do not receive timely custody reviews and fewer are released as a result of these determinations. CLINIC has, with the generous support of the Firedoll Foundation, tracked the limited success of the *Zadvydas*-inspired INS review programs in a series of reports, finding the programs to be an empty promise for most indefinite detainees.

CLINIC'S RESPONSE:

CLINIC and its partner organizations hold workshops in INS detention facilities to inform detainees about their rights under immigration law. These workshops help detainees decide whether they have legal grounds to fight deportation, and, if so, how they can assert their rights before the Immigration Court.

A legal rights orientation (also called a "Know Your Rights" presentation) is a workshop by an immigration lawyer provided to non-citizen detainees whom the INS is seeking to remove from the United States.

The format for legal rights orientations varies between CLINIC programs. In some detention facilities for adults, CLINIC lawyers make a classroom-type presentation to a large group of INS detainees, and then answer questions posed by the detainees. In other facilities, specifically those housing non-citizen children, orientation is conducted in the form of one-on-one consultations.

In the orientations, lawyers tell detainees what they can expect to occur in Immigration Court. They then discuss the

"charges," or infractions of immigration law, that immigration authorities can bring against detainees to start the removal (deportation) process. They then cover "relief from removal": i.e., waiver applications that a non-citizen may be able to make to an Immigration Judge which, if approved, will permit the non-citizen to remain lawfully in the United States.

CLINIC also provides attendees with written legal-orientation materials to help prepare detainees for representing themselves in Immigration Court.

These sessions permit CLINIC to identify individuals who are particularly vulnerable or have another compelling need for representation by a lawyer. As resources permit, CLINIC lawyers represent vulnerable individuals directly, or seek to find them pro bono counsel. CLINIC lawyers provide extensive mentoring and technical assistance for pro bono lawyers who take on cases.

Salim Y. (not pictured) is typical of indefinite detainees whose situations have been exacerbated by post-9/11 conditions. A 26-year-old Palestinian, Mr. Y was born in Gaza and lived there until the age of 10, when his family moved to Libya. Mr. Y lived in a refugee camp in Libya for 14

years, then flew to England, where he stowed away on a ship bound for Canada and then the United States. Upon reaching the United States, he was placed in the Elizabeth Detention Center in New Jersey. He appeared without a lawyer before an Immigration Judge, who denied him asylum

in January 2001. Mr. Y. had been in INS detention for 1½ years following his final order of removal when CLINIC encountered him. CLINIC's New Jersey-based detention lawyer determined that removal probably would be impossible in his case, especially since he was an Arab Muslim lacking documents.

CLINIC sought Mr. Y's release on an Order of Supervision. In the spring of 2002, when that avenue failed, CLINIC found pro bono counsel who filed a habeas corpus petition on his behalf, seeking his release until the government could locate a country willing to accept him.

**MOST REVEREND
NICHOLAS A. DIMARZIO**
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Diocesan Advisory Committee

Formed in 1998, CLINIC's Diocesan Advisory Committee provides advice and feedback on the full range of training, support, and programmatic activities that CLINIC offers to its affiliate members. The input of the committee enables CLINIC to determine which issues it should address to improve the effectiveness of its programs and services. The Diocesan Advisory Committee represents a diverse group of diocesan immigration programs. It serves as an excellent source of information for CLINIC's Board of Directors and staff.

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2002
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STATEMENT OF FINANCIAL POSITION

DECEMBER 31	2002	2001
ASSETS		
CURRENT ASSETS		
<i>Cash and Cash Equivalents</i>		
Operating Cash	\$ 321,501	\$ 77,995
Savings and Short-Term Investments	344,182	\$58,482
Restricted Cash – Foundation Support	590,542	\$413,697
Total Cash and Cash Equivalents	\$1,256,225	\$ 550,174
Accounts Receivable (net of allowance for doubtful Accounts of \$10,000 for 2002 and 2001)	71,748	40,422
Contributions Receivable	204,751	232,450
Grants Receivable	847,275	758,482
Receivable from Sub-Grantees	0	440,682
Prepaid expenses and other current assets	21,437	20,021
Total Current Assets	\$2,401,436	\$2,042,231
Restricted Investments	750,008	826,109
<i>Property and Equipment</i>		
Furniture and Equipment	348,909	348,909
Leasehold Improvements	45,787	45,787
	394,696	394,696
Less accumulated depreciation and amortization	(321,097)	(257,243)
NET PROPERTY AND EQUIPMENT	73,599	137,453
CONTRIBUTIONS RECEIVABLE, net of current position	58,600	0
DEPOSITS	3,250	3,250
TOTAL ASSETS	\$3,286,893	\$3,009,043
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	124,731	125,606
Contributions Payable	124,391	140,916
Grants Payable	650,077	583,572
Accrued Expenses	132,436	119,558
Refundable Advances	0	450,510
TOTAL CURRENT LIABILITIES	\$1,031,635	\$1,420,162
NET ASSETS		
Unrestricted	748,368	77,944
Unrestricted – Board designated	250,008	384,591
Total unrestricted	998,376	462,535
Temporarily restricted	1,256,882	1,126,346
TOTAL NET ASSETS	\$2,255,258	\$1,588,881
TOTAL LIABILITIES AND NET ASSETS	\$3,286,893	\$3,009,043

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED DECEMBER 31, 2002

TOTAL

REVENUES, GRANTS AND OTHER SUPPORT

MRS/USCCB Support	\$ 2,388,000
Professional and Religious Contracts	359,731
Federal and non-federal grants and contributions	5,504,013
Training, publications and other fees for service	136,220
Membership Fees	48,014
Net realized and unrealized loss	(98,825)
TOTAL REVENUES, GRANTS AND OTHER SUPPORT	\$8,337,153

EXPENSES

Program Services	6,605,204
Fundraising and Development	241,240
Management and general	824,332
TOTAL EXPENSES	\$7,670,776

CHANGE IN NET ASSETS	666,377
NET ASSETS AT BEGINNING OF YEAR	1,588,881
NET ASSETS AT END OF YEAR	\$2,255,258

*Catholic
Legal
Immigration
Network,
Inc.*

"It is disturbing that many policy-makers condemn the presence of the undocumented (immigrant) while quietly acquiescing to a system which benefits from their labor without recognizing their basic rights. The consequence of this flawed system - the exploitation, abuse and even the death of migrants - are morally unacceptable."

— Bishop Thomas G. Wenski in *El Paso Times*,
February 6, 2003



*Photo
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