Defending migrants with faith and law books

Embracing the gospel value of welcoming the stranger, the Catholic Legal Immigration Network, Inc. promotes the dignity and protects the rights of immigrants in partnership with a dedicated network of about 335 Catholic and community immigration legal programs across 48 states and the District of Columbia. 36 new affiliates were welcomed in 2018 alone!

For more than 30 years, CLINIC has been on the cutting edge of training nonprofit immigration legal service providers to offer affordable, quality legal representation to immigrants. As the largest charitable legal immigration network in the nation, CLINIC provides substantive legal and program management training and resources, as well as advocacy support at local, state and national levels. CLINIC also has a team of immigration attorneys who specialize in religious worker immigration law, assisting Catholic archdioceses, dioceses and religious communities.

2018 Landscape of Immigration

CLINIC’s 30+ years of preparing nonprofit agencies nationwide to provide legal guidance to immigrants came to dramatic fruition in 2017 and continued during 2018. The inauguration of President Donald Trump changed the immigration landscape for immigrants, advocates and legal practitioners.

Throughout the year, changes to immigration policy resulted in the separation of families at the U.S.-Mexico border, and images of children in cages made international headlines. Threats to asylum, Temporary Protected Status, Deferred Enforced Departure, Deferred Action for Childhood Arrivals, known as DACA, in addition to proposed changes to the public charge rule threatened to curtail the rights and undermine the dignity of immigrants in the United States. In response, CLINIC designed and spearheaded new trainings, resources and initiatives to meet the needs of our network amid the changing legal environment. Affiliated agencies nationwide hosted Know Your Rights events to train and screen undocumented immigrants for potential paths to legal status, while advocacy campaigns defended the rights of immigrants and entire populations of people. This report highlights notable trends and outcomes connected to CLINIC’s policy priorities and the immigration-related events of the year.

"CLINIC is a lifeline for people fleeing persecution, war and poverty or simply trying to keep their families together."

– Father Peter Daly, National Catholic Reporter, June 4

Timeline: 30 Years of CLINIC

1988 U.S. Conference of Catholic Bishops established CLINIC as a 501©(3), comprised of 17 programs
1996 First monthly newsletter delivered to our network
1997 The Emma Lazarus Project raised $5 million to fund 60,000 low-income and disabled non-citizens who were losing eligibility for public benefits
1999 FIA Pro Bono Affairs Project launched to support immigrants appealing without representation
2000 Free ABA reports published, putting CLINIC on the national policy map
2003 Excellence in Advocacy Award recipient from the Arab-American Anti-Discrimination Committee for outstanding advocacy for Arab and Middle Eastern immigrants post 9/11
2008 Executive Director Donald Kerwin, who led CLINIC for 15 years, bid us farewell
2011 E-Learning training launched, greatly expanding access to a higher number of trainees
2016 CIHC welcomed its 250th affiliate
2018 Campaigns to continue TPS for multiple countries were a major advocacy priority
2018 OUTCOMES FROM MAJOR POLICY PRIORITIES

FAMILY SEPARATION AT THE U.S.-MEXICO BORDER/“ZERO TOLERANCE”

CLINIC monitored and advocated against the administration’s policy of separating children from their parents and guardians beginning early in the year. Increased family separations began in the spring, when hundreds of children were separated from relatives. 100 of them age 4 or younger. Attorney General Jeff Sessions announced the administration’s “zero tolerance” policy in May, which spiked family separations. The lack of a data-gathering system or reunification mechanisms meant parents had little to no information about their children’s wellbeing or location.

U.S. District Judge Dana Sabraw of California blocked family separations in June. By the end of the year, approximately 15,000 children were in U.S. custody, and images of children in cages had reached international audiences, including the story of Jakelin Caal Maquin, a 7-year-old Guatemalan girl who died in federal custody.

• CLINIC staff and affiliates fought to reunite separated families at the U.S.-Mexico border and across the country.

• CLINIC took the lead on explaining the devastating immigration custody.

A 7-year-old Guatemalan girl who died in federal custody while in the custody of U.S. Customs and Border Protection. The girl’s death sparked international attention and media coverage of family separations at the southern border.

CLINIC Affiliates Across the Nation

Volunteer at the Border

Amand increased media attention, Executive Director Jeanne Atkinson, CLINIC staff, Board Chairman Bishop Kevin Vann of Orange and affiliates spent time with asylum seekers affected by new delays in admission to the United States and family separation. Atkinson and Bishop Vann paid brief visits to the port of entry in Nogales, Arizona, during CLINIC’s Convening, while volunteers from affiliates spent a week or more in Nogales and at other border areas or detention centers to provide legal assistance.

Donor support allowed CLINIC to offer stipends to dozens of legal professionals to volunteer at organizations, including Diocesan Migration and Refugee Services of El Paso and Catholic Charities of the Rio Grande Valley. More than 30 legal service providers from 22 programs completed their volunteer service by fall 2018.

“I was stunned that so few resources (attorneys) were present in the border area. We need to advocate for border towns,” said Janet Horman, with Justice for Our Neighbors in Miami, who volunteered at the border in September.

“We encounter Jesus in those who are poor, rejected, or refugees. Do not let fear get in the way of welcoming our neighbor in need. #WithRefugees” — Pope Francis’s June 20 response to the administration’s “zero-tolerance” policy

Top 3 resources on family separation

• Webpage views
  • Resource page: Fact Sheets, How to Help and Other Resources on Family Separation (2,034)
  • Timeline: Family Separations Under the “Zero-Tolerance” Policy (528)
  • Fact Sheet on Family Separation (465)

Trainings spotlight

• More than 550 people participated in trainings connected to family reunification.

• Nearly 500 people participated in a new four-part webinar series on representing refugees and asylum seekers in difficult times.

Media Highlights

• “Asylum is the law of the land” post on Oct. 28 reached 18,992 engagements on Facebook and nearly 54k on Twitter.

• One family separation graphic was shared 800+ times.

Legacy

CLINIC has been equipped affiliate staff, attorneys, and legal representatives to reunite families for decades — we supported legal professionals to go to Dilley, Texas, to provide representation to detained mothers and children with the hope they could reunify with their loved ones in the United States through the Dilley Pro Bono Project since 2015.

TEMPORARY PROTECTED STATUS AND DEFERRED ENFORCED DEPARTURE:

CLINIC LEADS THE FIGHT FOR THEM TO CONTINUE

CLINIC continued to lead national advocacy efforts related to protecting holders of Temporary Protected Status, or TPS, and Deferred Enforced Departure, or DED. TPS allows foreign nationals to remain in the United States if something catastrophic happened in their home country while they were here, such as war or a natural disaster, which prevents their safe return. Like TPS, DED also provides people with work authorization and protection from deportation.

Ten countries held TPS at the beginning of the Trump presidency. The administration’s efforts to end TPS picked up steam in 2018. Following the terminations of TPS for Sudan and Nicaragua in late 2017, TPS was terminated for Haiti, El Salvador, Honduras and Nepal in 2018, affecting hundreds of thousands of people. The administration also extended, but did not redesignate, TPS for Syria, Yemen, and Somalia in 2018. Redesignation allows people who more recently arrived from TPS-designated countries to apply for protection. Extension and redesignation had been granted at every decision point for Yemen, Somalia and South Sudan prior to the current administration.

Oversight and accountability

A growing body of evidence has questioned the lawfulness of the TPS actions. CLINIC provided the substantive content for congressional requests for investigations by the Department of Homeland Security Office of Inspector General and by the U.S. Government Accountability Office.

Top 3 Resources for TPS and DED

• Webpage views
  • Resource: Guidance for Practitioners on Adjustment of Status for TPS Recipients in the Sixth and Ninth Circuits (4,968)
  • Resource page: TPS and DED resource page (3,829)
  • Resource: 9th Circuit finds TPS counts as an admission for adjustment of status eligibility (1,913)

Training Spotlight

Webinar: Advising Clients About TPS Terminations, had 100+ attendees

Media Highlights

• CLINIC participated in the TPS for Somalia Twitter Townhall, moderated by UndocuBlack, a partner organization.

• Twitter thread on the news that an injunction was granted for TPS for Sudan, Nicaragua, Haiti and El Salvador on Oct. 3, with #SaveTPS, had 119 likes and 37 retweets.

Legacy

After the earthquake devastated Haiti in 2010, CLINIC took the lead in asking the administration to offer TPS to Haitians, it took longer for the Obama administration to institute such protection, but it was granted Jan. 21, 2010.
Deferred Action for Childhood Arrivals was established in 2012 through a presidential executive order as a form of relief from deportation and to provide work authorization to nearly 700,000 immigrant youth, known as Dreamers.

After Attorney General Jeff Sessions announced the termination of DACA in 2017, CLINIC supported affiliates with in-depth legal analysis, practice advisories, program tools and community outreach materials for DACA recipients through 2018.

Judge William Alsup of the Northern District of California issued a preliminary injunction requiring U.S. Citizenship and Immigration Services to resume accepting certain DACA applications on Jan. 10, 2018. Additional courts also ruled against the government’s action.

The administration published a proposed rule that would impose new financial hurdles for immigrants who wish to apply for or maintain legal immigration status in the United States. Oct. 10. The government bars immigrants on “public charge” grounds if it is believed that they would likely depend on public cash assistance or need long-term medical care at the government’s expense. Under the proposed rule, the list of public benefits that would count against an immigrant would expand to include more non-cash resources, such as the Section 8 Housing Choice Voucher Program.

CLINIC advocated for people and organizations to express their opposition to the proposal by submitting comments. CLINIC joined the Protecting Immigrant Families Campaign, known as PIIF, to stay current on the development of the rule, and coordinated with our faith-based partners to create strategies for the faith community. With NETWORK, CLINIC has co-led the faith-based section of PIIF.

CLINIC has provided information on the proposed changes to the definition of public charge, what benefits would be affected and how someone’s use of public benefits might affect their immigration status.

Top 3 Resources for DACA in 2018

- Resource page: Deferred Action for Childhood Arrivals (2,237)
- Resource: Protecting Immigrant Families Campaign (PIIF),400+ resources (2,830)
- Resource page: Deferred Action for Childhood Arrivals (2,237)
- Resource: Practice Advisory: Non-Lawful Permanent Resident Cancellation of Removal Under INA § 240A(b) for DACA Recipients (653)

Legacy

Voices of CLINIC Fellows: “You can go to college, get financial aid. You have to do it because you can… You don’t have to be afraid that you won’t be here tomorrow,” Miriam Martinez wrote in April 26, 2017.

The administration has ruled against the government’s action.

DACA applications on Jan. 10, 2018. Additional courts also ruled against the government’s action.

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CLINIC held more than six trainings focused on public charge — the recording is now public and 500+ participants in our webinar explaining the proposed changes to public charge — the recording is now public

Training highlights

500+ participants in our webinar explaining the proposed changes to public charge — the recording is now public

CLINIC held more than six trainings focused on public charge in 2018.

Top 3 Resources on public charge in 2018

- Resource page: Public Charge (8,667)
- Resource page: DHS Proposes Vast Changes to Public Charge Definition (4,766)
- Recorded webinar: Public Charge Updates: What Is Your Client Facing at the Consulate? (2,830)

Naturalization Campaigns / Initiatives

Naturalization has fluctuated between the first and second most-requested service from clients served by CLINIC affiliates. CLINIC has funded naturalization campaigns since its early years, beginning with the Levi Strauss Naturalization Campaign. That campaign, which began in 1992 in El Paso, was managed by former CLINIC Regional Director and longtime Board Member Lily Gutierrez. The Lily Gutierrez Memorial Scholarship, which supports recipients’ attendance at our annual Convenciendo, was created in her memory.

CLINIC has supported more than 30 organizations through the New Americans Campaign, or NAC, which has resulted in the completion of approximately 45,000 naturalization applications and has built naturalization capacity within organizations and communities since 2011. CLINIC’s NAC sub-grantees helped complete more than 8,200 N-400 applications in 2018.

CLINIC’s legacy and robust support for naturalization includes:

- providing nearly $15 million to affiliates for naturalization services;
- helping more than 60,000 vulnerable permanent residents become U.S. citizens through CLINIC’s Emma Lazarus Project. The project raised $3 million to support 57 affiliates beginning in 1997 to help immigrants who are low income or have disabilities become citizens;
- promoting and implementing the workshop model for providing naturalization services.

“When I took the oath of citizenship, I can say it was one of the happiest days of my life — knowing that now I belong,” said Pílka Ryder, who now does naturalization work with CLINIC Affiliate Catholic Charities of Pueblo under NAC.

2018 Annual Events milestones

- Convening (20+ year legacy): 480+ attendees, 380 had been to the event before, 160K reach on Twitter.
CLINIC in the News: Voices

Charles Wheeler, Director of Training, Litigation and Legal Support, on the announcement of the proposed public charge rule, The New York Times, Sept. 22, “The complex web of technicalities surrounding the new rule are difficult to understand, so the number of immigrants who withdraw from programs could exceed even the number who are subject to the rule.”

Bishop Mark Seitz of El Paso, CLINIC Board Member, on justice for border communities and asylum seekers on Capitol Hill, Commonweal, March 8, “Please hear the stories of immigrants. Don’t let the political morass in Washington take you over. Stand for something. Listen to your conscience.”

Jennifer Riddle, Staff Attorney, ABC News, April 24, “It is critical for the TPS designation for Nepal to be extended, in light of the slow pace and numerous obstacles to reconstruction and recovery from the 2015 earthquake.”

2018 Board Of Directors and Organization-Wide Announcements

Jeanne Atkinson, Executive Director
Most Reverend Kevin V. Vann, BOARD CHAIR, Bishop of Orange
Most Reverend Mark J. Seitz, VICE PRESIDENT, Bishop of El Paso

Sister Sally Duffy, SC, TREASURER, Retired
Mgr. J. Brian Brandyfield, General Secretary, U.S. Conference of Catholic Bishops
Most Reverend Roy E. Campbell, Auxiliary Bishop of Washington
Mr. William Conny, Migration and Refugee Services, U.S. Conference of Catholic Bishops
Most Reverend Nicholas DiMarzio, Bishop of Brooklyn
Sister RayMonda DeHoll, OHS,
Most Reverend Edward Elizondo, Auxiliary Bishop of Seattle
Ms. Marguerite (Peg) Harmon, Catholic Community Services of Southern Arizona
Most Reverend Gregory J. Hartmayer, Bishop of Savannah
Most Reverend Gerald Kicanas, Bishop Emeritus of Tucson, and Apostolic Administrator, Diocese of Las Cruces, New Mexico
Mr. Francis J. Mulcahy, J.D., M.T.S, Georgia Catholic Conference
Most Reverend Joseph A. Pape, Bishop Emeritus of Las Vegas
Mr. Vincent Pitta, Festa & Glavin, LLP
Most Reverend Thomas J. Rodi, Archbishop of Mobile
Most Reverend Jaime Soto, Bishop of Sacramento
Mr. D. Taylor, UNIQUE HERE
Most Reverend José S. Vásquez, Archbishop of Austin
Ms. Carmen M. Yeguzes, University of San Diego
Most Reverend Thomas G. Wenski, Archbishop of Miami

A season of changes. After five years leading CLINIC, Jeanne Atkinson announced that she would be stepping down as executive director in early 2019, to move to Italy. In November, CLINIC’s Board of Directors announced they had hired Anna Marie Gallagher to succeed Atkinson, beginning in February 2019.

“I have the utmost confidence in Anna’s ability to lead CLINIC. Her skills, knowledge and leadership are exactly what CLINIC needs at this time and I am excited to see what the future holds under her direction,” said Atkinson to Catholic Philly / Catholic News Service, Nov. 28