

# Annual Report

# 2020

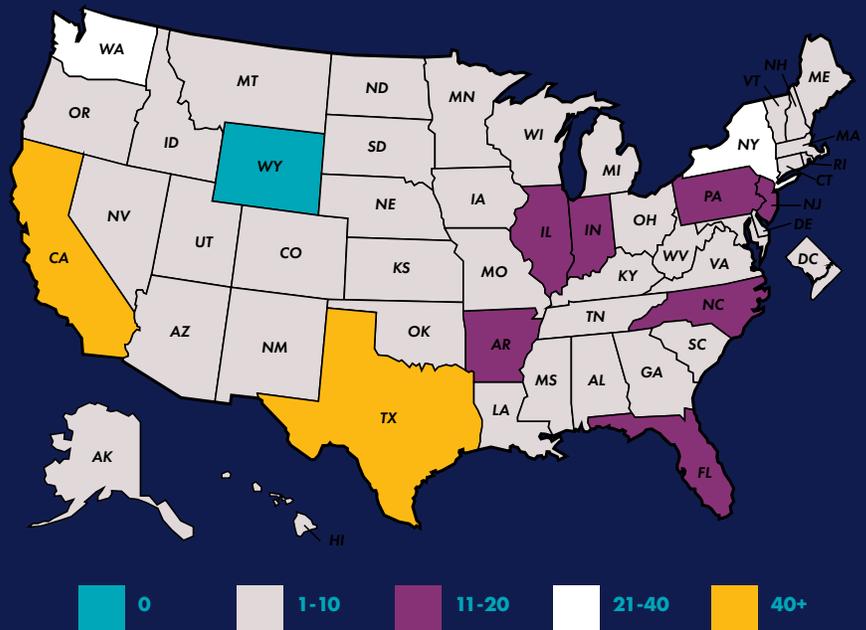


CATHOLIC LEGAL  
IMMIGRATION  
NETWORK, INC.

[cliniclegal.org](http://cliniclegal.org)

# Our Mission

*Embracing the Gospel value of welcoming the stranger, the Catholic Legal Immigration network, Inc., CLINIC, promotes the dignity and protects the rights of immigrants in partnership with a dedicated network of Catholic and community legal immigration programs.*



- *Network at 1988 founding: 17 affiliates*
- *Network in 2021: more than 400 affiliates in 49 states, plus the District of Columbia*
- *For a full list of CLINIC affiliates:*  
[cliniclegal.org/find-legal-help/affiliates/directory](https://cliniclegal.org/find-legal-help/affiliates/directory)

***“Yet he rescues the orphan from the sword of their mouth, the needy from the grip of the strong; so the poor have hope and violence shuts its mouth.”***

**—Job 5:15-16**



## **Joint Letter from the Board Chair and Executive Director**

One year ago, a new virus made people-to-people interaction dangerous, seemingly overnight. A hug or a handshake could spread a fatal disease. This was difficult for CLINIC because we walk with the sojourner, the traveler, the orphan and the widow.

This often requires a personal connection, a presence that communicates the mercy of Jesus. Our work as disciples of Christ cannot be limited to a computer connection. God and all His children deserve more from us. As so often happens, the most vulnerable and marginalized would be the ones to suffer the greatest harm during this pandemic. This was particularly true for immigrants without legal immigration status, and asylum seekers seeking protection at the southern border.

As staff, board members, and affiliates in the CLINIC family, we did the best we could because the mission is critical and human migration does not stop for a pandemic. We took precautions and found ways to minister to those in need, carrying out the Lord’s work of mercy. Some risked their own health to continue the mission. Others improvised new ways to connect with the people we serve.

*“Because the poor won’t be forgotten forever, the hope of those who suffer won’t be lost for all time.” — Psalm 9:18*

While this has been a calamitous time for all of us, it is also a time of opportunity to see where the Good Shepherd is leading us. People seeking asylum at our borders are not a “problem;” they are our neighbors who need help. CLINIC has doubled the efforts to help our immigrant brothers and sisters, before, during and after the pandemic. Our Catholic moral tradition has much to contribute to shaping the laws and policies governing the treatment of migrants from countries near and far; children fleeing gangs; people who have lived in the United States for decades without legal immigration status; and those lucky enough to have been born here or have found a path to legal immigration status. The reverence for the dignity of the human person will continue to be at the heart of CLINIC’s work and the core of our advocacy for just and humane immigration reform.

During this year dedicated to St. Joseph, the guardian of Mary and the Child Jesus, we are reminded that the Holy Family endured a time living as refugees fleeing violence. Join with us in asking for the compassionate intercession of both Joseph and the Virgin Mary so that all of CLINIC’s endeavors may be guided by the wisdom and mercy of the Lord Jesus.

*Bishop of Sacramento*

*Executive Director*

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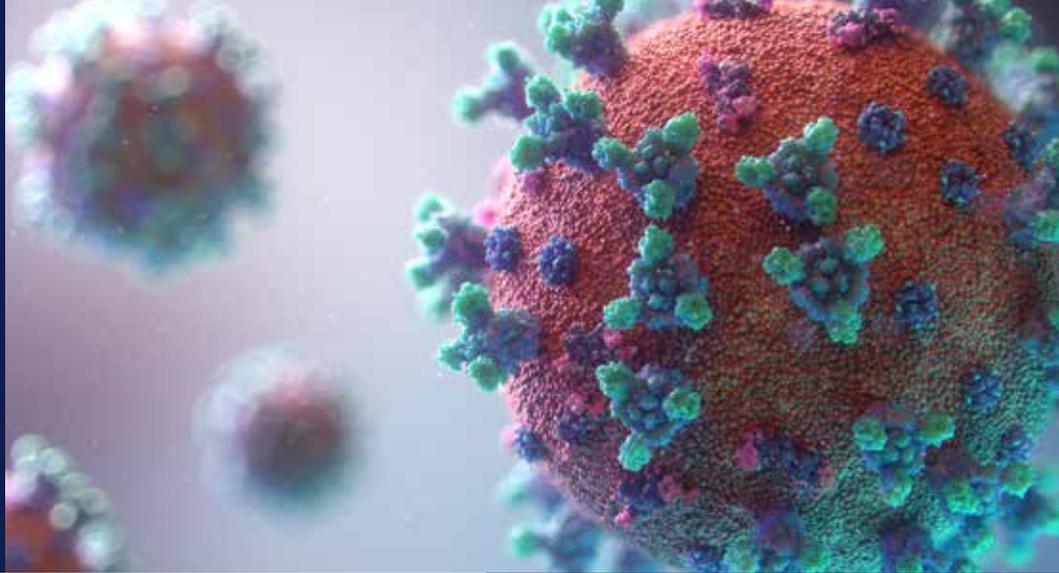
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## CLINIC's Response to COVID-19

For more than 30 years, CLINIC has protected the rights and promoted the dignity of our immigrant neighbors. While 2020 brought a unique set of pandemic-related challenges, the past year exemplified the commitment of CLINIC and our network to serve and work alongside the immigrant community.

Due to the pandemic, operations at U.S. governmental agencies have been disrupted, leading to frequent announcements relating to modifications in policies and procedures. Within days of the COVID-19 pandemic being declared a national emergency, CLINIC created a landing page on our website to ensure our network remained informed on policy and operational changes as well as advocacy efforts that promote the health and safety of immigrants, their families and their legal representatives. The COVID-19 page continues to be updated as the pandemic affects the immigration landscape; you can view it here: [cliniclegal.org/covid-19](https://cliniclegal.org/covid-19)

At the U.S.-Mexico border, CLINIC's Estamos Unidos Asylum Project converted in-person visits to shelters and consultations with asylum seekers in Ciudad Juarez to a remote-only model. Resources and audio updates are shared through a messaging app, and the same app is used to perform individual consultations. The Estamos team even held a livestream event in September 2020 to answer questions from asylum seekers in real-time.

***“With a virus that does not discriminate based on nationality or borders, our shared humanity and the inherent right to human dignity are even more apparent ... Much will change about our lives when we get through to the other side of this, and we will get there together.”***

— Anna Gallagher,  
CLINIC Executive Director

# Helping Religious Workers Immigrate

CLINIC's Religious Immigration Services, or RIS, fulfills a vital role in representing more than 180 religious organizations in the United States. The majority of RIS clients are from Mexico, the Philippines and India. The RIS team also represents more than 150 clients from predominately Black countries to serve in Black Catholic communities across the United States.

The importance of religious workers became even more apparent in the wake of the pandemic. Operating day and night in essential services, such as churches, hospitals and schools, religious workers have been crucial in serving the most vulnerable among us.

Throughout 2020, the RIS team persevered, navigating USCIS office closures due to the pandemic, processing backlogs and the everchanging immigration landscape. As our nation continues to fight COVID-19 and rebuilds following the pandemic's end, RIS will contribute to these efforts by representing religious workers.

Read the RIS team's recommendations to the Biden administration on how to rebuild and restore the foreign-born religious workers program, here: [bit.ly/CLINICreligiousworkers](https://bit.ly/CLINICreligiousworkers)



***“Our work provides us the chance to meet and work with religious men and women who, each day, pursue their vocations... We are grateful for your sacrifice in coming to a new country, we are grateful for your daily devotion to making this world a better place, and we are grateful that you share your blessings and vocation with us every day.”***

— Miguel Naranjo, Director of Religious Immigration Services

## Legal Services Provided by Religious Immigration Services

In 2020, RIS filed over 700 applications on behalf of its clients. The percentage of cases by type are shown below.



Created with Datawrapper



## Supporting Civic Participation

Civic participation is an important element of immigrant integration. However, it requires that immigrant advocates and government agencies at the local, state and national levels build trust and secure buy-in from the immigrant community. As an election and census year, 2020 presented critical opportunities to engage immigrants in civic participation.

To support these efforts, CLINIC's Capacity Building section released an extensive resource for educators and new Americans — *Civic Participation Curriculum: Comprehensive Capacity Building*. The Civic Participation Toolkit extends beyond the curriculum to gather resources from past and current CLINIC initiatives along with additional resources from the field.

In response to the Trump administration's implementation of a significantly longer, more difficult citizenship test in December 2020, CLINIC launched an advocacy campaign that generated more than 3,000 comments. The resounding call to keep naturalization accessible for all was heard by the incoming Biden administration, and the previous version of the citizenship test was restored in the early months of 2021.

For the 2020 Census, CLINIC partnered with the U.S. Census Bureau to raise awareness about the need for and safety of immigrant participation in the census. As a trusted source in the immigration space, CLINIC was a natural fit for this role. Resources, blogs and social media posts were published promoting participation in the census, particularly by immigrants.

Read more on CLINIC's policy recommendations regarding immigrant integration, here: [bit.ly/CLINICintegration](https://bit.ly/CLINICintegration). Then, learn more about recommendations related to naturalization, here: [bit.ly/CLINICnaturalization](https://bit.ly/CLINICnaturalization)

***“As an election and census year, 2020 presented critical opportunities to engage immigrants in civic participation.”***

# MAJOR CHANGES IN THE IMMIGRATION LANDSCAPE

## Deferred Action for Childhood Arrivals

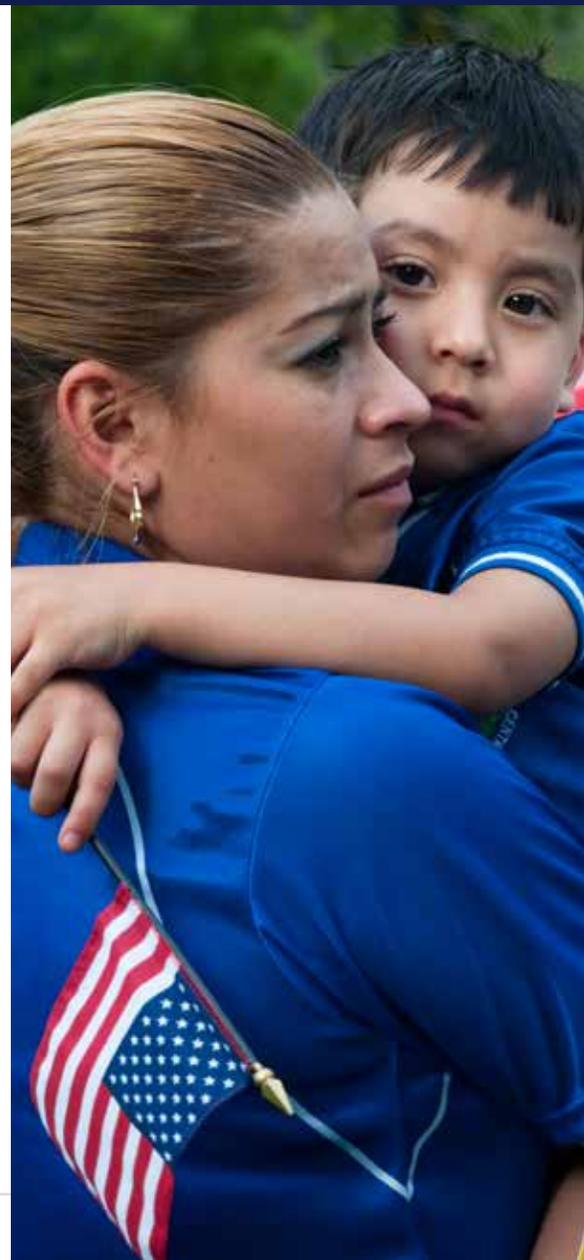
Through every change to the Deferred Action for Childhood Arrivals, or DACA, program, in 2020, CLINIC interpreted, responded and provided guidance to practitioners in our network.

CLINIC's subject matter experts adapted practice guidance in accordance with court decisions and agency operations related to DACA. By providing different avenues for information, such as practice advisories, webinars, explainer videos and advocacy tools, CLINIC ensured that our network remained ready to serve their clients.

In June 2020, CLINIC hosted its largest webinar to date with **790 attendees** — *The Supreme Court Ruling on DACA: What the Decision Means and What's Next*.

After the Dec. 4, 2020 decision and the Dec. 7, 2020 USCIS implementation, CLINIC began work on resources and trainings related to filing first-time DACA and advance parole applications. View the full range of DACA-related updates and resources, here: [cliniclegal.org/DACA](https://cliniclegal.org/DACA)

- **June 18, 2020** — The Supreme Court ruled that the Trump administration's decision to rescind DACA violated the Administrative Procedures Act and must be vacated. Three consolidated lawsuits were returned to the lower courts.



- **July 17, 2020** — The U.S. District Court for the District of Maryland issued an order restoring DACA to its pre-rescission status and enjoining the Department of Homeland Security, or DHS, from implementing the rescission.
- **July 28, 2020** — DHS issued a memorandum making certain immediate changes — rejecting all initial DACA requests and advance parole applications and granting DACA renewals and employment authorizations in one-year increments — to the DACA policy while the agency reconsidered the program in light of the Supreme Court’s decision.
- **November 14, 2020** — The U.S. District Court for the Eastern District of New York ruled in *Batalla Vidal*, that DHS Acting Secretary Wolf was not lawfully serving in that role when he issued his July 28, 2020, memorandum suspending portions of DACA. The court also granted the plaintiffs’ motion for nationwide class certification to include all individuals eligible for DACA under the terms of the original program as announced in 2012.
- **December 4, 2020** — The U.S. District Court for the Eastern District of New York in *Batalla Vidal, et al., v. Wolf, et al.* vacated the July 28, 2020, Wolf memorandum suspending portions of DACA. The court ordered USCIS to resume accepting first-time DACA requests, renewal requests, and advance parole requests according to the terms of the DACA program before its termination in 2017. The court also ordered the agency to extend all one-year DACA grants and employment authorization documents to two years.
- **December 7, 2020** — USCIS updated its website to indicate compliance with the court’s order.

## Migrant Protection Protocol/Asylum Seekers

Under the guise of the public health order, Title 42, asylum seekers and unaccompanied minors were rapidly expelled at the U.S.-Mexico border. In April, CLINIC partnered with more than 70 partner organizations in calling on DHS and the Centers for Disease Control and Prevention to cease the expulsion of unaccompanied minors.

CLINIC experts also provided practice guidance to those working with asylum seekers at the border. On June 15, 2020, an interim rule was issued attempting to eliminate asylum for the most vulnerable of asylum seekers, including those feeling gender- and gang-based violence. In response, CLINIC hosted the webinar *Our Asylum System at Grave Risk: What You Can Do*. The webinar was CLINIC’s second largest ever with **660 attendees**.

CLINIC published a policy paper on restoring the United States’ commitment to asylum, read it here: [bit.ly/CLINICAsylum](https://bit.ly/CLINICAsylum)





## Temporary Protected Status

Temporary Protected Status, or TPS, is a life-saving immigration status that allows foreign nationals to remain in the United States, if during the time they were in the United States something catastrophic happened in their country of origin preventing their safe return. TPS allows people to work legally and be protected from deportation.

CLINIC leads the TPS Advocacy Working Group, now known as the TPS-DED Administrative Advocacy Coalition, joined by organizations representing diverse regions of immigrants. The group's priorities for the last four years have been to maintain TPS protections for existing countries as well as ensure that these protections remain accessible for future designations.

### Notable TPS decisions in 2020

- Yemen TPS extended for 18 months in January 2020
- Somalia TPS extended for 18 months in January 2020
- South Sudan TPS extended for 18 months in September 2020
- Sudan, Nicaragua Nepal, Haiti, El Salvador and Honduras TPS extended through October 4, 2021

In addition to advocacy efforts, CLINIC experts also created practitioner resources and trainings to ensure that our network can best serve clients who may apply for TPS protections.

## Family Separation

Due to the pandemic, families in detention encountered the possibility of family separation through a cruel binary choice. The danger of COVID-19 in enclosed spaces such as detention centers led to a federal judge ordering that children, detained for longer than 20 days, be released. However, the judge did not have the authority to grant the

*“The fee increase was a blatant attempt to implement a wealth test and put immigration out of reach based on how much money a person has in her pockets. This is an affront to our Catholic value of helping the poor, for when we serve them, we serve our Lord.”*

— CLINIC Executive Director Anna Gallagher

parents of these children the same freedom. Immigrant parents were forced to choose between separating their families or putting their children at risk of contracting COVID-19.

CLINIC’s Formerly Separated Family Project — within the Defending Vulnerable Populations Program — uplifted this issue with a blog and series of videos, in English and Spanish, that retold the trauma faced by separated families in 2017. By following up with these families, the campaign clarified that the trauma of separation extends far beyond reunification.

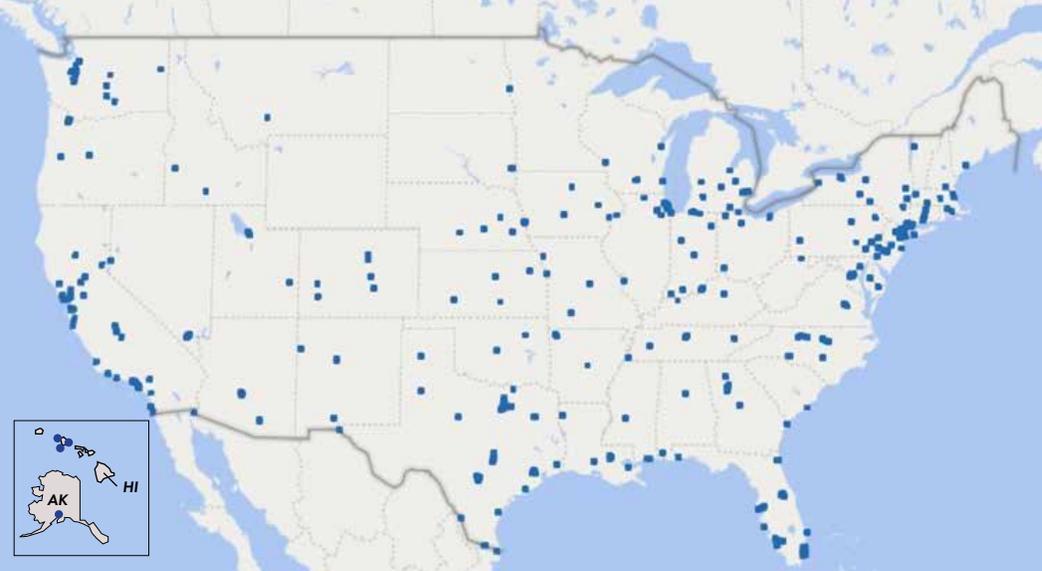
Learn more about CLINIC’s work with separated families and our policy recommendations, here: [bit.ly/CLINICFamilySeparation](https://bit.ly/CLINICFamilySeparation)

## Fee Schedule Increases

USCIS published the final rule for its revised fee schedule on Aug. 3, 2020. The final rule was scheduled to take effect on Oct. 2, 2020. The final rule included dramatic increases to many current application fees as well as the creation of a fee for asylum applications. The rule also eliminated most existing fee waivers.

Since the rule was first proposed in November 2019, CLINIC has led opposition efforts and encouraged network agencies and partners to voice their opposition to these harmful changes that will have a disproportionate impact on low-income immigrants, vulnerable populations and delay many hardworking immigrants’ long-sought American dreams. On Sept. 29, 2020, the U.S. District Court for the Northern District of California granted the motion for preliminary injunction filed by eight nonprofit organizations, including CLINIC, temporarily halting implementation of the USCIS final fee rule in its entirety and on a nationwide basis.





## Affiliate Network

CLINIC's affiliate network consists of nearly 400 Catholic and community-based immigration law providers located in 49 states and the District of Columbia. Our affiliates represent a diversity of local groups — including faith-based and municipal — that defend immigrants and facilitate their integration. Affiliate agencies provide authorized immigration legal representation from attorneys and/or Department of Justice accredited representatives at the partial or full level. Affiliate staff range in their years of legal experience, areas of expertise and non-English language options. Many are immigrants themselves.

As part of CLINIC's network, affiliate organizations receive individualized support from CLINIC attorneys through the Ask the Experts portal. They also have access to affiliate-only CLINIC trainings and resources, receive a monthly e-newsletter and are supported programmatically by a field support coordinator within CLINIC's Capacity Building department.

Nonprofit organizations rely on the DOJ Recognition and Accreditation Program, read CLINIC's policy recommendations for the program, here: [bit.ly/CLINICaccreditation](https://bit.ly/CLINICaccreditation)

View the full directory of CLINIC affiliates, here: [cliniclegal.org/find-legal-help/affiliates/directory](https://cliniclegal.org/find-legal-help/affiliates/directory)



Most Reverend Jaime Soto,  
Bishop of Sacramento



## CLINIC Board

- BOARD CHAIR — Most Reverend Jaime Soto, Bishop of Sacramento
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- Mr. Vincent Pitta, Pitta LLP
- Most Reverend Thomas J. Rodi, Archbishop of Mobile
- Mr. D. Taylor, UNITE HERE
- Most Reverend George L. Thomas, Ph.D., Bishop of Las Vegas
- Most Reverend Thomas G. Wenski, Archbishop of Miami
- Ex Officio, General Secretary, USCCB – Vacant

## 2020 Impact Report

- **Advocacy staff secured extensions** of the wind down period of Deferred Enforced Departure for Liberia and a groundbreaking successful implementation of Liberian Refugee Immigration Fairness.
- **\$9.6 million worth of pro bono legal services** provided through the Board of Immigration Appeals Pro Bono Project, resulting in tremendous victories on difficult appeals at the Board of Immigration Appeals and in the Federal Circuit Courts of Appeal.
- **Five affirmative challenges filed** in federal court as co-counsel seeking to protect unaccompanied children, asylum seeking families, TPS beneficiaries with U.S. citizen sons, daughters or spouses, and a gentleman subjected to prolonged ICE detention despite a claim to derivative U.S. citizenship.
- **One amicus brief** drafted to the office of the Director of the Executive Office for Immigration Review on the Recognition & Accreditation, or R&A, Program.
- **19 amicus briefs** signed onto before the Board of Immigration Appeals and U.S. courts of appeals.
- **25 average daily requests** received through the “Ask the Experts” portal.
- Training and Legal Support was called upon to update **four immigration law books**.
- **12,800 people** participated in a CLINIC training or webinar in 2020.
- More than **70 media mentions** in news publications, including: ABC; America Magazine; Catholic News Service; CNN; NBC; The New York Times; TIME and Telemundo.
- Grew to **more than 36,500 followers** on our social media platforms: Facebook; Twitter and LinkedIn.
- **720 applications filed** on behalf of religious worker clients.

## Financials

<b>Revenues</b>	<i>Excluding In-Kind Contributions</i>		<i>Including In-Kind Contributions</i>	
Awards	\$3,774,238	36.3%	\$3,774,238	17.8%
Federal and State Awards	170,056	1.6%	170,056	0.8%
USCCB Support	2,276,334	21.8%	2,276,334	10.7%
Services	2,128,323	20.4%	2,128,323	10.0%
Other Contributions	656,332	6.3%	656,332	3.1%
In-Kind Contributions			10,819,919	50.9%
Other Income	1,418,682	13.6%	1,418,682	6.7%
	<b>\$10,423,965</b>	100.0%	<b>\$21,243,884</b>	100.0%
<b>Expenses</b>				
Program	\$7,942,824	81.7%	\$18,731,279	91.2%
Management and General	1,455,495	15.0%	1,486,959	7.2%
Fundraising	322,823	3.3%	322,823	1.6%
	<b>\$9,721,142</b>	100.0%	<b>\$20,541,061</b>	100.0%
<b>Program Expenses</b>				
Education and Network Growth	\$5,699,565	71.8%	\$5,699,565	30.4%
Direct Representation	1,302,482	16.4%	12,077,318	64.5%
Advocacy and Community Engagement	940,777	11.8%	954,396	5.1%
	<b>\$7,942,824</b>	100.0%	<b>\$18,731,279</b>	100.0%

## Certifications



**CLINIC's Combined Federal Campaign Number: 10443**

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