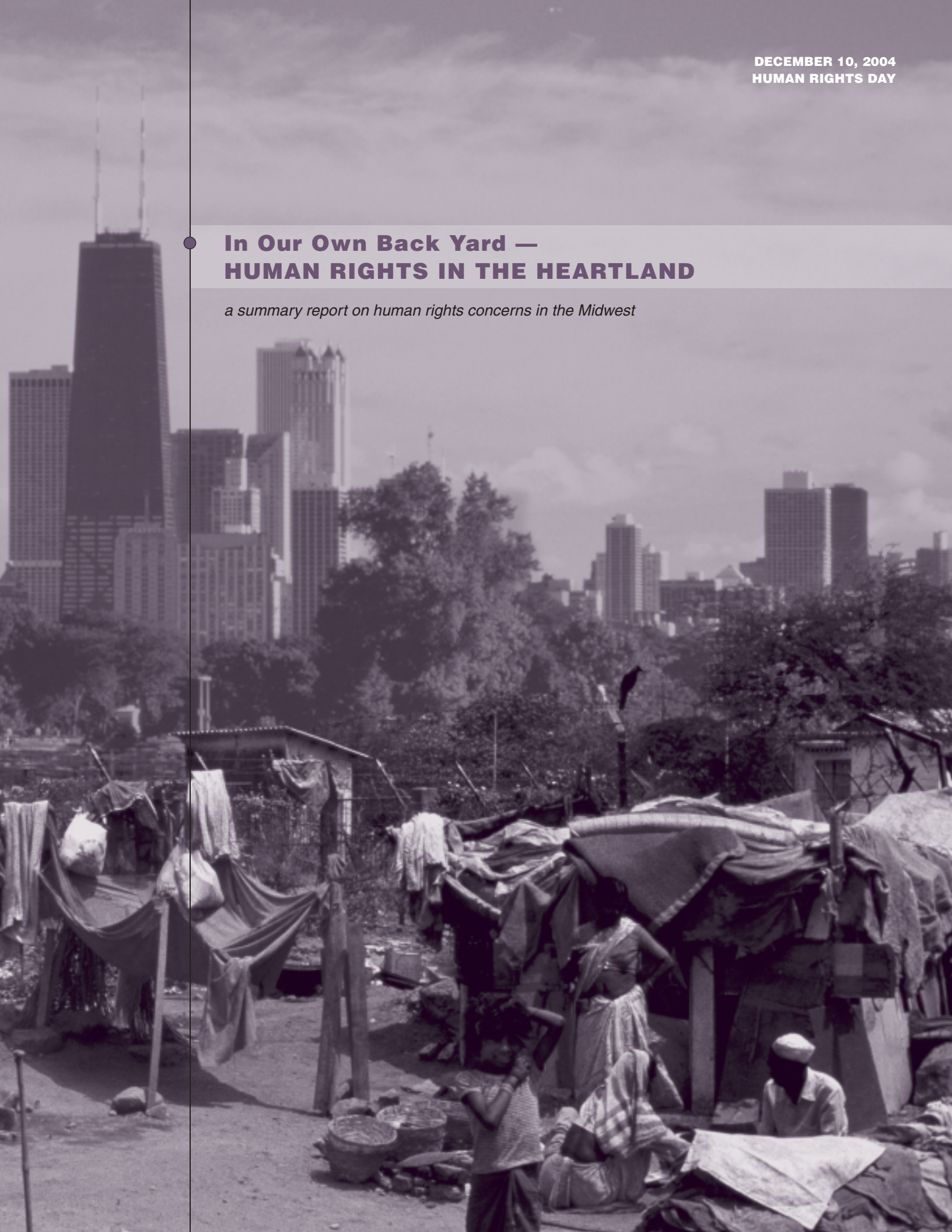


DECEMBER 10, 2004
HUMAN RIGHTS DAY

● **In Our Own Back Yard —
HUMAN RIGHTS IN THE HEARTLAND**

a summary report on human rights concerns in the Midwest



“I think that it is necessary to realize that we have moved from the era of civil rights to the era of human rights.” — *The Rev. Dr. Martin Luther King, Jr.*

Preamble

The Universal Declaration of Human Rights was adopted by the United Nations on December 10, 1948. The 30 articles contained in the Universal Declaration encompass civil, political, economic, social, and cultural rights. These rights were further clarified in the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social, and Cultural Rights.

The Universal Declaration was greatly influenced by Eleanor Roosevelt, then the U.S. Representative to the United Nations and the President of the U.N. Commission on Human Rights. Her husband, President Franklin D. Roosevelt, influenced the Universal Declaration through his advancement of an “economic bill of rights” and his doctrine of “four freedoms”—freedom of expression, freedom of religion, freedom from fear, and freedom from want.

The Universal Declaration was forged in the dusk of World War II. Since that time, important progress has been made in global and national commitments to civil and political rights. Yet, there is more progress to be made.

The progress toward ensuring economic, social, and cultural rights has been much slower. Persistent poverty and two decades of unresolved homelessness in the U.S., together with growing income inequality and chronic poverty and disease within the global community, illustrate the many miles left to travel to ensure “freedom from want”. Slow progress toward advancing these rights—and even refusal to recognize economic, social, and cultural rights as bona fide rights—has contributed to the interplay of economic and social desperation and terrorism. The pathway to a safe national and global future is dependent on progress toward securing economic, social, and cultural rights.

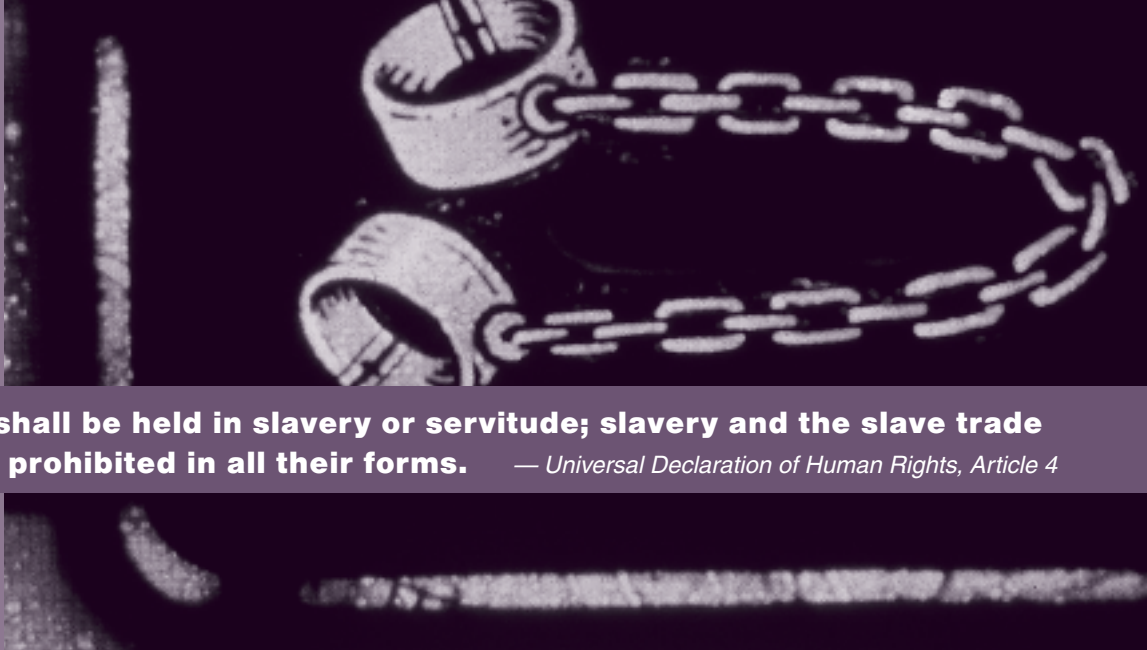
This report is designed to educate Midwesterners about the crucial role of human rights protections and to reveal the gap between human rights standards and realities in the Midwest. It is produced as an abridged report, not as a comprehensive analysis of human rights, and is primarily based on conditions encountered by Heartland Alliance in its provision of direct services to more than 72,000 individuals over the past year. It pinpoints areas of concern and provides illustrative case studies of human rights abuses. The recommendations stem from these and many other cases.

Note: All names used in the Case Studies are pseudonyms.

IN OUR OWN BACKYARD

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No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms. — *Universal Declaration of Human Rights, Article 4*

Areas of Concern

In the 21st century, individuals continue to be held in slavery as victims of human trafficking—forced into servitude in areas such as factories, restaurant services, domestic work, cleaning and maintenance, and prostitution. An increased number of trafficking cases have been discovered in the Midwest since 2001, and the signs indicate that many more victims of modern-day slavery have yet to be identified.

Victims of human trafficking in the U.S. are entitled to protection under federal law. In 2000, Congress passed the Trafficking Victims Protection Act, which provides mechanisms to identify and support victims, and extends protection to victims who cooperate with law enforcement agencies in the prosecution of the traffickers. Unfortunately, making protection contingent upon the involvement of law enforcement poses a barrier for many victims since procedural delays can compromise victims' safety and well-being for months and even years.

People with serious mental illness and women are particularly vulnerable. People with severe mental illness may be forced against their will to perform sexual acts in exchange for “friendship” or drugs, or are exploited to work long hours for substandard wages. Women are often forced to be sex workers.



Case Studies

MARIA, a trained nurse in her 50s, arrived in the U.S. from South America with a dream of putting her skills to use as an au pair for a young couple from her home country. She was proud of her training and confident that she would be able to give top quality care to the couple's newborn. But Maria found another life awaiting her—one of fear, isolation, constant surveillance, and exhausting work and hunger. She was denied the ability to contact her family, receive medical treatment, or leave the house unaccompanied, and was fed only with leftovers from the baby's meal. Her employers often threatened to put Maria in prison back in her home country if she broke their rules, a very real threat as her employers came from powerful families.

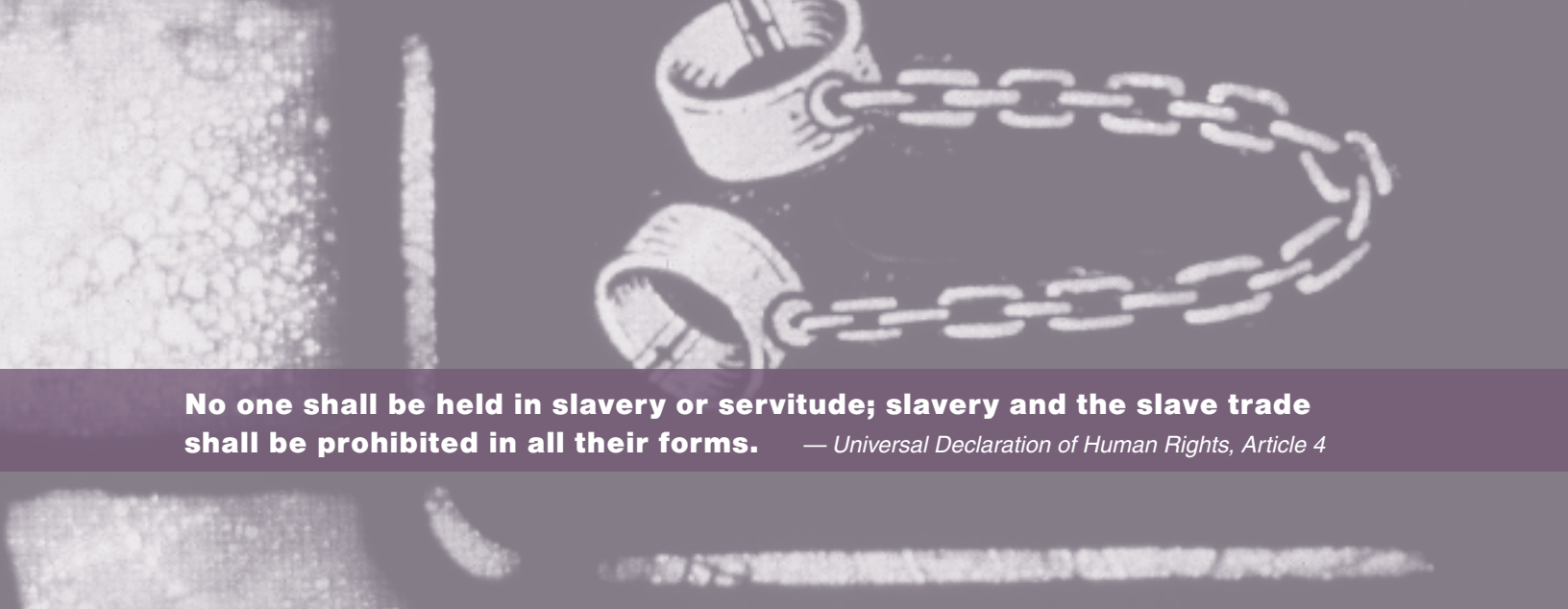
Maria nevertheless seized an opportune moment to escape. After securing a safe place to stay with the help of a good Samaritan, she started down the long path toward security and a life free from harm. She contacted the FBI and, after providing them with documents and other witnesses, she was told that there would be an investigation. In return, she asked for permission to work so that she could regain her independence and contribute to the U.S. as she had intended. Though this request was small and guaranteed by law, Maria had to wait a destitute 15 months to obtain work authorization and protected status through a special visa for victims of trafficking. Today, Maria still fears retribution from her traffickers who, since the U.S. Attorney's Office declined to prosecute, are still at large.

FRANCES came to work in the U.S. to provide babysitting services for a family from her home country in East Africa. The initial agreement prior to her arrival in the U.S. was that Frances would be responsible for babysitting a two-year-old. In return, she would be paid \$220 on a bi-weekly basis, in addition to being provided room and board.

However, Frances's employers confiscated her legal and identification documents and prevented her from contacting home or her relatives in the U.S. In addition to babysitting, Frances was forced to clean the house, cook, and take care of other household chores. She had no time off and received no pay.

After 18 months of enslavement, Frances was able to escape. She immediately reported her struggle to the U.S. Department of Justice and requested protection. Her traffickers, however, acted just as quickly. They filed retaliatory criminal charges of theft against her. The U.S. government required Frances to face her traffickers alone in a courtroom, defending the false charges, despite her repeated requests for protection and assistance over the course of a year. Only after she had prevailed against her traffickers, facing them bravely in court with *pro bono* criminal defense counsel, did the government offer its hand to assist.

Case Studies — continued on next page >



No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms. — *Universal Declaration of Human Rights, Article 4*

Case Studies — continued

JOSE came to the U.S. from Latin America when he was in his late teens. He came from a desperately poor family and a desperately poor town where no jobs were to be found. Upon his arrival in the U.S., Jose initially found a variety of odd jobs to support himself. Ultimately he secured a job as a security guard and was delighted at the opportunity for full-time work and for the status of being a guard.

However, when he received his first paycheck, he found \$12 for each 12-hour shift, \$1 per hour. Knowing that he was undocumented, Jose felt that he had little recourse and hoped that the situation would change. When it did not, he asked his boss for more money. He was told to be quiet or he'd be reported to immigration authorities.

RECOMMENDATIONS

- *Benefits and services for victims of trafficking should not be contingent upon cooperation with law enforcement.*
- *Access to protection, recovery, and employment services for victims of trafficking must be immediate with particular concern for people with severe mental illness.*



No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. — *Universal Declaration of Human Rights, Article 5*

● **Areas of Concern**

At a conservative estimate, 500,000 survivors of torture reside in the U.S. after fleeing human rights violations in their countries of origin. Approximately 35,000 survivors reside in the metropolitan Chicago area. Seeking safety in the U.S. requires survivors to apply for political asylum within 12 months of their entry to the U.S. A profound psychological burden is placed on survivors, who are likely to be suffering from post-trauma symptoms that may manifest in avoidant behaviors and vulnerability to re-experiencing the trauma when required to provide a detailed, sequential, and complete account of their torture. Adding to their trauma, many survivors encounter a hostile and adversarial system when seeking asylum in the U.S.

For many other Midwesterners, their desperate economic situation forces them to seek an underground means of survival. Survival jobs are often accompanied by cruel or inhumane treatment. People who are homeless and day laborers are particularly subject to degrading treatment by government authorities and the general public.



No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. — *Universal Declaration of Human Rights, Article 5*


Case Studies

PIERRE is 34 years old. He previously held a government position in a country in Central Africa. He was targeted by the regime's militia, arrested, detained, and tortured. Once released, he fled to the U.S., fearing for his life. He left his wife and children behind, thinking he would have them join him later. He applied for political asylum and for authorization to work during the legal process, which took more than 12 months. He was denied work authorization. Pierre slept on the bathroom floor of a barbershop owned by an African immigrant he had met in a Chicago neighborhood. He was allowed to enter the shop as the owner was leaving for the day and was locked in the shop until the owner arrived the next morning. He was not given a key or allowed to spend time in the shop except to sleep. Pierre reported he slept in the bathroom because it was the warmest room and he could close the door and feel secure. After several months, the owner informed Pierre he could no longer sleep there and he was forced to stay in a shelter at night. This was a difficult situation for Pierre, since as a French speaker he did not understand much of what was said to him by others. He was concerned for his own safety and well being during this time.

SERGE was detained and tortured in his homeland in Central Africa for his political activism. After using false documents to escape his home country, Serge arrived in the U.S. in 2002 and was detained for nine months in a county jail while awaiting a decision on his asylum claim. Once granted asylum, Serge was released from detention and provided with a social security number. He was anxious to find employment, but was unable to without photo identification. His false documents had been confiscated and he did not have a valid passport. Serge had to wait an additional six months before he received an official work authorization card in order to obtain a state photo identification card.

PAUL is a 52-year-old physician from Central Africa. He was targeted for his democratic political views and tortured. Seeking asylum in the U.S., he spent his first six months living in a shelter for the homeless. When offered temporary housing in exchange for janitorial work, Paul accepted. With his asylum pending and no work authorization, Paul still has no income to purchase food and other living essentials. He relies on food pantries.

SAID is a young man from Somalia who has now spent most of his adult life in the custody of the immigration service. He came to the U.S. from Somalia, where he witnessed his sister raped and killed in front of him and lost many other family members in the clan violence that has plunged his home country into chaos. He was 16 at the time. He settled in Wisconsin, where racial and cultural differences made him an outsider. At age 18, after having been beaten up by white youths in a fight, he attacked his tormentors and was convicted of battery. After this incident, he promptly sought mental health care for depression and suicidal thoughts, and was effectively treated throughout his less than one-year sentence in a county jail. He had no sooner begun to recover his health when he was arrested and placed in detention by the immigration service to await deportation¹.



There is no government in Somalia to receive Said, even if it were safe for him to return (as a member of a minority clan, he faces probable attack if he goes back). Said's deportation proceedings have been delayed over a year, due to clerical errors within the immigration service. An immigration judge twice granted Said a reprieve² and both times the government appealed. Currently, the government is reviewing the judge's reprieve under the Convention Against Torture, of which the U.S. is a signatory. The government has also appealed the judge's grant of a bond for Said.

While in detention, Said's mental health status has declined to an alarming degree. Actively suicidal, he has been repeatedly placed in "administrative segregation". Deprived of recreation, reading materials, and even normal interaction with others, he has begun to experience aural hallucinations and has trouble speaking or articulating a full sentence. For one year, Said was permitted only one visit to a psychiatrist, and his medication has been inadequate. Despite repeated requests and a signed release, the immigration service refused for months to provide medical records to his attorney.

Said remains in jail more than two years after the immigration service first detained him—despite having been granted a reprieve, despite the government's inability to deport him to Somalia, despite his deteriorating mental condition, and despite having family members who are willing to care for him. He has spent more than twice the amount of time in immigration custody than he served for the original battery charge.

ANDREA, 28, has had a hard life on the street. She came from a troubled family, didn't do well in high school, and could never get on her feet. She tried living with family and friends, but it never worked out. Ultimately, she became homeless. She periodically visited a neighborhood health center where her physician encouraged her to always use a condom if she had sex and provided her with a supply. One night, Andrea was talking with some friends on the sidewalk when the police pulled up. They called Andrea over and searched her possessions. When they found her condoms, they taunted her by calling her a "party girl" and a "prostitute". One of the officers took her condoms, poked holes in them, and returned them to her.

RECOMMENDATIONS

- *Temporary financial and medical assistance, along with work authorization, should be provided to asylum seekers who are torture survivors, much like what is available to refugees. This would provide asylees with minimal means to live while waiting for the asylum process to be completed.*
- *Torture survivors receiving specialized care at a rehabilitation center should be provided a medical card to allow them to access medications and other services needed to address their health conditions.*
- *Police need awareness training on homelessness, drug use, mental illness and accompanying symptoms, and social problems.*



No one shall be subjected to arbitrary arrest, detention or exile.

— *Universal Declaration of Human Rights, Article 9*

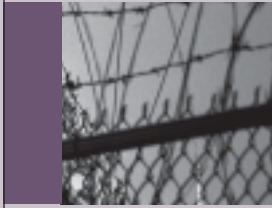
Areas of Concern

In recent years, a series of U.S. laws and policies have greatly expanded government powers of detention, particularly detention of non-citizens, placing judicial decisions in the hands of low-level government employees, and eliminating judicial discretion and oversight. The inevitable result has been a pattern of widespread abuse and the arbitrary detention and deportation of thousands of immigrants each year, often without charging them or even granting them a legal hearing.

Since September 11, 2001, the federal government has embarked on a strategy of reducing the risk of terrorism by targeting individuals born of a certain nationality, practicing a certain religion, or even employed in a certain location. In Chicago, for instance, a special enforcement initiative targeted immigrants working at O'Hare Airport, including Mexican immigrants in fast food outlets. Special enforcement initiatives and nationality-based registration requirements placed tens of thousands of Muslim and Arab men under scrutiny and subjected them to arbitrary arrest.

Too often, these individuals, citizens and non-citizens alike, are detained—sometimes erroneously—other times due to minor immigration violations that, by law, do not warrant detention. They may be held for weeks or even months without being charged, without gaining access to an attorney, and without having a day in court. The result is a detention system so inscrutable that it is difficult to ascertain the facilities it uses or the number of people it holds, rendering government accountability for the rights of detainees negligible.

People who are homeless, especially African-American males, are often subject to racial profiling and arbitrary arrests as well. Because their homeless status and have little or no financial means, these men are left with little recourse when wrongfully arrested.



Case Studies

FELIX, a West African, arrived in the U.S. in the winter of 2003 with a valid visitor's visa. While working for a major international non-governmental organization in his native country, he published a report containing information critical of his own government; as a result, military officials threatened his life. At O'Hare Airport, he informed immigration officials that he wanted to seek asylum. Although he had a valid visa, Felix was denied entry, arrested, and detained in a series of county jails throughout the Midwest. Felix filed a parole request, which was denied by the detention officer with no written reason for the decision. The immigration judge denied Felix asylum, in large part because his detention prevented him from obtaining the type of corroborating evidence that would have been helpful to his case.

Felix's lengthy detention caused him to become severely depressed, and his mental status negatively impacted his decisions about the future. After months of confinement in county jails, Felix became resigned to returning to his home country and abandoned his appeal of the judge's decision. He has been deported and faces the possibility of arrest, torture, or even death at the hands of his nation's government.

LEONARDO is a native and citizen of Mexico. He entered the U.S. almost twenty years ago and shortly thereafter became a lawful permanent resident. In 2003, Leonardo was arrested on a traffic violation. Following his arrest and release from the custody of the State of Illinois, he was transferred to the custody of Immigration and Customs Enforcement, which detained him for three months without ever charging him with any offense. Leonardo was released without charges being filed, or even any explanation of why he had been held.

DR. MARWAN is a physician at a prominent hospital in the Midwest. When the Federal Administration declared that all non-resident Arab men had to register, he complied. He was informed of another rule that he had to re-register after one year as well as a third rule that he had to register when entering or leaving the country. A few months later, he traveled to the Middle East to visit his family. He registered with the immigration authorities before he left, and registered again when he returned. As a valid visa holder and a physician in this country by invitation, he had nothing to hide and wished to cooperate as fully as possible. However, immigration authorities didn't tell him of a fourth rule, that, if someone traveled, they needed to update their primary registration within 30 to 40 days after return, and thereafter on an annual basis. Dr. Marwan returned to work, providing health care to hospital patients. Two months later, he heard about this other rule from a friend, another physician. He immediately went to the immigration authorities to comply with the re-registration rule. However, the immigration authorities found that his failure to re-register a fourth time was "willful". Dr. Marwan was placed in deportation proceedings.

Case Studies — continued on next page >



No one shall be subjected to arbitrary arrest, detention or exile.

— *Universal Declaration of Human Rights, Article 9*

Case Studies — continued

HENRY became homeless in his early 30s after experiencing a severe mental health crisis. He was hospitalized, and when released from institutional care, he did not connect to community mental health services. Because, he was not vigilant in taking his medications, his illness was not always under control. Henry was introduced to a homeless service center where he started receiving assistance in finding housing, support in taking his medications, and ongoing health care services. One day, the police stopped Henry as he was walking on a Chicago sidewalk. They asked him for his driver's license. He told them he didn't have one. They asked him for other identification, and he told them he didn't have any. The police arrested Henry and took him to jail.

RECOMMENDATIONS

- *The use of detention should be the exception, not the norm. Asylum seekers should only be detained when the government can present evidence that the individual constitutes a security risk to the U.S. Immigrants should be detained only when the government can demonstrate a risk to public safety or a significant flight risk.*
- *The government should not detain individuals as a result of law enforcement initiatives and practices that target people solely on the basis of race, nationality, religion, or ethnicity.*
- *When an individual is detained, the government should charge the individual within 24 hours of his/her arrest, and the detained immigrant should appear before an immigration judge within 72 hours.*
- *Immigration authorities should provide information on the identities and locations of all detainees, and permit independent inspections of detention facilities to ensure that no detainees are being held without charges, and to assure independent verification of compliance with minimum national and international detention standards. Detention standards promulgated by the U.S. Bureau of Immigration and Customs Enforcement should be made mandatory, not discretionary.*
- *Police should enforce the same standards of treatment regardless of race or economic status.*



Anyone who is deprived of his [her] liberty by arrest or detention shall be entitled to take proceedings before a court, in order that that court may decide without delay on the lawfulness of his [her] detention and order his [her] release if the detention is not lawful.

— *International Covenant on Civil and Political Rights, Article 9, Section 4*

Areas of Concern

In addition to arbitrary arrest and detention, lack of access to the courts is a serious issue that plagues many immigrants in the U.S. today. A number of administrative policies and procedures prevent detained non-citizens from taking their immigration proceedings before a court, even if their detention is arbitrary or they are eligible to appeal. For example, it is not uncommon for jail or immigration authorities to coerce detained immigrants into signing a “stipulated order of removal”, essentially waiving their rights to contest their deportation before a court of law. These individuals are rarely provided adequate or accurate language translation of the order and its consequences. In addition, they may be given faulty legal advice from immigration officers and are seldom granted an opportunity to speak with a lawyer about the consequences of signing the document.

Similarly, individuals who have been deported once—even if they complied with all the conditions of their deportation—are subject to automatic reinstatement of the deportation, which precludes an appearance before the court and effectively denies administrative or judicial review.

In other cases, detainees who have a final deportation order face indefinite detention without any effective review process. Many of these individuals come from countries that no longer exist, like Yugoslavia, or from countries that are in the midst of civil war and have no central government, like Somalia. As a result, the detainee is unable to get travel documents, and cannot be repatriated. Unable to either stay or return, these individuals are forced to languish in jail for months or years on end.

Domestically, low-income people arrested for simple misdemeanors, who cannot afford bail, frequently spend four to six weeks awaiting trial.

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HAILE is an Ethiopian national of ethnic Eritrean descent. He entered the U.S. with a valid student visa and subsequently applied for asylum because he feared that he would be persecuted for his political opinions and ethnic heritage under the dictatorial Mengistu regime. He was never interviewed on his asylum application and the government administratively closed his case in 1997. At that point, Haile's status expired and he lost his work authorization.

In the context of this difficult situation, Haile was convicted of a misdemeanor offense. While he was detained, an immigration agent approached him and told him that he was out of status and would be deported to Ethiopia. The county jail was located far from Chicago and Haile did not have access to information regarding his rights. Although he stated that he feared returning to Ethiopia and had applied for asylum, the immigration agent told him that he had no right to apply for asylum and no reprieve. Based on this false and coercive information, Haile signed an order of removal, agreeing to his deportation.

He later learned that he had been misinformed, and that he indeed had a right to an asylum hearing before an immigration judge. He retained a pro bono attorney to help him appeal his signing of the removal order. The Board of Immigration Appeals held that Haile did not knowingly and intelligently sign the order and waive his rights, and remanded his case for an asylum hearing before an immigration judge.

JOSE was a Mexican man who had lived in the U.S. since 1990. In 1995, he applied for permanent residence status (also known as a green card). On his application, he disclosed that he had been deported from the U.S. in 1981. In 1997, while his application was pending, Jose requested permission from immigration authorities to leave the U.S. with his wife on a belated honeymoon. He was granted permission through what is known as "advance parole" and given an authorizing document. Returning to the U.S. one week later via a Houston airport, Jose was inspected by immigration authorities. By virtue of his document, he was allowed back into the U.S.

In March 2003, eight years after applying for permanent residence, Jose appeared for an interview with immigration authorities. Instead of approving his application, immigration officers reinstated his removal order of over 20 years before. They argued that Jose had illegally re-entered the U.S. when he came back from his honeymoon, despite evidence to the contrary. Jose never received an opportunity to dispute this claim before a judge. He was deported to Mexico.

The government, by failing to ask vital questions of Jose's case or allowing him to present arguments before an immigration judge, deprived Jose of his right to contest the allegations against him. Jose's wife retained counsel to appeal his case, even after he was in Mexico. Nevertheless, Jose, who had a liver condition and had been in a doctor's care in the U.S., became depressed and neglectful of taking his medication. In January 2004, eight months after he was deported to Mexico, Jose collapsed on his way to work and died of liver failure.



AGRON, an ethnic Albanian from Kosovo, fled his home country and requested political asylum at O'Hare Airport in 2003. He was immediately detained in a county jail. As is the case for most asylum seekers, he appeared before an immigration judge without an attorney, and lost. The judge ordered him deported from the U.S. Agron did not appeal this decision. Rather, he cooperated by contacting the United Nations (the de facto government of Kosovo) to request travel documents so that he could be repatriated. The United Nations provided Agron with a temporary travel document that, together with his Kosovar birth certificate, should be sufficient proof of his nationality. However, the U.S. government has been unable to coordinate his deportation until "[he] deliver[s] [his] passport, verifying [he is] a national of Kosovo."

Caught in an impossible situation in which the immigration service cannot deport him, and he cannot obtain a passport, Agron continues to languish in jail. Although he has never been convicted of a crime in the U.S., has fully cooperated with the government's efforts to remove him, and has a lawful permanent resident cousin who is willing to sponsor him, the government refuses to grant him parole and insists that he remain in detention.

Agron has now been in detention for more than 15 months since his final deportation order. With no future "custody review" date scheduled and little chance of obtaining travel documents, it is likely that he will languish in a county jail for many months to come.

TONY was homeless and always had a hard life. Each day was an effort to find food and shelter. One day he needed to travel to the north side of Chicago and had no money for public transit. He decided to jump the transit turnstile. He was arrested and spent three months in jail until he was acquitted.

RECOMMENDATIONS

- *All detained individuals should have the opportunity to receive information on their legal rights, consult with legal counsel, obtain legal representation, and contest their deportation or continued detention in person before an immigration judge.*
- *Immigration officers should not provide legal advice to detained immigrants. Rather, they should distribute accurate and updated legal rights information and ensure access to attorneys.*
- *U.S. law should not impose arbitrary or pre-determined immigration consequences (such as deportation, continued detention, and/or bars to re-entry to the U.S.) on immigrants with criminal convictions. Any such penalties should be proportionate to the original offense, and immigration judges should be given discretion to make allowances for immigrants on the basis of exceptional hardship, family separation or other factors.*
- *Individuals should not be required to remain in detention indefinitely and detained individuals who are suffering from physical or mental health conditions should be provided with special review procedures relating to their continued detention and the availability of medical services for their condition.*
- *Individuals should not be deported while their appeals are pending in the federal court system.*
- *Effective diversion programs for individuals whose incarceration is a result of a mental illness or substance use disorder should be implemented.*

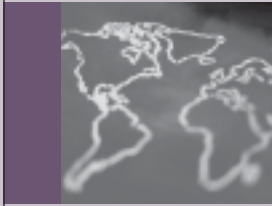


Everyone has the right to seek and to enjoy in other countries asylum from persecution. — *Universal Declaration of Human Rights, Article 14*

● **Areas of Concern**

Every day, civil war, ethnic conflict, and brutal dictatorships put millions of lives at risk. With no other option for safety, many individuals seek refuge from persecution in other, more stable nations. The U.S., with its shining history as a haven for those in need, is an obvious destination for many of these individuals. However, a number of provisions of the 1996 immigration legislation have made the asylum process arduous and inaccessible, in contradiction of international law.

Under the 1996 law, individuals who state their desire to seek asylum upon entry to the U.S. face mandatory detention. Moreover, if an asylum seeker enters with a false passport — which often happens among individuals who have to flee their home country undercover or risk torture or death — they are usually denied asylum. This law further requires individuals who are seeking asylum to apply for such status within one year of entering the U.S. This requirement does not comply with international law.



Case Studies

CARLOS fled his homeland in South America after witnessing a murder by men whom he believes were part of the country's most powerful guerilla group. After receiving repeated threats and fearing for his life, he obtained a visitor's visa and traveled to the U.S. to seek political asylum. He arrived at O'Hare Airport in the early fall of 2002, and was immediately apprehended by immigration authorities, who placed him in detention. He remained in various Illinois county jails for many months, and was transferred frequently, often to sites that were hours away from his attorney. Carlos appeared before an immigration judge three times, but each time he appeared on a television screen via video conferencing, not in person, which diminished his comprehension of and credibility during court proceedings.

Despite being ill and feeling demoralized, fearful, and isolated, Carlos endured his time in detention and was eventually granted asylum. However, even then, immigration authorities refused to release him from custody. Only after extensive advocacy, including contacting members of the Illinois congressional delegation, was Carlos released from detention and allowed to obtain the medical attention he desperately needed.

AUNG SU is a Tibetan woman who was raised during the Chinese Cultural Revolution. Her father, a former Tibetan soldier, was detained and tortured by the Chinese military for resisting the Chinese occupation of Tibet; he subsequently died from his injuries. Aung Su's mother began to support the Tibetan resistance movement, distributing flyers and posters advocating Tibetan independence. At age 16, Aung Su joined her mother, helping to distribute pro-independence materials in their local village. When the army learned of Aung Su's mother's involvement, they arrested and tortured her for more than a year. Driven to increase her activities with the resistance movement, Aung Su began to work full time, distributing materials and organizing underground meetings. After learning that Chinese forces had searched her home while she was away, she fled to the U.S. through Nepal.

Aung Su arrived in the U.S. in 1996. Unaware of immigration law and afraid to return home, she overstayed her tourist visa and found work as a domestic servant. Four years later, she met her future husband, himself an asylum applicant, and learned for the first time that she might have the opportunity to obtain lawful status as an immigrant fleeing persecution.

Aung Su applied for asylum. The immigration judge denied her claim because she had failed to file within one year of her most recent entry, but found that her fear of future persecution was sufficient to warrant "a grant of withholding of removal," requiring a much higher standard of proof from the applicant. Despite her ability to meet this higher standard, Aung Su will be denied the opportunity to become a lawful permanent resident, the right to travel outside of the U.S. and return, and the support of public benefits granted to traditional asylum seekers. The U.S. government has placed her in deportation proceedings because of her failure to file within one year.

Case Studies — continued on next page >



Everyone has the right to seek and to enjoy in other countries asylum from persecution. — *Universal Declaration of Human Rights, Article 14*

Case Studies — continued

AHMED is an ethnic Albanian who fled political persecution in Kosovo in 1999. He sought asylum in the U.S. and presented his request for protection to the immigration court. Ahmed explained to the judge his inability to return to his home—a place where Serbian police had detained and beaten him because of his ethnicity and membership in the Democratic League of Kosovo (LDK). His brother, who had faced similar abuse, had been granted asylum in the United Kingdom. Ahmed was not so lucky.

Testifying for the government, a forensic lab investigator found that Ahmed's birth certificate and international driver's licenses were fakes; he could not comment on the authenticity of his other documents, among them an LDK membership card. A linguist certified that Ahmed was Kosovar; a psychological therapist affirmed that he suffered from post-traumatic stress disorder; and a physician confirmed that the scars on Ahmed's head, palms, shoulder, back, legs, and feet were consistent with injuries caused by torture. Despite this evidence, the immigration judge has denied Ahmed's plea for safe haven. Because of administrative errors (a misplaced signature and inferior paper stock), Ahmed may have to return to a place where the risk of severe harm is still very real.

RECOMMENDATIONS

- *Individuals seeking asylum should not be detained unless there is objective evidence that they are a risk to public safety and should be assured of legal counsel.*
- *Congress should eliminate the one-year limitation on filing for asylum as it violates international standards.*
- *Immigration officials should be required to ask all people being “expeditiously removed” if they want to seek asylum.*
- *Congress should lift the limit on the number of asylees who may be granted lawful permanent residence. All asylees should be given the opportunity to integrate into American society without fear of eventual deportation.*



In those States in which ethnic, religious or linguistic minorities exist, persons belonging to such minorities shall not be denied the right, in community with the other members of their group, to enjoy their own culture, to profess and practise their own religion, or to use their own language.

— *International Covenant on Civil and Political Rights, Article 27*

● **Areas of Concern**

Under the Civil Rights Act of 1964 and through Illinois legislation, individuals who do not speak English are provided protections, including the right to written materials in their own language and to have access to interpreters.

Individuals are also protected in many jurisdictions from discrimination based on their religion.

The implementation of these protections is haphazard—governmental and private institutions as well as individuals often violate these protections. Few enforcement mechanisms exist to remedy violations.

In those States in which ethnic, religious or linguistic minorities exist, persons belonging to such minorities shall not be denied the right, in community with the other members of their group, to enjoy their own culture, to profess and practise their own religion, or to use their own language.

— *International Covenant on Civil and Political Rights, Article 27*

Case Studies

JAY is an 18-year-old immigrant from Eastern Europe. Although he has learned English since arriving in the U.S. six years ago, his parents still struggle to learn the new language. As a result, Jay is asked to interpret for his parents when there are no other interpreters available. Normally Jay is happy to help his parents in any way he can, but when he had to interpret for his mother's gynecologist he felt anxious. Not only was the subject matter uncomfortable for him to hear and say, but he was also fearful that he would not interpret the information accurately.

MAJIC is a 10-year-old who was born in Bosnia and arrived in the U.S. with his family as refugees. He attends a local school along with other Bosnian children. Given that English is not their primary language, Majic and his Bosnian classmates were placed in an English as a Second Language class. The class is designed for native Spanish speakers and all instruction is given in either English or Spanish. Majic feels as if he's not learning and that he's falling more and more behind in his studies.

AMEERA is a Muslim who was arrested for a misdemeanor and placed in jail. Because she does not speak English, she asked her mental health treatment providers to inform the jail authorities that her religion did not permit her to eat certain foods. The authorities refused to abide by her dietary restrictions. They also did not permit her to cover her head and her arms as required by her religion. Ameera rarely ate and was subsequently diagnosed for self-starvation.

AIDA, a ten-year-old from Bosnia, was called on to interpret for her grandmother during a routine medical appointment. At one point, she turned to her grandmother and asked, "Do you have a lung?" The information she was asked to translate was clearly more complex than a ten-year-old is prepared to handle.




● **BOZENA**, a nine-year-old daughter of Polish immigrants was pulled from school twice a week to accompany her father to his medical appointments. After about two months, the physicians were concerned that the patient was not exhibiting any emotions over the fact that he had terminal cancer. The providers decided to call in an experienced interpreter to get a better understanding of what the patient did or did not know. A few minutes after the interpreter was interpreting, the patient and family burst into tears because the severity of his condition had become clear. His daughter, seeing the family crying became hysterical, believing that it was her fault that her family was dying. Social workers had to be called in to assist the young girl.

● **ENDIRA** went to her physician for a follow up visit. Unable to communicate in English, the physician's office told the patient that she would need to bring her own interpreter. Because the patient did not have someone accompany her to her appointment, the physician refused to see her.

RECOMMENDATIONS

- *Current laws and mandates regarding provision of interpretation and the use of trained interpreters should be enforced and immigrants educated as to this legal right.*
- *Private providers and governmental providers (particularly health and corrections entities) should be provided training in cultural and linguistic skills.*



Everyone has the right to a standard of living adequate for the health and well-being of [herself] himself and of [her] his family, including food, clothing, housing... and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond [her] his control. — Universal Declaration of Human Rights, Article 25, Section 1

Areas of Concern

The U.S. has greater financial resources than any other country in the world and yet has more people living in poverty than 26 other countries. In 2003, the federal poverty level, a very minimal measure of an adequate standard of living, was \$18,400 for a family of four.³ Over 35.9 million Americans, 12.5% of the population, had incomes below this amount and were living in poverty.⁴ Many of those in poverty are working and the majority are working full time. A worker earning minimum wage—\$5.15 per hour—and working full time over a given year would earn only 55% of the poverty level for a family of four, or just over \$10,000.

For those workers who have lost their jobs, Unemployment Insurance (UI) is supposed to fill the gap, temporarily replacing wages so families do not suffer while the worker seeks their next job. However, in many states, the system is antiquated, resulting in UI being unavailable to workers who need it. Typically, they are workers who lose jobs due to compelling family responsibilities or emergencies, or because they experience domestic or sexual violence. Disproportionately, they are women and mothers.

Adequate nutrition is essential for the growth and development of children and for health maintenance among adults and seniors. In 2002, 7.9% of Illinoisans (765,604 people) did not have enough to eat.⁵ As hunger becomes more prevalent, government programs are inadequate to meet the need for food and nutrition assistance. A number of non-governmental social service agencies have seen large increases in demand for services. In 2002, the Illinois Hunger Coalition reported a 45% increase in the number of requests for emergency food assistance and the Greater Chicago Food Depository reported a 12% increase.



Areas of Concern — continued

The lack of safe, affordable housing is an issue that is reaching epidemic proportions. Dramatic increases in rent and home prices have far outpaced increases in median income. Individuals with criminal backgrounds or histories of substance abuse face additional barriers. In Illinois alone, it is estimated that 1.1 million households are affected by at least one housing problem.⁶ More than one out of every three Illinoisans is paying in excess of 30% of their income for rent.⁷

Federal and state housing assistance programs, meant to serve as a last resort, face looming demands that far exceed available resources. Even for those fortunate enough to be awarded a housing unit or a housing voucher, significant problems can persist, such as racial and economic segregation, placement in high-crime areas with little or no economic development opportunities, overcrowded and infested buildings, and unresponsive landlords.

Elderly individuals often face additional barriers. A shortage of affordable and accessible housing for seniors continues to exist in Chicago, including appropriate housing to accommodate grandparents raising grandchildren. Eligibility criteria can mean many seniors are literally left in the cold. Given the high cost of rent and fixed incomes, many seniors have to choose between food, medications, and other necessities.

Everyone has the right to a standard of living adequate for the health and well-being of [herself] himself and of [her] his family, including food, clothing, housing... and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond [her] his control.

— *Universal Declaration of Human Rights, Article 25, Section 1*

Case Studies

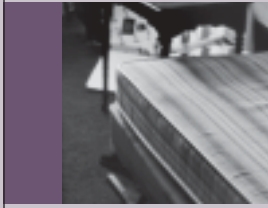
DARLENE is 65 years old. She was evicted from her apartment as a result of a disagreement with her landlord. Darlene receives \$545 a month in social security income. Fortunately, Darlene was approved for a housing authority managed apartment. Unfortunately, the apartment wasn't immediately available, so she had to put her furniture in temporary storage. The cost of storage, first month's rent, and security deposit was more than her monthly income. She is starting out in her new apartment with no financial resources and no food.

MARCI and her husband faced several challenges over the last few years. Although they were only in their 50s, their health had begun to fail. Neither of them had any health care coverage. In addition, Marci experienced emotional distress. Her anxiety over her situation made it very difficult for her to interact with the complicated array of clinics needed for an adequate assessment. The couple sought rent and utility assistance in 2003 and applied for food stamps.

In January of 2004, Marci's husband died suddenly. They had lived—not well but surviving—on what her husband earned as a freelance photographer. When he died, there was nothing. Six months later, Marci began an application for disability benefits. Because of her physical and mental health status, this is likely to be a long process, and in the interim she will remain at risk of becoming homeless or may actually become homeless. Much of this risk would have diminished if health care for the poor and uninsured was not so difficult to access.

KASIA is a Polish immigrant who came to the U.S. after she married a U.S. citizen. When she arrived, her husband began to abuse her, both physically and emotionally. She wanted to leave him, but she did not have permission to work and she did not speak English very well. However, when she discovered that she was pregnant, she decided to move into a shelter for abused women and contacted lawyers to help legalize her status.

Even though she was pregnant and very quickly obtained permission to work legally, Kasia was not eligible to receive food stamps to help her stabilize her life. Only once her son was born, could she apply for food stamps for him as an eligible U.S. citizen. Her legal caseworker called the state human services department to ensure that a Polish interpreter would be available for her food stamps interview. The interpreter never arrived. Kasia could not communicate with her interviewer and, thus, was denied food stamps. The caseworker advocated on her behalf to reopen the case and set up another interview with a Polish interpreter. Kasia finally received food stamps for her newborn son after a two-month wait.



HOWARD was released from prison with a parole condition that he find permanent housing. He applied for apartment after apartment but was consistently turned down because of his criminal record. Howard became increasingly desperate because he did not want to violate the conditions of his parole and, because he had run out of time, agreed to rent an apartment that was above his price range. After deducting his rent expense from his monthly income, Howard has \$4 remaining to spend on other necessities.

SAMERA came to the U.S. with her four small children to seek asylum from the oppressive government in Pakistan. An immigration judge found that Samera had been persecuted in Pakistan, so could not return there because she would face a real and imminent danger, and recommended her and her children for asylum. A final grant of asylum could not be issued until a background check on them was completed. Due to backlogs in the immigration system and the precautions since September 11, Samera's background check lasted for more than eight months. For a large portion of this time, she was not eligible to work and had no way of supporting herself or her children. Case workers provided her with vouchers for local grocery stores and she received assistance from food pantries and soup kitchens, but Samera had a very difficult time providing her four children with nutritious food. Samera's family would have benefited from receiving food stamps, but unfortunately she was ineligible because she did not have a final grant of asylum.

RECOMMENDATIONS

- *Federal and State minimum wage laws should be raised to a level that ensures that people working full time maintain an adequate standard of living and do not live in poverty.*
- *Safety net programs should be expanded to ensure eligibility for single adults, immigrants, refugees, asylum seekers, and those unable to work, as well as other vulnerable populations.*
- *Outreach and education about existing income support programs (such as tax credits, food stamps, health care assistance, and child care subsidies) should be expanded to ensure access for all eligible individuals and families.*
- *Cash assistance programs should be reformed to ensure that they provide an adequate standard of living for recipients and should be indexed for inflation or cost of living.*
- *Housing supports should be available to assist those unable to secure adequate housing at full market rate. These would include homelessness prevention services, the development and retention of affordable housing, a safety net of public housing, and housing options that meet the unique needs of the disabled, families, and the elderly, as well as special assistance for low-income people seeking to purchase a home.*
- *Unemployment insurance should be reformed to address the unique needs of low-wage, part-time workers to ensure they have a financial safety net to provide stability in the event of job loss.*

A photograph of a grey and white Crayola backpack resting on a lawn chair. The backpack has the 'Crayola' logo on the front. The background is a grassy lawn.

Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection. — *Universal Declaration of Human Rights, Article 25, Section 2*

Areas of Concern

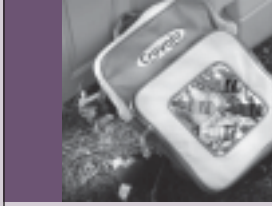
The child poverty rate is a key indicator of child well-being as poverty is closely tied to health, educational, and social factors. Children in the U.S. are getting poorer. Child poverty in Illinois increased to 17.6%. Poverty among single mothers with children has also increased, up more than 3% to 39.2%.⁸

Various social programs are in place to provide special assistance to mothers and children. Yet these programs often contain requirements and policies that are punitive to mothers and their young children.

Many states have family cap policies in place to restrict an increase in cash assistance for families that give birth to another child while receiving aid. The idea behind this policy is that it will reduce childbearing among welfare recipients. Though their effectiveness is unproven, family cap policies result in an increased financial burden on the lowest income families caring for newborns.

Some states also have work policies that gave no exemption from work requirements for women who have just given birth. Other states do not allow an exemption beyond the first four months of caring for a newborn child. This policy ignores the importance of the early parent-child relationship, individual circumstances, and the extreme shortage of quality childcare for newborns.

The mental health system presents unique challenges for mothers and children. Due to a lack of resources, mothers who have a severe mental illness are frequently separated from their children in order to receive treatment. As options are limited, these mothers often feel coerced into making decisions that do not contribute to their well-being or that of their children.



Case Studies

KAREN, a mother of two daughters, became homeless due to domestic violence. Pregnant at the time she entered a shelter, Karen gave birth to a boy shortly before entering a supportive housing program. Karen received cash and health care assistance for her oldest daughter, but because her youngest children were born while she was on cash assistance, they fell under the family cap rule and she did not obtain an increase in cash benefits as her family size increased. This placed an increased financial burden on the family.

As she had scattered work experience, Karen investigated job training programs to increase her skills and chances of securing a livable wage job but was unable to find quality childcare and decided to hold off until her child was older. State governmental policies do not require the mother of a child under twelve months old to engage in work in order to maintain her cash benefits. However, contrary to policy, Karen's state caseworker informed her that because she had at one time shared her plans to begin job training but did not start the program, she failed to make progress on her goals and her cash assistance would be terminated. Fearful of losing her cash assistance, her only means of supporting her children at the time, Karen enrolled in the program while her child was still under the age of one.

LISA, the mother of a toddler, became homeless due to lack of income and limited work experience. Her child's father was killed shortly after Lisa had found housing through a supportive housing program. Because she was receiving cash assistance, Lisa received letters from the state government that required her to start proceedings for support from her child's father. When she called to explain that the father was no longer living, Lisa was told that she would need to prove his death and then apply for child support in case she was eligible for any earnings accrued before his death. She was instructed that failure to do so in person would result in a sanction of her cash assistance. Lisa was involved in a job-training program with strict attendance policies at the time and asked for permission to mail in a copy of the death certificate, but her request was denied. Fearing a penalization of her cash assistance, she went to the meetings. As a result, she missed three days of job training and put her placement in the program in jeopardy. Ultimately, she was deemed ineligible for child support.



Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection. — *Universal Declaration of Human Rights, Article 25, Section 2*

Case Studies — continued

JOANNA is a 23-year-old African-American woman currently diagnosed with bipolar disorder. Her family has a history of mental health disorders and she currently resides with her mother and sister who suffer from depression. Joanna is pregnant with her fourth child. Two of her children are in the custody of the state child welfare department and she is fighting for custody of them as well as her unborn child. Her state caseworker informed her that she would lose custody if she does not take her medication and remove herself from her mother's apartment. Joanna does not want to take her medication because of the potential effects it may have on the baby. She does not have alternative options for stable housing and is unable to care for herself and her children due to lack of income. She does not receive cash assistance and has been told she cannot receive SSI (disability assistance) because she will not take her medication. A child welfare court case is currently pending to proceed with placing Joanna's children up for adoption.

RECOMMENDATIONS

- *Targeted efforts to reduce child and youth poverty should be implemented as public policy and funding priorities.*
- *Full access to all appropriate public benefits should be available for children regardless of the circumstances or timing of their birth, the marital status of their parents or the composition of their family. Policies such as the family cap rule under the federal Temporary Assistance for Needy Families program should be eliminated.*
- *Parenting should be recognized as an important activity in terms of work requirements for public benefits. Special allowances and exemptions should be created to protect the parenting activities of mothers or fathers raising children under the age of one as allowable activity toward meeting work requirements.*
- *Existing models of effective mental health, substance abuse, and related programs with a specific focus on meeting the unique needs of parents with young children should be expanded and new models created to expand available treatment options.*



Everyone, as a member of society, has the right to social security.

— *Universal Declaration of Human Rights, Article 22 in part*

● **Areas of Concern**

Under 1996 welfare legislation, elderly and disabled refugees are required to become naturalized U.S. citizens within seven years of arrival in order to maintain Social Security Income (SSI)⁹ benefits. If they are not able to become citizens by this seven-year deadline, their SSI benefits are cut off. Unfortunately, many refugees and asylees are not able to become citizens in that time because of bureaucratic delays in processing their immigration and citizenship applications. Still others are not able to naturalize in time because of deteriorating mental capacity, often from old age, psychological trauma or physical deprivation, making it nearly impossible for them to pass the requisite citizenship and English tests. It takes five years for a refugee even to become eligible to apply for citizenship, thus leaving a very small two-year window to attain citizenship.

In 2003, many refugees began to hit their seven-year deadline without yet having attained citizenship. In Illinois alone, more than 200 elderly and disabled refugees have lost or will soon lose eligibility for SSI.

This is particularly disturbing because many disabled and elderly refugees rely on social security as their sole source of income. Often having no other family in the U.S., these refugees risk becoming destitute and will not be able to provide for their most basic needs. Having fled persecution, suffered war, and often having spent years in squalid refugee camps, many elderly and disabled refugees are facing destitution in their adopted homeland.



Everyone, as a member of society, has the right to social security.

— *Universal Declaration of Human Rights, Article 22 in part*

Case Studies

FATIMA, a 55-year-old woman from Somalia, was forced to flee her native country in the mid-1990s due to civil war. Granted refugee status by the U.S. government, Fatima arrived in Chicago in December 1996, and received resettlement and mental health services at a non-governmental agency. With no other family in the U.S., Fatima and her two teenage children lived in a small apartment on Chicago's north side. Fatima experienced all of the symptoms associated with catastrophic post-traumatic stress due to wartime violence. She was unable to work for this reason, and soon after her arrival began receiving SSI benefits.

In 1998, Fatima applied for a green card, which is required before one can apply for citizenship. Six years later, she has still not received her green card, and thus has not been able to apply for citizenship. Because seven years had already passed since she first entered the U.S., and since she had not yet become a citizen, Fatima lost her SSI benefits in January 2004. Besides monthly food stamps, Fatima now has no outside resources with which to sustain her family's well-being.

Fatima is capable of taking the citizenship examination and passing it. She speaks English well and she has even completed U.S. civic participation classes in preparation for naturalization. Yet, she must first receive her green card before she will be eligible to apply for citizenship. She is still waiting.



JASMINA, a 49-year-old woman from Bosnia, fled her home with her children when Serbian forces overtook her town and killed other family members. They arrived as refugees in Chicago in January 1997 and received resettlement services at a local non-governmental agency. Jasmina started receiving SSI benefits in 1999 because she was unable to continue working.


In 1998, Jasmina completed an application for a green card. Over the course of five years, she had to return to the immigration office repeatedly due to various complications with her green card processing. In August 2003, she finally received her green card and soon after requested a fee waiver and a medical waiver for her citizenship application.

As a refugee from the war in Bosnia, Jasmina experiences all of the symptoms associated with post-traumatic stress disorder. She suffers from chronic nightmares of wartime violence, and bad memories interfere with her concentration, attention, and memory. She has difficulty sitting still due to anxiety. These symptoms interfere with her ability to learn new information, which particularly impacts her ability to attain the English language proficiency necessary to pass the U.S. citizenship examination. The waivers were denied in January 2004, and her application for citizenship was returned as incomplete.

Jasmina is not capable of passing the citizenship examination and her request for a medical certification for exemption from the language and civics testing was denied. In February 2004, she received a notice from the Social Security Administration (SSA), informing her that her SSI benefits were cut off.

RECOMMENDATIONS

- *Time restrictions on Supplemental Security Insurance should be eliminated for elderly and disabled refugees.*



The right of everyone to the enjoyment of the highest attainable standard of physical and mental health, [including] the creation of conditions which would assure to all medical service and medical attention in the event of sickness.

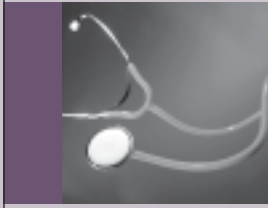
— *International Covenant on Economic, Social and Cultural Rights, Article 12 in part*

Areas of Concern

The American health care system, one of the best in the world, is nevertheless one of the worst among developed countries. U.S. life expectancy and infant mortality, relative to other nations of comparable wealth, are comparatively negative. At the same time, the U.S. spends vastly more per person on health care each year.

The uninsured rates across America are staggering, with more than 1.8 million uninsured people in Illinois alone.¹⁰ The lack of health care coverage impacts those living in poverty the hardest. Individuals who are not covered will likely choose to defer care until it becomes a crisis. This can have an adverse effect on not only their immediate health but also their job status and housing stability because of illness-related time off work.

In addition, people who are homeless are rarely considered in discussions on poverty. In Chicago, 70% of homeless people are without health insurance. This makes preventive care next to impossible and creates a massive burden for free health clinics. Even when people who are homeless get medical care at hospitals and other medical facilities, their care is often substandard because of the social bias against their appearance.



Case Studies

ARTURO never comes to his free health clinic without bringing some small item—fruit, a pair of socks — for the nurses. This 53-year-old Spanish-speaking man has applied for health care assistance at least three times and been denied. With very little income, he and his wife live on what their children are able to provide. He makes a few dollars a week from selling socks on the street. Arturo’s diabetes has worsened during the past four years. He went from being able to control the disease with oral medications to needing insulin in higher and higher doses. He has suffered damage to his kidneys. Arturo is nearly blind from his diabetes. A referral to an ophthalmologist for a specialized procedure would restore a portion of his vision. Without health insurance, such a referral and corresponding treatment are impossible.

ARLENE became homeless when she and her boyfriend had an argument and he threw her out of their apartment. She had been paying half the rent, but only her boyfriend’s name was on the lease. She could not afford an apartment on her own and ended up in a homeless shelter. She works at a low-paying job with a service that cleans airplanes, but health insurance is not offered as a benefit. She was in danger of losing her job since some days she was so depressed she was unable to go to work. She has been connected to a free clinic, which is assisting her with immediate needs.

RECOMMENDATIONS

- *Public and private health insurance should be expanded to provide comprehensive physical and mental health services to the poorest and sickest, including people who are homeless, low-income and working-poor populations, needy legal permanent resident adults and children, people living with HIV/AIDS, and immigrant survivors of domestic violence or torture.*
- *Programs should be created that facilitate the reintegration of institutionalized people into the community, focusing on people with mental health or substance use disorders.*
- *Treatment programs for mental health and substance use disorders should be expanded, recognizing that harm reduction programs are an essential part of treatment.*



Call to Action

Human rights violations occur everyday. Though many think such acts happen half-a-world away, they in fact happen in our own backyard. It is deplorable that people must suffer the loss of human rights in the most powerful and wealthy nation in the world. The time is long overdue for us to recognize that everyone has the right to a minimum standard of living, a minimum standard of justice. These are birthrights to which we are all entitled.

Together, we can claim these birthrights and usher in an era of human rights.

Footnotes

1. Deportation – refers to legal mechanisms that are used to physically remove an individual from the U.S.
2. Reprieve – refers to legal remedies that allow an individual to remain in the U.S.
3. Federal Register, Vol. 98, No. 26, February 7, 2003, pp. 6456-6458.
4. U.S. Census Bureau, Current Population Reports, P60-226, Income, Poverty, and Health Insurance Coverage in the U.S.: 2003, U.S. Government Printing Office, Washington, DC, 2004.
5. 2002 Current Population Survey, Food Supplement.
6. Statewide Housing Action Coalition, 2002
7. U.S. Census 2000
8. 2003 Current Population Survey
9. Supplemental Security Income (SSI) – a Federal income supplement program funded by general tax revenues (not Social Security taxes) and is designed to help aged, blind, and people who are disabled who have little or no income. SSI provides cash to meet the basic needs for food, clothing, and shelter. Source: Social Security Online, <http://www.ssa.gov/notices/supplemental-security-income>
10. Health Insurance Coverage 2003, U.S. Bureau of the Census



In Our Own Back Yard — HUMAN RIGHTS IN THE HEARTLAND

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Founded in 1888, Heartland Alliance for Human Needs and Human Rights is a service-based human rights organization committed to ensuring protection and future success for the most poor and vulnerable in society. Heartland Alliance achieves its mission through a wide array of programs in housing, health care, and human services, in addition to providing and advancing human rights protections.

The Libra Foundation recognizes the power of human rights to transform societies, and is committed to enhancing the human rights movement and broadening it to include U.S. social justice work. The Foundation supports innovative and effective work that emphasizes strategies that incorporate the interconnections between issues and lead to real social change.

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Dedication

This report is dedicated to the individuals whose stories comprise the findings in this report in the hope that their futures will be brighter than their pasts.

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