

Statement of Olivia Lopez, PhD; Licensed Master Social Worker

Family Detention Forum

July 28, 2015

House of Representatives

Introduction

Thank you for the opportunity to present before you today. My name is Dr. Olivia Lopez. I am a professor of social work and more recently served as the Lead Licensed Social Worker at Karnes City Residential Center in Texas.

Resignation

In April 2015, I was compelled to resign my position because I had repeatedly been asked to omit information from written documents, lie to federal immigration officials and withhold information from residents about their right to grievance. These institutional practices are unethical, incongruent with professional ethics, and abusive to children and their mothers. These practices placed my professional licensure at risk of sanction or revocation.

Social Work Practices at the Karnes Detention Center

I am here today to share my experience and knowledge about family detention.

By its very nature social work is a profession that has a long commitment to social justice for the poor and underserved regardless of immigration status. One of its goals is to improve the quality of life of those it serves.

What I saw during my time at Karnes made clear that the effects of family detention have the potential to negatively impact the level of functioning of these individuals for generations to come. The practices and procedures I witnessed are abusive and create a situation where families cannot feel safe, exacerbate levels of anxiety, increase depression, and can lead to suicidal ideation and attempts.

In my position, I was tasked with psychosocial assessments, individual treatment, facilitating stress management groups and women's health education groups as well as assisting with weekly mental health checks. I also tried to empower residents and advocate for their needs. Additionally, I attended weekly meetings with facility leadership and immigration officials and supervised two staff who were titled as social workers but who do not have a degree in social work nor licensure to practice as such.

Social work at Karnes meant something completely different from the work I am trained and licensed to do. For example, during the weekly mental health checks, I recorded any concerns

raised by women regarding medical or mental health concerns on their form. However, I was heavily reprimanded by my supervisor for doing so. He was very clear that GEO did not want a paper trail. He informed me that the only note-taking regarding the residents' concerns should read "resident educated on the referral process". I was also reprimanded for informing residents of the grievance process at GEO and subsequently forbidden from providing any information about grievance or assisting residents to complete the necessary forms to do so. Additionally, I was reprimanded for allowing residents to see a map of the United States to inform them where they were in Texas and the proximity to their family in the US.

Insufficient Medical and Mental Health Care

While at Karnes, families reported to me that they were frequently turned away even when they presented serious medical issues. This medical neglect resulted in emergencies where infants and toddlers had to be taken by ambulance or by halo flight to the hospital for emergency surgery. The most egregious examples include a mother taking her toddler to the Medical department 4 times for severe abdominal pain and pleading with nursing staff to help her son. This child was finally sent to Methodist Children's Hospital where he underwent an emergency appendectomy. Another mother took her 7-week old son to the Medical department and had to convince nursing staff of the severity of his illness. This infant was taken by halo flight to Methodist Children's Hospital where he underwent emergency surgery for a cranial bleed.

In addition to such individual incidents, during the March 2015 chicken pox outbreak at Karnes, all residents and children were required to submit to a blood draw. In groups, mothers and children were led to the locked waiting rooms. The children were terrified. While they waited their turn, they could hear the screams of those getting their blood drawn and their terror increased as did the pitch of their crying and screaming. This experience was so threatening to children. I witnessed a toddler, of his own volition; try to escape the Medical waiting room. Many children and mothers endured as many as 3 visits and 9 attempts to draw blood, leaving them with heavy bruising on their arms. I will be forever traumatized by this harrowing event, as will the children.

Isolation and Interrogation

I also witnessed instances of isolation of children and their mothers and use of medical negative pressure rooms as punishment and behavior modification.

When a mother is placed on suicide watch, regardless of whether it is appropriate, children are removed from her and held in isolation in a medical observation room. During this time, children do not know of the whereabouts of their mother. A guard is placed inside the room, food is brought to the room, and the nursing staff bathes the children and they sleep without the protection of their parent. Not only are these conditions frightening, they are abusive.

I also witnessed a mother and her toddler being placed in the negative pressure room for having committed a minor offense. This mother had recently received devastating news from home. As I walked down the hall to her room to check on her as part of my duties, I saw 4 ICE agents interrogating the resident, lording over her while she sat cross-legged on the bed, her son next to her crying. It was at that moment, that I realized that ICE was aware of GEO's practices and condoned them.

Conclusion & Recommendations

The practices and procedures taking place at Karnes City Residential Center constitute child abuse, and are unethical and incongruent to the commitment and value of families held by the United States, Child Protective Services and other similar organizations.

Family detention is not in the best interest of these children. Community based programs designed to help these families access much-needed social, medical, mental health, and legal services that these traumatized families need would be far more appropriate for this population.

Thank you for consideration of this important issue, and for the leadership that so many Members of Congress have demonstrated to end family detention.