

DECLARATION OF OLIVIA LOPEZ

I, Olivia Lopez, hereby declare as follows:

1. I earned a Ph.D. in Social Work from the University of Texas at Austin and Master Degree in Social Work from California State University, Fresno. My dissertation focused on immigrant women and health and Masters' thesis focused on the living conditions of immigrants. I am a licensed social worker in the state of Texas. I have worked in, largely, rural mental health centers where I was a clinician (bilingual) and worked with Hispanic adults, teens and conducted drug and alcohol men's groups. I also worked as a PRN clinician at locked, in-patient, behavioral health facility. I was employed as the lead licensed social worker at the Karnes County Residential Detention Center ("Karnes") from October 2014 to April 2015. On April 2, 2015, I resigned as the lead licensed social worker.
2. My duties as the lead licensed social worker were to assess residents from a psychosocial perspective and provide ongoing advocacy, support, and empowerment. I also led weekly stress management groups, facilitated women's health education groups and counseled women in individual therapy sessions, conducted weekly mental health checks with the residents, and took referrals for individual cases from my supervisor.
3. I managed two employees, Rebecca Padilla and Laura Torres. Although Karnes called the women I supervised "social workers," they do not have a degree in social work nor hold a licensure at this level. In order to take the title of social worker, a person must have a degree in social work from an accredited program and have passed the licensure exam at the bachelors' level. Rebecca and Laura put themselves out to the residents, ICE, Department of Homeland Security, auditors and delegations of state representatives as social workers without having the

education or licensure to do so. Additionally, Laura Torres is not bilingual. She has a very rudimentary Spanish vocabulary.

4. I was supervised by Dr. Daniel Diaz, a Ph.D. in psychology, and April Green, L.V.N., the human services administrator for the medical department.
5. From the beginning, I engaged in professional, culturally competent, respectful and friendly relationships with residents and their children, and I made it known that I had an open-door policy. Engagement in this way is not only important for showing respect for the dignity and worth of a person—it can also be diagnostic.
6. During the mandatory weekly mental health checks, myself and the two employees I supervised, met with all women and children at Karnes and asked questions related to their mental health and completed the mental health form which addressed mood, affect, and manner of dress, assessment and plan. Mothers would respond to the weekly mental health check for each of their children. When women expressed concerns about mental or physical health concerns for their family, these concerns were written down on the weekly mental health check form and followed up with the women regarding their concerns. In addition to the weekly mental health checks, I also had an open-door policy and encouraged the women to come to my office whenever they needed to talk or require assistance.
7. Some women approached me to help complete requests for medical and dental appointments, translate correspondence from ICE officers, or complete request forms for clothing and other issues. I helped them draft their requests, because without my assistance, women with little or no education could not have had their needs addressed.

1. Inadequate Mental Health Care

8. Dr. Diaz noticed the way I worked and demanded that I stop leaving a paper trail of the women's concerns. In an evaluation of my performance dated December 26, 2014, Dr. Diaz wrote: "Also discussed again with Dr. Lopez that on the Weekly Checks the only written comments acceptable would be that the Resident asked and was informed about how to access needed medical or mental health services through our Referral form process. Any other type of problem was to be redirected to the other Case Management/Social Work staff for their follow up." For women who were illiterate in Spanish or had low levels of education, he directed me and the employees I supervised to suggest to residents that they find other residents who were literate in Spanish and ask that they complete all requests on their behalf. This held for medical, mental health, concerns about their children, status of immigration and all other requests. Dr. Diaz was clear about his belief that residents and their attorneys "try and use medical records to positively impact their asylum".
9. Dr. Diaz instructed me and the staff I supervised not to follow up with the women regarding their concerns. He reprimanded me for helping the women file requests, grievances and told me the correct procedure was to have the women draft their requests and complaints themselves. Dr. Diaz also informed me that my open-door policy was "subvert[ing] the existing referral system." He instructed me to limit my informal contacts with the women to discussions of the formal referral process, which included a formal request, initial evaluation by Dr. Diaz, and a referral to me if Dr. Diaz deemed it appropriate.

A. Poor Screening and Diagnosis

10. The mental health staff at Karnes does not do an adequate job of screening and diagnosing residents with mental health issues, many of whom are victims of trauma. For example, Dr. Diaz

referred a woman named M-K-G-F- to me for her mental health issues. Dr. Diaz himself treated M-K-G-F-'s 5-year old daughter. When no one was available to watch M-K-G-F-'s daughter, M-K-G-F- brought her with her to the therapy session. However, on occasion, the two employees whom I supervised watched M-K-G-F-'s daughter during our sessions. M-K-G-F- revealed to me that she was a victim of severe sexual and physical torture on her journey to the United States. During one session when her daughter was not present, I asked M-K-G-F- if her daughter had been assaulted in the trafficking. This resident told me that her daughter had suffered physical and sexual abuse and that she had deep bruises when she arrived at Karnes and other physical signs of assault (startle response, nightmares, night terrors, high levels of anxiety, depression, discussions about sex, sexual acts, descriptions of a male penis, urination while standing, gender confusion and periods where she did not want to eat). At times she needed to wear a diaper, which was inappropriate for her age.

11. I immediately brought this information to Dr. Diaz's attention. He was not aware of what M-K-G-F-'s daughter had experienced, and he did not appear to be concerned. In fact, shortly after I approached Dr. Diaz about M-K-F-G-'s daughter, he informed me that he evaluated her and discharged her with a note saying she was sleeping and eating better. M-K-G-F informed me that this was not the case.
12. On a separate occasion, M-K-G-F and her 5-year old daughter came into my office. This resident was concerned for her daughter as she had refused to eat for several days. The daughter would only drink juice and a bit of milk. I immediately weighed the child and reviewed her chart. She had, in fact, lost weight. As I recall she had lost approximately four (4) pounds. Additionally, I noticed bruising on her daughter's thigh. I questioned the resident who told me that the bruising

had been inflicted during one of the assaults against her daughter. She informed me that when she and her daughter arrived at Karnes, the bruise was present; however, during the initial assessment she was not asked about any injuries to herself and her daughter. She stated she did not know she should have informed the person conducting the assessment of the bruising on the child and of her own injuries. I informed the resident that I was required to report this to Dr. Diaz and Mrs. Green. I asked her to wait in the waiting area while I did so. I consulted with Dr. Diaz and submitted the child's weight history, noting her weight loss. He subsequently consulted with Mrs. Green who later came into my office and informed me that after her review of the chart, the child had actually gained weight.

13. GEO has contracted with a school to provide education for children 5 to 17 years of age. This contract provides a school psychologist to assess and provide treatment to children who experience difficulty in school. However, she is not bilingual. Thus, when children are experiencing anxiety or exhibiting behavioral issues, she cannot offer any assistance. She must make arrangements for an interpreter or consult with Dr. Diaz.

B. Punitive Practices for Mental Health Issues

14. There are many unnecessary, jail-like punitive practices at Karnes. One woman, P-A-D-, was placed in medical isolation as punishment for breaking various rules, including failing to adequately supervise her children and going through the Sally Port without permission and not keeping her daily appointments with Dr. Diaz. Because of these incidents, Dr. Diaz required P-A-D- to report to the medical area with her children and check in with him daily. The guards also checked in on P-A-D- routinely. At one point, this resident was required to "check-in" some 11x per day. These "check-ins" exacerbated her levels of stress and anxiety and appeared as

though GEO was bullying this resident and her children. When Dr. Diaz wasn't available, P-A-D- would check in with me. If I saw this resident outside on the compound, I would stop to talk to her and see how she was doing. It was evident that the elongation and uncertainty of her asylum case, the excessive daily "check-ins", and daily appointments with Dr. Diaz clearly exacerbated her level of anxiety. At one point, Dr. Diaz informed me that during her incarceration at Karnes he had seen this resident some 68 times.

15. On two separate occasions, the staff at Karnes placed P-A-D- on suicide watch, although it was unclear whether P-A-D was actually suicidal. Suicide watch meant that P-A-D- would be stripped of all her clothing and given a gown or long vest to wear. A guard is posted at the window of the room and logs all her movements every 15 minutes. The second window to the room is covered with a medial partition so her children, who are in a medical observation room across from the suicide watch room cannot see her nor can others walking down that hall of Medical. She is locked in the suicidal isolation room until Dr. Diaz orders her removed. When P-A-D- was placed on suicide watch, she was separated from her children. Her children were placed in a separate isolation room with someone to watch over them and feed them. GEO guards watched the children and the medical staff bathed them. To my knowledge, the guards did not have any training or licensure as child care providers. P-A-D- remained in the suicide isolation room for at least three to five days. P-A-D was also evaluated by Dr. Caballero (contract Psychologist) who prescribed her an anti-depressant. P-A-D agreed to take medication as a means to release from suicide watch. During this time, she was not allowed to see her husband, who drove to Karnes to visit P-A-D and their children. This is significant because this

would be the last opportunity for her to see her husband before she and her two sons were deported shortly after this event.

16. It is not my understanding that this type of treatment is standard practice for a person who had misbehaved in the way P-A-D- had; this sort of treatment is only appropriate for someone who has exhibited severe suicidal behavior, which P-A-D- had not. It alarmed me that P-A-D was treated this way. The level of her anxiety continued on a severe upward trajectory. After P-A-D- had been locked up for many days, I met with the warden, Rose Thompson, and voiced my opinion that placing P-A-D- on suicide watch was not helping her overcome the trauma she suffered. I explained that, if anything, this treatment would make her trauma resurface in a more detrimental way. Warden Thompson told me: "Social work in a detention center is different than on the outside." Ms. Green told me the same thing. P-A-D- eventually agreed to take an antidepressant just so she could be released from the suicide isolation room. Shortly after leaving isolation, P-A-D- and her two small children were deported.
17. The staff at Karnes used isolation in medical observation rooms, and the threat of such isolation, to quiet those women they viewed as "ringleaders" of women who were expressing legitimate complaints about their detention. The use of medical observation and decompression rooms as isolation is tantamount to administrative segregation. Isolation was also used to send a message to other residents who might consider expressing their own complaints. For example, A-C- was locked into isolation for trying to organize some of the women surrounding issues of poor medical treatment. I asked Ms. Green if A-C- was being isolated as punishment, and Ms. Green stated that A-C- was in isolation so medical staff could observe her son, who had appendicitis. A-C-'s son was not ill.

18. This same tactic was used in February 2015 with six (6) PREA boys who were accused of alleged sexual assault of another male resident. The boys were placed in these rooms along with their mother and other siblings. Mrs. Green asked me to meet with each family and inform them that “an incident has occurred and there is an ongoing investigation. Once the investigation is complete, GEO would let them know of the results”.
19. In March, this tactic was employed with N-T and her 18 month son, who were placed in a medical decompression room with all their belongings. She was accused of making a “pass” at a female and male guard and of “stealing” the PIN of another resident and depleting that phone card balance. During this incident, I saw four (4) male ICE officials standing in the second doorway to the decompression unit interrogating N-T, who was sitting cross-legged on the bed with a blanket draped across her legs and her son. I could see, from the window facing the hallway, that she was terrified and her son was frightened and crying. I overheard ICE Agent Ratliff say to the 3-ICE Agents in the room with him “does she [N-T] know they [she and her son] are going to be separated”. Additionally, I was told by the newly assigned Transportation Manager that ICE Agent Ratliff had revoked N-T’s bond as a result of these allegations. After the interrogation concluded, I entered N-T’s room and asked her if she was frightened. She shook her head yes and tears streamed down her face. I hugged her in support and to calm her. Once calmed, I asked her about the allegations. She informed me that she had received email correspondence that her teen brother had been shot in the head. She stated that she knew making a “pass” at a guard was against GEO rules, but she thought doing so would get her immediately deported so she could see her brother. She also stated she did not steal a PIN number from another resident.

20. The lack of sensitivity and assumptions about N-T-'s behavior led GEO and ICE to take harsh punitive measures against her. Because of N-T-'s behavior, ICE officers revoked her \$6000 bond, which her husband had been trying to raise the money to pay. In my opinion, N-T-'s behavior required consult and understanding; especially, given the news that her brother had been shot should not have resulted in such severe punishment.
21. The family of whomever GEO punished with isolation also suffered. Isolation meant placement in a room with one's children for days until GEO and Dr. Diaz deemed the woman's behavior "improved." This coercive tactic was used to instill fear in the women and children and influence other residents not to cause problems.
22. More often than not, the women and children were not given an explanation of the reasons for isolating them. GEO has an informal policy of hiding all information from residents unless the staff absolutely has to tell the residents what is happening. The residents in isolation were not told why they were locked up. Additionally, residents do not have access to the date / time of any follow-up medical appointments that take place outside of Karnes. Per Mrs. Green, GEO holds that residents are detained and should they have this information they could, potentially, coordinate an escape. Furthermore, residents do not have access to the records of any appointments. Per Mrs. Green, all records are the property of GEO and residents must submit a formal request that will be routed to GEO's main office or review.
23. The residents locked into isolation were not allowed to leave their rooms at all, despite the requirement that all residents had to spend at least one hour outdoors. In fact, women locked in isolation for punishment were denied recreation so routinely that, for the first few months of my employment, I was not aware that women confined for medical reasons were permitted to have

an hour of recreation every day. All meals were delivered to the punished women and children in their small rooms. Ms. Green and Dr. Diaz occasionally instructed me to go to isolation to consult with a woman who had been locked away. I would also check on the women children in my role as a social worker at GEO. Often times, when I arrived in the isolation rooms, the lights were off. Additionally, when I would walk down the halls outside of the medical observation and decompression rooms and the lights were off, I assumed that those in the rooms were ill and the lights were off because they were sleeping. At the time, I did not consider the possibility that the women were locked up without the choice to turn on the lights. Looking back now, I cannot be sure whether the residents turned off the lights themselves or if GEO forced them to be locked in darkness.

24. The mental health staff at Karnes also seriously mishandled a sexual assault that took place. In February 2015, there was a reported sexual assault of one detained teenage boy by another detained teenage boy. GEO had chosen to separate teenage boys and girls from their mothers and put them in rooms with other teenagers, despite protests from the teenagers' moms. These rooms full of teenage detainees were not supervised. After the teenagers were all housed in rooms without any parents, it is my understanding that five boys began bullying another effeminate boy. I understood there were allegations that several assaulted the effeminate boy.
25. All six boys involved, including the victim, were eventually placed in isolation with their families for days. Ms. Green asked me to speak with the boys and their mothers, but I was only permitted to inform them that an unspecified incident had occurred and an investigation was being conducted. When I spoke with a few of the boys and their families, they did not know why they were in isolation.

26. The victim and his mother were sent to Dilley without any mental health treatment. The alleged perpetrator was separated from his family and sent to a juvenile facility, where he has been charged as a sexual offender. He will be deported after serving his time.
27. The staff at Karnes harshly overreacted to women who tried to express opposition to the fact that they were detained. In late March 2015, the women went on a hunger strike to protest the conditions of their confinement. On April 1, 2015, Ms. Green stated that, on Warden Thompson's orders, the leaders of the hunger strike were to be locked in isolation. I believe GEO staff also threatened to separate the striking mothers from their children and told them they would file complaints with Child Protective Services because refusal to feed their children was considered neglect. Ms. Green asked another GEO employee, who had formerly worked for Child Protective Services, whether failure to feed children would be reportable neglect.
28. Ordinarily, there are refrigerators outside that are occasionally stocked with snacks to feed children; when the hunger strike began, I witnessed GEO staff removing the refrigerator in front of the medical area. This is important because many children refused to eat the food from the cafeteria, and without food from the refrigerators, mothers would have to purchase food at the commissary. To my knowledge, none of the striking mothers were putting themselves or their children in any danger; only the mothers were on hunger strike. It was clear to me that GEO was using the medical decompression rooms and other medical isolation rooms as punishment because the mothers took symbolic action to protest their detention.
29. The staff at Karnes uses the same measures to punish mild misbehavior that should be treated with compassion. For example, I witnessed ICE and GEO revoke a woman's bond, lock her in isolation, and interrogate her as punishment for her behavior after a family member was severely

wounded in her home country. GEO put this woman, N-T-, in isolation because she had supposedly hit on two guards and had stolen a PIN from another resident.

C. Breach of Confidentiality

30. I observed medical and the employees I supervised repeatedly violate their patient's confidentiality at Karnes. While I was employed at Karnes, I attended a meeting with some medical staff, representatives from other GEO departments, and ICE officials every Monday. Dr. Diaz would present a report on the women who had suicidal thoughts and ideation, as well as those who had listed sexual/physical abuse on their intake forms, and his recommendations for their treatment. The language in Dr. Diaz's treatment chart notes was copied and pasted from boilerplate templates he had. All of the chart notes were very similar. Additionally, Mrs. Green informed me that any staff working in Medical had free access to all information in all resident charts. Thus, those employees I supervised would review charts to gain additional knowledge about residents of interest.
31. During the weekly meetings, Dr. Diaz regularly violated his duty of confidentiality. While he did not mention the residents' specific names, he told ICE that he talked with a group of women who had all crossed together at McAllen who had similar stories of domestic violence. Dr. Diaz expressed concern that since their stories were similar, they must be fabricated. ICE told him they would follow up with the women regarding the veracity of their stories. I recall an ICE official stating that they could figure out who the residents were based on their arrival dates based on the information Dr. Diaz was sharing.
32. This sort of disclosure is a direct violation of confidentiality, which, in my opinion, would negatively influence these women's credible fear interview and their ultimate application for

asylum. In my opinion, Dr. Diaz's actions violate code of conduct and professional codes of ethics.

33. The two employees I supervised also violated confidentiality on many occasions and told the warden information that women had shared with them in confidence. This sort of disclosure was expected—the “social work” staff were de facto informers for the warden. The role of these employees was an informal policy at GEO.

D. Prevention from Practice of Social Work

34. In the first three months of working at Karnes, it quickly became apparent to me that my supervisors had a different idea of what social work was than I did. I noticed immediately that GEO received many audits. I recall approximately twenty audits in the six (6) months I worked for GEO. I viewed my role as lead licensed social worker in these audits to be transparent how we operated the facility and search for ways to improve the services we offer women. Instead, Ms. Green instructed me not to say anything about the audits to anyone else, and she frequently instructed me to report to her about everything that happened during an audit. She gave me directives not to speak to auditors or ICE about any issues at all and to defer to her in all matters when auditors were present.

35. Originally, I was not too concerned by this instruction, because I was a new employee and I did not have anything to say to the auditors. It seemed reasonable that Ms. Green would make that request. Later on, I understood that the rationale for Ms. Green's instruction was to withhold information.

36. I was also disciplined for attempting to provide basic clothing for the residents. In November or December of 2014, I noticed several women and children outside on the compound that were

shivering. I asked them if they had winter coats and the women told me they were not given coats. Locating and providing winter clothing is a function of social work, and I viewed it as my responsibility as the Lead Licensed Social Worker at Karnes. In this role, I brought my concerns to Ms. Garcia, who is in charge of clothing. Ms. Garcia informed me she did not have any coats and that Ms. Haroll, who supervised intake, was in charge of handing them coats once the women entered Karnes. The next Monday meeting, I brought up the lack of coats with the warden, who said she would raise the issue with another staff member. Later, I was reprimanded by Mrs. Green. She informed me that I was overstepping my boundaries and doing someone else's job by requesting coats be given to the women.

37. I was also disciplined for helping the women orient themselves and their families in time and space. As time passed in detention, many women did not know the month or day. I heavily advocated for posting calendars in each of the day rooms to help women mark time and after several weeks this request was granted. However, this advocacy was considered "overstepping my boundaries. I was punished for doing so. I also informed residents that they were detained the Southern region of Texas, and I showed them, on a map, where Karnes was in relation to where their family lives in the United States. This, too, was cause for punishment. GEO did not want me to empower these women with basic information about their lives.
38. GEO placed a premium on following harmful policies rather than helping the residents, and it showed in my performance reviews. On January 8, 2015, I had my three month review. It was the worst review I have received in my career. In fact, I told the reviewers that it sounded like they were talking about someone else. They consistently rated me "below expectation" and "acceptable," with only one rating of "above expectation." My overall performance rating

score was three (3). GEO told me I needed improvement in “follow[ing] all policies and procedures associated with the GEO Group...to respect all boundaries that are set by the medical department and the other departments throughout the facility...[and] not [to] allow [my] personal feelings against immigration to effect [my] job duties as the lead social worker.” It was clear to me that GEO did not want me to help the residents; rather, GEO wanted me to help them pass audits.

39. My evaluation and the narrative about me and my work at Karnes were terribly skewed. I performed my job duties with the utmost professionalism and respect for the detained women. I conducted myself in a manner consistent with the code of conduct of a licensed social worker and adhered to the National Association of Social Workers Code of Ethics. I did everything in my power as lead social worker to advocate for the women according to my training and experience in the field of social work, and to offer training to the staff I supervised on social work theory and practice as well as offer media on child development and trauma and its impact on children. I have been passionate about immigrants’ rights for decades, in fact, I wrote my dissertation on perceptions of type II diabetes in the Mexican-American farmworking community and my master’s thesis on the Living Conditions of Farmworkers in the Northern San Joaquin Valley in California. The fact GEO would accuse me of lacking in professionalism and allowing my beliefs about immigrant rights to somehow negatively impact my ability to be impartial is incongruent to who I am as a person or professional. The review did not accurately assess my performance; it was meant to send a message that I was not hired to empower the residents at Karnes.

2. Inadequate Medical Care

40. The medical staff at Karnes failed to provide residents adequate medical care and treated residents with a complete lack of respect. For example, throughout my employment at Karnes, several residents informed me that they were treated poorly by Ms. Banda (there are two Ms. Bandas—the Ms. Banda to whom I refer here is Latina) who is a licensed vocational nurse on the medical staff. The residents told me that Ms. Banda would withhold medical treatment from them and their kids, deliberately make them wait to receive medical services, and disrespect them and call them names. The residents said that Ms. Banda did not speak fluent Spanish, and she frequently misunderstood or mischaracterized their requests. I spoke to one woman named A-C- whose son had severe pain on the right side of his belly. She took her son to medical four times, and three of those times, A-C- said that Ms. Banda turned her away. On the fourth visit, a different nurse, Samantha Borrego, RN, was working at medical. After seeing A-C- and her son, Ms. Borrego immediately sent them to Methodist Children’s Hospital in San Antonio. A-C-’s son was diagnosed with appendicitis and had an emergency appendectomy. The staff at the hospital said the appendicitis had progressed so far that A-C-’s health was at grave risk.
41. This similar treatment occurred with G-M and her son R-M, who was rushed to the emergency department at Otto Kaiser with seizures.
42. This similar treatment occurred with J-D-G and her 7-week old son. He was rushed (halo-flight) to Methodist Children’s Hospital in San Antonio with a cranial bleed.
43. In all these instances, the mothers told me about having gone to Medical and having to “fight” with medical staff to take seriously their children’s health condition.

A. Anti-Immigrant Sentiment Among Medical Staff

44. In early December 2014, I sat next to Ms. Banda at lunch and she told me that the women were “dirty, disrespectful, and ungrateful” because “when they first arrived the guards would find them shitting and peeing outside”. She stated that immigrant men didn’t do such things and that she “couldn’t wait until the facility returned to an all-male facility.” I challenged Ms. Banda’s perceptions of the detained women that she worked for and she remained firm in her convictions. Concerned about Ms. Banda’s anti-immigrant beliefs and how that affected her work and her treatment of the residents, I composed a formal letter to Ms. Green and Ms. Rose Thompson, the Warden at Karnes, about Ms. Banda’s statements. However, I could never deliver the letter to Ms. Green because she was unavailable despite multiple requests (via email and verbally) to meet with her and discuss my concern.

B. Inhumane Medical Practices at Karnes

45. On March 11, 2015, Karnes was placed on lockdown because there was a chicken pox outbreak. GEO Corporate ordered all residents, including children and babies, to submit to a blood draw to be tested for chicken pox. Approximately 168 mothers refused to have their blood drawn. My office was located near where the blood was being taken. It was clear from the consistent cries and screams I heard that the children and babies were in pain, frightened and traumatized as a result of this mass blood draw. Some of the toddlers and children who were in the waiting room, of their own volition, tried to escape the medical area. I could hear them crying to their mothers and saying, in Spanish, that they did not want their blood to be taken. What they did to those babies and children was inhumane. Many mothers informed me as well as an RN that many residents and babies had to be poked up to nine times to find their little veins, and many

sustained extensive bruising. On March 17, 2015, RN Vanessa Barrientos informed me that the women shouldn't have to submit to blood draws. That they have a right to refuse. Mrs. Barrientos also informed me that this was reportable to her governing body, but that GEO/Medical had failed to do so (at that time). She said it was not standard procedure to detect chicken pox through blood draws, and that the order to draw blood from all the detained children had come from GEO corporate. Even though Ms. Barrientos disapproved of the practice of drawing blood because there was not standard medical practice, she and Ms. Green worked two evenings around the facility to try and convince the mothers who had refused to have their babies' blood tested to have them tested. The cries and screams resumed. I cannot understate what a harrowing experience it was to listen to the cries and screams, and to bear witness to children attempting to escape medical in an attempt to avoid the blood draw. I feel traumatized after hearing the cries and screams of those babies and children and witnessing children, of their own volition, attempting to escape the medical area out of sheer fear. This experience will likely have a lasting impact on these mothers and their children. And, create a strong distrust for the medical community and providers.

3. I Resigned From Karnes Rather Than Risk Losing My License

46. On April 2, 2015, I resigned from Karnes. I could not continue to work in a facility that asked me to withhold information from ICE and lie to ICE, that punished residents who required medical and mental health treatment, and that required me to follow policies in violation of the Code of Conduct for the National Association for Social Workers for Licensed Social Workers. My license was compromised by the orders I received from my superiors at Karnes about how I should practice social work.

47. I reserve the right to amend this declaration and that my statements are to the best of my knowledge at this time.

I declare under penalty of perjury that the foregoing is true and correct.

June 26, 2015

/s/ Olivia Lopez, Ph.D., L.M.S.W.