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IMMIGRATION LAW



Institute for the Elimination of Poverty & Genocide



SPLC
Southern Poverty
Law Center

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Katherine Culliton-Gonzalez
Officer for Civil Rights and Civil Liberties
U.S. Department of Homeland Security
CRCLCompliance@hq.dhs.gov
Katherine.Culliton-Gonzalez@hq.dhs.gov

Peter Mina
Acting Director
Office of Civil Rights and Civil Liberties
U.S. Department of Homeland Security
CRCLCompliance@hq.dhs.gov;
Peter.Mina@hq.dhs.gov

Dana Salvano-Dunn
Director, Investigations
Office of Civil Rights and Civil Liberties
U.S. Department of Homeland Security
Dana.Salvano-Dunn@hq.dhs.gov

Nadia Batcha
Senior Policy Advisor
Office of Civil Rights and Civil Liberties
U.S. Department of Homeland Security
Nadia.Batcha@hq.dhs.gov

Margaret Shaefer
In her capacity of addressing ADA, Mental
Health, and Cognitive Disabilities
U.S. Department of Homeland Security
Margaret.Schaefer@hq.dhs.gov

Joseph V. Cuffari
Inspector General
Office of Inspector General
U.S. Department of Homeland Security
dhs-oig.officepublicaffairs@oig.dhs.gov

Kristen Clarke
Assistant Attorney General for Civil Rights
Civil Rights Division
U.S. Department of Justice
Kristen.clarke@usdoj.gov

David Gersten
Office of Immigrant Detention Ombudsman
Immigration and Customs Enforcement
U.S. Department of Homeland Security
David.Gersten@hq.dhs.gov

Sean Ervin
Director, Atlanta Field Office
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
Sean.C.Ervin@ice.dhs.gov;
Atlanta.Outreach@ice.dhs.gov

Re: Sexual assault of detained immigrants by a nurse at Stewart Detention Center, a U.S. Department of Homeland Security immigration detention facility operated by CoreCivic

I. INTRODUCTION

Maria Doe, Viviana Doe, Laura Doe, and Marta Doe (collectively, “complainants”), through the undersigned counsel at the Southern Poverty Law Center (SPLC) and affiliated advocates at Project South, the Georgia Latino Alliance for Human Rights (GLAHR), the Black Alliance for Just Immigration (BAJI), El Refugio, the Georgia Human Rights Clinic, and Owings MacNorlin LLC submit this complaint denouncing repeated sexual assaults towards them by ██████████, Registered Nurse, Lic. # ██████████, while they were detained at Stewart Detention Center (Stewart) in Lumpkin, Georgia, as well as the enabling of his actions by U.S. Immigration and Customs Enforcement (ICE) and CoreCivic, Inc. (CoreCivic) and suppression of reports of the assaults. Although ICE and CoreCivic are aware of the multiple allegations of sexual assault against Nurse ██████████, he continues to treat individuals at Stewart with access to women made especially vulnerable by their detention. ICE and CoreCivic have failed in their duty to care for and protect people in their custody from the kind of pervasive sexual assault that the Prison Rape Elimination Act was designed to address. In fact, when complainants Maria Doe and Laura Doe reported Nurse ██████████’s behavior to CoreCivic and ICE employees, rather than addressing their complaints, officers threatened them with legal action and prolonged detention.

Stewart has historically failed to protect detained individuals from sexual assault. An audit under the Prison Rape Elimination Act conducted between May 25-27, 2021 found the standards for (1) Investigations (§115.34); (2) Assessment for risk of victimization and abusiveness (§115.41); and (3) Criminal and Administrative Investigations (§115.71) were not being met.¹ Further, the report substantiated at least one allegation of staff-on-detainee sexual assault.² Almost one year later, an ICE facility inspection report dated May 5, 2022 indicates that there were eight allegations of sexual abuse and assault by staff/contractor on detained individuals at Stewart in the preceding twelve months, and at least two were substantiated.³ It is past time for supervising agencies to hold Stewart accountable for the abuse of people detained there.

The complainants urge the responsible components of the U.S. Department of Homeland Security (DHS) and the U.S. Department of Justice (DOJ) to investigate and render consequences under law for these alleged actions of ICE staff and their contractors, subcontractors, and detention administrators at Stewart, including private contractor CoreCivic.

¹ PREA Audit: Subpart A. DHS Immigration Detention Facilities Audit Report, DHS, https://www.ice.gov/doclib/foia/prea_audit/stewartDetCtrMay25-27_2021.pdf.

² *Id.* at 3.

³ ICE Facility Significant Incident Summary (SIS), ICE, May 5, 2022, https://www.ice.gov/doclib/facilityInspections/StewartDetCtr_SIS_05-05-2022.pdf.

II. BACKGROUND AND LEGAL STANDARDS

The South, which already has some of the highest rates of incarceration in the country, is the bargain basement of immigration detention. Facilities charge among the lowest per diem rates in the country in order to land Immigration and Customs Enforcement (ICE) contracts that can create jobs for communities, revenue for municipalities and profits for private prison operators, no matter the long-term cost. It's an approach that flows from the South's long history of looking to prisons filled mostly with people of color as a way to build local economies – a history that includes chain gangs and programs that “leased” prisoners to companies for work. Today, immigrant detention is but the latest chapter in that history.⁴

The Performance-Based National Detention Standards (PBNDS), issued and intermittently revised by ICE, are supposed to provide a framework to maintain a safe and secure environment for people it keeps in civil detention. Stewart operates under PBNDS 2011 (Revised 2016).⁵ PBNDS 2.11 specifically addresses Sexual Abuse and Assault Prevention, and mandates that each “facility shall articulate and adhere to a written zero tolerance policy for sexual abuse or assault, outlining the facility’s approach to preventing, detecting, and responding to such conduct.” As described below, ICE at Stewart has utterly failed to comply with the standards in that chapter, including, but not limited to, procedures for reporting and addressing allegations or suspicions, “procedures for offering immediate protection, including prevention of retaliation and medical and mental health referrals;” and coordination with appropriate investigative agencies.

Over the past several years, Georgia’s immigration facilities have gained notoriety for the most horrific reasons. International attention shined on the Irwin County Detention Center (Irwin) in Ocilla, Georgia, only two hours from Stewart, in the wake of a September 2020 whistleblower complaint filed on behalf of Nurse Dawn Wooten by Project South, Georgia Latino Alliance for Human Rights, South Georgia Immigrant Support Network, and Georgia Detention Watch. The complaint exposed medical abuses at Irwin, including gynecological procedures performed on cis-gender female detained immigrants without informed consent.⁶ The Folkston ICE Processing Center (Folkston) in Folkston, Georgia, only four hours from Stewart, recently garnered attention for reports that it may become the largest ICE detention center in the nation—a “super-complex”

⁴ Southern Poverty Law Center, National Immigration Project of the National Lawyers Guild, and Adelante Alabama Worker Center, *Shadow Prisons: Immigrant Detention in the South (Executive Summary)*, Nov. 26, 2016, <https://www.splcenter.org/20161121/shadow-prisons-immigrant-detention-south#executive%20summary>.

⁵ Stewart Detention Center, ICE Office of Professional Responsibility, Feb. 22-26, 2021, <https://www.ice.gov/doclib/foia/odo-compliance-inspections/2021-StewartDC-LumpkinGA-Feb.pdf>.

⁶ Re: Lack of Medical Care, Unsafe Work Practices, and Absence of Adequate Protection Against COVID-19 for Detained Immigrants and Employees Alike at the Irwin County Detention Center, submitted by Project South, Georgia Detention Watch, Georgia Latino Alliance for Human Rights, South Georgia Immigrant Support Network, Sept. 14, 2020, <https://projectsouth.org/wp-content/uploads/2020/09/OIG-ICDC-Complaint-1.pdf>.

holding more than 3,000 detained immigrants—despite ongoing investigations into civil rights violations at the facility.⁷ Looking forward, Georgia and Louisiana are poised to become a new epicenter of immigrant detention. Despite the widespread coverage and numerous complaints of the unbearable conditions and abuses, these same states continue to play host to rampant abusive detention practices, including inadequate, negligent and abusive medical care, failure to provide COVID-19 protections, physical violence against detained people, and punitive use of solitary confinement for people who speak out about their treatment.⁸

ICE began detaining people at Stewart in 2006 and has relied upon CoreCivic for its operations.⁹ With capacity to detain nearly 2,000 individuals, Stewart is one of the largest immigration detention centers in the United States and, as of 2016, was estimated to net CoreCivic approximately \$38 million in profits per year.¹⁰ Between 2008 and December 2020, Stewart did not detain cisgender immigrant women.¹¹ However, after Nurse Wooten’s whistleblower complaint against Irwin in September 2020, ICE transferred individuals from Irwin to Stewart and has detained cisgender women at Stewart since that time.¹²

Since its opening in 2006, Stewart has been plagued by persistent and pervasive human rights abuses which have earned it the moniker of the “deadliest immigration jail.”¹³ Stewart faces lawsuits regarding the wrongful death of people in its care,¹⁴ inability for people detained to access counsel,¹⁵ insufficient medical care,¹⁶ and its involuntary and abusive forced labor

⁷ Jeremy Redmon & Lautaro Grinspan, *Exclusive: Ga. Immigration Facility to Become One of Nation’s Largest*, The Atlanta-Journal Constitution, Feb. 4, 2022, <https://www.ajc.com/news/exclusive-south-georgia-immigration-detention-complex-aims-to-expand/QN5G2BFOPREQHEBDOPPAX2PSVI/>.

⁸ Re: Complaint for violations of civil, constitutional, and disability rights of medically vulnerable individuals at Stewart Detention Center, Aug. 30, 2021, submitted by SPLC, El Refugio, the Black Alliance for Just Immigration (BAJI), and the Georgia Human Rights Clinic (GHRC), https://www.splcenter.org/sites/default/files/august_crcl_complaint.pdf.

⁹ *Office of Detention Oversight Compliance Inspection Stewart Detention Center*, ICE, Aug. 21-23, 2012, https://www.ice.gov/doclib/foia/odo-compliance-inspections/2012stewart_detntn_cntr_lumpkin_GA_aug21-23-2012.pdf.

¹⁰ Catherine E. Shoichet, *Inside America’s Hidden Border. In One of America’s Poorest Places, Detaining Immigrants is a Big Business*, CNN, August 2018, https://edition.cnn.com/interactive/2018/08/us/ice-detention-stewart-georgia/?utm_content=chapter_04/.

¹¹ Jeremy Redmon & Alan Judd, *ICE Resumes Holding Women in Southwest Georgia Detention Center*, The Atlanta Journal-Constitution, Dec. 28, 2020, <https://www.ajc.com/news/ice-resumes-holding-women-in-southwest-georgia-detention-center/WICMRG2FTVHMFKW3MFCPNXDP2M/>.

¹² Charles R. Davis, *ICE transfers women out of detention center that became infamous over allegations of forced sterilization*, Business Insider, May 3, 2021, <https://www.businessinsider.com/ices-irwin-county-detention-center-transfers-remaining-women-lawyer-says-2021-4>.

¹³ José Olivares, *ICE Review of Immigrant’s Suicide Finds Falsified Documents, Neglect, and Improper Confinement*, The Intercept, Oct. 23, 2021, <https://theintercept.com/2021/10/23/ice-review-neglect-stewart-suicide-corecivic/>.

¹⁴ *Id.*

¹⁵ *S. Poverty Law Ctr. v. DHS*, No. 18-cv-00760, (D.D.C.).

¹⁶ *Fraihat v. ICE*, No. 5:19-cv-01546-JGB-SHK (C.D. Cal. Apr. 20, 2020).

practices.¹⁷ Stewart has further garnered a host of prior administrative agency complaints that have failed to redress the systemic nature of the human rights abuses suffered by those detained there.¹⁸ Specifically:

- Stewart fails to provide appropriate and necessary medical care. According to a 2021 Intercept article, eight detained individuals have died at Stewart since 2017, including two by suicide, one as a result of pneumonia, and one by heart attack.¹⁹ Of particular note is the Detainee Death Review issued by ICE’s External Reviews and Analysis Unit after the death of Efraín Romero de la Rosa, who died by suicide in July 2018.²⁰ The report noted 22 policy violations by staff and eight “areas of concern” while Mr. Romero de la Rosa was at Stewart.²¹
- COVID-19 exacerbated medical neglect and other problems at Stewart. As of July 10, 2022, there have been 1,669 confirmed COVID-19 cases at Stewart since reporting began.²² Alarming, four people in ICE’s custody at Stewart have died due to complications of COVID-19, the most of any immigrant detention center in the nation.²³ The COVID-19 death toll at Stewart constitutes 36% of all reported COVID-19-related deaths of people in ICE custody nationwide, which is disproportionately higher than Stewart’s share of the total nationwide detained population in general (about 5%).²⁴
- Recent accounts from people detained at Stewart indicate a continuing pattern of neglect and delays in providing medical care at Stewart: since May 2022, more than five people reported to SPLC that they have been waiting several weeks, and in some cases more than six weeks, to be evaluated by a mental health professional after complaining of anxiety, depression, and panic attacks. One SPLC client was recently released from Stewart weeks after an urgent biopsy without being given the results of the biopsy or any meaningful medical care summary upon release, as required by the PBNDS.²⁵ ICE’s failure to inform

¹⁷ *Barrientos v. CoreCivic*, No. 4:18-cv-00070 (M.D. Ga.).

¹⁸ *See, e.g.*, Re: Complaint for violations of civil, constitutional, and disability rights of medically vulnerable individuals at Stewart Detention Center, Aug. 30, 2021, submitted by SPLC, El Refugio, the Black Alliance for Just Immigration (BAJI), and the Georgia Human Rights Clinic (GHRC), https://www.splcenter.org/sites/default/files/august_crcl_complaint.pdf.

¹⁹ José Olivares, *ICE Review of Immigrant’s Suicide Finds Falsified Documents, Neglect, and Improper Confinement*, The Intercept, Oct. 23, 2021, <https://theintercept.com/2021/10/23/ice-review-neglect-stewart-suicide-corecivic/>.

²⁰ *Id.*

²¹ *Id.*

²² ICE Guidance on COVID-19, updated July 10, 2022, <https://www.ice.gov/coronavirus#detStat>.

²³ Jeremy Redmon, *Fourth ICE detainee dies from COVID-19 in southwest Georgia*, The Atlanta Journal Constitution, Jan. 31, 2021, <https://www.ajc.com/news/fourth-ice-detainee-dies-from-covid-19-in-southwest-georgia/TNPDEQCTD5AJNEJG3AB5UODNGQ/>.

²⁴ ICE Guidance on COVID-19, updated July 10, 2022, <https://www.ice.gov/coronavirus#detStat>; FY22 ICE Detention Statistics, updated Apr. 23, 2022, <https://www.ice.gov/detain/detention-management>.

²⁵ ICE, Performance-Based National Detention Standards 2011 (PBNDS) (revised Dec. 2016) <https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf>.

her of the process for requesting records upon release resulted in an overall delay of more than two months in receiving her biopsy results. Only after numerous requests by her attorney was she able to get the results that recommend further testing to rule out lymphoma.

- Stewart has a history of violence toward individuals in detention. Toward the beginning of the COVID-19 pandemic, detained immigrants at Stewart peacefully protested lack of medical care and adequate protection from the virus.²⁶ On April 9 and 20, 2020, Stewart’s Special Operations Response Team (SORT) Unit, a militarized jail police force, used aggressive and unnecessary force against the peaceful protestors.²⁷ Following these incidents, several members of the SORT Unit spoke proudly about the attack on social media posts.²⁸ In one social media post, for example, one of the SORT officers equated his role of shooting pepper-ball projectiles against peaceful, detained protesters as being in “call of duty mode.”²⁹ A different officer posted on his social media account that the detainees “felt them mfs.”³⁰ Eight employees were placed on administrative leave and four were ultimately fired.³¹ Nonetheless, SPLC has continued to receive reports of aggressive use of force by CoreCivic employees.
- Current oversight mechanisms at Stewart have failed. Recently, the DHS Office of the Immigration Detention Ombudsman (OIDO) selected Stewart as part of a pilot project to implement on-site oversight at ICE detention facilities. Despite the presence of an OIDO case manager who makes weekly unannounced visits to Stewart since late 2021, and a newly circulated OIDO intake form, ICE has perpetuated a climate of fear, abuse, and neglect at Stewart, as demonstrated by the experiences of the complainants below.

III. ACCOUNTS OF WOMEN PREVIOUSLY DETAINED AT STEWART REGARDING NURSE ██████████

Nurse ██████████ has repeatedly taken advantage of his position as a medical professional to isolate women at Stewart in private medical examination rooms, to force or coerce them into giving him access to private parts of their body without medical justification or need and assaulting them during his “medical exams.” At least two brave women already came forward during their detention at Stewart to report the assaults. However, internal investigations turned into interrogations with victim-blaming, accusations of false reporting, and threats of prison sentences.

²⁶ José Olivares, *ICE’s Immigration Detainees Protested Lack Of Coronavirus Precautions — And Swat-Like Private-Prison Guards Pepper-Sprayed Them*, The Intercept, May 5, 2020, <https://theintercept.com/2020/05/05/ice-stewart-immigration-detention-coronavirus-protest-pepper-spray/>.

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.*

³⁰ *Id.*

³¹ *Id.*

These interrogations caused additional trauma to women who already survived sexual assault while physically confined in the same setting as their assailant and prevented additional women from wanting to come forward. An internal review of Stewart medical records of individuals who contacted SPLC from December 2018 through January 2022 showed that Nurse [REDACTED] was involved in the medical care of at least 165 detained individuals during that time. Although it appears that Nurse [REDACTED] was briefly reassigned elsewhere within Stewart after the allegations of sexual assault, upon information and belief, the reassignment appears to have been to the segregation unit, where people are isolated and vulnerable to further harm with no opportunity to seek help. Further, recent reports indicate that Nurse [REDACTED] is now once again providing medical care to the general population, including to cisgender women.

a. *Allegations of Sexual Assault of Maria Doe*

Maria Doe was brought to Stewart on December 30, 2021. The next day, she was taken to a medical appointment with Nurse [REDACTED]. He closed the door and told her that he speaks Spanish, so they would not need an interpreter. He asked if she had had any surgeries or was feeling unwell. She reported that she had breast prosthesis and that she had not been able to use the bathroom.

He told her that he would need to examine her and told her to lie on the examination table. During the course of the “examination,” he put his penis in her hand, ordered her to lower her pants and attempted to touch her below her waistline, and groped her breasts multiple times under the guise of listening to her heart. Again and again, Maria Doe told him to stop, asked him why he was treating her this way, and asked to leave the examination room. He, instead, continued his aggression and complimented her looks, talking to her about her self-esteem. In an attempt to get someone else in the room, she asked him to get an interpreter, but he used Google translate to ask to see her scars from breast surgery.

While Nurse [REDACTED] assaulted Maria Doe, someone knocked on the door several times and Nurse [REDACTED] replied that he was not finished with the exam. Finally, the person knocking insisted that they needed the room. Nurse [REDACTED], however, instructed Maria Doe that they were not finished, and she had to wait to finish the exam in another office. He took her directly to another office, trapped her with his body, and continued the assault by touching her, complimenting her, and offering her things. She continually asked him to please stop touching her and to let her leave. He told her that in order to leave, she needed to take medications that he gave her. Maria Doe reports that he appeared nervous, and he told her that she made him nervous because he liked her. She said she just wanted to leave and asked if there was anything else, hoping that she would be allowed to leave. He told her that he needed to check her menstrual cycle and insisted on seeing her vaginal discharge. She was finally able to escape by telling him that another person had discharge that she was concerned about, and that Nurse [REDACTED] needed to see her about it.

Unfortunately, Maria Doe’s assault was not where her trauma ended. She quickly reported the

abuse to a guard in the hall. She was brought into an office where two female officers who worked for CoreCivic took her statement. After the officers took her statement, she returned to her housing unit. That same night, another woman, who also appeared to work for CoreCivic based on her blue shirt, called her in to interview her, using a form with the parts of the human body. During her statement, that woman told her that her story was a lie because Nurse ██████ did not speak Spanish. The woman told her that there are no other rooms that he could have taken her to after the initial examination room, indicating that Maria Doe had concocted the entire story. Maria Doe cried, asking the woman to believe her, but the woman dismissed her back to her housing unit. Maria Doe was desperate and scared, and fell on the floor crying. Two guards found her and, using a telephonic interpreter, asked her what had happened. She recounted the story and they brought her back to her housing unit.

On Monday, January 3, Maria Doe was brought back for another interview. She believes it was with a chaplain and a CoreCivic guard. She asked to speak to somebody from ICE, and after some time, ██████ arrived and told her that he could not help her; that he could only answer questions about her immigration case. Maria Doe was interviewed every day after that, including by a mental health professional named ██████ who asked if she was suicidal and asked her to circle how she was feeling, but said she could not assist further. On at least one other occasion, up to four ICE officers were in the room during an interview. One female nurse told her about the Prison Rape Elimination Act and told her to call lawyers to help her.

██████ communicated through an interpreter that she would be given seven years in prison if she continued with her report, saying they knew she was lying. A CoreCivic employee hit the table in front of her during an interview. Officers also withheld food during interviews, causing her to miss multiple meals. Over the course of a week, she was subjected to repeated interrogations and accusations that she was lying. They told her that if she made further reports, she would continue to be detained because they could not release her with an investigation ongoing, but if she withdrew the report, she would be released. In fact, her release was delayed by a full day in order to force her to attend a final abusive interrogation.

Maria Doe encountered several women in her unit throughout the investigation who shared that they had also been in uncomfortable situations with Nurse ██████ due to inappropriate behavior and thanked her for reporting, sharing that they were too afraid to report. Maria Doe was finally released from Stewart on January 11, 2022. She never received any information about the status of her complaint or the result of any investigation into Nurse ██████.

b. Allegations of Sexual Assault of Viviana Doe

Viviana Doe was detained at Stewart for three months at the end of 2021. During that time, she had two disturbing encounters with Nurse ██████. She reports that she was left alone with Nurse ██████, who would close the door and curtain and lower his face mask when he was alone with

her. She was under the impression that he was a doctor, and he did not correct her or properly identify himself as a nurse.

First, when Viviana Doe had an allergic reaction and needed a steroid injection, Nurse [REDACTED] told her that he would give her the shot in her buttocks. She expressed discomfort and requested a female provider. Nurse [REDACTED] argued with her and told her, in Spanish, that he had “good hands.” He expressed annoyance with her request for a female medical professional and told her that she would not be able to request a female in the hospital. She finally prevailed and a female nurse came to give her the injection. Viviana Doe does not know exactly what Nurse [REDACTED] and the female nurse said to each other, but she felt that the female nurse gave her the injection while keeping an eye out as if expecting that Nurse [REDACTED] would try to come back into the room.

A few weeks later, Viviana Doe had an offsite appointment for her eyes. When she returned, Nurse [REDACTED] took her into a room, closed the door, and said he needed to do a “*chequeo médico*” (medical check). He had her lift her shirt up to her neck for him to place the stethoscope on her chest. He indicated that he was also going to place the stethoscope below her waistline. He did not explain what he was doing or ask for consent. She was scared and confused and froze as he placed the stethoscope on her lower belly below the waist of her pants.

Viviana Doe was never able to see any of the information that was sent back from the offsite appointment. She saw that her file was handed to Nurse [REDACTED] when she returned to Stewart, but he refused to acknowledge it when she asked about it. After the inexplicable exam in a closed room with him, that file from the offsite appointment never made it into her medical record.

Viviana Doe complained about this experience to the other women in her unit. She was afraid to complain to ICE, CoreCivic, or anyone else at the facility, not knowing what repercussions it could have on her detention or her case with the immigration judge.

c. Allegations of Sexual Assault of Laura Doe

Laura Doe was detained at Stewart for approximately six months between 2021 and 2022. She reports two incidents of abuse by Nurse [REDACTED] during this time. During these incidents, Laura Doe was under the impression that Nurse [REDACTED] was a physician, and he did not correct her. She only learned he was a nurse long after her release from Stewart.

The first instance of abuse occurred in or about September 2021. Laura Doe requested a medical check because she was experiencing stomach pain and a burning sensation in her leg. She was taken to a small room alone with Nurse [REDACTED] when he instructed her to lift her shirt up past her bra. He then placed a stethoscope on her chest and proceeded to touch her in between and around her breasts with the stethoscope and his fingers. He then asked her to lower her pants to below her waist and placed his hand and stethoscope to the area beneath her appendix, moving it around near

her uterus. Nurse [REDACTED] then instructed Laura Doe to remove her right shoe and sock and proceeded to give her a “weird massage” while looking at her in a sexually suggestive manner that made her uncomfortable. When he finished, he attempted to put her sock on for her, and she said no.

The second instance of abuse occurred in or about late November or early December 2021. Laura Doe requested a urine and blood test because she continued to experience abdominal pain and believed she may have an infection. Staff at Stewart took her to the medical unit, and Nurse [REDACTED] once again treated her. After asking Laura Doe a series of questions in a manner that made her uncomfortable, he instructed her to lay down on the examination table and once again instructed her to lift her shirt and lower her pants. For the second time, Nurse [REDACTED] proceeded to inappropriately touch Laura Doe all over her chest and under her pants below her waist with his hands and stethoscope. When he finished, he told her she did not have an infection and gave her pills for pain that she understood were Tylenol.

On or about January 3, 2022, Laura Doe spoke with a mental health professional at Stewart about these incidents of abuse by Nurse [REDACTED]. The psychologist called in two other staff members to speak with Laura Doe about these incidents and how she was feeling. That night, an official at the facility approached Laura Doe in her dorm and told her she had to report what happened. Another woman detained with Laura Doe overheard and stated that she also wanted to make a report against this nurse. The two women were taken to an office where, as instructed, they each wrote down what they experienced at the hands of Nurse [REDACTED] on pieces of paper.

In the days that followed, Laura Doe was once again taken to a room, this time by a male and female official at the facility. The female proceeded to tell Laura Doe that she could be sent to prison for up to seven years for lying and accused her of instigating other women. Laura Doe was released from Stewart days later, on or about January 12, 2022. To date, she has not received any information about the status of her complaint or the result of any investigation.

d. Allegations of Sexual Assault of Marta Doe

Marta Doe was detained at Stewart from September through November 2021. She reports three incidents of abuse by Nurse [REDACTED]. Marta Doe was led to believe that Nurse [REDACTED] was a doctor, and he did not correct her.

When Marta Doe went to the medical unit for chest pain, Nurse [REDACTED] took her into a room by herself and had her remove her shirt and bra. She hesitated about the need to remove the bra, and he insisted. He spoke limited Spanish but said something that she understood as “no bra.” He then placed the stethoscope on her bare chest.

On another occasion, Marta Doe went to medical for stomach pain and was told she needed an

enema. Nurse [REDACTED] was preparing to place the enema when a female nurse stopped him. Although Marta Doe did not understand what the nurses said because they were speaking English, she understood that the female nurse took over and indicated that Nurse [REDACTED] should not have been doing what he was doing.

Marta Doe saw Nurse [REDACTED] one final time after she fell and hurt her wrist. He again took her to a room by herself and then asked if she had hurt her knees or anywhere else. He told her to take off her pants to see her legs. She refused. She showed him that the pants were loose enough to raise them from the bottom so that he could see her knee that way. After she refused, Nurse [REDACTED] grabbed her hand and insisted that she remove her pants. Based on what she had already experienced herself and what she had heard from other detained women, Marta Doe was resolute in refusing to take off her pants. Finally, the nurse gave up and told her to calm down (“*tranquila*”).

Fortunately, she was released from Stewart that day shortly after the incident occurred.

IV. NURSE [REDACTED] VIOLATED THE CODE OF MEDICAL ETHICS AND HIS BEHAVIORS ARE CONSISTENT WITH SEXUAL MISCONDUCT

Nurse [REDACTED]’s behaviors were inappropriate and consistent with sexual misconduct.³² Further, the way he engaged with patients was not indicated, outside the scope of his practice, and in violation of the medical ethics required of a healthcare professional during patient-provider encounters.³³

Nurse [REDACTED] performed examinations that were not indicated, not necessary, and abusive. While it is common to auscultate (listen) to heart and lung sounds with a stethoscope, it does not require a patient to remove or lift up their shirt and expose their breasts and certainly does not require removal of the bra. Auscultation of the heart and lungs can be done over the shirt, or the stethoscope can be placed in a nonintrusive manner by making minor adjustments to clothing to expose the third to fifth rib space anteriorly. There would be no indication to palpate a patient’s breasts to auscultate heart or lung sounds. If a patient has an abdominal complaint, it is common for the clinician to auscultate bowel sounds but this would not be done without an indication (e.g., abdominal pain) and the stethoscope is typically placed in the periumbilical region (around the belly button). There would rarely be an indication for a clinician or nurse to auscultate an organ below the waistline. In the encounters described, there was no indication to conduct a breast or genitourinary (genital and/or urinary) exam.

³² National Council of State Boards of Nursing, Practical Guidelines for Boards of Nursing on Sexual Misconduct Cases, https://www.ncsbn.org/Sexual_Misconduct_Book_web.pdf.

³³ American Nurses Association, *Code of Ethics for Nurses with Interpretive Statements*, <https://www.nursingworld.org/coe-view-only>; American Medical Association, *Code of Medical Ethics Overview*, <https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-overview#:~:text=Preface%20and%20Preamble,-.AMA%20Code%20of%20Medical%20Ethics.professional%20relationships%20and%20self%2Dregulation.&text=The%20nine%20Principles%20of%20Medical.principles%20of%20the%20medical%20profession.>

If such an exam were required (which, again, was not the case in any of the above scenarios), it should be done by a trained medical provider, usually an advanced practice provider, physician, or nurse trained in sexual assault,³⁴ after the patient provides consent, and with a chaperone. By performing examinations that were not indicated, without consent, and without a chaperone, Nurse ██████ severely violated medical ethics of a provider-patient interaction.

Nurse ██████ also violated standard operating procedures by failing to honor a patient's request for a same-gender nurse and by failing to provide an interpreter during his examinations.

According to the National Council of State Boards of Nursing definition of sexual misconduct, Nurse ██████ engaged in sexual misconduct in the following manners:

- 1) Touching of the breasts, genitals, anus or any sexualized body part, except as consistent with accepted community standards of practice for examination, diagnosis and treatment within the healthcare practitioner's scope of practice (b)
- 2) Rubbing against a patient, client or key party for sexual gratification (c)
- 3) Hugging, touching, fondling or caressing of a romantic or sexual nature (e)
- 4) Not allowing a patient or client privacy to dress or undress (g)
- 5) Not providing the patient or client with a gown or draping (h)
- 6) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual (r)

For the above reasons, the undersigned counsel at SPLC is contemporaneously filing a complaint with the Georgia Board of Nursing against Nurse ██████ on behalf of each complainant.

V. REQUIREMENTS TO PREVENT AND RESPOND TO SEXUAL ASSAULT IN DETENTION

The PBNDS contain clear and strong language with regards to the expectations in response to reports of sexual assault by an employee or contractor. As indicated in the aforementioned allegations, Stewart failed disastrously at implementing safeguards to protect people detained at Stewart from sexual assault. The PBNDS states what staff *shall* do in response to a report of sexual assault, including taking allegations seriously and addressing them non-judgmentally, immediately referring to a clinical assessment, following reporting requirements, and using a coordinated multidisciplinary team that includes outside entities like a victim advocate. PBNDS 2.11(J), (H). Additionally, the facility administrator must refer an allegation of sexual assault by a facility contractor to law enforcement and the Field Office Director, who must report the allegation to the Office for Professional Responsibility's Joint Intake Center. PBNDS 2.11(L)(2).

³⁴ Sexual Assault Nurse Examiner (SANE), International Association of Forensic Nurses, <https://www.forensicnurses.org/page/aboutSANE>.

Specifically, the Detention Standards mandate strongly against retaliation against a person who reports sexual abuse. PBNDS 2.11(K).

In addition to the PBNDS, CoreCivic publishes its own Sexual Abuse Prevention and Response policy, including a specific policy for the Stewart Detention Center.³⁵ The CoreCivic policy states: “Inmates/detainees shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations.” *Id.* Efforts to identify a victim advocate must be documented on the 14-2C Sexual Abuse Incident Check Sheet, and victims must be informed of the resources available to them and their rights to care and protection. *Id.*

Despite bravely making reports, neither Maria nor Laura Doe were provided with victim advocates or appropriate clinical assessments, and instead were brazenly retaliated against through aggressive and accusatory interrogations and threats of prolonged imprisonment.

Similarly, ICE and CoreCivic failed in the protection of other detained people after the interrogations that took the place of actual unbiased investigations. According to the Detention Standards, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. PBNDS 2.11(M)(4)(a). For any contractor who engages in sexual abuse, the detention center must discontinue contact between that contractor and any detained people.

An internal review of Stewart medical records of individuals who contacted SPLC from December 2018 through June 2022 showed that Nurse █████ continued to have unsupervised medical contact with detained people in the immediate aftermath of the sexual assault reports and for months thereafter. Complainants and their counsel have no reason to believe Nurse █████ has stopped seeing and treating individuals at Stewart.

CoreCivic and ICE failed to take appropriate action once concerns were raised. Nurse █████ was allowed to continue practicing at Stewart and was left alone with women patients for months after concerns were raised. The brave women who filed complaints were called liars, threatened with longer detention, and generally harassed and intimidated by multiple officials instead of receiving proper assistance when they complained about the abuse. The allegations against Nurse █████ were not singular, and the response to them represent a network of enablers and silencers that propped up the abuser’s conduct and used the threat of prosecution to cow complainants.

³⁵ 14-2 Sexual Abuse Prevention and Response, CoreCivic Company Policy (eff. Apr. 2, 2020) <https://www.corecivic.com/hubfs/files/PREA/CoreCivic%20Policy%2014-2.pdf>; Sexual Abuse Prevention and Response, Policy 14-2 (Stewart Detention Center), CoreCivic, <https://www.corecivic.com/hubfs/files/PREA/Facilities/Stewart-14-02-1.pdf>.

VI. REQUESTS

Regarding the allegations against Nurse [REDACTED], the complainants seek the following:

- Immediate removal of Nurse [REDACTED] from Stewart with termination of his contract;
- A separate investigation into Stewart as an inherently and irredeemably unsafe detention facility;
- Records related to the reports that were filed by Maria and Laura Doe;
- Records related to the actual protocol and any internal DHS and CoreCivic investigations that followed the reports by Maria and Laura Doe, including email communication between and among ICE and CoreCivic employees and the final result of the investigation;
- Immediate termination of the employment of each ICE and CoreCivic officer, guard, administrator, health professional, and/or investigator who threatened and accused Maria and Laura Doe of lying;
- A review of the process undertaken in responding to and investigating the reports made by Maria and Laura Doe, including whether the requirements laid out in the PBNDS were followed, which officers responded, what steps were taken to investigate or document the allegations;
- All documents related to internal DHS and CoreCivic protocols and mandatory reporting measures taken in the event of a report of sexual assault;
- The designation of a point of contact within DHS who will be responsible for communicating action steps and timelines, and results of the investigation to the survivors of sexual assault and their representatives.

VII. CONCLUSION

The highly sensitive and disturbing accounts shared by these brave women are not isolated incidents. Rather, they confirm what community organizers, human rights advocates, and detained immigrants have warned for years—ICE detention centers are fundamentally inhumane and unable to safely operate under any conditions. The multiple incidents of sexual assault reported herein occurred mere months after ICE ended its contract with Irwin in May 2021 and transferred or released all of the women by September 2021 after allegations of nonconsensual gynecological procedures. Advocates have documented the dangerous and deteriorating conditions of Stewart and Irwin for years, citing first-hand accounts and recommending that the centers be shut down.³⁶ The clear pattern of abuse of detained immigrant women in Georgia is deeply concerning and can no longer be ignored.

³⁶ *Imprisoned Justice: Inside Two Georgia Immigrant Detention Centers*, Penn State Law Center for Immigrant Rights' Clinic and Project South, May 2017, https://projectsouth.org/wp-content/uploads/2017/06/Imprisoned_Justice_Report-1.pdf.

As detailed above, these allegations against Nurse [REDACTED], ICE, CoreCivic, and any medical contractor involved, are just the latest in a series of complaints regarding medical abuse and reckless misconduct at Stewart and other ICE detention facilities. Reports have repeatedly called for the closure of Stewart given its improper use of solitary confinement leading to multiple deaths from suicide and medical neglect.³⁷ Stewart also has been at the center of investigative reports on the use of force by its SORT team.³⁸ The fact that reports about sexual assault filed by the complainants went unaddressed while Stewart was actively under investigation betrays the ineffectiveness of these current oversight attempts, and counsels for immediate closure of Stewart.

The undersigned counsel and affiliated advocates join the complainants in calling for a thorough investigation of these allegations, the immediate closure of Stewart, the release of people still detained there, and reparations and a path to immigration relief in the United States for the brave survivors who came forward in this complaint. Additionally, given that these abuses are not isolated but endemic to immigrant detention with little-to-no oversight, we further call for concrete steps towards ending immigrant detention and full transition to more effective, humane community-based models.

Thank you for your urgent attention to these critical matters. Please do not hesitate to contact us for additional information.

³⁷ Southern Poverty Law Center, National Immigration Project of the National Lawyers Guild, and Adelante Alabama Worker Center, *Shadow Prisons: Immigrant Detention in the South (Executive Summary)*, SPLC, Nov. 26, 2016, <https://www.splcenter.org/20161121/shadow-prisons-immigrant-detention-south#executive%20summary>; Re: Complaint for violations of civil, constitutional, and disability rights of medically vulnerable individuals at Stewart Detention Center, Aug. 30, 2021, submitted by SPLC, El Refugio, the Black Alliance for Just Immigration (BAJI), and the Georgia Human Rights Clinic (GHRC), https://www.splcenter.org/sites/default/files/august_crcl_complaint.pdf; El Refugio, *Cage of Fear: Medical Neglect and Abuse in Stewart Detention Center During the COVID-19 Pandemic*, May 2021, https://www.erefugiostewart.org/wp-content/uploads/2021/05/CageOfFear_FINAL_English.pdf

³⁸ José Olivares, *ICE's Immigration Detainees Protested Lack Of Coronavirus Precautions — And Swat-Like Private-Prison Guards Pepper-Sprayed Them*, The Intercept, May 5, 2020, <https://theintercept.com/2020/05/05/ice-stewart-immigration-detention-coronavirus-protest-pepper-spray/>.

Sincerely,



Erin Argueta
SIFI Lead Attorney
Southern Poverty Law Center



Azadeh Shahshahani
Legal and Advocacy Director
Project South



Priyanka Bhatt
Senior Staff Attorney
Project South



Lovette Kargbo Thompson
BAJI Lead Organizer
Black Alliance for Just Immigration



Michael Khoury, MD
Co-Director Georgia Human Rights Clinic
Assistant Professor of Neurology
Emory University School of Medicine



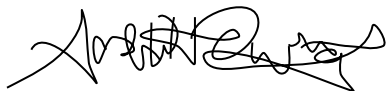
Amilcar Valencia
Executive Director
El Refugio



Adelina Nicholls
Executive Director
Georgia Latino Alliance for Human Rights



Amy Zeidan, MD
Co-Director Georgia Human Rights Clinic
Assistant Professor of Emergency Medicine
Emory University School of Medicine



Sarah Owings
Partner
Owings MacNorlin LLC

CC:

Russell Washburn
Warden
Stewart Detention Center
Russell.Washburn@corecivic.com

Maxine Richardson
Chief of Unit Management
PREA Compliance Manager
Stewart Detention Center
Maxine.Richardson@corecivic.com

Eric S. Pierson
Senior Director of PREA Compliance
CoreCivic
Eric.Pierson@corecivic.com

Zelma Y. Delgado
Executive Director
Georgia Board of Nursing
zdelgado@ga.gov

Bradford J. Raffensperger
Georgia Secretary of State
soscontact@sos.ga.gov

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