DECLARATION OF ANDRÉS MARTIN

I, Andrés Martin, M.D., M.P.H., make the following declaration based on my personal knowledge and declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the following is true and correct:

Education, Training, and Experience

1. I am a child psychiatrist with more than 20 years of experience interviewing, assessing, and treating vulnerable children, including survivors of trauma. My *curriculum vitae* is attached to this declaration as Appendix A.
2. I am the Riva Ariella Ritvo Professor of Child Psychiatry at the Child Study Center, a clinical and research center at the Yale University School of Medicine dedicated to improving the mental health of children and families, advancing understanding of their psychological and developmental needs, and treating and preventing childhood mental illness through the integration of research, clinical practice, and professional training.
3. I am the Medical Director of the Children's Psychiatric Inpatient Service (CPIS) at Yale-New Haven Children's Hospital, a position I have held since 2002. CPIS is a 16-bed in-patient unit for children under the age of 14 with serious psychopathology. In this capacity I have extensive experience working with young children who have been acutely or chronically traumatized.
4. Among my other relevant professional associations and awards, I am editor emeritus of the *Journal of the American Academy of Child and Adolescent Psychiatry* (2008-2017) and co-editor of the *International Association of Child and Adolescent Psychiatry and Allied Professions e-Textbook*. I serve as Secretary of the American Academy of Child and Adolescent Psychiatry and have been honored with the Presidential Medal by the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP). I am the author of more than 60 peer-reviewed articles, dozens of book chapters and reviews, and the co-editor of eight scholarly books, including one of the

standard textbooks in child and adolescent psychiatry, *Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook, Fifth Edition, 2017*.

5. My medical education includes a Master's Degree in Public Health from Yale University School of Public Health (2002); an Advanced Fellowship in Psychiatry at Faulkner Hospital, Boston, MA (1995-1996); a fellowship in Child and Adolescent Psychiatry at Massachusetts General and McLean Hospitals, Boston, MA (1993-1995); a General Psychiatry Residency at Massachusetts Mental Health Center, Boston, MA (1991-1993); and an M.D. from Universidad Anahuac / Universidad Nacional Autónoma de México (UNAM), Mexico City (1990).
6. I am board-certified in both general psychiatry and child and adolescent psychiatry through the American Board of Psychiatry and Neurology.
7. I have significant clinical, teaching, and research experience with developmental psychology; the short-term and long-term effects of trauma on the health and wellbeing of children and adolescents; the diagnosis and treatment of Post-Traumatic Stress Disorder and other anxiety disorders; and the diagnosis and treatment of mood disorders, including major depressive disorder.

Background: Preparation for this Declaration

8. On July 1, 2018, I supervised and coordinated a team of child psychiatrists who visited a youth shelter in eastern Connecticut, in which two children were detained by the federal Office of Refugee Resettlement. My colleagues on the team were Drs. Andrea Díaz-Stransky, Amalia Londoño-Tobón, and Jimena Tuis-Elizalde, who are all Yale University-affiliated child psychiatrists who have worked under my supervision and training at the Yale Child Study Center.
9. My colleagues and I were asked by lawyers from Connecticut Legal Services to interview and assess the children for the purposes of making any relevant psychiatric diagnoses and offering clinical recommendation for treatment.

10. One of the children we were asked to interview was J.S.R., a nine-year-old boy who was born in Honduras and who came to this country in early June of 2018 with his father.
11. I interviewed J.S.R. along with Dr. Londoño-Tobón. Like me, Dr. Londoño-Tobón is a native Spanish speaker, fluent in both Spanish and English. We spent approximately two hours with J.S.R., after which I extensively debriefed with Dr. Londoño-Tobón.
12. This declaration is based on my own observations of J.S.R. and based on the information that was conveyed to me by Dr. Londoño-Tobón. To prepare for this declaration, I reviewed relevant scientific literature and consulted with colleagues at the Childhood Violent Trauma Center (CVTC) within the Yale Child Study Center. The CVTC has extensive expertise on the treatment of youth who suffer from exposure to trauma; some of its members have leadership positions in the National Child Traumatic Stress Network and its Committee on Traumatic Grief and Traumatic Separation.
13. For my evaluation, I relied on the knowledge accumulated during my education, research and clinical experience, as described above. I also relied on the partnership with my colleagues, and on consultation and technical support from the CVTC.

Clinical Observations and Diagnosis: Chronic and Acute Trauma

14. In my medical opinion, which I offer to a reasonable degree of certainty, J.S.R. suffers from Post-Traumatic Stress Disorder, precipitated by being forcibly separated from his father soon after he entered this country.
15. When my team first arrived at the shelter where J.S.R. is detained, he refused to meet with us, instead turning and running away. He initially refused to talk about his story or his desires for the future. After some time, we were successful: through playing soccer and talking about J.S.R.'s love of animals, we were able to build a rapport. He is a sweet, kind child – and a child whose entire life has been shaped by a history of violence, grief, and persecution.

16. J.S.R. views his father as his protector and his hero. Throughout his short life, J.S.R. has always relied on his father for love and support in the face of an almost unimaginable accretion of traumas. When J.S.R. was hungry – which was not infrequently – his father went without food for him. J.S.R. turned to his father for comfort when his grandparents were murdered. He witnessed his grandmother floating on a river with her throat slit. J.S.R. turned to his father when a family friend was left dead in J.S.R.'s backyard; when a gang killed his dog; and when a hurricane stripped away the walls of the family's home. And it was J.S.R.'s father who brought J.S.R. on a two-month journey from Honduras to the United States border, working the entire way to support his child.
17. After they arrived at the border, J.S.R. and his father were confined in a facility that J.S.R. described as a "hielera" – a freezer, or meat-locker. During their last visit, J.S.R. watched his father shivering and freezing, having come from the "hielera." J.S.R. and other children were kept in a room that was "also cold, but not freezing, like where the grown-ups were." And then, when J.S.R. woke from his sleep one day, his father was gone. J.S.R. had no opportunity to say goodbye to his father, and little ability to appreciate why his father was taken from him.
18. After his father had disappeared, J.S.R. remembers being kept with other children in a room without windows. He remembers children crying, and federal agents who did nothing to comfort them. He remembers being brought to a room where children were being reunited with their parents – but his own father was not there. As best he can tell, he was in that room for five days.
19. I administered two standardized instruments to inform my clinical judgment in assessing J.S.R.'s mental health: the Trauma History Questionnaire (THQ) and the Child PTSD Symptom Scale (CPSS). Both instruments have been translated and validated in Spanish. The THQ is an inventory of potentially traumatic exposures. J.S.R. scored positively on 14 out of 23 possible items (including some I had not been initially aware of

during my interview, such as his traumatic exposure to a hurricane that severely damaged and inundated his home in Honduras). The CPSS is a validated instrument that consists of two parts. In the first part, a subject is asked about symptoms of trauma applicable to the previous two weeks. J.S.R. scored 38 out of a possible 51, well above the cutoff of 15 required for a diagnosis of PTSD. In the second part, the subject is asked about areas of interference – domains of the subject's life in which their exposure to trauma interferes with their functioning. J.S.R. had a score of 7 out of 7 – his life was disturbed in every domain that the instrument measures.

20. J.S.R. does not sleep at night because he feels he must remain vigilant. He does not trust adults. He is depressed and tearful. He experiences the effects of the forcible separation of his father all day, every day.
21. In my medical opinion, the chronic and latent trauma that stemmed from J.S.R.'s exposure to violence and loss from an early age was triggered by the acute trauma of forcible separation from his father. His father helped J.S.R. to cope; the loss of his father is not merely another trauma, but has a compounding effect that brings back the full force of his entire difficult life.
22. The enforced, prolonged, and painful separation from his primary caregiver creates a real and substantial risk of long-term and irreversible physiological, developmental and psychological damage for J.S.R. Unless he is quickly reunited with his father in an environment in which he can experience his father's love and support, the long-term prognosis for J.S.R.'s mental health is poor. The consequences of the multiple, sustained traumas that J.S.R. has endured, and continues to endure, can include lifelong anxiety disorders; mood disorders, including depression; and physical illness stemming from trauma and stress.

Clinical Recommendation: Release and Reunification

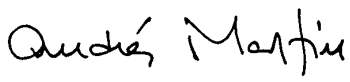
23. Based on my training, research, experience, and clinical observations, I recommend

immediate release and reunification of J.S.R. and his father. The immediate stressor in J.S.R.'s life is his prolonged detention and separation from his caregiver. Removing that stressor, and replacing traumatic separation with love, consistency, and normalcy, must be the immediate clinical response.

24. Reunification, in an environment of comfort and support – that is, in the community, rather than in a detention center – is both a curative and definitive response to the presenting problem, as surely as surgery is the appropriate response to a ruptured appendix. And, just as with a ruptured appendix, delay will compound the existing harm and increase the likelihood of long-term and possibly irreversible damage.
25. In the longer term, it is critical that J.S.R. receive appropriate trauma-informed psychotherapeutic interventions, and that he continue to grow and develop free from the fear that infected his childhood.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, based on my personal knowledge.

Executed in New Haven, Connecticut on July 3, 2018.



Dr. Andrés Martin