

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:

My 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 inpatient 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

1. 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.
2. 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.

3. One of the children we were asked to interview was V.F.B., a 14-year-old girl who was born in El Salvador and who came to this country in May of 2018 accompanied by her mother.
4. Under my on-site supervision, Dr. Díaz-Stransky and Dr. Tuis-Elizalde interviewed V.F.B. Like me, both doctors are native Spanish speakers and fluent in both Spanish and English. Dr. Díaz-Stransky and Dr. Tuis-Elizalde spent approximately two hours with the V.F.B., after which they debriefed with me extensively.
5. This declaration is based on my own observations of V.F.B. and based on the information that was conveyed to me by my supervisees. 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.
6. 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

7. In my medical opinion, which I offer to a reasonable degree of certainty, V.F.B. suffers from Post-Traumatic Stress Disorder, precipitated by being forcibly separated from her mother soon after she entered this country.
8. V.F.B. presented to our team as constricted in her range of emotions. She was sad and tearful at times, but at other times seemed notably distant and blunted in her affect. In responding to our questions, she was often avoidant. These behaviors are entirely consistent with a diagnosis of PTSD.

9. When V.F.B. was 10 years old in El Salvador, she witnessed a gang-related murder on her walk to school. She describes perseverating on that death for several years.
10. Soon after V.F.B. entered her adolescence, her mother married a man whom V.F.B. came to care deeply about. That man, V.F.B.'s stepfather, was murdered last year when he refused to lend his motor-scooter to a gang member. After that murder, V.F.B., her mother, and her sisters moved to another town. But the police's inability to protect them, and the threat of ongoing violence, led V.F.B. and her mother to undertake the journey north to the United States.
11. After crossing the border, V.F.B. and her mother were confined in a facility that V.F.B. described as a "hielera" – a freezer, or meat-locker. One day, V.F.B. was taken to a shower by the guards. When she returned, her mother was gone. V.F.B. had no opportunity to say goodbye to her mother, and little ability to appreciate why her mother was taken from her. For more than a month, V.F.B. did not learn where her mother was. When they were finally able to talk – for a mere 10 minutes – they could do little more than cry. That conversation remains the only time that V.F.B. spoke with her mother since their forced separation.
12. Our team administered two standardized instruments: the Trauma History Questionnaire (THQ) and the Child PTSD Symptom Scale (CPSS). Both instruments have been translated and validated in Spanish. The avoidance that stems from V.F.B.'s trauma made it impossible to reliably administer the THQ. V.F.B. scored 21/51 on the CPSS, above the cutoff of 15 necessary for a diagnosis of PTSD. Her responses were troubling and indicative of anxiety and depression that shape her every waking moment.
13. In my medical opinion, the chronic and latent trauma that stemmed from V.F.B.'s prior exposure to violence and loss was triggered by the acute trauma of forcible separation from her mother. The defining trauma of V.F.B.'s young life was the murder of her stepfather. When her mother was taken from her, V.F.B. effectively relived the loss of a

caregiver – but this time intensified, because V.F.B.’s mother is the most important person in her life. Her mother helped V.F.B. to cope; the loss of her mother is not merely another trauma, but has a compounding effect that brings back the full force of her entire difficult life.

14. The enforced, prolonged, and painful separation from her primary caregiver creates a real and substantial risk of long-term and irreversible physiological, developmental and psychological damage for V.F.B. Unless she is quickly reunited with her mother in an environment in which she can experience her mother’s love and support, the long-term prognosis for V.F.B.’s mental health is poor. The consequences of the multiple, sustained traumas that V.F.B. has endured, and continues to endure, can include lifelong anxiety disorders; mood disorders, including depression; and physical illness stemming from trauma and stress.

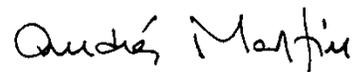
Clinical Recommendation: Release and Reunification

15. Based on my training, research, experience, and clinical observations, I recommend immediate release and reunification of V.S.B. and her mother. The immediate stressor in V.S.B.’s life is her prolonged detention and separation from her caregiver. Removing that stressor, and replacing traumatic separation with love, consistency, and normalcy, must be the immediate clinical response.
16. 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.
17. In the longer term, it is critical that V.S.B. receive appropriate trauma-informed psychotherapeutic interventions, and that she continue to grow and develop free from the fear that infected her childhood.

Declaration of Dr. Andrés Martin / 6

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.

A handwritten signature in black ink that reads "Andrés Martín". The signature is written in a cursive style with a capital 'A' and 'M'.

Dr. Andrés Martin