

EXHIBIT 13

I, Dolly Lucio Sevier, MD, declare as follows:

1. This declaration is based on my personal knowledge, and medical reference, except as to those matters based on belief, which I believe to be true. If called to testify in this case I would testify competently about these facts.

2. My name is Dolly Lucio Sevier. I am a board certified pediatrician licensed to practice medicine by the Texas Medical Board. I have been practicing as a general pediatrician in Brownsville, Texas, since 2014 in the private practice, Brownsville Kiddie Health Center. I see both immigrant children and US citizen children in my practice. I graduated from UT Southwestern Medical School in 2011 and completed my residency at Children's Medical Center, a large tertiary care center and referral hospital for North Texas in Dallas, TX. I was asked by the Flores Agreement Settlement attorneys as an expert pediatrician last summer to tour the Office of Refugee Resettlement facility, Casa Rio Grande. I have made myself available to local non-profit organizations caring for newly released immigrant families from the CBP Processing Centers to assist them in answering urgent medical questions regarding infants and children in the area. I continue to be an active member of the American Academy of Pediatrics and the Texas Pediatric Society and advocate for quality care for immigrant infants and children crossing our southern border.

3. On June 15, 2019, I visited the Ursula Border Processing Center in McAllen, TX. I visited with 39 detainees (all minors except one) and performed a medical exam on 21 infants and children. My findings and grave concerns are listed below:

Ursula Border Processing Center

4. The 39 detainees that I interviewed had a time in custody ranging between 4 and 24 days, far longer than the 72 hours outlined in the Flores Settlement Agreement. The American Academy of Pediatrics Policy Statement on the Detention of Immigrant Children is quite clear that "it is never in the best interest for a child to be held in detention."⁴

5. Many of the detainees were teen mothers, already having been exposed to tremendous trauma in their home countries, on the journey north, and most certainly now in the conditions in which they are being held in custody of the US Customs and Border Protection Processing facility. The conditions within which they are held could be compared to torture facilities. That is, extreme cold temperatures, lights on 24 hours a day, no adequate access to medical care, basic sanitation, water, or adequate food.

6. All 39 detainees had no access to hand-washing during their entire time in custody, including no handwashing available after bathroom use. Adequate hand hygiene is a basic sanitary requirement for infection control, especially in crowded places. The WHO considers hand hygiene the most important measure to avoid the transmission of harmful germs.¹ In developing countries it has been shown that implementing basic hand hygiene reduces infant mortality from respiratory and diarrheal illnesses by 50%.² As such it can be assumed that denying detainees access to this basic sanitary measure only serves to significantly increase the risk of infection. As a processing center that is struggling with infectious outbreaks, supplying soap and water or hand sanitizer could significantly reduce the medical costs associated with illness in the facility. It is in the collective conscious that everyone must wash their hands after bathroom use. To deny or not supply this basic necessity is tantamount to intentionally causing the spread of disease. I question whether there are appropriate infection control measures in any of the CBP Processing Centers, and thus question whether this is an appropriate space to be holding any infants and children.

7. All parents of infants drinking formula from a bottle reported having no ability to wash bottles. One father reported trying to ask for a new bottle every 2-3 days. Re-feeding a child spoiled formula is a significant health hazard that can cause severe infectious diarrhea and death in this vulnerable population. All mothers have heightened concern for the hygiene surrounding bottle feedings. Many mothers regularly boil their infant's bottles to ensure there is no chance of their infant acquiring an infection. Realizing that all parents want the best health for their infants, to deny parents the ability to wash their infant's bottles is unconscionable and could be considered intentional mental and emotional abuse.

8. All 18 guardians that I interviewed reported infrequent access to bathing, between every 2 days and never in 21 days was reported. Once again, I question whether there is an infectious control system in place in these facilities.

9. There was no adequate nutrition available for infants 6-12 months old. The only foods available were infant formula, apple sauce and solid foods. Infants between 6-12 months should be fed pureed foods in addition to formula. Feeding a 6-12 month old breast milk or infant formula as the sole nutrition (including in addition to apple sauce), leaves a child at risk for developing nutritional deficiencies, including but not limited to iron deficiency anemia. This can cause serious health and developmental consequences given anemia in infancy is linked to

reduced standardized testing scores in school-aged children.³ In all other settings where children are held (daycare, school and ORR shelters) there are guidelines regarding the specific nutritional needs of these children. There is no reason why infants and children held in CBP custody should be any different.

10. Of the 21 infants examined, $\frac{2}{3}$ of them actively had a respiratory infection. 2 of them had acute respiratory distress, one of which had been denied all previous access to medical personnel.

11. Of the 21 infants and children examined, 6 were exclusively breast-fed. Only one of those 6 mothers felt she had adequate milk supply (her infant was 2 months old). The other 5 mothers (infants ranging in age from 5 to 9 months) reported concerns about low milk supply. All of these mothers reported drinking only 1.5L of water per day (offered at meals). All reported they would drink more if they had more access to water. All felt the water in the cells was undrinkable due to taste. Only one mother received extra fluids because she secretly made formula bottles for herself in an attempt to increase her milk production. All 5 infants of the mothers who reported low milk supply had been offered formula that they refused. An average-sized adult requires 2L of water per day to maintain adequate hydration. A breast-feeding woman requires at least 3L per day and extra caloric needs to maintain adequate hydration. Breast-feeding mothers should be offered special consideration and given extra bottled water and extra calories since they are producing the primary source of nutrition for their children.

Supplying breastfeeding mothers less than adequate supplies of fluids and nutrition is endangering the health of all of these infants. An infant without adequate nutrition is at risk of complications from even the most minor of illnesses. Intentionally denying the mothers and infants nutrition could lead to increased hospitalizations and complications from illnesses. We, as parents and pediatricians, provide additional fluids and nutrition to our own children and patients to ensure that they heal quickly.

12. The Coast Guard officer transporting children from daycare reported that lights are kept on 24 hrs in daycare just like the rest of the facility. This is a serious detriment to a child's developing brain, and given the lack of risk in turning the lights off in daycare, there is no reason to expose these specific children to this risk.

13. All children showed evidence of trauma, particularly the ones in day care. Two different daycare children were repetitively saying (during separate

interviews), "My dad is getting the papers. My dad is getting the papers." One of the day care children was breathing heavily throughout my 15 minute interview as if in respiratory distress, but his lungs were clear. I believe this was from the trauma of seeing his brother whom he had been separated from upon arrival at the processing center.

14. As a physician who prioritizes child health, and as an American who believes we have basic human decency in this country, I am disturbed to be aware of everything outlined above. I respectfully submit that no child should be held in these facilities for even the minimum of 72 hours, because it is obvious that the dignity and well-being of children is not even an afterthought in the design of the center.

Attached please find a brief physical exam performed on each of the 21 infants and children with details of my concerns.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this 18th day of June 2019 in Brownsville, TX.

A handwritten signature in black ink, appearing to read "Dolly Sevier", written over a horizontal line.

Dolly Lucio Sevier, MD

References:

1. https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf
2. Curtis, Val; Cairncross, Sandy (May 2003). "Effect of washing hands with soap on diarrhoea risk in the community: a systematic review". *The Lancet Infectious Diseases*. 3 (5): 275–281.
3. Jill S. Halterman, Jeffrey M. Kaczorowski, C. Andrew Aligne, Peggy Auinger, Peter G. Szilagyi (June 2001). "Iron Deficiency and Cognitive Achievement Among School-Aged Children and Adolescents in the United States". *Pediatrics*. 107 (6).
4. Julie M. Linton, Marsha Griffin, Alan J. Shapiro, COUNCIL ON COMMUNITY PEDIATRICS. (May 2017). "Detention of Immigrant Children." *Pediatrics*. 139 (5).

Ursula Detention Center

6/15/2019

Status: Acute

Time: 3:00pm

Name: B [REDACTED] A [REDACTED] L [REDACTED] -C [REDACTED]

DOB: [REDACTED]

Age: 1 year, 10 months

A [REDACTED]

Guardian name: D [REDACTED] R [REDACTED] C [REDACTED] -E [REDACTED]

Age: 17 yrs

DOB: [REDACTED]

A [REDACTED]

Time in custody: 18 days (beginning May 29, 2019)

Times seen a medical professional in facility: About 5 times. The last time was on June 12 when she returned from the other facility where they were transferred to when mother became ill.

chief complaint: B [REDACTED]'s ear continues to drain, even after ear infection was treated

HPI:

On or about June 4th mother and daughter were transferred to another facility because mother tested positive for influenza. On or about June 7th B [REDACTED] had a fever for about two days and was diagnosed with an ear infection on day 1 of illness. Fever presented first, and a few hours later child was examined by a medical professional (mother reports no barriers to treatment after initially asking to be seen) and mother noted liquid discharge from B [REDACTED]'s left ear. A three-day course of oral antibiotics was prescribed and three days of ear drops we prescribed per mom's report. The ear has improved but continues to drain throughout the day. They were transferred back here early morning June 12th. On that day medical personnel saw her and reassured her that ear drainage was normal because of the ear infection she had. She is no longer receiving antibiotics. Mother reports that B [REDACTED] has a mild cough.

B [REDACTED] has a history of persistent asthma. She has been hospitalized > 10 times for this in the past. The last hospital admission was May 12 and lasted 3 days.

Mother brought her asthma inhalers and oral asthma medications prescribed by a pulmonologist in El Salvador. All of the oral medications were thrown away but she

was allowed to keep inhalers. Mother still has her daily controller inhaler and her rescue inhaler. She has been using the inhalers regularly during her time here and her asthma has been somewhat under control.

She has not noticed significant worsening since stopping the oral medications.

Fever: no

Fluids available in last 24 hrs: free access

Fluids taken: usual amount

Last UOP: recently

Amount of UOP in last 24 hrs: usual amount

Access to handwashing: none

Past medical history: as above

Exam

HR: 120 Temp: 97.7

Gen: well-appearing no distress, dirty

Head: normal

Eyes: normal

Ears: L ear draining purulent fluid

Nose: normal

CV: S1, S2 normal. No mrg Pulses: 2+ radial pulses

Resp: CTAB

GI: soft nt/nd

Observations/Recommendations:

Acute otitis media with ruptured tympanic membrane:

Needs to be given another round of oral antibiotics, or continued antibiotic ear drops since her ear is still draining. Untreated ear infections can quickly progress to mastoiditis and meningitis with encephalitis. Any new fever could be a sign of significant illness, especially if not responding to antibiotics in 24-36 hrs.

Asthma:

High risk for serious and rapid complications of asthma (including death) given significant history. Seek medical consultation to receive inhaled medications if the ones she has are not controlling symptoms. Also seek medical consultation if symptoms worsen despite giving inhaled medications.

Ursula Detention Center
Time: 11:11am

6/15/2019

Status: ACUTE

Name: D [REDACTED] E [REDACTED] C [REDACTED] L [REDACTED]
Age: 1 year, 3 months
A [REDACTED]

Guardian name: W [REDACTED] A [REDACTED] C [REDACTED] L [REDACTED]
Age: 29
A [REDACTED]

Time in custody: 21 days ago

Times seen a medical professional in facility: 0. Denied access. See below.

chief complaint: cold symptoms, bad cough and fatigue

HPI:

Uncle first noted D [REDACTED] felt very warm to the touch two days last week. He was denied access to medical personnel because on multiple occasions he asked different guards if D [REDACTED] could be assessed and they denied him access. He reported guards would touch D [REDACTED] and said he was not hot. Subjective fever has resolved but he continues with cough and congestion. He is vomiting but has emesis normally when upset, so uncle is unsure if this is a sick symptom. No diarrhea. No pain today. He is concerned about recent fatigue.

“What I have noticed is that he has been sleeping a lot. I don't know if it's a symptom that he might have. He is not normally like that. He just wants to sleep all the time as of three or four days ago. He is sleeping more now than when he had the fever. He takes his bottle and he eats a little bit of the burritos that they pass out. He takes between 2-3 bottles over 24 hours. Last night I noticed something unusual in D [REDACTED]. He woke up with a kind of...I don't know if I could call it a phlegm sound. Last night he was breathing OK, but today he is breathing heavier. He seems weaker with a weaker cry.”

Uncle reports he has nothing to wash D [REDACTED]'s formula bottle with and he tries to get a new one every 2-3 days by asking a “nice guard.”

Uncle and nephew have not had the opportunity to bathe during three weeks in detention.

Fever yes
Fluids available in last 24 hrs: free access
Fluids taken: usual amount
Last UOP: recently
Amount of UOP in last 24 hrs: usual amount
Access to handwashing: none

PMH: Vaccines up to date, including measles vaccine on record. No chronic medical problems.

Exam

HR: 140, crying; 127 calm. RR: 48 Temp: 100.4 O2 sat: 94%

Gen: tired-appearing, weak cry, small for age, mild-moderate respiratory distress, mildly lethargic
Head: normal
Eyes: normal
Ears: not examined
Nose: purulent drainage
Throat: not examined
CV: S1, S2 normal. No mrg Pulses: +2 radial
Resp: diffuse crackles and diffuse expiratory wheezing; mild intercostal retractions
GI: soft, non-tender, non-distended.

Observations/Recommendations: Appears to have bronchiolitis, differential includes AOM and pneumonia. Needs to be examined by medical personnel on staff and monitored closely.

Acute bronchiolitis is self-limited and can resolve in 1-2 weeks in most infants, but some require hospitalization for respiratory distress and dehydration. As of June 15, 2019 at noon this infant does not appear to need inpatient hospitalization, however, he does require close medical observation (at minimum every 12 hrs) to assess his respiratory status, urine output and fever.

Infants with bronchiolitis can deteriorate quickly and his recent worsening of symptoms (respiratory distress and lethargy) is concerning for continuing deterioration in this child and puts him at risk for needing a higher level of care.

Ursula Detention Center
Time: 1:25pm

6/15/2019

Status: Acute

Name: M■■■■ E■■■■ M■■■■-P■■■■

Age: 2

DOB: ■■■■■

A■■■■

Guardian name: M■■■■ E■■■■ P■■■■-L■■■■

Age: 17

A■■■■

Time in custody: 5 days

Times seen a medical professional in facility: 0, has not asked to be seen

chief complaint: congestion

HPI:

Two days ago started with congestion. Has cough. Also coughing while asleep. No history of hospitalization due to cough or lung concern. She first heard wheezing last night. She had a previous illness with wheezing and on previous illness was prescribed a nebulizer to improve. This was one year ago.

Fever yes

Fluids available in last 24 hrs: free access

Fluids taken: usual amount

Last UOP: Now

Amount of UOP in last 24 hrs: usual amount

No access to soap for handwashing

One chance to shower during five days in custody.

PMH Mother indicates that vaccines are up to date. Normal birth history.

Exam

HR: 160 calm RR: 48 Temp: 100.8 O2: 92%

Gen: grossly normal energy for age. Mild-moderate respiratory distress.

Head: normal

Eyes: normal

Nose: clear drainage

Lymph nodes: normal

CV: S1, S2 normal. No mrg Pulses: +2 radial

Resp: diffuse expiratory wheezes, moderate intercostal retractions

GI: soft nt/nd

Observations/Recommendations:

Likely has acute bronchiolitis vs infantile asthma. Low grade fever with moderate respiratory distress. May need albuterol nebulization to improve. Needs medical assessment by medical personnel now and frequent reassessment to assure her respiratory status does not deteriorate.

Ursula Detention Center
Time: 10:05am

6/15/2019

Status: Monitor

Name: D [REDACTED] C [REDACTED] M [REDACTED] -G [REDACTED]
Age: 9 months
A [REDACTED]

Guardian name: L [REDACTED] L [REDACTED] M [REDACTED] -G [REDACTED]
Age: 16
A [REDACTED]

Time in custody: 24 days
Times seen a medical professional in facility: 1

chief complaint: fever and vomiting

HPI:

He has a fever and is throwing up. He has a little bit of a cough. His face also gets red. I took him to the medical area. They told me that he has an ear infection and they take him to the medical area to give him the medicine. Today in the early morning I took him to the medical area again because he still has a fever.

Mother also reports she is not producing enough milk. Aside from her breast milk he gets applesauce and some of mother's food. He takes 2-3 apple sauce packets per day and has free access to formula but he doesn't take it.

Fever yes

Fluids available in last 24 hrs: free access (although mother reports low milk production)

Fluids taken: usual amount

Last UOP: now

Amount of UOP in last 24 hrs: usual amount

No access to handwashing

Exam

HR: 140 Temp: 101.6

Gen: well-appearing no distress, dirty

Head: normal

Eyes: normal

Ears: not examined

Nose: purulent drainage

Throat: not examined

Lymph nodes: normal

CV: Mild tachycardia, S1, S2 normal. No mrg Pulses: Normal

Resp: CTAB

Observations/Recommendations: Ask for him to be seen every six hours to get fever medication. Continue on antibiotics.

Ursula Detention Center

6/15/2019

Status: Monitor

Time: 5:58pm

Name: G [REDACTED] S [REDACTED] F [REDACTED] -P [REDACTED]

Age: 6 months

DOB [REDACTED]

A [REDACTED]

Guardian name: M [REDACTED] E [REDACTED] P [REDACTED] C [REDACTED]

Age: 16

A [REDACTED]

Time in custody: 12 days

Times seen a medical professional in facility: Once, here at Ursula before being transferred to another facility.

chief complaint: congestion

HPI:

Mom reports some nasal congestion that began today. Child is breastfeeding exclusively. Mother reports concern about low milk supply. She describes reluctance to drink water from the cell because of the taste. She would like to have more bottled water than she has access to in order to support milk supply. Mother reports that she receives one bottle of water per meal, and that distribution of bottled water is limited to mealtimes (3 times per day). She states that this is the case, too, on the day of apprehension, in spite of dehydration. She states that she herself feels weak and believes that she has lost weight in the time she has been detained. She reports that the child is crying more than usual because she needs more milk. Mother does not suspect fever. Mother has noticed some respiratory distress today since the nasal congestion began.

Mother and baby were taken to another facility where they received treatment to prevent the flu because mother had fever. They both received flu treatment twice a day for five days.

Fever no

Fluids available in last 24 hrs: exclusively breast fed, but mother not given adequate fluids

Fluids taken: less than usual because of low milk supply

Last UOP: Just now

Amount of UOP in last 24 hrs: usual amount

Mother reports that she has been able to bathe twice in the last twelve days.

No access to hand-washing

PMH vaccines up to date

HR: 190 calm RR: 25 Temp: 100.4

Gen: well-appearing, no distress, dirty

Head: normal

Eyes: normal

Nose: normal

Lymph nodes: normal

CV: tachycardic. S1, S2 normal. No mrg Pulses: +2 radial

Resp: CTAB

GI: soft nt/nd

Observations/Recommendations: Likely dehydration. Possible early acute illness. Advised mother to seek medical attention if baby's temperature increases. I am specifically concerned about her tachycardia and expressed that to mother. I asked her to communicate this to CBP staff if they deny access to medical assessment.

Ursula Detention Center
Time: 2:15pm

6/15/2019

Status: No acute concern

Name: A■■ M■■ R■■-B■■

Age: 2

DOB ■■■■■■

A■■■■■

Guardian name: R■■■■■ N■■■■■ R■■■■■-F■■■■■ (older brother)

Age: 16

A■■■■■

Two-year-old accompanied by Coast Guard officer who watches him in daycare. A■■■■'s older brother was also present for the exam and history-taking.

Time in custody: approximately 15 days

Times seen a medical professional in facility: unknown

chief complaint: cough

HPI:

Child has been well. Coast guard officer/current caregiver notes that A■■■■ was sick last week but now is "on the mend." Currently he has cough and congestion. He is breathing heavily during exam, but coast guard officer reports that he just started doing that as he walked here. She states that he has a large appetite and is eating well.

Daycare: Coast guard officer reports daycare area has usual adult/child ratios as a day care (3rd party contracted daycare staff) plus extra assistance from the Coast Guard. She reports typical daycare setting with some toys, baths about every other day for the children. Children sleep on mats on the floor and there are some playpens for younger infants to sleep in (more than one infant per playpen). She reports lights are also kept on 24 hours in the daycare.

Fever no

Fluids available in last 24 hrs: free access

Fluids taken: usual amount

Last UOP: within the hour

Amount of UOP in last 24 hrs: usual amount

Day care personnel and coast guard officers have free access to handwashing

PMH: no chronic medical problems reported by brother

Exam

HR: 120 calm Temp: 98.5

Gen: well-appearing, somewhat anxious, does not make eye contact with examiner but is cooperative. No distress, no vocalizations made during exam, clean

Head: normal

Eyes: normal

Nose: normal

Lymph nodes: normal

CV: S1, S2 normal. No mrg Pulses: +2 radial

Resp: CTAB, breathing heavily, but no respiratory distress noted

GI: soft nt/nd

Observations/Recommendations: Well child, likely has mild URI and is breathing abnormally due to anxiety. Overall appears to have better hygiene than children not in daycare.

Ursula Detention Center

6/15/2019

Status: No acute concern

Time: 10:58am

Name: A [REDACTED] M [REDACTED] V [REDACTED] V [REDACTED]

Age: 2.5 months

A [REDACTED]

Guardian name: A [REDACTED] I [REDACTED] V [REDACTED] F [REDACTED]

Age: 17

A [REDACTED]

Time in custody: 12 days

Times seen a medical professional in facility: 0

chief complaint: none

Fever no

Fluids available in last 24 hrs: free access (exclusively breast fed, good supply)

Fluids taken: usual amount

Last UOP: just a little bit ago

Amount of UOP in last 24 hrs: usual amount

No bath during 12 days of detention so far

No access to hand-washing

PMH unremarkable

Exam:

HR: 120 RR: Temp: 97.2 bp:

Gen: well-appearing no distress

Head: normal

Eyes: normal

Nose: normal

Lymph nodes: normal

CV: S1, S2 normal. No mrg

Pulses: Normal +2 radial pulses

Resp: CTAB

GI: soft nt/nd

Observations/Recommendations: well child, main concern is high risk for infection given crowding and young age. 24 hr lights on are a detriment to her developing brain.

Ursula Detention Center

6/15/2019

Status: No acute concerns

Name: A ■ E ■ M ■ -D ■

Age: 1.5

DOB ■ ■ ■ ■ ■

A ■ ■ ■ ■ ■

Guardian name: N ■ ■ E ■ ■ D ■ ■ -A ■ ■ ■ ■ ■

Age: 17

A ■ ■ ■ ■ ■

Time in custody: 10 days

Times seen a medical professional in facility: 0

chief complaint: cough

HPI:

A ■ ■ E ■ ■ has a cough but is otherwise well.

Fever no

Fluids available in last 24 hrs: free access

Fluids taken: usual amount

Last UOP: recently, urine output normal

Amount of UOP in last 24 hrs: usual amount

No access to soap for handwashing

Exam

HR: 130 crying Temp: 100.0

Gen: well-appearing, no distress

Head: normal

Eyes: normal

Nose: clear drainage

Throat: not examined

Lymph nodes: normal

CV: S1, S2 normal. No mrg Pulses: +2 radial

Resp: CTAB

GI: soft nt/nd

Observations/Recommendations: URI

Ursula Detention Center
Time: 10:54am

6/15/2019

Status: No acute concern

Name: A [REDACTED] A [REDACTED] de J [REDACTED]-F [REDACTED]
Age: 2 years
DOB: [REDACTED]
A [REDACTED]

Guardian name: M [REDACTED] G [REDACTED] F [REDACTED] B [REDACTED]
Age: 17
A [REDACTED]

Time in custody: 23 days

Times seen a medical professional in facility: unsure

chief complaint: none currently

HPI:

A [REDACTED] had influenza fifteen days ago. He had fever over the course of two days.
Mom doesn't suspect fever currently. A little bit of cough remains.

Fever no

Fluids available in last 24 hrs: free access

Fluids taken: usual amount

Last UOP: recently

Amount of UOP in last 24 hrs: usual amount

Able to bath once a week during time detained

No access to hand-washing

HR: 120 RR: Temp: 99.1

Gen: well-appearing no distress

Head: normal

Eyes: normal

Nose: normal

Lymph nodes: normal

CV: S1, S2 normal. No mrg Pulses: +2 radial

Resp: CTAB

Observations/Recommendations: resolving influenza

Ursula Detention Center
Time: 10:45am

6/15/2019

Status: No acute concern

Name: A [REDACTED] G [REDACTED] O [REDACTED] -V [REDACTED]

Age: 5 months

DOB [REDACTED]

A [REDACTED]

Guardian name: N [REDACTED] C [REDACTED] O [REDACTED] -V [REDACTED]

Age: 17

A [REDACTED]

Time in custody: 15 days (from May 31, 2019)

Times seen a medical professional in facility: numerous

chief complaint: weight loss

HPI:

Baby had a fever on June 8th and June 9th, tested negative for the flu but was given preventative treatment. Transferred to other holding facility until this morning (June 15 2019) in the middle of the night.

A [REDACTED] used to take formula and breastmilk but is now only taking breastmilk because he won't take formula that is not warmed. He is losing weight because mother is unable to produce enough milk. He used to weigh 16.5 lbs and at last visit with medical personnel he weighs 16 lbs. No diarrhea.

Fever no

Fluids available in last 24 hrs: free access (but mother has low milk supply)

Fluids taken: usual

Last UOP: recent

Amount of UOP in last 24 hrs: a little less than usual, pees a small amount frequently

No access to hand-washing

PMH Eczema; applied moisturizing lotion daily before being here.

Exam:

HR: 120 RR: normal Temp: 99.2

Gen: well-appearing no distress

Head: normal fontanelle
Eyes: purulent drainage, mild conjunctival injection
Ears: normal
Nose: purulent drainage
Throat: Not examined
Lymph nodes: normal
CV: S1, S2 normal. No mrg
Resp: Normal, CTAB
GI: soft nt/nd
Pulses: normal
Skin: Scattered dry patches throughout trunk. Mild erythema. Dry skin with excoriations on face.

Observations/Recommendations: Weight loss. URI. Mother would benefit from increased fluids to produce more milk. She reports receiving 1.5 L per day from bottled water. Water available in cell tastes too bad to drink.

Average-sized adolescents and adults require 2L per day of fluids, breastfeeding mothers require 3L per day of fluids. Although many factors play into milk supply, inadequate hydration always reduces milk supply.

Ursula Detention Center
Time: 4:17pm

6/15/2019

Status: No acute concern

Name: C [REDACTED] A [REDACTED] V [REDACTED] -M [REDACTED]

Age: 1.5 yrs

DOB: [REDACTED]

A [REDACTED]

Guardian name: S [REDACTED] Y [REDACTED] M [REDACTED] -C [REDACTED]

Age: 17

DOB: [REDACTED]

A [REDACTED]

Time in custody: 5 days

Times seen a medical professional in facility: 0

chief complaint: none

Fever: no

Fluids available in last 24 hrs: free access

Fluids taken: usual amount

Last UOP: now

Amount of UOP in last 24 hrs: usual amount

No access to handwashing

PMH non-contributory

Exam

HR: 120 Temp: 99.4

Gen: well-appearing, no distress, dirty

Head: normal

Eyes: normal

Nose: clear drainage

Lymph nodes: normal

CV: S1, S2 normal. No mrg.

Pulses: +2 radial

Resp: CTAB

GI: soft nt/nd

Observations/Recommendations: High risk for infection given crowding and no hand hygiene.

Ursula Detention Center

6/15/2019

Status: No acute concern

Time: 10:17am

Name: C [REDACTED] A [REDACTED] J [REDACTED] H [REDACTED]

Age: 1.5

A [REDACTED]

Guardian name: K [REDACTED] J [REDACTED] J [REDACTED] -H [REDACTED]

Age: 16

A [REDACTED]

Time in custody: 15 days

Times seen a medical professional in facility: 0, she has not asked to be seen

chief complaint: cough

HPI: C [REDACTED] has had cough for a few days, otherwise well.

Fever no

Fluids available in last 24 hrs: free access

Fluids taken: usual amount

Last UOP: now

Amount of UOP in last 24 hrs: usual amount

Access to hand washing: No

Bath every five days

PMH non-contributory

HR: 160, Crying on exam. Temp: 97.1

Gen: well-appearing

Head: normal

Eyes: normal

Ears: not examined

Nose: normal

Throat: not examined

Lymph nodes: normal

CV: S1, S2 normal. No mrg / tachycardic when crying Pulses: +2 radial

Resp: CTAB

Observations/Recommendations: URI

Ursula Detention Center
Time: 12:56pm

6/15/2019

Status: No acute concerns

Name: E [REDACTED] C [REDACTED] C [REDACTED] -H [REDACTED]

Age: 1 year, 11 months

A [REDACTED]

Guardian name: A [REDACTED] L [REDACTED] H [REDACTED] J [REDACTED]

Age: 17

A [REDACTED]

Time in custody: 12 days

Times seen a medical professional in facility: 0, has not asked to be seen

chief complaint: cough

HPI: Has not had fever; a little bit of cough but no phlegm.

Fever no

Fluids available in last 24 hrs: free access

Fluids taken: usual amount, mother reports he drinks plenty of water.

Last UOP: Last urine output was 06/14/19 around 10pm or 11pm

Amount of UOP in last 24 hrs: usual amount per her report has not urinated
because he has been sleeping

No access to soap for hand-washing

Bathing every 2 to 3 days

Exam

HR: 140 crying RR: Temp: 98.4

Gen: well-appearing, no distress, dirty

Head: normal

Eyes: normal

Nose: clear drainage

Lymph nodes: normal

CV: S1, S2 normal. No mrg

Pulses: +2 radial

Resp: CTAB

GI: soft nt/nd

Observations/Recommendations: URI

Ursula Detention Center
Time: 4:17pm

6/15/2019

Status: No acute concerns

Name: G [REDACTED] O [REDACTED] S [REDACTED] M [REDACTED]

DOB: [REDACTED]

Age: 5 months

A [REDACTED]

Guardian name: G [REDACTED] Y [REDACTED] M [REDACTED] U [REDACTED]

DOB: [REDACTED]

Age: 15

A [REDACTED]

Time in custody: 4 days

Times seen a medical professional in facility: 0, has not requested

chief complaint: none

HPI:

Child has been well. Mom reports that she ties a mylar sheet to the wire fencing of the cell so that she can block light from G [REDACTED]'s eyes when he is trying to sleep. She is exclusively breast feeding him

Fever: no

Fluids available in last 24 hrs: free access, but mother has low milk supply. She makes herself infant formula bottles to try to increase her milk supply because infant will not take the formula bottles. She only gets 1.5 L of bottled water per day.

Fluids taken: usual amount

Last UOP: now

Amount of UOP in last 24 hrs: usual amount

Access to handwashing: no

Exam

HR: 150 RR: Temp: 98.8 bp:

Gen: well-appearing no distress

Head: normal

Eyes: normal

Ears: not examined

Nose: normal
Lymph nodes: normal
CV: S1, S2 normal. No mrg
Pulses: normal
Resp: normal
GI: soft nt/nd

Observations/Recommendations: This breast-feeding mother requires free access to fluids. She needs at minimum 3L per day to maintain an adequate milk supply for her infant.

Ursula Detention Center

6/15/2019

Status: No acute concerns

Time: 2:25pm

Name: J [REDACTED] H [REDACTED] -G [REDACTED]

Age: 5 months

A [REDACTED]

Guardian name: Y [REDACTED] G [REDACTED] -D [REDACTED]

Age: 16

A [REDACTED]

Time in custody: 4 days

Times seen a medical professional in facility: 2 times

chief complaint: congestion and skin rash

HPI:

Mother reports that baby has cough, nasal congestion, fever. She first presented to medical personnel for this and she was told they do not administer medications for cough. The following day she presented to medical personnel again for a skin rash. She was told it was part of a virus and would go away on its own. She thinks it is an allergy not a viral rash. He has red splotches that come and go throughout the day.

Mother is nursing infant but reports not making enough milk. Mother reports that the water inside the cell tastes bad, and she is reluctant to drink it for this reason. She reports that she gets a 500 mL bottle of water with each (of 3) meals each day.

Fever no

Fluids available in last 24 hrs: free access but mother reports low milk supply.

Fluids taken: usual amount

Last UOP: just now

Amount of UOP in last 24 hrs: usual amount

No access to soap for handwashing

Mother reports that she has been permitted to shower once every two days and that on these occasions she is given a toothbrush to brush her teeth before discarding the toothbrush.

PMH non-contributory

Exam

HR: 140 Temp: 98.0

Gen: well-appearing no distress

Head: normal

Eyes: normal

Nose: clear drainage

Throat: not examined

Lymph nodes: normal

CV: S1, S2 normal. No mrg Pulses:

Resp: diffuse rhonchi

GI: soft nt/nd

GU: normal. Tanner 1 hair and genitalia. no rashes

Skin: Scattered 2-5mm red macules on bilateral forearms and right thigh,
consistent with mild hives

Observations/Recommendations: Appears to have URI with intermittent hives.

Would need medical attention for any complicating symptoms given his young age.

Breastfeeding mother's require at least 3L of water per day to maintain adequate hydration and produce enough milk for their infants.

Ursula Detention Center 6/15/2019 Status: No acute medical concern
Time: 2:45pm

Name: J [REDACTED] J [REDACTED] R [REDACTED] - G [REDACTED]

Age: DOB indicates 11 months, but his exam is inconsistent with this age

DOB [REDACTED]

A [REDACTED]

Guardian name: unknown

Time in custody: From June 12th or before, this was when he was transferred to daycare (when adult was transferred out of this facility).

Times seen a medical professional in facility: Unknown

HPI:

Coast guard officer reports that this three-year-old came with an adult, and the adult was transferred to another facility on June 12th. He gets formula. Coast Guard officer believes he is about 6-7 months old. He can sit up unassisted. He cannot crawl. His is calm and quite if held but will cry when put down. No cooing. No babbling. No vocalizations, only cries. Coast guard officer is unaware of any sick symptoms in this child.

Fever unknown

Fluids available in last 24 hrs: free access, drinks formula bottles

Fluids taken: usual amount

Last UOP: recent

Amount of UOP in last 24 hrs: usual amount

No access to handwashing

PMH unknown

Exam

HR: 160 calm Temp: 98.8

Gen: well-appearing, clean, appears significantly younger than stated age. Overall exam consistent with a 7-8 month old based on tone, extremity length and trunk, head proportions to body, subcutaneous fat distribution and dentition.

Head: normal. 3 x 3 cm open anterior fontanelle

Eyes: normal

Nose: normal

Oropharynx: two lower central incisors. The left upper central incisor is erupting.

Lymph nodes: small anterior cervical lymph nodes

CV: S1, S2 normal. No mrg Pulses: +2 femoral pulses, +2 radial pulses

Resp: CTAB

GI: soft nt/nd

GU: normal, tanner stage 1 genitalia and hair. Uncircumcised, no rash. Bilateral descended testicles.

Skin: 5 x 7 centimeter well-demarcated hypopigmented triangular patch over R side of abdomen with superficial peeling and new skin formation. Very consistent with a burn from a clothes iron.

Observations/Recommendations:

Concern for history of abuse given burn mark on abdomen.

Concern for exam inconsistent with age given DOB is very likely to be incorrect and it would be difficult for any true guardians to identify this child in custody.

Ursula Detention Center

6/15/2019 Status: No acute medical concern

Time: 1:00pm

Name: M [REDACTED] J [REDACTED] C [REDACTED] -L [REDACTED]

Age: 1 yr 4 mo

DOB [REDACTED]

A [REDACTED]

Guardian name: C [REDACTED] D [REDACTED] C [REDACTED] L [REDACTED] -G [REDACTED]

Age: 17

A [REDACTED]

Time in custody: 8 days

Times seen a medical professional in facility: 0, did not ask

chief complaint: none

Fever on this exam, but mother previously unaware

Fluids available in last 24 hrs: free access

Fluids taken: usual amount

Last UOP: recent

Amount of UOP in last 24 hrs: usual amount

First opportunity to bathe was today, after 8 days detained.

No access to handwashing.

Exam

HR: 130 Temp: 100.5

Gen: well-appearing, dirty

Head: normal

Eyes: normal

Nose: clear drainage

Lymph nodes: normal

CV: S1, S2 normal. No mrg

Pulses: normal

Resp: wet cough, CTAB

GI: soft nt/nd

Skin: superficial peeling on his feet in round lesions; some hyperpigmented round lesions as well scattered on bilateral feet.

Observations/Recommendations: If mother notices that he is warmer later today she should ask to receive medical attention.

Suspected recent hand, foot, mouth but appears resolved. Mother indicates that sores developed during travel and were not red or open while detained here.

Ursula Detention Center 6/15/2019 Status: No acute medical concerns
Time: 5:53pm

Name: R [REDACTED] Y [REDACTED] C [REDACTED] - B [REDACTED]

Age: 3 yrs

DOB [REDACTED]

A [REDACTED]

Guardian name: unknown

Presented to exam without any adult. I requested daycare staff to accompany child and give a history but this was refused. It was stated that her staff was bathing other children at the time. No one else was available for history taking.

Time in custody: Not available

Times seen a medical professional in facility: Not available

Fever Unknown

Fluids available in last 24 hrs: Unknown

Fluids taken: Unknown but appears well hydrated

Last UOP: Unknown

Amount of UOP in last 24 hrs: Unknown

Access to handwashing: No

Exam

HR: 130 Temp: 99.7

Gen: well-appearing, underweight, fearful child in no acute distress; appears stated age. Child unable to communicate anything about the guardian she came to the United States with.

Head: normal

Eyes: normal

Nose: clear drainage

Lymph nodes: normal

CV: S1, S2 normal. No mrg Pulses: +2 radial

Resp: CTAB

GI: soft nt/nd

Observations/Recommendations: Only concern is severe trauma being suffered from being removed from primary caregiver.

Ursula Detention Center

6/15/2019

Status: No acute concern

Time: 1:25pm

Name: K [REDACTED] Z [REDACTED] M [REDACTED] - R [REDACTED]

Age: 2

DOB: [REDACTED]

A [REDACTED]

Guardian name: J [REDACTED] N [REDACTED] R [REDACTED] - E [REDACTED]

Age: 17

DOB [REDACTED]

A [REDACTED]

Time in custody: 8 days

Times seen a medical professional in facility: 0, did not request to be seen

chief complaint: none

Fever no

Fluids available in last 24 hrs: free access

Fluids taken: usual amount

Last UOP: recent

Amount of UOP in last 24 hrs: usual amount

She is eating the food that she receives.

No access to soap for handwashing.

Has been able to bathe once during eight days in custody

Exam

HR: 120 Temp: 98.6

Gen: well-appearing no distress

Head: normal

Eyes: normal

Nose: normal

Lymph nodes: normal

CV: S1, S2 normal. No mrg, II/VI soft systolic murmur Pulses: +2 radial

Resp: CTAB

Observations/Recommendations: Concern for high risk for infection given lack of appropriate hand hygiene.

Ursula Detention Center

6/15/2019

No acute concern

Time: 1:45pm

Name: J [REDACTED] A [REDACTED] B [REDACTED] -J [REDACTED]

Age: 3

DOB: [REDACTED]

A [REDACTED]

Guardian name: unknown

Time in custody: 15 days

Times seen a medical professional in facility: unknown

HPI: J [REDACTED] says that her throat hurts a little bit. Otherwise she is well. She reports coming to the United States with a woman but does not confirm relation and denies that it was her mother.

Fever no

Fluids available in last 24 hrs: unknown

Fluids taken: unknown

Last UOP: unknown

Amount of UOP in last 24 hrs: unknown

Daycare workers have free access to handwashing

PMH unknown

Exam

HR: 130 RR: normal Temp: 99.5

Gen: well-appearing, no distress, clean, nervous but then talkative child

Head: normal

Eyes: normal

Nose: normal

Throat: normal, +2 tonsils, no erythema

Lymph nodes: normal

CV: S1, S2 normal. No mrg Pulses: +2 radial

Resp: CTAB

GI: soft nt/nd

Observations/Recommendations: child only suffering trauma from being removed from guardian. Has become very attached to Coast Guard officer.

Ursula Detention Center
Time: 10:17am

6/15/2019

No acute medical concern

Name: C [REDACTED] A [REDACTED] R [REDACTED] G [REDACTED]

Age: 2

DOB: [REDACTED]

A [REDACTED]

Guardian name: K [REDACTED] G [REDACTED] G [REDACTED] Q [REDACTED]

Age: 17

A [REDACTED]

Time in custody:

Times seen a medical professional in facility:

chief complaint: eye discharge

HPI:

Mother reports C [REDACTED] has had conjunctivitis with eye discharge. He was initially denied access to medical personnel. He also has nasal congestion. He doesn't want to eat because he doesn't like the food. He takes juice and water in a bottle. He is having very little solids.

Fever: no

Fluids available in last 24 hrs: free access

Fluids taken: usual amount

Last UOP: within the past 2 hrs

Amount of UOP in last 24 hrs: usual amount

No access to hand-washing

PMH Vaccines UTD. No significant PMH.

HR: 135 RR: Temp: 99.8 bp: O2: 97%

Gen: well-appearing no distress

Head: normal

Eyes: mild drainage. mild injection. mild edema.

Nose: normal

Throat: normal

Lymph nodes: normal

CV: S1, S2 normal. No mrg
Pulses: normal +2 radial
Resp: normal CTAB

Observations/Recommendations: conjunctivitis with URI. Continue treatment.

EXHIBIT 15

Declaration of Elora Mukherjee, Esq.

Regarding LRC, [REDACTED],

taking Care of X [REDACTED] E [REDACTED] L [REDACTED] V [REDACTED], [REDACTED]

1. My name is Elora Mukherjee. I graduated from Yale Law School in 2005, and am licensed to practice law in New York and New Jersey. I currently am the Jerome L. Greene Clinical Professor of Law and the Director of the Immigrants' Rights Clinic at Columbia Law School.
2. Since January 2007, I have been representing immigrant children and adults in detention facilities, including in family detention facilities and those who have been in the custody of the Office of Refugee Resettlement. I regularly observe the effects of detention on immigrant children and adults.
3. I have been interviewing children detained at the U.S. Customs and Border Patrol (CBP) facility in Clint, Texas since June 17, 2019. These interviews are conducted as part of the plaintiffs' monitoring and inspection efforts in the *Flores* litigation. I have previously participated in *Flores* interviews in Brownsville, Texas in July 2018 and Homestead, Florida in March 2019.
4. On the afternoon of June 18, 2019, I translated the attached declaration from English to Spanish for a fifteen-year old girl. She affirmed that all the information in the declaration is true and correct. She further stated and then reiterated that she was too scared to sign the declaration with her name on it. She was deeply worried that guards would learn her name and identity. She expressed fear about repercussions should her identity be revealed. She wanted to share the information in the declaration with the Judge overseeing the *Flores* case but was too scared to put her true name on the attached declaration. After I reviewed the attached declaration with this child, she cried for some time. For these reasons, the attached declaration remains unsigned.

I, Elora Mukherjee, swear under penalty of perjury that the above declaration is true and correct to the best of my abilities.



Elora Mukherjee

June 18, 2019

Date

Declaration of LRC, [REDACTED],

taking Care of X [REDACTED] E [REDACTED] L [REDACTED] V [REDACTED], [REDACTED]

I, **LRC**, declare under penalty of perjury that the following is true and correct to the best of my knowledge and recollection.

1. I am 15 years old. I am not comfortable talking about what has happened to me since I came to America, but I have been taking care of a little girl and I am comfortable telling the court what has happened to her. Her name is X [REDACTED] E [REDACTED] L [REDACTED] V [REDACTED]. The roster said her birthdate is [REDACTED].
2. I started taking care of X [REDACTED] in the Ice Box after they separated her from her father. I did not know either of them before that. She was very upset. The workers did nothing to try to comfort her. I tried to comfort her and she has been with me ever since.
3. X [REDACTED] sleeps on a mat with me on the concrete floor. We spend all day every day in that room. There are no activities, only crying. We eat in the same area. We can only go outside to go to the bathroom. We don't have any opportunities to go outside to do activities or anything. There is nothing to do. None of the adults take care of us so we try to take care of each other.
4. I can't eat the food here. It is instant oatmeal and instant soup. It is not good for me. The food has too many chemicals and they cause me harm. I can't eat food with chemicals. I have anemia. I am supposed to eat soups with healthy vegetables like spinach. I am supposed to eat fresh fruit. I am supposed to eat food with nutrition in it, like iron. Here they feed us no healthy food, only food with chemicals. I am hungry all the time.
5. The officers here do not wash anyone's clothes. X [REDACTED]'s clothes are very dirty. Everyone's clothes are dirty because no one washes them.
6. They have never let X [REDACTED] brush her teeth. There is nowhere to wash her hands with soap.

I, **LRC**, swear under penalty of perjury that the above declaration is true and complete to the best of my abilities. This declaration was read to me in Spanish, a language in which I am fluent.

June 18, 2019

LRC

EXHIBIT 20

DECLARATION OF DR. AMY J. COHEN, M.D.

I, Amy J. Cohen, MD, declare and say as follows:

1. I am a Harvard trained physician with a specialty in child, adolescent and adult psychiatry with 30 years of experience assessing and treating trauma in vulnerable populations of adults and children.

2. I have been asked, as a physician, to offer my professional opinion regarding the urgency of the need for children and infants currently detained at the Ursula holding facility in McAllen, Texas, to be assessed by an independent pediatrician. I have also been asked to report my professional opinion regarding the potential risks to children and infants should this independent evaluation be denied or delayed.

3. On June 13th I was advised that a group of *Flores* attorneys had been inside the Ursula facility and had met with children and their guardians. Notably, one of the attorneys attending this visit - Genevieve Grabman - had a masters in Public Health, 20 years of experience in child and maternal health matters and recent consultation to the American Bar Association's Immigrant Health Program. Ms. Grabman reported observing a number of what appeared to be profoundly ill infants and children as well as a pregnant teenager whose toddler has tested positive for flu, which may be fatal to pregnant women and their fetuses. Despite being in Ursula for 20 days, Ms. Grabman reported that this mother had received no prenatal care.

4. On May 22, 2019, the New York Times reported that an outbreak of flu at the Ursula had led to the temporary halting of admissions of new detainees. On May 23rd, the Texas Tribune reported that nearly three dozen migrants would be quarantined one day the death of a 16 year old who had tested positive for flu.

5. Nonetheless, infants and young children have continued to be admitted to the Ursula facility, including a premature infant who was found by Flores counsel to be profoundly ill and unresponsive and who was reportedly admitted to the facility on June 4th.

6. Infants and babies are extremely susceptible to infection and to the most dire and rapid consequences of infections due to their immature immune systems. Further, environmental stressors are known to further impair the function of the immune system, allowing for, sometimes, rampant and fatal spread of infections through the body.

7. The conditions at Ursula represent extreme conditions of stress for all of the detainees present but particularly for infants and children and these conditions increase the likelihood of contracting infections as well as impairing the body's capacity to ward them off. The penetrating cold, absence of protective clothing or blankets, minimal nutrition, absence of sunlight. 24-hour artificial light (known to be particularly detrimental to infants and children), conditions which impede sleep (such as absence of bedding as well as perpetual cold and light) and the general emotional anxiety and distress pervasive amongst both child and adult detainees: all of these conditions impact the capacity of especially infants and children to mount an effective defense against the invasion of infection.

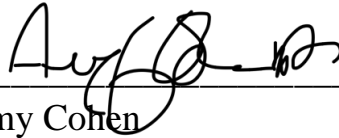
8. What this means is that we are likely to see more sick infants and children at centers like Ursula and that the illnesses are likely to be more severe and even fatal.

9. It is my professional opinion that the observations noted by Ms. Grabman combined with the known high risks of potentially fatal infection present an urgent situation at the Ursula facility, demanding an emergency response in order to preserve life. Reports and observations of Flores attorney monitors attest to the failure of medical personnel there to respond appropriately to this situation.

In my opinion, there is absolutely no doubt that prevention of critical illness and death warrants the immediate examination of this population by independent medical personnel.

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

Executed this 14 day of June, 2019, at Los Angeles, California.



Dr. Amy Cohen

EXHIBIT 21

1 I, Genevieve Grabman, declare as follows:

2
3 1. This declaration is based on my personal knowledge, except as to those matters
4 based on information and belief, which I believe to be true. If called to testify in this case,
5 I would testify competently about these facts.

6 2. My name is Genevieve Grabman. I am an attorney licensed to practice law by the
7 bars of the State of New York and the District of Columbia. While at Georgetown
8 University Law Center, I completed my clinical studies in refugee and asylum law. I
9 graduated law school in 2003, and since that time, I have provided thousands of hours of
10 pro bono legal assistance to refugees and migrants through programs with the American
11 Bar Association (ABA), the District of Columbia Bar Association, the Maryland Bar
12 Association, Catholic Charities, AYUDA, and other similar organizations. I further have
13 volunteered with the Center for Human Rights and Constitutional Law for a year, during
14 which time I have interviewed and created declarations for unaccompanied minors and
15 their sponsors.

16 3. In addition to being an attorney, I am also a public health professional focusing on
17 maternal, infant, and reproductive health. In 1995, I worked in the Yadkin County, North
18 Carolina Health Department on mother and baby health issues of Mexican migrant
19 farmworkers. While a Peace Corps Volunteer in the Kyrgyz Republic, I was trained as a
20 lactation consultant by the USAID/BASICS Project in 1996. I earned my master's degree
21 in public health from Johns Hopkins University in 2001. I have served as a staff member
22 or consultant at numerous public health organizations, including African Mothers Health
23 Initiative, the United Nations Children's Fund (UNICEF), the World Health Organization
24 (WHO), and Physicians for Reproductive Health. I have consulted for the ABA's
25 detained migrant health program and recently conducted a maternal and infant health
26 monitoring trip to Malawi, Africa. I do not represent the views of any of my current or
27 previous employers in this declaration and instead speak from my cumulative years of
28 professional experience as both a lawyer and public health official.

Declaration of Genevieve Grabman

1 4. On June 12, 2019, I visited the Ursula Border Processing Center in McAllen,
2 Texas. I visited with 10 detained minor children during that time and observed the visits
3 of several other detained minors.

4
5 Ursula Border Processing Center (BPC)

6 5. Ursula is an unmarked Customs and Border Patrol facility that is surrounded by a
7 brown fence and secluded from the highway. The population detained at Ursula is
8 composed of many unaccompanied minors, some of whom have their own minor
9 children.

10 6. The staff at Ursula treated visiting attorneys very professionally; however, the
11 Border Patrol officers did not permit me to view the living or sleeping quarters of
12 the detained minors. I met with detained children in an office space loaned to me
13 by the officers. I noted the Ursula offices were very cold, with the air conditioning
14 set very low. When speaking with the detained children, I wore both a sweater and
15 suit jacket over my clothes.

16 7. My interviews with detainees at Ursula BPC made evident that the facility has
17 failed to meet the public health needs of the population detained there. Unmet
18 public health needs include those of maternal health, infant health, and infectious
19 disease control. Failure to maintain adequate standards of public health at Ursula
20 risks the lives of the children at the facility. I met the following six Ursula child
21 detainees, whose examples demonstrate the dire individual results of scant
22 attention to public health standards.

23
24 Interviews of Minors

25 8. I interviewed K.B.A.J, age 17, who had been in Border Patrol custody with her
26 infant for eight days. I observed that K.B.A.J. was very thin, confined to a wheelchair,
27 and appeared to be in a great deal of pain. K.B.A.J. had given birth to a premature baby
28 by emergency caesarian section in Mexico. K.B.A.J. was gravely harmed during this

1 surgery and reported to me being in severe pain on one side of her body since her C-
2 section. She reported shooting, sharp pain from her waist through her right buttock and
3 leg to her foot. K.B.A.J. had difficulty walking due to her post-surgical pain, and she had
4 to remain seated in her wheelchair. Because she always was seated, she reported to me
5 that her buttocks were sore and red and that she was developing a pressure wound on one
6 buttock. K.B.A.J.'s pain prevented her from eating much; she said she was nauseated
7 from the pain. She tried to drink water regularly so that she could produce breastmilk to
8 feed her newborn baby. However, she noted with concern that her breastmilk seemed thin
9 and watery because, she thought, of the very little she was eating. A Border Patrol official
10 told K.B.A.J. that she could not leave Ursula until she could walk. Therefore, I spent an
11 hour helping K.B.A.J. to walk by instructing her to put her weight on the leg and foot that
12 functioned for her. After an hour of practice, K.B.A.J. was exhausted from the effort and
13 her pain. She collapsed into her wheelchair and fell into a deep sleep. Based on my years
14 of work with postpartum women, I know that K.B.A.J. is urgently in need of medical
15 assistance. Her ability to walk will be permanently compromised if her post-surgical
16 injury is not assessed and ameliorated.

17 9. As concerning as is K.B.A.J.'s condition, the condition of K.B.A.J.'s premature
18 newborn is even more dire. The baby, K.E.A., was born prematurely by emergency C-
19 section in early May 2019 in Mexico. At the time of our meeting, K.E.A. had been in
20 Border Patrol custody with her mother for eight days. The baby is small, weak, and
21 listless. During the five hours we were together, the baby did not cry. She slept most of
22 the time and had to be roused to nurse. When she did nurse, she did not nurse for long
23 periods, although K.B.A.J. conscientiously tried to breastfeed her. The baby was
24 swaddled in a dirty towel. The day prior, the Border Patrol permitted K.B.A.J. to wash
25 her baby for the first time since their arrival in detention. However, a Border Patrol
26 official confiscated the sweatshirt K.B.A.J. had wrapped around her baby. K.B.A.J. told
27 me that her baby was shaking and trembling with cold and could not maintain her
28 temperature. She begged the Border Patrol guard for something to wrap the baby in, and

1 she was given a dirty towel. Because the towel was dirty and matted, it too was not
2 adequate to maintain the baby's warmth. Babies who are premature, underweight, and
3 have trouble maintaining their temperature are diagnosed as failing to thrive. These
4 infants are hospitalized in a neonatal intensive care unit (NICU) so their temperature and
5 breastmilk intake can be monitored and so their considerable risk of infection can be
6 controlled. Failing to thrive infants are at extreme jeopardy of death. Based on my
7 professional experience and my personal experience as the mother of two premature
8 infants, one of whom failed to thrive and was consequently hospitalized in a NICU for
9 five weeks, I know that this baby needs immediate, urgent medical care.

10 10. I spoke at length with a pregnant 17-year old girl, M.G.F.B., who has been
11 detained with her two-year-old son, A.A.J.F. , for 20 days at Ursula. M.G.F.B. will
12 celebrate her 18th birthday in late June. She is eight months pregnant with a due date at
13 the beginning of July, but she has not received any prenatal or other medical care during
14 her time at Ursula. Her toddler son, A.A.J.F., tested positive for influenza and was briefly
15 separated from the general Ursula detainee population because of his flu infection. Yet
16 M.G.F.B. was not tested or vaccinated for the flu. Influenza can be fatal for pregnant
17 women and their fetuses. The Ursula Border Patrol guards have made both pregnant
18 mother and toddler sleep on the cold floor without a mattress or blanket, causing the
19 mother back and hip pain. M.G.F.B. also reported to me that the Ursula guards lock the
20 bathroom and prevent her from using the toilet, despite her need to urinate frequently at
21 this advanced stage of pregnancy. Based on my professional experience in maternal
22 health care and my personal experience as a birth mother of three children, I know
23 M.G.F.B. requires urgent prenatal care to determine whether she and her fetus are
24 infected with influenza, if her pregnancy is proceeding normally, and when she could be
25 expected to give birth. I also know that a Border Patrol facility crowded with people sick
26 with influenza is not a safe place to give birth and could pose a fatal infection risk to a
27 newborn.
28

Declaration of Genevieve Grabman

11. In another case I observed at Ursula, I saw a 16-year-old aunt, E.T.P.E., and her two-year-old niece, M.A.R.E. Although the mother of the baby, and E.T.P.E.'s sister, is in the United States and is desirous to sponsor these children, E.T.P.E. and M.A.R.E had been detained together at Ursula for 16 days when I met them. Both teen and baby appeared to be infected with influenza: they had fevers, were congested, had running noses, and had deep, rattling coughs. Others housed with them had been tested and confirmed as positive for flu. I am concerned that baby M.A.R.E. has developed pneumonia in addition to the flu. The baby's breathing was rapid and shallow. She was listless, with her eyes rolling back into her head. She could not eat or drink. She did not cry. She did not respond to the volunteer attorneys during the hours she spent with us. She was hot to the touch, as was her aunt, E.T.P.E. Based on my work in public health with women and young children, and based on my education in epidemiology and infectious disease, I know that immediate medical attention must be given to E.T.P.E. and M.A.R.E. because pneumonia can rapidly kill those with influenza.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this 14th day of June 2019 in Washington, District of Columbia.


Genevieve Grabman

EXHIBIT 22

1 I, Toby Elizabeth Hoover Gialluca, declare as follows:

2
3 1. This declaration is based on my personal knowledge, except as to those matters
4 based on information and belief, which I believe to be true. If called to testify in this case,
5 I would testify competently about these facts.

6 2. My name is Toby Elizabeth Hoover Gialluca. I am an attorney licensed to practice
7 law by the state bar of Florida. I have previously visited the South Texas Residential
8 Family Center in Dilley, Texas.

9 3. Between June 10-13, 2019, I visited the Ursula Border Processing Center in
10 McAllen, Texas. I visited with eight detained individuals during that time.

11
12 Ursula Border Processing Center

13 4. The Ursula Border Processing Center is an unmarked complex consisting of at
14 least one small administrative building abutting a large industrial warehouse. The
15 complex is enclosed with a chain link fence with privacy mesh and topped with barbed
16 wire. The only portion of the facility to which we had access was the administrative
17 building. This is a secure building and contains a reception area, break room, restrooms
18 and a large office. The temperature in the office was kept at 67 degrees, the temperature
19 in the bathroom was kept at 64 degrees. We were not able to see the areas where the
20 detainees are kept but many were visibly chilled and complained of very cold
21 temperatures.

22 5. It was clear from all interviews that the facility has failed to meet the health needs
23 of those detained there. Most children are wearing filthy clothing and have not bathed or
24 been provided clean clothing since crossing the river. Many of the babies and toddlers are
25 dirty and most are not fully clothed as a result of CBP confiscating their clothing and
26 failing to provide new clothing. Cages were described as incredibly cold and crowded
27 with nowhere to sit and only very thin mats and mylar blankets provided at night which
28 are taken away between 3-5 A.M. Bathrooms consist of portable toilets located outside of

Declaration of Toby Gialluca

1 the cages and accessible only at the guards' discretion. The guards often "close" the
2 bathrooms denying everyone access. Toilets are extremely dirty and the sinks contained
3 within lack running water, soap or towels. Toothbrushes are not provided. Few are
4 allowed to shower. Jugs of highly chlorinated water are kept within the cages but cups are
5 shared. Baby bottles are reused repeatedly with no way to wash them. Toddlers that had
6 previously been on a solid food diet are being given infant formula instead of baby food.
7 Guards only allow 3 bottles of formula per day for babies and toddlers. I observed all of
8 the mothers and children to be sick to some degree with coughing and congestion.

9 Interviews of Minors

10 6. I interviewed B.P.M.M., age 16, and her infant daughter M.J.J.M., age 8 months.
11 At that time they had been in CBP custody for twelve (12) days. I immediately observed
12 that M.J.J.M. was extremely ill. She was lethargic with a continuous, deep, raspy cough,
13 and runny nose. She was feverish and pale, with glazed eyes. She was listless in her
14 mother's arms for the entirety of our interview, which spanned several hours. She was
15 reluctant to eat and when she did manage to eat a small amount of applesauce, she
16 vomited shortly thereafter. She was not interested in drinking formula or water and had
17 two episodes of diarrhea during the interview. She was very thin and frail and her mother
18 stated that she was losing weight quickly. Her mother told me that M.J.J.M. had a mild
19 cold when they arrived but that the CBP guards took M.J.J.M.'s medication and clothes
20 when they arrived and told her that sleeping outside would "be good for her". M.J.J.M.'s
21 condition deteriorated rapidly upon arrival. After four days of sleeping outside with no
22 clothing, M.J.J.M. was very ill with a high fever and worsening cough. Upon transfer to
23 the Ursula Processing Center, M.J.J.M. began vomiting and experiencing diarrhea in
24 addition to her fever, deep cough and cold. She was repeatedly denied medical care and
25 B.P.M.M. was told that M.J.J.M., "did not have the face of a sick baby". Despite the fact
26 that CBP is aware that flu is rampant at the facility, at the time of our interview M.J.J.M.
27 had not been seen by a nurse or doctor, tested for the flu or received any medication. In
28

Declaration of Toby Gialluca

1 my opinion as a mother and based on my firsthand observations of the child, M.J.J.M.'s
2 condition was such that she required immediate emergency care, and likely
3 hospitalization, for complications arising from her original illness. Infants, particularly
4 those already in a weakened state like M.J.J.M., are extremely vulnerable to rapid
5 deterioration and death if flu and/or pneumonia are left untreated.

6 7. Although she was well when she arrived in the United States, B.P.M.M. was also
7 not well at the time of our interview. At times during her detainment she had gone days
8 without eating or drinking because the food was rotten and the water undrinkable. She
9 used the bottled water that she received at meals to mix formula for M.J.J.M. because the
10 water in the cages was absolutely terrible and made M.J.J.M. vomit. B.P.M.M. told me
11 that she had lost significant weight and she appeared sallow, thin and frail. In my opinion
12 and based on my firsthand observations of the child, M.J.J.M. was in need of emergency
13 medical services. If left untreated I believe she will deteriorate rapidly and in her
14 weakened state, and is at risk of death.

15 8. I interviewed K.L.R.L., age 16, and her infant daughter N.V.T.R. At that time they
16 had been in CBP custody for nine (9) days. It was clear that N.V.T.R. was extremely ill.
17 She remained in her mother's arms throughout the interview, moving only when
18 overcome with violent fits of coughing. She was feverish and deeply congested with a
19 runny nose and eyes and a deep and continuous cough that caused her to wretch and dry
20 heave violently. Having firsthand experience with children dehydrated as a result of the
21 flu and norovirus I have every reason to believe that N.V.T.R. is dehydrated. I have no
22 doubt that had she had anything in her stomach she would have vomited as a result of her
23 severe coughing. Further, she was unable to eat or drink anything during the several
24 hours we were together. Her mother indicated that she had stopped vomiting about a day
25 ago but also wasn't eating or drinking. According to her mother, N.V.T.R. became ill five
26 days after entering CBP custody. Despite the sudden and severe onset of symptoms and
27 N.V.T.R.'s obvious distress, guards refused K.L.R.L.'s repeated pleas for medical
28 attention. Influenza is widespread at this facility and neither N.V.T.R. nor K.L.R.L. have

Declaration of Toby Gialluca

1 been tested. In my opinion as a mother and based on my firsthand observations of the
2 child, N.V.T.R. was in need of emergency medical services. If left untreated I believe she
3 will deteriorate rapidly and in her weakened state, and is at risk of death.

4 9. At the time of our interview, K.L.R.L.'s concern was only about her daughter's
5 health although she appeared pale and weak herself. She is not sleeping, eating or
6 drinking regularly. She sounded congested and appears to be in the early stages of illness.

7 10. I interviewed M.I.R.C., age 16, and her infant daughter, A.I.V.R.. At that time they
8 had been in CBP custody for three (3) days. When M.I.R.C. and A.I.V.R. arrived for their
9 interview it was clear that A.I.V.R. was ill. Her eyes were swollen and she was thin, pale
10 and listless. Her mother said that she has already lost a significant amount of weight, is
11 not eating and is taking only a small amount of breast milk. I witnessed her attempt to
12 breastfeed multiple times and A.I.V.R. failed to latch on, or would stop nursing after just
13 a moment. A.I.V.R. also refused the water and applesauce we offered her. Based on my
14 experience as a mother, in addition to the respiratory issues with coughing and congestion
15 that was evident in all of the mothers and children, A.I.V.R. had additional complications
16 that necessitate immediate medical intervention. In my opinion as a mother and based on
17 my firsthand observations of the child, A.I.V.R. is in need of emergency medical
18 services. If left untreated I believe she will deteriorate rapidly and in her weakened state,
19 is at risk of death.

20 /

21 /

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28 /

Declaration of Toby Gialluca

1 11. At the time of our interview, M.I.R.C. exhibited signs of a significant respiratory
2 illness presenting as congestion and a deep cough. She indicated that she was unable to
3 eat or drink much and was not sleeping. As a result she was concerned she not producing
4 enough breast milk for A.I.V.R.

5
6
7 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
8 14th day of June, 2019, at Morganton, NC.

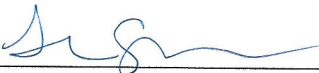
9
10 
11 _____
12 Toby Gialluca

EXHIBIT 24

1 I, Dr. Nancy Ewen Wang, declare as follows:

2
3 1. This declaration is based on my personal knowledge, except as to those matters
4 based on information and belief, which I believe to be true. If called to testify in this case,
5 I would testify competently about these facts.

6 2. My name is Dr. Nancy Ewen Wang. I am a physician licensed to practice medicine
7 in the state of California, with a specialty board certification in Emergency Medicine and
8 a subspecialty board certification in Pediatric Emergency Medicine. I currently work at
9 the Stanford University Emergency Department as an attending physician. I have 22
10 years of experience working in emergency medicine and 20 years of experience working
11 as a subspecialist in pediatric emergency medicine.

12 3. I completed Medical School at Stanford Medical School in 1993, an Emergency
13 Medicine Residency at Stanford in 1996, and my Pediatric Emergency Medicine
14 fellowship at Children's Oakland in 1999. I am a Professor in Emergency Medicine and
15 Pediatrics, and Associate Director of Pediatric Emergency Medicine and Director of the
16 Social Emergency Medicine Program at Stanford University School of Medicine. I am
17 additionally Associate Faculty at the Stanford Center for Health Policy/Primary Care and
18 Outcomes Research, Stanford; Faculty Fellow at the Stanford Center for Innovation in
19 Global Health (CIGH), Senior Faculty at the Stanford Pediatric Center for Policy
20 Outcomes and Prevention, and affiliated faculty in the Stanford Human Rights in Trauma
21 Mental Health program. My scholarly expertise is in health services research with a focus
22 on Social Emergency Medicine, or the intersection of vulnerable populations with the
23 Health Care system. My clinical expertise is in teaching generalists how to better
24 diagnose and care for children (Amieva-Wang NE, Shandro J, Sohoni A, Fassl B editors.
25 *A Practical Guide to Pediatric Emergency Medicine: Caring for Children in the*
26 *Emergency Department*. New York, NY: Cambridge University Press, 2011. ISBN
27 9780521700085.) Of note, I have practiced and taught pediatric emergency medicine in
28 resource-poor areas including Mexico, Ecuador, and Borneo Indonesia. I have recently

Declaration of Dr. Nancy Ewen Wang

1 served as a volunteer child welfare expert for the Center for Human Rights and
2 Constitutional Law and have visited unaccompanied children in ORR custody at
3 Southwest Keys Casa Padre (7/2019), Tornillo (10/19), and Homestead Influx Facility
4 (3/19).

5
6 Children's Health

7 4. As a pediatrician, I know the conditions that are necessary for children to survive,
8 grow, stay healthy, and thrive, and these differ from the needs of adults. Age appropriate
9 nutrition and hydration are essential to avoid serious sequelae such as dehydration,
10 electrolyte imbalance, and growth and developmental delay. Nutrition offered must be
11 appropriate for a child's developmental age. Babies require adequate quantities of breast
12 milk or formula. Breast milk is the ideal food for infants. It is the most nutritious, offers
13 immunologic defenses, and is the most available and affordable but requires adequate
14 nutrition and hydration of the lactating mother. Formula can be adequate, but must be
15 given in appropriate quantities and be mixed with clean water in the right proportions,
16 otherwise formula can cause electrolyte imbalance, dehydration, and malnourishment.
17 Young children, as they transition to solid food, are particularly vulnerable to lack of
18 appropriate nutrition. In addition to breast milk or formula, young children require baby
19 food of the appropriate nutritional value and texture (so it can be swallowed safely
20 without the need to chew). Children, after the age of about one, require continued and
21 adequate amounts of nutritious, uncontaminated food, milk and adequate hydration.

22 5. Young children are particularly vulnerable to their environment. They are at risk
23 of hypothermia because of their large surface area to body volume ratio. They must be
24 kept warm and covered at all times. Lack of clothing and wet clothing in cold cells
25 increase the risk of hypothermia and thus are dangerous for a child's health. Children are
26 also at increased risk to infectious disease. The younger they are, the sicker they can get.
27 In general, it is better to prevent illness by avoiding exposure to infectious agents.
28 Exposure to other people with upper respiratory infections, and symptoms such as fever,

1 cough, vomiting or diarrhea, and drinking from the same water as those who are sick, are
2 practices guaranteed to spread infectious disease. Dirty toilets and lack of ability to wash
3 hands after using the toilet also facilitate rapid fecal-oral spread of infectious diseases.

4 6. Acute respiratory illness is the leading cause of child death in developing
5 countries. The younger a child is, the smaller their airways. Even the most minor viral
6 respiratory infections can become complicated and lead to respiratory insufficiency
7 causing serious and life-threatening outcomes in healthy, unstressed children. Outcomes
8 of respiratory infections are worse if a child is already sick, malnourished, dehydrated or
9 stressed. Although a child can have a viral illness for which there is no antibiotic
10 treatment, they often need supportive care such hydration and respiratory supportive care;
11 additionally, they can develop secondary infections by a bacterial pathogen after an
12 interval of improvement, thus necessitating constant vigilance and reassessment.

13 7. Children with gastrointestinal disease (vomiting and/or diarrhea) are particularly
14 vulnerable to dehydration. Children who are malnourished are at increased risk of severe
15 disease and complications from diarrhea.

16 8. Neonates and infants are a uniquely vulnerable population, as they have poorly
17 developed immune systems which increases the their risk of infection and the range of
18 infectious agents that can threaten their health. They also have higher rates of
19 complications and worse disease due to a decreased ability to fight infection. They
20 cannot maintain their body temperature and are at risk for hypothermia. They are difficult
21 to assess clinically and absolutely dependent on their mother, father, or other primary
22 caregiver for every need.

23 9. When young children get sick, it is of vital importance that they are assessed
24 promptly and that they are continued to be re-assessed for any change in condition.
25 Young children are highly susceptible to respiratory failure, dehydration, and
26 overwhelming infection. They can decompensate rapidly.

27 10. As an Emergency Medicine Physician, I assess each of my patient's "history of
28 present illness," in other words, the conditions and situation that caused them to become

1 sick and their symptoms. As I develop my diagnosis and therapeutic plan, I always
2 include an opportunity to reassess and follow-up. If a child does not drink or eat, is
3 listless, or has continued symptoms, he or she must be reassessed and provided
4 immediate medical support to avoid worsening disease. Part of appropriate emergency
5 medical care is continued monitoring for a child's mental, respiratory and hydration
6 status since they can decompensate quickly.

7 11. A child's caregiver, usually the parent, is a vital part of protecting their child's
8 health. He/she knows the child, and will be the child's emotional comfort as well as their
9 strongest advocate for basic necessities and medical care. A healthy relationship between
10 a caregiver and child is essential for healthy development.

11
12 Case Review

13 12. I have not personally met with the children addressed in this declaration. I am
14 making this declaration based on my clinical expertise as a pediatrician providing
15 emergency medical care to children. This statement is my own and not on behalf of any
16 group with whom I am affiliated. The following is based on a close review of the
17 children's sworn statements.

18
19 M.I.R.C. and A.I.V.R.

20 13. I have reviewed the declaration of M.I.R.C. regarding her one-year-old daughter,
21 A.I.V.R.

22 14. A.I.V.R. is 12 months old. She became sick on the day of her arrival to CBP with
23 fever and had decreased oral intake. Although her clothes were wet, she was placed in a
24 cold cell with minimal clothing. Although A.I.V.R. would eat and breast feed several
25 times a day prior to detention, now she "barely eats." M.I.R.C., her mother, has been
26 stressed, unable to eat, unable to drink appropriate amounts of water (due to inadequate
27 access), or sleep. She has been losing her ability to make breast milk, the best, and in this
28 situation probably the only, source of hydration and nutrition for A.I.V.R. The child has

1 additionally been losing weight. She and her mother were exposed to many people in a
2 small space and the only water source had to be shared since there were no cups – thus
3 causing increased risk of exposure to infectious disease. The day of arrival, A.I.V.R.
4 developed a fever, and while I am unable to assess if her level of consciousness was
5 decreased, her mother states that she was so weak or listless that she “could not open her
6 eyes.” Her mother had to ask and plead for medical attention three days in a row before
7 the baby was seen. Although the baby was given antipyretics and antibiotics, the
8 prescription was not filled until the day after she was seen. Her mother has grounds to be
9 “very scared and anxious about my baby’s health and safety and what will happen to us.”

10 15. From my review of M.I.R.C.’s declaration, my professional opinion is that
11 M.I.R.C. and A.I.V.R. are not being held in conditions that are safe and sanitary or
12 consistent with the particular vulnerability of minors and that A.I.V.R. should have
13 access to emergency medical services immediately. These conditions are actually
14 dangerous. This child has decreased access to breast milk, is not eating, and is losing
15 weight. The child and mother lack safe water for hydration, thus the child has inadequate
16 nutrition as her mother is unable to make breast milk. A.I.V.R. is also not eating the food
17 provided. Without prompt access to appropriate nutrition, A.I.V.R. is at imminent risk of
18 becoming dehydrated and malnourished, which worsens her immunological state and
19 furthers her susceptibility to contracting infectious disease. The crowded conditions are
20 continuously exposing the baby and her mother to infectious agents. Part of appropriate
21 emergency medical care is continued monitoring of the child’s condition, which is not
22 being provided. A.I.V.R. and her mother should be removed from these unsafe
23 conditions and have access to emergency medical services immediately.

24
25 K.L.R.L. and N.V.T.R.

26 16. I have reviewed the declaration of K.L.R.L. regarding her one-year-old daughter,
27 N.V.T.R.

1 17. N.V.T.R. is approximately 20 months old, and has had coughing, vomiting and
2 diarrhea which started five days after detention by CBP. N.V.T.R. and her mother,
3 K.L.R.L., have been placed in cold and crowded conditions. The child has not been
4 provided appropriate solid food nor adequate amounts of formula. There is not basic
5 adequate hygiene and the mother is not able to wash her hands after going to the
6 bathroom. Although the child has been sick, she does not have access to emergency
7 medical care. K.L.R.L. states “The guards told me that only the very sick babies can see
8 doctors so my baby can’t go although she has had a fever and was vomiting ... There are
9 many sick children and they are not being taken to the doctor.”

10 18. From my review of K.L.R.L.’s declaration, my professional opinion is that
11 K.L.R.L. and N.V.T.R. are not being held in conditions that are safe and sanitary or
12 consistent with the particular vulnerability of minors and that NVTR. should have access
13 to emergency medical services immediately. These conditions are actually dangerous.
14 N.V.T.R. has not had adequate access to nutrition – she has not been provided with solid
15 food appropriate for her age, and she has not been provided with adequate amounts of
16 formula. Without prompt access to appropriate nutrition, N.V.T.R. is at imminent risk of
17 becoming dehydrated and malnourished, which worsens her immunological state and
18 furthers her susceptibility to contracting infectious disease. In addition, the notion of
19 restricting care only to babies that “are very sick” (even if the guard were qualified to
20 assess the child’s health status) only worsens the outcomes, since most childhood
21 illnesses can be minor if they are corrected and supported at early stages instead of when
22 they have clinically worsened. The crowded and unsanitary conditions are continuously
23 exposing the baby and her mother to infectious disease. N.V.T.R. and her mother should
24 be removed from these unsafe conditions and have access to emergency medical services
25 immediately.

1 E.T.P.E. and M.A.R.E.

2 19. I have reviewed the declaration of E.T.P.E. regarding her two-year-old niece,
3 M.A.R.E.

4 20. M.A.R.E. is an 18 month old girl who got sick approximately 2 days after arrival at
5 Ursula station. As her mother described it, “we are in a metal cage with more than 20
6 other teenagers with babies and young children.” The cramped conditions and the cold
7 necessitates that the detainees crowd together which increases the risk of contracting an
8 infectious disease from someone else (E.T.P.E. states “We have one mat we need to share
9 with each other.”). There is intimidation and lack of appropriate hygiene (E.T.P.E. states
10 “There is a place to wash our hands, but there is no soap. I have to ask for any diapers
11 and wipes for my niece. Sometimes when other girls ask for things the guards yell at us
12 and just throw them at us.”). Also, the child is not eating appropriately and is lacking
13 adequate nutrition (E.T.P.E. states “My niece cannot drink the formula they offered. ...
14 the evening meal is a very cold ham sandwich. It is hard to eat, and my niece does not eat
15 much, only the apple and the chips.”). After alerting a guard about her concern for the
16 health of her child, E.T.P.E. states that they were sent to a “medical facility” for care;
17 however her description of the facility raises my concern regarding the quality of the
18 medical assessment and care given the description of the facility which seemed to cause
19 increased stress, risk of further infection from crowding and an unhygienic situation
20 (E.T.P.E. states “In the medical facility, we slept in a crowded room on the floor, with
21 only aluminum blankets, and no mat to sleep on. It was very cold. When we arrived, it
22 was so crowded there was no place to lay down on the floor so people had to sleep sitting
23 up...There was a bathroom inside the room. Everyone there was sick, both mothers and
24 children. Being around so many sick people has made me sick.”). More concerning is
25 that the toddler is not improving. (E.T.P.E. states “She cries a lot. My niece spends much
26 of the day sleeping on me, and she has very low energy. She wakes up for short periods at
27 a time. She has a deep cough. She doesn’t eat very much.”).

28

Declaration of Dr. Nancy Ewen Wang

21. From my review of E.T.P.E.'s declaration, my professional opinion is that E.T.P.E. and M.A.R.E are not being held in conditions that are safe and sanitary or consistent with the particular vulnerability of minors, and that M.A.R.E. should have access to emergency medical services immediately. M.A.R.E. and E.T.P.E should both be released. They are both sick and being held in crowded and unhygienic conditions risking further disease. Without prompt access to appropriate nutrition, M.A.R.E. is at imminent risk of becoming dehydrated and malnourished, which worsens her immunological state and furthers her susceptibility to contracting infectious disease. Despite "care" she is not improving and listless. The toddler is not eating appropriately and thus at further risk.

22. These minor children and infants should have immediate access to emergency medical services. In my professional opinion as a pediatric emergency physician, the appropriate place for these children to receive the services that they need is the emergency department of a hospital, which has the needed capacity and capability to appropriately evaluate and treat these children.

23. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on June 14, 2019 in Berlin, Germany.



Dr. Nancy Ewen Wang

EXHIBIT 37

Case 2:85-cv-04544-DMG-AGR Document 569-5 Filed 06/26/19 Page 26 of 49 Page ID

A	B	C	D	E	F	G	H	I	J	K	L
		REDACTED VERSION OF DOCUMENT PROPOSED TO BE FILED UNDER SEAL #:28899					Acute Emergency (Child needs emergency medical services immediately)	Emergency (Needs emergency medical services within 24 hours)	Child needs future/consistent monitoring	No medical concern	
3	Minor's Name	A#	Infant's Name	A#	Infant/Toddler DOB and Age	Visit Notes	Follow-Up Visit				
4	0					From prior visit: Both seem to have the flu: fevers, congested, coughs. Attorney concerned baby also has pneumonia - rapid, shallow breathing, listless, eyes rolling back into head, could not eat or drink; did not cry; hot to the touch.	Officer ██████ indicated in writing that ██████ was taken to the NICU.				
5	0					From prior visit: Baby: coughing, fever, vomiting, diarrhea.	Officer ██████ indicated in writing that ██████ was transferred to Weslaco.				
6	0					From prior visit: We have been told they are no longer at Ursula, but please double check. Baby has had a fever and had been so sick she could not open her eyes; prescribed antibiotics.	Officer ██████ indicated in writing that ██████ was transferred to the NICU.				
7	0					From prior visit: Baby is anemic, gets high fevers, gets sick easily and is allergic to milk; often has diarrhea. Baby sleeps too much; lies asleep with eyes half open and doesn't move, then makes a little noise and shivers (according to mom) Mom feels weak and has headaches because not eating well	Infant's parent was initially interviewed at Rio Grande City. Officer ██████ indicated in writing that ██████ was taken to the NICU.				
8	0					From prior visit: Baby is sick, has had a fever, currently has conjunctivitis and a bad cough	Officer ██████ indicated in writing that baby was transferred to the NICU.				
9	0					From prior visit: Baby has congestion, cough, fever, and diarrhea. Ear infection also diagnosed. Baby prescribed antibiotics and exhibited exacerbated diarrhea.	Officer ██████ indicated in writing that baby was transferred to the NICU.				
10	1					From prior visit: Mother reports that baby is cold to the touch. Baby exhibited fever and cough after two days in detention. Noted to be pallid on Monday, 06/10/19.					
11	2					From prior visit: Baby has a cough and cold and no access to the doctor. Mom also has a cough.					
12	3					From prior visit: Baby is not eating the food, hs not eaten a full meal in 15 days. He has diarrhea and is coughing. Got in line to see doctor and was not able to.					
13	4					From prior visit: Mom has been sick. Baby has had a cough, fever, and diarrhea.					
14	5					From prior visit: ██████ is 8 months pregnant, is about to turn 18, and has a 2 year old son. No prenatal care, denied access to toilet facilities; has been at Ursula 20 days Son has the flu.					
15	6					From prior visit: Mom has had a fever and a sore throat					
16	7					prior interview with ██████ 14 year old brother, ██████ 14-yr-old says that ██████ (under 2) is vomiting and sick					
17	8										
18	9										
19	10										
20	11										
21	12										
22	13										
23	14										
24	15										
25	16										
26	16										
27	17&18										
28	19										
29											
30											
31											
32											
33											
34			Briana Alexa Lopez-Constanza	203785156	DOB 07/24/17, 1 year 11 mos						
35			Joseph Hernandez-Godinez	213150939	01/10/18, 5 mos						
36			Stephanie Angelina Guzman-Roque	2038119500	2/16/18, 1 year 4 mos						
37			Edwin Angelito Gonzalez-Matui	2038113179	2/26/18, 3.5 mos						
38			Silvany Leticia Villeda-Avila	213154352	03/21/18, 3 yrs						
39			Alejandro Carlos Valladares-Mendoza	203811289	10/04/17, 1.5 yrs						
40			Breyson Idal Lopez-Ramirez	213153227	12/31/16, 2yrs						
41			Brittany Yveth Mendezan-Calderson	213153508	01/08/18, 3 mos						
42			Rafaela Jamileth Chanchilla-Buato	201929392	08/24/18, 3yrs						

Exhibit 37

Page 179

	A	B	C	D	E	F	G	H	I	J	K	L
43				Gabriel Oronel Santos	REDACTED VERSION OF DOCUMENT PROPOSED TO BE FILED UNDER SEAL							
44				Gerson Orellana-Alvarado	203811410	07/26/17, 1 yr 10 mos						
45				Genessa Samara Felipe-Portillo	203810480	12/16/18, 1.5 yrs						
46				Kimberly Gabriela Fernanda Morales-Perra	213154349	09/09/18, 2.5 yrs						

EXHIBIT 63

DECLARATION OF ELORA MUKHERJEE, ESQ.

I, Elora Mukherjee, Esq., 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.

Background

1. I am the Jerome L. Greene Clinical Professor of Law and Director of the Immigrants' Rights Clinic at Columbia Law School.
2. I am admitted to practice law in New York and New Jersey. I was admitted to the New Jersey bar in 2005 and the New York bar in 2006.
3. My teaching and practice focus on representing indigent asylum seekers and children seeking Special Immigrant Juvenile Status. I have been representing clients who are immigrants, including those in immigration proceedings, for more than sixteen years. I first represented immigrants seeking asylum as a law student in a clinical program in January 2003.

My Work Related To *Flores* from January 2007 to March 2019

4. I started investigating and working on *Flores* issues in January 2007. At the time, I was the Marvin M. Karpatkin Legal Fellow at the American Civil Liberties Union (ACLU). From January 2007 until my ACLU fellowship ended in September 2007, I worked with a legal team to investigate conditions at the T. Don Hutto Family Detention Facility in Taylor, Texas; represent children and families detained there; litigate numerous *Flores* violations at the facility; and settle the case.
5. More recently, I have participated in inspections of federal immigration detention facilities and interviews with detained immigrant children pursuant to Paragraph 32 of the *Flores* Settlement. In July 2018, I interviewed children detained at Casa Padre in Brownsville, Texas, and I participated in a tour and inspection of that facility. In March 2019, I interviewed children detained in Homestead, Florida. Following both of those site visits, I was concerned about numerous *Flores* violations. I conveyed my concerns to the plaintiffs' legal team on the *Flores* case but I did not speak with any journalists about my findings.

My Experiences at the CBP Facility in Clint, Texas in June 2019

6. From June 17 to 19, 2019, I personally met with and interviewed fifteen children detained at the U.S. Customs and Border Protection (CBP) facility in Clint, Texas. I observed additional children who were being interviewed by my colleagues as part of our *Flores* inspection.
7. The children whom I personally met with ranged in age from five months to seventeen years old. These children were detained in CBP custody for days and up to nearly a month.

8. Never before in my life have I witnessed, heard of, or smelled such degradation and inhumane treatment of children in federal immigration custody.
9. I saw and smelled children who were dirty. I saw children who wore clothing that was visibly stained with dirt, nasal mucus, and breastmilk. None of the children I interviewed reported having access to soap to wash their hands. Some had not showered or bathed since crossing the border. Nearly all were wearing the same clothing that they had on when they crossed the border into the United States. All reported that they did not have access to clean clothing. Some children had not brushed their teeth at all since crossing the border. No child was offered an opportunity to brush their teeth every day.
10. Because of the lack of access to basic hygiene, a number of the children smelled terrible. When I interview children in detention centers, I typically try to sit near them, in an effort to build rapport and trust as we discuss sensitive and traumatic issues. I tried my best to sit near all the children I interviewed in Clint. Multiple children had a strong stench emanating from them because they were dirty and had not showered.
11. Children reported being hungry. By my third day of interviewing children at Clint, I could not stand by doing nothing for hungry children any longer. I offered three children bananas and oranges. The children ate them rapidly. After I interviewed these three children, I checked in with a guard to ensure that they could eat lunch, since each child had reported being hungry nearly each day at Clint and waking at night with hunger pangs. The guard took the children away, then returned with them very quickly. When the kids entered the conference room, I asked whether they had eaten. Given how little time had passed since they left the room, I was incredulous when they each said yes. The guard confirmed, "They ate, they were really hungry."
12. Children appeared to be traumatized. They consistently cried and some wept in their interviews with me. One six-year old boy did not seem able to verbalize responses to most of my questions. He could not even tell me his name. I learned from guards and CBP counsel that this little boy did not have any family members detained with him at Clint. I spent nearly an hour with this child, first trying to interview him and then just letting him sit on my lap while I rubbed his back. He wept almost inconsolably for most of the time. At one point, I started tearing up as well. CBP counsel saw us together, and I later pleaded to have this child be appropriately cared for. In all my years of representing immigrants, I have teared up in front of government counsel only once before. Eventually a CBP officer came with a bag of lollipops and gave this child a lollipop as an incentive to bring him back to his cell.
13. Children expressed fear of the guards at Clint. One fifteen-year old girl I spoke with was too scared to have her name associated with the declaration that she wanted to share with this Court. She explained that she was scared of retaliation and harm by the guards if they learned her identity. She then cried. Other children reported that, despite their hunger, they were too scared to ask guards for more food.

14. Children appeared to be sick. They had nasal mucus dripping out of their noses. Given the absence of tissues in the facility, many children wiped their noses on their clothing, hands, and arms. Some children did not bother to wipe their noses at all, so had nasal mucus dripping down their faces. Children were coughing. On June 17, I met with a two-year old girl and her teenage mom. The two-year old child appeared listless, without any energy, and simply lay in her mother's arms and eventually fell asleep. She appeared ill.
15. On June 18, 2019, I repeatedly asked CBP guards for access to interview children who were quarantined. I was extremely concerned about the sick children detained there, a number of whom I learned had influenza. When I first asked a CBP guard for access to the quarantine, I was immediately told no. I then explained that I would be happy to sign waivers to address any liability concerns that government officials might have. I was again told no. I then asked for the opportunity to speak with children by telephone. Again, I was told no. I explained to the CBP officer that the children in the quarantine were welcome to use my cell phone for interviews. The CBP guard again said no, and I asked her to please discuss my request with CBP counsel. Reluctantly, the officer agreed to do so. Eventually our team was permitted to conduct three telephone interviews of children in the quarantine on June 18, 2019; these children were 16 and 17 years old. It is my understanding that during these interviews, a guard hovered near the children, perhaps within earshot. No one from our team was able to interview the tender age children in the quarantine on July 18, 2019. It was not possible to interview them by phone given their young ages and our sensitive questions. On the morning of June 19, 2019, I asked CBP counsel for access to the quarantined children. I explained that we simply could not conduct phone interviews with very young children in the quarantine. I further agreed that if I were permitted to interview children in the quarantine, I would leave the facility immediately to limit potential virus exposure to others. Several of my colleagues agreed to abide by the same conditions in order to interview quarantined children. Our requests were denied.
16. During my three days at Clint, I witnessed CBP officers dressed in full uniforms with hand guns at their waists. One day, I witnessed a CBP officer wearing a face mask. Another CBP officer told me, "A lot of officers are getting the flu and colds."
17. I met with and interviewed children who were separated from their loved ones at the border. Children told me that they had been separated from their grandmother. One child told me that she had been separated from her 20-year old sister. Early on the morning of June 18, 2019, my colleague Chapman Noam learned, from a source outside the detention center, that a child detained at Clint had been separated from his mother at the border. That morning, we promptly alerted CBP counsel about this separation and requested that the child be reunited with his mother as quickly as possible. In that conversation, CBP counsel informed us that the government had no way to identify the mother's whereabouts. Several hours later, CBP counsel informed us that the government had identified the mother's whereabouts and that she had been released from detention. CBP counsel further informed us that this child was to be reunited with his mother the following day on June 19, 2019. While Chapman Noam and I were

interviewing this child—a teenager—on the afternoon of June 18, 2019, I asked Chapman if we should share the news that the government had located his mother and that they would be reunited the following day. Chapman was understandably cautious; he did not want to give this teenager false hopes or false information. Chapman then left the interview room to speak with CBP counsel and double check on the government's reunification plan. When Chapman returned, he had secured another verbal confirmation from CBP counsel that the reunification would take place the following day. We shared the wonderful news with this teenager and requested that CBP permit him to make a phone call to his mother, with whom he had not spoken since their separation at the border more than two weeks ago. CBP allowed that phone call, and the teenager's posture and demeanor transformed; he was incredibly relieved and joyful to speak with his mother. For more than two weeks, he had not known if his mother was safe or alive. But the anticipated reunification did not take place on June 19, 2019. When we arrived at the facility on June 20, 2019, we learned that this teenager remained detained at Clint.

18. When my colleagues and I arrived at the Clint facility on the morning of June 18, 2019, CBP counsel stated that between 350 and 360 children were detained at the facility. She further stated that the facility was designed to hold more than 100 people. Neither the CBP counsel nor the CBP officers present offered any information or explanation about how Clint was handling the extra children detained there.
19. On the morning of June 19, 2019, CBP counsel stated that 100 children had been moved out of Clint. On the morning of June 20, 2019, CBP counsel stated that an additional 100 children had been moved out of Clint.
20. Each morning, CBP counsel gave my colleagues and me a list of children who were supposedly detained at Clint that day. We quickly learned that these lists did not accurately reflect who was detained at the facility. As a result, when we asked to interview numerous children each day, we were informed by CBP officers that the requested children were not at Clint or that they were in quarantine and therefore unavailable to meet with us. For our team, the process of learning that a child was no longer detained at Clint was time consuming. When we asked to interview a child, a CBP officer or multiple CBP officers went to look for that child in the cells and cages. Some time later, the officer or officers would return to inform us that the child was no longer detained at Clint or that the child was in the quarantine. We then had to review the list of children once more, request a different child for an interview, and repeat the entire process once again. As a result of the inaccuracy of the daily lists and inability to access the quarantined children, our *Flores* team lost critical time that we should have spent interviewing detained children. I made multiple requests to CBP counsel for accurate, up-to-date lists of children. My colleagues did the same. But we did not receive such lists.
21. Other seemingly inexplicable delays prevented us from interviewing children while we were at Clint. For example, on the afternoon of June 18, 2019, our team had notified the government of multiple children we wanted to interview the following morning at 8:30 a.m. We respectfully requested that these children be brought to us as promptly as

possible on June 19, 2019. But by 9:15 a.m. that morning, only one of these children had been brought to us for an interview. We were informed that the other children had been released. We quickly requested additional children to interview. But I did not have the opportunity to meet with a child until after 10 a.m. that morning.

22. With the exception of the instance described in paragraph 17 above, I did not observe any efforts by government officials at Clint to reunite children with their family members. As I learned from the children about their prolonged stays in CBP custody, I became increasingly concerned about their well-being. On June 20, 2019, I asked CBP counsel if children could be released from Clint directly to their parents, legal guardians, or family members in light of their prolonged times in detention. CBP counsel replied, "I do not know."
23. On June 20, 2019, I asked CBP counsel if there are any counselors or social workers at Clint. CBP counsel replied, "I do not know."
24. On June 18, 2019, I observed as my colleague Warren Binford demanded that our *Flores* team be permitted to tour the Clint facility. CBP counsel emphatically denied that request.
25. On June 20, 2019, I observed as my colleague Kathleen O'Gorman asked CBP counsel if CBP would consider accepting donations of basic hygiene items and age-appropriate items, such as books and teddy bears, for children detained at Clint. CBP counsel flatly refused.
26. I am frustrated by the systemic interference with access to counsel at Clint. In prisons across the country, attorneys can initiate free, confidential legal calls with their clients simply by contacting prison officials. I cannot do this at the detention center in Clint. I am left worrying about the well-being of the children with whom I met. I wish I could call them to ask how they are doing and help secure their releases.

Executed on this 26th day of June, 2019, in New York, New York



Elora Mukherjee, Esq.
Jerome L. Greene Clinical Professor of Law
Director, Immigrants' Rights Clinic
Columbia Law School
435 West 116th Street
New York, NY 10027

EXHIBIT 67

Declaration of Kathleen O’Gorman, Ph.D.

Regarding Denial of Access to J [REDACTED] V [REDACTED] S [REDACTED] M [REDACTED] ([REDACTED])
and her baby, I [REDACTED] M [REDACTED] D [REDACTED] S [REDACTED] ([REDACTED])

I, Kathleen O’Gorman, declare under penalty of perjury that the following is true and correct to the best of my knowledge and recollection.

1. This Declaration is based on my personal knowledge, except in those matters based on information and belief, which I believe to be true. If called to testify in this case, I would testify competently about these facts.

2. My name is Kathleen O’Gorman. I am a Professor of English at Illinois Wesleyan University in Bloomington, IL.

3. I was part of the teams of lawyers, doctors, and interpreters who visited two Customs and Border Protection [CBP] facilities on behalf of the Center for Human Rights and Constitutional Law (“CHRCL”): the facility known as “Ursula” in McAllen, TX, from June 10, 2019, through June 12, and the CBP facility in Clint, TX, from June 17 through June 20.

4. Because I am fluent in English and Spanish, my role in both site visits was that of interpreter.

5. I had made 3 site visits over the course of 1 ½ years prior to these, all on behalf of the CHRCL, always in the role of interpreter. I visited detention centers in Harlingen, TX, Dobbs Ferry, NY, and Tornillo, TX.

6. On the afternoon of June 18, 2019, I spoke with J [REDACTED] V [REDACTED] S [REDACTED] M [REDACTED] (“[REDACTED]” ([REDACTED])) in a telephone interview as part of a team of lawyers, doctors, and interpreters at the facility on behalf of the CHRCL. I conducted the interview along with emergency-room physician Dr. Nancy E. Wang, of Stanford University Medical Center, who is also fluent in Spanish.

7. Our team was concerned by the number of children to whom we had been denied access because they were in medical isolation for influenza, and we wanted to assess as best we could their situations in isolation.

8. Because V [REDACTED] has a baby who had been isolated with influenza before she had been, we were especially anxious to hear details of their medical care and the conditions of their confinement.

9. At the time at which we concluded the initial part of our interview on June 18—the conversation/question-and-answer process with V [REDACTED]—we were told by a guard that we needed to wrap things up because the CBP facility was insisting we leave by 5:00 p.m. That meant we needed to call V [REDACTED] back the next day to read back to her in Spanish the Declaration we had prepared documenting her explanation of her situation and that of her baby.

10. As is our practice with all of our interviewees, we planned to ask her to sign the Declaration. We had been able to do that with one other child in isolation whose interview process we had concluded just before beginning our interview with V [REDACTED]

11. On the next day, when I requested permission to finish the interview with V [REDACTED] the guard with whom I spoke said she had to check with her supervisor. I explained that we had been able to interview V [REDACTED] and another child the day before by phone, given the isolation, thinking that that information would put the request in context.

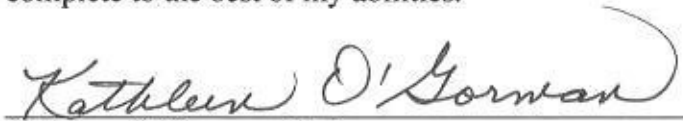
12. The guard walked down the hall and returned within a few minutes. She informed me that Watch Commander Perales said "No." When I appealed that we had been able to do this on the preceding day with no problem, she informed me that Watch Commander Perales said we should never have been allowed to do that. He was firm in his denial.

13. According to the guard, he indicated it increased risk of others getting sick if V [REDACTED] were to use the phone. When I noted that the other child had used the phone for that interview and that V [REDACTED] had also already used it, the guard indicated that they had cleaned it afterwards, but that this was now not permitted.

14. Dr. Wang and I had both reviewed the Declaration for accuracy and agree on the accuracy of what I was to read to V [REDACTED]

15. Because I was denied access to V [REDACTED] on June 19, the Declaration is unsigned.

I, Kathleen O'Gorman, swear under penalty of perjury that the above declaration is true and complete to the best of my abilities.



Kathleen O'Gorman, Ph.D.
Department of English
Illinois Wesleyan University
1312 Park Street
Bloomington, IL 61761

June 25, 2019

EXHIBIT 68

Declaration of Bill Ong Hing

I, Bill Ong Hing, declare under penalty of perjury that the following is true and correct to the best of my knowledge and recollection.

1. My name is Bill Ong Hing. I am a Professor of Law and Migration Studies at the University of San Francisco. I have been an immigration lawyer since 1974. In addition to being a fulltime faculty member at the University of San Francisco, over the course of my career, I have been a fulltime faculty member at the University of California, Davis (where I am Professor of Law *Emeritus*), and Stanford Law School, where I directed an immigration clinic. I am the founder of the Immigrant Legal Resource Center in San Francisco. I am the author of numerous books and academic articles on immigration law and procedure.
2. On June 17, 18, and 19, 2019, I served as part of a *Flores* inspection team that interviewed detainees at the CBP facility located in Clint, Texas. Over the course of three days, I prepared twelve declarations on behalf of about twenty individuals, ranging in age from five months to 18 years. This included several teenage mothers with infants and sets of siblings, in addition to individual children who were ages 5 and 8 years. All of my interviews were conducted in person in a private room. Everyone I interviewed had been at this facility for at least nine days. Most had been in the facility for more than twelve days, and some for seventeen to twenty days.
3. Two of the nursing mothers wore shirts that were stained. The stains were located in the breast area. Although all the mothers indicated that they received three meals per day, the meals did not contain fruits or vegetables. No milk was ever given to the mothers to drink. Two different infants had recently been hospitalized offsite for a few days after contracting the flu—fever, chills, vomiting, diarrhea.
4. Several of the younger children I interviewed were unbathed and wore dirty clothes. Some did not have socks. Their hair was dirty. One five year old boy that I interviewed was sick. He had a runny nose and coughed. He said that he had not seen a doctor. I reported this to a CBP officer and she told me that the boy would be seen by a doctor “tomorrow.” Some girls reported that they felt unsafe going to the bathroom. Many reported that they were not given sufficient food to eat and that they were often hungry. I interviewed one 13-year-old boy who had the flu and another 17-year-old boy who was getting over the flu. They both contracted the flu while at the CBP facility. They both felt that they caught the flu because they were in cramped quarters where other people were coughing or sick.
5. The inspection team was not permitted to inspect the facility itself. All the interviewees described being housed in a single room with others of the same gender. Some rooms contained twenty persons, others contained thirty or up to fifty. On the first day we were there, CBP officials provided us with a list of over 350 persons in custody. The next day, we were told by officials that perhaps one hundred had been moved to a different location. This information was consistent with the information we received from some interviewees who reported that all of a sudden, the rooms they were in were no longer as crowded. There still are not enough beds for everyone. Many children have to sleep on the floor.

Bill Ong Hing

6. Some of the children detained without parents were as young as 2, 3, and 4 years old. It was up to older children in the same room to care for these very young children out of kindness. On the first day, I walked into a larger meeting room that was being used by two other team members to conduct interviews. I saw that one girl about seven years old was crying. The interviewer walked her to the other side of the room to an older girl who had a toddler (perhaps two years old) on her lap. The older girl hugged the seven year old and comforted her. I found out later on from my colleagues that the older girl was not a mother. She had taken responsibility for the two year old and seven year old out of kindness, and they had bonded with her.
7. The children are confined to their rooms all day long, except when the room is cleaned or when they must go the bathroom. Two seventeen year old boys reported that they were able to go outside to play every day for twenty to sixty minutes. Younger kids reported that they were not able to go outside to play on a daily basis. The reported that they could only go outside every two or three days to play.
8. None of the children I interviewed knew what was happening in terms of the possibility of release. All of the ones I interviewed, except for the five year old boy, had contact information for relatives in the United States readily available.
9. Siblings of different gender are not housed together. They only get to see each other during meals, and then it is at a distance. Two brothers I interviewed (ages 12 and 4) are particularly close emotionally. The 4-year-old has a learning disability and is very dependent on his older brother. The younger brother has a speech impediment and is very difficult to comprehend. The older brother often has to explain what the younger brother is saying. The older brother has taken care of the younger brother since the younger brother was nine months old.

I, Bill Ong Hing, swear under penalty of perjury that the above declaration is true and complete to the best of my abilities.

____June 26, 2019_____
Date

Bill Ong Hing
University of San Francisco School of Law
2199 Fulton Street
San Francisco, CA 94117

EXHIBIT 69

1 I, W. Warren H. Binford, declare as follows:

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3 1. This declaration is based on my personal knowledge, except as to those matters
4 based on information and belief, which I believe to be true. If called to testify in this case,
5 I would testify competently about these facts.

6 Qualifications

7 2. I am a Professor of Law and Director of the Clinical Law Program at Willamette
8 University College of Law. I have a BA, *summa cum laude* with distinction, and a
9 Master's degree in Early Childhood Education from Boston University and a J.D. from
10 Harvard Law School. I am currently licensed as an early childhood teacher in the
11 Commonwealth of Massachusetts and previously administered a licensed infant and
12 toddler center in California. I have experience teaching in a preschool, as well as in
13 several classrooms in disadvantaged communities in first grade (Massachusetts), "Year
14 One" (London), and 7th, 8th, and 9th grades in South-Central Los Angeles. Among other
15 responsibilities, I teach the Child and Family Advocacy Clinic at Willamette, which
16 provides support and advocacy to children and families in conflict. I have served as a
17 volunteer attorney in *Flores v. Barr* since 2017 and have visited numerous child detention
18 centers to conduct site visits and interview children.

19 3. From June 17 to 20, 2019, I participated in interviews of Flores class members at
20 the Clint Border Patrol Facility in Clint, Texas.

21 4. When we first arrived, we were provided a roster of children being kept at the
22 facility as of June 17, 2019. The roster listed 351 children. Of these children, 102 were
23 listed between the ages of 0 and 12 years of age.

24 5. The chief agent at the facility, Matt Harris, advised us that this facility had a
25 previous maximum occupancy of 104 persons, but that a recent expansion had increased
26 capacity to 600 persons. We requested a tour of the facility but our request was denied.

27 6. In reviewing the roster on Monday, June 17, 2019, our team noticed that there
28 appeared to be several child mothers and their infants at the Clint Border Patrol facility.

1 7. We immediately asked the Border Patrol to bring us (1) the child mothers and their
2 infants as well as (2) the youngest children and (3) the children who had been there the
3 longest. Border Patrol employees questioned our decision to interview the youngest
4 children and explained that they would need their caregivers to come with them, which
5 we assured them was fine. After this initial request, we requested children from these
6 categories by name.

7 8. When the children arrived, they were visibly dirty. In the four days I was there, I
8 saw the bodily fluids on their clothing that appeared to include breast milk, urine,
9 mucous, and saliva. There were many other stains I could not identify. Some of the
10 children had odors and others had visible rashes. Many showed visible signs of illness
11 including coughs, congestion, fever, and lethargy.

12 9. One four-year-old was especially dirty and had scalp skin flakes visible on her
13 hair, which was so matted on the back of her head that I feared that her hair might have to
14 be cut off. I spoke to a Border Patrol employee and asked him to please ensure she was
15 given a bath and that her hair was shampooed and brushed out. The next day I asked if
16 that had been done and was assured that it had been. I asked a Border Patrol employee to
17 bring me the little girl and when she arrived, she was just as dirty and her hair was just as
18 matted as the previous day. I spoke to a Border Patrol representative about the fact that
19 she clearly hadn't been given a bath and her hair had not been shampooed and detangled
20 and they assured me that they had taken care of it and that it was clearly documented in
21 their recordkeeping. The little girl was non-verbal, so I asked another girl from the same
22 cell why the Border Patrol is saying the four-year-old was given a bath when she clearly
23 had not been. The older child told me that the Border Patrol came to give the four-year-
24 old a shower, but she did not want to and the seven- or eight-year-old who was taking
25 care of her was unable to persuade her. Apparently, the Border Patrol marked her down
26 as having been given a shower even though it was visibly obvious that she had not and a
27 child in the same cell confirmed that she had not.

1 10. In the first two days alone, June 17 and 18, we were denied access to ten children
2 who were quarantined. Seven of the children were between the ages of zero and nine
3 years of age according to the roster we were provided. We repeatedly requested to meet
4 with the quarantined children and to see the conditions in which they were being kept and
5 the medical care, but our requests were denied. Eventually, they allowed us to interview
6 by telephone three of the older children who were quarantined, including one child
7 mother who was quarantined with her 2 year old daughter. We prepared declarations of
8 those three children describing the conditions in which they were kept, but they would
9 only allow two of the children to sign the declarations and not the child mother.

10 11. Multiple of the children we interviewed described the same three meals a day.
11 Essentially, it was instant oatmeal, a cookie, and a pouch of Kool Aid for breakfast;
12 instant soup, a cookie, and another pouch of Kool Aid for lunch; and a frozen burrito in
13 plastic wrap, a cookie, and another pouch of Kool Aid for dinner. Most children
14 described the Kool Aid as "juice." However, we requested meals to be brought to the
15 children when interviews were lengthy and I personally observed that the "juice" they
16 were given three times a day was, in fact, "Kool Aid." As described in the declarations,
17 they were not fed any fruit, vegetables, milk, or any healthy and nutritious foods for the
18 entire time they were kept at this facility.

19 12. During the four days, our team was at this facility, I repeatedly saw children
20 crying, some inconsolably, and falling asleep in the conference room during their
21 interviews.

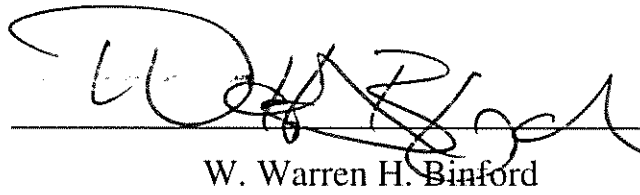
22 13. On June 20, 2019, there was no running water in the main building and so I had to
23 be escorted across the facility to use the bathroom in another structure.

24 14. During interviews, I witnessed children trying to take care of younger children
25 repeatedly. In fact, one of the girls I interviewed was holding a non-verbal, dirty and ill-
26 kempt, but beautiful four-year-old girl in her arms during our interview when an eight-
27 year-old girl was crying inconsolably. The older girl asked if the eight-year-old could
28 come over to her, and explained that she was taking care of both children. The caregiver

1 was only 14 years old, and for the rest of the interview held and tried to comfort both of
2 the little girls. The eight-year-old curled up in the older girl's arms in a semi-fetal
3 position.

4 15. Another girl brought in a two-year-old boy she was taking care of. The boy was
5 not wearing diapers. When I asked her about it, she shrugged and then a short while later,
6 the boy urinated all over himself, his pants, and the conference room chair.

7
8 I swear under penalty of perjury the above is true and accurate.

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12 
W. Warren H. Binford

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14 JUNE 26, 2019.
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