

Spencer E. Amdur (SBN 320069) Stephen B. Kang (SBN 292280) AMERICAN CIVIL LIBERTIES UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT 39 Drumm Street San Francisco, CA 94111 T: (415) 343-1198 F: (415) 395-0950 samdur@aclu.org skang@aclu.org

1	TABLE OF CONTENTS
2	INTRODUCTION
3	I. Recent Events: The Government Has Now Separated More Than Two
4	Thousand Children from Their Parents
5 6	II. There is No System To Reunify Separated Families Expeditiously, and the Government's Existing "Reunification" Process Is Not Designed to Address the Current Crisis
7	
8	III. The Flores Settlement Agreement Does Not Prohibit the Reunification of Separated Children with Their Detained Parents
9	IV. Any Injunction Should Ensure That Parents in DHS Custody Can
10	Remain Detained with Their Children, Even if the Parents Are Facing Criminal Prosecution
11	V. An Injunction to Prevent Future Separations Remains Necessary, and the
12 13	Court Should Order the Government to Follow Well-Established Child Welfare Standards
14	
15	VI. Parents Facing Imminent Deportation Require Safeguards to Ensure that They Are Not Removed Without Their Children
16 17	VII. Plaintiffs' Order Provides the Appropriate Framework for Expeditious Reunification
18	CONCLUSION
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
	::

1	TABLE OF AUTHORITIES
2	Cases
3	Armstrong v. Schwarzenegger,
4	2007 WL 2694243 (N.D. Cal. Sept. 11, 2007)
5	<i>Hernandez v. Sessions</i> , 872 F.3d 976 (9th Cir. 2017)
6	Saravia v. Sessions,
7	280 F. Supp. 3d 1168 (N.D. Cal. 2017)
8	
9	
10	
11	
12	
13	
14	
15	
16 17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
	iii

INTRODUCTION

On March 9, when Plaintiffs first sought classwide relief, the government had already taken hundreds of children from their parents. When this case was argued before the Court on May 4, the number of separated children had grown to more than 700. The government has since confirmed that between May 5 and June 9 alone, over 2,300 children were separated from their parents. More than 2,000 of those children remain separated. This follows the government's "zero tolerance" policy announced on May 7, three days after this Court held arguments.

On June 20, President Trump signed an Executive Order that purports to end further separations. It does not. The Order contains explicit loopholes, including an exception for separations that the government deems in the "interests" of the child. Because the government interprets that best-interest standard in a way that would allow separations that are inconsistent with this Court's prior due process opinion—and with universally accepted child welfare norms—a preliminary injunction remains critical to prevent future unlawful separations.

Even more pressing, the Order does not address the reunification of already-separated families at all, and the government has no meaningful plan for swiftly ensuring that such reunifications occur. Thus, thousands of families remain separated, and many parents have no idea where their children are or how to find them. With each added day of separation, the terrible trauma inflicted by the government on both parents and children continues to mount. Many of the children are babies and toddlers who every night are crying themselves to sleep wondering if they will ever see their parents again. Indeed, one separated child was only 4 months old and another was still breastfeeding. *See, e.g.*, Declaration of Laura Tuell ("Tuell Decl."), Ex. 32, ¶ 17b (noting child who was taken from her mother while breastfeeding); *id.*, ¶ 17a (mother told that daughter would be waiting for her after court appearance; daughter was gone when mother came back); Declaration of

Manoj Govindaiah ("Govindaiah Decl."), Ex. 36, \P 6(b) (father separated from *four-month-old baby*, then deported without baby).

Without immediate action from this Court, these families will remain separated. The Office of Refugee Resettlement's ("ORR") normal release process for children in its care will not swiftly reunify most separated families, because that process is not designed to reunify children with detained parents. Having spent months cruelly separating families and defending its right to do so—including for weeks after this Court declared that practice "brutal, offensive" and contrary to "traditional notions of fair play and decency"—the government cannot be left on its own to end the suffering it has intentionally caused. This Court's intervention is necessary to ensure that these due process violations are swiftly corrected.

As set forth more fully in the proposed Order submitted with this brief, Plaintiffs respectfully request that the Court require Defendants to:

- 1) reunify all children with their parents within 30 days, and within 10 days for children under 5 years old, except where the government has clear evidence that the parent is unfit or a danger to the child, or the parent is in a criminal facility that does not house minors;
- 2) provide parents, within 7 days, telephonic contact with their children;
- 3) stop separating children from their parents except where there is clear evidence that the parent is unfit or a danger to the child, or the parent is in a criminal facility that does not house minors;
- 4) not remove separated parents from the United States without their children, unless the parent affirmatively, knowingly, and voluntarily waives the right to reunification before removal.
- I. Recent Events: The Government Has Now Separated More Than Two Thousand Children from Their Parents.

Defendants have been separating thousands of families throughout the last year. Even before the government formally announced its zero tolerance policy, it

had separated hundreds of children from their family members. *See* Decl. of Stephen B. Kang ("Kang Decl."), Ex. 38, ¶ 3.

On May 7, 2018, Attorney General Sessions announced an initiative to refer "100 percent" of immigrants who cross the Southwest border for criminal immigration prosecutions, also known as the "zero-tolerance policy." Kang Decl., Ex. 38, ¶ 4. Attorney General Sessions stated that as part of that prosecution, the parent's child "will be separated from you as required by law." *Id*.

In early May, the pace of family separations increased. At a Senate Judiciary Committee hearing in May, a deputy chief of U.S. Customs and Border Protection ("CBP") testified that between May 6 and May 19 alone, a total of 658 children were separated from their family members. Kang Decl., Ex. 38, ¶ 5. In June 2018, the Department of Homeland Security ("DHS") reported that in the six weeks between April 19 and May 31, the administration took around 2,000 children away from their parents. *Id.*, ¶ 6. And on June 19, CBP officials confirmed that "[o]ver 2,300 children were separated from their parents at the U.S.-Mexico border between May 5 and June 9." *Id.*, ¶ 8; *see also id.*, ¶ 7 (documenting cases of separated children living in cages and being cared for by other children).

On June 20, President Trump issued an Executive Order ("EO"), Section 3 of which provides that DHS "shall, to the extent permitted by law and subject to the availability of appropriations, maintain custody of alien families during the pendency of any criminal improper entry or immigration proceedings involving their members." Kang Decl., Ex. 38, ¶ 9, Sec. 3(a).

The EO contains exceptions that will allow the continued unlawful family separation of families. Kang Decl., Ex. 38, \P 9, Sec. 3(b). And significantly, the EO makes *no* mention of how the government intends to reunify already-separated children with their parents, even though thousands of parents and children remain apart. The government has since claimed in a public statement that it has begun to

put in place efforts to reunite. As set forth below, however, those measures are wholly inadequate. Kang Decl., Ex. 38, $\P 10$.

II. There is No System To Reunify Separated Families Expeditiously, and the Government's Existing "Reunification" Process Is Not Designed to Address the Current Crisis.

At the June 22 telephonic hearing, the government's counsel could not clarify whether Defendants intend to quickly reunify already-separated parents. As to parents who had been separated from their children as a result of the government's decision to prosecute them for illegal entry, government counsel admitted that she "can't speak to the . . . further effect of the executive order on that detention":

[The Court asked before:] when a parent is released from criminal custody and taken into ICE custody, is the practice to reunite them in family detention? And at that time I said no, that was not the practice. I think my answer on that narrow question would be the same.

Kang Decl., Ex. 38, ¶ 22 ("June 22 Hearing Transcript"), at 29:25-30:12.

In response to the Court's questions about whether any system exists that would allow separated parents to reunite with their children, government counsel relied entirely on ORR's *preexisting* processes for releasing immigrant children from its custody, which do not address parents who remain in DHS custody:

MS. FABIAN: There are procedures by which O.R.R. then releases minors to the custody of a parent *who has been released from custody*, and those are the procedures Whether there is . . . additional procedures that can be put in place to improve those procedures or expedite [them], I think that is something that is the subject of ongoing discussion. But at the moment the process is the same

June 22 Hearing Transcript at 30:18-31:1 (emphasis added).

The core problem is that ORR's preexisting process for releasing children from custody is not adequate to meet the current need for swift reunification. For starters, as the government's counsel explained at the June 22 hearing, ORR's process only addresses release to *non*-detained parents. June 22 Hearing Transcript at 33:2-22. But DHS continues to detain hundreds, if not thousands, of the parents

¹ The Order could of course be rescinded at any time.

whose children have been taken away. ORR's existing process will not facilitate their reunification at all. Declaration of Robert Carey (former head of ORR) ("Carey Decl."), Ex. 33, ¶¶ 7-9.

More broadly ORR's sponsorship and reunification processes were design

More broadly, ORR's sponsorship and reunification processes were designed for the entirely different situation of a child who comes to the border *alone*, where ORR must look for a sponsor (family member or otherwise), and investigate that sponsor. *See* Carey Decl., Ex. 33, ¶¶ 2-7 (describing purpose and function of preexisting reunification processes). Here, in contrast, the child was forcibly taken from his or her own parent. In this situation, ORR must simply give the child back (absent clear evidence the parent is unfit or a danger). But that is not happening. ORR's preexisting process is simply not set up to quickly reunite an unlawfully separated child. *See* Kang Decl., Ex. 38, ¶ 23 (describing a separated parent's attempt to reunite with her child using ORR's existing process).

For example, ORR has no systems designed to flag a child as having been separated from a parent at or near the time of the family's arrest; track the identity and detention location of the separated child's parent after the separation; ensure regular contact between a separated detained child and her detained parent; or reunify the child and parent in an ICE family detention facility. *See* Carey Decl., Ex. 33 ¶¶ 8-9; Supplemental Declaration of Michelle Brané ("Supp. Brané Decl."), Ex. 31, ¶¶ 4-5, 8-11; Supplemental Declaration of Jennifer Podkul ("Supp. Podkul Decl."), Ex. 30, ¶¶ 3-5, 12; Tuell Decl., Ex. 32, ¶¶ 7-17 (numerous parents separated from kids and given no information about their kids' locations).

Now that the government is aware that its actions are under scrutiny, it is likely to point to hastily-created and ad hoc procedures to show that it is addressing the current crisis. But its June 23 DHS Fact Sheet only describes a process by which "adults who are subject to removal are reunited with their children for the purposes of removal." Kang Decl., Ex. 38, ¶ 10 ("DHS Fact Sheet"); *see id*. (describing "removal coordination"). It does not show the existence of any process

to swiftly reunify all detained parents with their children. *See also* Supp. Brané Decl., Ex. 31, ¶ 12 (explaining why the processes described in the Fact Sheet will not reunify detained parents); Supp. Podkul Decl., Ex. 30, ¶ 14 (same).

Moreover, the evidence demonstrates that these recent steps are woefully inadequate even to allow *communication* between parents and children, much less to reunite them. For instance, ORR has created a 1-800 hotline number that supposedly allows parents to find the children that have been taken from them. But ORR's hotline regularly puts people on hold for 30 minute periods, and it is infeasible for detained parents to stay on the line that long. *See* Supp. Brané Decl., Ex. 31, ¶¶ 5-6; Supp. Podkul Decl., Ex. 30, ¶¶ 6-8. Moreover, ORR's hotline is now generating a constant busy signal. *Id.* Similarly, DHS has created a hotline for ORR caseworkers or attorneys trying to find parents. But that hotline merely permits a caller to request contact with a detained parent, and field offices can decline to respond to such requests. Supp. Podkul Decl., Ex. 30, ¶¶ 10-11; *see also* Govindaiah Decl., Ex. 36, ¶ 6(c) (describing detained separated parents who could not access ORR/DHS communications systems to contact children).

Thus, if the government is left to follow its existing practices – which put the onus on parents to request reunification with their children, and without any reliable system in place for them to do so — the overwhelming majority of children will not be reunited any time in the near future. That will mean that more and more children will suffer irreparable harm. As Plaintiffs' preliminary injunction briefs explained, the forcible separation of children can permanently traumatize children, and the effects can last through the child's lifetime. Over the past month, the scientific and professional condemnation of the administration's practice has only grown, with thousands of experts joining to describe the lasting harm that every day of separation inflicts on children. Major medical associations—including the American Medical Association, the American College of Physicians, the American Academy of Pediatrics, the American Psychological Association, the American

18cv0428

Psychiatric Association, and a group of over 5,000 medical professionals and experts—have voiced their vehement and unified opposition to this brutal practice. Kang Decl., Ex. 38, ¶¶ 11-19.

Nor is there any question that the assessment of the medical community is correct. One of the parents who submitted a declaration in this case, J.I.L., was finally reunited with her 4 and 10 year-old boys after months of separation, but both boys constantly ask whether someone will come to take them from their mother again. Declaration of Lisette Diaz, Ex. 35, ¶¶ 2-3. The 4 year-old is having nightmares, and often wakes in the night to search for his mother. *Id.*, ¶ 3. That deep-seated, potentially permanent trauma and sense of vulnerability is precisely what the medical community predicted would occur. This little boy, and thousands of other small children, will be forever scarred. And this is to say nothing of the harm that parents are suffering. *See* Kang Decl., Ex. 38, ¶ 20 (reporting on father who committed suicide after being separated from his family).

Immediate injunctive relief is necessary to ensure that the daily irreparable harm of separation ends promptly.

III. The Flores Settlement Agreement Does Not Prohibit the Reunification of Separated Children with Their Detained Parents.

At the June 22 hearing, this Court inquired whether any injunctive relief would "be good for only a 20-day period in light of the *Flores* Settlement"

June 22 Hearing Transcript at 13:5-10. As Plaintiffs explained, even if the *Flores* settlement rigidly required release of children on the 20th day, which it does not, it would still mean the government should be reuniting children with their detained parents for that 20-day period, which the government is not doing. *Id.* at 13:20-14:1. Moreover, many families are released by or before the 20-day mark, because they are able to show they have bona fide asylum claims and are not a flight risk or danger. *Id.* at 14:2-5; Declaration of Carlos Holguin ("Holguin Decl."), Ex. 37, ¶ 9. Most fundamentally, the *Flores* Settlement does not remotely abrogate or remove a

18cv0428

parent's existing right to make decisions concerning the care and custody of their own children. *See* June 22 Hearing Transcript at 14:6-16:10. The Settlement is for the benefit of the children and in no way would require the forcible release of a child where the parent believes it is not in the child's best interests. Thus, where a parent and child are detained together in a family detention center, a parent may choose to keep the child with her, especially where the child is of a tender age. *See* Holguin Decl., Ex. 37, ¶¶ 5-8, 10 (*Flores* Class Counsel explaining that the settlement does not require release over the parent's objection). In short, the *Flores* Settlement poses no bar to ordering reunification of children with detained parents.²

IV. Any Injunction Should Ensure That Parents in DHS Custody Can Remain Detained with Their Children, Even if the Parents Are Facing Criminal Prosecution.

Plaintiffs wish to clarify a point of confusion that may have arisen as a consequence of the government's shifting practice regarding the detention of parents facing criminal prosecution. Plaintiffs continue not to challenge the separation of a parent from a child for the period that the parent is in a criminal facility that does not permit children. However, the mere fact that the parent is being prosecuted for illegal entry does not mean that separation is required. If the parent is being prosecuted but is nonetheless being held in a DHS facility, then there is no need to separate the family, because DHS can house families. And indeed, the June 20 Executive Order directs DHS to detain parents with their children "during the pendency of any criminal improper entry or immigration

² Plaintiffs' claim in this case, and this discussion of *Flores*, pertain only to those parents who came to the United States with their minor children, and were separated from their children by DHS. This case does not address the rights of children who come to the United States alone. In addition, any knowing and voluntary waiver by the parent of their child's release rights under *Flores* would apply narrowly to the child's right to be released or held in a licensed facility after 20 days. The parent would not, of course, waive any other rights that *Flores* provides.

proceedings" EO Sec. 3(a). Accordingly, a plaintiff parent and child should have the ability to remain together, even if the parent is currently undergoing criminal prosecution, as long as the parent is detained in a DHS facility, rather than a criminal facility that does not permit children.

V. An Injunction to Prevent Future Separations Remains Necessary, and the Court Should Order the Government to Follow Well-Established Child Welfare Standards.

Plaintiffs also request that this Court preliminarily enjoin future separations. Although the June 20 Executive Order purports to end future separations, it contains a significant carve-out that authorizes family separation "when there is a *concern* that detention of an alien child with the child's alien parent would pose a risk to the child's welfare." Kang Decl., Ex. 38, ¶ 9, EO Sec. 3(b) (emphasis added). Those vague terms are not defined, and allow DHS officers enormous leeway to effect separations for unconstitutional reasons.³

The example of S.S., who was taken from Ms. L. based on a mere allegation that they were not related, is illustrative. As the Court is aware, Defendants have claimed that it was in the 6 year-old's own interests to be separated from her mother, because Ms. L did not have her documents with her by the time she reached the United States after a 10-country journey from the Congo (a common occurrence for asylum seekers, *see* Anker and Gilman Declarations, Dkt. 48-1, Exs. 19-20). Yet rather than verify parentage through a DNA test or other means, the government separated the child for close to 5 months. This ran contrary to well-settled child welfare practices. As explained by one the country's leading child welfare experts, it would never be in a child's interests to separate the child *before* taking basic steps to verify parentage, even where the government genuinely had

³ Lawyers representing separated parents testify that separations are continuing to occur in cases, like Ms. L.'s, where the parent has not been prosecuted. *See* Tuell Decl., Ex. 32, ¶¶ 7-12, 13a, 13c, 14-15, 16d, 16f, 16h, 16i, 16l-16p, 16r-16s.

doubts about parentage (something that would have seemed unlikely in Ms. L.'s case given that the child was frantically pleading with officers not to take her away from her mother). See Guggenheim Decl., Ex. 17, Dkt. 48-1, ¶¶ 14-20.

Critically, Defendants have continued to defend the legality of Ms. L.'s separation from her daughter. Thus, because the EO allows the government to separate when it deems it in the interests of the child, the EO does not eliminate the need for an injunction to prevent future separations. To the contrary, the EO is an explicit grant of authority for the government to continue separations like Ms. L.'s.

At the June 22 hearing, the Court also asked if it would be appropriate to separate children on the basis of criminal history. It is not, unless the criminal history is indicative of a parent's danger to his or her child. Professor Guggenheim's supplemental declaration explains that "the only basis for separating children from parents in American law is when it is done to protect them from imminent danger that could result from being allowed to continue to reside with the parent." Supp. Guggenheim Decl., Ex. 34, ¶ 6. Therefore, "[c]riminal convictions are relevant only insofar as they bear on the fitness of the parent, and even then must be considered in combination with a totality of the factors that go to the best interests of the child." *Id.*; see id., \P 8-9 (citing state case law explaining that under a proper application of the best-interest standard, mere fact of criminal record does not make a parent unfit). Otherwise, a parent could lose her child merely because she made a mistake in the past.⁴

24

25

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

²² 23

⁴ Indeed, the June 23 DHS Fact Sheet underscores the need for an injunction, because it explains that even its limited reunification procedures may not apply whenever "the adult is a criminal alien." Kang Decl., Ex. 38, ¶ 10. This broad, undefined term is deeply at odds with the best-interest standard, as it does not

²⁶

provide any individual assessment of the severity of the criminal record, let alone 27 whether that record bears on the fitness of the parent.

Applying this universally-accepted understanding, Plaintiffs' proposed order would still permit the government to separate children when there is a genuine reason for believing that the parent is a danger to the child, but would not permit the government to separate a family whenever it simply declared it in the child's interests."

VI. Parents Facing Imminent Deportation Require Safeguards to Ensure that They Are Not Removed Without Their Children.

Parents who are facing imminent deportation without their separated children are in particularly grave need of immediate relief. As the Court observed, parents facing deportation without their accompanying children are "part and parcel" of this case. June 22 Hearing Transcript at 41:16-22; Am. Compl., Dkt. 32, at 12.

There is evidence that parents have been deported without their children. *See* Govindaiah Decl., Ex. 36, ¶ 6(b) (father separated from four-month-old baby, both deported separately); Kang Decl., Ex. 38, ¶ 21 (father separated from six-year-old daughter, then deported without her); Tuell Decl., Ex. 32, ¶ 16k (parent who was deported without her child). There is a real risk of this continuing to occur given the lack of tracking, and parents are terrified that this will happen to them. *See* Declaration of Kristin Greer Love, Ex. 29, ¶¶ 4-18 (describing cases of fathers at risk of imminent deportation who remain separated from young children). This Court should therefore prohibit the government from removing any parent without their minor child where the parent requests to be deported with the child.

VII. Plaintiffs' Order Provides the Appropriate Framework for Expeditious Reunification.

Plaintiffs have attached a Proposed Order that sets forth their requested relief in greater detail. The Proposed Order includes three key components.

First, it sets clear deadlines for reunifying already-separated children with their parents. Without timetables, it is impossible to ensure compliance with the injunction. For example, in this case, Ms. L. was separated from her daughter on

November 5 and was not reunited until March 16—five months of separation resulting from the government's failure to take simple steps to confirm her relationship with her daughter. Ms. C. was reunited in June, more than *eight months* after her release from criminal custody. Mr. U., another parent declarant in this case, has still not been reunited after eight months. The length of these separations is typical of the class.

Thirty days is an appropriate general deadline for the government to mobilize its substantial resources to fix a problem that it deliberately created, and reunify all parents—whether detained or not—with their children (absent clear evidence of neglect, abuse or unfitness or a detained parent's stated desire that the child not be reunified with them). A shorter deadline—10 days—is appropriate for children under age five, since they are particularly vulnerable. *See, e.g., Hernandez v. Sessions*, 872 F.3d 976 (9th Cir. 2017) (affirming injunction requiring DHS to provide class members bond hearings within 45 days); *Saravia v. Sessions*, 280 F. Supp. 3d 1168, 1205-06 (N.D. Cal. 2017) (ordering agency to grant hearings for detained youth within 7 days of rearrest); *Armstrong v. Schwarzenegger*, 2007 WL 2694243, at *6 (N.D. Cal. Sept. 11, 2007) (ordering agency to implement new tracking system for parole proceedings within 14 days).

Second, the Court should order the government to provide Class Members with a way to contact their children telephonically within one week of the order. Many of the parents do not even know where their children are, and have not had any chance to reassure their children that reunification will happen. *See*, *e.g.*, Tuell Decl., Ex. 32, ¶¶ 7-17 (describing dozens of cases at one detention center alone in which parents were not told where their separated children were taken).

Third, the Court should ensure that any future separations comply with well-settled constitutional due process standards. Importantly, the mere presence of criminal history cannot be a categorical bar to reunification, nor can the government

fail to take basic steps to verify parentage prior to separation (as it did in Ms. L.'s case). See Supp. Guggenheim Decl., Ex. 34, ¶¶ 5-6.5

Defendants may claim in their upcoming filings that they intend to create a plan for reunification and to stop future separations. The time for vague promises has passed, especially given that this Court put the government on notice three weeks ago that the practice of separating fit parents from their children was "brutal [and] offensive," in violation of due process.

Despite the Court's warning, the government continued to separate hundreds of additional children each week, and, as importantly, has failed to reunify those it has separated. Indeed, for those separations that occurred due to a prosecution (such as Ms. C.'s), the government does not even offer a justification for continuing the separation once the parent is released from jail. It simply argues that the initial separation was justified while the parent was in criminal custody.. But that is wholly unresponsive to Plaintiffs' claim that the *continued* separation is unconstitutional without a clear demonstration of unfitness or danger to the child.

Only this Court can immediately remedy the severe harm that the government's unconstitutional policies have wreaked on these vulnerable children and their parents. No more parents and children should have to go sleep wondering if and when they will ever see each other again.

21

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

22 23

24

25 26

27

28

13 18cv0428

⁵ The Court asked if Plaintiffs currently sought to enjoin separations occurring in the interior of the United States. June 22 Hearing Transcript at 19:17-22. Plaintiffs maintain that all unlawful separations should be enjoined. But if the Court determines that further record development would be necessary regarding the interior, the Court can reserve that issue and order relief for all class members who were apprehended at or within 100 miles of the U.S.-Mexico border.

1 **CONCLUSION** 2 For these reasons, this Court should grant Plaintiffs' request for a preliminary 3 injunction. 4 Respectfully Submitted, Dated: June 25, 2018 5 6 /s/ Lee Gelernt Bardis Vakili (SBN 247783) Lee Gelernt* 7 **ACLU FOUNDATION OF SAN** Judy Rabinovitz* 8 **DIEGO & IMPERIAL COUNTIES** Anand Balakrishnan* P.O. Box 87131 AMERICAN CIVIL LIBERTIES 9 San Diego, CA 92138-7131 UNION FOUNDATION 10 T: (619) 398-4485 IMMIGRANTS' RIGHTS PROJECT F: (619) 232-0036 125 Broad St., 18th Floor 11 bvakili@aclusandiego.org New York, NY 10004 12 T: (212) 549-2660 Spencer E. Amdur (SBN 320069) F: (212) 549-2654 13 Stephen B. Kang (SBN 292280) lgelernt@aclu.org 14 AMERICAN CIVIL LIBERTIES jrabinovitz@aclu.org abalakrishnan@aclu.org UNION FOUNDATION 15 IMMIGRANTS' RIGHTS PROJECT 16 39 Drumm Street San Francisco, CA 94111 17 T: (415) 343-1198 18 F: (415) 395-0950 *Admitted Pro Hac Vice samdur@aclu.org 19 skang@aclu.org 20 21 22 23 24 25 26 27 28

CERTIFICATE OF SERVICE

I hereby certify that on March 19, 2018, I electronically filed the foregoing with the Clerk for the United States District Court for the Southern District of California by using the appellate CM/ECF system. A true and correct copy of this brief has been served via the Court's CM/ECF system on all counsel of record.

/s/ Lee Gelernt
Lee Gelernt, Esq.

Ms. L. et al., v. U.S. Immigration and Customs Enforcement, et al.

EXHIBITS TO PLAINTIFFS' SUPPLMENTAL MEMORANDUM IN SUPPORT OF CLASS-WIDE PRELIMINARY INJUNCTION

TABLE OF CONTENTS

EXHIBIT	DOCUMENT	PAGES
29	Declaration of Kristin Greer Love	17-22
30	Declaration of Jennifer Podkul	23-27
31	Declaration of Michelle Brane	28-32
32	Declaration of Laura K. Tuell	33-50
33	Declaration of Robert Carey	51-54
34	Declaration of Martin Guggenheim	55-59
35	Declaration of Lisette Diaz	60-62
36	Declaration of Manoj Govindaiah	63-67
37	Declaration of Carlos Holgium	68-124
38	Declaration of Stephen Kang	125-254

Exhibit 29

1 2 3 4 5 6 7 8	Lee Gelernt* Judy Rabinovitz* Anand Balakrishnan* AMERICAN CIVIL LIBERTIES UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT 125 Broad St., 18th Floor New York, NY 10004 T: (212) 549-2660 F: (212) 549-2654 lgelernt@aclu.org jrabinovitz@aclu.org abalakrishnan@aclu.org Attorneys for Petitioners-Plaintiffs	ACLU I DIEGO P.O. Bo San Die T: (619) F: (619) bvakili@ Spencer Stephen AMERI UNION IMMIG	Vakili (SBN 247783) FOUNDATION OF SAN & IMPERIAL COUNTIES ox 87131 go, CA 92138-7131 0 398-4485 0 232-0036 0 aclusandiego.org E. Amdur (SBN 320069) 1 B. Kang (SBK 292280) 1 CAN CIVIL LIBERTIES 1 FOUNDATION RANTS' RIGHTS PROJECT
9	Additional counsel on next page	San Fran	nm Street ncisco, CA 94111
10		F: (415	() 343-1198) 395-0950
11			@aclu.org aclu.org
12		*Admitt	red Pro Hac Vice
13			
14	UNITED STATI SOUTHERN DIST		
15	Ms. L., et al.,		
16	Petitioners-Plainti	ffs,	Case No. 18-cv-00428-DMS-MDD
17	V.		DECLARATION OF KRISTIN
18	U.S. Immigration and Customs Enforcement ("ICE"); et al.,		GREER LOVE
19	Respondents-Defe	endants	CLASS ACTION
20	Respondents Deje	criaariis.	
21			
22			
23			
24			
25			
26			
27			
28			

1. I, Kristin Greer Love, 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:

4

5

6

7

8

9

10

11

12

13

14

15

28

2. I am a Staff Attorney with the ACLU of New Mexico. I am an active member of the State Bar of New Mexico and an inactive member of the State Bar of California.

3. On June 21, 2018, I visited the Otero County Processing Center, a private prison where people in ICE custody are detained, in Chaparral, New Mexico. There, I met with three fathers from Honduras (Mr. S., Mr. J., and Mr. M.) who are separated from their children and are now facing imminent deportation. All three fathers have signed forms ordering their removals from the United States. But they remain separated from their children and fear being imminently removed without their children.

Mr. S.

4. Mr. S, a 27-year-old father, has been separated from his 6½-year-old son, J., since May 26, 2018. He has only spoken with his son twice by phone since then. He wept throughout our meetings and fears that he will never see his son again.

5. Mr. S and his son came to the United States on May 23, 2018. Border Patrol kept them in cold temporary detention cells—known as *hieleras* or freezers—for three days. On May 26, government agents arrived and lined up the children on one side of the *hielera* and the parents on the other side. The agents took J., and did not say

anything about where they were going to take him. He was devastated and feared for his son's safety. Mr. S struggles to sleep and thinks constantly about his son.

6. Mr. S. was then sent to a prison in El Paso, Texas. Mr. S. was convicted of illegal entry and sentenced to "time served." Mr. S was then transferred to ICE

27 custody in Otero.

- 7. Mr. S. knows that his 6-year-old son is detained at a children's shelter in
- Miami, Florida. But he has had difficulty speaking with his son or his son's
- caseworker. Mr. S. said that he has to pay for calls to ORR and the shelter, and was
- anot aware of any way that he could communicate with ORR or the shelter without
- paying by the minute for calls on the private prison phones.
- 8. On June 21, the day after the President issued the Executive Order on family
- separation, Border Patrol agents visited Mr. S. and told him that he had three options:
- (1) sign a deportation order and be reunited with his child; (2) sign a deportation order
- and request to be deported *without* his child; (3) refuse to sign the order and be sent to
- a "federal prison," where he would be jailed "indefinitely" with his child.
- 9. Mr. S. chose the first option. But he is very scared that the government will not
- reunify his son with him before the government deports him to Honduras. The
- government and the private prison guards refuse to give him any information.

Mr. J.

8

- 10. Mr. J. and his seven-year-old son, L., came to the United States on May 10,
- 2018, and turned themselves in to Border Patrol. Border Patrol agents told Mr. J. that
- he would be transferred to federal custody and that his son would be placed in a foster
- home until he (Mr. J) completed his sentence. The agents asked for Mr. J's
- 20 identification card and L's birth certificate, which Mr. J provided.
- 21 11. Mr. J asked the agent why they were separating him and his young son and the
- agent told him he was "foolish" for bringing his son.
- 23 12. In the *hielera*, when they agents came to take the children, Mr. J. told L. that he
- was going to play with the other children. The agents took the children away from the
- 25 holding cell, leaving the parents behind. That was the last time Mr. J saw L.
- 26 13. Mr. J spoke with L. once, on June 20, 2018. He believes that his son is in
- 27 Phoenix, but he is not sure. Mr. J and L's family members completed paperwork so

that L could go and live with them. But L. refuses to live with those family members

- because he wants to be with his father.
- 3 14. On June 21, Border Patrol agents visited Mr. J. (as they did Mr. S.) and gave
- him the same choice between accepting his deportation and being sent to a federal
- facility with his son. Mr. J. chose to be deported with his son.
- 6 15. L.'s caseworker has contacted Mr. J. and told him that she is waiting for Mr.
- J.'s deportation paperwork so they can be deported together. But Mr. J. has heard of
- other parents being deported without their children, and he fears this will happen to

him. Mr. J is overwhelmed with grief and sadness and is desperate to be reunified with

his son.

Mr. M.

- 16. Mr. M is 38 years old and the father of 13-year-old L. They came to the United
- States on May 12, 2018. They spent three days together in a cold holding cell. On the
- third day, a government agent told Mr. M.: "You will go to a prison for zero to six
- months," the agent said. "The boy will go to a shelter." They agent allowed the father
- and son to hug before they took his son away.
- 17. That was the last day that Mr. M saw L. He has not spoken with his son since
- and does not know where his son is. No one at Otero has told him how he can locate
- his son. Mr. M spoke with the Honduran consulate and pleaded for help. The consular
- official said that they could not help and that his son is in the hands of the U.S.
- 22 government.

27

- 23 18. Mr. M. agreed to his deportation more than a week ago and begged the Border
- 24 Patrol agent who presented him with the form to help reunify him with his son. Mr. M
- is desperate to be reunified with his son before he or his son is deported. He fears that
- 26 he will never see his son again.

I declare under penalty of perjury that to the best of my knowledge the above facts are true and correct. Executed this 24th day of June, 2018, in Albuquerque, New Mexico. Kut. J. Ane KRISTIN GREER LOVE

Exhibit 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14	Lee Gelernt* Judy Rabinovitz* Anand Balakrishnan* AMERICAN CIVIL LIBERTIES UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT 125 Broad St., 18th Floor New York, NY 10004 T: (212) 549-2660 F: (212) 549-2654 Igelernt@aclu.org jrabinovitz@aclu.org abalakrishnan@aclu.org Attorneys for Petitioners-Plaintiffs Additional counsel on next page	ACLU I DIEGO P.O. Bo San Die T: (619) F: (619) bvakili (6 Spencer Stephen AMERI UNION IMMIG 39 Drur San Fra T: (415 F: (415 samdur skang@ *Admitt	
15	Ms. L., et al.,	KICI OI	r CALIFURNIA
16	Petitioners-Plainti	ffs.	Case No. 18-cv-00428-DMS-MDD
17	V.	,,,,,,	
18	U.S. Immigration and Customs Enforcer ("ICE"); et al.,	nent	SUPPLEMENTAL DECLARATION OF JENNIFER PODKUL
19	Respondents-Defe	endants.	CLASS ACTION
20			CLASS ACTION
21			
22			
23			
24			
25			
26			
27			
28			

- I, Jennifer Podkul, 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:
- 2. I am an attorney and Director of Policy at Kids in Need of Defense ("KIND"), a national organization that represents children in immigration matters throughout the
 United States, promotes pro bono representation of immigrant children, and advocates for laws and policies that ensure the protection of children and promotes their rights to due process and fundamental fairness. I am a member of the State Bar of Maryland.
- KIND represents or coordinates the representation of thousands of immigrant 3. 10 children throughout the United States, including children who are held in the custody 11 of the Office of Refugee Resettlement ("ORR"), as well as those who have been 12 reunified with a sponsor in the United States. KIND is representing children detained 13 in Washington who have been separated from their parents. KIND runs a return and 14 reintegration program in Guatemala and Honduras for children wishing to return to 15 their country of origin. We provide technical assistance to lawyers for immigrant 16 children. 17
 - 4. Since the government began separating children from their accompanying parents, we have begun representing several such children. We have received numerous requests from other lawyers and advocates who are working with this population and seeking to reunite the children with their parents. Accordingly, our organization is familiar with the issues faced by separated children, including barriers to reunifying them with their accompanying parents.
- 5. To my knowledge, the government currently has no automatic system for reuniting children the government has separated from their parents. My understanding is that the government has no method for even identifying the parents of separated children.

19

20

21

22

- 1 6. Currently, there are two general methods for reuniting separated children with 2 their parents, depending on whether the parent remains in ICE custody or has been 3 released from immigration detention.
- 4 7. A parent can only seek to find out where their separated child has been taken by 5 calling a hotline. The parent can call that number, explain who they are, and try to 6 obtain information about their child. Supposedly, an ORR case worker will try to 7 match the parent to a separated child in its custody, and then call the parent back.
- 8 This system is not functioning in practice, however. This hotline is now 8. 9 completely overburdened with phone calls, and KIND was receiving reports that 10 persons calling that number were put on hold for as long as 30 minutes. Parents in 11 detention have restricted phone access, and cannot stay on the line nearly that long. 12
 - 9. Moreover, the toll free number does not work from outside of the country. That means for parents who have already been deported they cannot call this number to try and find out where their child is being detained.

14

15

- 10. Alternatively, the separated child can attempt to find out where their detained 16 parent is located, either through an ORR case worker or the child's attorney. Of 17 course, this is only possible if the child is old enough to communicate relevant 18 information; a very young child cannot even do that much. Sometimes, but not 19 always, there is information in the child's case file that will indicate who the parent is 20 and where they might be detained. 21
- 11. As stated above, this ORR worker or child's attorney cannot directly call a 22 detained parent. Instead, ICE has provided its own hotline number for parents seeking 23 to find out where their separated children are located. So an ORR worker or attorney 24 must call that hotline and leave a message with ICE. The ICE hotline worker then 25 sends a message to the local ICE field office where the parent is detained, and requests 26 that the field office arrange communication between parent and child. Sometimes the 27 field office refuses that request or is too overburdened to timely respond.

- 12. If the parent has been released from custody, but the child remains detained in ORR custody, the parent can ask ORR to become a sponsor of the child. That parent must go through ORR's usual reunification process. My understanding is that there is no special process in place for ORR to reunify separated children with their parents. The usual ORR reunification process can take weeks or months, depending on the child's circumstances.
- 13. If a parent is deported, there is no automatic alert to ORR of the parents removal from the United States. KIND has received requests from non-governmental organizations in Guatemala asking for assistance locating a child who was sent to ORR custody. Moreover, there is no system to expedite repatriations of children who have been separated from parent once parent has been deported.
- 14. I have reviewed public statements released by government agencies since the Executive Order was issued, such as the DHS "Fact Sheet: Zero-Tolerance Prosecution and family Reunification." They reaffirm that ORR will use its preexisting processes for reuniting children with their parents, but those processes only apply to parents who are not in detention. As to parents who remain in ICE detention, the government's statements indicate that they will only reunite parents "at time of removal." But removal proceedings can often take significant time, and these statements do not speak to what will happen to parents in ICE custody who have not completed their removal proceedings.
- 15. I declare under penalty of perjury under the laws of the United States of America and Maryland that the foregoing is true and correct, based on my personal knowledge. Executed in Silver Spring, Maryland on June 25, 2018.

JENNIFER PODKUL

Exhibit 31

1 2 3 4	Lee Gelernt* Judy Rabinovitz* Anand Balakrishnan* AMERICAN CIVIL LIBERTIES UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT 125 Broad St., 18th Floor	ACLU DIEGO P.O. Bo San Die T: (619) F: (619)	Vakili (SBN 247783) FOUNDATION OF SAN & IMPERIAL COUNTIES ox 87131 ego, CA 92138-7131) 398-4485) 232-0036
5	New York, NY 10004 T: (212) 549-2660	bvakili(@aclusandiego.org
6	F: (212) 549-2654 lgelernt@aclu.org		r E. Amdur (SBN 320069)
7	jrabinovitz@aclu.org abalakrishnan@aclu.org	AMER]	n B. Kang (SBN 292280) ICAN CIVIL LIBERTIES I FOUNDATION
8	Attorneys for Petitioners-Plaintiffs		GRANTS' RIGHTS PROJECT mm Street
9	Additional counsel on next page	San Fra	ncisco, CA 94111
10		,	5) 343-1198 5) 395-0950
11		samdur	@aclu.org
12		skang@	Paclu.org
13			ted Pro Hac Vice
14	UNITED STATE SOUTHERN DIST		
	Ms. L., et al.,		
15	Petitioners-Plaintij	ffs.	Case No. 18-cv-00428-DMS-MDD
16	V.	<i>J</i>	
17 18	U.S. Immigration and Customs Enforcen ("ICE"); et al.,	nent	SUPPLEMENTAL DECLARATION OF MICHELLE BRANE
19	Respondents-Defe	endants.	CLASS ACTION
20			CLASS ACTION
21			
			-
22			
23			
24			
25			
26			
27			
28			

- 1 1. I, Michelle Brané, make the following declaration based on my personal 2 knowledge and declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that
- 3 the following is true and correct:

- 4 2. I am an attorney and Director of the Migrant Rights and Justice Program at the 5 Women's Refugee Commission ("WRC"). WRC is a national research and policy 6 advocacy organization that protects the rights of women, children, and youth 7 displaced by conflict and crisis. I am expert in U.S. immigration policies and 8 detention, particularly the custody and detention of young children and families 9 fleeing persecution. I am a member of the State Bar of New York.
- 3. Since the U.S. government began separating children from their accompanying 11 family members, WRC has been attempting to identify systems for tracking parents 12 and children, attempting to track and document identified cases, and advocating for 13 better systems to reunify separated children with their parents. 14
- 4. My understanding is that the government currently has no system in place for 15 automatically reunifying a separated child with her parent. Either the parent or the 16 child (working through an Office of Refugee Resettlement ("ORR") case worker or an attorney) must request to make contact or for reunification with their family members. 18
- 5. My understanding also is that the government has no method for even tracking 19 or identifying the separated child's parents. When a family comes to the border, and 20 the Department of Homeland Security ("DHS") or Customs and Border Patrol 21
- ("CBP") takes the child, the parent is currently given no information about where the 22
- child will be sent. In some cases parents are told to call a 1-800 hotline number for 23
- information, but no other detail is provided. Similarly, when the child is referred to 24
- ORR custody, the child is given no information about where their parent is detained. 25
- We have received reports from parents who attempt to call the 1-800 hotline 6. 26
- that it is ineffective. Some report that they get only busy signals when they call, 27
- others report being placed on hold for over 30 minutes which results in being 28

disconnected due to limited phone access from ICE detention. Others have not even

been informed of this hotline. Even if contact is made through the hotline, they are

instructed to leave a message with their identifying information and relationship to the

child, and a number where they can be reached. ICE detainees are not able to receive

phone calls in detention. Thus, the only method of obtaining information or

communicating with their child is through one-on-one requests and cooperation from

an ICE Detention Officer.

- 7. Of course, both children and parents are frequently transferred among different facilities. So even if a person knew where their family member was at a specific point in time, that information will likely be out of date in a matter of days or weeks.
- 8. My understanding is that U.S. Customs and Border Protection (which is responsible for apprehending and processing families arrested at or near the border), and Immigration and Customs Enforcement (which is responsible for maintaining
- long-term immigration detention facilities) do not share a database. The two agencies
- also have no way of accessing information contained in the other agency's database.
- So when CBP sends a separated parent to ICE, there is no way for ICE to tell whether
- the parent was apprehended with minor children, or what happened to those minor
- 19 children.

4

5

6

- 9. It is also my understanding that neither the CBP nor the ICE databases are
- coordinated with the Department of Health and Human Safety ("HHS") or the Office
- of Refugee Resettlement ("ORR").
- 23 10. While it is my understanding that CBP has developed an identifying number for
- 24 families that have been apprehended together, my understanding is that this number is
- 25 not transferred into the ICE or HHS-ORR databases.
- 26 11. It is my understanding that even where contact between a parent and a child is
- 27 made, ICE has no plans or procedures in place to reunify the parent with the child
- other than arranging for them to be deported together after the parent's immigration

1 case is concluded. I am not aware of any directive instructing Deportation Officers to 2 facilitate reunification while the immigration case is pending. 3 I have seen and reviewed public statements by government agencies since the 12. 4 Executive Order was issued, such as the DHS "Fact Sheet" on family separation. 5 These statements simply confirm that ORR will use its preexisting processes for 6 reuniting children with their parents, which only apply to nondetained parents. As to 7 parents in ICE detention, the Fact Sheet, for example, indicates only that they will 8 reunite parents "at time of removal." But removal proceedings can take months or 9 even years to resolve, particularly if a parent is requesting asylum, and the 10 government's recent statements do not address what will happen to parents in ICE 11 custody awaiting the conclusion of their proceedings. 12 I declare under penalty of perjury under the laws of the United States of 13 America and Maryland that the foregoing is true and correct, based on my personal 14 knowledge. Executed in Hyattsville, Maryland on June 25, 2018. 15 16 17 Mikello Bras 18 19 MICHELLE BRANE 20 21 22 23 24 25 26 27

Exhibit 32

1 2 3 4 5 6 7 8	Lee Gelernt* Judy Rabinovitz* Anand Balakrishnan* AMERICAN CIVIL LIBERTIES UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT 125 Broad St., 18th Floor New York, NY 10004 T: (212) 549-2660 F: (212) 549-2654 Igelernt@aclu.org jrabinovitz@aclu.org abalakrishnan@aclu.org Attorneys for Petitioners-Plaintiffs Additional counsel on next page	ACLU DIEGO P.O. Bo San Die T: (619) F: (619) bvakili Spencer Stephen AMERI UNION IMMIG 39 Drur San Fra	Vakili (SBN 247783) FOUNDATION OF SAN & IMPERIAL COUNTIES ox 87131 ego, CA 92138-7131) 398-4485) 232-0036 @aclusandiego.org f. E. Amdur (SBN 320069) a B. Kang (SBK 292280) ICAN CIVIL LIBERTIES I FOUNDATION FRANTS' RIGHTS PROJECT mm Street ncisco, CA 94111	
10			5) 343-1198 5) 395-0950	
11		samdur	@aclu.org aclu.org	
12			ted Pro Hac Vice	
13		*Aamiii	ea Pro Hac vice	
14	UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA			
15	Ms. L., et al.,			
16	Petitioners-Plaintiffs,		Case No. 18-cv-00428-DMS-MDD	
17	V.		SUPPLEMENTAL	
18	U.S. Immigration and Customs Enforceme ("ICE"); et al.,		ent DECLARATION OF LAURA K. TUELL	
19	Respondents-Defendant.		CLASS ACTION	
20 21				
22				
23				
23				
25				
26				
27				
28				
∠ð				

- 1. I, Laura K. Tuell, 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:
- 2. I am Firmwide Pro Bono Counsel with the law firm Jones Day. In my capacity as Firmwide Pro Bono Counsel, I manage Jones Day's Laredo Project, which aims to provide, on a pro bono basis, information and Know Your Rights ("KYR") presentations as well as, on a more limited basis, full direct representation to women in the custody of Immigration Customs and Enforcement ("ICE") at the Laredo Detention Facility in Laredo, Texas.
- 3. As part of this ongoing project, the firm's attorneys offer KYR presentations to detained women and then meet with as many of the women who request an interview as possible to screen their cases for full representation.
- 4. We obtained the information in this declaration during these KYR presentations and screening interviews.
- 5. Beginning in approximately March 2018, we began to see an increase in the separations of mothers and children while giving KYR presentations in Laredo and screening interviews in Laredo and surrounding detention centers.
- 6. Below summarizes, on a week-by-week basis, the pertinent information obtained from mothers we encountered through our Project who were separated from their children.

- 7. The week of March 19 to March 25, we encountered through our Project one (1) mother separated from her children:
 - a. A mother, J.I.L.M. (AXXXXXX849), was separated from her sons, 10-years-old and 3-years-old. The government did not provide J.I.L.M. information regarding her separated sons' location(s). Upon information and belief, J.I.L.M. had not been criminally prosecuted.
- 8. The week of March 26 to April 1, we encountered through our Project one (1) mother separated from her child:
 - a. A mother, M.I.Q.L. (AXXXXXX043), was separated from her 3-year-old son, J.A.A.Q. The government did not provide M.I.Q.L. information regarding her separated son's location. M.I.Q.L. had not been criminally prosecuted.
- 9. The week of April 16 to April 22, we encountered through our Project two (2) mothers separated from their children, including the following:
 - a. A mother, J.L.G.G. (AXXXXXXY916), was separated from her 14-year-old son, J.J.V. J.L.G.G. presented at the port of entry on April 7, 2018.
 The government did not provide J.L.G.G. information regarding her separated son's location. J.L.G.G. had not been criminally prosecuted.
 - b. A mother, Y.C.M. (AXXXXXX307), was separated from her 6-year-old daughter, K.E.S.M. She presented with her husband and her daughter at

the border on the Reynosa Bridge on April 11, 2018. The government did not provide Y.C.M. information regarding her separated daughter's location. Y.S.M. had not been criminally prosecuted.

- 10. The week of April 23 to April 29, we encountered through our Project two (2) mothers separated from their children:
 - a. A mother, S.Y.C.R. (AXXXXXX966), was separated from her 6-year-old daughter, A.V.C.R., and 17-year-old son, J.A.M.C. The government did not provide S.Y.C.R. information regarding her separated daughter's or son's location. Upon information and belief, S.Y.C.R. had not been criminally prosecuted.
 - b. A mother, D.G.M.Z. (AXXXXXX171), was separated from her 12-year-old daughter, D.A.S.S. She was also separated from her 1-year-old grandson, Y.D.S.S., 12-year-old granddaughter, K.A.M.S., and 10-year-old grandson, A.B.C.H. D.G.M.Z. presented at a port of entry on April 15, 2018. The government did not provide D.G.M.Z. information regarding her separated daughter's or grandchildren's locations. Upon information and belief, D.G.M.Z. had not been criminally prosecuted.
- 11. The week of April 30 to May 6, we encountered through our Project three (3) mothers separated from children, including the following:

- a. A mother, M.M.C.B. (AXXXXXX143), was separated from her 3-year-old daughter, M.N.P.C. The mother and child presented at the border on April 18, 2018. The government did not provide M.M.C.B. information regarding her separated daughter's location. M.M.C.B. had not been criminally prosecuted.
- b. A mother, A.M.B.A. (AXXXXXX503), was separated from her 1-year-old son, E.D.M.P. The government did not provide A.M.B.A. information regarding her separated son's location. Upon information and belief, A.M.B.A. had not been criminally prosecuted.
- c. A mother, S.M.L.M. (AXXXXXXX050), was separated from her 15-year-old daughter, M.O.F.L., and her 17-year-old daughter, H.G.F.L. The government did not provide S.M.L.M. information regarding her separated daughters' location(s). Upon information and belief, S.M.L.M. had not been criminally prosecuted.
- 12. The week of May 7 to May 13, we encountered through our Project two (2) mothers separated from their children, including the following:
 - a. A mother, C.C.D.H. (AXXXXXX869), was separated from her 3-year-old daughter, A.V.C.D. The government did not provide C.C.D.H. information regarding her separated daughter's location. Upon information and belief, C.C.D.H. had not been criminally prosecuted.

- b. A mother, M.M.S.N. (AXXXXXX081), was separated from her 12-year-old son, H.Y.P.S. The government did not provide M.M.S.N. information regarding her separated son's location. Upon information and belief, M.M.S.N. had not been criminally prosecuted.
- 13. The week of May 14 to May 20, we encountered through our Project three (3) mothers separated from their children, including the following:
 - a. A mother, M.S.R.M. (AXXXXXX334), was separated from her 17-year-old daughter, S.M.R.M. The government did not provide M.S.R.M. information regarding her separated daughter's location. Upon information and belief, M.S.R.M. had not been criminally prosecuted.
 - b. A mother, R.M.A.V. (AXXXXXX036), was separated from her 5-year-old son, O.M.R.A., on or about May 8, 2018. The government did not provide R.M.A.V. information regarding her separated son's location.
 R.M.A.V. was criminally prosecuted. At the time of her apprehension by Border Patrol agents, R.M.A.V. reported to us that the agents told her that she would be separated from her son and she would be deported while he would remain in the United States. As of May 15, 2018, the mother still had no contact with her son.
 - c. A mother, L.N.A.N. (AXXXXXX095), was separated from her 4-year-old son, L.A.R.A. The government did not provide L.N.A.N.

information regarding her separated son's location. Upon information and belief, L.N.A.N. had not been criminally prosecuted.

- 14. The week of May 21 to May 27, we encountered through our Project five (5) mothers separated from their children, including the following:
 - a. A mother, D.I.P.R. (AXXXXXX758), was separated from her minor daughter. The government did not provide D.I.P.R. information regarding her separated daughter's location. Upon information and belief, D.I.P.R. had not been criminally prosecuted.
 - b. A mother, D.D.M.P. (AXXXXXX487), was separated from her 5-year-old son, J.A.S.M. The government did not provide D.D.M.P. information regarding her separated son's location. Upon information and belief,
 D.D.M.P. had not been criminally prosecuted.
 - c. A mother, M.L.R.Q.R. (AXXXXXX849), was separated from her 9-year-old daughter, L.S.R.R. The government did not provide M.L.R.Q.R. information regarding her separated daughter's location. Upon information and belief, M.L.R.Q.R. had not been criminally prosecuted.
 - d. A mother, E.X.M.Y. (AXXXXXX818), was separated from her 7-year-old son, V.A.Y.M. The government did not provide E.X.M.Y information regarding her separated son's location. Upon information and belief, E.X.M.Y. had not been criminally prosecuted.

- e. A mother, A.V.B.G. (AXXXXXXX810), was separated from her 11-year-old son, O.D.G.B. The government did not provide A.V.B.G. information regarding her separated son's location. Upon information and belief, A.V.B.G. had not been criminally prosecuted.
- 15. The week of May 28 to June 3, we encountered through our Project twelve (12) mothers separated from their children, including the following:
 - a. A mother, J.I.C.M. (AXXXXXX335), was separated from her 8-year-old son, M.J.C.M. The government did not provide J.I.C.M. information regarding her separated son's location. Upon information and belief,
 J.I.C.M. had not been criminally prosecuted.
 - b. A mother, L.M.V.V. (AXXXXXX953), was separated from her 10-year-old son, D.Y.G.V. The government did not provide L.M.V.V. information regarding her separated son's location. Upon information and belief, L.M.V.V. had not been criminally prosecuted.
 - c. A mother, M.C.B. (AXXXXXXX709), was separated from her 8-year-old son, J.A.L.B. The government did not provide M.C.B. information regarding her separated son's location. Upon information and belief,
 M.C.B. had not been criminally prosecuted.
 - d. A mother, D.I.L.O. (AXXXXXX628), was separated from her 15-yearold son, S.R.V.L. The government did not provide D.I.L.O. information

- regarding her separated son's location. Upon information and belief, D.I.L.O. had not been criminally prosecuted.
- e. A mother, P.M.D. (AXXXXXX354), was separated from her 5-year-old son, E.O.C.M. The government did not provide P.M.D. information regarding her separated son's location. Upon information and belief, P.M.D. had not been criminally prosecuted.
- f. A mother, M.A.M.M. (AXXXXXXX114), was separated from her 12-year-old son, J.E.B.M., and 6-year-old son, A.E.B.M. The government did not provide M.A.M.M. information regarding her separated sons' locations. Upon information and belief, M.A.M.M. had not been criminally prosecuted.
- g. A mother, L.M.M.S. (AXXXXXX038), was separated from her 10-year-old daughter, B.M.H.M., and 6-year-old son, B.D.H.M. The government did not provide L.M.M.S. information regarding her separated children's locations. Upon information and belief, L.M.M.S. had not been criminally prosecuted.
- h. A mother, N.C.C.O. (AXXXXXX853), was separated from her 10-year-old son, A.A.L.C., and 7-year-old son, S.N.L.C. The government did not provide N.C.C.O. information regarding her separated sons' location.

Upon information and belief, N.C.C.O. had not been criminally prosecuted.

- i. A mother, D.M.A.P. (AXXXXXX680), was separated from her 7-year-old daughter, E.A.V.A.P. The government did not provide D.M.A.P. information regarding her separated daughter's location. Upon information and belief, D.M.A.P. had not been criminally prosecuted.
- j. A mother, M.A.A.M. (AXXXXXX542), was separated from her 9-year-old daughter, E.E.H.A. The government did not provide M.A.A.M. information regarding her separated daughter's location. Upon information and belief, M.A.A.M. had not been criminally prosecuted.
- k. A mother, S.M.R.C. (AXXXXXX179), was separated from her 9-year-old son, J.S.A.R. The government did not provide S.M.R.C. information regarding her separated son's location. Upon information and belief, S.M.R.C. had not been criminally prosecuted.
- 1. A mother, M.E.D.M. (AXXXXXX110), was separated from her 11-year-old son, D.N.M.D. The government did not provide M.E.D.M. information regarding her separated son's location. Upon information and belief, M.E.D.M. had not been criminally prosecuted.
- 16. The week of June 4 to 10, we encountered through our Project nineteen (19) mothers separated from their children, including:

- a. A mother, D.Y.S.G. (AXXXXXX114), was separated from her 13-year-old daughter, M.Y.M.S. The government did not provide D.Y.S.G. information regarding her separated daughter's location. D.Y.S.G. was criminally prosecuted.
- b. A mother, M.S.H.A. (AXXXXXX496), was separated from her minor son, E.J.E.H. The government did not provide M.S.H.A. information regarding her separated son's location. M.S.H.A. was criminally prosecuted.
- c. A mother, M.L.C.R. (AXXXXXX052), was separated from her 6-year-old son, A.Y.B.C. The government did not provide M.L.C.R. information regarding her separated son's location. M.L.C.R. was criminally prosecuted.
- d. A mother, S.P.C.L. (AXXXXXX969), was separated from her 5-year-old daughter, A.M.M.L.C. The government did not provide S.P.C.L. information regarding her separated daughter's location. Upon information and belief, S.P.C.L. had not been criminally prosecuted.
- e. A mother, C.M.G.N. (AXXXXXX199), was separated from her 8-year-old-son J.E.A.G. The government did not provide C.M.G.N. information regarding her separated son's location. C.M.G.N. has been criminally prosecuted.

- f. A mother, M.P.M. (AXXXXXX224), was separated from her 5-year-old son, J.J.P.M. The government did not provide M.P.M. information regarding her separated son's location. Upon information and belief, M.P.M. had not been criminally prosecuted.
- g. A mother, A.G.H. (AXXXXXX222), was separated from her 9-year-old daughter, N.J.H.G. The government did not provide A.G.H. information regarding her separated daughter's location. A.G.H. was criminally prosecuted.
- h. A mother, Y.C.R.L. (AXXXXXX080), was separated from her 15-year-old daughter, S.F.C.R. The government did not provide Y.C.R.L. information regarding her separated daughter's location. Upon information and belief, Y.C.R.L. had not been criminally prosecuted.
- i. A mother, K.W.R.A. (AXXXXXX071) was separated from her six-year-old son, K.A.M.R. The government did not provide K.W.R.A. information regarding her separated son's location. Upon information and belief, K.W.R.A. had not been criminally prosecuted.
- j. A mother, N.X.B. (AXXXXXX082), was separated from her 12-year-old daughter, D.C.G.B. The government did not provide N.X.B. information regarding her separated son. N.X.B. was criminally prosecuted.

- k. A mother, E.J.O.E. (AXXXXXXX510), was separated from her 8-year-old son, A.T.B.O. E.J.O.E. reported to us that, after she was separated from her son, the government told her that she would be reunited with her son if she renounced her statement of fear. E.J.O.E. did so, but before boarding the plane she informed us that ICE officials told her that she was misinformed and that her deportation would go forward without her son.
- 1. A mother, S.L.G.M. (AXXXXXX097), was separated from her 12-year-old son, R.A.M.G. The government did not provide S.L.G.M. information regarding her separated son's location. Upon information and belief, S.L.G.M. had not been criminally prosecuted.
- m. A mother, L.N.F.A. (AXXXXXX271), was separated from her 11-year-old daughter, O.S.F.A. The government did not provide L.N.F.A. information regarding her separated daughter's location. Upon information and belief, L.N.F.A. had not been criminally prosecuted.
- n. A mother, M.U.P. (AXXXXXX435), was separated from her 11-year-old son, E.F.C.U. The government did not provide M.U.P. with information regarding her son. Upon information and belief, M.U.P. had not been criminally prosecuted.

- o. A mother, G.C.H. (AXXXXXX203), was separated from her 7-year-old son, A.E.M.C. The government did not provide G.C.H. with information regarding her son. Upon information and belief, G.C.H. had not been criminally prosecuted.
- p. A mother, R.V.A.L. (AXXXXXX636), was separated from her 9-year-old daughter, K.M.C.A. The government did not provide R.V.A.L. with information regarding her daughter. Upon information and belief, R.V.A.L. had not been criminally prosecuted.
- q. A mother, W.T.H.P. (AXXXXXX212), was separated from her 9-year-old daughter, E.H.O.P. The government did not provide W.T.H.P. information regarding her daughter. W.T.H.P. was criminally prosecuted.
- r. A mother, E.R.M.D. (AXXXXXX025), was separated from her 12-year-old son, J.A.C.M. The government did not provide E.R.M.D. with information regarding her son. Upon information and belief, E.R.M.D. had not been criminally prosecuted.
- s. A mother, M.M.Z.C. (AXXXXXX325), was separated from her 6-year-old daughter, M.D.C.Z.C. The government did not provide M.M.Z.C. with information about her daughter. Upon information and belief, M.M.Z.C. had not been criminally prosecuted.

- 17. The week of June 11 to 17, we encountered through our Project nine (9) mothers separated from their children, including the following:
 - a. A mother, S.M.C.G. (AXXXXXX620), was separated from her 6-year-old daughter, G.M.C.C. S.M.C.G. was criminally prosecuted. S.M.C.G. reported to us that she was taken to court and told that her daughter would be waiting for her when she returned. When S.M.C.G. returned from court, however, her daughter was gone. The government did not provide S.M.C.G. information regarding her separated daughter's location.
 - b. A mother, B.Y.M.T. (AXXXXXX535), was separated from her 5-year-old daughter, V.A.R.M. B.Y.M.T. was still breastfeeding V.A.R.M. The government did not provide B.Y.M.T. information regarding her separated daughter's location. B.Y.M.T. was criminal prosecuted.
 - c. A mother, M.C.M.Z. (AXXXXXX855), was separated from her 9-year-old daughter, G.V.Z.M. The government did not provide M.C.M.Z. information regarding her separated daughter's location. M.C.M.Z. was criminally prosecuted.
 - d. A mother, M.S.A. (AXXXXXX271), was separated from her 15-year-old daughter, G.M.R.S. The government did not provide M.S.A. information

- regarding her separated daughter's location. M.S.A. was criminally prosecuted.
- e. A mother, C.E.C.S. (AXXXXXXX001), was separated from her 15-year-old son, J.A.C.C. The government did not provide C.E.C.S. information regarding her separated son's location. C.E.C.S. was criminally prosecuted.
- f. A mother, R.F.C.B. (AXXXXXX464), was separated from her 5-year-old daughter, C.M.R.C. R.F.C.B. was told she would see her daughter again after her court hearing. The government did not provide R.F.C.B. information regarding her separated daughter's location. R.F.C.B. was criminally prosecuted.
- g. A mother, E.I.C.V. (AXXXXXX398), was separated from her 15-year-old son, R.J.C.C. The government did not provide E.I.C.V. information regarding her separated son's location. E.I.C.V. was criminally prosecuted.
- h. A mother, L.M.M. (AXXXXXX589), was separated from her 7-year-old son, E.N.C.M. The government did not provide L.M.M. information regarding her separated son's location. L.M.M. was criminally prosecuted.

- i. A mother, M.C.C. (AXXXXXX099), was separated from her 8-year-old daughter, K.E.P.C. M.C.C. informed us that she was taken to see a judge, and her daughter was gone when she returned. The government did not provide M.D.C. information regarding her separated daughter's location. M.D.C. was criminally prosecuted.
- 18. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, based on my personal knowledge. Executed in Laredo, Texas, on June 24, 2018.

Jama L. Lucel
Laura K. Tuell

Exhibit 33

1	Lee Gelernt* Judy Rabinovitz*	ACLU	Vakili (SBN 247783) FOUNDATION OF SAN		
2	Anand Balakrishnan* AMERICAN CIVIL LIBERTIES		0 & IMPERIAL COUNTIES ox 87131		
3	UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT	San Die	ego, CA 92138-7131) 398-4485		
4	125 Broad St., 18th Floor	F: (619) 232-0036		
5	New York, NY 10004 T: (212) 549-2660 F: (212) 549-2654		@aclusandiego.org		
6	lgelernt@aclu.org		Spencer E. Amdur (SBN 320069) Stephen B. Kang (SBK 292280)		
7	jrabinovitz@aclu.org abalakrishnan@aclu.org	AMER:	ICAN CÍVIL LIBERTIES I FOUNDATION		
8	Attorneys for Petitioners-Plaintiffs	IMMIC	GRANTS' RIGHTS PROJECT		
9	Additional counsel on next page		mm Street Incisco, CA 94111		
10	1 0	T: (415	5) 343-1198		
			5) 395-0950 ·@aclu.org		
11			@aclu.org		
12		*A dmit	ted Pro Hac Vice		
13		Mantit	ieu i 10 mie vice		
14	UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA				
15	Ms. L., et al.,		1		
			Case No. 18 cv 00428 DMS MDD		
16	Petitioners-Plainti	ffs.	Case No. 18-cy-00428-DMS-MDD		
16 17	Petitioners-Plaintij v.	ffs,	Case No. 18-cv-00428-DMS-MDD		
	v. U.S. Immigration and Customs Enforcen		SUPPLEMENTAL DECLARATION OF ROBERT		
17	v. U.S. Immigration and Customs Enforcer ("ICE"); et al.,	nent	SUPPLEMENTAL DECLARATION OF ROBERT CAREY		
17 18	v. U.S. Immigration and Customs Enforcen	nent	SUPPLEMENTAL DECLARATION OF ROBERT		
17 18 19	v. U.S. Immigration and Customs Enforcer ("ICE"); et al.,	nent	SUPPLEMENTAL DECLARATION OF ROBERT CAREY		
17 18 19 20	v. U.S. Immigration and Customs Enforcer ("ICE"); et al.,	nent	SUPPLEMENTAL DECLARATION OF ROBERT CAREY		
17 18 19 20 21	v. U.S. Immigration and Customs Enforcer ("ICE"); et al.,	nent	SUPPLEMENTAL DECLARATION OF ROBERT CAREY		
17 18 19 20 21 22	v. U.S. Immigration and Customs Enforcer ("ICE"); et al.,	nent	SUPPLEMENTAL DECLARATION OF ROBERT CAREY		
17 18 19 20 21 22 23	v. U.S. Immigration and Customs Enforcer ("ICE"); et al.,	nent	SUPPLEMENTAL DECLARATION OF ROBERT CAREY		
17 18 19 20 21 22 23 24	v. U.S. Immigration and Customs Enforcer ("ICE"); et al.,	nent	SUPPLEMENTAL DECLARATION OF ROBERT CAREY		
17 18 19 20 21 22 23 24 25 26	v. U.S. Immigration and Customs Enforcer ("ICE"); et al.,	nent	SUPPLEMENTAL DECLARATION OF ROBERT CAREY		
17 18 19 20 21 22 23 24 25	v. U.S. Immigration and Customs Enforcer ("ICE"); et al.,	nent	SUPPLEMENTAL DECLARATION OF ROBERT CAREY		

- 1. I, Robert Carey, 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:
- 4 2. I previously served as Director of the Office of Refugee Resettlement ("ORR")
- in the Department of Health and Human Services ("HHS") from March, 2015 to
- 6 January, 2017.

- 3. As Director of ORR, I oversaw all of ORR's programs, including the
- Unaccompanied Immigration Minor ("UC") program. In my capacity as Director, I
- became deeply familiar with the ORR policies and procedures for identifying, vetting
- and approving sponsors for UCs in the legal custody of ORR, and how this process
- operates in practice. I am also deeply familiar with ORR's policies and procedures for
- communicating and exchanging information with other government agencies,
- including the Department of Homeland Security ("DHS"), concerning children who
- come into ORR custody.
- 4. ORR's existing process for releasing children from custody is called the
- "reunification" process. It involves identifying, contacting, vetting and approving a
- qualified "sponsor" for a child, meaning an individual in the community who can
- provide care and custody for the child.
- 5. ORR's reunification policies are publicly available on the ORR website. See
- ORR, Children Entering the United States Unaccompanied: Section 2, Safe and
- 22 Timely Release from ORR Care, (hereinafter, "ORR Policies"), available at
- 23 https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-
- 24 unaccompanied-section-2.
- ORR's reunification process was designed to address the situation of children
- 26 who come to the border or are apprehended outside the company of a parent or legal
- 27 guardian. In such circumstances, it is important to engage in a careful process of
- 28 identifying and vetting potential sponsors to ensure that the child is being released to a

safe and secure environment. That process can take weeks, and sometimes months, depending on the minor's individual facts and circumstances.

- 7. However, ORR's reunification process was not designed to deal with the situation of children who come to the United States with their parents, and then are removed from their parents' care by DHS. My understanding is that such parents are then detained in adult DHS facilities or federal criminal custody. ORR's reunification processes were not set up to reunify parents with children in such circumstances.
 Similarly, any information-sharing policies between ORR and DHS are not designed for this situation.
- 8. For example, ORR previously had no policies or systems designed to flag a child as having been separated from a parent at or near the time of the family's arrest; track the identity and detention location of the separated child's parent after the separation; ensure regular contact between a separated detained child and his or her detained parent; or reunify the child and parent in an ICE family detention facility.
- 9. If a separated parent is released from DHS custody, but the separated child remains in ORR custody, the parent can request to have the child released to his or her care. But they would have to go through ORR's regular reunification processes, which could take weeks or months to finish. And again, those processes are not designed to deal with the special situation of children separated from their accompanying parents by DHS.
- America and July that the foregoing is true and correct, based on my personal knowledge. Executed in Sally Unage Man June 25, 2018.

ROBERT CAREY

18cv0428

Exhibit 34

Lee Gelernt*
Judy Rabinovitz*
Anand Balakrishnan*
AMERICAN CIVIL LIBERTIES
UNION FOUNDATION
IMMIGRANTS' RIGHTS PROJECT
125 Broad St., 18th Floor
New York, NY 10004
T: (212) 549-2660
F: (212) 549-2654
lgelernt@aclu.org
jrabinovitz@aclu.org
abalakrishnan@aclu.org

Bardis Vakili (SBN 247783) ACLU FOUNDATION OF SAN DIEGO & IMPERIAL COUNTIES P.O. Box 87131 San Diego, CA 92138-7131 T: (619) 398-4485 F: (619) 232-0036 bvakili@aclusandiego.org

Attorneys for Petitioners-Plaintiffs Additional counsel on next page *Admitted Pro Hac Vice

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA

Ms. L., et al.,

Petitioners-Plaintiffs,

Case No. 18-cv-00428-DMS-MDD

v.

U.S. Immigration and Customs Enforcement ("ICE"); et al.,

Respondents-Defendants.

SUPPLEMENTAL DECLARATION OF MARTIN GUGGENHEIM

CLASS ACTION

No Hearing Date

Spencer E. Amdur (SBN 320069)
AMERICAN CIVIL LIBERTIES UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT
39 Drumm Street
San Francisco, CA 94111
T: (415) 343-1198

F: (415) 395-0950 samdur@aclu.org

- I, Martin Guggenheim, hereby declare, pursuant to 28 U.S.C. § 1746:
- 1. I am the Fiorello LaGuardia Professor of Clinical Law at New York University School of Law and a Founding Board Member of the Center for Family Representation. I have already submitted a declaration in this case, Dkt. No. 48-1, and incorporate my educational and professional background and opinions as set out there.
- 2. I write to address the impact of a criminal record on custodial rights.
- 3. Children and parents are commonly separated when parents are convicted of crimes, but only because the parent is sentenced to a prison.
- 4. When a defendant who is a parent does not receive a sentence of incarceration after a conviction, or after the parent has completed serving any sentence, the only way under state or federal law to separate a child from the parent because of the criminal act is to bring a separate proceeding in juvenile court charging the parent with maltreatment of the child based on the criminal behavior itself. In that new proceeding, the question would be whether the state can prove that the child would be endangered if permitted to remain in the parent's custody.
- 5. As this indicates, the only basis for separating children from parents in American law is when it is done to protect them from imminent danger that could result from being allowed to continue to reside with the parent. And as I explained in my previous declaration, this generally can only be the case when the parent is abusing or neglecting the child. It may also occur when the parent has a very serious and contagious disease that is likely to harm the child.
- 6. Thus, the presence of a criminal record does not displace the general rule that "[a]bsent a finding of unfitness, it is presumed that children are best served by remaining with their natural parents." *In re Termination of Parental Rights to Max G.W.*, 716 N.W.2d 845, 857 (Wis. 2006) (citing *Santosky v. Kramer*, 455 U.S. 745, 760 (1982)). Criminal convictions are relevant only insofar as they bear on the

- fitness of the parent, and even then must be considered in combination with a totality of the factors that go to the best interests of the child.
- 7. State law confirms this principle. "[A] parent's criminal history is not an absolute bar to custody and must, as with any other factor, be considered in the totality of the circumstances." *Jones v. Pagan*, 947 N.Y.S.2d 580, 582 (N.Y. App. Div. 2012) (internal citations and quotations omitted). The mere "existence of a felony conviction or even the existence of multiple felony convictions" is insufficient to render the parent unfit to raise the child. *In re Baby Girl M.*, 135 Cal. App. 4th 1528, 1542 (Cal. Ct. App. 2006) (finding three felony drug and burglary convictions did not warrant termination of parental rights); *see also In re C.T.E.*, 95 S.W.3d 462, 466 (Tex. App. 2002) ("Although appellant's criminal history is a factor in determining the best interest of the children, it is not dispositive.")
- 8. This principle holds even where a criminal conviction is for the most serious crimes. *See*, *e.g.*, *In re James M.*, 65 Cal. App. 3d 254 (Cal. Ct. App. 1976) (finding a conviction for murder did not necessarily demonstrate that a father was an unfit parent); *In re Terry E.*, 180 Cal. App. 3d 932 (Cal. Ct. App. 1986) (convictions for false imprisonment and sex crimes did not provide sufficient grounds for termination of a mother's parental rights nearly four years later).
- 9. In conclusion, criminal history is not a dispositive factor in determining whether remaining with a parent is in the best interest of a child. Determining what is in the best interest of a child requires a fact-specific, individualized inquiry.

I declare under penalty of perjury under the laws of the United States of America and New York State that the foregoing is true and correct, based on my personal knowledge. Executed in NYC, on June 23, 2018.

MARTIN GUGGENHEIM

Exhibit 35

Anánd Balakrishnan* AMERICAN CIVIL LIBERTIES UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT 1 125 Broad St., 18th Floor New York, NY 10004 T: (212) 549-2660 F: (212) 549-2654 lgelernt@aclu.org riabinovitz@aclu.org abalakrishnan@aclu.org Nattorneys for Petitioners-Plaintiffs Additional counsel on next page 10 Attorneys for Petitioners-Plaintiffs Additional counsel on next page 11 UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA Ms. L., et al., Petitioners-Plaintiffs, V. U.S. Immigration and Customs Enforcement ("ICE"); et al., Respondents-Defendants. CLASS ACTION CLASS ACTION	Bardis Vakili (SBN 247783) ACLU FOUNDATION OF SAN		
3 UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT 4 125 Broad St., 18th Floor New York, NY 10004 5 T: (212) 549-2660 F: (212) 549-2654 4 Igelernt@aclu.org 7 abalakrishnan@aclu.org 8 Attorneys for Petitioners-Plaintiffs 9 Additional counsel on next page 10 11 12 13 14 15 Ms. L., et al., 16 16 Petitioners-Plaintiffs, V. 17 V. 18 U.S. Immigration and Customs Enforcement ("ICE"); et al., 19 20 21 22 23 24 25 26 27			
New York, NY 10004 F: (212) 549-2660 F: (212) 549-2654 Igleernt@aclu.org abalakrishnan@aclu.org Attorneys for Petitioners-Plaintiffs Additional counsel on next page Additional counsel on next page Telephone Stephen B. Kang (SBK 29 AMERICAN CIVIL LIB UNION FOUNDATION IMMIGRANTS' RIGHT: 39 Drumm Street San Francisco, CA 94111 T: (415) 343-1198 F: (415) 395-0950 samdur@aclu.org *Admitted Pro Hac Vice UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA U.S. Immigration and Customs Enforcement ("ICE"); et al., Respondents-Defendants. Case No. 18-cv-0 DECLARATIO LISETTE DIAZ CLASS ACTION CLASS ACTION	'121		
New York, NY 10004 F: (212) 549-2660 F: (212) 549-2654 Igleernt@aclu.org abalakrishnan@aclu.org Attorneys for Petitioners-Plaintiffs Additional counsel on next page Additional counsel on next page Telephone Stephen B. Kang (SBK 29 AMERICAN CIVIL LIB UNION FOUNDATION IMMIGRANTS' RIGHT: 39 Drumm Street San Francisco, CA 94111 T: (415) 343-1198 F: (415) 395-0950 samdur@aclu.org *Admitted Pro Hac Vice UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA U.S. Immigration and Customs Enforcement ("ICE"); et al., Respondents-Defendants. Case No. 18-cv-0 DECLARATIO LISETTE DIAZ CLASS ACTION CLASS ACTION	131		
New York, NY 10004 F: (212) 549-2660 F: (212) 549-2654 Igleernt@aclu.org abalakrishnan@aclu.org Attorneys for Petitioners-Plaintiffs Additional counsel on next page Additional counsel on next page Telephone Stephen B. Kang (SBK 29 AMERICAN CIVIL LIB UNION FOUNDATION IMMIGRANTS' RIGHT: 39 Drumm Street San Francisco, CA 94111 T: (415) 343-1198 F: (415) 395-0950 samdur@aclu.org *Admitted Pro Hac Vice UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA U.S. Immigration and Customs Enforcement ("ICE"); et al., Respondents-Defendants. Case No. 18-cv-0 DECLARATIO LISETTE DIAZ CLASS ACTION CLASS ACTION			
Stephen B. Kang (SBK 25) prabinovitz@aclu.org abalakrishnan@aclu.org AMERICAN CIVIL LIB UNION FOUNDATION IMMIGRANTS' RIGHT: 39 Drumm Street San Francisco, CA 94111 T: (415) 343-1198 F: (41	bvakili@aclusandiego.org		
7 abalakrishnan@aclu.org 8 Attorneys for Petitioners-Plaintiffs 9 Additional counsel on next page 10 10 11 10 12 13 14 14 15 16 17 18 18 19 19 10 10 10 11 10 11 11 11 11 11 11 12 12 13 14 15 16 17 17 18 17 18 18 18 19 19 19 10 10 10 10 10 11 11 11 11 11 11 11 11	Spencer E. Amdur (SBN 320069) Stephen B. Kang (SBK 292280)		
Attorneys for Petitioners-Plaintiffs Additional counsel on next page San Francisco, CA 94111 T: (415) 343-1198 F: (415) 395-0950 Samdur@aclu.org Skang@aclu.org *Admitted Pro Hac Vice *Admitted Pro Hac Vice UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA Ms. L., et al., Petitioners-Plaintiffs, U.S. Immigration and Customs Enforcement ("ICE"); et al., Respondents-Defendants. Case No. 18-cv-4 DECLARATIO LISETTE DIAZ CLASS ACTION CLASS ACTION			
Additional counsel on next page T: (415) 343-1198 F: (415) 395-0950 Samdur@aclu.org Skang@aclu.org *Admitted Pro Hac Vice *Admited Pro Hac Vice *Admitted Pro Hac Vice *Admitted Pro Hac Vice			
San Francisco, CA 94111 T: (415) 343-1198 F: (415) 395-0950 samdur@aclu.org skang@aclu.org *Admitted Pro Hac Vice *Admitted Pro Hac Vice *Admitted Pro Hac Vice UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA Ms. L., et al., Petitioners-Plaintiffs, V. U.S. Immigration and Customs Enforcement ("ICE"); et al., Respondents-Defendants. CLASS ACTION CLASS ACTION CLASS ACTION	IMMIGRANTS' RIGHTS PROJECT		
F: (415) 395-0950 samdur@aclu.org skang@aclu.org *Admitted Pro Hac Vice *Case No. 18-cv-0 *DECLARATION *ISETTE DIAZ* *CLASS ACTION *CLASS ACTION **CLASS ACTION	1		
11 samdur@aclu.org skang@aclu.org *Admitted Pro Hac Vice 13 14 UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA 15 Ms. L., et al., 16 Petitioners-Plaintiffs, 17 v. 18 U.S. Immigration and Customs Enforcement ("ICE"); et al., 19 20 Respondents-Defendants. CLASS ACTION CLASS ACTION			
Admitted Pro Hac Vice **Case No. 18-cv-0 **DECLARATION **LISETTE DIAZ **CLASS ACTION **CLASS ACTION **CLASS ACTION **Admitted Pro Hac Vice **Case No. 18-cv-0 **DECLARATION **CLASS ACTION **CLASS			
*Admitted Pro Hac Vice *Admitted Pro Hac Vice *Admitted Pro Hac Vice UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA *Ms. L., et al., *Petitioners-Plaintiffs, V. U.S. Immigration and Customs Enforcement ("ICE"); et al., *Respondents-Defendants.* CLASS ACTION *Case No. 18-cv-Outer District Court California			
13 14 UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA 15 Ms. L., et al., 16 Petitioners-Plaintiffs, 17 V. 18 U.S. Immigration and Customs Enforcement ("ICE"); et al., 19 Respondents-Defendants. CLASS ACTION CLASS ACTION CLASS ACTION			
14 SOUTHERN DISTRICT COURT SOUTHERN DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA 15 Ms. L., et al., 16 Petitioners-Plaintiffs, 17 V. 18 U.S. Immigration and Customs Enforcement ("ICE"); et al., 19 Respondents-Defendants. CLASS ACTION CLASS ACTION CLASS ACTION	?		
SOUTHERN DISTRICT OF CALIFORNIA 15 Ms. L., et al., 16 Petitioners-Plaintiffs, 17 V. 18 U.S. Immigration and Customs Enforcement ("ICE"); et al., 19 Respondents-Defendants. Clase No. 18-cv-0 DECLARATIO LISETTE DIAZ CLASS ACTION CLASS ACTION			
15 Ms. L., et al., 16	A		
Petitioners-Fidamitys, V. 18 U.S. Immigration and Customs Enforcement ("ICE"); et al., 19 Respondents-Defendants. CLASS ACTION CLASS ACTION CLASS ACTION 21 22 23 24 25 26 27	. •		
U.S. Immigration and Customs Enforcement ("ICE"); et al., Respondents-Defendants. CLASS ACTION CLASS ACTION CLASS ACTION	y-00428-DMS-MDD		
18 ("ICE"); et al., 19 Respondents-Defendants. CLASS ACTION 21 22 23 24 25 26 27	ON OF		
("ICE"); et al., Respondents-Defendants. CLASS ACTION 21 22 23 24 25 26 27			
Respondents-Defendants. CLASS ACTION CLASS ACTION CLASS ACTION 22 23 24 25 26 27	NZ		
20 CLASS ACTION 21 22 23 24 25 26 27			
 22 23 24 25 26 27 	ON		
 23 24 25 26 27 			
24252627			
252627			
2627			
27			
28			

- I, Lisette Diaz, 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:
- I am a paralegal at the American Civil Liberties Union Immigrants' Rights Project.
- 2. I visited J.I.L. shortly after she was reunited with her kids. Her declaration was filed in this case as Exhibit 24, attached to Dkt. 62, pages 28-34.
- 3. During the visit, J.I.L. said that her children are still feeling the effects of the separation. Both of her children constantly ask if and when someone will be coming to take them away from their mother again. Her youngest child, 4 year-old D.A.P.L., continues to suffer from nightmares. He often wakes up in the middle of the night and begins nervously searching for his mother in the bedroom they share.

Executed in New York, NY, on June 25, 2018.

LISETTE DIAZ

Exhibit 36

1 2 3 4 5 6 7 8	Anand Balakrishnan* Anand Balakrishnan* AMERICAN CIVIL LIBERTIES UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT 125 Broad St., 18th Floor New York, NY 10004 T: (212) 549-2660 F: (212) 549-2654 lgelernt@aclu.org jrabinovitz@aclu.org abalakrishnan@aclu.org	CLU F IEGO .O. Boz an Dieg : (619) : (619) vakili@	Vakili (SBN 247783) FOUNDATION OF SAN & IMPERIAL COUNTIES x 87131 go, CA 92138-7131 398-4485 232-0036 Daclusandiego.org			
9		remna.	CT COUDT			
10	UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA					
11						
12	Ms. L. et al.,		Case No. 18-cv-00428-DMS-			
13	Petitioners-Plaintiffs,		MDD			
14	V.		Date Filed: June 25, 2018			
15	U.S. Immigration and Customs Enforcemen ("ICE"); U.S. Department of Homeland Sec		,			
16	("ICE"); U.S. Department of Homeland Sec ("DHS"); U.S. Customs and Border Protecti ("CBP"); U.S. Citizenship and Immigration Services ("USCIS"); U.S. Department of He and Human Services ("HHS"); Office of	on	DECLARATION OF MANOJ GOVINDAIAH Class Action			
	Services ("USCIS"); U.S. Department of He and Human Services ("HHS"): Office of	alth				
17	Refugee Resettlement ("ORR"); Thomas Homan, Acting Director of ICE; Greg Archambeault, San Diego Field Office Director	•				
18	Archambeault, San Diego Field Office Director ICE: Joseph Greene, San Diego Assistant Fi	ctor,				
19	ICE; Joseph Greene, San Diego Assistant Fi Office Director, ICE; Adrian P. Macias, El I Field Director, ICE; Frances M. Jackson, El	Paso	NO HEARING DATE			
20	Assistant Field Office Director, ICE; Kirstje	n	•			
21	Nielsen, Secretary of DHS; Jefferson Beaure Sessions III, Attorney General of the United	.				
22	States; L. Francis Cissna, Director of USCIS Kevin K. McAleenan, Acting Commissione	rof				
23	CBP; Pete Flores, San Diego Field Director, CBP; Hector A. Mancha Jr., El Paso Field					
24	Director, CBP; Alex Azar, Secretary of the Department of Health and Human Services;					
25	Scott Lloyd, Director of the Office of Refug Resettlement,					
26	, in the second					
27	Respondents-Defendants.					
28						

Stephen Kang (SBN 292280) Spencer E. Amdur (SBN 320069) AMERICAN CIVIL LIBERTIES UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT 39 Drumm Street San Francisco, CA 94111 T: (415) 343-1198 F: (415) 395-0950 skang@aclu.org samdur(a)aclu.org

Exhibit 36, Page 64

- 2. I am an attorney licensed and admitted in the State of Texas since April 2015. Since 2006 and 2012, respectively, I have also been licensed in Illinois and in Florida. I have been practicing law for twelve years.
 - 3. In August 2014, I began working at the Refugee and Immigrant Center for Education and Legal Services ("RAICES") based in San Antonio, Texas, and have served at the Director of Family Detention Services since January 2016. I oversee a staff of approximately 10 employees and supervise all of RAICES' immigrant family detention work. Due to the nature of the work, I am also heavily involved in case strategy and supervision of cases involving detained adults and detained unaccompanied children.
 - 4. Since January 2017, RAICES has been tracking separations of immigrant children from their parents.
 - 5. When we meet with children classified as unaccompanied and in ORR custody, we track those that indicate they were separated from a parent. We have identified approximately 330 children placed in ORR detention centers served by RAICES that were separated from their parents. When we meet with children, we receive limited information about their parents (typically because either the child is too young to provide the information, or the ORR detention center staff does not have it) and so we cannot always be certain of the cause, nature, or details of the separation. However we believe that at least 150 of those children identified as being separated were separated by U.S. Department of Homeland Security officials at or around the time of apprehension.
 - 6. Through our work in adult detention centers, we have also seen a high volume of separated families. Since May 24, 2018, we are aware of approximately 390 parents who were separated from their children upon entry to the United States

by Department of Homeland Security officials. Many of these parents were criminally prosecuted and separated during their criminal proceeding.

- 7. The following are examples of family separation cases where RAICES has provided legal services.
 - a. In March 2018, a RAICES attorney visited a gentleman at the South Texas Detention Complex in Pearsall, Texas. At that time, he indicated that upon entry to the United States, he and his four-month-old child were separated and that he wanted to be removed from the United States as quickly as possible. We confirmed that the baby was in ORR custody and informed the father. On or about June 11, 2018, we confirmed that the father had been removed but the baby remained in ORR custody. Our understanding is that the baby has since been removed.
 - b. On June 6, 2018, I met with a Salvadoran man who was detained at the Rio Grande Detention Center in Laredo, Texas. He had been separated from his 16-year-old son on or about May 24, 2018 upon entry to the United States. He began crying as he relayed to me that he had not received any information about the whereabouts of his child and had been unable to communicate with his son. At that visit, he retained me to represent him in his immigration case. The following day I located his son in ORR custody in South Texas. When I attempted to speak with my client at the detention center, I learned that he been transferred to a detention center in Lumpkin, Georgia. I have since been attempting to locate a local attorney to continue representing him, and provide him information on his son's whereabouts.
 - c. On or about June 19, 2018, two RAICES staff members visited with approximately seven parents at the South Texas Detention Complex in Pearsall, Texas. All parents reported that they had been separated from

their children at or around the time they entered the United States.

None of them knew where their children were and had not communicated with their children. They also reported that they were unable to access the internal communication system established between ORR and ICE for parents to locate their children or able to obtain any information about their children.

I declare under penalty of perjury that to the best of my knowledge the above facts are true and correct. Executed this 25th day of June, 2018, in San Antonio, Texas.

MANQJ GOVINDAIAH

Exhibit 37

1 2 3 4 5	Lee Gelernt* Judy Rabinovitz* Anand Balakrishnan* AMERICAN CIVIL LIBERTIES UNION FOUNDATION IMMIGRANTS' RIGHTS PROJECT 125 Broad St., 18th Floor New York, NY 10004 T: (212) 549-2660	ACLU I DIEGO P.O. Bo San Die T: (619) F: (619) bvakili@	go, CA 92138-7131) 398-4485) 232-0036 @aclusandiego.org
6 7	F: (212) 549-2654 lgelernt@aclu.org jrabinovitz@aclu.org abalakrishnan@aclu.org	Stephen AMERI	E. Amdur (SBN 320069) B. Kang (SBN 292280) CAN CIVIL LIBERTIES
8	Attorneys for Petitioners-Plaintiffs	IMMIG 39 Drun	FOUNDATION RANTS' RIGHTS PROJECT nm Street
9 10	Additional counsel on next page	San Francisco, CA 94111 T: (415) 343-1198	
11		samdur) 395-0950 @ <i>aclu.org</i>
12			aclu.org
13		*Admitt	ed Pro Hac Vice
14	UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA		
15	Ms. L., et al.,		
16	Petitioners-Plaintiffs,		Case No. 18-cv-00428-DMS-MDD
17 18	J.S. Immigration and Customs Enforcement "ICE"); et al.,		DECLARATION OF CARLOS HOLGUIN
19	Respondents-Defendants.		CLASS ACTION
20			
21			
22			
23			
24			
2526			
27			
28			
-			

- 1. I, Carlos Holguin, 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:
- 2. I am General Counsel for the Center for Human Rights and Constitutional Law, and a member of the State Bar of California.
- 3. I am counsel for Plaintiffs in *Flores v. Sessions*, No. 85-04544 (C.D. Cal.), a long running class action concerning the rights of immigrant children held in government custody. I have been counsel for the *Flores* class since the mid-1980s. As counsel for the *Flores* class, I am versed with the history of the litigation and the terms of the *Flores* Settlement Agreement. The *Flores* Settlement Agreement is attached as Exhibit A.
- 4. Flores was initially brought to insure that minors would not be detained for lengthy periods in subpar conditions, and that they would be released promptly to parents and other reputable custodians. The Ninth Circuit has held that the settlement applies to all minors, including those who are apprehended with their parents. See Flores v. Lynch, 828 F.3d 898 (9th Cir. 2016).
- 5. The settlement requires that minors who are not released to a parent, family member, or other responsible custodian must generally be held in "licensed facilities," meaning that a state child welfare agency must license them to provide care and custody for dependent, as opposed to delinquent, children. See Ex. A, ¶¶ 6, 12.A, 14, 19.
- 6. The agreement generally requires federal immigration authorities to place children in a licensed dependent care facility within 72 hours following arrest. The consent decree allows juvenile to be detained longer in unlicensed facilities in the event of an unexpected influx of minors entering immigration-related custody, but even then requires that a child be transferred to a licensed facility "as expeditiously as possible." Id., ¶ 12.A.

- 7. In the case of class members apprehended with a parent, the district court overseeing the *Flores* settlement held that ICE does not necessarily breach ¶ 12A of the agreement if, in good faith and in the exercise of due diligence, it keeps class members in unlicensed facilities for longer than 72 hours while screening family members for reasonable or credible fear of persecution should they be returned to their countries of origin. *See Flores v. Lynch*, 212 F. Supp. 3d 907, 913-14 (C.D. Cal. 2015). Upon establishing a reasonable or credible fear, class members' parents become eligible for release on bond, and ICE would thereafter generally release the family together.
- 8. To the best of my knowledge, ICE's principal and largest family detention centers, which are located in Karnes and Dilley in Texas, are not licensed to care for dependent minors. Accordingly, the settlement generally obliges ICE to exercise due dilligence and good faith efforts to make a licensed placement available to juveniles detained in such facilities as quickly as possible.
- 9. In practice, ICE has been releasing most families detained at Karnes and Dilley within 20 days. This is because the federal government is able to determine within that time whether families have a credible or reasonable fear of being persecuted should they be returned to their countries of origin. However, the apposite standard for making licensed placements available to class members under the settlement remains the same: ICE must exercise good faith and due diligence to make licensed placements available to class members as promptly as practicable, which may be more or fewer than 20 days under prevailing circumstances.
- 10. When parents are detained more than 20 days, I know of nothing in the *Flores* settlement that stops families from waiving their rights under the agreement and electing to remain in an unlicensed family detention center together. The settlement was intended to promote family reunification and give children the right to placement in a licensed dependent care facility. It was not intended to usurp the right of parents

to decide that it would be better to waive that right than suffer the trauma of family separation.

I declare under penalty of perjury under the laws of the United States of America and California that the foregoing is true and correct, based on my personal knowledge. Executed in Santa Clarita, California on June 25/2018.

CARLOS HOLGUIN

Exhibit A

8/12/96

CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW
Carlos Holguín
Peter A. Schey
256 South Occidental Boulevard
Los Angeles, CA 90057
(213) 388-8693

NATIONAL CENTER FOR YOUTH LAW Alice Bussiere James Morales 114 Sansome Street, Suite 905 San Francisco, CA 94104 (415) 453-3307



Attorneys for Plaintiffs

Michael Johnson Assistant United States Attorney 300 N. Los Angeles St., Rm. 7516 Los Angeles, CA 90012

Allen Hausman
Office of Immigration Litigation
Civil Division
U.S. Department of Justice
P.O. Box 878, Ben Franklin Station
Washington, DC 20044

Attorneys for Defendants

Additional counsel listed next page

UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

JENNY LISETTE FLORES, et al.,)	Case No. CV 85-4544-RJK(Px)
)	
Plaintiffs,)	Stipulated Settlement
)	Agreement
-VS-)	
)	
JANET RENO, Attorney General)	
of the United States, et al.,)	
)	
Defendants.)	

Plaintiffs' Additional Counsel

ACLU FOUNDATION OF SOUTHERN CALIFORNIA Mark Rosenbaum Sylvia Argueta 1616 Beverly Boulevard Los Angeles, CA 90026 Telephone: (213) 977-9500

STREICH LANG
Susan G. Boswell
Jeffrey Willis
1500 Bank of America Plaza
33 North Stone Avenue
Tucson, AZ 85701
Telephone: (602) 770-8700

Defendants' Additional Counsel:

Arthur Strathern
Mary Jane Candaux
Office of the General Counsel
U.S. Immigration & Naturalization Service
425 I St. N.W.
Washington, DC 20536
/ / /

STIPULATED SETTLEMENT AGREEMENT

WHEREAS, Plaintiffs have filed this action against Defendants, challenging, *inter alia*, the constitutionality of Defendants' policies, practices and regulations regarding the detention and release of unaccompanied minors taken into the custody of the Immigration and Naturalization Service (INS) in the Western Region; and

WHEREAS, the district court has certified this case as a class action on behalf of all minors apprehended by the INS in the Western Region of the United States; and

WHEREAS, this litigation has been pending for nine (9) years, all parties have conducted extensive discovery, and the United States Supreme Court has upheld the constitutionality of the challenged INS regulations on their face and has remanded for further proceedings consistent with its opinion; and

WHEREAS, on November 30, 1987, the parties reached a settlement agreement requiring that minors in INS custody in the Western Region be housed in facilities meeting certain standards, including state standards for the housing and care of dependent children, and Plaintiffs' motion to enforce compliance with that settlement is currently pending before the court; and

WHEREAS, a trial in this case would be complex, lengthy and costly to all parties concerned, and the decision of the district court would be subject to appeal by the losing parties with the final outcome uncertain; and

WHEREAS, the parties believe that settlement of this action is in their best interests and best serves the interests of justice by avoiding a complex, lengthy and costly trial, and subsequent appeals which could last several more years;

NOW, THEREFORE, Plaintiffs and Defendants enter into this Stipulated Settlement Agreement

(the Agreement), stipulate that it constitutes a full and complete resolution of the issues raised in this action, and agree to the following:

I DEFINITIONS

As used throughout this Agreement the following definitions shall apply:

- 1. The term "party" or "parties" shall apply to Defendants and Plaintiffs. As the term applies to Defendants, it shall include their agents, employees, contractors and/or successors in office. As the term applies to Plaintiffs, it shall include all class members.
 - 2. The term "Plaintiff" or "Plaintiffs" shall apply to the named plaintiffs and all class members.
- 3. The term "class member" or "class members" shall apply to the persons defined in Paragraph 10 below.
- 4. The term "minor" shall apply to any person under the age of eighteen (18) years who is detained in the legal custody of the INS. This Agreement shall cease to apply to any person who has reached the age of eighteen years. The term "minor" shall not include an emancipated minor or an individual who has been incarcerated due to a conviction for a criminal offense as an adult. The INS shall treat all persons who are under the age of eighteen but not included within the definition of "minor" as adults for all purposes, including release on bond or recognizance.
- 5. The term "emancipated minor" shall refer to any minor who has been determined to be emancipated in an appropriate state judicial proceeding.
- 6. The term "licensed program" shall refer to any program, agency or organization that is licensed by an appropriate State agency to provide residential, group, or foster care services for dependent children, including a program operating group homes, foster homes, or facilities for special needs minors. A licensed program must also meet those standards for licensed programs set forth in

Exhibit 1 attached hereto. All homes and facilities operated by licensed programs, including facilities for special needs minors, shall be non-secure as required under state law; provided, however, that a facility for special needs minors may maintain that level of security permitted under state law which is necessary for the protection of a minor or others in appropriate circumstances, *e.g.*, cases in which a minor has drug or alcohol problems or is mentally ill. The INS shall make reasonable efforts to provide licensed placements in those geographical areas where the majority of minors are apprehended, such as southern California, southeast Texas, southern Florida and the northeast corridor.

- 7. The term "special needs minor" shall refer to a minor whose mental and/or physical condition requires special services and treatment by staff. A minor may have special needs due to drug or alcohol abuse, serious emotional disturbance, mental illness or retardation, or a physical condition or chronic illness that requires special services or treatment. A minor who has suffered serious neglect or abuse may be considered a minor with special needs if the minor requires special services or treatment as a result of the neglect or abuse. The INS shall assess minors to determine if they have special needs and, if so, shall place such minors, whenever possible, in licensed programs in which the INS places children without special needs, but which provide services and treatment for such special needs.
- 8. The term "medium security facility" shall refer to a facility that is operated by a program, agency or organization licensed by an appropriate State agency and that meets those standards set forth in Exhibit 1 attached hereto. A medium security facility is designed for minors who require close supervision but do not need placement in juvenile correctional facilities. It provides 24-hour awake supervision, custody, care, and treatment. It maintains stricter security measures, such as intensive staff supervision, than a facility operated by a licensed program in order to control problem behavior and to prevent escape. Such a facility may have a secure perimeter but shall not be equipped internally with

major restraining construction or procedures typically associated with correctional facilities.

II SCOPE OF SETTLEMENT, EFFECTIVE DATE, AND PUBLICATION

9. This Agreement sets out nationwide policy for the detention, release, and treatment of minors in the custody of the INS and shall supersede all previous INS policies that are inconsistent with the terms of this Agreement. This Agreement shall become effective upon final court approval, except that those terms of this Agreement regarding placement pursuant to Paragraph 19 shall not become effective until all contracts under the Program Announcement referenced in Paragraph 20 below are negotiated and implemented. The INS shall make its best efforts to execute these contracts within 120 days after the court's final approval of this Agreement. However, the INS will make reasonable efforts to comply with Paragraph 19 prior to full implementation of all such contracts. Once all contracts under the Program Announcement referenced in Paragraph 20 have been implemented, this Agreement shall supersede the agreement entitled Memorandum of Understanding Re Compromise of Class Action: Conditions of Detention (hereinafter "MOU"), entered into by and between the Plaintiffs and Defendants and filed with the United States District Court for the Central District of California on November 30, 1987, and the MOU shall thereafter be null and void. However, Plaintiffs shall not institute any legal action for enforcement of the MOU for a six (6) month period commencing with the final district court approval of this Agreement, except that Plaintiffs may institute enforcement proceedings if the Defendants have engaged in serious violations of the MOU that have caused irreparable harm to a class member for which injunctive relief would be appropriate. Within 120 days of the final district court approval of this Agreement, the INS shall initiate action to publish the relevant and substantive terms of this Agreement as a Service regulation. The final regulations shall not be inconsistent with the terms of this Agreement. Within 30 days of final court approval of this

Agreement, the INS shall distribute to all INS field offices and sub-offices instructions regarding the processing, treatment, and placement of juveniles. Those instructions shall include, but may not be limited to, the provisions summarizing the terms of this Agreement, attached hereto as Exhibit 2.

III CLASS DEFINITION

10. The certified class in this action shall be defined as follows: "All minors who are detained in the legal custody of the INS."

IV STATEMENTS OF GENERAL APPLICABILITY

and special concern for their particular vulnerability as minors. The INS shall place each detained minor in the least restrictive setting appropriate to the minor's age and special needs, provided that such setting is consistent with its interests to ensure the minor's timely appearance before the INS and the immigration courts and to protect the minor's well-being and that of others. Nothing herein shall require the INS to release a minor to any person or agency whom the INS has reason to believe may harm or neglect the minor or fail to present him or her before the INS or the immigration courts when requested to do so.

V PROCEDURES AND TEMPORARY PLACEMENT FOLLOWING ARREST

12.A. Whenever the INS takes a minor into custody, it shall expeditiously process the minor and shall provide the minor with a notice of rights, including the right to a bond redetermination hearing if applicable. Following arrest, the INS shall hold minors in facilities that are safe and sanitary and that are consistent with the INS's concern for the particular vulnerability of minors. Facilities will provide access to toilets and sinks, drinking water and food as appropriate, medical assistance if the minor is in need of emergency services, adequate temperature control and ventilation, adequate supervision to

protect minors from others, and contact with family members who were arrested with the minor. The INS will segregate unaccompanied minors from unrelated adults. Where such segregation is not immediately possible, an unaccompanied minor will not be detained with an unrelated adult for more than 24 hours. If there is no one to whom the INS may release the minor pursuant to Paragraph 14, and no appropriate licensed program is immediately available for placement pursuant to Paragraph 19, the minor may be placed in an INS detention facility, or other INS-contracted facility, having separate accommodations for minors, or a State or county juvenile detention facility. However, minors shall be separated from delinquent offenders. Every effort must be taken to ensure that the safety and well-being of the minors detained in these facilities are satisfactorily provided for by the staff. The INS will transfer a minor from a placement under this paragraph to a placement under Paragraph 19, (i) within three (3) days, if the minor was apprehended in an INS district in which a licensed program is located and has space available; or (ii) within five (5) days in all other cases; except:

- 1. as otherwise provided under Paragraph 13 or Paragraph 21;
- 2. as otherwise required by any court decree or court-approved settlement;
- 3. in the event of an emergency or influx of minors into the United States, in which case the INS shall place all minors pursuant to Paragraph 19 as expeditiously as possible; or
- 4. where individuals must be transported from remote areas for processing or speak unusual languages such that the INS must locate interpreters in order to complete processing, in which case the INS shall place all such minors pursuant to Paragraph 19 within five (5) business days.
- B. For purposes of this paragraph, the term "emergency" shall be defined as any act or event that prevents the placement of minors pursuant to Paragraph 19 within the time frame provided. Such

emergencies include natural disasters (e.g., earthquakes, hurricanes, etc.), facility fires, civil disturbances, and medical emergencies (e.g., a chicken pox epidemic among a group of minors). The term "influx of minors into the United States" shall be defined as those circumstances where the INS has, at any given time, more than 130 minors eligible for placement in a licensed program under Paragraph 19, including those who have been so placed or are awaiting such placement.

- C. In preparation for an "emergency" or "influx," as described in Subparagraph B, the INS shall have a written plan that describes the reasonable efforts that it will take to place all minors as expeditiously as possible. This plan shall include the identification of 80 beds that are potentially available for INS placements and that are licensed by an appropriate State agency to provide residential, group, or foster care services for dependent children. The plan, without identification of the additional beds available, is attached as Exhibit 3. The INS shall not be obligated to fund these additional beds on an ongoing basis. The INS shall update this listing of additional beds on a quarterly basis and provide Plaintiffs' counsel with a copy of this listing.
- 13. If a reasonable person would conclude that an alien detained by the INS is an adult despite his claims to be a minor, the INS shall treat the person as an adult for all purposes, including confinement and release on bond or recognizance. The INS may require the alien to submit to a medical or dental examination conducted by a medical professional or to submit to other appropriate procedures to verify his or her age. If the INS subsequently determines that such an individual is a minor, he or she will be treated as a minor in accordance with this Agreement for all purposes.

VI GENERAL POLICY FAVORING RELEASE

14. Where the INS determines that the detention of the minor is not required either to secure his or her timely appearance before the INS or the immigration court, or to ensure the minor's safety or that

of others, the INS shall release a minor from its custody without unnecessary delay, in the following order of preference, to:

- A. a parent;
- B. a legal guardian;
- C. an adult relative (brother, sister, aunt, uncle, or grandparent);
- D. an adult individual or entity designated by the parent or legal guardian as capable and willing to care for the minor's well-being in (i) a declaration signed under penalty of perjury before an immigration or consular officer or (ii) such other document(s) that establish(es) to the satisfaction of the INS, in its discretion, the affiant's paternity or guardianship;
- E. a licensed program willing to accept legal custody; or
- F. an adult individual or entity seeking custody, in the discretion of the INS, when it appears that there is no other likely alternative to long term detention and family reunification does not appear to be a reasonable possibility.
- 15. Before a minor is released from INS custody pursuant to Paragraph 14 above, the custodian must execute an Affidavit of Support (Form I-134) and an agreement to:
 - A. provide for the minor's physical, mental, and financial well-being;
 - B. ensure the minor's presence at all future proceedings before the INS and the immigration court;
 - C. notify the INS of any change of address within five (5) days following a move;
 - D. in the case of custodians other than parents or legal guardians, not transfer custody of the minor to another party without the prior written permission of the District Director;

- E. notify the INS at least five days prior to the custodian's departing the United States of such departure, whether the departure is voluntary or pursuant to a grant of voluntary departure or order of deportation; and
- F. if dependency proceedings involving the minor are initiated, notify the INS of the initiation of such proceedings and the dependency court of any immigration proceedings pending against the minor.

In the event of an emergency, a custodian may transfer temporary physical custody of a minor prior to securing permission from the INS but shall notify the INS of the transfer as soon as is practicable thereafter, but in all cases within 72 hours. For purposes of this paragraph, examples of an "emergency" shall include the serious illness of the custodian, destruction of the home, etc. In all cases where the custodian, in writing, seeks written permission for a transfer, the District Director shall promptly respond to the request.

- 16. The INS may terminate the custody arrangements and assume legal custody of any minor whose custodian fails to comply with the agreement required under Paragraph 15. The INS, however, shall not terminate the custody arrangements for minor violations of that part of the custodial agreement outlined at Subparagraph 15.C above.
- 17. A positive suitability assessment may be required prior to release to any individual or program pursuant to Paragraph 14. A suitability assessment may include such components as an investigation of the living conditions in which the minor would be placed and the standard of care he would receive, verification of identity and employment of the individuals offering support, interviews of members of the household, and a home visit. Any such assessment should also take into consideration the wishes and concerns of the minor.

18. Upon taking a minor into custody, the INS, or the licensed program in which the minor is placed, shall make and record the prompt and continuous efforts on its part toward family reunification and the release of the minor pursuant to Paragraph 14 above. Such efforts at family reunification shall continue so long as the minor is in INS custody.

VII INS CUSTODY

- 19. In any case in which the INS does not release a minor pursuant to Paragraph 14, the minor shall remain in INS legal custody. Except as provided in Paragraphs 12 or 21, such minor shall be placed temporarily in a licensed program until such time as release can be effected in accordance with Paragraph 14 above or until the minor's immigration proceedings are concluded, whichever occurs earlier. All minors placed in such a licensed program remain in the legal custody of the INS and may only be transferred or released under the authority of the INS; provided, however, that in the event of an emergency a licensed program may transfer temporary physical custody of a minor prior to securing permission from the INS but shall notify the INS of the transfer as soon as is practicable thereafter, but in all cases within 8 hours.
- 20. Within 60 days of final court approval of this Agreement, the INS shall authorize the United States Department of Justice Community Relations Service to publish in the Commerce

 Business Daily and/or the Federal Register a Program Announcement to solicit proposals for the care of 100 minors in licensed programs.
- 21. A minor may be held in or transferred to a suitable State or county juvenile detention facility or a secure INS detention facility, or INS-contracted facility, having separate accommodations for minors whenever the District Director or Chief Patrol Agent determines that the minor:
 - A. has been charged with, is chargeable, or has been convicted of a crime, or is the subject

of delinquency proceedings, has been adjudicated delinquent, or is chargeable with a delinquent act; provided, however, that this provision shall not apply to any minor whose offense(s) fall(s) within either of the following categories:

- Isolated offenses that (1) were not within a pattern or practice of criminal activity
 and (2) did not involve violence against a person or the use or carrying of a weapon
 (Examples: breaking and entering, vandalism, DUI, etc. This list is not
 exhaustive.);
- ii. Petty offenses, which are not considered grounds for stricter means of detention in any case (Examples: shoplifting, joy riding, disturbing the peace, etc. This list is not exhaustive.);

As used in this paragraph, "chargeable" means that the INS has probable cause to believe that the individual has committed a specified offense;

- B. has committed, or has made credible threats to commit, a violent or malicious act (whether directed at himself or others) while in INS legal custody or while in the presence of an INS officer;
- has engaged, while in a licensed program, in conduct that has proven to be unacceptably disruptive of the normal functioning of the licensed program in which he or she has been placed and removal is necessary to ensure the welfare of the minor or others, as determined by the staff of the licensed program (Examples: drug or alcohol abuse, stealing, fighting, intimidation of others, etc. This list is not exhaustive.);
- D. is an escape-risk; or
- E. must be held in a secure facility for his or her own safety, such as when the INS has

reason to believe that a smuggler would abduct or coerce a particular minor to secure payment of smuggling fees.

- 22. The term "escape-risk" means that there is a serious risk that the minor will attempt to escape from custody. Factors to consider when determining whether a minor is an escape-risk or not include, but are not limited to, whether:
 - A. the minor is currently under a final order of deportation or exclusion;
 - B. the minor's immigration history includes: a prior breach of a bond; a failure to appear before the INS or the immigration court; evidence that the minor is indebted to organized smugglers for his transport; or a voluntary departure or a previous removal from the United States pursuant to a final order of deportation or exclusion;
 - C. the minor has previously absconded or attempted to abscond from INS custody.
- 23. The INS will not place a minor in a secure facility pursuant to Paragraph 21 if there are less restrictive alternatives that are available and appropriate in the circumstances, such as transfer to (a) a medium security facility which would provide intensive staff supervision and counseling services or (b) another licensed program. All determinations to place a minor in a secure facility will be reviewed and approved by the regional juvenile coordinator.
- 24.A. A minor in deportation proceedings shall be afforded a bond redetermination hearing before an immigration judge in every case, unless the minor indicates on the Notice of Custody Determination form that he or she refuses such a hearing.
- B. Any minor who disagrees with the INS's determination to place that minor in a particular type of facility, or who asserts that the licensed program in which he or she has been placed does not comply with the standards set forth in Exhibit 1 attached hereto, may seek judicial review in any

United States District Court with jurisdiction and venue over the matter to challenge that placement determination or to allege noncompliance with the standards set forth in Exhibit 1. In such an action, the United States District Court shall be limited to entering an order solely affecting the individual claims of the minor bringing the action.

- C. In order to permit judicial review of Defendants' placement decisions as provided in this Agreement, Defendants shall provide minors not placed in licensed programs with a notice of the reasons for housing the minor in a detention or medium security facility. With respect to placement decisions reviewed under this paragraph, the standard of review for the INS's exercise of its discretion shall be the abuse of discretion standard of review. With respect to all other matters for which this paragraph provides judicial review, the standard of review shall be *de novo* review.
- D. The INS shall promptly provide each minor not released with (a) INS Form I-770, (b) an explanation of the right of judicial review as set out in Exhibit 6, and (c) the list of free legal services available in the district pursuant to INS regulations (unless previously given to the minor).
- E. Exhausting the procedures established in Paragraph 37 of this Agreement shall not be a precondition to the bringing of an action under this paragraph in any United District Court. Prior to initiating any such action, however, the minor and/or the minors' attorney shall confer telephonically or in person with the United States Attorney's office in the judicial district where the action is to be filed, in an effort to informally resolve the minor's complaints without the need of federal court intervention.

VIII TRANSPORTATION OF MINORS

- 25. Unaccompanied minors arrested or taken into custody by the INS should not be transported by the INS in vehicles with detained adults except:
 - A. when being transported from the place of arrest or apprehension to an INS office, or

- B. where separate transportation would be otherwise impractical.
- When transported together pursuant to Clause B, minors shall be separated from adults. The INS shall take necessary precautions for the protection of the well-being of such minors when transported with adults.
- 26. The INS shall assist without undue delay in making transportation arrangements to the INS office nearest the location of the person or facility to whom a minor is to be released pursuant to Paragraph 14. The INS may, in its discretion, provide transportation to minors.

IX TRANSFER OF MINORS

27. Whenever a minor is transferred from one placement to another, the minor shall be transferred with all of his or her possessions and legal papers; provided, however, that if the minor's possessions exceed the amount permitted normally by the carrier in use, the possessions will be shipped to the minor in a timely manner. No minor who is represented by counsel shall be transferred without advance notice to such counsel, except in unusual and compelling circumstances such as where the safety of the minor or others is threatened or the minor has been determined to be an escape-risk, or where counsel has waived such notice, in which cases notice shall be provided to counsel within 24 hours following transfer.

X MONITORING AND REPORTS

28A. An INS Juvenile Coordinator in the Office of the Assistant Commissioner for Detention and Deportation shall monitor compliance with the terms of this Agreement and shall maintain an up-to-date record of all minors who are placed in proceedings and remain in INS custody for longer than 72 hours. Statistical information on such minors shall be collected weekly from all INS district offices and Border Patrol stations. Statistical information will include at least the following: (1)

biographical information such as each minor's name, date of birth, and country of birth, (2) date placed in INS custody, (3) each date placed, removed or released, (4) to whom and where placed, transferred, removed or released, (5) immigration status, and (6) hearing dates. The INS, through the Juvenile Coordinator, shall also collect information regarding the reasons for every placement of a minor in a detention facility or medium security facility.

- B. Should Plaintiffs' counsel have reasonable cause to believe that a minor in INS legal custody should have been released pursuant to Paragraph 14, Plaintiffs' counsel may contact the Juvenile Coordinator to request that the Coordinator investigate the case and inform Plaintiffs' counsel of the reasons why the minor has not been released.
- 29. On a semi-annual basis, until two years after the court determines, pursuant to Paragraph 31, that the INS has achieved substantial compliance with the terms of this Agreement, the INS shall provide to Plaintiffs' counsel the information collected pursuant to Paragraph 28, as permitted by law, and each INS policy or instruction issued to INS employees regarding the implementation of this Agreement. In addition, Plaintiffs' counsel shall have the opportunity to submit questions, on a semi-annual basis, to the Juvenile Coordinator in the Office of the Assistant Commissioner for Detention and Deportation with regard to the implementation of this Agreement and the information provided to Plaintiffs' counsel during the preceding six-month period pursuant to Paragraph 28. Plaintiffs' counsel shall present such questions either orally or in writing, at the option of the Juvenile Coordinator. The Juvenile Coordinator shall furnish responses, either orally or in writing at the option of Plaintiffs' counsel, within 30 days of receipt.
- 30. On an annual basis, commencing one year after final court approval of this Agreement, the INS Juvenile Coordinator shall review, assess, and report to the court regarding compliance with the

terms of this Agreement. The Coordinator shall file these reports with the court and provide copies to the parties, including the final report referenced in Paragraph 35, so that they can submit comments on the report to the court. In each report, the Coordinator shall state to the court whether or not the INS is in substantial compliance with the terms of this Agreement, and, if the INS is not in substantial compliance, explain the reasons for the lack of compliance. The Coordinator shall continue to report on an annual basis until three years after the court determines that the INS has achieved substantial compliance with the terms of this Agreement.

31. One year after the court's approval of this Agreement, the Defendants may ask the court to determine whether the INS has achieved substantial compliance with the terms of this Agreement.

XI ATTORNEY-CLIENT VISITS

- 32.A. Plaintiffs' counsel are entitled to attorney-client visits with class members even though they may not have the names of class members who are housed at a particular location. All visits shall occur in accordance with generally applicable policies and procedures relating to attorney-client visits at the facility in question. Upon Plaintiffs' counsel's arrival at a facility for attorney-client visits, the facility staff shall provide Plaintiffs' counsel with a list of names and alien registration numbers for the minors housed at that facility. In all instances, in order to memorialize any visit to a minor by Plaintiffs' counsel must file a notice of appearance with the INS prior to any attorney-client meeting. Plaintiffs' counsel may limit any such notice of appearance to representation of the minor in connection with this Agreement. Plaintiffs' counsel must submit a copy of the notice of appearance by hand or by mail to the local INS juvenile coordinator and a copy by hand to the staff of the facility.
 - B. Every six months, Plaintiffs' counsel shall provide the INS with a list of those attorneys who

may make such attorney-client visits, as Plaintiffs' counsel, to minors during the following six month period. Attorney-client visits may also be conducted by any staff attorney employed by the Center for Human Rights & Constitutional Law in Los Angeles, California or the National Center for Youth Law in San Francisco, California, provided that such attorney presents credentials establishing his or her employment prior to any visit.

- C. Agreements for the placement of minors in non-INS facilities shall permit attorney-client visits, including by class counsel in this case.
- D. Nothing in Paragraph 32 shall affect a minor's right to refuse to meet with Plaintiffs' counsel. Further, the minor's parent or legal guardian may deny Plaintiffs' counsel permission to meet with the minor.

XII FACILITY VISITS

33. In addition to the attorney-client visits permitted pursuant to Paragraph 32, Plaintiffs' counsel may request access to any licensed program's facility in which a minor has been placed pursuant to Paragraph 19 or to any medium security facility or detention facility in which a minor has been placed pursuant to Paragraphs 21 or 23. Plaintiffs' counsel shall submit a request to visit a facility under this paragraph to the INS district juvenile coordinator who will provide reasonable assistance to Plaintiffs' counsel by conveying the request to the facility's staff and coordinating the visit. The rules and procedures to be followed in connection with any visit approved by a facility under this paragraph are set forth in Exhibit 4 attached, except as may be otherwise agreed by Plaintiffs' counsel and the facility's staff. In all visits to any facility pursuant to this Agreement, Plaintiffs' counsel and their associated experts shall treat minors and staff with courtesy and dignity and shall not disrupt the normal functioning of the facility.

XIII TRAINING

34. Within 120 days of final court approval of this Agreement, the INS shall provide appropriate guidance and training for designated INS employees regarding the terms of this Agreement. The INS shall develop written and/or audio or video materials for such training. Copies of such written and/or audio or video training materials shall be made available to Plaintiffs' counsel when such training materials are sent to the field, or to the extent practicable, prior to that time.

XIV DISMISSAL

35. After the court has determined that the INS is in substantial compliance with this Agreement and the Coordinator has filed a final report, the court, without further notice, shall dismiss this action. Until such dismissal, the court shall retain jurisdiction over this action.

XV RESERVATION OF RIGHTS

36. Nothing in this Agreement shall limit the rights, if any, of individual class members to preserve issues for judicial review in the appeal of an individual case or for class members to exercise any independent rights they may otherwise have.

XVI NOTICE AND DISPUTE RESOLUTION

37. This paragraph provides for the enforcement, in this District Court, of the provisions of this Agreement except for claims brought under Paragraph 24. The parties shall meet telephonically or in person to discuss a complete or partial repudiation of this Agreement or any alleged non-compliance with the terms of the Agreement, prior to bringing any individual or class action to enforce this Agreement. Notice of a claim that a party has violated the terms of this Agreement shall be served on plaintiffs addressed to:

111

CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW
Carlos Holguín
Peter A. Schey
256 South Occidental Boulevard
Los Angeles, CA 90057

NATIONAL CENTER FOR YOUTH LAW Alice Bussiere James Morales 114 Sansome Street, Suite 905 San Francisco, CA 94104

and on Defendants addressed to:

Michael Johnson Assistant United States Attorney 300 N. Los Angeles St., Rm. 7516 Los Angeles, CA 90012

Allen Hausman
Office of Immigration Litigation
Civil Division
U.S. Department of Justice
P.O. Box 878, Ben Franklin Station
Washington, DC 20044

XVII PUBLICITY

38. Plaintiffs and Defendants shall hold a joint press conference to announce this Agreement. The INS shall send copies of this Agreement to social service and voluntary agencies agreed upon by the parties, as set forth in Exhibit 5 attached. The parties shall pursue such other public dissemination of information regarding this Agreement as the parties shall agree.

XVIII ATTORNEYS' FEES AND COSTS

39. Within 60 days of final court approval of this Agreement, Defendants shall pay to Plaintiffs the total sum of \$374,110.09, in full settlement of all attorneys' fees and costs in this case.

111

XIX TERMINATION

40. All terms of this Agreement shall terminate the earlier of five years after the date of final court approval of this Agreement or three years after the court determines that the INS is in substantial compliance with this Agreement, except that the INS shall continue to house the general population of minors in INS custody in facilities that are licensed for the care of dependent minors.

XX REPRESENTATIONS AND WARRANTY

41. Counsel for the respective parties, on behalf of themselves and their clients, represent that they know of nothing in this Agreement that exceeds the legal authority of the parties or is in violation of any law. Defendants' counsel represent and warrant that they are fully authorized and empowered to enter into this Agreement on behalf of the Attorney General, the United States Department of Justice, and the Immigration and Naturalization Service, and acknowledge that Plaintiffs enter into this Agreement in reliance on such representation. Plaintiffs' counsel represent and warrant that they are fully authorized and empowered to enter into this Agreement on behalf of the Plaintiffs, and acknowledge that Defendants enter into this Agreement in reliance on such representation. The undersigned, by their signatures on behalf of the Plaintiffs and Defendants, warrant that upon execution of this Agreement in their representative capacities, their principals, agents, and successors of such principals and agents shall be fully and unequivocally bound hereunder to the full extent authorized by

law.		
For Defendants:	Signed: Louis Meissaer	Title:_Commissioner, INS
	Dated: 9/16/96	
For Plaintiffs:	Signed: per next page	Title:
	Dated:	

The foregoing stipulated settlement is approved as to form and content:

CENTER FOR HUMAN RIGHTS AND CONSTITUTIONAL LAW Carlos Holguin Peter Schey

NATIONAL CENTER FOR YOUTH LAW Alice Bussiere James Morales

ACLU FOUNDATION OF SOUTHERN CALIFORNIA Mark Rosenbaum Sylvia Argueta

STEICH LANG

Susan G. Boswell

Jeffery Willis

Date: 1/13/97

Date: 11/13/96

EXHIBIT 1

MINIMUM STANDARDS FOR LICENSED PROGRAMS

- A. Licensed programs shall comply with all applicable state child welfare laws and regulations and all state and local building, fire, health and safety codes and shall provide or arrange for the following services for each minor in its care:
 - Proper physical care and maintenance, including suitable living accommodations, food,
 appropriate clothing, and personal grooming items.
 - 2. Appropriate routine medical and dental care, family planning services, and emergency health care services, including a complete medical examination (including screening for infectious disease) within 48 hours of admission, excluding weekends and holidays, unless the minor was recently examined at another facility; appropriate immunizations in accordance with the U.S. Public Health Service (PHS), Center for Disease Control; administration of prescribed medication and special diets; appropriate mental health interventions when necessary.
 - An individualized needs assessment which shall include: (a) various initial intake forms;

 (b) essential data relating to the identification and history of the minor and family; (c) identification of the minors' special needs including any specific problem(s) which appear to require immediate intervention; (d) an educational assessment and plan; (e) an assessment of family relationships and interaction with adults, peers and authority figures; (f) a statement of religious preference and practice; (g) an assessment of the minor's personal goals, strengths and weaknesses; and (h) identifying information regarding immediate family members, other relatives, godparents or friends who may be

- residing in the United States and may be able to assist in family reunification.
- 4. Educational services appropriate to the minor's level of development, and communication skills in a structured classroom setting, Monday through Friday, which concentrates primarily on the development of basic academic competencies and secondarily on English Language Training (ELT). The educational program shall include instruction and educational and other reading materials in such languages as needed. Basic academic areas should include Science, Social Studies, Math, Reading, Writing and Physical Education. The program shall provide minors with appropriate reading materials in languages other than English for use during the minor's leisure time.
- Activities according to a recreation and leisure time plan which shall include daily outdoor activity, weather permitting, at least one hour per day of large muscle activity and one hour per day of structured leisure time activities (this should not include time spent watching television). Activities should be increased to a total of three hours on days when school is not in session.
- At least one (1) individual counseling session per week conducted by trained social work staff with the specific objectives of reviewing the minor's progress, establishing new short term objectives, and addressing both the developmental and crisis-related needs of each minor.
- 7. Group counseling sessions at least twice a week. This is usually an informal process and takes place with all the minors present. It is a time when new minors are given the opportunity to get acquainted with the staff, other children, and the rules of the program. It is an open forum where everyone gets a chance to speak. Daily program management

- is discussed and decisions are made about recreational activities, etc. It is a time for staff and minors to discuss whatever is on their minds and to resolve problems.
- 8. Acculturation and adaptation services which include information regarding the development of social and inter-personal skills which contribute to those abilities necessary to live independently and responsibly.
- 9. Upon admission, a comprehensive orientation regarding program intent, services, rules (written and verbal), expectations and the availability of legal assistance.
- 10. Whenever possible, access to religious services of the minor's choice.
- Visitation and contact with family members (regardless of their immigration status) which is structured to encourage such visitation. The staff shall respect the minor's privacy while reasonably preventing the unauthorized release of the minor.
- 12. A reasonable right to privacy, which shall include the right to: (a) wear his or her own clothes, when available; (b) retain a private space in the residential facility, group or foster home for the storage of personal belongings; (c) talk privately on the phone, as permitted by the house rules and regulations; (d) visit privately with guests, as permitted by the house rules and regulations; and (e) receive and send uncensored mail unless there is a reasonable belief that the mail contains contraband.
- 13. Family reunification services designed to identify relatives in the United States as well as in foreign countries and assistance in obtaining legal guardianship when necessary for the release of the minor.
- 14. Legal services information regarding the availability of free legal assistance, the right to be represented by counsel at no expense to the government, the right to a deportation or

exclusion hearing before an immigration judge, the right to apply for political asylum or to request voluntary departure in lieu of deportation.

- B. Service delivery is to be accomplished in a manner which is sensitive to the age, culture, native language and the complex needs of each minor.
- C. Program rules and discipline standards shall be formulated with consideration for the range of ages and maturity in the program and shall be culturally sensitive to the needs of alien minors.

 Minors shall not be subjected to corporal punishment, humiliation, mental abuse, or punitive interference with the daily functions of living, such as eating or sleeping. Any sanctions employed shall not: (1) adversely affect either a minor's health, or physical or psychological well-being; or (2) deny minors regular meals, sufficient sleep, exercise, medical care, correspondence privileges, or legal assistance.
- D. A comprehensive and realistic individual plan for the care of each minor must be developed in accordance with the minor's needs as determined by the individualized need assessment. Individual plans shall be implemented and closely coordinated through an operative case management system.
- E. Programs shall develop, maintain and safeguard individual client case records. Agencies and organizations are required to develop a system of accountability which preserves the confidentiality of client information and protects the records from unauthorized use or disclosure.
- F. Programs shall maintain adequate records and make regular reports as required by the INS that permit the INS to monitor and enforce this order and other requirements and standards as the INS may determine are in the best interests of the minors.

EXHIBIT 2

INSTRUCTIONS TO SERVICE OFFICERS RE: PROCESSING, TREATMENT, AND PLACEMENT OF MINORS

These instructions are to advise Service officers of INS policy regarding the way in which minors in INS custody are processed, housed and released. These instructions are applicable nationwide and supersede all prior inconsistent instructions regarding minors.

(a) Minors. A minor is a person under the age of eighteen years. However, individuals who have been "emancipated" by a state court or convicted and incarcerated for a criminal offense as an adult are not considered minors. Such individuals must be treated as adults for all purposes, including confinement and release on bond.

Similarly, if a reasonable person would conclude that an individual is an adult despite his claims to be a minor, the INS shall treat such person as an adult for all purposes, including confinement and release on bond or recognizance. The INS may require such an individual to submit to a medical or dental examination conducted by a medical professional or to submit to other appropriate procedures to verify his or her age. If the INS subsequently determines that such an individual is a minor, he or she will be treated as a minor for all purposes.

- (b) General policy. The INS treats, and will continue to treat minors with dignity, respect and special concern for their particular vulnerability. INS policy is to place each detained minor in the least restrictive setting appropriate to the minor's age and special needs, provided that such setting is consistent with the need to ensure the minor's timely appearance and to protect the minor's well-being and that of others. INS officers are not required to release a minor to any person or agency whom they have reason to believe may harm or neglect the minor or fail to present him or her before the INS or the immigration courts when requested to do so.
- (c) Processing. The INS will expeditiously process minors and will provide a Form I-770 notice of rights, including the right to a bond redetermination hearing, if applicable.

Following arrest, the INS will hold minors in a facility that is safe and sanitary and that is consistent with the INS's concern for the particular vulnerability of minors. Such facilities will have access to toilets and sinks, drinking water and food as appropriate, medical assistance if the minor is in need of emergency services, adequate temperature control and ventilation, adequate supervision to protect minors from others, and contact with family members who were arrested with the minor. The INS will separate unaccompanied minors from unrelated adults whenever possible. Where such segregation is not immediately possible, an unaccompanied minor will not be detained with an unrelated adult for more than 24 hours.

If the juvenile cannot be immediately released, and no licensed program (described below) is available to care for him, he should be placed in an INS or INS-contract facility that has separate accommodations for minors, or in a State or county juvenile detention facility that separates minors in

INS custody from delinquent offenders. The INS will make every effort to ensure the safety and well-being of juveniles placed in these facilities.

- (d) Release. The INS will release minors from its custody without unnecessary delay, unless detention of a juvenile is required to secure her timely appearance or to ensure the minor's safety or that of others. Minors shall be released, in the following order of preference, to:
 - (i) a parent;
 - (ii) a legal guardian;
 - (iii) an adult relative (brother, sister, aunt, uncle, or grandparent);
 - (iv) an adult individual or entity designated by the parent or legal guardian as capable and willing to care for the minor's well-being in (i) a declaration signed under penalty of perjury before an immigration or consular officer, or (ii) such other documentation that establishes to the satisfaction of the INS, in its discretion, that the individual designating the individual or entity as the minor's custodian is in fact the minor's parent or guardian;
 - (v) a state-licensed juvenile shelter, group home, or foster home willing to accept legal custody; or
 - (vi) an adult individual or entity seeking custody, in the discretion of the INS, when it appears that there is no other likely alternative to long term detention and family reunification does not appear to be a reasonable possibility.
- (e) Certification of custodian. Before a minor is released, the custodian must execute an Affidavit of Support (Form I-134) and an agreement to:
 - (i) provide for the minor's physical, mental, and financial well-being;
 - (ii) ensure the minor's presence at all future proceedings before the INS and the immigration court;
 - (iii) notify the INS of any change of address within five (5) days following a move;
 - (iv) if the custodian is not a parent or legal guardian, not transfer custody of the minor to another party without the prior written permission of the District Director, except in the event of an emergency;
 - (v) notify the INS at least five days prior to the custodian's departing the United States of such departure, whether the departure is voluntary or pursuant to a grant of voluntary departure or order of deportation; and

(vi) if dependency proceedings involving the minor are initiated, notify the INS of the initiation of a such proceedings and the dependency court of any deportation proceedings pending against the minor.

In an emergency, a custodian may transfer temporary physical custody of a minor prior to securing permission from the INS, but must notify the INS of the transfer as soon as is practicable, and in all cases within 72 hours. Examples of an "emergency" include the serious illness of the custodian, destruction of the home, etc. In all cases where the custodian seeks written permission for a transfer, the District Director shall promptly respond to the request.

The INS may terminate the custody arrangements and assume legal custody of any minor whose custodian fails to comply with the agreement. However, custody arrangements will not be terminated for minor violations of the custodian's obligation to notify the INS of any change of address within five days following a move.

- (f) Suitability assessment. An INS officer may require a positive suitability assessment prior to releasing a minor to any individual or program. A suitability assessment may include an investigation of the living conditions in which the minor is to be placed and the standard of care he would receive, verification of identity and employment of the individuals offering support, interviews of members of the household, and a home visit. The assessment will also take into consideration the wishes and concerns of the minor.
- (g) Family reunification. Upon taking a minor into custody, the INS, or the licensed program in which the minor is placed, will promptly attempt to reunite the minor with his or her family to permit the release of the minor under Paragraph (d) above. Such efforts at family reunification will continue as long as the minor is in INS or licensed program custody and will be recorded by the INS or the licensed program in which the minor is placed.
- (h) Placement in licensed programs. A "licensed program" is any program, agency or organization licensed by an appropriate state agency to provide residential, group, or foster care services for dependent children, including a program operating group homes, foster homes, or facilities for special needs minors. Exhibit 1 of the *Flores v. Reno* Settlement Agreement describes the standards required of licensed programs. Juveniles who remain in INS custody must be placed in a licensed program within three days if the minor was apprehended in an INS district in which a licensed program is located and has space available, or within five days in all other cases, except when:
 - (i) the minor is an escape risk or delinquent, as defined in Paragraph (i) below;
 - (ii) a court decree or court-approved settlement requires otherwise;
 - (iii) an emergency or influx of minors into the United States prevents compliance, in which case all minors should be placed in licensed programs as expeditiously as possible; or
 - (iv) the minor must be transported from remote areas for processing or speaks an unusual

language such that a special interpreter is required to process the minor, in which case the minor must be placed in a licensed program within five business days.

- (i) Secure and supervised detention. A minor may be held in or transferred to a State or county juvenile detention facility or in a secure INS facility or INS-contracted facility having separate accommodations for minors, whenever the District Director or Chief Patrol Agent determines that the minor
 - (i) has been charged with, is chargeable, or has been convicted of a crime, or is the subject of delinquency proceedings, has been adjudicated delinquent, or is chargeable with a delinquent act, unless the minor's offense is
 - (a) an isolated offense not within a pattern of criminal activity which did not involve violence against a person or the use or carrying of a weapon (Examples: breaking and entering, vandalism, DUI, etc.); or
 - (b) a petty offense, which is not considered grounds for stricter means of detention in any case (Examples: shoplifting, joy riding, disturbing the peace, etc.);
 - (ii) has committed, or has made credible threats to commit, a violent or malicious act (whether directed at himself or others) while in INS legal custody or while in the presence of an INS officer;
 - (iii) has engaged, while in a licensed program, in conduct that has proven to be unacceptably disruptive of the normal functioning of the licensed program in which he or she has been placed and removal is necessary to ensure the welfare of the minor or others, as determined by the staff of the licensed program (Examples: drug or alcohol abuse, stealing, fighting, intimidation of others, etc.);
 - (iv) is an escape-risk; or
 - (v) must be held in a secure facility for his or her own safety, such as when the INS has reason to believe that a smuggler would abduct or coerce a particular minor to secure payment of smuggling fees.

"Chargeable" means that the INS has probable cause to believe that the individual has committed a specified offense.

The term "escape-risk" means that there is a serious risk that the minor will attempt to escape from custody. Factors to consider when determining whether a minor is an escape-risk or not include, but are not limited to, whether:

(a) the minor is currently under a final order of deportation or exclusion;

- (b) the minor's immigration history includes: a prior breach of a bond; a failure to appear before the INS or the immigration court; evidence that the minor is indebted to organized smugglers for his transport; or a voluntary departure or a previous removal from the United States pursuant to a final order of deportation or exclusion;
- (c) the minor has previously absconded or attempted to abscond from INS custody.

The INS will not place a minor in a State or county juvenile detention facility, secure INS detention facility, or secure INS-contracted facility if less restrictive alternatives are available and appropriate in the circumstances, such as transfer to a medium security facility that provides intensive staff supervision and counseling services or transfer to another licensed program. All determinations to place a minor in a secure facility will be reviewed and approved by the regional Juvenile Coordinator.

- (j) Notice of right to bond redetermination and judicial review of placement. A minor in deportation proceedings shall be afforded a bond redetermination hearing before an immigration judge in every case, unless the minor indicates on the Notice of Custody Determination form that he or she refuses such a hearing. A juvenile who is not released or placed in a licensed placement shall be provided (1) a written explanation of the right of judicial review as set out in Exhibit 6 of the *Flores v. Reno* Settlement Agreement, and (2) the list of free legal services providers compiled pursuant to INS regulations (unless previously given to the minor.
- (k) Transportation and transfer. Unaccompanied minors should not be transported in vehicles with detained adults except when being transported from the place of arrest or apprehension to an INS office or where separate transportation would be otherwise impractical, in which case minors shall be separated from adults. INS officers shall take all necessary precautions for the protection of minors during transportation with adults.

When a minor is to be released, the INS will assist him or her in making transportation arrangements to the INS office nearest the location of the person or facility to whom a minor is to be released. The INS may, in its discretion, provide transportation to such minors.

Whenever a minor is transferred from one placement to another, she shall be transferred with all of her possessions and legal papers; provided, however, that if the minor's possessions exceed the amount permitted normally by the carrier in use, the possessions must be shipped to the minor in a timely manner. No minor who is represented by counsel should be transferred without advance notice to counsel, except in unusual and compelling circumstances such as where the safety of the minor or others is threatened or the minor has been determined to be an escape-risk, or where counsel has waived notice, in which cases notice must be provided to counsel within 24 hours following transfer.

(I) Periodic reporting. Statistical information on minors placed in proceedings who remain in INS custody for longer than 72 hours must be reported to the Juvenile Coordinator by all INS district offices and Border Patrol stations. Information will include: (a) biographical information, including the minor's name, date of birth, and country of birth, (b) date placed in INS custody, (c) each date placed, removed or released, (d) to whom and where placed, transferred, removed or released, (e) immigration

status, and (f) hearing dates. INS officers should also inform the Juvenile Coordinator of the reasons for placing a minor in a medium-security facility or detention facility as described in paragraph (i).

(m) Attorney-client visits by Plaintiffs' counsel. The INS will permit the lawyers for the Flores v. Reno plaintiff class to visit minors, even though they may not have the names of minors who are housed at a particular location. A list of Plaintiffs' counsel entitled to make attorney-client visits with minors is available from the district Juvenile Coordinator. Attorney-client visits may also be conducted by any staff attorney employed by the Center for Human Rights & Constitutional Law of Los Angeles, California, or the National Center for Youth Law of San Francisco, California, provided that such attorney presents credentials establishing his or her employment prior to any visit.

Visits must occur in accordance with generally applicable policies and procedures relating to attorney-client visits at the facility in question. Upon Plaintiffs' counsel's arrival at a facility for attorney-client visits, the facility staff must provide Plaintiffs' counsel with a list of names and alien registration numbers for the minors housed at that facility. In all instances, in order to memorialize any visit to a minor by Plaintiffs' counsel, Plaintiffs' counsel must file a notice of appearance with the INS prior to any attorney-client meeting. Plaintiffs' counsel may limit the notice of appearance to representation of the minor in connection with his placement or treatment during INS custody. Plaintiffs' counsel must submit a copy of the notice of appearance by hand or by mail to the local INS juvenile coordinator and a copy by hand to the staff of the facility.

A minor may refuse to meet with Plaintiffs' counsel. Further, the minor's parent or legal guardian may deny Plaintiffs' counsel permission to meet with the minor.

(n) Visits to licensed facilities. In addition to the attorney-client visits, Plaintiffs' counsel may request access to a licensed program's facility (described in paragraph (h)) or to a medium-security facility or detention facility (described in paragraph (i)) in which a minor has been placed. The district juvenile coordinator will convey the request to the facility's staff and coordinate the visit. The rules and procedures to be followed in connection with such visits are set out in Exhibit 4 of the Flores v. Reno Settlement Agreement, unless Plaintiffs' counsel and the facility's staff agree otherwise. In all visits to any facility, Plaintiffs' counsel and their associated experts must treat minors and staff with courtesy and dignity and must not disrupt the normal functioning of the facility.

EXHIBIT 3

CONTINGENCY PLAN

In the event of an emergency or influx that prevents the prompt placement of minors in licensed programs with which the Community Relations Service has contracted, INS policy is to make all reasonable efforts to place minors in programs licensed by an appropriate state agency as expeditiously as possible. An "emergency" is an act or event, such as a natural disaster (e.g. earthquake, fire, hurricane), facility fire, civil disturbance, or medical emergency (e.g. a chicken pox epidemic among a group of minors) that prevents the prompt placement of minors in licensed facilities. An "influx" is defined as any situation in which there are more than 130 minors in the custody of the INS who are eligible for placement in licensed programs.

- 1. The Juvenile Coordinator will establish and maintain an Emergency Placement List of at least 80 beds at programs licensed by an appropriate state agency that are potentially available to accept emergency placements. These 80 placements would supplement the 130 placements that the INS normally has available, and whenever possible, would meet all standards applicable to juvenile placements the INS normally uses. The Juvenile Coordinator may consult with child welfare specialists, group home operators, and others in developing the List. The Emergency Placement List will include the facility name; the number of beds potentially available at the facility; the name and telephone number of contact persons; the name and telephone number of contact persons for nights, holidays, and weekends if different; any restrictions on minors accepted (e.g. age); and any special services that are available.
- 2. The Juvenile Coordinator will maintain a list of minors affected by the emergency or influx, including (1) the minor's name, (2) date and country of birth, (3) date placed in INS custody, and (4)

place and date of current placement.

- 3. Within one business day of the emergency or influx the Juvenile Coordinator or his or her designee will contact the programs on the Emergency Placement List to determine available placements. As soon as available placements are identified, the Juvenile Coordinator will advise appropriate INS staff of their availability. To the extent practicable, the INS will attempt to locate emergency placements in geographic areas where culturally and linguistically appropriate community services are available.
- 4. In the event that the number of minors needing emergency placement exceeds the available appropriate placements on the Emergency Placement List, the Juvenile Coordinator will work with the Community Relations Service to locate additional placements through licensed programs, county social services departments, and foster family agencies.
- 5. Each year the INS will reevaluate the number of regular placements needed for detained minors to determine whether the number of regular placements should be adjusted to accommodate an increased or decreased number of minors eligible for placement in licensed programs. However, any decision to increase the number of placements available shall be subject to the availability of INS resources. The Juvenile Coordinator shall promptly provide Plaintiffs' counsel with any reevaluation made by INS pursuant to this paragraph.
- 6. The Juvenile Coordinator shall provide to Plaintiffs' counsel copies of the Emergency Placement List within six months after the court's final approval of the Settlement Agreement.

EXHIBIT 4

AGREEMENT CONCERNING FACILITY VISITS UNDER PARAGRAPH 33

The purpose of facility visits under paragraph 33 is to interview class members and staff and to observe conditions at the facility. Visits under paragraph 33 shall be conducted in accordance with the generally applicable policies and procedures of the facility to the extent that those policies and procedures are consistent with this Exhibit.

Visits authorized under paragraph 33 shall be scheduled no less than seven (7) business days in advance. The names, positions, credentials, and professional association (e.g., Center for Human Rights and Constitutional Law) of the visitors will be provided at that time.

All visits with class members shall take place during normal business hours.

No video recording equipment or cameras of any type shall be permitted. Audio recording equipment shall be limited to hand-held tape recorders.

The number of visitors will not exceed six (6) or, in the case of a family foster home, four (4), including interpreters, in any instance. Up to two (2) of the visitors may be non-attorney experts in juvenile justice and/or child welfare.

No visit will extend beyond three (3) hours per day in length. Visits shall minimize disruption to the routine that minors and staff follow.

EXHIBIT 5

LIST OF ORGANIZATIONS TO RECEIVE INFORMATION RE: SETTLEMENT AGREEMENT

Eric Cohen, Immig. Legal Resource Center, 1663 Mission St. Suite 602, San Francisco, CA 94103

Cecilia Munoz, Nat'l Council Of La Raza, 810 1st St. NE Suite 300, Washington, D.C. 20002

Susan Alva, Immig. & Citiz. Proj Director, Coalition For Humane Immig Rights of LA, 1521 Wilshire Blvd., Los Angeles, CA 90017

Angela Cornell, Albuquerque Border Cities Proj., Box 35895, Albuquerque, NM 87176-5895

Beth Persky, Executive Director, Centro De Asuntos Migratorios, 1446 Front Street, Suite 305, San Diego, CA 92101

Dan, Kesselbrenner, , National Lawyers Guild, National Immigration Project, 14 Beacon St.,#503, Boston, MA 02108

Lynn Marcus, SWRRP, 64 E. Broadway, Tucson, AZ 85701-1720

Maria Jimenez, , American Friends Service Cmte., ILEMP, 3522 Polk Street, Houston, TX 77003-4844

Wendy Young, , U.S. Cath. Conf., 3211 4th St. NE, , Washington, DC, 20017-1194

Miriam Hayward, International Institute Of The East Bay, 297 Lee Street, Oakland, CA 94610

Emily Goldfarb, , Coalition For Immigrant & Refugee Rights, 995 Market Street, Suite 1108 , San Francisco, CA 94103

Jose De La Paz, Director, California Immigrant Workers Association, 515 S. Shatto Place, Los Angeles, CA, 90020

Annie Wilson, LIRS, 390 Park Avenue South, First Asylum Concerns, New York, NY 10016

Stewart Kwoh, Asian Pacific American Legal Center, 1010 S. Flower St., Suite 302, Los Angeles, CA 90015

Warren Leiden, Executive Director, AILA, 1400 Eye St., N.W., Ste. 1200, Washington, DC, 20005

Frank Sharry, Nat'l Immig Ref & Citiz Forum, 220 I Street N.E., Ste. 220, Washington, D.C. 20002

Reynaldo Guerrero, Executive Director, Center For Immigrant's Rights, 48 St. Marks Place , New York, NY 10003

Charles Wheeler, National Immigration Law Center, 1102 S. Crenshaw Blvd., Suite 101 , Los Angeles, CA 90019

Deborah A. Sanders, Asylum & Ref. Rts Law Project, Washington Lawyers Comm., 1300 19th Street, N.W., Suite 500, Washington, D.C. 20036

Stanley Mark, Asian American Legal Def. & Ed. Fund, 99 Hudson St, 12th Floor, New York, NY 10013

Sid Mohn, Executive Director, Travelers & Immigrants Aid, 327 S. LaSalle Street, Suite 1500, Chicago, IL, 60604

Bruce Goldstein, Attornet At Law, Farmworker Justice Fund, Inc., 2001 S Street, N.W., Suite 210, Washington, DC 20009

Ninfa Krueger, Director, BARCA, 1701 N. 8th Street, Suite B-28, McAllen, TX 78501

John Goldstein, Proyecto San Pablo, PO Box 4596, Yuma, AZ 85364

Valerie Hink, Attorney At Law, Tucson Ecumenical Legal Assistance, P.O. Box 3007, Tucson, AZ 85702

Pamela Mohr, Executive Director, Alliance For Children's Rights, 3708 Wilshire Blvd. Suite 720, Los Angeles, CA 90010

Pamela Day, Child Welfare League Of America, 440 1st St. N.W., , Washington, DC 20001

Susan Lydon, Esq., Immigrant Legal Resource Center, 1663 Mission St. Ste 602, San Francisco, CA 94103

Patrick Maher, Juvenile Project, Centro De Asuntos Migratorios, 1446 Front Street, # 305, San Diego, CA 92101

Lorena Munoz, Staff Attorney, Legal Aid Foundation of LA-IRO, 1102 Crenshaw Blvd., Los Angeles, CA 90019

Christina Zawisza, Staff Attorney, Legal Services of Greater Miami, 225 N.E. 34th Street, Suite 300, Miami, FL 33137

Miriam Wright Edelman, Executive Director, Children's Defense Fund, 122 C Street N.W. 4th Floor, Washington, DC 20001

Rogelio Nunez, Executive Director, Proyecto Libertad, 113 N. First St., Harlingen, TX 78550

EXHIBIT 6 NOTICE OF RIGHT TO JUDICIAL REVIEW

"The INS usually houses persons under the age of 18 in an open setting, such as a foster or group home, and not in detention facilities. If you believe that you have not been properly placed or that you have been treated improperly, you may ask a federal judge to review your case. You may call a lawyer to help you do this. If you cannot afford a lawyer, you may call one from the list of free legal services given to you with this form."

1 PROOF OF SERVICE BY MAIL 2 I, Sonia Fuentes, declare and say as follows: 3 1. I am over the age of eighteen years and am not a party to this action. I am 4 employed in the County of Los Angeles, State of California. My business address is 256 5 South Occidental Boulevard, Los Angeles, California 90057, in said county and state. 6 2. On January ____, 1997, I served the attached STIPULATED SETTLEMENT AGREEMENT 7 on defendants in this proceeding by placing a true copy thereof in a sealed envelope 8 addressed to their attorneys of record as follows: 9 Mr. Michael Johnson Assistant U.S. Attorney 10 300 N. Los Angeles St. #7516 Los Angeles, CA 90012 11 and by then sealing said envelope and depositing the same, with postage thereon fully 12 prepaid, in the mail at Los Angeles, California; that there is regular delivery of mail between 13 the place of mailing and the place so addressed. 14 I declare under penalty of perjury that the foregoing is true and correct. 15 Executed this ___th day of January, 1997, at Los Angeles, California. 16 17 18 Janu punto 19 111 20 21 22 23 24 25 26 27 28

THOUSE CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW 1 MONTE 10 14 9:09 Carlos Holguín 2 Peter A Schey Charles Song 3 256 South Occidental Boulevard Los Angeles, CA 90057 Telephone: (213) 388-8693; Fax: (213) 386-9484 4 5 LATHAM & WATKINS Steven Schulman 6 555 Fleventh St., NW, Suite 1000 Washington, DC 20004 7 Telephone: (202) 637-2184 8 Of counsel: 9 YOUTH LAW CENTER 10 Alice Bussiere 417 Montgomery Street, Suite 900 San Francisco, CA 94104 11 Telephone: (415) 543-3379 x 3903 12 Attorneys for plaintiffs 13 14 UNITED STATES DISTRICT COURT 15 CENTRAL DISTRICT OF CALIFORNIA 16 JENNY LISETTE FLORES, et al., Case No. CV 85-4544-RJK(Px) 17 Plaintiffs, 18 STIPULATION EXTENDING SETTLEMENT AGREEMENT AND FOR 19 OTHER PURPOSES; AND ORDER -vs-THEREON 20 JANET RENO, Attorney General of the United States, et al. 21 Defendants 22 23 . / / 24 25 26 27 28

IT IS HEREBY STIPULATED by and between the parties as follows: 1. Paragraph 40 of the Stipulation filed herein on January 17, 1997, is modified to read as follows: "All terms of this Agreement shall terminate the earlier of five years after the date of final court approval of this Agreement or three years after the court determines that the INS is in substantial compliance with this Agreement, 45 days following defendants' publication of final regulations implementing this Agreement except that Notwithstanding the foregoing, the INS shall continue to house the general population of minors in INS custody in facilities that are state-licensed for the care of dependent minors." ///

1	2 For a period of six months from the date this Stipulation is filed, plaintiffs shall not				
2	initiate legal proceedings to compel publication of final regulations implementing this				
3	Agreement Plaintiffs agree to work with defendants cooperatively toward resolving				
4	disputes regarding compliance with the Settlement. The parties agree to confer regularly no				
5	less frequently than once monthly for the purpose of discussing the implementation of and				
6	compliance with the settlement agreement. However, nothing herein shall require plaintiffs				
7	to forebear legal action to compel compliance with this Agreement where plaintiff class				
s	members are suffering irreparable injury				
9	Dated: December 7, 2001.	CENTER FOR HUMAN RIGHTS & CONSTITUTION AL LAW			
10		Carlos Holguín			
11		Peter A Schey			
12		LATHAM & WATKINS Steven Schulman			
13		YOUTH LAW CENTER			
14		Alice Bussière			
15		(1/1/11/11			
16		Carlos Hølguín, for plaintiffs			
17	Dated: December 7, 2001	Arthur Strathern			
18		Office of the General Counsel U.S. Immigration & Naturalization Service			
19					
20		(1/1/1/1 to			
21		Arthur Strathern, for defendants Per fax authorization			
22		server i			
23	TUS SO ORDERED				
24	Dated: December2001				
25		UNTILD SEATES DISTRICT JUDGE			
20- 3-					
2-					
32					

2. For a period of six months from the date this Stipulation is filed, plaintiffs shall not					
initiate legal proceedings to compel publication of final regulations implementing this					
Agreement. Plaintiffs agree to work with defendants cooperatively toward resolving					
disputes regarding compliance with the Settlement. The parties agree to confer regularly no					
less frequently than once monthly for the purpose of discussing the implementation of and					
compliance with the settlement agreement. However, nothing herein shall require plaintiffs					
to forebear legal action to compel compliance with this Agreement where plaintiff class					
members are suffering irreparable injury					
Dated: December 7, 2001.	CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW Carlos Holguín Peter A. Schey				
	LAIHAM & WAIKINS Steven Schulman				
	YOUTH LAW CENTER Alice Bussiere				
	Carlos Holguin, for plaintiffs				
Dated: December 7, 2001.	Arthur Strathern Office of the General Counsel U.S. Immigration & Maturalization Service				
	Arthur Strathern, for defendants Per fax authorization				
It is so ordered					
Dated: December 7, 2001.	United States District Judge				

PROOF OF SERVICE BY MAIL

I, Carlos Holguin, declare and say as follows:

- 1 I am over the age of eighteen years and am not a party to this action. I am employed in the County of Los Angeles, State of California. My business address is 256 South Occidental Boulevard, Los Angeles, California 90057, in said county and state
- 2 On December 7, 2001, I served the attached STIPULATION on defendants in this proceeding by placing a true copy thereof in a sealed envelope addressed to their attorneys of record as follows:

Arthur Strathern
Office of the General Counsel
U.S. Immigration & Naturalization Service
425 I St. N.W.
Washington, DC 20536

and by then sealing said envelope and depositing the same, with postage thereon fully prepaid, in the mail at Los Angeles, California; that there is regular delivery of mail between the place of mailing and the place so addressed.

(-11111)

I declare under penalty of perjury that the foregoing is true and correct Executed this Huday of December, 2001, at Los Angeles, California

1 / /

Exhibit 38

1	Lee Gelernt*	Bardis V	Vakili (SBN 247783)
2	Judy Rabinovitz* Anand Balakrishnan*		FOUNDATION OF SAN & IMPERIAL COUNTIES
_	AMERICAN CIVIL LIBERTIES	P.O. Bo	x 87131
3	UNION FOUNDATION	San Die	go, CA 92138-7131 398-4485 232-0036
	125 Broad St., 18th Floor	T: (619)	398-4485
4	New York, NY 10004	F: (619)	232-0036
5	T: (212) 549-2660 F: (212) 549-2654	bvakili@	@aclusandiego.org
_	lgelernt@aclu.org	Stephen	B. Kang (SBN 292280)
6	jrabinovitz@aclu.org	Spencer	E. Amdur (SBN 320069)
7	abalakrishnan@aclu.org		CAN CIVIL LIBERTIES
7		UNION	FOUNDATION
8			nm Street
o	Attorneys for Petitioners-Plaintiffs		ncisco, CA 94111
9	*Admitted Pro Hac Vice		
	*Aатіпеа Pro Hac Vice) 343-1198
10) 395-0950
10			aclu.org
11		samdur	@aclu.org
12	UNITED STAT	ES DISTE	RICT COURT
	SOUTHERN DIS		
13		imer of	
14	Ms. L., et al.,		
15	Petitioners-Plaintiffs,		Case No. 18-cv-00428-DMS-MDD
	V.		
16	IIC In a Contain Fufamor		DECLARATION OF STEPHEN B.
	U.S. Immigration and Customs Enforce	ement	KANG
17	("ICE"), et al.,		
			CLASS ACTION
18	Respondents-Defendants.		
10			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			

1. I, Stephen B. Kang, 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:
- I am a Detention Attorney for the ACLU Immigrants' Rights Project, and a
 member of the State Bar of California. I am counsel for Plaintiffs in this case.
- Attached as Exhibit A is an April 20, 2018 article from the *New York Times* titled "Hundreds of Immigrant Children Have Been Taken from Parents at U.S.
- Border," available at https://www.nytimes.com/2018/04/20/us/immigrant-children-
- separation-ice.html. This article reported that government data showed that "more
- than 700 children have been taken from adults claiming to be their parents since
- October, including more than 100 children under the age of 4."
- 4. Attached as Exhibit B is a May 7, 2018 announcement from Attorney General
- Jefferson B. Sessions III, titled "U.S. Dep't of Justice, Attorney General Sessions
- Delivers Remarks to the Association of State Criminal Investigative Agencies 2018
- Spring Conference," available at https://www.justice.gov/opa/speech/attorney-
- general-sessions-delivers-remarks-association-state-criminal-investigative.
- 5. Attached as Exhibit C is a May 30, 2018, Los Angeles Times article titled
- "Trump's zero tolerance at U.S.-Mexico border is filling child shelters," available at
- 20 http://www.latimes.com/nation/la-na-trump-zero-tolerance-migrant-children-
- 21 20180530-

- story.html?utm_source=Recent%20Postings%20Alert&utm_medium=Email&utm_ca
- 23 mpaign=RP%20Daily. This article quotes a Customs and Border Protection official's
- testimony to the Senate Judiciary Committee, which confirmed that between May 6
- and May 19 alone, a total of 658 children were separated from their family members. 1
- The video of the relevant Senate Judiciary Committee hearing testimony is available at https://www.judiciary.senate.gov/meetings/tvpra-and-exploited-loopholes-affecting-
- unaccompanied-alien-children.

- 6. Attached as Exhibit D is a June 16, 2018, CNN article titled "2,000 children
- separated from parents at border," available at
- https://www.cnn.com/2018/06/15/politics/dhs-family-separation-numbers/index.htm.
- This article states that "[t]he US government has separated at least 2,000 children
- from parents at the border since implementing a policy that results in such family
- separations, the Department of Homeland Security confirmed Friday."
- 7. Attached as Exhibit E is a June 18, 2018, Associated Press article titled
- 8
 "Hundreds of Children Wait in Border Patrol Facility in Texas," available at
- https://www.apnews.com/9794de32d39d4c6f89fbefaea3780769.
- 8. Attached as Exhibit F is a June 19, 2018, Reuters article titled "Hurdles facing
- parents and children separated at U.S. border," available at
- https://www.reuters.com/article/us-usa-immigration-reunification-explain/hurdles-
- facing-parents-and-children-separated-at-us-border-idUSKBN1JF39I. This article
- reports that "[o]ver 2,300 children were separated from their parents at the U.S.-
- Mexico border between May 5 and June 9 under the Trump administration's 'zero
- tolerance' policy, U.S. Customs and Border Protection said "
- 9. Attached as Exhibit G is an Executive Order dated June 20, 2018, titled
- "Affording Congress an Opportunity to Address Family Separation."
- 20 10. Attached as Exhibit H is a DHS-HHS Fact Sheet titled "Zero-Tolerance
- 21 Prosecution and Family Reunification," available at
- https://www.dhs.gov/news/2018/06/23/fact-sheet-zero-tolerance-prosecution-and-
- 23 family-reunification.
- 24 11. Attached as Exhibit I is a June 14, 2018 Letter from Physicians for Human
- 25 Rights to Secretary Nielsen and Attorney General Sessions, available at
- 26 https://s3.amazonaws.com/PHR_other/Separation_Letter_FINAL.pdf. Over 5000
- 27 medical professionals and experts signed this letter, which urges the administration to
- 28 "immediately end the practice of family separation and take all measures to ensure

- that currently separated families are reunited without delay" on the basis of evidence
- that the "practice is profoundly harmful to children and to families."
- 3 12. Attached as Exhibit J is a June 14, 2018 Letter from the American
- Psychological Association to President Trump, available at
- 5 http://www.apa.org/advocacy/immigration/separating-families-
- 6 letter.pdf?utm_content=1529093770&utm_medium=social&utm_source=multiple.
- The Letter urges an end to family separation and cites "empirical evidence of the
- psychological harm that children and parents experience when separated."
- 13. Attached as Exhibit K is a June 19, 2018, Letter from the American Medical
- Association, June 19 Letter to Secretary Nielsen, Secretary Azar, and Attorney
- General Sessions, available at https://searchlf.ama-
- assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2
- FLETTERS%2F2018-6-19-Final-Letter-to-The-Administrations-zero-tolerance-
- prosecution-policy.pdf. The Letter explains that "childhood trauma and adverse
- childhood experiences created by inhumane treatment often create negative health
- impacts that can last an individual's entire lifespan."
- 14. Attached as Exhibit L is a May 31, 2018 Statement by the American College of
- Physicians, titled ACP Objects to Separation of Children from their Parents at Border,
- available at https://www.acponline.org/acp-newsroom/acp-objects-to-separation-of-
- 21 children-from-their-parents-at-border. The Statement urges an end to the separation
- 22 practice because inflicting separation on children will "create negative health impacts
- 23 that will last an individual's entire lifespan."

- 24 15. Attached as Exhibit M is a June 19, 2018 Statement by the American College of
- 25 Emergency Physicians, "ACEP Opposes Current DHS 'Zero Tolerance' Immigration
- Policy," available at https://www.acep.org/federal-advocacy/federal-advocacy-
- overview/children-immigration-statement/#sm.0000xos7uy5dpe7x112vqpxa33tqr. It

- states that "separations will significantly escalate mental and physical health risks for
- both children and their parents."
- 3 16. Attached as Exhibit N is a May 30, 2018 Statement by the American
- Psychiatric Association Opposing Separation of Children from Parents at the Border,
- available at https://www.psychiatry.org/newsroom/news-releases/apa-statement-
- opposing-separation-of-children-from-parents-at-the-border. The statement urges an
- end to separations because the "evidence is clear that this level of trauma also results
- in serious medical and health consequences for these children and their caregivers."
- 17. Attached as Exhibit O is a May 8, 2018 Statement by the American Academy of
- Pediatrics Opposing Separation of Children and Parents at the Border, available at
- https://www.aap.org/en-us/about-the-aap/aap-press-
- $room/Pages/StatementOpposingSeparation of Children and Parents. as px.\ The\ statement and Pages/Statement of Children and Pages (Statement Opposing Separation of Children and Pages).$
- urges an end to separations, and explains that the practice "can cause irreparable harm,
- disrupting a child's brain architecture and affecting his or her short- and long-term
- health."

- 18. Attached as Exhibit P is a American Public Health Association, Separating
- parents and children at US border is inhumane and sets the stage for a public health
- crisis, available at https://www.apha.org/news-and-media/news-releases/apha-news-
- $_{20}$ releases/2018/parent-child-separation. The statement urges an end to separations and
- 21 explains that the practice places children at heightened risk of experiencing adverse
- childhood events and trauma, which research has definitively linked to poorer long-
- 23 term health."
- 24 19. Attached as Exhibit Q is a Statement by the National Academy of Science,
- 25 Engineering, and Medicine on the Harmful Consequences of Separating Families at
- 26 the U.S. Border, available at
- 27 http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=06202018&
- 28 _ga=2.158375806.559449867.1529328563-861433489.1524492203. The statement

- urges an immediate end to separations based on "an extensive body of evidence" that
- ² "points to the danger of current immigration enforcement actions that separate
- 3 children from their parents."
- 4 20. Attached as Exhibit R is a June 9, 2018 Washington Post article titled "A family
- was separated at the border, and this distraught father took his own life," available at
- 6 https://www.washingtonpost.com/world/national-security/a-family-was-separated-at-
- the-border-and-this-distraught-father-took-his-own-life/2018/06/08/24e40b70-6b5d-
- 8 11e8-9e38-24e693b38637_story.html?utm_term=.38a3e92283df. It tells the story of
- a 39-year old Honduran father who, after separation from his family, committed
- suicide while detained.

14

- 21. Attached as Exhibit S is a June 23, 2018 Washington Post article titled "U.S.
- officials separated him from his child. Then he was deported to El Salvador,"
- available at https://www.washingtonpost.com/world/the_americas/u-s-officials-
- separated-him-from-his-child-then-he-was-deported-to-el-
- salvador/2018/06/23/37b6940a-7663-11e8-bda1-
- 18e53a448a14_story.html?noredirect=on&utm_term=.801ab72b4426. The article tells
- the story of a father separated from his six-year old daughter after entering the United
- States who was deported without her, and without knowing where she had been
- 20 placed. The first time he spoke to her was after his deportation.
- 21. Attached as Exhibit T are excerpts from the transcript of the status conference
- the Court held in this case on Friday, June 22, 2018.
- 23. Attached as Exhibit U is a June 24, 2018, New York Times article titled "Torn
- 24 Apart by Zero Tolerance, Kept Apart by Red tape, available at
- 25 https://www.nytimes.com/2018/06/24/us/family-separation-
- 26 brazil.html?hp&action=click&pgtype=Homepage&clickSource=story-
- 27 heading&module=first-column-region®ion=top-news&WT.nav=top-news. The

article describes the case of a separated parent who is attempting to reunite with her son through the ORR reunification process. I declare under penalty of perjury under the laws of the United States of 24. America and California that the foregoing is true and correct, based on my personal knowledge. Executed in San Francisco, California on June 25, 2018. /s/Stephen B. Kang STEPHEN B. KANG

Exhibit A

The New York Times

Hundreds of Immigrant Children Have Been Taken From Parents at U.S. Border

By Caitlin Dickerson

April 20, 2018

On Feb. 20, a young woman named Mirian arrived at the Texas border carrying her 18-month-old son. They had fled their home in Honduras through a cloud of tear gas, she told border agents, and needed protection from the political violence there.

She had hoped she and her son would find refuge together. Instead, the agents ordered her to place her son in the back seat of a government vehicle, she said later in a sworn declaration to a federal court. They both cried as the boy was driven away.

For months, members of Congress have been demanding answers about how many families are being separated as they are processed at stations along the southwest border, in part because the Trump administration has in the past said it was considering taking children from their parents as a way to deter migrants from coming here.

Officials have repeatedly declined to provide data on how many families have been separated, but suggested that the number was relatively low.

But new data reviewed by The New York Times shows that more than 700 children have been taken from adults claiming to be their parents since October, including more than 100 children under the age of 4.

The data was prepared by the Office of Refugee Resettlement, a division of the Department of Health and Human Services that takes custody of children who have been removed from migrant parents. Senior officials at the Department of Homeland Security, which processes migrants at the border, initially denied that the numbers were so high. But after they were confirmed to The Times by three federal officials who work closely with these cases, a spokesman for the health and human services department on Friday acknowledged in a statement that there were "approximately 700."

Homeland security officials said the agency does not separate families at the border for deterrence purposes. "As required by law, D.H.S. must protect the best interests of minor children crossing our borders, and occasionally this results in separating children from an adult they are traveling with if we cannot ascertain the parental relationship, or if we think the child is otherwise in danger," a spokesman for the agency said in a statement.

But Trump administration officials have suggested publicly in the past that they were, indeed, considering a deterrence policy. Last year, John F. Kelly, President Trump's chief of staff, floated the idea while he was serving as homeland security secretary.

If approved, the plan would have closed detention facilities that are designed to house families and replaced them with separate shelters for adults and children. The White House supported the move and convened a group of officials from several federal agencies to consider its merits. But the Department of Homeland Security has said the policy was never adopted.

Children removed from their families are taken to shelters run by nongovernmental organizations. There, workers seek to identify a relative or guardian in the United States who can take over the child's care. But if no such adult is available, the children can languish in custody indefinitely. Operators of these facilities say they are often unable to locate the parents of separated children because the children arrive without proper records.

Once a child has entered the shelter system, there is no firm process to determine whether they have been separated from someone who was legitimately their parent, or for reuniting parents and children who had been mistakenly separated, said a Border Patrol official, who was not authorized to discuss the agency's policies publicly.

"The idea of punishing parents who are trying to save their children's lives, and punishing children for being brought to safety by their parents by separating them, is fundamentally cruel and un-American," said Michelle Brané, director of the Migrant Rights and Justice program at the Women's Refugee Commission, an advocacy group that conducts interviews and monitoring at immigration detention centers, including those that house children. "It really to me is just a horrific 'Sophie's Choice' for a mom."

Mirian has pinballed across Texas, held at various times in three other detention centers. She is part of a lawsuit filed by the American Civil Liberties Union on behalf of many immigrant parents seeking to prohibit family separations at the border.

Her son's name, along with Mirian's surname, are being withheld for their safety. But in a declaration she filed in that case, she said she was never told why her son was being taken away from her. Since February, the only word she has received about him has come from a case manager at the facility in San Antonio where he is being held. Her son asked about her and "cried all the time" in the days after he arrived at the facility, the case worker said, adding that the boy had developed an ear infection and a cough.



A woman was reunited with her 7-year-old daughter in Chicago in March after they had been separated for four months in immigration detention. Hope Hall/Aclu

"I had no idea that I would be separated from my child for seeking help," Mirian said in her sworn statement. "I am so anxious to be reunited with him."

Protecting children at the border is complicated because there have, indeed, been instances of fraud. Tens of thousands of migrants arrive there every year, and those with children in tow are often released into the United States more quickly than adults who come alone, because of restrictions on the amount of time that minors can be held in custody. Some migrants have admitted they brought their children not only to remove them from danger in such places as Central America and Africa, but because they believed it would cause the authorities to release them from custody sooner.

Others have admitted to posing falsely with children who are not their own, and Border Patrol officials say that such instances of fraud are increasing.

As the debate carries on, pressure from the White House to enact a separation policy has continued. In conversations this month with Kirstjen Nielsen, the homeland security secretary, Mr. Trump has repeatedly expressed frustration that the agency has not been aggressive enough in policing the border, according to a person at the White House who is familiar with the discussions.

6/24/20 ase 3:18-cv-00428 to not solve the control of the control

Officials presented Mr. Trump with a list of proposals, including the plan to routinely separate immigrant adults from their children. The president urged Ms. Nielsen to move forward with the policies, the person said.

But even groups that support stricter immigration policies have stopped short of endorsing a family separation policy. Jessica M. Vaughan, the director of policy studies for the Center for Immigration Studies, one such group, said that family separation should only be used as a "last resort."

However, she said that some migrants were using children as "human shields" in order to get out of immigration custody faster.

"It makes no sense at all for the government to just accept these attempts at fraud," Ms. Vaughan said. "If it appears that the child is being used in this way, it is in the best interest of the child to be kept separately from the parent, for the parent to be prosecuted, because it's a crime and it's one that has to be deterred and prosecuted."

Ron Nixon and Michael D. Shear contributed reporting.

A version of this article appears in print on April 21, 2018, on Page A1 of the New York edition with the headline: Over 700 Children Taken From Parents at Border

Exhibit B

JUSTICE NEWS

Attorney General Sessions Delivers Remarks to the Association of State Criminal Investigative Agencies 2018 Spring Conference

Scottsdale, AZ ~ Monday, May 7, 2018

Remarks as prepared for delivery

Thank you, Mark, for that kind introduction. And thank you for your more than 30 years of service in law enforcement.

I also want to thank Bob McConnell for putting on this event, and the Arizona Department of Public Safety for hosting us. The Association of State Criminal Investigative Agencies and its members are an essential part of the law enforcement community, and this conference is an opportunity for more collaboration and information sharing. That makes all of us better at our shared task of protecting our country from violence and crime.

I want to thank Bob and the Association for your friendship and for your strong support for me personally going back to my days in the Senate. I also appreciate the support you have given for a number of the initiatives that I have taken as Attorney General.

I'm pleased to see that my home state of Alabama is well-represented here today. Clay Barnes is here, the Chief of the Investigation Division at the Alabama Bureau of Investigation. I worked with the Investigation Division a lot during my 14 years as a prosecutor and I was always impressed with their professionalism and their dedication.

The chief executives of 39 other state investigative agencies are here in this room, as well.

Tom Homan and David Bowdich are also here with us. I'll be brief so that we can get to their remarks.

But before I say anything else, I want to take a moment to remember an officer this community is mourning right now. Officer Jesus Cordova of the Nogales Police Department was pursuing an alleged carjacker last Friday when he was shot to death. He was an 11-year veteran of the force. He left behind two daughters and a son, all under the age of 8. His wife is five months pregnant—with a son who has already been named in honor of his dad.

That son will never know his father. But he will know that his father was a man of courage and dedicated to service – for law, peace and order.

My thoughts and prayers are with his family at this difficult time and I know that yours are, too.

Officer Cordova's passing is a tragic reminder of what is at stake in law enforcement.

And so I am here today on behalf of President Trump to say to each one of you: thank you for your service to this country.

In this administration, we know whose side we are on. We're on the side of law-and-order.

We understand the risks you take and the tools you need to be effective.

This is not business as usual. This is the Trump era.

Our explicit goals for 2018 are to bring down violent crime, homicides, opioid prescriptions, and overdose deaths.

And with your help, that's what we're going to do.

The key to our success now will be the same as it was over those more than 20 years of declining crime: the 85 percent of law enforcement officers who serve at the state, local, and tribal level.

They use the investigative work that you do to take violent criminals off of our streets. And so it is no exaggeration to say that we are counting on you.

That's why we need to ensure that you remain successful.

I understand that you've got a backlog right now and that some of you are probably feeling overwhelmed.

This has been an important issue to me for many years.

That's why over the past year I have taken a number of steps to bring down the backlog at our crime labs.

In 2018, we will invest more than \$100 million in state and local labs to make you faster, more efficient, and more effective. These funds will help reduce the backlog and free up other resources we can use to reduce violent crime and drug abuse.

We will also provide grant funding to identify previously un-submitted Sexual Assault Kits, test them, and then assign personnel to pursue any new investigative leads. This will help provide closure for sexual assault victims throughout the country and help put their assailants behind bars.

It is also critical that we deal with the growing encryption or the "going dark" problem.

And the stakes are high. Last year the FBI was unable to access investigation-related content on more than ** devices —even though they had the legal authority to do so. Each of those devices was tied to a threat to the American people.

This is a large number, but it is small compared to the number that your agencies are unable to access because of encryption.

That's why we are working with stakeholders in the private sector, in law enforcement, and in Congress to find a solution to this problem. Ultimately, we may need Congress to take action on this issue. I would appreciate your valuable input as we continue this process.

Reducing the backlog, improving Sexual Assault Kits, and solving the encryption problem will help you succeed.

We are also restoring the rule of law with regard to immigration. That will reduce crime.

Eleven million people are already here illegally. That's more than the population of Portugal or the state of Georgia.

But, right now we are dealing with a massive influx of illegal aliens across our Southwest Border. In April we saw triple the number from last April.

But we're not going to stand for this. We are not going to let this country be invaded. We will not be stampeded. We will not capitulate to lawlessness.

President Trump has made that clear to every agency and to Congress – and we need a wall.

Last month, I put in place a "zero tolerance" policy for illegal entries on our Southwest border referred by the Department of Homeland Security.

Today, the Department of Homeland Security is partnering with us and will begin a new initiative that will result in referring 100 percent of illegal Southwest Border crossings to the Department of Justice for prosecution. And the Department of Justice will take up as many of those cases as humanly possible until we get to 100 percent.

If you cross this border unlawfully, then we will prosecute you. It's that simple.

If you smuggle illegal aliens across our border, then we will prosecute you.

If you are smuggling a child, then we will prosecute you and that child will be separated from you as required by law. If you don't like that, then don't smuggle children over our border.

If you make false statements to an immigration officer or commit fraud in our system to obtain an immigration benefit, that's a felony. We will put you in jail.

If you help others to do so, that's a felony, too.

In order to carry out these important new enforcement policies, I have sent 35 prosecutors to the Southwest and moved 18 immigration judges to the border. These are supervisory judges that don't have existing caseloads and will be able to function full time on moving these cases. That will be about a 50 percent increase in the number of immigration judges who will be handling the asylum claims.

Everything we do at the Department of Justice is dedicated to reducing crime in America. Perhaps the most important thing we can do toward that end is to improve our relationships with state and local partners like you.

We want to be a force-multiplier for you. We can help you—because we can reach defendants across state lines, across national borders, and even across oceans.

The work that you do – that you have dedicated your lives to – is essential. I believe it. The Department of Justice believes it. And President Trump believes it.

And so I want to close by thanking each of you once again for your service.

You can be certain about this: we have your back and you have our thanks.

** Due to an error in the FBI's methodology, an earlier version of this speech incorrectly stated that the FBI had been unable to access 7,800 devices. The correct number will be substantially lower.

Speaker:

Attorney General Jeff Sessions

Topic(s):

Immigration

Component(s):

Office of the Attorney General

Updated May 23, 2018

Exhibit C

TOPICS

3 FREE MONTHS Offer ends 6/27

LOG IN

FREE TRIAL | TRY 3 FREE MONTHS!

Fed up with violence and corruption, Mexican voters embrace a seasoned leftist...



Asian Americans need to wise up and end our blind loyalty to the Democratic...



Lakers' latest comm show the must hot dog

ADVERTISEMENT



NATION

Trump's 'zero tolerance' at U.S.-Mexico border is filling child shelters











FREE TRIAL

TRY 3 FREE MONTHS!

Hurry, offer ends 6/27

A U.S. Border Patrol agent detains juvenile immigrants in L in 2015. (John Moore / Getty)

Family separations on the southern border due to President Trump's "zerotolerance" policy increased the number of immigrant children in government shelters 22% during the last month, officials said.

As of Wednesday, 10,852 migrant children were being held at shelters run by the Department of Health and Human Services, compared with 8,886 at the end of last month, said agency spokesman Kenneth Wolfe. The average time such children spent at government shelters has also increased, from 51 to 56 days.



FREE TRIAL

TRY 3 FREE MONTHS!

Hurry, offer ends 6/27

The new zero-tolerance policy piloted in Arizona and west Texas last year was extended border-wide last month. Under the policy, migrants who enter the United States illegally face misdemeanor charges in federal criminal court, felony charges if they have crossed illegally before; parents are sent to federal detention, their children to shelters. In the past, such cases were often handled administratively, not in criminal court.

Trump tweeted inaccurately over the weekend that a "horrible law" was prompting the migrant family separations. Immigrant advocates insisted the administration was to blame for pursuing criminal charges against migrants, instead of handling their cases administratively.

Health and Human Services has 100 shelters in 14 states, and "additional temporary housing is only sought as a last resort when current locations are reaching capacity," said Wolfe, a spokesman for the department's Administration for Children and Families.

That's what's happening now that the shelters are 95% full, he said. The agency has

FREE TRIAL

TRY 3 FREE MONTHS! Hurry, offer ends 6/27

Unaccompanied minors now include children who cross the border without an adult and those separated from adults charged in federal criminal court under the new policy. At least 638 migrants who crossed with 658 children were charged under the policy between May 6 and May 19, a U.S. Customs and Border Protection official told a Senate committee last week.

Last year, Health and Human Services assumed custody of more than 40,000 immigrant children, releasing 93% to family members and other sponsors (half were parents, 40% close relatives). The department has a responsibility to assume custody within 72 hours and try to place children, but it is not required to track sponsors.

Last week, Health and Human Services drew criticism after reports that 1,475 of the children they placed last year were "missing," according to a phone survey 30 days later. Trump administration officials responded by announcing an agreement by Health and Human Services to give the Department of Homeland Security access to information about sponsors they're still vetting, and to improve the process, fingerprinting parents who attempt to claim children. Homeland Security officials said the new coordination will better protect migrant children, but some migrant advocates worry it could deter families from claiming children.

"If somebody is unwilling to claim their child from custody because they're concerned about their own immigration status, I think that de facto calls into question whether they're an adequate sponsor and whether we should be releasing a child to that person," Steven Wagner, acting assistant secretary of the Administration for Children and Families, told reporters in a telephone briefing Tuesday.

Wagner added that the department plans to increase sponsor screening because "we have the problem of people fraudulently claiming to be parents when, in fact, they're not."

Immigrants advocates said the added oversight could increase the number of

FREE TRIAL

TRY 3 FREE MONTHS! Hurry, offer ends 6/27

"Their workload has grown significantly, and they're not equipped to be handling children who have been orphaned by these new policies," said Ben Johnson, executive director of the Washington-based American Immigration Lawyers Assn.

Johnson also criticized the department's short-term solution to the space crunch.

"Commandeering these military bases to house children has never turned out well," Johnson said. "It's resulted in more lawsuits and more inhumane conduct and treatment of people housed there. ... Those facilities are not designed for these kinds of people."

Migrant parents already appear less willing to claim their children, according to Leah Chavla, a policy advisor at the Washington-based Women's Refugee Commission.

ADVERTISEMENT

Three years ago, 60% of unaccompanied youths were claimed by parents, but that dropped to 41% this fiscal year following immigration crackdowns by the administration, including raids on sponsors last summer that resulted in 400 people being detained in the Midwest and southern United States. Chavla's group and other advocates filed a complaint about the raids with Homeland Security's Office for Civil Rights and Civil I iberties and its Office of inspector general alleging unlawful

FREE TRIAL

TRY 3 FREE MONTHS! Hurry, offer ends 6/27

"Families are more reluctant to come forw reluctant to identify their parents to Health and Human Services for fear they will be deported.

"They're going to languish in custody. We're going to see the length of stay creep up" for unaccompanied children, she said.

Lee Gelernt, an immigration attorney with the American Civil Liberties Union, filed a lawsuit to force the government to stop separating families at the border, and a federal judge in California is considering it.

Gelernt was in El Paso on Wednesday meeting with one of the plaintiffs, a Brazilian mother charged and jailed near the border and separated last August from her 14year-old son, who was sent to Illinois. They are still not reunited.

"There's just going to be hundreds of parents and kids that fall into the Brazilian mom's situation," Gelernt said. She asserts that the government is separating families to deter immigration.

In March and April, more than 50,000 people were detained per month trying to cross the southwest border illegally, levels similar to those during the Obama administration, according to U.S. government figures. During those two months about 8,400 unaccompanied minors were caught on the border.

Soon after Trump's inauguration in January 2017, border crossings briefly dropped to record lows before creeping back up again at the end of last year. The increase has frustrated the president, who has repeatedly called for more action to seal the border.

5:10 p.m.: This article was updated with comments from Lee Gelernt of the ACLU. 3:55 p.m.: This article was updated throughout with Los Angeles Times staff reporting and comments from Leah Chavla of the Women's Refugee Commission. This article was originally published at 9:20 a.m.

FREE TRIAL

TRY 3 FREE MONTHS!

Hurry, offer ends 6/27

ENTER YOUR EMAIL ADDRESS

Molly Hennessy-Fiske







Molly Hennessy-Fiske is a staff writer for the Los Angeles Times, where she has spent a dozen years covering foreign, national, metro and business news, including reporting rotations in Afghanistan, Egypt, Iraq and Lebanon. She won an Overseas Press Club award in 2015, a Dart award from Columbia University in 2014, was a finalist for the Livingston Awards and Casey Medal and won state awards for her work in California, Florida, New York and North Carolina. She completed a Thomson Reuters fellowship in Lebanon in 2006 and a Pew fellowship reporting from Mexico in 2004. She has reported for newspapers in Boston, Miami, Raleigh, Schenectady, Syracuse, Washington and West Palm Beach. Hennessy-Fiske grew up in Upstate New York before attending Harvard College, graduating with a bachelor's degree in social studies in 1999. She spent last year as Middle East bureau chief before returning to cover foreign/national news as Houston bureau chief.

ADVERTISEMENT

COMMENTS (23)

LATEST NEWS

Transgender rights battle returns to North Carolina courts

FREE TRIAL

TRY 3 FREE MONTHS!

Hurry, offer ends 6/27

Exhibit D

DHS: 2,000 children separated from parents at border

By Tal Kopan, CNN

Updated 2:44 AM ET, Sat June 16, 2018

Surge in family separation at border 01:52

Washington (CNN) — The US government has separated at least 2,000 children from parents at the border since implementing a policy that results in such family separations, the Department of Homeland Security confirmed Friday.

From April 19 through May 31 of this year, 1,995 minors traveling with 1,940 adults who said they were the children's guardians were separated due to the policy, Department of Homeland Security spokesman Jonathan Hoffman told reporters on a conference call.



The call was largely to defend the administration's decision to charge every adult caught crossing the border illegally with federal crimes, as opposed to referring those with children mainly to immigration courts, as previous administrations did. The officials used the opportunity, otherwise on the condition of anonymity, to accuse the press of spreading falsehoods about the policy.

Because the government is charging the parents in the criminal justice system, children are separated from them, with no clear procedure for their reunification aside from

Related Article: Sessions cites Bible to defend immigration policies resulting in family separations

hotlines the parents can call to try to track their children down.

The policy to refer all adults for charges was publicly announced May 7, though the Justice Department announced it would prosecute 100% of the cases referred to it at the beginning of April.

On the call, Department of Homeland Security also said that prosecutions have more than doubled, but acknowledges they are not currently at 100%. Asked why they are prioritizing families in this effort as opposed to single adults, as they get closer to 100%, officials declined to explain how they choose whom to refer.



Related Article: Trump again falsely blames the Democrats for his administration's family separations

"We make decisions based on the ability to detain and the ability of courts to take these cases, but we no longer exempt categories or classes of individuals," a Department of Homeland Security official said.

"By and large, we are accepting nearly all of the referrals that we get from our counterparts at DHS, we continue to work with the federal judiciary on practical solutions to differing caps that they have," said a Justice Department official. "In terms of declining prosecution, we're not going to get into specifics."



James Bond museum opens on Austrian mountain



Tom Arnold says he has tapes of the President that have yet to be heard by...

Johnny Depp addresses his pricey wine tab and that acting earpiece you've...

Exhibit E



Hundreds of children wait in Border NEWS Log in | Sign up Patrol facility in Texas P Top News Sports Entertainment Explore >

Bv NOMAAN MERCHANT Jun. 18, 2018



RELATED TOPICS

McAllen Border patrols North America **Texas** U.S. News

More from **AP Top News**



McALLEN, Texas (AP) — Inside an old warehouse in South Texas, hundreds of children wait in a series of cages created by metal fencing. One cage had 20 children inside. Scattered about are bottles of water, bags of chips and large foil sheets intended to serve as blankets.

One teenager told an advocate who visited that she was helping care for a young child she didn't know because the child's aunt was somewhere else in the facility. She said she had to show others in her cell how to change the girl's diaper.

The U.S. Border Patrol on Sunday allowed report facility where it holds families arrested at the sou responding to new criticism and protests over the "zero tolerance" policy and resulting separation of



More than 1,100 people were inside the large, dark facility that's divided into separate wings for unaccompanied children, adults on their own, and mothers and fathers with children. The cages in each wing open out into common areas to use portable restrooms. The overhead lighting in the warehouse stays on around the clock.

The Border Patrol said close to 200 people inside the facility were minors unaccompanied by a parent. Another 500 were "family units," parents and children. Many adults who crossed the border without legal permission could be charged with illegal entry and placed in jail, away from their children.

Reporters were not allowed by agents to interview any of the detainees or take photos.

Nearly 2,000 children have been taken from their parents since Attorney General Jeff Sessions announced the policy, which directs Homeland Security officials to refer all cases of illegal entry into the United States for prosecution. Church groups and human rights advocates have sharply criticized the policy, calling it inhumane.

Stories have spread of children being torn from their parents' arms, and parents not being able to find where their kids have gone. A group of congressional lawmakers visited the same facility Sunday and were set to visit a longer-term shelter holding around 1,500 children — many of whom were separated from their parents.

"Those kids inside who have been separated from their parents are already being traumatized," said Democratic Sen. Jeff Merkley of Oregon, who was denied entry earlier this month to children's shelter. "It doesn't matter whether the floor is swept and the bedsheets tucked in tight."



In Texas' Rio Grande Valley, the busiest corridor for people trying to enter the U.S., Border Patrol officials argue that they have to crack down on migrants and separate adults from children as a deterrent to others.

"When you exempt a group of people from the law ... that creates a draw," said Manuel Padilla, the Border Patrol's chief agent here. "That creates the trends right here."

Agents running the holding facility — generally known as "Ursula" for the name of the street it's on — said everyone detained is given adequate food, access to showers and laundered clothes, and medical care. People are supposed to move through the facility quickly. Under U.S. law, children are

required to be turned over within three days to shelters funded by the Department of Health and Human Services.

Padilla said agents in the Rio Grande Valley have allowed families with children under the age of 5 to stay together in most cases.

An advocate who spent several hours in the facility Friday said she was deeply troubled by what she found.

Michelle Brane, director of migrant rights at the Women's Refugee Commission, met with a 16-year-old girl who had been taking care of a young girl for three days. The teen and others in their cage thought the girl was 2 years old.

"She had to teach other kids in the cell to change her diaper," Brane said.

Brane said that after an attorney started to ask questions, agents found the girl's aunt and reunited the two. It turned out that the girl was actually 4 years old. Part of the problem was that she didn't speak Spanish, but K'iche, a language indigenous to Guatemala.

"She was so traumatized that she wasn't talking," Brane said. "She was just curled up in a little ball."

Brane said she also saw officials at the facility scold a group of 5-year-olds for playing around in their cage, telling them to settle down. There are no toys or books.

But one boy nearby wasn't playing with the rest. According to Brane, he was quiet, clutching a piece of paper that was a photocopy of his mother's ID card.

"The government is literally taking kids away from their parents and leaving them in inappropriate conditions," Brane said. "If a parent left a child in a cage with no supervision with other 5-year-olds, they'd be held accountable."

Dr. Colleen Kraft, the head of the American Academy of Pediatrics, said that she visited a small shelter in Texas recently, which she declined to identity. A toddler inside the 60-bed facility caught her eye — she was crying uncontrollably and pounding her little fists on mat.

Staff members tried to console the child, who looked to be about 2 years old, Kraft said. She had been taken from her mother the night before and brought to the shelter.

The staff gave her books and toys — but they weren't allowed to pick her up, to hold her or hug her to try to calm her. As a rule, staff aren't allowed to touch the children there, she said.

"The stress is overwhelming," she said. "The focus needs to be on the welfare of these children, absent of politics."

More From AP

by Taboola

Immigrant kids seen held in fenced cages at border facility

At least 3 tender age shelters set up for child migrants

'Say bye to him': Detainee recounts agents taking her son

The Latest: About 30 parents separated from kids released

Ad Content

Sponsored Links by Taboola

See The Facial That Can Take 10 Years Off Your Appearance InStyle | Hanacure

20 Places Where \$200K is Enough to Retire

MoneyWise.com

Girlfriend Requests A Hug. Then Boyfriend Realizes Something Is Wrong About Her

DomesticatedCompanion

Embarrassingly Incorrect Phrases Even Smart People Misuse

Work + Money

Take a Peek at 2018's Top Rated SUVs

Edmunds

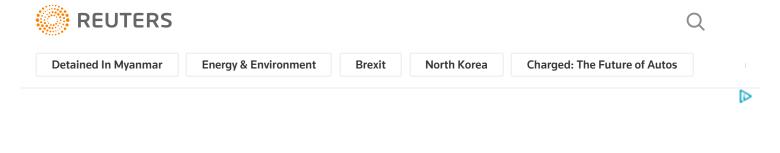
We Can Guess Your Education Level In The First 5 Questions

Definition

See The 2018 SUVs That (Might) Take The Country By Storm

SUV | Sponsored Links

Exhibit F



WORLD NEWS

JUNE 19, 2018 / 6:50 PM / 5 DAYS AGO

Hurdles facing parents and children separated at U.S. border

Reuters Staff

(Reuters) - Over 2,300 children were separated from their parents at the U.S.-Mexico border between May 5 and June 9 under the Trump administration's "zero tolerance" policy, U.S. Customs and Border Protection said on Tuesday, and immigration advocates and legal experts say there is no clear system in place to reunite them.

A flyer released by the U.S. Department of Homeland Security (DHS) June 19, 2018, shows information being distributed in U.S.-Mexico border facilities at which immigrant parents are being detained. U.S. Department of Homeland Security/Handout via REUTERS

The policy directs border officials to refer for prosecution all immigrants apprehended while crossing the U.S.-Mexico border illegally.

Parents who are no longer detained "are entitled to get their kids back through a documented process," U.S. Department of Homeland Security Secretary Kirstjen Nielsen said.

When are children and parents separated?

Immigrants arrested near the southwestern border are taken to processing centers where officials refer some to federal court to be prosecuted under the U.S. criminal entry statute. Parents referred for prosecution are transferred into U.S. Marshals custody and separated from their children.

Immigrants charged with the misdemeanor crime of illegal entry often plead guilty in group hearings and receive a sentence of a few days in prison or "time served," at which point they are transferred back to a processing facility and quickly deported unless they claim a "credible fear" of returning to their home country.

Meanwhile, their children are transferred into the custody of the Office of Refugee Resettlement (ORR), part of the Department of Health and Human Services, which manages facilities that care for minors. There are 100 sites scattered across 17 states and they can be on the other side of the country from their parents.

Children get their own case in immigration court and are entitled to a full hearing by an immigration judge, a process that can take months.

How can parents contact their children?

U.S. Immigration and Customs Enforcement (ICE) said it has posted information in all facilities at which parents are detained for over 72 hours, advising them to call a hotline for assistance in finding their child. The agency said it will work together with ORR to locate separated children, verify the relationship and set up regular communication and removal coordination if necessary.

There are two hotlines, one run by ICE and one by ORR. Advocates say the wait times on these calls can be upwards of 30 minutes and parents are required to call back when a child cannot immediately be located.

How can the parents be reunited with their children?

ICE said it "will make every effort to reunite the child with the parent" once the parent's case has been adjudicated.

If the parent is being deported, ICE said it will work with ORR to reunite them with their child at the time of deportation and with the consulate representing their country to assist the parent with obtaining a travel document for the child.

In some cases, the parent may decide they want their child to stay in the United States to pursue their own asylum claim, or the child may themselves choose to seek asylum. In other cases, children may ask to return to their home countries to be reunited with their parents.

Advocates said the reunification process is ad hoc.

Anthony Enriquez, director of the unaccompanied minors program for Catholic Charities Community Services in New York said there was no systematic effort in place to ensure the children and their parents are reunited.

"I go to court to tell the judges this under oath," Enriquez said. "There's no process."

He said reunification relies on individual government officials who go above and beyond their duties to help the families reunite or a lawyer from a non-governmental legal organization doing that work.

Robert Carey, who ran the Office for Refugee Resettlement under President Barack Obama said he would be surprised if systems were in place for reunifying families as the new zero tolerance policy was put in place quickly and "it takes time to coordinate across multiple agencies."

Have parents been deported without their children?

Immigration attorneys say there have been many cases of parents deported without their children. The advocacy group Kids In Need of Defense (KIND) said of the 40 case referrals involving family separation they have received since July 2017 through their child migrant return and reintegration project, 32 involved parents deported before their children and 15 of those cases involved children who were five years old or younger.

In some cases, parents are deported before finding their children in ORR custody, said Lisa Frydman, a KIND attorney.

"We've had other cases where the child goes to ORR and they do not know where parent is, and the parent doesn't know where child is," Frydman said.

Some children remain in the United States months after their parents are being deported, she said. Parents who have been deported back to countries such as Guatemala and Honduras without their children are reaching out to local organizations asking for help locating them.

Reporting by Kristina Cooke in San Francisco, Reade Levinson in New York and Yeganeh Torbati in Washington; editing by Grant McCool

Our Standards: <u>The Thomson Reuters Trust Principles.</u>

Newsletters Advertise with Us Advertising Guidelines Cookies Terms of Use Apps Privacy



Exhibit G



EXECUTIVE ORDERS

Affording Congress an Opportunity to Address Family Separation



By the authority vested in me as President by the Constitution and the laws of the United States of America, including the Immigration and Nationality Act (INA), 8 U.S.C. 1101 *et seq.*, it is hereby ordered as follows:

Section 1. Policy. It is the policy of this Administration to rigorously enforce our immigration laws. Under our laws, the only legal way for an alien to enter this country is at a designated port of entry at an appropriate time. When an alien enters or attempts to enter the country anywhere else, that alien has committed at least the crime of improper entry and is subject to a fine or imprisonment under section 1325(a) of title 8, United States Code. This Administration will initiate proceedings to enforce this and other criminal provisions of the INA until and unless Congress directs otherwise. It is also the policy of this Administration to maintain family unity, including by detaining alien families together where appropriate and consistent with law and available resources. It is unfortunate that Congress's failure to act and court orders have put the Administration in the position of separating alien families to effectively enforce the law.

- Sec. 2. <u>Definitions</u>. For purposes of this order, the following definitions apply:
- (a) "Alien family" means
 - (i) any person not a citizen or national of the United States who has not been admitted into, or is not authorized to enter or remain in, the United States, who entered this country with an Exhibit 38, Page 164

- 6/24/201ase 3:18-cv-00428-DMS-MDD At the femology (Printed WA) 25/128 F ലെയ്യുന്നു 15/16 Page 170 of 259 alien child or alien children at or between designated ports of entry and who was detained; and
 - (ii) that person's alien child or alien children.
 - (b) "Alien child" means any person not a citizen or national of the United States who
 - (i) has not been admitted into, or is not authorized to enter or remain in, the United States;
 - (ii) is under the age of 18; and
 - (iii) has a legal parent-child relationship to an alien who entered the United States with the alien child at or between designated ports of entry and who was detained.
 - Sec. 3. Temporary Detention Policy for Families Entering this Country Illegally. (a) The Secretary of Homeland Security (Secretary), shall, to the extent permitted by law and subject to the availability of appropriations, maintain custody of alien families during the pendency of any criminal improper entry or immigration proceedings involving their members.
 - (b) The Secretary shall not, however, detain an alien family together when there is a concern that detention of an alien child with the child's alien parent would pose a risk to the child's welfare.
 - (c) The Secretary of Defense shall take all legally available measures to provide to the Secretary, upon request, any existing facilities available for the housing and care of alien families, and shall construct such facilities if necessary and consistent with law. The Secretary, to the extent permitted by law, shall be responsible for reimbursement for the use of these facilities.
 - (d) Heads of executive departments and agencies shall, to the extent consistent with law, make available to the Secretary, for the housing and care of alien families pending court proceedings for improper entry, any facilities that are appropriate for such purposes. The Secretary, to the extent permitted by law, shall be responsible for reimbursement for the use of these facilities.
 - (e) The Attorney General shall promptly file a request with the U.S. District Court for the Central District of California to modify the Settlement Agreement in *Flores v. Sessions*, CV 85-4544 ("*Flores* settlement"), in a manner that would permit the Secretary, under present resource constraints, to Exhibit 38, Page 165

6/24/2018 se 3:18-cv-00428-DMS-MDD Affording President Off 259 Participation 77 Page 171 of 259

detain alien families together throughout the pendency of criminal proceedings for improper entry

or any removal or other immigration proceedings.

Sec. 4. Prioritization of Immigration Proceedings Involving Alien Families. The Attorney General

shall, to the extent practicable, prioritize the adjudication of cases involving detained families.

Sec. 5. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise

affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary,

administrative, or legislative proposals.

(b) This order shall be implemented in a manner consistent with applicable law and subject to the

availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or

procedural, enforceable at law or in equity by any party against the United States, its departments,

agencies, or entities, its officers, employees, or agents, or any other person.

DONALD J. TRUMP

THE WHITE HOUSE,

June 20, 2018.

Exhibit H





Fact Sheet: Zero-Tolerance Prosecution and Family Reunification

Release Date: June 23, 2018

The Department of Homeland Security (DHS) and Health and Human Services (HHS) have a process established to ensure that family members know the location of their children and have regular communication after separation to ensure that those adults who are subject to removal are reunited with their children for the purposes of removal. The United States government knows the location of all children in its custody and is working to reunite them with their families.

As part of the apprehension, detention and prosecution process, illegal aliens, adults and children, are initially detained by U.S. Customs and Border Protection (CBP) before the children are sent to HHS' Office of Refugee Resettlement (ORR) and parents to Immigration and Customs Enforcement (ICE) custody. Each entity plays a role in reunification. This process is well coordinated.

U.S. Customs and Border Protection

- CBP has reunited 522 Unaccompanied Alien Children (UAC) in their custody who were separated from adults as part of the Zero Tolerance initiative. The reunions of an additional 16 UAC who were scheduled to be reunited on June 22, 2018 were delayed due to weather affecting travel and we expect they will all be reunited with their parents within the next 24 hours. There will be a small number of children who were separated for reasons other than zero tolerance that will remain separated: generally only if the familial relationship cannot be confirmed, we believe the adult is a threat to the safety of the child, or the adult is a criminal alien.
- Because of the speed in which adults completed their criminal proceedings, some children were still present at a United States Border Patrol (USBP) station at the time

U.S. Immigration and Customs Enforcement

- ICE has dedicated the <u>Port Isabel Service Processing Center (https://www.ice.gov/detention-facility/port-isabel-service-processing-center)</u> as the primary family reunification and removal center for adults in their custody.
- A parent who is ordered removed from the U.S. may request that his or her minor child accompany them. It should be noted that in the past many parents have elected to be removed without their children.
- ICE has posted information in all of its facilities advising detained parents who are trying to locate, and/or communicate with, a child in the custody of HHS to call the Detention Reporting and Information Line for assistance, which is staffed by live operators Monday through Friday from 8 AM to 8 PM.
- The information provided by these parents to the call operators will be forwarded to HHS for action. ICE and HHS will coordinate a review of their custodial data to identify where each child is located, verify the parent/child relationship, and set up regular communication and removal coordination, if necessary.
- Each ICE Field Office has Juvenile Coordinators who manage these cases throughout the immigration court proceedings.
- Further, ICE maintains a publicly available online detainee locator which can be used to locate adults detained by ICE. This site can be accessed at: https://locator.ice.gov/odls/#/index (https://locator.ice.gov/odls/#/index)

ICE has completed the following steps toward reunification:

- Implemented an identification mechanism to ensure on-going tracking of linked family members throughout the detention and removal process;
- Designated detention locations for separated parents and will enhance current processes to ensure communication with children in HHS custody;
- Worked closely with foreign consulates to ensure that travel documents are issued for both the parent and child at time of removal; and
- Coordinated with HHS for the reuniting of the child prior to the parents' departure from the United States.

U.S. Health and Human Services Office of Refugee Resettlement

- Minors come into HHS custody with information provided by DHS regarding how they
 illegally entered the country and whether or not they were with a parent or adult and,
 to the extent possible, the parent(s) or guardian(s) information and location. There is a
 central database which HHS and DHS can access and update when a parent(s) or
 minor(s) location information changes.
- As of June 20th HHS has 2,053 separated minors being cared for in HHS funded facilities, and is working with relevant agency partners to foster communications and work towards reuniting every minor and every parent or guardian via well-established reunification processes. Currently only 17% of minors in HHS funded facilities were placed there as a result of Zero Tolerance enforcement, and the remaining 83% percent arrived to the United States without a parent or guardian.
- Parent(s) or guardian(s) attempting to determine if their child is in the custody of the
 Office of Refugee Resettlement (ORR) in HHS Administration for Children and Families
 should contact the ORR National Call Center (www.acf.hhs.gov/orr/resource/orr-national-call-center at 1-800-2037001, or via email information@ORRNCC.com (mailto:information@ORRNCC.com).
 Information will be collected and sent to HHS funded facility where minor is located.
 The ORR National Call Center has numerous resources available for children, parent(s),
 guardian(s) and sponsors.
- Within 24 hours of arriving at an HHS funded facility minors are given the opportunity to communicate with a vetted parent, guardian or relative. While in HHS funded facilities' care, every effort is made to ensure minors are able to communicate (either telephonic or video depending on the circumstances) with their parent or guardian (at least twice per week). However, reasonable safety precautions are in place to ensure that an adult wishing to communicate with a minor is in fact that minor's parent or guardian.
- Minors in HHS funded facilities are permitted to call both family members and/or sponsors living in the United States and abroad. Attorneys representing minors have unlimited telephone access and the minor may speak to other appropriate stakeholders, such as their consulate, the case coordinator, or child advocate. Additional information on telephone calls, visitation, and mail policies are available in the policy guide. (https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied)

• Under HHS' <u>publicly available</u> (https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied) policy guide for Unaccompanied Alien Children, the Office of Refugee Resettlement (ORR) releases minors to sponsors in the following order of preference: parent; legal guardian; an adult relative (brother, sister, aunt, uncle, grandparent or first cousin); an adult individual or entity designated by the parent or legal guardian (through a signed declaration or other document that ORR determines is sufficient to establish the signatory's parental/guardian relationship); a licensed program willing to accept legal custody; or an adult individual or entity seeking custody when it appears that there is no other likely alternative to long term ORR care and custody.

Topics: Border Security (/topics/border-security), Immigration Enforcement (/topics/immigration-enforcement)

Keywords: Border Security (/keywords/border-security), Family detention (/keywords/family-detention), immigration

enforcement (/keywords/immigration-enforcement), UAC (/keywords/uac), Unaccompanied Alien Children

(/keywords/unaccompanied-alien-children)

Last Published Date: June 24, 2018

Exhibit I

June 14, 2018

The Honorable Kirstjen Nielsen Secretary U.S. Department of Homeland Security 245 Murray Lane, S.W. Washington, D.C. 20528 The Honorable Jeff Sessions Attorney General U.S. Department of Justice 950 Pennsylvania Avenue, N.W. Washington, D.C. 20530

Dear Secretary Nielsen and Attorney General Sessions,

As medical and mental health professionals and researchers working in the United States, we are gravely concerned about the Trump administration's practice of separating migrant and asylum-seeking families at the U.S.-Mexico border. Such a practice is profoundly harmful to children and to families, in addition to violating fundamental human rights. We urge you to immediately end forced separation of families at the border, and instead keep families together in community-based settings while their immigration proceedings are pending.

The Trump administration has stated that its goal in separating children from their parents is to deter people from crossing the border between ports of entry. According to statements by Attorney General Jeff Sessions, this policy is intended to be punitive, to serve as such deterrence. The child welfare implications appear to be secondary at best. White House Chief of Staff and former Department of Homeland Security secretary John Kelly has stated, "The children will be taken care of — put into foster care or whatever. But the big point is they elected to come illegally into the United States and this is a technique that no one hopes will be used extensively or for very long. "Media reports indicate that government mechanisms for ensuring that parents and children are in contact and know each other's whereabouts are non-functional.

Using children as leverage to punish their parents is unconscionable, both with respect to the health and well-being of children and as treatment of migrants and asylum seekers. The right to family unity is enshrined in U.S. and international law, which recognize that families are the foundation of society. The relationship of children and parents is the strongest social tie most people experience, and a threat to that tie is among the most traumatic events people can experience.

Forced separation of children and parents, especially in connection with the detention of a parent, can constitute an adverse childhood experience (ACE). ACEs are linked with disrupted

¹ Attorney General Jeff Sessions, "Attorney General Sessions Delivers Remarks Discussing the Immigration Enforcement Actions of the Trump Administration," Speech, May 7, 2018, https://www.justice.gov/opa/speech/ attorney-general-sessions-delivers-remarks-discussing-immigration-enforcement-actions.

² Transcript: White House Chief Of Staff John Kelly's Interview with NPR, NPR, May 11, 2018, https://www.npr.org/2018/05/11/610116389/transcript-white-house-chief-of-staff-john-kellys-interview-with-npr. ³ Michael E. Miller, "'They just took them?' Frantic parents separated from their kids fill courts on the border," Washington Post, June 11, 2018, https://www.washingtonpost.com/local/they-just-took-them-frantic-parents-separated-from-their-kids-fill-courts-on-the-border/2018/06/09/e3f5170c-6aa9-11e8-bea7-c8eb28bc52b1 story.html.

neurodevelopment, resulting in social, emotional, and cognitive impairment,⁴ and have even been linked with negative intergenerational effects.⁵ Extreme and repetitive stress -- known as toxic stress -- such as that experienced when a person is suddenly separated from parents, adversely affects brain development and is correlated with increased risk of developing chronic mental health conditions, such as depression and post-traumatic stress disorder (PTSD) and even physical conditions such as cancer, stroke, diabetes, and heart disease.⁶

Separation from parents has been shown to be linked with higher rates of PTSD in the affected children. For children, separation results in a low-support environment which places them at increased risk of PTSD and depressive disorders. The negative impact on the cognitive and emotional functioning of the affected children can continue into adulthood, and contribute to lower academic achievement, attachment difficulties, and poor mental health.

Among refugees, one research study shows that individuals separated from their families had worse mental health outcomes in terms of depression, PTSD, and psychological quality of life than those who remained with their families, after controlling for trauma. After testing the contribution of 26 types of trauma to these outcomes, only the experience of being beaten and tortured had a similar impact on all three mental health measures as family separation. ¹⁰

According to the new U.S. policy, children arriving with their parents will be placed in the custody of the Office of Refugee Resettlement in foster families after separation. However, foster care is not an appropriate substitute to a child remaining with his or her parents, and studies of refugee children in foster care have shown that children fare worse when placed in foster families than when cared for by their parents. Placing these children into foster care will strain the U.S. child welfare system and set these children up for worsened health and social outcomes. 12

The best interests of the child is the recognized legal standard for the treatment of children across a range of domains, including parental custody and immigration proceedings. This standard requires that children not be separated from their parents except in extreme circumstances, if required for the child's protection. Indeed, the literature shows that parents

- ⁴ Vincent J. Felitti et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventive Medicine* 14, no. 4 (1998); Debora L. Oh et al., "Systematic Review of Pediatric Health Outcomes Associated with Adverse Childhood Experiences." *Pediatrics* 141, no. 1 (2018).
- ⁵ Felice Le-Scherban et al. "Intergenerational Associations of Parent Adverse Childhood Experiences and Child Health Outcomes," *Pediatrics* 141, no. 6 (2018).
- ⁶ Vincent J. Felitti et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," *American Journal of Preventive Medicine* 14, no. 4 (1998).
- ⁷ Paul L. Geltman et al. "The 'lost boys of Sudan': functional and behavioral health of unaccompanied refugee minors re-settled in the United States," *Archives of Pediatric and Adolescent Medicine* 159, no. 6 (2005).
- ⁸ Matthew Hodes, "Psychopathology in refugee and asylum seeking children," in Michael Rutter et al. (eds.), *Rutter's Child and Adolescent Psychiatry* (Wiley-Blackwell, 2009).
- ⁹ Israel Bronstein and Paul Montgomery, "Psychological distress in refugee children: a systematic review," *Clinical Child and Family Psychology Review* 14, no. 1 (2010).
- ¹⁰ Alexander Miller at al. "Understanding the mental health consequences of family separation for refugees: Implications for policy and practice," *American Journal of Orthopsychiatry*, 88, no. 1 (2018).
- ¹¹ Amy Holtan et al. "A comparison of mental health problems in kinship and nonkinship foster care," *European Child & Adolescent Psychiatry* 14, no. 4 (2005); Geltman et al., "The 'Lost Boys of Sudan."
- ¹² Kym R. Ahrens, Michelle M. Garrison, and Mark E. Courtney. "Health outcomes in young adults from foster care and economically diverse backgrounds," *Pediatrics* 134, no. 6 (2014); Amy Dworsky, Laura Napolitano, and Mark E. Courtney. "Homelessness during the transition from foster care to adulthood," *American Journal of Public Health*, 103, no. S2 (2013).

are a vital buffer for children coping with severe stress. ¹³ A strong predictor of successful adaptation for children is family support. ¹⁴ Separation from their parents denies these children this vital resource, leaving them alone to face extremely stressful and likely frightening conditions. It increases the risk that these children will experience severe and long-lasting psychological problems, and may even contribute to the development of physical health issues. ¹⁵

The United States should follow the "best interests of the child" standard and immediately stop the practice of forced separation. It should not be U.S. policy to traumatize children, especially not as a form of indirect punishment of their parents. The intentional infliction of pain on children and their families is not just inhumane, it also fails to meet the stated goals of deterrence. Punishing parents with family separation may cause damage to their children, and it will not change the realities that drove the parents to seek safe haven in the United States.

As experts committed to promoting health and well-being, including of children, we ask you to immediately end the practice of family separation and take all measures to ensure that currently separated families are reunited without delay.

Sincerely,

Homer Venters, M.D., M.S., Director of Programs, Physicians for Human Rights, New York

Kerry J. Sulkowicz, M.D., Chair, Board of Directors, Physicians for Human Rights, New York

Eli Newberger, M.D., Pediatrics, Massachusetts

Elizabeth B. Ford, M.D., Psychiatry, New York

Kathleen Foley, M.D., Neurology, New York

Stephen Soldz, Ph.D, Psychology, Massachusetts

Edward Ameen, Ph.D, Psychology, Washington DC

Annalise Keen, M.D., Psychiatry, Utah

Rova Ijadi-Maghsoodi, MD, MSHPM, California

American Psychological Association (APA)

Coalition for an Ethical Psychology (CEP)

International Association of Forensic Nurses (IAFN)

¹³ John Bowlby, *A secure base: Parent-child attachment and healthy human development* (New York: Basic Books, 1988); Steven M. Weine et al. "Fostering resilience; protective agents, resources, and mechanisms for adolescent refugees' psychosocial well-being," *Adolescent Psychiatry* 4, no. 4 (1988).

¹⁴ Tammy Bean et al. "Comparing psychological distress, traumatic stress reactions, and experiences of unaccompanied refugee minors with experiences of adolescents accompanied by parents," *Journal of Nervous and Mental Disease* 195, no. 4 (2007).

¹⁵ Shanta R. Dube et al. "The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900," *Preventive Medicine* 37, no. 3 (2003).

Jena Abaria Linda Abeles Ph.D. Psychologist Sara Abelson MPH Public Health Jamie Abenroth Aviva Abeshaus Social Work Lilit Ablabutyan Physician Steven Ablon Psychiatrist Diane Aboushi Melissa Abraham Ph.D. Psychologist Jonathan Abraham M.D. Physician Holly Abraham Tanya Abraham Joshua Abrahams Social Work Stacy Abrams Other Health Professional Lauren Abrams Other Health Professional Jane Abrams D.S.W. Social Work Randi Abramson Physician Asma Abu-Dahab Social Work Bayan Abunar Rohan Achar Amy Ackroyd Social Work Alexander Acosta Sylvia Acosta Ph.D. Psychologist Maria Alexandra Acunzo Psychologist Jill Adaman Ph.D. Psychologist Felicity Adams M.D. Psychiatrist Helen Adams Administrator Joan Adams Social Work Deborah Adams Administrator Mary Jane Adams Ph.D. Psychologist Christy Adams LMHC Other Health Professional Eve Adams Ph.D. Psychologist Sabrina Adams M.D. Physician Stephanie Addikis Tessa Addison LCSW-R Social Work Sheila Addison Ph.D. Veronica Ades M.D. Physician Molly Adler LCSW Social Work Susan Adlere ACSW Social Work Monica Agarwal M.D. Physician Reena Agarwal Physician Radha Agepati M.D. Psychiatrist James Agolia Grettel Aguilar ACRC Alicia Aguilar CCRN Nurse Cheryl Aguilar LICSW Social Work Irene Aguilera Nicole Aguirre Physician Negin Ahadi M.D. Physician Tasnia Ahamed Social Work Julia Ahern Social Work Amy Ahlfeld Psychologist Saba Ahmad M.D. Physician Yasir Ahmed Joanne Ahola M.D. Psychiatrist Theresa Aiello Ph.D. Social Work Ruth Airhart LPC Jenny Ajl Social Work Fatma Akmese M.D. Physician Eloho Akpovi Medical Student Maria Beatriz Al Social Work Kim Alaburda Public Health Erin Albers M.D. Physician Susan Albert Jessica Albertson Psychologist Joseph Albietz M.D. Physician Erinn Alcabes Adam Alcabes Amanda Aldrich Nurse Philip Alex Ph.D. Psychologist Dorian Alexander MD Physician Hannah Alex-Glasser Rachel Alexis Social Work Lisa Alexoff LCPC Jill Alger-James LCSW Social Work Laila Ali Administrator

Randall Alifano Ph.D. Nicole Alifante Saira Alimohamed M.D. Physician Erika Alkhawaldeh Nurse Scott Allen M.D. Physician Karen Allen Ph.D. Psychologist Molly Allen Psychologist Bruce Allen Julie Allender ADTR Psychologist Annette Allison D.S.W. Social Work Richard Almond Physician Joy Almquist RN Nurse Janet Alperstein Nuar Alsadir Ph.D. Rebecca Alschuler Physician Stephen Alsdorf Physician Maria Alshamma Social Work Barbara Alter Ph.D. Psychologist Allison Alter Social Work Susan Altfeld Ph.D. Public Health Gretchen Alther Mary Alumbaugh Ph.D. Psychologist Shelly Alvarado APRN Nurse Claudia Alvarez D.O. Physician Kiara Alvarez Ph.D. Psychologist Emily Alvarez Carolina Alvayay M.D. Physician Maria Alves Public Health Morgane Amat Paola Amaya Social Work Paro Ambardar Ph.D. Psychologist Laura Ambier D.O. Physician May Ambrogi LCSW Social Work Nusheen Ameenuddin M.D. Physician Christine Amidon RN Amik Amin M.D. Physician Amira Simha-Alpern Ph.D. Psychologist Cecilia Amisola M.D. Physician Francena Amparo Donna Amundson LCSW Social Work Sandra Anderson Ph.D. Nurse Wayne Anderson Nurse Emily Anderson Sarah Anderson Jennifer Anderson LCSW-R Social Work Lynn Anderson Kerri Anderson LMFT Jessica Andrade Melanie Andrews M.D. Physician Arthur Andrews III Ph.D. Psychologist Catalina Angel Charles Angelo Larry Angert Evelyn Angulo Physician George David Annas M.D. Psychiatrist Mary Annas Ph.D. George Annas Public Health Marcia Annenberg Elvira Anselmi Ph.D. Psychologist Stacey Anstaett D.V.M. Julie Antilla Ph.D. Korina Antina Mildred Antonelli Mildred Antonelli Dr.PH. Psychologist Claudette Antuna Psychologist Roberta Apfel Psychiatrist Elizabeth Aponte Social Work Vivianne Aponte Rivera M.D. Psychiatrist Kristin Applebaum Secil Arac-Orhun Ph.D. Psychologist Maria Aranda Ph.D. Psychologist Saulo Araujo Ta Arb Natalie Arbid Linda Arbus Social Work

Magali Aresu

Ellen Arfin Social Work

Jane Ariel Psychologist Vina Ariyaprakai M.D. Maria Arizmendi M.D. Physician Linda Arkin LCSW Social Work Ronald Arky M.D. Physician Regina Armas Ph.D. Psychologist Christine Armstrong
Weronika Armstrong M.D. Physician Deborah Armstrong Ph.D. Amy Armstrong Social Work Heidi Arnholm Administrator Margo Aron Social Work David Around MPH Physician Chaya Aronson Ritika Arora M.D. Physician Jean Maria Arrigo Ph.D. Psychologist Luz Arroyo M.D. Physician Robert Arroyo LISW Social Work Karla Arroyo LCSW Social Work Dolly Arroyo CAE Social Work Kathie Arthursson RN Nurse Bonnie Arzuaga Physician Deborah Ascheim M.D. Physician Linda Ashbaugh
Catherine Ashby LPC
Noa Ashman LCSW-C Social Work
Rose Ashraf Psychologist Sadia Ashraf-Benson D.O. Physician Maren Askins Psychologist Terese Atallah Celeste Atallah-Gutierrez Psychologist Helit Atar-Greenfield Ph.D. Psychologist Helit Atar-Greenfield Ph.D. Psychologist Imaz Athar Daniel Atkins Psychologist Thomas Atkins M.D. Psychiatrist Holly Atkinson M.D. Physician Eva Atsalis LCSW-R Social Work Sharon Attardo Nurse Ilana Attie Ph.D. Psychologist Kathern Auer D.O. Physician John Auerbach Ph.D. Psychologist Jennifer auf der Springe M.D. Physician Robin Aupperle Ph.D. Psychologist April Autry Physician Assistant Andrew Avault Social Work Catherine Avener M.D. Physician Jolenta Averill Lily Awad M.D. Psychiatrist Erin Awerkamp Social Work Jeffrey Axelbank Psy.D. Psychologist Steven Axelrod Ph.D. Psychologist Lorena Aynalem Social Work Naomi Azar Psychologist Victoria Azara Ph.D. Psychologist Codi Azuela LMHC Allison Azus Psy.D. Psychologist Mariel B Social Work Deidre B D.O. Physician Bhavana Babber Physician Sheldon Bach Ph.D. Psychologist Janet Bachant Ph.D. Psychologist Ann Bacharach Social Work Judith Bachay LMHC Danielle Back Physician Allison Bacon M.D. Physician Briahn Badelle LCSWSocial Work Beverly Badger Charlotte Badler RN Nurse Navroop Badyal Physician Carl Bagnini LCSW-R Social Work Kandy Bahadur Physician Muna Bahsali RN Nurse Sunhye Bai Ph.D. Psychologist Paola Bailey Psy.D. Psychologist Emily Bailey Social Work Meghan Bailey

Terra Bailey D.V.M. Parvathi Rau Bains Physician Laura Baird Psy.D. Psychologist Meera Bajwa M.D. Physician Nida Bajwa Emily Bakaj Public Health Jennifer Bakalar Ph.D. BeatriceBaker Amy Baker Kelley Baker Psychologist Amelia Baker M.D. Physician Judith Baker Lucas Baker-Siroty Psy.D. Eliza Bakken Physician Susie Baldwin Physician Richard Baldwin Viola Baldwin Elizabeth Baldwin Psy.D. Erin Baldwin Social Work Jenn Baldwin Miranda Balkin M.D. Physician Alexis Ball M.D. Physician Laurel Ball RNC Nurse Michele Ballet Psy.D. Psychologist Arthi Balu M.D. Physician Somalee Banerjee M.D. Physician Rona Bank ABPP Psychologist Laura Banks M.D. Physician Emma Banks Pamela Bannan RN Nurse Sarah Bannister D.O. Physician Sarah Bansen APRN-BC Nurse Julie Barajas RN Nurse Kim Baranowski Ph.D. Psychologist Tia Baratelle Administrator Kelly Barbour M.D. Physician Jill Barbre LCSW Social Work Cathy Bargar RN Nurse Lucille Barish Social Work Allison Barker-Ford Social Work Alicia Barmon Social Work Jeanne Barnard Nurse Bill Barnes Tina Barnet Heather Barnett Physician Eve Barnett LCSW Social Work Linda Barnhurst Psy.D. Joshua Barocas Physician Michael Baron Ph.D. Psychologist Erica Baron Corey Barr Romina Barral M.D. Physician Charmaine Barredo M.D. Physician Sandra Barreto Anastasia Barros Physician Daniela Bartalini Pat Bartels APRN-BC Nurse Thomas A Bartlett Psychologist Jessica Bartlett Ph.D. Bob Bartlett Ph.D. Psychologist Kira Bartlett Psy.D. Psychologist Kristy Kenyon Bartley Psychologist Michele Bartnett Ph.D. Psychologist Nicole Bartolini LCSW Social Work Kathleen Bar-Tur Social Work Amanda Barusch Ph.D. Social Work Amanda Bashir M.D. Physician Sabrina Basquez Social Work Daisy Bassen M.D. Psychiatrist Katie Bassoli LCSW Social Work Helene Bass-Wichelhaus Ph.D. Social Nicole Bates MSW Social Work Geoff Bathje Ph.D. Psychologist L. Batra Ph.D. Psychologist Jill Battalen Social Work

Delia Battin

Nerissa Bauer Physician Karyn Baum M.D. Physician Peter Baum D.O. Physician Susann Bauman Cynthia Baum-Baicker Ph.D. Psychologist Tondy Baumgartner M.D. Kelle Baxter Nurse Joseph Bayley Dr. Bronwyn Baz M.D. Physician Rebecca Bazell Daphne Beal Allison Bean M.D. Physician Barbara Beard D.O. Physician Jasjit Beausang M.D. Physician Lindsev Beaven Ph.D. Henry Beck Ph.D. Social Work Erin Beck Pharmacist Amy Beck M.D. Physician Tim Becker M.D. Physician Jordan Becker M.D. Physician Jen Becker Janice Beckert LPC Lauren Becton M.D. Physician David Bedell M.D. Physician Rachel Bedick LICSW Social Work Kaycee Beglau Psy.D. Psychologist Kasra Behizad Physician Nicole Kellan Behnke M.D. Physician Deanna Behrens M.D. Physician Jack Beinashowitz Ph.D. Psychologist Flor Beleniski Physician Gail Bell Ph.D. Psychologist Keisha Bell M.D. Physician Michelle Bell Psy.D. Psychologist Christine Bell Christi Bell Social Work Danielle Bellavance Medical Student Lauren Belleville Stacey Belliard Victoria Belliard Juan Carlos Belliard Public Health Stefanie Belnavis Alexander Belser Ph.D. Psychologist Jennifer Beltz Ken Benau Psychologist Thomas Bender Cara Benedetto Trude Bennett Dr.PH. Public Health Alyssa Bennett D.O. Physician Catherine Benoist Marilyn Benoit M.D. Psychiatrist Michele Benoit-Wilson M.D. Doris Benrey Psychologist Maryann Bens Psychologist Peter Bensen D.C. Megan Tracy Benson MSW Social Work Ruth Benson LCSW Social Work Stephen Benson Ph.D. Psychologist Dawn Bent Social Work Suzanne Benton M.D. Physician Alexandra Berardi Phyllis Beren Ph.D. Social Work **Emily Berg** Kiley Berg Katherine Berg M.D. Physician Melinda Berg Nurse Salli Berg Seeley Sasha Berger Ph.D. Psychologist Cherylynne Berger Social Work Suzann Bergeron Christina Bergin M.D. Physician Marion Bergman, MD Brandon Bergman Ph.D. Psychologist Margaret Bergmann-Ness Social Work Sandra Berher

Susan Berkhout Social Work

Bonnie Berkovitz

Joan Berkowitz LCSW Social Work Sarah Berkson M.D. Psychiatrist Amanda Berling M.D. Physician Ellen Berman M.D. Psychiatrist Ariel Berman Psychologist Sheri Bernal Social Work Monica Bernheim LCSW-R Social Work Elizabeth Bernstein Ph.D. Psychologist Alice Bernstein Ph.D. Psychologist Amy Bernstein Anne Bernstein Ph.D. Psychologist Rebecca Bernstein M.D. Physician Stacey Bernstein-Haas M.D. Psychiatrist Julia Berreth Jennifer Berz Ph.D. Psychologist Luana Bessa Ph.D. Psychologist Katie Best LCSW Social Work Paul Betty Melissa Beveridge-Massard Meenakshi Bewtra M.D. Physician Rebecca Bevda M.D. Physician Chris Beyrer M.D. Physician Amit Bhardwaj Physician Maya Bhatia M.D. Psychiatrist Karunya Bhattacharya Catherine Bianchi Ph.D. Psychologist Sara Bickerstaff Rebekah Bickford Psy.D. Psychologist Sarah Biederman Heather Biedrzycki LMHC Matthew Biel M.D. Psychiatrist Nina Bien Psychologist Thomas Bien Ph.D. Psychologist Britt Bilal Eva Bilderbeck Nurse Julie Bindeman Psy.D. Psychologist Marian Birch D.M.H. Psychologist Brenda Birmann Public Health Amahl Bishara Natalie Bishop M.D. Physician Michael Bishop M.D. Physician John Bishop Psychologist Joleen Bishop Ruth Bittner Social Work Anne Biwen Ph.D. Psychologist Melissa Black Ph.D. Psychologist Chame Blackburn M.D. Physician Faith Blackmore Nurse Judith Blackwell Joy Blackwood Public Health Shirley Blaha Nurse Amy Blair M.D. Physician Lynne Blaisdell Social Work Leigh Blake Mary Blakeslee Ph.D. Psychologist Heather Blanchard Christiane Blanco-Oilar Ph.D. Psychologist Lily Blank Psychologist Kevin Blank Susan Blank LPC Terry Blanken Ph.D. Psychologist Christine Blasey Ph.D. Psychologist Courtney Blashki Social Work Mindy Blatt Administrator Andrew Blatter Social Work Richard Bliss M.D. Physician Elizabeth Bliss M. Gregg Bloche Psychiatrist Katie Bloom Social Work Joyce Bluestone LCSW-R Social Work Cori Blum AAHIVS Physician Maria Blum Social Work Lawrence Blum Psychiatrist June Blum James Blum Raia Blum

Dana Blyth M.D. Physician Amy Boardman LPN Nurse Judith Bobbe Social Work Kate Bock LCSW Maria Bodic Physician Kira Boesch Ph.D. Psychologist Joelle Boeve M.D. Physician Terri Bogage Social Work Nicole Bokat Tammy Bolin Nurse Nicole Bologniin LCSW Social Work Andrea Bomgaars D.V.M. Rachael Bonawitz Physician Trudy Bond Psychologist Rhonda Bonett Ph.D. Lorena Bonilla M.D. Physician Ja,es Bonnar M.D. Psychiatrist Arielle Bonne Social Work Brittany Bonner Social Work Aaron Bonner-Jackson Ph.D. Psychologist Alice Bontempo Dr.PH. Psychologist Andrew Bontemps Psychologist Annie Bonz Claire Boogaard Physician Barbara Booker CSW Social Work Susan Booth-Daniels Social Work David Bor Physician Christina Borba Ph.D. Kathi Borden Ph.D. Psychologist Alena Borgatti Medical Student Psychologist Néstor Borrero Ph.D. Psychologist Clari Borrero Physician Rachel Bosch Scientist Pauline Boss Ph.D. Psychologist Kristie Bosworth Psychiatrist Naomi Botkin M.D. Physician Steven Botticelli Ph.D. Psychologist Ghislaine Boulanger Ph.D. Psychologist Mirna Boumitri Physician Missy Bourassa Bernadette Bourassa CED Marianne Bouthilette Mary Bowers Ph.D. Psychologist Colleen Bowers Sacharitha Bowers M.D. Physician Kristin Bowles Social Work Jan Bowman Ph.D. Psychologist Sandy Bowman Jessica Boyatt Psychologist Jessica Boyatt Psychologist J. Wesley Boyd M.D. Physician Andrew Boyd Physician Rhonda Boyd Ph.D. Psychologist Darcy Boyd Nurse Sara Boyles Nurse Linda Bozza CM Yelena Bracchini M.D. Physician Juliet Bradley M.D. Physician Mary Brady Public Health Lorri Brady Gail Bragg Social Work Martha Bragin Social Work Deana Bramley Social Work Melissa Brand Psy.D. Psychologist Stephanie Brandt M.D. Psychiatrist Heather Branham LCSW Social Work Irina Bransteter Ph.D. Psychologist Jeanie Brasie Lucinda Bratini Ph.D. Psychologist Christine Bratton PT Jacqueline Brauer Social Work Elizabeth Braunreuther Teresa Bray Mary Braza Physician Susanne Breckwoldt Ph.D. Psychologist Leela Breitman

Sarah Bren Ph.D. Psychologist Sharon Brennan Ph.D. Psychologist Mary Brennan Psychologist Sarah Brennan Ph.D. Psychologist Cameron Brennan M.D. Physician Liz Brenner LICSW Social Work Yocasta Brens Kerri Bresnan Psy.D. Psychologist Cheryl Brewer Nurse Noel Brewer Ph.D. Public Health Loretto Brickfield Ph.D. Psychologist Christine Bridges M.D. Physician Amanda Bridges MSEdPsychologist Jeralee Briggs Ph.D. Psychologist Kathryn Brigham Physician Aaron Brinen Psy.D. Psychologist Rachel Bring M.D. Physician Katie Britton Social Work Kate Brizzi M.D. Physician Janan Broadbent Psychologist Jeanne Brock MHP Social Work Julia Brockway M.D. Physician Bari Brodsky M.D. Physician Stephanie Brody Psy.D. Psychologist Leslie Brody Psychologist Yosef Brody, Ph.D., Clinical Psychology Mary Beth Brogan MSEd Samuel Broida Jessica Brokaw LCSW-C Social Work Keith Brooks
Mary Brooks Nurse
Dominique Brossard
Mikki Broughton CMFT Psychologist Marge Broward
Jen Brown LICSW Social Work
Tara Brown Social Work
Kathleen Brown Ph.D. Psychologist Julia Brown Ph.D. Ida Brown LMHC Colleen Brown M.D. Physician Susan Brown Psy.D. Psychologist Wayne Brown Danielle Brown Public Health Barbara Brown Ph.D. Psychologist Kathryn Brown Dr Pat Brown Ph.D. Psychologist Rebecca Brown Psychologist Melanie Brown Medical Student Mary Brown Nurse Jane Brown Marybeth Brown Allison Brown Joedrecka Brown Speights M.D. Physician Jessica Browne Social Work Joshua Brownlee M.D. Physician Vered Brownstein Social Work Linda Brown-Tiritilli LMFT Thomas Bruce Psy.D. Psychologist Julie Brueggemann Diane Bruessow, PA-C April Brumson APRN Nurse Kristen Bruneau Frank Bruno Sarah Brunt Cathe Bruso LCAT Social Work Linda Bryant Mariel Bryden Physician Beverly Brysk Ph.D. Psychologist Wilma Bucci Ph.D. Psychologist Lisa Buchberg Psychologist Gretchen Buchenholz Administrator Susan Buck Scientist Carol Buckley Ayanna Buckner Physician Karen Budd Ph.D. Psychologist Joseph Buffone Social Work

Quynh Bui Physician Lydia Buki Ph.D. Psychologist Jennifer Bumpus Psy.D. Psychologist Jessica Buonocore Janet Burak LCSW-R Social Work Emma Burbank Physician Benjamin Burenstein Suzanne Burger Psy.D. Psychologist Lisa Burger Nurse Jacqueline Burgos Nancy Burke Ph.D. Psychologist Laura Burke M.D. Tracy Daniel Burke Psy.D. Psychologist Jennifer Burnett Mikaela Burnham M.D. Physician Erin Burns Sarah Burns M.D. Physician Cheryl Burns LPC Psychologist Autumn Burris Adam Burrows Physician Marcy Burstein Psychologist Rebecca Burton LMFT Bettina Buschel LMHC Kevin Bush Ph.D. Bob Bussel Rianne Bustamante RNC Nurse Melissa Butler Ph.D. Psychologist Reagan Butler Nola Butler-Byrd Ph.D.
Brenda S Butzel Social Work
Leonce Byimana MPH Administrator
Aliya Bynum M.D. Physician
David Byrom Ph.D. Psychologist
Jaehyun Byun M.D. Physician
Nancy Cabelus APRN-BC Forensics
Cynthia Cabral Ph.D. Psychologist
Jane Caflisch Ph.D. Psychologist
Jane Caflisch Ph.D. Psychologist
Laura Caghan Psy.D. Psychologist
Laura Caghan Psy.D. Psychologist
Pat Cahill Watson
Nicole Cain Ph.D. Psychologist
Dotty Caldwell LCPC
Susan Caldwell
Archna Calfee M.D. Physician Nola Butler-Byrd Ph.D. Archna Calfee M.D. Physician Cristina Calhoon Eric Caliendo Pamela Calkins Megan Callahan Ph.D. Elena Callahan Kathryn Callahan Physician Janet Callum Jose Camerino LISW Social Work Anicea Campanale Amber Campbell LMHC Megan Campbell LMSW Social Work Michael Campbell Willa Campbell Anna Campion Ph.D. Psychologist Amelia Campos M.D. Physician Lynae Canales M.D. Physician Julia Candela Psychologist Lucy Candib M.D. Physician Lynn Cannici Gail Canzano Ph.D. Psychologist Rebecca Capasso M.D. Psychiatrist Tracy Capes M.D. Physician Alexis Capestany Nancy Caporaso Melisa Caprio Rose Capurso Psychologist Daniela Caraballo Social Work Carolyn Carbone Ph.D. Psychologist Cheryl Card Ph.D. Psychologist Linda Carden Nurse Alondra Cardenas Physician Alonso Cardenas M.D. Psychiatrist Dana Cardin M.D. Physician

Jinyen Carew Sandra Carey Psy.D. Psychologist Michele Carfiello Public Health Elizabeth Caritj LCSW-C Social Work Elizabeth Carley Vanessa Carlo Physician Megan Carlos Ph.D. Psychologist Martha Carlough Physician Cindy Carlson Ph.D. Psychologist Laura Carlson M.D. Physician Laurie Carmichael CPNP Nurse James Carnelia Ph.D. Psychologist Ann Carnevale Medical Student Physician Yvette Caro Ph.D. Psychologist Sarah Carpenter M.D. Physician Erica Carr LCSW Social Work Daisy Carrasquillo Social Work Heidi Carrillo Lisanne Carr-Jos CHFS Monique Carroll APRN Physician Maureen Carroll Larkin Carroll Social Work Monica Carsky Ph.D. Psychologist Lesley Carson Physician Denise Carter Nurse Stephanie Carter LCSW Social Work Nicole Carter M.D. Physician Marie Caruso-Teresi, ATR-BC Alan Carver M.D. Physician Ilene Carver Deborah Carver M.D. Psychiatrist Alfred Casale Anicu Casai Lauren Casapulla MAOM Psychologist Kristy Case LCSW Social Work Gretchen Case Ph.D. Consuelo Casillas M.D. Physician R. Omar Casimire Taymy Caso Julio Casoy Physician Flavio Casoy M.D. Psychiatrist Patricia Cassidy Nurse Kate Cassidy-DeVito CNM Veronica Castaldi Lourdes Castañon-Ditillo M.D. Physician April Castillo M.D. Physician Betsy Catalano Social Work Alexandra Cattaruzza Psychologist Marissa Caudill Psychiatrist Kelsey Cavanagh-Strong Social Work Patricia Cavanaugh William Cayley M.D. Physician Traci Caywood RN Nurse Diana Cejas M.D. Physician Marianne Celano Ph.D. Psychologist Armand R Cerbone Ph.D. Psychologist Colleen Ceremuga M.D. Physician Lilia Cervantes Physician **Eunice Cervantes** Christine Cesa Social Work Brittany Cesar Physician Elizabeth Cestero Social Work Smitha Chadaga M.D. Physician Jeanne Chadwick Ph.D. Public Health Melissa Chai Rachel Chalmer M.D. Physician Anne Chamberlain Physician Linda Chamberlin Scientist Renae Chambers Vivian Chan Medical Student Physician Wendy Chan Psy.D. Psychologist Karen Chandler M.D. Physician Jane Chandley NP Sam Chang Physician Jennifer Chang Kimberly Chang M.D. Physician Doreen Chang Catina Chang Ph.D. Psychologist

Lorena Chang Dorothy Chao Nurse Natalie Chap MSW Social Work Claudia Chapa M.D. Physician Teresa Chapa Ph.D. Psychologist Lisa Chapman Paige Chapman-Layland Mitchell Charap M.D. Physician Dana Charatan Psy.D. Psychologist KC Charette Psy.D. Psychologist Julie Charette Nunn Kimberly Charlebois LPN Nurse Kimberly Charlebois LPN Nurse John Charles Emily Charvis LCSW Social Work Alison Chase ANP Avik Chatterjee Physician Bithi Chatterjee Scientist Akshata Chaudhary Nila Chauhan M.D Physician Felicia Chavando Krishna Chavda Gerald Chavez Ph.D. Psychologist Mira Chaykin Lorna Cheifetz Psy.D. Psychologist Emily Chen Physician Stephanie Chen Physician Leian Chen M.D. Physician Austin Chen Isabelle Chesley Nurse Serana Chester Psychologist Laura Chester LMHC Zahra Chevannes Social Work Gurbir Chhabra Physician Jennifer Chia M.D. Physician Natasha Chida Physician Lucy Chie M.D. Physician Donna Chimera Ph.D. Psychologist Mary Chiou M.D. Physician Beth Chirillo Makini Chisolm-Straker Allison Chizum Nurse Anne Chmilewski M.D. Physician Deborah Choate M.D. Psychiatrist Komal Choksi Ph.D. Psychologist Sapna Chopra Psychologist Eve Chou Nurse Alice Christensen Ph.D. Psychologist Laura Christensen LCSW Social Work Mary Christensen Ph.D. Social Work Nicole Christian-Brathwaite M.D. Physician Teresa Christmas PC Paulette Christopher Psychologist Ilia Christy Physician Krista Chronister Psychologist Michelle Chu Physician Tina Chu M.D. Physician Cheryl Church Elizabeth Cieri Psychologist Pamela Cipriano Ph.D. Nurse Phoebe Cirio LCSW Social Work Lauren Ciszak M.D. Physician Eleba Clamen Megan Clapp MACP Psychologist Melissa Clapp Elizabeth Clark Psychologist Guiselle Clark M.D. Physician Renea Clark Nurse Sarah Clark Twyla Clark PA-C Dorothy Clarke John Clarkin Ph.D. Psychologist Megan Clary Ph.D. Psychologist Christina Clasp Social Work Philip Claus Social Work Lance Clawson M.D. Psychiatrist

Gillian Claycomb Sarah Cleary Ph.D. Psychologist Erin Cleary M.D. Physician Monica Clement Psychologist Anne Clements Social Work Courtney Clifford Elayne Člift Jim Clopton Ph.D. Psychologist Cynthia Closs D.S.W. Social Work Autumn Cloud-Ingram LMSW Social Work Kai Clough Erin Clowes Scientist Mary Coakley-Welch Ph.D. Psychologist Ashley Coats Psychiatrist Ali Cobb Mary Cobb Nurse Rachel Cobb Margaret Coble Catherine Coble LCSW-C Social Work Daniel Cochrane Laura Coffey LCSW-R Social Work Ellen Coffey Ph.D. Psychologist Erica Coffin M.D. Physician Alison Cogan Scientist Robert Cohen M.D. Physician Sarah Cohen M.D. Psychiatrist Mardge Cohen M.D. Physician Elise Cohen Ph.D. Samuel Cohen Physician Rebecca Cohen AAHIVS Physician Terri Cohen Lisa Cohen Ph.D. Psychologist Rebecca Cohen Ph.D. Psychologist Barbara Cohen Psychologist B. Beth Cohen Ph.D. Psychologist Naomi Cohen Janice Cohen Julie Cohen Nurse Robyn Cohen Psychologist Gwen Cohen-Brown D.D.S. Shara Cohn M.D. Physician Richard Cohn-Lee Jesse Cole Physician Jennifer Coleman Stephanie Coleman LMFT Linda Collazo M.D. Physician Crystal Collier Psy.D. Psychologist Meaghan Colling Physician Cheryl Collins M.D. Psychiatrist Kevin Collins RN Nurse Sara Colm Niki Colombino Ph.D. Psychologist Cassie Colwell Physician Gene Combs M.D. Psychiatrist Allegra Condiotte Alissa Conklin M.D. Physician MaryAnn Conley Lynette Connell M.D. Physician Jennifer Connell Social Work Mark and Nancy Jo Connell Patrick Connelly Psy.D. Psychologist Karin Connelly Ph.D. Psychologist Meghan Connett Physician Sara Connolly M.D. Physician

Kristen Connolly M.D. Physician

Shilpa Constantinides Public Health

Veronica Contreras D.O. Physician

Paola Contreras Psy.D. Psychologist

Keith Cook Ed.D. Psychologist

Keith Cook Ed.D. Psychologist

Stephanie Constantino M.D. Physician

Shae Connor M.D. Physician

Brenna Conroy Physician

Kimberly Contant Nurse

Daniel Connolly

Lisa Cook Kristopher Coontz Physician Katherine Cooper LCSW Social Work Anna Cooper Social Work Jesanna Cooper M.D. Physician Jolie Cooperman Carmen Coots Teresa Coppola Social Work Maureen Corbett Psychologist Janet Cordell RN Nurse Claudia Cordoba Physician McKenna Corlis Dana Corman Social Work Maria Corona Elizabeth Corsale Sara Cortes Physician MaryAnn Cortez-Jesse Nurse William Cosgrove M.D. Physician Shari Coskey, Ph.D. Psychologist Saba Cossor M.D. Physician Gerard Coste M.D. Physician Margaret Costello Christie Cotcher Emily Cotter M.D. Physician Deborah Cotton Physician Maripat Cottone Nurse Ailish Coughlan Kelly Coulehan Ph.D. Psychologist Kimberley Coup Christine Courtney M.D. Physician Michael Cover Shannon Covitz D.O. Physician J Carolyn Cowan Ph.D. Psychologist Mackenzie Cox Social Work Valerie Cox Pharmacist Lisa Cox MSW Social Work Susan Coyle Scientist Stephanie Coyne Ph.D. Psychologist Erik Craig Psychologist Joy Crandall D.O. Physician Leilani Crane Psychologist Susan Crane Nurse Lisa Cranmer Physician Thomas Crawford Psychologist Jennifer Creedon M.D. Physician Allison Cressy Public Health Julie Ann Crewalk M.D. Physician Janice Crist Nurse Diane Critchlow Kelly Cromer Psychologist Hope Cromer Psychiatrist Jay Crosby Ph.D. Psychologist Sondra Crosby M.D. Physician Meghan Crosby Budinger LCPC Amanda Crosier-Riffle M.D. Psychiatrist Michael Crouch Allison Croucher D.O. Physician Denise Crowther Brenndan Crumley Craig Cruzan Ph.D. Psychologist Zandra Cruz-Paul Social Work Brigette Cuffia Nancy Culhane Psychologist Rachel Cull Psy.D. Psychologist Ellen Cullen Social Work Rebecca Culver Charles Cuneo Physician Tiffany Cunningham LICSW Forensics Thomas Cunningham Physician Juanita Curran Social Work Anjuli Curran Social Work Linda Curreri Katrina Curry LMFT Colleen Curtin Physician Judy Curtis Psychologist Sharon Cushman Dr.PH. Psychologist Michelle Cushman Psychologist

Adele Cuthbert Ph.D. Psychologist Beverly Cutler Psychologist Michelle Cutler Ph.D. Psychologist Mona Cutolo Alexandra Cyr Andrea Cyr LPC Bruce Czuchna Psy.D. Psychologist Laura Czulada D.O. Physician Cassandra D'Accordo Ph.D. Psychologist Ann D'Ercole D.Phil.Psychologist Kathy Da Silva Social Work Laura DaBruzzi Social Work Clifford Dacso Physician Mara Dacso M.D. Physician Matthew Dacso M.D. Physician Kirsten Dahl Ph.D. Non-MD Amber Daigle Jamila Dakhari Psy.D. Psychologist Mona DalalM.D. Physician Tammy Dale Psychologist Renee Daley Social Work Sara Daly LCSW-C Social Work Megan Daly Mike Daly Amy Damashek Psychologist Elisheva Dan Ph.D. Psychologist Lisa Danaczko Megan D'Andrea Ellyn Daniels Ph.D. Psychologist Ron Daniels Valerie Danielson M.D. Physician Barbara Danish Nancy Dankiw David Dantzker, MD Kelly Dardeen Ph.D. Psychologist Sherry Darr Allison Darrow Administrator Katherine Darwish Psychologist Moupali Das M.D. Physician Debesh Das Public Health Arijit Dasgupta Physician Heather Data and Planning Manager Administrator Rachelle Dattner Ph.D. Psychologist John Dauer Social Work Sigrid DaVeiga M.D. Physician Edward DaVeiga Physician Sonya Davey Lance Davidow Ph.D. Kristin Davidson Jenny Davidson Leslie Davidson M.D. Physician Leela Davies M.D. Physician Tammara Davis M.D. Psychiatrist Kristin Davis Mary Davis Stacie Davis Martha Davis Ph.D. Psychologist Heather Davis Diane Davis LCSW Social Work Elizabeth Davis LICSW Social Work Dawn Davis Physician Deborah Dawson Psy.D. Psychologist Stephanie Dawson Deborah Day Psy.D. Psychologist Zara Day MPH Public Health Manisha Dayal Psy.D. Psychologist Trish Dayan Social Work Cathy Dayan Cecile de Lardemelle Psy.D. Psychologist Cynthia de las Fuentes Psychologist Amanda De Laurentiis Angeles de Leon MSW Social Work

Nicholas De Los Reyes Ph.D. Psychologist

Christine De Luca Administrator

Daphne de Marneffe Ph.D. Psychologist Lauren De Nitto Social Work Helene De Rengerve Administrator Isak de Vries LCSW Social Work Ellen DeBiase Katrina Debs Lisa Deck Social Work Norman Decker M.D. Psychiatrist Chelsea Decker Nurse Bahney Dedolph Social Work Gina DeGiovanni M.D. Physician Caitlin Deighan Marla Dekker Dina del Amo Psv.D. Psvchologist Leslie Delavan Mona Delavan Ph.D. Psychologist Mercedes Delgado M.D. Physician Mary Delgado MPH Public Health Mercedes Delgado-Lantigua Th.D. Chantè DeLoach Psy.D. Psychologist Levland DelRe RN Nurse Anthony DeLuca Gloria Demby LCSW-R Social Work Gisela Demko Psychologist Elizabeth Demma RRT Colleen Dempsey Social Work Mark Denison Ph.D. Psychologist Miriam Denmark Social Work Lauren Dennehy Social Work Kathy Dennis Nurse Al Dennis Nurse Marc Dentico-Olin M.D. Physician Carole Denton Elizabeth Derbes MPH Public Health Aimee Dershowitz Psychologist Peggy Dervitz Social Work Purnahamsi Desai Physician Malini Desai Sheetal Desai D.O. Physician Kristin DeSantis Physician Robin Deutsch Psychologist Robin Deutsch Ph.D. Psychologist Josephine Deutsch Nurse Rosalyn Deutsche Michael Devlin M.D. Psychiatrist Elizabeth DeVries Nurse Madeline DeWane Mavis DeWees Raphael Deykin Kristin Dezen Psychologist Ramandeep Dhillon M.D. Physician Harinder Dhindsa Physician Elizabeth Diamond Ph.D. Psychologist Ellen Diamond Psychologist Caroline Dias Physician Kevin Diasti M.D. Physician Erick Diaz Chanelle Diaz Physician Monique Díaz M.D. Physician Sara Diaz Physician Donna DiCello Psy.D. Psychologist Lyn Dickert-Leonard M.D. Physician Agnes Dickson Ph.D. Psychologist Amy Dierberger Ph.D. Psychologist JoAnn Difede Ph.D. Psychologist Una Diffley Public Health Abigail Dillaha Scientist Mark Dilley Colleen Dillon Ph.D. Psychologist Oscar Dimant Medical Student Physician Adriana DiNardo LCSW-R Social Work Matthew Diner Ph.D. Social Work Khanh Dinh Ph.D. Psychologist Joan Dinkelspiel Danielle Dion M.D. Physician Patricia Dion

Maryanne DiPasquale Lori DiPrete Brown MSPH Public Health Aislyn DiRisio Rachel Dishong RN Nurse Jessica Disney Michael Ditillo D.O. Physician Floyd Dix MSW Social Work Tristen Dixey Thomas Dixon Psychiatrist Jessa Dmytryszyn Psychologist Stephanie Doane Ph.D.Psychologist Betsy Dobbins Social Work Bruce Dobkin M.D. Physician Diana Dodds Nurse Chelsea Dodgen LCSW Social Work Katharine Doel LCSW Social Work Barbara Doggett Paul Doherty M.D. Physician Terrance Dolan Ellen Dolce LCSW Social Work Eszter Domjan Julia Donahue-Wait RN Public Health Emily Donaldson-Fletcher M.D. Physician Carol Donalson LPC Elizabeth Donger Public Health Cathy Donnenwirth LPC Michael Donner Ph.D. Psychologist Lynn Donoghue Lucas Donovan Nurse Molly Donovan Ph.D. Psychologist Samuel Donovan M.D. Physician Katherine Donovan Melissa Donovick Psychologist Anne Marie Dooley Social Work Aliza Dorevitch Benjamin Dorevitch Robert Dorfman Lori Dorfman Dr.PH. Public Health Caroline Dorsen Nurse Amrit Dosanjh Laura Doty Ph.D. Psychologist Susan Doty Ann Douglas Psychologist Nina Douglass LICSW Social Work Hillary Douin Social Work Meredith Dove Ph.D. Psychologist Patricia Dowds Ph.D. Psychologist Kristin Dowell Elizabeth Downing Jennifer Downs Psychiatrist Mary Cele Doyle Kathleen Doyle Physician Ina Doyle Allison Doyle Public Health Michelle Doyle Reinhild Draeger-Muenke Psychologist Mihaela Dranoff Psychologist Albana Dreshaj Physician Amy Drever Social Work Carmel Drewes Social Work Lisa Drexler Ph.D. Psychologist Rebecca Drill Ph.D. Psychologist Jennifer Driscoll LMFT Patrice Drolte Nurse Howard Drutman Ph.D. Psychologist Joy Dryer Ph.D. Psychologist Becca Dryer Robin Du Fang Duan Dr.PH. Social Work Lisa Dubinsky Psy.D. Psychologist Joanna Dubinsky Andy Duffy Social Work Martha Dugan Ph.D. Psychologist Kelly Duggan Psychologist AJ Dugger Ph.D. Psychologist Alison Duncan M.D. Psychiatrist Lesford Duncan Administrator

Joan Duncan Ph.D. Psychologist Deborah Dunevant Elizabeth Dunford Nurse Kathleen Dunn Psychologist Linda Dunwoodie LMFT Psychologist Melina Dupin-Girod Vanessa Durand DO Physician Alejandra Durango Psychiatrist Rosemary Durousseau Psychologist Audrey Durrant M.D. Physician Silvia Dutchevici LCSW-R Social Work Erica Dwyer M.D. Physician Carol Ann Dyer M.D. Psychiatrist Robert Dver LMHC Ilene Dyller Ph.D. Psychologist Ann Dypiangco Social Work Anna Dzierzgowska Shawna Eaddy Administrator Linda Earley Psy.D. Psychologist Lauren Earls Ph.D. Psychologist Derek Easley Social Work Ann Easterbrooks Ph.D. Merle Eaton LPN Nurse Devon Ebbing M.D. Physician Art Eccleston Psy.D. Psychologist Kelsey Echols M.D. Physician Jennifer Eckersley William Eddy Sara Edelstein Madison Edens Medical Student Physician Anna Eder LISW Social Work Karli Edholm M.D. Physician Susan Edlis Social Work Jen Edman M.D. Physician Mark Edwards Beverly Edwards M.D. Physician Erin Egan Social Work Cameron Egan Social Work Jonas Ehudin Social Work Luise Eichenbaum Social Work Meredith Eicken Physician Roy Eidelson Ph.D. Psychologist Danielle Eigner DO Physician

Nancy Einbinder Elizabeth Einhart Jay Einhorn Ph.D. Psychologist Laura Eisdorfet Psy.D. Psychologist Lynne Eisenberg Social Work Vivien Eisenberg M.D. Psychiatrist Mark Eisenberg ANP Physician Janie Eisenberg ACSW Social Work Leo Eisenstein Medical Student Barbara Eisold Ph.D. Psychologist Gina Eixhenbaum-Pikser

Carolina Ekonomo MHP Psychologist Carolina Ekonomo MBA Psychologist Omer Elad MSW

Sarah Eley Social Work Sarah Elgart NP-C Nurse Mirret El-Hagrassy Physician Alison Elia

R. Hope Eliasof LICSW Social Work Ori Elis Psychologist

Jenny Elizabeth Rosalie Elkinton Nurse Meira Ellias LCSW-C Social Work Kayleena Ellins Psychologist Laura Elliott FNP-BC Nurse John Elliott LMFT Daniel Goldy Psychiatrist Wendy Most LCSW Social Work

Stepam Tenda Ph.D. Psychologist Charles Elliot Ph.D., Psychologist Elizabeth Elliott, Nurse Lucia Ellis, LCSW Christine Ellis Lauren Ellis, APN

Carolyn Ellman Ph.D., Psychologist Nancy Elman Ph.D., Psychologist Allison Elmer CPH, Public Health Britt Elsing LMHC Parisa Emam Jo Emerald, Nurse Jessica Emerson, Social Work

Eleanor Emery M.D., Physician Kasie Emery Michelle Emrich M.D., Physician

Alicia Enciso Ph.D., Psychologist Nonso Enekwechi M.D., Psychiatrist Melissa Engel, Physician Rachel Engelberg M.D., Physician Elizabeth Engelberg Psychologist Diane Engelman Ph.D., Psychologist

Abigail English Cristina English, Nurse Laura Ennis Ruth Enriquez PT Dee Enst D. E-Platt LMT

Ronald Epstein M.D., Physician Sue Epstein Ph.D., Psychologist Daniel Epstein

Tamar Epstein-Kaye Psy.D., Psychologist Anne Erde

Lisa Erlanger M.D., Physician Suzanne Ernst Psy.D., Psychologist

Emily Eruysal Cynthia Ervin Ph.D., Psychologist Sabrina Esbitt Ph.D., Psychologist Leo Esclamado, Social Work Susan Esquilin Ph.D., Psychologist Jenna Essakow, Physician Todd Essig Ph.D., Psychologist

Roberta Estar Ph.D., Psychologist Karen Estefane Ph.D., Psychologist Joey Estrada Ph.D., Social Work Erin Etzel Ph.D., Psychologist Lindsay Eun M.D., Physician Diane Evano Mary Evans M.D., Physician

Emily Evans Jeanne Even, Social Work

Sandra Everlove Elizabeth Evert LCSW-R, Social Work Nate Ewigman, Psychologist Daniel Ezzo Medical Student Physician Laurence Fabre-Welmond, Social Work Mary Fabri Psy.D., Psychologist

Rebecca Fadil LCSW, Social Work Sharon Fagin Ph.D., Psychologist Karen Faherty Rosen Ph.D., Psychologist Nancy Fair Ph.D.

Dana Fairbanks M.D., Physician Deborah Fairbanks Angela Fairweather, Psychologist

Dorothy Falarski

Liz Falco RN, Nurse

Marissa Falkiewicz M.D., Physician Olivia Familusi, Medical Student Physician

Nicole Fanarjian Physician Nora Fandino Social Work Beverly Fang, Psychiatrist Shelli Farhadian, Physician Anthony Farley

Anthony Farley

Elizabeth Farmer, Social Work

Michelle Farmer

Caroline Farnham, Social Work Minnah Farook, Psychologist Rachel Farr, Psychologist Pamela Farrell LCSW, Social Work

Catherine Farrell MaryCate Farwell

Elizabeth Faus Psy.D., Forensics Nathan Favini M.D., Physician Rachel Fay Shaena Fazal Piergiuseppe Fedele M.D., Psychiatrist June Feder Ph.D., Psychologist Naomi Feiman M.D., Physician Eric Fein M.D., Physician Deborah Fein M.D., Physician Kenneth Feiner, Psychologist Susan Feingold Psy.D., Psychologist Ron Feintech Ph.D., Psychologist Luz Felix-Marquez M.D., Physician Stephanie Fellenberg Psy.D., Psychologist Samuel Fels Joyce Felsenfeld Jamie Fenimore Lenore Fenn Tim Fenton Hope Ferdowsian M.D., Physician Robin Ferguson Luz Fernandez M.D., Physician Wendy Fernandez Pamela Fernandez Marialys Fernandez RDH Rebecca Fero, Social Work Aliya Feroe, Physician Natalie Ferraiolo M.D., Physician Rebecca Ferri Chris Ferrill Ellen Fetchiet, Social Work Sue Ellen Feuerstein Dara Fields CNM Jill Fieleke, Nurse Megan Fiero, Social Work Sarah Filer RN, Nurse Beryl Filton Ph.D., Psychologist Alan Filzer D.D.S. Meaghen Finan, Physician Suzann Finch Nika Finelt M.D., Physician Mary JohannaFink M.D., Physician Jo-Ann Finkelstein Ph.D., Psychologist Toby Finneman Ellen Finney M.D., Physician Joan Fiorello Ph.D., Psychologist Lia Fioroni Kim Firn Jennifer Cecilia Fish M.D., Physician Rachel Fish Psy.D., Psychologist Angella Fish Pharm.D., Pharmacist Jessica Fish, Public Health Anne Fishel Ph.D., Psychologist Celia Fisher Ph.D., Psychologist Janet Fisher Ph.D., Social Work Judy Fisher, Social Work Josie Fisher Lana Fishkin, Psychiatrist Anna Fishzon Ph.D. Stephanie Fitting CNM, Nurse Lindsay Fitzgerald LMSW, Social Work Morgan Fitzpatrick ANP-BC Megha Fitzpatrick, Physician William Flack Ph.D., Psychologist Michelle Fladebo RN, Nurse Cynthia Flannery LCSW-C, Social Work **Brittany Flemming** Sarah Flemming M.D., Physician Mark Flescher Ph.D., Psychologist Ryan Flinn, Psychologist Monica Flint Kathleen Flinton LICSW, Social Work Juan Flores D.O., Physician Vanessa Flores M.D. Sharon Flory LCSW-R, Social Work Rebecca Flugrad Beth Flumignan

Milana Flusberg, Physician Eugene Flynn CSW, Social Work Ann Flynn Ed.D. Psychologist Mary Flynn M.D., Physician Sharon Flynn M.D., Physician Monica Fogarty M.D., Physician Katie Fogel, Public Health Jennifer Fojtik Sara Folden LICSW Social Work Kathleen Foley M.D., Physician Suzanne Foley Virginia Fonner Ph.D., Public Health Noemi Ford, Psychologist Laura Ford, Social Work Terence Ford, Psychologist Elizabeth Ford M.D., Psychiatrist Kathryn Ford Ph.D., Psychologist Denisse Forghani M.D., Physician Jenny Forman Sarno, Social Work Evan Formosa, Medical Student Miriam Fors FNP-BC, Nurse Lisa Fortuna M.D., Psychiatrist Shelly Foster Amanda Foster Ph.D., Psychologist Teresa Foster DO, Physician Jennie Foster, Physician Charissa Fotinos M.D., Physician Eric Fox, Physician Peter Fraenkel Ph.D., Psychologist John Frampton Psy.D., Psychologist Kathy Franchek M.D., Physician Stephanie Francis Diana Franco, Social Work Diana Franco, Social Work Wendy Franco Ph.D., Psychologist Marion Frank Ed.D., Psychologist Arlene Frank Ph.D., Psychologist Jodi Frankel Ph.D., Psychologist Steven Frankel M.D., Psychiatrist Randy Frankel LCSW, Social Work Heather Frankfort Katie Franko Alhambra Frarey, Physician Elise Fraser Chris Fraser, Social Work Elio Frattaroli, Psychiatrist Jennifer Fray Psy.D., Psychologist Stacy Frazier, Psychologist $Heather\ Frechette\ Psy. \overset{\bullet}{D}.,\ Psychologist$ Karla Fredricks, Physician Alexis Freedberg M.D., Physician Wendy Freedman Ph.D., Psychologist Robin Freedman LPC Michael Freedman M.D., Physician Carol Freedman-Doan, Psychologist Bryony Freij LCSW, Social Work Shelby French, Social Work Katherine French, Nurse Elizabeth Frenette Erin Frick Psy.D., Psychologist Joanna Fried M.D., Physician Jill Frieders PNP, Nurse Stephen Friedman Ph.D., Psychologist Jaime Friedman M.D., Physician Joy Friedman M.D., Physician Jean Friedman LCSW, Social Work Jeanne Friedman, Nurse Heather Frost, Social Work Lindsay Fry, D.V.M. Sandra Fryrear LCSW-R, Social Work Milton Fuentes Psy.D., Psychologist Annie Fukushima Ph.D., Social Work Hina Fullar MBBS, Psychiatrist Jennifer Fuller Psychologist Ashley Fuller M.D., Physician Amy Funkenstein M.D., Psychiatrist Toby Furash, Public Health

Crea Fusco M.D., Physician

Ilaria Fusina, Social Work Stephanie Gabriel LICSW, Social Work Sonya Gabrielian M.D., Psychiatrist Susan Gadoua LCSW, Social Work Vandy Gaffney M.D., Physician Deborah Gage, Physician Anne Gaglioti M.D., Physician Vivian Gainer Faith Galderisi D.O., Physician Miriam Galescu M.D., Psychiatrist Giselle Galindez Katharine Gallagher, Social Work Judith Gallant LCSW-C, Social Work Kathy Gallardo M.D., Psychiatrist Dolores Gallegos RN, Nurse Deborah Gallegos, Nurse Diane Galleher Aileen Galley, Social Work Jacqueline Gallios, Psychologist Kelly Gallivan, Nurse Ashlev Gallo, Public Health Karen Galvan Laura Galvan Maria Galvez Ximena Galvis Alice Gambardella Barbara Gamble, Psychologist Simone Gamble, Social Work Christopher Gamboa, Public Health Christopher Gamboa, Public Health Ingrid Gamez Joanna Gan M.D., Physician Laurie Ganberg LICSW, Social Work Nathalie Gangel David Gangsei Ph.D., Psychologist Catherine Gannage Wendy Garabedian, Physician Melinda A Garcia Ph.D., Psychologist Eric Garcia Stephanie Garcia AAHIVS, Physician Cristina Garcia, Physician Jorge A. Garcia M.D., Physician Krysti Garcia Lydia Garcia D.O., Physician Ximena Garcia M.D., Physician Ruth Garfield M.D., Physician Bonnie Garfield, Psychologist Tracy Garrett Ph.D., Psychologist Elaine Garrod Psy.D., Psychologist Theresa Garvin LICSW, Social Work Leticia Garza Erin Garza M.D., Physician Camille Garza Ph.D., Psychologist Alvaro Garza M.D., Public Health Aviva Gaskill Ph.D., Psychologist Cynthia Gasper M.D., Physician Dafna Gatmon Ph.D., Psychologist Tami Gatta Mason Gauss D.V.M. Brenda Gauthier, Social Work Tania Gauvin Athena Gavaris, Social Work Megan Gaydos, Public Health Helen K. Gediman Ph.D., Psychologist Nan Gefen Ph.D., Social Work Kristi Geissler Ph.D., Psychologist Jenny Geller, Social Work Marx Genovez M.D., Physician Jill Gentile Ph.D., Psychologist **Emily Georges** Lisa George-Svahn Nurse Jean Geran Ph.D. Susan Gerber M.D., Physician Jaime Gerber M.D., Physician Lisa Gerdes, Nurse Margie Gerena Lewis M.D., Physician Ann Gerhardt M.D., Physician Mindy Gershon

Samuel Gerson Ph.D., Psychologist Ruth Gerson M.D., Psychiatrist Barbara Gerson Ph.D., Psychologist Meg Gerstenblith, Physician Erin Gertz M.D., Physician Frances Geteles Ph.D., Psychologist Lindsay Gezinski Ph.D., Social Work Sogand Ghassemi M.D., Psychiatrist Lia Giannosa Elizabeth Gibbons, Social Work Joanna Gibbons D.O., Physician Matthew Gibson, Psychiatrist Samantha Gibson Randall Gicker RN, Nurse Victoria Giffi M.D., Physician Jonathan Giftos M.D., Physician Shawn Gilbert Sara Gilbert Ph.D., Psychologist Jill Gilbert M.D., Physician Jacqueline Gilbert Psy.D., Psychologist William Gilbert Ph.D., Social Work Laelia Gilborn, MPH, LICSW Kelly Gilbreth, Social Work Ashu Gill M.D., Psychiatrist Lily Gill Lily Gill Alissa Gilles, Physician Linda Gillespie Kristina Gilley LCSW, Social Work Theresa Gillis M.D., Physician Morths Gillison P.B. P. Pershelesi Martha Gilmore Ph.D., Psychologist Katherina Gindinova Larry W Gingold Psy.D., Psychologist Janice Ginsberg, Social Work Taania Girgla Blean Girma MPH, Public Health Caroline Giroux M.D., Psychiatrist Deborah Giroux, Psychologist Sarah Girresch-Ward Marguerite Girton Hannah Gissel Bonnie Gitlin LCSW-R, Social Work Andrea Gitter Deborah Glasofer Ph.D., Psychologist Chsrles Glasser Jane Glassman Ph.D., Psychologist Kira Glassman, Social Work Heather Glaze Kate Glazer LCSW, Social Work Aaron Gleason Ph.D., Psychologist Sarah Gleason Ariel Glick Psy.D., Psychologist Rosalyn Glicklich, Psychologist Jason Glover M.D., Physician Karen Gluck, Physician Monica Gocial LCSW, Social Work Emma Godfrey Nicolette Godlove Anju Goel, Physician Brooke Gogel Claudia Gold, Physician Linda Gold Denise Gold Gina Gold, Psychologist Aryeh Goldberg M.D., Psychiatrist David Goldberg Psy.D., Psychologist Joan Goldberg Ph.D., Psychologist Gary Goldberg Ph.D., Psychologist David Goldberg M.D., Physician Alyssa Goldberg, Social Work Inna Goldberg, Social Work Andrea B. Goldberg LCSW, Social Work David Goldberg M.D., Psychiatrist Judith Goldberger RN, Nurse Roberta Golden Ph.D., Psychologist Lisa Goldenberg Ranny Goldfarb LCSW-R, Social Work Lorrie Goldin LCSW, Social Work

Laurie Goldman Daniel Goldman Ph.D., Psychologist David Goldman M.D., Physician Gretchen Goldman Ph.D. Angela Goldman William Goldman Andrew Goldstein M.D., Physician Debra Goldstein Theresa Goldstein Janice Goldwater ANP-HIV, Social Work Amy Golightly Ph.D., Psychologist April Goller D.O., Physician Meilan Goller, Social Work Jolie Golom, Social Work Linda Golumbia Ph.D., Psychologist Insiyah Gomberawalla, Physician Richard Gomberg, Psychiatrist Lynda Gomberg LeslieAnn Gomes Ruth Gomez, Public Health Rebecca Gomez M.D., Physician Maria Gomez Soler Cristina Gomez-Vidal MSW, Social Work Tara Gomez-Vidal, Nurse Carmela Gonzales M.D., Physician Carmela Gonzales M.D., Physician Duvis Gonzalez, Social Work Paola Gonzalez Psy.D., Psychologist Monique Gonzalez Psy.D., Psychologist Paola Gonzalez, Physician Chris Gonzalez Ph.D. Yvette Gonzalez LCSW, Social Work Erin Gonzalez M.D., Physician Sandra González M.D., Physician Joanna Good Sue Goodell Joanna Goodman Ph.D., Social Work Geoff Goodman, Psychologist Michaele Goodman, Psychologist Sharon Goodman, Social Work Nichole Goodsmith M.D., Psychiatrist Rutmi Goradia Michelle Gordon M.D., Physician Carol Gordon Psy.D., Psychologist Lynn Gordon Emma Gordon, Physician Carolyn Gordon, Ph.D. Patricia Gordon MSN, Nurse Timothy Gordon Amanda Gordon, Social Work Jessica Gorelick, Social Work Katherine Gorell Laurie Goren Psy.D., Psychologist Susan Gorey LCSW, Social Work Amy Gorman William Gorman Ph.D. Psychologist Irena Gorski MPH, Public Health Victoria Gosy, Physician Katherine Gotch, Psychologist William Gottdiener Ph.D., Psychologist Michelle Gottlieb Robert Gould M.D., Physician Elaine Gould Ph.D., Psychologist Edith Gould, MSW Andrea Gouze Susan Grabenstatter Brian Graber Amanda Graber Jacqueline Grace, Public Health Zach Grady Medical Student Physician Francoise Graf Ph.D., Psychologist Amy Graf Psy.D., Psychologist Ashleigh Graham Monica Grandy Ph.D., Psychologist Arthur Grant, Physician Julieann Grant M.D., Physician Elaine Grant

Judith Grant

Ashley Grant DO, Physician Sharmila Grant LCSW, Social Work Erin Graves, Nurse Julie Gravs M.D., Physician Lorraine Gray, Psychologist Brandon Gray, Psychologist Staci Gray PA-C Barbara Gray Ph.D., Psychologist Susan Greco, Physician Stacy Green Ph.D., Social Work Ilene Green Ph.D., Psychologist Monica Green Ph.D., Psychologist Katrina Green M.D., Physician Jane Green, Nurse Ann Green APRN, Nurse Brittany Greenbaum Brittany Greenbaum Suzan Greenberg Psy.D., Psychologist Melissa Greenberg, Psychologist Henry Greenberg, Physician Nancy Greenberg MSW, Social Work Traci Greenberg Ronnie Greenberg Ronnie Greenblatt Ph.D., Psychologist Rena Greenblatt Ph.D., Psychologist Jennifer Greene-Hall, Social Work Linda Greenfielf B Greenstein Ruth Greenthal Ph.D., Psychologist Astrea Greig Psy.D., Psychologist Andrea Greiner M.D., Physician Lori Gresham, Ph.D. Catharine Grey Susan Griffin, Social Work Jennifer Griffin, Social Work Thea Griffin Annette Griffin, Social Work Kelly Griffin M.D., Physician Jan Griffin Jessica Griffith Amanda Griffiths CSW Forensics Henry Grinberg Ph.D. Christina Gringeri, Social Work Kim Griswold M.D., Physician Meg Griswold Kira Gritsman M.D., Physician Jerry Grodin Allison Grolnick M.D., Psychiatrist Amber Groomes Ph.D., Psychologist Amanda Gropp, Social Work Mark Grosch Richard Grose Sarah Jane Grossbard, Psychiatrist Luanne Grossman Psy.D., Psychologist Katherine Groundwater, Nurse Brie Grousebeck, MD Sasha Growick Shelly Gruenbacher M.D., Physician Ruth Gruenthal, Social Work Ethan Grumbach Sarah Gubits LSW, Social Work Omar Gudino, Psychologist Brandon Guenthart M.D., Physician Jacqueline Guerrero Christina Guerrier Corinne Guest LSW, Social Work Natalie Guevara Lehman LCSW-C, Social Jennifer Guglia, Nurse Sharon Guild Stitt LMSW, Social Work Gypsy Guillen Kaiser Judith Gulko, Psychologist Adriane Gullotta-Gsell Ph.D., Psychologist Nancy Gump LMT, Psychologist Martina Gunaratnam M.D., Psychiatrist Traci Gunn Megan Gunnell, Social Work Johanna Gunther Michelle Guo, Medical Student, Physician

Parul Gupta M.D., Physician Stephen Gurley, Physician Jessica Gutchess, Social Work Elisabeth Guthrie M.D., Physician Ivonne Gutierres Amy Gutierrez, Physician Alisa Gutman M.D., Physician Gail Guttman LCSW-C, Social Work Terilye Guzman, Social Work Shelly H LCSW, Social Work Michelle Haas M.D., Physician Eric Haas Ph.D. Psychologist Danielle Haber M.D., Psychiatrist Sue Hacker Barbara Haddeb Jack Davis Haden LCSW, Social Work Erin Hadley Ph.D., Psychologist Julia Hadley April Haefner Ana Hagstrand, Psychologist Emily Hahn M.D., Physician Mara Haight LMHC, Administrator Margaret Hainer LCSW-R, Social Work Mona Halket Nicole Hall Linda Hall Timothy Hall M.D., Physician Madhura Hallman M.D., Physician Jaclyn Halpern Psy.D.
Antonia Halton Ph.D., Psychologist
Erin Hambrick Ph.D., Psychologist
Horace Rhodes Hambrick M.D., Physician
Kristin Hambridge LICSW, Social Work Paul Hamburg, Psychiatrist Fran Hamburg, Social Work Susan Hameline-Kasznay Lou Hamilton LCSW, Social Work Katie Hamilton Lori Hamilton Dianna Hamilton Cyndrita Hamilton D.O., Physician Ashley Hamm LPC Jacquelyn Hammel, Nurse Susan Hammond Magni Hamso M.D., Physician Christine Hancock M.D., Physician Stanley Handmaker M.D., Physician Scott Handy Kiley Hanish Kelly Hankins M.D., Physician Lauren Hanley M.D., Physician Tricia Hanley Ph.D., Psychologist Judith Hanlon Ph.D., Psychologist Sylvia Hanlon Betsy Hanna, Psychologist Rebekah Hanna, Nurse Meredith Hannan M.D., Psychiatrist Claire Hannes Andrea Hannold LCSW, Social Work Melissa Hansen Katie Hansen Diana Hansen, Physician Anita Haravon Ph.D. Corey Hardin Ph.D., Physician Laurie Hardin LPN, Nurse James Harding, Psychologist Susan Hardy, Social Work Allison Hare, Physician April Harger Nicole Harkin M.D., Physician Madeline Harms Ph.D., Psychologist Mary Harrel M.D., Physician Aimee Harrington, Public Health Rschel Harrington-Levey Ph.D., Psychologist Kathleen Harris MSW, Social Work Natasha Harris, Nurse

Frances Harris Ph.D., Psychologist Celeste Harris, Social Work Amber Harris, Psychologist Jennifer Harris Lauren Harris Meghan Harris Psy.D., Psychologist Jane Harrison Georgette Q. Harrison Angie Harrison Mary Harrison Dana Harron Psy.D., Psychologist Kelly Hart PA-C Rachel Hartline M.D., Physician Jessica Harwick Mary Lou Harwood Genevieve Hasek M.D., Physician Walaika Haskins Geri Hason PA-C Giselle Hass Psy.D., Psychologist Teresa Hassay Jane Hassinger, Social Work Shannon Hassler MSEd Samar Hassouneh, Physician Khoiviet Hathuc, Psychiatrist Katie Hatsushi M.D., Psychiatrist Lisa Hauck-Loy Samantha Hauff M.D., Physician Martin Hauser Tatiana Havryliuk, Physician Pamela Hawkesworth Kristin Hawkin Donna Hawxhurst Ph.D., Psychologist Johannah Hay M.D., Physician Amber Hayes Psy.D., Psychologist Kathy Hayes-Bloch, Social Work Jennifer Hayslett David Hayward Ph.D. Maria Hazbon Jane Hazen Helen Healy, Physician Amy Heberle, Psychologist Deborah Hecker Ph.D., Psychologist Kristin Hedgcock, Nurse Elizabeth Hegeman Ph.D., Psychologist Claudia Heilbrunn Doug Heimburger M.D., Public Health Elizabeth Heimburger RN, Nurse Trina Heinisch, Social Work Arthur Heiserman Dr.PH., Psychologist Michele Heisler, Physician Asal Hejazi Alisa Helfgott D.O., Physician Gabriel Heller Deborah Hellerstein Iris Hellner Ph.D., Psychologist Paul Helman M.D., Physician Sara Henderson Jo Henderson-Frost M.D., Physician Steven Hendlin Ph.D., Psychologist Bridget Hendricks Rebecca Hendrickson, Psychiatrist Michael Hendrickson Ph.D., Psychologist Karen Henley, Psychiatrist Jewell Henley M.D., Physician Kathi Hennessey LICSW, Social Work David Henning Dell Henriksen-DelVerne, Nurse Cassis Henry, Physician Alyson Henry Ph.D., Psychologist Linda Henry Sara Henry M.D., Physician Rachel Herbst Ph.D., Psychologist

Anne Herdman Royal M.D., Physician

Barbara Herman, Psychologist

Leticia Hernadwz, Physician

Mary Hernandez

Susan Herman Ph.D., Psychologist

Nicholas Hernandez Juliana Hernandez, Nurse Cinthia Hernandez Guadalupe Hernandez, Psychologist Laura Hernandez M.D., Physician Emily Hernandez Pounds, Social Work Kristina Herold, Social Work Linda Herreid Psy.D., Psychologist Elizabeth Herring, Social Work Anita Herron, Psychologist Philip Herschenfeld LMSW, Physician Owen Hershey Brooke Hersh-Thompson, Psychologist Justin Hersom LCSW, Social Work Kate Herts, Psychologist James Herzog M.D. Psychiatrist Joseph Herzog Kali Hess Arlene Heyman M.D., Psychiatrist Simone Heyward Psy.D., Psychologist Julie Hibbs, Social Work Leslie Hibdon Janelle Hickey, LMHC Cristina Hidrobo Michelle Higgins, Physician Linda Higley Ph.D., Psychologist Joan Hill Kevin Hill Tisa Hill MPH Carol Hillson Laura Himmelstein, Social Work Jessica Himmelstein, Physician Tatiana Hinds Adam Hines Denise Hines Ph.D., Psychologist Rachel Hines, Physician Danielle Hines Virginia Hines Virginia Hines, PA, LMHC, Psychologist Natalie Hinojosa, Social Work Stephanie Hinojosa M.D., Physician Carla Hinson Katya Hirose Karyn Hirsch MPH, Physician Britta Hirsch Harriet Hirsch Miriam Hirschstein, Psychologist Lauren Hittner, Physician Todd Hixson Tazley Hobbs M.D., Psychiatrist Jennifer Hobbs Shelley Hoberman, Social Work Jay Hochheiser, Social Work Alissa Hochman, Psychologist Kayce Hodos LPC Jennifer Hoffman, Physician Tim Hoffman Jennifer Hoffmann M.D. Physician Alexander Hogan M.D., Physician Vijaya Hogan, Public Health Julia Hoke, Psychologist Karen Holland Joy Holland Karen Holland Amanda Holland-Yang M.D., Physician Heather Holley D.O., Physician James Holmes Dr.PH. Thomas Holmes, Social Work Molly Holshouser ANP-BC, Nurse Russell Holstein Ph.D., Psychologist Keren Holt, Social Work Layra Holt, Physician Amanda Holt, Administrator Roberta Holtz Margaret Holtzman, Social Work Barbara L. Holzman LICSW, Social Work Jessica Hong LMSW, Social Work

Maria Hood, Social Work Filippine Hoogland, Nurse Kathryn Hooker Ed.S. Walter Hoops Jennifer Hope Ph.D., Psychologist Karen Hopenwasser M.D., Psychiatrist Phyllis Hopkins Ph.D., Psychologist Erin Hopkins, Psychiatrist Brittany Horan Evelyn Horn M.D., Physician Jessica Horowitz Beth Horowitz, Physician Sharon Horowitz Ph.D., Psychologist Tammy Horowitz M.D., Psychiatrist Susan Horrell, Nurse Sarah Horsley Helen Horton Christy Horton M.D., Physician Danielle Horwich, Social Work Mark Horwitz Ph.D., Social Work Jill Horwitz, Social Work Peggy Horwitz Jan Horwitz, Social Work Ava Hosseini, Nurse Elizabeth Hossfeld Marion Houghton LMFT Wendy Hounsel, Nurse Jonathan House M.D., Psychiatrist Donna Housman Ed.D., Psychologist Stephanie Houston, Physician Margaret Howard LCSW, Social Work Sarah Howard Celeste Howard Mary Howe Amanda Howell Stefanie Hoye, Psychologist Nicole Hsiang Sheng Hsu ANP-BC Julie Hsu Ph.D., Psychologist Tiffany Hu Sofia Hu Judy Hu, Psychologist Jennifer Huang M.D., Physician Jacqueline Hubbard Olivia Hudis Stephanie Hudson Sara Huffer M.D., Physician DiShonda Hughes Wilson Hughes Larissa Hughes Joy Hughes M.D., Physician Julie Hughes M.D., Physician Sandra Hughes Katherine Hughes, Social Work Margaret Hughes, Social Work Katherine Hull Psy.D., Psychologist Jane Hull-McIntire M.D., Physician Odile Hullot-Kentor, Psychologist Leslie Hulvershorn M.D., Physician Ed Humenay LMSW, Social Work Kenneth Hung, Psychiatrist Amber Hunt D.O., Psychiatrist Margaret Hunter, Social Work Rene Hunter M.D., Physician Ellesa Hunter, Non-MD John Hunziker Ph.D., Psychologist Tracey Hurd Ph.D., Psychologist Irene Hurford M.D., Psychiatrist Samantha Hurst Ph.D. Taisha Husbands Melissa Huser Amber Hussain M.D., Physician Mohammed Hussain, Physician Charkivia Hutchinson Jeff Hutchinson, Physician Ciara Hutchison

Stacy Hutton Ph.D., Psychologist Carolee Hutton Elizabeth Huynh LICSW, Social Work Cathy Hwang M.D., Physician Irene Hwang M.D., Physician Juliet Hwang, Physician Daniel Hynan Ph.D., Psychologist Viola Hysa Kristen Hysell M.D., Physician June Hyun Ph.D. Vince Iacopino, MD Habiba Ibrahim, Social Work Deborah Igielnik, Public Health Cindy Iglesias Lvnne Iijima Roya Ijadi-Maghsoodi M.D., Psychiatrist Aleksandra Ikanowicz Christina Illarmo, Social Work Julia Imig Pec Indman, LMFT Sarah Ingerman, Social Work Mary Intermaggio, R.N., Nurse Olga Iof Muneeza Iqbal MPH, Public Health Khadija Irshad M.D., Physician Angela Irvine Ph.D. Anne Irza-Leggat Kathleen Isaac Ph.D., Psychologist Ellen Isaacs M.D., Physician Jeri Isaacson, Psychologist Amy Isenberg M.D., Physician Genoveva Islas, Public Health Ellen Israel CNM, Public Health Carol Israel Ph.D., Psychologist Janet Isserlis Meg Itoh M.D. ,Physician Louise Ivers M.D., Public Health Gayle Iwamasa Ph.D., Psychologist Casie Iwata LICSW, Social Work Preetha Iyengar, Physician William Jackson Cara Jacob M.D., Physician Sneha Jacob M.D., Physician Lisa Jacobs, Psychologist Leah Jacobs, Social Work Mary Jacobs LMSW, Social Work Barbara Jacobsberg, Social Work Lawrence Jacobsberg, Psychiatrist Erin Jacobsen Lauren Jacobson, Nurse Louis Jacobson Dr.PH., Psychologist Melissa Jacobson LCSW, Social Work Anne Jacobson M.D., Physician Alexandra Jacobus LCSW, Social Work Veta Jacqulin Tracey Jaeger, Nurse Felipe Jain, Psychiatrist Chandni Jain, Medical Student Physician Juhi Jain M.D., Physician Amy Jakobson Psy.D., Psychologist Otana Jakpor Karen Jakpor M.D., Physician Rima Jakuc, Psychologist Beatriz Jamaica Megan James Aisha James, Physician Steven James Ph.D., Psychologist Lynn James Elizabeth James Sara Jamison, Social Work Anna Jannack LMHC Laura Janneck M.D., Physician Kathleen Janocko Ph.D., Psychologist Eliza Jaquez, Psychologist

Ivan Jaramillo

Karen Jaranowski M.D., Physician

Leila Jarrahi Ph.D., Psychologist

Lekeshia Jarrett, Physician Susan Jasko LICSW, Social Work Cynthia Jauregui, Psychologist Laura Javsicas D. Jay Psy.D., Psychologist Patty Jay Robert Jayes M.D., Physician Abhishek Jaywant Ph.D., Psychologist Elizabeth Jefferson Tereza Jelenova LMHC, Other Health Professional Susan Jenkins Sara Jennings, Forensics Laurel Jennings M.D., Physician Lisa Jensen-Albino, Nurse Jennifer Jerome M.D., Physician B Jesrani, Psychologist Jamie Jessar Psy.D., Psychologist Mariell Jessup M.D., Physician Toni Jett Greg Jew Christina Jewell, Nurse Elena Jimenez Gutierrez M.D., Physician Lara Jirmanus M.D., Physician Brian Jo Ph.D., Psychologist Anne Jobman M.D., Physician Steven Joffe M.D., Physician Richard Johansen, Nurse Veronica Johnson Ph.D., Psychologist Anthony Johnson Christina Johnson, Social Work Estefana Johnson LMSW, Social Work Carrie Johnson LCSW, Social Work Wendy Johnson M.D., Physician Steve Johnson Benjamin Johnson Meghan Johnson Nathan Johnson, Social Work Ann Johnson D.V.M. Christie Johnson RN, Nurse Amy Johnson M.D., Physician Claudine Johnson M.D., Physician Laurie Johnson M.D., Physician Amy Johnson-Colwell Ph.D., Psychologist Emily Johnston, Physician Julie Johnston M.D., Physician Cameron Jones Jennifer Jones, Social Work Lisa Jones M.D., Physician Liz Jones, Nurse Julie Jones Ph.D., Psychologist Lori Jones LPN, Nurse Raina Jones, Psychologist Darrah Jones Patricia Jones Charles Jones RN, Nurse Michelle Jones Kelly Jones Ph.D., Psychologist Taiya Jones-Castillo LSW, Public Health Pablo Joo M.D., Physician Hilary Jordan LCSW, Social Work Jayne Jordan PA-C Paula Jordan Katie Jorstad, Social Work Jessica A. Joseph Ph.D., Psychologist Giliane Joseph M.D., Physician Melissa Joseph, Physician Meghna Joshi M.D., Physician Margarita Jovel M.D., Physician Marianne Joyce, Social Work Kelly Joyce M.D., Physician Sheena Joychan M.D., Psychiatrist Kasey Joyner M.D., Physician Alana Ju M.D., Physician Werner Ju M.D., Physician Silvia Juarez-Marazzo, Social Work Stephanie Jucker

Laura Judd-Glossy Ph.D., Psychologist Beth Kastner, Psychologist Anna Kharaz Ravi Katari M.D., Physician Craig Katz M.D., Psychiatrist Elyse Julian D.O., Physician Deepa Khoday D.O., Physician Janice Juliano LCSW, Social Work Lama Khouri, Social Work Dr. Robert Katz Ph.D., Psychologist Stefanie Juliano Michael Khoury, Physician Vonda Jump Norman Ph.D., Social Work Maureen Katz M.D., Physician Stephanie Khoury D. Phil., Non-MD Nadia Juneja M.D., Physician Jacklyn Katz M.D. Kiranpreet Khurana, Physician Jill Katz Psy.D., Psychologist Gil Katz Ph.D., Psychologist Sheba Katz Ph.D., Psychologist Jeff Juris Christina Kiel Psy.D., Psychologist Elliot Jurist Ph.D., Psychologist Kathleen Kilcline, Social Work Terrence Killian, Social Work Samantha Jurman, Social Work Maryann Juska Ph.D., Psychologist Renee Kabbaby LMT, Psychiatrist Kyle Killian LMFT Nina Katz Janice Katz, Social Work Krista Kim M.D., Physician Theresa Kaub Psy.D., Psychologist Priscilla Kauff C-GNP, Psychologist Jean Kim M.D., Psychiatrist Rizowana Kabir Christie Kim Sarah Kacic PT Gus Kaufman Ph.D., Psychologist Tessy Kadavil M.D., Physician Grace Kim Ph.D., Psychologist Marlene Kaufman LCSW, Social Work Pamela Kaden Inkyu Kim Elizabeth Kadlub J.D. Judy Kaufman Ph.D. Mike Kim, Physician Lindsey Kadrmas, Physician Dalia Kahn Ph.D., Psychologist Limor Kaufman Ph.D., Psychologist Simeon Kimmel M.D., Physician Toby Kaufman Dr.PH., Psychologist Georgia King, Social Work Margaret King Psy.D.
Jessie King M.D., Physician
Kevin L King M.D., Physician Ellen Kahn LICSW, Social Work Peggy Kaufman, Social Work Elizabeth Kaufman Justine Kahn M.D., Physician Kirandeep Kaur D.O., Psychiatrist Ellen Kahn Kenneth Kavanagh ARNP, Nurse Alison Kavanaugh, Physician Daniella Kington M.D., Physician Kendra Kain Anne Kinnaman MSN Manvinder Kainth M.D., Physician Elaine Kavnagh, Nurse Babe Kawaii Ph.D., Psychologist Kelly Kirby LCSW-R, Social Work Anne Kirchhoff Ph.D. Laura Kair M.D., Physician Wendy Kaiser, Social Work Justine Kalas Reeves Dr.PH., Psychologist Michelle Kalehzan Ph.D., Psychologist Erica Kaye, Physician Jessica Kirkwood M.D., Physician Susan Kaye-Huntington, Psychologist Ralph Kaywin D.M.H., Psychologist Judith Kirschner Thomas Kalman M.D., Psychiatrist Jennifer Kirshner Jack Keane Amanda Kalstabakken Ph.D. Naomi Kirtner Gretchen Kishbaugh Ph.D., Psychologist Paul Klaene Syamala Kalyanasundaram MScPH Amy Kamel, Social Work Karla Keaney, Physician Lisa Kearns Karen Klarquist Margreta Klassen, Psychologist Sandra Kearns Ph.D., Psychologist Sarah Kamens, Psychologist Dianne Kaminsky, Social Work
Dede Kammerling LCSW, Social Work Terence Kearse Ph.D., Psychologist Jane Keat Psy.D., Psychologist Annegret Klaua Judith Klein, Social Work Pallavi Kamra MBBS, Physician Victoria Keck Samantha Keeble Ph.D., Other Scientist Barbara Kane Jyoti Kaneria Judith Klein, Social Work Christina Keefe, Psychologist Annalise Keen M.D., Psychiatrist Scott Klein Roxanne Klein Taryn Kanick Jacqueline Kann LICSW, Social Work Melissa Keene M.D., Physician Jennifer Kleindienst Mounika Kanneganti, Medical Student Jamie Kantola M.D., Physician Courtney Keeton, Psychologist Jennifer Kehl, Nurse Laura Kleinerman Sidney Kleinman Ph.D., Psychologist Sylvia Kehlenbrink, Physician Jennifer Keihner, Physician Abbey Kanzer Psy.D., Psychologist Sarah Kler, Medical Student Maureen Kapatkin, APRN-BC John Kleschinsky Dr.PH., Public Health Navah Kaplan, Non-MD Ralph Keith, Psychologist Marcie Klevens Judith Klimoff Psy.D., Psychologist Barbara Kline LCSW-C, Social Work Judy Kaplan, Social Work Briony Keith Leslie Kaplan Heather Kelker, Physician Shari Kaplan, Social Work Margaret Kell Mary Kelleher LMFT, Psychologist Nolan Kline Ph.D., Public Health Stuart Kaplan Denise B. Klinkner M.D., Physician Deborah Kaplan Dr.PH., Public Health Stacy Keller Ted Kluger Elizabeth Kelliher, Nurse Emma Kaplan-Lewis, Physician Philip Knapp M.D., Physician Katherine Kelling Donna Kelly, LCPC Kimberly Knesting Ph.D., Psychologist Rifka Kaplan-Peck Neeti Kapur M.D., Physician Paula Knight Mary Kelso Ph.D., Psychologist Colleen Kemp RN, Nurse Sarah Kardelen Alexander Knops Shahrzad Kardooni M.D., Physician Dennis Kobray Saima Karim D.O., Physician Emily Kemper M.D., Physician Lindsey Koch Marcus Karim, Medical Student Jill Kempner Seema Kochhar M.D., Psychiatrist Julia Koehler, Physician Sanjana Karim M.D., Physician Rachna Kenia M.D., Physician Farah Karipineni M.D., Physician Eva Kennedy, Nurse Kathleen Koenigs Lisa Karlin LCSW, Social Work Wendy Kennedy Debra Koenigsberger M.D., Physician Lisa Karlin LCSW, Social Work Lois Kennedy Psy.D., Psychologist Laura Kogan Psy.D., Psychologist Irina Kogan Ph.D. Laura Kogel LCSW, Social Work Cassie Karlsson M.D., Physician Jane Kenner Ph.D., Psychologist Mel Karmen Ph.D., Other Health Keelia Kentor Professional Mary Ellen Keough Jacqueline Kohl M.D., Physician Sophie Karp Ph.D., Psychologist Michael Keren, Psychologist Teresa Kohlenberg M.D., Psychiatrist Amie Karp LCSW-R, Social Work Carol Kessler Sharad Kohli M.D., Physician Ian Karrington, Medical Student Physician Libby Kessman LCSW, Social Work Deborah Kohn Billy Ketchum Nancy Koke LCSW, Social Work Justin Karter Virginia Kartha M.D., Physician Kathleen Ketofsky, Social Work Avani Kolla Lisa Kartiganer, Social Work Sue Ann Kettelkamp Ornelas Donald Kollisch M.D., Physician Kumari Karunaratne Alisha Ketterer, Physician Russell Kolts Ph.D., Psychologist Elizabeth Kaselitz MSW, Social Work Alex Kettner Psy.D., Psychologist Udit Kondal M.D., Physician Susan Kashubeck-West Ph.D., Hanaa Khadraoui Tracy Kondla, Social Work Psychologist Urooj Khalid Elizabeth Kooperkamp, Social Work Alexa Kaskowitz M.D., Physician Asma Khalid M.D., Physician Diane Kopan, Social Work Abdul Khaliq Sahib Khalsa M.D., Physician Florence Kaslow Ph.D., Psychologist Dawn Kopp OB/GYN, Physician Amelia Kasper M.D., Physician Mary Ann Kopydlowski RN, Nurse John G. Kassakian, Sc.D, Scientist Dorit Koren, Physician Aleem Khan, Medical Student

Cathie Korey M.D., Physician Alfred Kornfy Ph.D., Psychologist Jennifer Kornreich Ph.D., Psychologist Kathyrn Korte, Nurse Deborah Kory Psy.D., Psychologist Elizabeth Koryciak RN, Nurse Todd Koser Psy.D., Psychologist Sindhu Koshy M.D., Physician Kenneth Kosik M.D., Physician Adrianne Kotecki, Psychologist Stefanie Kotzen LCSW, Social Work Sommer Kraft-Purvis LMHC Laurie Kramer Ph.D., Psychologist Thomas Kramer M.D., Psychiatrist Loren Krane Ph.D., Psychologist Rita Krane, Physician Erin Kratz D.O., Physician Caroline Krause Lisa Kraushaar Rachel Kraut, Nurse Kerry Kravitz M.D., Psychiatrist Erika Kreider Ruth Kreitzman, Social Work Pamela Krell Sheila Krishna M.D., Physician Sheila Krishnan MPH, Public Health Dena Krishnan D.O., Physician Brian Kroener, Physician Karen Krongold, Psychologist Debbie Kroopkin, Social Work Delores Kropf Nancy Krtek LCSW-R, Social Work Joseph Kruft, Psychologist Jean Kruger Scott Krugman M.D., Physician Elizabth Kubik Ph.D., Psychologist Alison Kuchta M.D. Alexis Kuerbis LCSW, Social Work Robert Kuisis Ph.D., Psychologist Michele Kulbel, Nurse Bridget Kulbel Jaime Kulbel, Nurse Nikhil Kulkarni M.D., Physician Divya Kumar, Psychologist Anika Kumar M.D., Physician Sanaz Kumar, Physician Vaishali Kumaraguru Justin Kung M.D., Psychiatrist Howard Kunin, Psychologist Tracli Kunkel Ph.D., Psychologist Natasha Kurchanova Sarah Kureshi M.D., Physician Traci Kurtzer M.D., Physician Andrea Kurtzman, Nurse Judith Kurzer, Social Work Arielle Kushman Naama Kushnir Barash Ph.D., Psychologist Jonathan Kusner Katherine Kuvalanka Ph.D. Nina Kvaratskhelia, Physician June Lee Kwon, Psychologist Daniel Kyle Jade La Rochelle Mona LaBar MBBS, Physician Amy Labar Emily Labudde Joseph Lacy, Social Work Alice Ladas Ed.D., Psychologist Miri Lader M.D., Physician Diana LaFontaine M.D., Physician Gina LaGalbo M.D., Physician Andrew Lagomasino, Psychologist Tiffany Lahr M.D., Physician Alexandra Laifer Neumann Ph.D., Psychologist Jeannine Lain

Christopher Laine Tamra Laird RN, Nurse AeuMuro Lake M.D., Physician Michael Lakin Ph.D., Psychologist Maria Lakis LCSW-R, Social Work Sudesna Lakshman M.D., Physician Lila Lamar Michael Lamb, Psychologist Everett Lamm M.D., Physician **Emily Lamont** Katharine Lamperti, Physician Cecilia Land, Social Work Helen Landon Ph.D., Psychologist Jasmine Landry, Mieke Lane D.O., Physician Mieke Lane D.O., Physician
Jeffrey Lanfear Psy.D., Psychologist
Frances Lang LICSW, Social Work
Molly Lang LMSW, Social Work
Elaine Lang, Psychologist
Robin Lang, Psychologist
Jason Lang, Psychologist Holly Lang Kelly Lange LMSW, Social Work Regina Langhout Ph.D., Scientist Cathey Lanham, Psychologist Tracey Lanier, Nurse Christopher Lanoue M.D., Physician Jayette Lansbury Melanie Lantz Ph.D., Psychologist Fruzsina Lanyi Kerry Lao MSW, Social Work Carole Lapidus LCSW-R, Social Work Regina LaRocque, Physician Roxi Larsen Todd Larsen Ph.D., Psychologist Camilla Larsen M.D., Physician Korsica Lassiter M.D., Physician Tamara Latawiec Psy.D., Psychologist Finza Latif, Psychiatrist Katherine Lau Theresa Lau, Psychiatrist Ann Laughlib Linda R Laughlin Ph.D., Psychologist Casey Laukkanen D.V.M. Gerald Lauria M.D., Physician Vanessa Lauzon M.D., Psychiatrist Audrey LaVallee, Monica Lavayen Barbara Lavi Psy.D., Psychologist Stephanie Law Psy.D., Psychologist Anica Law M.D., Physician Robert Lawrence MAOM, Physician Nancy Lawroski, Psychologist Karin Lawson Psy.D., Psychologist Robert Lawrence, MD Lynne Layton Ph.D., Psychologist Flora Lazar, Social Work T Domi Le M.D., Physician Michael Leach, Social Work Jody Leader Ph.D., Psychologist Kimberly Leak, Social Work Diane Leamy, Social Work Michael Leavell M.D., Physician Annette Leavy LCSW, Social Work Jeanne LeBlanc Ph.D., Psychologist Wendy Lebowitz Ph.D., Psychologist Maria Lechich, Psychologist Nathan Leclair Medical Student, Physician Sharon Lee M.D., Physician Marissa Lee LCSW, Social Work Sherrylynn Lee M.D., Physician Donald Lee Ed.D., Psychologist

Susan Lee Psy.D., Psychologist

Kristina Lehman, Physician

Elizabeth Lehmann LCSW-R, Social Work

Ling Lee

Lucy Lehrer LCSW, Social Work Lynn Leibowitz Ph.D., Psychologist Virginia Leigh, Social Work Mary Leith Briana Lemieix, Social Work Melissa Lenge LMFT, Social Work Abigail Lenhart M.D., Physician Sara Lennox M.D., Physician Stacy Lenny, Social Work Denise Lensky Ph.D., Psychologist Mia Lentinello, Social Work Stephanie Leonard M.D., Physician Alecia Leonard, Social Work Lilaine Leonardo M.D., Physician Abby LePage Rita Lepe, Physician Amber Lerma M.D., Psychiatrist Shulamit Lerner, Physician Ariel Lesh Marissa Leslie M.D., Psychiatrist Leigh Leslie Ph.D., Psychologist Harry Lesmana M.D., Physician Ronnie Lesser Ph.D., Psychologist Sylvia Lester Ph.D., Scientist Sue Lester, Social Work Bethany Letiecq Ph.D., Scientist Alyssa Letourneau M.D., Physician Arlene Lev LCSW-R, Social Work Judy Kaplan Levan Psy.D., Psychologist Don Levan Ximena Levander, Physician Anne Levenson M.D., Physician Janis Leventhal CSW, Social Work Tessa Levey, Nurse Betty Wolder Levin Ph.D., Public Health Janice Levin J.D. Kay Levine Ph.D., Psychologist Mark Levine M.D., Physician Ellen Levine, Psychologist Joan Levine Ph.D., Psychologist Michelle Levine Ph.D., Psychologist Ben Levine Ph.D., Psychologist Lauren Levine Ph.D., Psychologist Michael Levine Francine Levine RN, Nurse Lacey Levitt Ph.D., Psychologist Judy Levitz Ph.D., Psychologist Julia Lev-Rosenfeld LMHC, Psychologist Carla Levy James Levy Ph.D., Psychologist Daniel Levy M.D., Physician Jeff Levy, Šocial Work Brenda Levy, Pharmacist Matthew Lewin Gregory Lewis Psy.D., Psychologist Elizabeth Lewis MBA Jacklyn Lewis Ph.D., Psychologist Terri Lewis Ph.D. Sarada Lewis RN, Nurse Victoria Lewis Tamorah Lewis M.D., Physician Felicia Lewis, Physician Mary Ann Lewis, Social Work Mary Lewis, Nurse Ellen Lewis M.D., Psychiatrist Lin Li M.D., Physician Blaci Lice Alexander Lichtenberg Whitney Lieb, Physician Rita Lieberman Ph.D., Psychologist Alicia Lieberman Ph.D., Psychologist Alice Lieberman, Social Work Dana Liebowitz Ingrid Liff, Physician Robert Lifton M.D., Psychiatrist Denisha Liggett Cindy Lignar RN, Nurse

Mamie Ligon Ruth Lijtmaer, Psychologist Michael Likiet Ph.D., Psychologist Jessica Lilley M.D., Physician Brenna Lille, Physician Robin Lillis, Nurse Lissa Lim, Psychologist Nancy Lin, Psychologist Melissa Lin M.D., Physician Maria Linden M.D., Physician Joyce Lindenbaum LCSW, Social Work Vivian Linder LCSW-R, Social Work Diane Lindner, Social Work Holly Linendoll Dina Linfoot M.D., Physician Dina Lintoot M.D., Physician Veena Lingan, Physician Alexis Link M.D., Physician Patrick Link M.D., Psychiatrist Casey Linke FNP-C, Nurse Theresa Linsner, Physician Julie Linton M.D., Physician Donna Linvog M.D., Physician Ryan Lion Medical Student, Public Health Madeline Lippman Ph.D., Psychologist Ryan Lipscomb, Administrator Susan Lipsett M.D., Physician Tamara Lipshie, Psychiatrist Madeleine Lipshie-Williams, Physician Stan Lipsitz Ph.D., Psychologist Peter Lipson M.D., Physician Joan Lipton Ph.D., Psychologist Stephanie Lipio, Psychiatrist Ryan Lipscomb, Administrator Stephanie Lirio, Psychiatrist Phoebe Lithgow CNM, Nurse Arlene Litt, Social Work Annie Liu M.D., Physician Serena Liu Kellen Livermore Martha Livingston Ph.D., Public Health Nicole Livingston LMFT Zully Lizarazo, Psychologist Alejandro Lizarraga RN, Nurse Paula Llaneza Cayla Lloyd, Social Work Janet Lo M.D., Physician Amelia Lo FNP-BC Seth Lobdell Ph.D., Social Work Joanna Locke, Physician Julianne Lockwood Ph.D., Psychologist Maria Loesell, Nurse Mary Ann LoFrumento M.D., Physician Katrina Lokken Psy.D., Psychologist Lisa Lombard Ph.D., Psychologist Loren Lomme, Social Work Bronwyn Long Maureen Longeway M.D., Physician Virginia Longoria Ph.D., Psychologist Andrea Lopes, Social Work Steven Lopez Ph.D., Psychologist Daniel Lopez Natalia Lopez Mendez Caitlin Lord Andrea Lorenze M.D., Physician Tasher Losenegger Lia Losonczy, Physician Jennifer Lott LMHC Elizabeth Loux Psy.D., Psychologist Sean Love M.D., Physician Bianca LoVerde, Physician Holly Low Janet Lowe AnnaLowell D.O., Physician David Lowenstein Ph.D., Psychologist Mark Lowenthal, Psychologist Jessica Lu M.D., Psychiatrist Kim Lu M.D., Physician

Shirley Luban LCSW, Social Work

Wendy Lubin Ph.D., Psychologist Erica Lubliner M.D., Psychiatrist Gene Lubow Ph.D., Psychologist Barbara Lucas, Nurse Lauren Lucente Carly Lucier Krista Ludwig, Nurse Marta Ludwig LCSW, Social Work Linda Ludwig Ph.D., Psychologist Ellen Luepker LICSW, Psychologist Jessica Luitjohan, Psychologist Ludovica Lumer Ph.D. Ann Lundberg, Social Work Helen Lundgren, Nurse Jared Lunkenheimer M.D., Physician Sarah Lusk, Psychologist Riad Lutfi, Physician Emily Lutz, Nurse Jennifer Luu Psy.D., Psychologist Steven Luz-Alterman Ph.D., Psychologist Anna Lyapis M.D. AIIIa Lyapis M.D.
M.Brinton Lykes, Psychologist
Corinne Lykins, Psychologist
Meghan Lynch, Psychologist
Nicholas Lynch M.D., Physician
Margaret Lynch, Physician
Bridget Lynch Bridget Lynch June Lynds, Social Work Lisa Lyns, Psychologist Taina Lyons, Social Work Marriah Mabe LCSW Elaine Maccio Ph.D., Social Work Ross MacDonald M.D., Physician Rick MacDonald M.D., Physician Mindy MacDougall, Social Work Marti MacGibbon CADC-II, ACRP Julieta Macias Ph.D., Social Work Juan Macias, Physician Brigid Mack M.D., Physician Richard Mack LCSW, Administrator Kellie Mackenzie Lee MacKinnon, Public Health Adele Mackintosh Ph.D., Psychologist Sarah MacLean Rachel MacNair Ph.D., Psychologist Kate Madden M.D., Physician Sonja Maddox M.D., Physician Michelle Madore Ph.D., Psychologist Erin Madriago M.D., Physician Elise Madrid M.D., Physician Tonya Madrigal, Social Work Olivia Madrigal Leah Madsen M.D., Physician Tamar Magdovitz Rhonda Magee Rachel Magida, Social Work Angana Mahapatra, Physician Sarah Maher, Social Work Zoe Maher M.D., Physician Stephanie Mahler CED Adrian Mahlstede, Public Health Tamara Mahmood PA-C Brian Mahon Ph.D., Psychologist Heather Mahoney, Social Work Trinh Mai. Social Work Johanna Mailloux M.D., Physician Toby Mailman, Social Work Rebecca Mair Ph.D., Psychologist Abby Maitland, Social Work Adnan Majid, Psychiatrist Katrina Majstorovic M.D., Physician Mona Makki, Administrator Maria Maldonado M.D., Physician Olivia Maldonado Psy.D., Psychologist Amanda Malik M.D., Physician Stacy Malin Ph.D., Psychologist

Sharon Malinowski LMHC

Katie Malinski, Social Work Max Malitzky Psy.D., Psychologist Justine Maller M.D., Physician Kathleen Malley-Morrison, Psychologist Monica Malone, Psychologist Ellen Maloney PT Edizen Malonzo Krista Malott Ph.D. Marjorie Maltin Ed.D., Psychologist Jeannette Maluf Ph.D., Psychologist Anna Manatis M.D., Physician Richelle Mancewicz,, Psychologist Andrea Mancinelli D.O., Physician Shreya Mandal, Forensics Olivia Mandelbaum, Psychologist Joanna Mandell M.D., Physician Megan Manor MSW, Social Work Marc Manseau M.D., Psychiatrist Nadine Mansour Mounir Mansour Sharon Mansur Cheryl Mantle LMHC, Psychologist Carol Manzi Amanda Maradiaga, Social Work Ellen Marakowitz Ph.D. Abby Maranga Elizabeth Maranzano M.D., Physician Carol Marcus Ph.D., Psychologist Lynn Ellen Marcus LMFT Sam Marcus Ph.D., Psychologist Kate Marder Maxine Margolies Psy.D., Psychologist Alida Margolin, Social Work Alida Margolini, Social Work Elizabeth Margoshes Ph.D., Psychologist Alex Margosian LICSW, Social Work Merranda Marin LMFT, Psychologist Ryan Marino M.D., Physician Thomas Marino Ed.D., Psychologist Karen Marisak Ph.D., Psychologist Xhorlina Marko, Physician Laurie Markoff Ph.D., Psychologist Talia Markowitz, Public Health Abigail Marks Ph.D., Psychologist Laura Markuson Ph.D., Psychologist Robert P.Marlin, MD, PhD, MPH, Physician Shelley Marlow Esq. Ellen Marmur M.D., Physician Christopher Marnell, Physician Mabel Marotta M.D., Physician Sylvia Marotta-Walters ABPP, Psychologist Denise Marques, Psychologist Mateo Marquez, Administrator Regina Marranzini M.D., Physician Beth Marron LICSW, Social Work Erika Marroquin Nancy Marshall M.D., Physician Hannah Marshall Leslie Marshall M.D., Physician Marie-Eve Martel Psy.D., Psychologist Lauren Martin, Physician April Martin Ph.D., Psychologist Beth Martin LCSW, Social Work Lauren Martin Gina Martin Margaret Martin, Nurse Landon Martin Alison Martin LPN Ashley Martin-Casler William Martinez, Psychologist Jill Martinez M.D., Psychiatrist Susan Martinez LCSW, Social Work Tomas Martinez Ph.D., Psychologist Maria Martinez, Nurse Raquel Martinez, Nurse Katherine Martinez, Nurse

Cristina Martinez Cristin Martinez M.D., Physician LeslieAnn Martinez Dora Martinez M.D., Physician Cynthia Martinez Ingrid Martinez, Nurse Martha Martinez-Bravo Psy.D., Psychologist Sonya Martinez-Ortiz CSW, Social Work Mary Martone Psy.D., Psychologist Lenna Martyak M.D., Physician Sheela Maru M.D., Physician Joyce Marusarz Janice Marvel, Nurse Terry Marx, Physician Wendy Marx M.D., Physician Ethan Maryon CSW, Social Work Maria Masciandaro Psy.D., Psychologist Maria Masciandaro Psy.D., Psychologist Christina Maser M.D., Physician Gina Masessa Psy.D., Psychologist Lauren Mason Psy.D., Psychologist Daniel Mason, Physician Alyssa Mass LMFT Luisa Massari M.D., Physician Joann Massey Psy.D., Psychologist Clare Masson, Social Work Elli Mastrangelo, Scientist Cynthia Mastro, Nurse Corinne Masur, Psychologist Christina Matheney Belle Matheson, Nurse Minu Mathew LCSW, Social Work Katherine Mathew Dominique Mathews Bristol Mathez Jaime Matorras Julie Matthaei Andria Matthews Dan Matthews, Psychologist Anne Mattingly M.D., Physician Allison Mattison Psy.D., Psychologist Jim Matto-Shepard Ph.D., Psychologist Felicia Matto-Shepard, Psychologist Lisa Maurel LMFT Joel Mausner Ph.D., Psychologist Valerie Maxey Richard Maxfield Ph.D., Psychologist Teresa Maxwell LMSW, Social Work Deborah May FNP-BC, Nurse Shirley Mazourek, Social Work David Mazumder, Physician Sara Mazzoni M.D., Physician Lindsey McAmis Gouge M.D., Physician Jean McAuliffe, Nurse Patrick McAuliffe, Ph.D. Elizabeth Mcauliffe Mary McBride NP-C, Nurse Dorothy McBrien RN-BC, Nurse Kerry McCabe, Physician Allyssa McCabe-Cuneo, Psychologist Ann Marie McCafferty Mary McCaffrey, Social Work Palmer McCall Laura Mccarthy LCSW-R, Social Work Ledra McClinton, Administrator Tammey McCloud RN, Nurse Patrick McColloster M.D., Physician David McConaghay Sarah Mccormick D.O., Physician Kathleen McCormick Noelle McCown Psy.D., Psychologist Karen McCUmiskey MSN, Nurse Mary Mccurnin Robert McDonald Ph.D., Psychologist Megan McDonald D.O., Physician Amanda McDonald, Social Work

Marsha McDonough Ph.D., Psychologist Stephen McElroy, Physician Taylor Ryan McFarland CNAA Jodi McGahan, Social Work Fiona McGarry, Social Work Christine McGinnis, Psychologist Tracy McGivern Eartha McGoldrick Amy McGuire J.D., Scientist Elizabeth McGuire, Psychiatrist Miranda McGuire-Schwartz, Social Work Jill Mcilroy, Social Work Elizabeth McIntire Elizabeth McKamy MSW, Social Work Elizabeth McKamy, Social Work Eliana McKee M.D., Physician Fedelma McKenna, Nurse Patricia McKenna Sarah Mckeon CANP, Nurse Teresa McKeon Daniel Mckitrick Anne Mckuhen Terrance McLarnan Lauren McLaughlin Abigail McLaughlin Kara McLaughlin John McLean M.D., Physician Molly McMahon Social Work Thomas McMahon Ph.D., Psychologist Brian McMahon, Social Work Adrienne McManus Laura McMullen M.D., Physician Siobhan McNally M.D., Physician Nora McNamara M.D., Physician Fawn McNeil-Haber Ph.D., Psychologist Brian McNeill Ph.D., Psychologist Molly McRae, Social Work Maureen McSwiggin Ben McVane M.D., Physician Stephanie McWethy Ellen McWhirter Ph.D., Psychologist Nancy McWilliams Ph.D., Psychologist Alex Means M.D., Physician Alexa Meara, Physician Jesica Meatto LCSW, Social Work Adriana Medina O.D. Monica L Meerbaum Ph.D., Psychologist Nivedita Meethan, Public Health Emily Megas-Russell LICSW, Social Work Elie Mehanna Medical Student Adele Mehr, Social Work Ayesha Mehrotra, Public Health Naaman Mehta Medical Student Sapna Mehta, Physician Puja Mehta Medical Student Lina Mehta M.D., Physician Gia Meicher Adrienne Meier Ph.D., Psychologist Emily Meier, Physician Joanna Melia, Physician Karen Melikian, Social Work Yelena Melnikova Bengi Melton M.D., Psychiatrist Melanie Melville M.D., Psychiatrist Glends Mendelsohn, Social Work Elissa Mendenhall, Physician Martha Mendes, Social Work Melissa Mendez M.D. Dianelys Mendez Dawn Mendoza RN, Nurse Carmen Mendoza Miguel Mendoza Medical Student Miriam Mendoza, Psychologist Claudia Menjivar Catharine Mennes Ph.D., Social Work Christina Mentes Ph.D., Psychologist Theresa Meotti M.D., Physician

Alfonso Mercado Ph.D., Psychologist Corinne Mercado RN, Nurse Liza Mermelstein Ph.D., Psychologist Gloria Merriam Sheri Merritt MBBS Debra Merskin Ph.D. Leslie Merwin, Nurse Allison Merz Kim Mesiti Luke Messac M.D., Physician Catherine Metzenberg LMFT Danielle Metzger LCSW, Social Work Ilan Meyer Ph.D., Public Health Penny Meyer George Meyer MACP, Physician Stephanie Meyer, Physician Brittany Meyers Jane Charna Meyers, Social Work Alan Meyers M.D., Physician Sandra Meyers Ed.D. Judith Meyers Ph.D., Psychologist Linda Michaels Psy.D., Psychologist Ken Michaels LCSW, Social Work Christine Michaud M.D., Psychiatrist Monica Michell M.D., Physician Golda Michelson Sae Mickelson Jessica Miesfeld, Physician Alexandra Mihalek, Physician Gaia Mika Ph.D., Psychologist Stephanie Mikulski D.O., Physician Gregory Milbourne Psy.D., Psychologist Jennifer Milchenko MPH, Public Health Andrew Milewski Ph.D. Alexandra Miley Lisa Milford Naomi Miller Ph.D., Social Work Ash Miller M.D., Physician Lisa Miller LCSW-R, Social Work Alison Miller Psy.D., Psychologist Jen Miller, Social Work Laura Miller M.D., Physician Robin Miller James Miller, Physician Martha Miller, Nurse Claudia Sharda Miller Kathryn Miller Theresa Miller Ph.D., Psychologist Taylor Miller D.V.M. Tohari Miller M.D., Physician Holly Millheiser PT Marlene Millikan, Social Work Uma Millner, Psychologist Rebecca Millner, Public Health Eva Millona Victoria Mills, Social Work Victoria Mills, Social Work Kim Mills ANP-BC, Nurse Jennifer Mills M.D., Physician Alice Min Simpkins Sara Mindel LICSW, Social Work Peggy Miner, Social Work C Miner Rebecca Minnick CSW, Social Work Mary Beth Miotto M.D., Physician Karen Miranda Psy.D. Marsha Mirkin Ph.D., Psychologist Marci Mishler, Nurse Ranit Mishori M.D., Physician Hannah Mitchell, Social Work Raymond Mitchell Kara Mitchell, Physician Amanda Mittman, Public Health Keiko Mizuguchi Sarah Moberg Julia Moench-Parent Rich Moffitt, Social Work

Jacqueline Moga Ph.D., Scientist AC Mogal, Physician Zoya Mohiuddin, Physician Arpana Mohnani M.D., Physician Sarah Mohr, Administrator Joseph Moldover Psy.D., Psychologist Jonathan Moldover M.D., Physician Connie Moler ARNP Brittainey Molina Patricia Molina M.D., Physician Matthew Molloy M.D., Physician Merle Molofsky Vicktoria Molokin LCPC Gloria Monahan, Nurse Ana Monas Liz Mongillo-Herman Ph.D., Psychologist Heidi Monroe Ph.D., Nurse Pamela Montano Arteaga, Psychiatrist Gloria Montes Ph.D., Psychologist Nadyne Montiel, Social Work Yesika Montoya, Social Work Andre Montoya-Barthelemy M.D., Physician Diana Montoya-Williams M.D., Physician Molly Moody Krystal Moon, Social Work Cary Moore Christopher Moore M.D., Physician Janice Moore Ph.D., Social Work James Moore Ph.D., Suclar Works Lisa Moore Ph.D., Public Health Jacqueline Moore M.D., Physician Susan Moore-Motily, Psychologist Mufadal Moosabhoy ACRB Jaime Moo-Young M.D., Physician Eduardo Morales Ph.D., Psychologist Xavier Morales, Public Health Claudia Morales, Social Work Amanda Morales Clarke Psy.D., Psychologist Teresa Moreira, Social Work Roberta Morell Jonathan Moreno Ph.D. Lisa Moreno MSW, Social Work Amber Morgan M.D., Physician Rhea Morgan D.V.M. Sharon Morgan PA Julia Morgan Kelly Morgan M.D., Physician Richard Morhaime Psy.D., Psychologist Cari Morphet Melinda Morrill Ph.D., Psychologist Marsha Morris Ph.D., Psychologist Mark Morris LSW, Social Work Leonette Morrison M.D., Psychiatrist Helene Morse Ph.D., Psychologist Linda Morse, Nurse Lisa Moscatiello, Psychologist Lisa Moschello LCSW, Social Work Erica Moses ABPP, Psychologist Michael Moskowitz Ph.D., Psychologist Sally Moskowtiz Ph.D., Psychologist Denise Mosqueda, Public Health Marcela Mota Aversa Ferrell Motlow M.D., Physician Angelica Motta Physician Marlene Mouttet Hawnyeu Moy M.D., Physician Diane Moya Jennifer Moyer, Nurse Nancy Mramor, Psychologist Rebecca Mueller M.D., Physician Mary Mueting Amy Mugg M.D., Physician Janice Muhr Ph.D., Psychologist Romita Mukerjee M.D., Physician Angela Mukherjee D.O., Physician

Emily Mukherji, Psychiatrist

Hayyah Muller M.D., Psychiatrist Maria Mulligan-Buckmiller Erin Mullin Ph.D., Psychologist Julie Mumford, Social Work Lawrence Mumm M.D., Physician Sarah Munday Arturo Mundigo Social Work Kristen Mungcal, Social Work Melissa Munoz Gabriela Munoz Ph.D., Psychologist Zaide Muñoz, Administrator John Munsell M.D., Physician Carol Munter Catherine Murak M.D., Physician Jessica Murakami-Brundage Ph.D., Psychologist Kavitha Muralidharan MB, ChB Tessa Murdock-Bell, Social Work Steph Muro, Social Work Sarah Murphy M.D., Physician Joan Murphy LPC Joan Murphy LPC
Elissa Murphy Ph.D., Social Work
Theodore Murray M.D., Psychiatrist
Kelly Murray M.D., Physician
Morgan Murray Ph.D., Psychologist
Amy Murrell, Psychologist
Maram Museitif Joan Musitano LCSW, Social Work Hattie Myers Ph.D., Social Work Laura Myhr Ph.D., Psychologist Kirstin Nackers M.D., Physician Nancy Nadel Janet Nader Hani Naga, Physician Karen Nagy RRT Jennifer Nail Ph.D., Psychologist Anastasia Najarian, Scientist Linda Najjar Ph.D., Psychologist Kemi Nakabayashi M.D., Physician Nadine Nakamura, Psychologist Laura Naman Ph.D., Psychologist Meghna Nandi Medical Student, Physician MaryBeth Napier, Psychologist Laura Naranjo, Nurse Rashmi Narayan M.D., Physician Nicole Nardone LSW Neha Narula, Physician Samera Nasereddin Maureen Naset Rand Nashi, Physician Caroline Nason MBA, Administrator Scott Nass M.D., Physician Paul Nassar M.D., Psychiatrist Shelley Nathans Ph.D., Psychologist Marie Naumann Ph.D., Psychologist Dipesh Navsaria M.D., Physician Sarah Nayeem, Physician Deborah Nazarian, Psychologist Sarah Nazarkhan M.D., Physician Idara Ndon Minal Nebhnani Angela Neese Ph.D., Psychologist Brian Neff, Psychologist Daniel Neghassi, Physician Maria Nei Azine Neiman, Psychologist Nick Nelson M.D., Physician Sharon Nelson, Psychologist Steven Nelson Ph.D., Psychologist James Nelson Amy Nelson, Nurse Delphine Nelson, Physician Meredith Nelson, Nurse Terri Nelson, Social Work Elena Nelson Amber Nemeth Ph.D., Psychologist Ron Nemirow

Melinda Nestor Shivaun Nestor, Public Health Betsy Nettleton, Psychologist Roda Neugebauer LCSW Chelsea Neumann M.D., Psychiatrist Iliana Neumann M.D., Physician Ninfa Neuser Psy.D., Psychologist Juliana Neuspiel, Psychologist Lynn Nevins CCC-SLP Priscilla Newcomb, Social Work Jane Newell Ph.D., Administrator Carly Newhouse, Social Work Michelle Newman Erica Newton, Social Work Bonnie Nezaj, Psychologist Waitz Ngan M.D., Physician Deklerk Ngankam Christine Nguyen D.O., Physician Sanh Nguyen D.O., Psychiatrist Lily Nguyen M.D., Physician Bang Chau Nguyen PA-C Danielle Nichols Martina Nicholson M.D., Physician Chloe Nicksic, Psychologist Sara Nielsen Sara Nielsen
Sheila Nielsen Esq.
Denise Niemira M.D., Physician
Elena Nightingale M.D., Physician
Maria Niitepold, Psychologist
Natalia Nikolova Ph.D., Psychologist
McKenzie Nimo, Social Work Stephanie Nitzschke M.D., Physician Janice Niver M.D., Psychiatrist Eleanor Nixon, Nurse Anjali Niyogi, Physician Krystal Nizar, Psychiatrist J Noe Eri Noguchi Ph.D., Social Work Lyndsey Nolan, Public Health Patricia Noon, Social Work Soledad Norin Carmen Rosa Norona, Social Work Laura Norris Dustianne North Ph.D., Social Work Jennifer Northridge M.D., Physician Michael Northrop M.D., Physician Andrea Northwood Ph.D., Psychologist Erin Nortrup LCSW-C, Social Work Shannon Norwitz, Social Work Jesse Novak Jennifer Novello LMSW, Social Work Kerry Novick Cristy Novotney, Social Work Dawn Novotny, Social Work Heidi Nowak, Nurse Kristin Nowak CNM, Public Health Nicole Nugent Ph.D., Psychologist Anchi Numfor Erika Nurmi Ph.D., Psychiatrist Karen Nuthals, Scientist Bruce Nystrom Ph.D., Psychologist Kristen O'Brien, Public Health Carlos O'Bryan M.D., Physician Kelly O'Connell-Seagraves Erin O'Connor-Thygeson, Nurse Louise O'Hanley Michelle O'Regan Janette O'Sullivan Ariel Oakes, Nurse June Oates Aura Obando M.D., Physician Samantha Ober M.D., Physician Austin Oberlin, Physician Kelley OConnell John OConnor Psy.D., Psychologist Kathleen O'Connor LCSW, Social Work Sharon O'Connor Ed.D., Psychologist

Tessie October, Physician Kathleen Pape, Psychologist Sheri Perlman Mary Gail O'Dea, Psychologist Carol Paradis Jacob Perlman Medical Student, Physician Kathleen ODonnell Burrows MSW, Social Molly Paras, Physician Seymour Pardo, Psychologist Work Lisa O'Donovan Emmanuelle Pare M.D., Physician Danna Ogden D.O., Physician Anish Parekh Medical Student, Physician Robert Ogner, Social Work Monika Parikh, Administrator Taylor O'Grady Ph.D., Shermi Parikh DPM, Physician Nicole Okezie M.D., Psychiatrist Deborah Paris, Social Work Yemi Okunseinde M.D., Physician Manuel Paris Psy.D., Psychologist Heidi Olander M.D., Physician Paul Park, Psychologist Heejung Park CPNP, Physician Beth Parker LICSW, Social Work Kerrie O'Leary Joseph Olejak Christy Olezeski Ph.D., Psychologist Ann Parker, Physician Kelly Parker-Guilbert, Psychologist Sharon Parkinson Psy.D., Psychologist Parveen Parmar M.D., Physician Mary Ölin Stephanie Oliva, Physician Gabrielle Oliveira, Scientist Work Rachel Oliver Young Carla Parola LPC Jennifer Parrish D.O., Physician William Olsen Gretchen Parrott MPH, Public Health Brad Olson Ph.D., Psychologist Danielle Parsell Psy.D., Psychologist Amanda Parsons M.D., Public Health Naomi Olson LCSW, Social Work MaryEllen Olson, Social Work Erin Ondercin Ph.D., Psychologist Amy Pasternack, Physician Nisha Patel M.D., Physician Kevin Patel M.D., Physician Premal Patel M.D., Physician Lara ONeil APRN Lara ONeil APRN Ilonka O'Neil RN, Nurse Meagan ONeill, Physician Genoveva O'Neill M.D., Physician Mary Kay O'Neill M.D., Physician Tamar Opler LCSW, Social Work Susan Opotow, Ph.D. Susan Orbach Ph.D., Psychologist Maureen O'Reilly-Landry Ph.D., Nishant Patel Psy.D., Psychologist Laura Patel M.D., Physician Ami Patel Ami Patei Vaidehi Patel M.D., Physician Anna Maria Patino-Fernandez Ph.D., Psychologist Terence Patterson, Psychologist Maureen O'Reilly-Landry Ph.D., Maureen O Keiny-Landry Ph.D., Psychologist Spyros D Orfanos, Psychologist Alyssa Orinstein, Psychologist Manuela Orjuela-Grimm M.D., Physician Mark Patterson, MD, PhD, Physician Catherine Patteson, Social Work Sarah Patz, Psychologist Jennifer Pauk, Social Work Evelyn Orlando Joel Ornelas, Physician Amanda Pierce Nat Paul Kelly Orringer M.D., Physician Shelby Ortega Ph.D., Psychologist Jennifer Orthmann Murphy, Physician Yasmerlin Paulino, Social Work Cathy Pierce Jeree Pawl Ph.D., Psychologist Julia Paz, Physician Anna Pineda Julia Pazniokas, Physician Gwen Pearl, Social Work **Aracely Ortiz** Alex Pino Kim Ortiz, Social Work Chantel Osman, Psychologist Ellen Pearlman Stephanie Pearson M.D., Physician Luisa Ospina, Social Work Patrice Ostmeywr ADTR Greg Oswald Ph.D., Psychologist Paige Oszmanski LCSW, Social Work Farrokh Pebdani Margaret Pechota Ph.D., Psychologist Alex Pirie Kristen Peck Ph.D., Psychologist Lydia Pecker M.D., Physician Lauren Pittman Teresa Otoya-Mcadams Deborah Ottenheimer M.D., Physician Mark Pecker M.D., Physician Sarita Overton Ph.D., Psychologist Janet Peden Ph.D., Psychologist Annelisa Pedersen Ph.D., Psychologist Gavin Ovsak Medical Student Kristal C. Owens Ph.D., Psychologist Katherine Peeler M.D., Physician Joanna Peery Polyn, Nurse Rebecca Peil FNP-BC, Nurse Donna Ozawa Jessica Piziali Cyrille P Julia Plascencia Maria Pacheco Ann Pellegrini Ph.D. Brenda Padilla Psy.D., Psychologist Lori Pellegrino M.D., Psychiatrist Savita Pa, Physician Lisa Pelton, Social Work Melinda Paige Ph.D. Nina Pelton APRN Psychologist Joquetta Paige M.D., Physician Sheryl Pelton, Nurse Angela Pluguez Karen Pakula, Social Work Mary Pelton Cooper, Psychologist Ria Pal, Physician Rachael Peltz Ph.D., Psychologist Yelennia Palacios, Physician Katherine Penebre FNP-C, Nurse Nicholas Pokoj Samantha Palmaccio, Physician Tagasichani Peralta, Social Work Carter Palmer Brenda Pereda M.D., Physician Rebecca Palmer Joy Pereths Sara Palmer Ph.D., Psychologist Vanessa Perez Medical Student Nissa PerezM.D., Psychiatrist Lee Palmer Rea Panares, Public Health Georgina Perez, Social Work Deepa Panchang NP-C, Nurse Diana Pandey M.D., Physician Emiliana Perez APRN-BC, Nurse Marisa Perez, Physician Maria Pollack Karen Pando-Mars Carla Perez Martinez Ph.D., Psychologist Lise Pomerleau Heather Pane Seifert Ph.D., Psychologist Maris Perez Johnson D.O., Physician Wendy J Panken, Social Work Helen Perille Psy.D., Psychologist Tina Panteleakos Ph.D., Psychologist Uma Periyanayagam M.D., Physician Pranati Panuganti Kacey Perkins

Sarah Perkins M.D., Physician

Joe Panzner LSW, Social Work

Lauren Permenter MSW, Social Work Liza Perpuse M.D., Physician Carmela Perri CNS Sharon Perrotta Psy.D., Psychologist Barbara Perry LSW, Social Work Sebastian Perumbilly Ph.D. Angeliki Pesiridou M.D., Psychiatrist Deborah Peters Ph.D., Psychologist Rebecca Petersen, Social Work Christine Peterson Ph.D., Psychologist Jaime Peterson, Physician Janice Petix LCSW, Social Work Kimberly Petko M.D., Physician Michelle Petnov-Sherman LCSW, Social Sueli Petry Ph.D., Psychologist Mariah Pettapiece-Phillips, Public Health Barbara Petterson LMFT Nora Pfaff M.D., Physician Margaret Pfeffer M.D., Physician Anne Phan-Huy M.D., Psychiatrist Anne Phan-Huy M.D., Psychiatrist Mara Pheister M.D., Physician Raina Phillips M.D., Physician Suzanne Phillips Psy.D., Psychologist Sharon Phillips, Physician Natasha Phillips, Administrator Sarah Phillips LMSW, Social Work Sarah Phillips LMSW, Social Work Aurora Phillips Teresa Phillips, Physician Carrissa Phipps Ph.D., Psychologist Mojabeng Phoofolo, Physician Michele Piccolo Ph.D., Psychologist Nancy Pienta PT Robert Pierce Jr. Jane Pierce Faradia Pierre, Physician Alexandra Pinon M.D., Physician Laura Pinsky, Social Work Naomi Pinson Renee Pinto Ph.D., Psychologist Elliot Pittel M.D., Psychiatrist William Pittman Ed.S., Administrator Matthew Pius M.D., Physician Lin Piwowarczyk M.D., Psychiatrist Stuart Pizer Ph.D., Psychologist Rebecca Platt, Psychologist Erin Plews-Ogan Janet Plotkin-Bornstein Ph.D., Ellen Plumb M.D., Physician Pierrette Poinsett M.D., Physician Deborah Polacek, Nurse Emily Polak Ph.D., Psychologist Laura Polania M.D., Psychiatrist Peter Polatin M.D., Psychiatrist Lisa Polenberg LCSW-R, Social Work Carly Policha, Nurse Laura Polito M.D., Physician Arthur Pomponio Ph.D. JoAnn Ponder Ph.D., Psychologist Eleanor Pope, Social Work Keren Porat, Psychologist Maria Portela, Physician

Jennifer Porter M.D. Jennifer Porter M.D., Physician Alesia Porter Natalie Porter Ph.D., Psychologist Gina Posner M.D., Physician Rebecca Post CSW, Social Work Tonia Poteat, Public Health Carol Potter Maria Pouria M.D., Physician Kate Pourshariati Chelsea Powell M.D., Physician Kavitha Prakash M.D., Physician Mark Prasad Nathan Praschan M.D., Physician Nancy Pratt Nancy Prendergast M.D., Physician Carol Presant, Social Work Diana L Prescott Ph.D., Psychologist Jennifer Presnall-Shvorin Ph.D., Psychologist Dan Prezant Ph.D., Psychologist Barbara Prezelin Ph.D., Scientist Alice Priano, Psychologist Norma Price M.D., Physician Maggi Price Ph.D., Psychologist Sean Price Patricia Priest RN, Nurse Anthony Primavera David Prince Psy.D., Psychologist Jean Prince M.D., Physician Alisa Prinos Betty Pristera, Social Work Karen Proner MSEd, Psychologist Shakira Provasoli Audrey Provenzano M.D., Physician Rebecca Pruitt Sarah Prysock, Nurse Kira Pullig, Social Work Ronda Pulse M.D., Physician Dianne Pulte, Physician Amy Pumo LCSW, Social Work Laurie Punch, M.D. Paul Puri M.D., Physician Emily Puterbaugh M.D., Physician Frank Putnam M.D., Psychiatrist Karen Putnam Maripat Putzer Scott Pytluk ABPP, Psychologist Diane Qi Sami Qreini, Social Work Kathleen Quinn, Social Work Germán Quiñonez Luis Quintero Medical Student Jessamine Quinzon, Nurse Josh Quirk Zeeshan Qureshi D.O., Physician Matt R, Social Work Tracy Rabin M.D., Physician Mara Rabin M.D., Physician Rebecca Rabin, Psychologist Ariana Rabinowitsch Medical Student Donna Racines CNM, Nurse Amy Rackear, Social Work Greg Raczkowski Shannon Radak, Nurse Audrey Raden LCPC Stephanie Radke M.D., Physician Nicole Rafanello Ph.D., Psychologist Sandra Rafman, Psychologist Cristy Ragland LPC Katie Raher Ph.D., Psychologist Tabassum Rahman LMSW, Social Work Aurnee Rahman Hannah Raila Ph.D., Psychologist Ashley Rainford, Psychologist Vinutha Rajesh M.D., Physician

Vinutha Rajesh M.D., Physician

Elsa Raker, Public Health Susana Ramirez M.D., Physician Sandra Ramirez LCSW, Social Work Maria Ramirez, Social Work Mark Ramirez LMFT, Psychologist Mari Ramos, Public Health Brenda Ramos LVN, Nurse Victoria Ramos, Psychologist Allison Ramsey Sonal Rana M.D., Psychiatrist Sheena Ranade M.D., Physician Kathryn Randall M.D., Physician Jocelyn Randall LCSW, Social Work Catherine Raney, Physician Linda Rangel Lena Ransohoff, Public Health Tucker Ranson LCSW, Social Work Kavitha Rao, Psychologist Wendy Rapaport Psy.D., Psychologist Evelyn Rappoport Psy.D., Psychologist Christopher Raso RN, Nurse Stephen Ratcliff, Social Work Elizabeth Rathbun Margaret Ratiner Ph.D., Psychologist Daniel Ratner, Psychologist Barbara Rauch LCSW, Social Work Stefanie Raue Margaret Rauen Ph.D., Psychologist Girindra Raval M.D., Physician Sheila Ravendhran M.D., Physician Simha Ravven M.D., Psychiatrist Anita Ray M.D., Physician Moira Ray M.D., Physician Maggie Ray Jennifer Raymond M.D., Physician Molly Raynor Cathleen Rea Ph.D., Psychologist Romy Reading Ph.D., Psychologist Eleanor Reardon Lisa Reaves M.D., Physician Sylvia Reaves LMSW, Social Work Marcus Reboa James Recht M.D., Psychiatrist Tam Redd, Psychiatrist Melissa Redden Cherkaleyna Redder-Haga D.O., Physician Lila Redmount, Social Work Michele Reed, Psychologist John Reed Karolin Reed, Physician Anne Reed-Weston Daniel Reef Ann Reese Psy.D., Psychologist Nicholas Reeves, Physician Deborah Reeves, Psychologist Jill Reich Brenna Reichman, Nurse Marian Reiff Ph.D., Public Health Barb Reilly RN, Nurse Laura Reinacher, Public Health Simba Reinhold Diane Reis M.D., Psychiatrist Wendy Reiser D.O., Psychiatrist Steven Reisner Ph.D., Psychologist Joanne Reith RN, Nurse Christine Reitmeyer Meegan Remillard M.D., Physician Marcus Rempel, Physician Michele Renchner Ph.D., Psychologist Michelle Reno Erika Rentas M.D., Physician Liza Restifo, Social Work Carolina Retamero M.D., Physician Neelambika Revadigar, Psychiatrist Elizabeth Revere, Physician

Dinoska Reyes

Claudia Reyes LCSW, Social Work

Sr. Mary Sonia Reyes Jane Reynolds Ph.D., Psychologist Michele Reynolds, Physician Angie Reynolds M.D., Physician Dorca Reynoso Samina Reza M.D., Physician Wayne Reznick, Psychologist Donya Rhett Ph.D., Psychologist Ginger Rhodes Ph.D., Psychologist Madeline Rhum Ph.D., Psychologist Michele Ribeiro Ed.D., Psychologist Steven Riccoboni M.D., Physician Roberta Rice, Social Work Susan Rich M.D., Psychiatrist Nancy Richard, Administrator Arlene Richards D Roxanne Richards M.D., Physician Adam Richards M.D., Physician Wynn Richards Claire Richards, Nurse Dorothy Richardson Ph.D., Psychologist Hannah Richardson Ph.D., Psychologist Hilary Richardson, Psychologist Reg Richburg LMSW, Social Work Kristin Richey, Nurse Sophia Richman Ph.D., Psychologist Lisa Richman M.D., Physician Lisa Kichman M.D., Physician
Elizabeth Ridgway M.D. FAAP
Amy Riek M.D., Physician
Robert Riethmiller Ph.D., Psychologist
Arleen Rifkind M.D., Physician Brandon Rigby Ph.D. Rebecca Rinehart Medical Student Krista Ring Rachael Ringwood LCSW, Social Work Lisa Rinker, Physician Monisha Rios MSW, Social Work Luis Ripoll M.D., Psychiatrist Robin Risler Psy.D., Psychologist Ana Risse, Physician Susan Ritterman Phyllis Rittner Jomarie Rivera M.D., Physician Nancy Rivera M.D., Physician Krissia Rivera Perla Denise Rizzo, Nurse Lina Roa, Physician TC Robbins, Physician Jeanette Robbins, Social Work Lynn Roberts Ph.D., Public Health Mary Roberts M.D., Physician Laura Roberts LCSW, Social Work Jill Robertson Tracy Robin, Social Work Colin Robinson M.D. Ruby Robinson Lori Robinson CCC-SLP Kahlila Robinson Ph.D., Psychologist Barbara Robinson LCSW-R, Social Work Elizabeth Robinson Lisa Robinson M.D., Psychiatrist Marva Robinson Psy.D., Psychologist Rachel Robitz M.D., Physician Elizabeth Rocco M.D., Physician Maya Rockeymoore Ph.D., Public Health Cristina Rodrigues Marlene Rodriguez M.D., Physician Nina Rodriguez, Physician Gabriela Rodriguez Ph.D., Psychologist Jacqueline Rodriguez, Nurse Yari Rodriguez Ingrid Rodriguez Ph.D., Psychologist Jaclyn Rodriguez, Forensics Von Marie Rodriguez-Guzman Ph.D., Psychologist Cynthia Roe MPH, Public Health Lizabeth Roemer Ph.D., Psychologist

Soraya Rofagha, Physician Wesley Rogers Juliet Rohde-Brown Ph.D., Psychologist Sarah Rojas M.D., Physician Kathryn Rolland Ed.D., Public Health Emily Romano Amy Romashko M.D., Physician Sandra Romero M.D., Physician Robin Romine Sylvia Romm M.D., Physician Rebecca Romo Psy.D., Psychologist Suzanne Roniger, Social Work Beth Rontal, Social Work MaryEllen Rooney Ed.D., Administrator Rebecca Rooney, Psychologist Danielle Rooney M.D., Physician Lindsey Rosa, Social Work Andrew Rosales, Medical Student Rachel Shira Rosan RN, Nurse Gabriela Rosas-Garcia M.D., Physician Thomas Rosbrow Ph.D., Psychologist Patricia Rosbrow Ph.D., Psychologist Elizabeth Rose, Administrator Teresa Rose Ph.D., Psychologist Susan Rose Ph.D., Psychologist Anthony Rose Abigail Rose M.D., Physician Christian Roselund Penny Rosen LCSW-R, Social Work Penny Rosen LCSW-R, Social Work Barbara Rosen, Social Work Laura Rosen Ph.D., Psychologist Diane Rosenbaum Ph.D., Psychologist Marion Rosenbaum Ph.D., Psychologist Ruth Rosenbaum Larry Rosenberg Ph.D., Psychologist David Rosenberg Ph.D., Psychologist Linda Rosenberg LCSW-R, Social Work Michele Rosenberg M.D., Psychiatrist Mindy Rosenberg Ph.D., Psychologist Lynne Rosenberg Ellen Rosenblum RN, Nurse Julia Rosenfield LICSW, Social Work Andrea Rosenstein AAHIVS, Psychologist Elizabeth Rosenthal M.D., Physician Vicki Rosenthal MSW, Social Work Joshua Rosenthal Dr.PH. Nancy Rosenwasser Erika Roshanravan M.D., Physician Esther Rosha-Stadtler, Psychologist Julie Rosinski, Social Work Samantha Rosman, Physician Zach Rosner M.D., Physician David Rosner Ph.D., Public Health Randall Ross M.D., Psychiatrist Ellen Ross Psy.D., Psychologist Joellyn Ross Ph.D., Psychologist Marianne Ross Ph.D., Psychologist Valerie Ross LMFT, Psychologist Jonathan Ross M.D., Physician Whitney Ross, Physician Tamica Ross Steve Ross Kevin Michael Ross, MS, LMFT Laura Rossillo Kerry Rossitto Ragna Rostad, Physician Brad Roter M.D., Physician Katalin Roth M.D., Physician Judy Roth Ph.D., Psychologist Scott Roth Psy.D., Psychologist Lisa Roth, Psychologist Jan Roth Ph.D., Psychologist Jonathan Rothberg M.D., Physician Barbara Rothberg D.S.W., Social Work Ben Rotter, Physician Dana Rous LICSW, Social Work Deborah Rowden

Florence Rowe ACRN, Social Work Kevin Rowe, Psychiatrist Laurel Rowen Ph.D., Psychologist Nora Rowley M.D., Forensics Kevin Roy Ph.D., Public Health Ingrid Roze Ph.D., Psychologist Desiree Rozier Psy.D., Psychologist Hadassah Rsmin, Social Work Nancy Rubbico Susan Rubin, Physician Lori Rubin M.D., Physician Penny Rubinfine D.S.W., Social Work Marie Rudden M.D., Psychiatrist Ginger Ruddy, Physician Susan Rudolph, Psychologist Dr. Dean Rudoy Ph.D., Psychologist Carrie E Ruggieri, Psychologist Maritza Ruiz M.D., Physician Elena Ruiz-Rios M.D., Physician Daniel Runde M.D., Physician Jennifer Rupert, Physician Patricia Rush M.D., Physician Judy Russell Rachel Russell Psy.D., Psychologist Judith Ruszkowski Elizabeth Rutten-Turner LCSW, Social Adriana Ruvalcaba LMSW, Social Work Avery Ryan LMSW, Social Work Julie Ryan Ph.D., Psychologist Karen Ryan Deborah Ryan Ph.D. Tracy Ryaru Ph.D., Psychologist Kayce Ryberg PNP, Nurse Thalia Ryer LMHC, Psychologist Inna Ryvkin M.D., Physician Anuja S Moizah Saad D.O., Physician Altaf Saadi M.D., Physician Karen Saakvitne Ph.D., Psychologist Fred Sabb Ph.D. Raha Sabet Marlene Sabio Ed.D. Miranda Sacharin Anita Sacks LCSW-R, Social Work David Sacks Psy.D. Psychologist Sehrish Saeed Sara Safarzadeh-Amiri M.D., Physician Luisa Saffiotti Ph.D., Psychologist Ellen Safier Stella Safo, Physician Angela Sagar M.D., Psychiatrist Elahe Sagar M.D., Psychiatrist Kristin Sagert Ph.D., Social Work Priyanka Saha, Medical Student, Physician Sara Sahl Physician Thorayya Said Giovannelli, Psychologist Gina Salamone MPHTM, Public Health Kathleen Salandrea ASHS, Social Work Silvia Salas Claudia Salazar Psy.D., Psychologist Alle Salazar, Social Work Melissa Salazar PA-C Sandra Salerno, Social Work Tonya Salerno Amy Salins, Social Work Kelsie Salmen Psy.D., Psychologist Saurabh Saluja M.D., Physician Sarah-Jeanne Salvy, Psychologist Yasmina Samaha, Medical Student Phillip Samayoa Maura Sammon M.D., Physician Ray Samoa M.D., Physician Karen Samuels Ph.D., Psychologist Rachel Samuelson M.D., Physician

Ana San Martin M.D., Psychiatrist

Diana Sanabria, Social Work

Judith Sanchez M.D., Physician Dayana Sanchez MPH Henry Sanchez Medical Student Amy Sanchez, Psychologist Antonio Sanchez Psychiatrist Antonio Sanchez Shara Sand Psy.D, Psychologist Janay Sander Ph.D., Psychologist Kirsten Sandgren Social Work Hollie Sandlin Physician Sabrina Sandoval M.D., Psychiatrist Eric Sandoval M.D., Physician Maria Sandvik Rosa Sanluis Tracy Sanson M.D., Physician Patricia Santivanez Sebastiano Santostefano Psy.D., Psychologist Anmol Satiani Ph.D., Psychologist Alicia Sattler APRN-BC, Nurse Erica Sauer LICSW, Social Work Danielle Savage M.D., Physician Esther Savitz LCSW-R, Social Work Annita Sawyer Ph.D., Psychologist Keegan Sawyer Suzan Sayder Shannon Scanlan Polly Scarvalone Ph.D., Psychologist Skyla Scarzella Laurie Scgwartzer LCSW-R, Social Work Milton Schaefer Ph.D., Psychologist Stephanie Schafer, Social Work Katherine Schaff Dr.PH, Public Health Michael Schaffer Ph.D., Psychologist Michelle Schaffner, Social Work Phyllis Schalet, Social Work Kathy Jo Schanner Elaine Schattner M.D., Physician A Schatz Gillian Schauer Ph.D., Public Health Elizabeth Schauer Diane S. Schaupp PHD Joshua Schechtel, Physician Andrew Schechterman Ph.D. Jessica Schemm M.D. Kellie Schenk M.D., Physician Carol Scherer Abigail Schiff, Medical Student Physician Gordon Schiff M.D., Physician Eliza Schiffrin Social Work Naomi Schiller Emily Schindler M.D., Physician Barbara Schinzinger, Physician Anthony Schlaff, Physician Lauren Schleimer, Medical Student Morley Schloss Judy Schmauss Luanne Schmidt RN, Nurse Ann Schmit RN, Nurse Malea Schmitt, Administrator Carol Schneebaum M.D., Physician Alexis Schneider Stephen Schneider Ph.D., Psychologist Leah Schneider, Social Work Celeste Schneider Ph.D., Psychologist Jana Schneider Alina Schneider, Nurse Peter Schneider Ph.D., Psychologist Maayan Schoeman Erica Schoenberg Ph.D., Psychologist Nancy Schoenborn, Physician Benjamin Schoendorff, Psychologist Kitturah Schomberg-Klaiss D.O. Physician Julia Schonberg, Nurse Stephanie Schonholz Leah Schraga M.D., Physician Selena Schreyer

Naia Schroder Meadow Schroeder, CCRP Seran Schug, Ph.D. Gene Schulze Ph.D., Psychologist Peter Schuntermann M.D., Psychiatrist Leah Schupp M.D., Psychiatrist Lisa Schwartz ANP-C, Nurse Sarah Schwartz, Psychologist Dorothy Schwartz, Nurse Michele Schwartz LCSW-R, Psychologist Stephanie Schwartz Henry Schwartz MD, Psychiatrist Hanna Schwartzbaum, Psychologist Erin Schwarz D.O., Physician Megan Schwarzman M.D., Physician Erika Schwilk M.D., Physician Elena Schwolsky, Nurse Andres Sciolla, Psychiatrist Bruce Scott M.D., Physician Kerry Scott, Social Work Alison Scott LPC Jennifer Scott Kate Scribner, Social Work Sara Scripp Joe Scroppo Ph.D., Psychologist Laurie Scudder PNP Sara Scull, Psychologist Amy Scurlock M.D., Physician Cheryl Seaman M.D., Physician Mark Seamon, Physician Regine Anna Seckinger Ph.D., Psychologist Regine Anna Seckinger Ph.D., Psyc Trina Seefeldt Ph.D., Psychologist Margaret Seely, Social Work Erin Seery M.D., Psychiatrist Jackie Segarra Social Work Sally Segel M.D. Physician Rachel Seitz RN-BC, Nurse **Emily Seltzer** Anne, Selvey Ph.D., Psychologist Erin Semcken J.D. Andrew Semegram APRN, Nurse Nancie Senet Ph.D., Psychologist Caroline Sennett Esq. Naomi Senser M.D., Physician Paola Sepulveda-Miranda, Public Health Lecia Sequist M.D., Physician Jordan Serchuk Jennifer Serlin Ph.D., Psychologist Steve Serlin M.D., Physician Mary Serlin Margo Serlin, Nurse Megan Serrano, Social Work Esmeralda Serrano M.D., Physician Valeria Servranckx Lara Setti M.D., Physician David Shaddock, Psychologist Betsy Shadid M.D., Psychiatrist **Emily Shaffer** Umber Shafique M.D., Physician Simon Shagrin Ph.D., Psychologist Priti Shah Ph.D., Psychologist Sural Shah, Physician Ami Shah M.D., Physician Farhana Shah Ph.D., Psychologist Shivani Shah, Physician Niki Shah, Administrator Mohammad Shaikh M.D., Physician Iram Shaikh-Abbasi M.D., Physician Laura Shail Beverly Shalom LCSW, Social Work Rose Shalom LMFT, Psychologist Kristin Shanahan, Psychologist LeAnn Shannon M.D., Physician Kate Shanovich Kathleen Shanovich, Nurse Alicia Shapinsky Ph.D., Psychologist Caren Shapiro, Social Work

Michael Shapiro M.D., Physician Betsy Shapiro Mia Shapiro LCSW, Social Work Mindy Shapiro, Physician Cappy Shapiro, Social Work Sue A. Shapiro PhD, Psychologist Aimee Shariat M.D., Physician Hilda Sharifi M.D., Physician Jaskiran Sharkey, Physician Shreva Sharma Manisha Sharma M.D., Physician Susan B Sharp Kristen Sharp, Physician Michelle Shasha Ph.D., Psychologist Gabrielle Shatan, Psychologist Gabrielle Shatan, Psychologist Sharon Shatil Ph.D., Psychologist Paula Shatsky, Social Work Amy Shattuck, Social Work Alice Shaw Ph.D., Psychologist Stephanie Shaw, Physician Jennifer Shaw M.D., Physician Victoria Shaw Ph.D., Psychologist Katherine Shea, Social Work Marie Shebeck, Social Work Meghan Sheehan, Physician Kate Sheehan, Social Work Jennifer Sheflin LCSW, Social Work Steven Shein M.D., Physician Evelyn Sheldon Jeminie Shell, Social Work Donna Shelley, MD Sara Shenker Psy.D., Psychologist Rachel Shepard, Psychologist Heather Shar M D Heather Sher M.D. Audrey Sheridan M.D., Physician Benna Sherman, Psychologist Mark Sherman Ph.D., Psychologist Patricia Sherman, Social Work Rachel Shey, Public Health Carol Shilliday Psy.D., Psychologist Kevin Shilling, Physician Ruth Shim M.D., Physician Suzanne Shimoyama M.D., Psychiatrist Joseph Shin M.D., Physician Yael Shinar, Physician William Shinefield Psy.D., Psychologist Kate Shirley Erica Shoemaker, Psychiatrist Starla ShollLCSW-C, Social Work Jessica Shore, Psychologist Lauren Shores, Psychologist Judith Shotwell Whitney Showler Kayleigh Shrader Sharon Shrensel ACRC, Psychologist Rhodara Shreve Diane Shrier M.D., Psychiatrist Devki Shukla, Medical Student Barton Shulman, LCPC Trysa Shulman Psy.D., Psychologist Lisa Shwartz RN, Nurse Monica Sicilia, Psychologist Mary Sickles M.D., Psychiatrist Alexandra Sideroff Jeri Sides Ph.D., Psychologist Shawn Sidhu, Psychiatrist Feroze Sidhwa M.D., Physician Karin Siebenmorgen, Nurse Ben Siegel M.D., Physician Jill Siegel Ph.D. Mari Siegel Audrey Siegel LCSW, Social Work Roberta Siegel Mark Siegert Ph.D., Psychologist Mary Siemes Ph.D., Psychologist Rachel Sienko Ph.D., Psychologist

Alexis Silas Psy.D, Psychologist Richard Silberg M.D., Physician Lynette Silva, Psychologist Manel Silva M.D. Alison Silver LCSW, Social Work Talya Silver, Social Work Mary Silverberg Sandra Silverman, Social Work Louise Silverstein Ph.D., Psychologist Stephanie Sim M.D., Psychiatrist Zoya Simakhodskaya Ph.D., Psychologist Daphne Simeon M.D., Psychiatrist Andrew Simmons M.D., Physician Leigh Simmons M.D., Physician Iris Simon Jack Simons Ph.D. Psychologist Virginia Simons, Social Work Rebecca Simpkin M.D., Physician John Simpkin RN, Nurse Douglas Simpkin Ph.D. Amy Simpson, Physician Elizabeth M Simpson LCSW, Social Work Melanie Sims, Social Work Elizabeth Singer, Physician
Jayne Singer Ph.D., Psychologist Meredith Singer Ph.D., Psychologist Mark Singer M.D., Psychiatrist Rachel Singer, Psychologist Michael Sinha M.D., Physician Joel Sjerven, Social Work Katy Sjerven Anne Skamai Ph.D., Psychologist Julia Skapik, Physician Karen Skean, Psychologist Amanda Skiff, Social Work Jared Skillings Ph.D., Psychologist Kate Skolnick Judy Skolnick, Social Work Licia Sky Anne Slanina Psy.D., Psychologist Michelle Slapion-Foote, Psychologist Sunnetta Slaughter, Public Health Barry Slavis, Social Work Sharon Sloan, Physician Phyllis L. Sloate Ph.D., Psychologist M Slobetz, Social Work Joyce Slochower Ph.D., Psychologist Monica Slote, Nurse Jonathan Slutzman M.D., Physician Sarah Smalley Rhaina Smeds Psy.D., Psychologist Janet Smeltz CADC Damion Smith, Psychologist Emily Smith MSN, Nurse Cabrini Smith Bea Smith Andrew Smith, Pharmacist Vicki Smith David Smith, Social Work Amy Smith Ph.D., Psychologist Charlene Smith Vernon Smith Ph.D., Psychologist Olivia Smith, NP Mark Smith Sidney Smith, Social Work Jenny Smith, RN Lawry Smith, Social Work Anne Smith, Nurse Lauren Smith, Administrator Nicole Smith M.D., Physician Stacey Smith, Administrator April Smith D.Phil., Psychologist Emily Smith M.D., Physician Keri Smith M.D., Physician Amy Smith Edwards LCSW, Social Work Melissa Smith-Parrish M.D., Physician

Marcella Smithson MPH, Public Health Maya Smolarek, Psychiatrist Stephanie Snell Jane Snyder Ph.D., Psychologist Elizabeth Snyder MSW, Social Work Ramona Soberanis, Nurse Lilien Socorro Lauren Soderstrom Vanessa Soetanto M.D., Physician Keren Sofer Psy.D., Psychologist Kim Sogge Ph.D., Psychologist Nicole Soileau Lara Sokoloff Martine Solages M.D., Psychiatrist Deana Solaiman M.D., Physician Alidra Solday LCSW-R, Social Work Stephen Soldz Ph.D., Psychologist Ellen Solomon M.D., Physician Alex Solomon LCSW, Social Work Rebecca Solomon Caren Solomon Valerie Solorzano Amythis Soltani Deborah Sommers D.S.W., Social Work Leslie Sommers Kristin Sommerville Soon-IL Song M.D., Physician
Som Song ANP-HIV, Physician
Mary Songster-Alpin D.V.M.
Lily Sonis LCSW, Social Work
Daniel Sonkin Ph.D., Psychologist Sheila Sontag M.D., Psychiatrist CharuSood Psy.D, Psychologist Kimberly Sorensen LCSW, Social Work Rachel Sosland, Social Work Joseph Sotomayor Jerry Soucy Ph.D., Psychologist Michael Southworth M.D., Physician Renya Spak Susan Spalding Eve Sparks, Social Work
Carly Sparks LCSW, Social Work
Jessica Sparks RN, Nurse Lauren Spears Ph.D., Psychologist Chris Spears-Bartunek Jennie Spector, Social Work Paula Spector, Nurse Valeriya Spektor Ph.D, Psychologist Leah Spelman Public Health Ken Sperber M.D., Physician Paul Speziale J.D. Natalie Spicyn M.D., Physician Paul Spiegel Dr.PH, Physician Margaret Spier Ph.D., Psychologist Cara Spitalewitz Ph.D., Psychologist Deborah Spitz M.D., Psychiatrist Greta Spoering LICSW, Social Work Amanda Spray Ph.D., Psychologist Frank Spring Judith Springer, Psychologist Susan St. John MSEd B.F. St.AngeloVictor Sta. Ana M.D., Physician Christina Stableford Margaret Stager M.D., Physician Emily Stagg APRN-BC, Nurse Jessica Stahl Ph.D., Psychologist Juliet Stamperdahl Ph.D., Psychologist Geraldine Stampf, Social Work Carol Stampfer, Nurse Flavia Stanley, Social Work Hannah Starobin, Social Work Karen Starr Psy.D., Psychologist Judith Staub Sarah M Stearns Ph.D., Psychologist Nancy Steckler Ph.D., Psychologist

Carmen Steckline, Physician Courtney Steer-Masasro CNM Joann Stefano, Nurse Lauren Steffel, Psychologist Catherine Steffens Carrie Stein, Social Work Alyson Stein Laurie Stein, Social Work Jane Stein Carolyn Steinberg M.D., Physician Brenda Steinberg Ph.D., Psychologist Brenda Steinberg Ph.D., Psychologist Michelle Steinberg Beian Steiner, Psychologist Marlene Steiner Aimee Steiniger, Physician Christopher Stephano LMSW, Social Alice Stephens, Social Work Tricia Stephens, Social Work Linda Story Stephenson, Social Work Laura Stephenson, Psychologist Katrina Sterba Marina Stern, Physician Alexis Stern Rebecca Stern Donnel Stern Ph.D., Psychologist George Stern Lee Stern Rhonda Sternberg Ph.D., Psychologist Corinne Stevens RN, Nurse Deana Stevens RN, Nuirse Deana Stevens Psy.D., Psychologist Stacey Stevens LMHC Rae Stevenson, Physician Alice Steward Karen Stewart, Social Work Caroline Stewart LCSW, Social Work Amanda Stewart M.D., Physician Stella Stewart, Social Work Lacey Stewart, Social Work Alejandra Stewart M.D., Physician Arlene Stiffman Ph.D., Social Work Claire Stiles Ph.D. Kathryn Stinson, Social Work Michael Stocker Ph.D. Sandor Stockfleth, Psychologist Sasha Stok, Psychologist Hanni Stoklosa Katherine Stolarz, Physician Glenda Stoller LCSW-R, Social Work James Stoltzfus M.D., Physician Elizabeth Stone Geren Stone, Physician Patricia Stone Ann Stoneson Michael Stoppiello, Psychologist Anne Stormorken M.D., Physician Bethany Storz ANP-BC, Nurse Jeffrey Stovall M.D., Physician John Stracks M.D., Physician Anne Strain, Social Work Angela Strain, Psychiatrist Kee Straits Ph.D., Psychologist Molly Stranahan Psy.D., Psychologist Elspeth Strang LCSW-R, Social Work Yorgos Strangas M.D., Physician Adam Strassberg, Psychiatrist Thomas Stratton, Physician Susaan Straus Paula Strauss Psy.D., Psychologist

Jona Strauss, Physician

Johanna Strobel, Psychologist

Lenore Strocchia-Rivera Ph.D.,

James Strohl Ed.D., Psychologist

Matthew Strobel Psy.D., Psychologist

Barbara Streeter

Psychologist

Susan Strom Mark Stroman, Nurse Msrgaret Strosser Jennfer Strumwasser Krysttel Stryczek Jessica Stults, Social Work Lee Sturdivant Gabrielle Stutman Ph.D., Psychologist Lauren Suarez, Psychologist Sevmour Sub Jennifer Subasic-Marks Elaine Suben LCSW-R, Social Work Rani Subramaniam Aditi Subramaniam Asha Subramanian M.D., Physician Sujatha Subramanian Ph.D., Psychologist Alvin Sugarman Iris Sugarman, CSW Kate Sugarman, Physician Mark Sullivan, Social Work Katie Sullivan, Medical Student Meghan Sullivan, Social Work Elise Sullivan, Physician Maggie Sullivan, Nurse Lei Sun MSEd Anisha Sunkerneni Soksophea Suong Alicia Supernault Rajat Suri, Physician Paola Susan M.D., Physician Shea Suskin M.D., Physician Donna Sutter M.D., Physician C. Jay Sutton, Psychologist Jessica Suzuki, Psychologist Laura Suzuki, Nurse Deanna Sverdlov OB/GYN, Physician Stephanie Swafford, Administrator Sara Swain, Physician Nicole Swain, LPC Padma Swamy, Physician Suzanne Swanson Ph.D., Psychologist Lianne Swanson Kinya Swanson Psy.D., Psychologist Sarah Swanson-Damon Lauren Swartz Zarana Swarup M.D., Physician Nancy Sweeney Psy.D., Psychologist Carolyn Swenson, Physician Eve Switzer M.D., Physician Monica Swords, Social Work Ricci Sylla M.D., Physician Joanna SymeouPsy.D., Psychologist Shonda Szabo Dorota Szczepaniak M.D., Physician Julio Szmuilowicz, Psychiatrist Sharon Szmuilowicz M.D., Psychiatrist Stephanie Tabashneck Psy.D., Psychologist Beth Tabor-lev Ph.D., Psychologist Linda Tafapolsky Psy.D., Psychologist Leah Taffel, Physician Waqqas Tai, Physician BReena Taira M.D., Physician Virginia Takagi M.D., Physician Lucy S. Takagi, Psy.D. Psychologist Wajma Talib RN-BC, Nurse Kaaren Tam M.D., Physician Jennifer Tamir, Nurse Paige Tang O.D. Aswita Tan-McGrory, Public Health Nazeela Tanweer Shannon Tapia M.D., Physician Kim Tappen Psy.D., Psychologist Cristian Taraschi, Social Work Shamyla Tareen, Social Work Lucila Tarin M.D., Physician

Yael Tarshish M.D., Physician Jeanne Tate MSN, Nurse Emilia Taubic Cathy Tauscher, Nurse Gabrielle Taylor Ph.D., Psychologist Brent Taylor Ph.D. Ellen Taylor, Psychologist Nicole Taylor Ph.D., Psychologist Brooke Taylor LMSW, Social Work May Taylor Ph.D, Psychologist Joy Taylor, Social Work Sara Teasdale, Physician Kam Tecaya, Physician Linda Techell LMSW, Social Work Alice Teich M.D., Physician Christina Temes, Ph.D. Lisa Temkin Betsy Templeton Linda Tennies Debra Teplin PA-C Vincenzo Teran Psy.D., Psychologist Jill Terrell-Ouazzani Nancy Terres Ph.D., Nurse Anna Terry M.D., Physician Melissa Tesher M.D., Physician Baylah Tessier-Sherman, Public Health Maria Testa, Psychologist Susan Thackrey Ph.D., Psychologist Reshma Thadani, Physician Bob Thaden Susan Thau Ph.D., Psychologist Micaela Theisen FNP-BC Makani Themba, Public Health Karin Theurer-Kaufman Ph.D., Psychologist rsychologist Kelly Thibeault LCSW, Social Work Catharine Thomann Ph.D., Psychologist Nina Thomas Ph.D., Psychologist Catherine Thomas PNP, Nurse Marlene Thomas MHA, Nurse Martha Thomas, Physician Allie Thomas-Fannin M.D., Psychiatrist Nicole Thomasian, Physician Tamara Thome. Physician JJ Thomlinson, Social Work Jason Thompson, Psychologist Nellie Thompson Gretchen Thompson Celena Thompson Psy.D., Psychologist Julia Thompson CSW, Social Work Valerie Thompson Craig Thompson M.D., Physician Marnie Thompson Thomas Thompson Ph.D., Psychologist Janet Thompson LPN Ann Thompson Cook. Social Work Ariana Thompson-Lastad Ph.D., Public Health Kerry Thon Liviya Thoreson-Whyte D.O., Physician Patricia Thrasher, Social Work Benjamin Tiano Alanna Ticali Wendy Tien M.D., Physician May Tift LMFT Blair Tilghman, Nurse Jane Tillman Ph.D., Psychologist Jaci Timmons M.D., Physician Ulrika Timvik-Abreau, Scientist Beth Tinker RN, Public Health Jannett Tirado Dennis Tirch Ph.D., Psychologist Elizabeth Tisei M.D., Physician Sigrid Tishler M.D., Physician Mirjam Tkalcic, Psychologist Matt Tobey M.D., Physician Valerie Tobia

Valerie Tobin APN, Scientist Mary Tobin-Anderson M.D., Physician Lauren Tobing-Puente, Psychologist Cynthia Tocman Tahisha Tolbert M.D., Physician Terry Tolk Ph.D., Psychologist Elizabeth Toll, Physician Pat Tomasello, Public Health Allison Tom-Yunger, Social Work LeeAnn Toolan Felice Toonkel Jeremy Topin M.D., Physician Paula Toribio Mary Tornabene, Nurse Gina Torres, Social Work Amanda Torres, Social Work Bianca Torres Melissa Torres Ph.D., Social Work Randi Torstenson Psy.D., Psychologist Angela Tougas, Nurse Kim Tousignant, Psychologist Sima Toussi M.D., Physician Luz Towns-Miranda Ph.D., Psychologist Heather Tracey, Social Work Jamie Trachtenberg LCSW, Social Work Celina Tracy Carol Tracy Ph.D., Psychologist Patricia Trainor Ph.D., Psychologist Vy Tran, Public Health My Tuyet (Virginia) Tran Aminata Traore, Physician Colleen Traud APRN-BC Matt Travis Jennifer Trebbin Amanda Trecartin Diane Trees -Clay George Tremblay Ph.D., Psychologist Jackie Treneer Robin Treptoq Ph.D., Psychologist Sylvia Trevino M.D., Physician Melissa Tribuzio M.D., Physician Dr. David Trimble, Psychologist Catherine Trimbur M.D., Physician Christy Trombley Psy.D., Psychologist Lucianna Trujillo, Physician Samantha Truong, Medical Student Linda Tsai D.O., Physician Elizabeth Tschoegl, Social Work Steven Tuber Ph.D., Psychologist Richard Tuck Psy.D. Psychologist Bethany Tucker M.D. Psychiatrist Jane Tucker Ph.D. Psychologist Sondra Tuckfelt Ph.D. Psychologist Michelle Tully, Social Work Shirley Tung, Social Work Angela Tunno Ph.D. Psychologist Robert Turer, Physician Michael Turken M.D. Physician William Turner M.D. Physician Catharyn Turner M.D. Psychiatrist Ray Turner Psy.D. Psychologist Sarah Turney LMHC Karen Tuttle, Social Work Evelyn Twentyman M.D. Physician Jeanne Tyan M.D. Physician Dale Tylor M.D. Physician Gabrielle Tynes-Labonte Grayce Tyszko Efstathia Tzatha Hala Ubaid D.O. Physician Gianna Ubinas Dr.PH. Physician Molly Uhlenhake D.O. Physician Sarah Ullman Ph.D. Psychologist Claudia Unger Ph.D. Psychologist Jennifer Unterberg Ph.D. Psychologist Nina Urban M.D. Psychiatrist Miren Uriarte Ph.D. Social Work

Sebastian Urrea Mayur Urva Kathy Usher Kelly Uusitalo Shantel Vachani, Social Work Melanie Vaira Laura Valdes Juanita Valdez-Cox Kristin Valentino Ph.D. Psychologist Barbara Valenza Sarah Valeri Holly Valerio M.D. Psychiatrist Lisa Vallejos Ph.D. Psychologist Charleen Valli, Nurse Carol Valoris Elizabeth Van Dyke, Physician Joyce Van Huis Heather Van Wagner Hima Bindu Vanapalli M.D. Physician Lisa M Vandemark Ph.D. Nurse Kay Vandenberg M.D.Physician Elizabeth Vandermark M.D. Physician Jeffrey Vanderploeg Ph.D. Psychologist Lennie Rae Vangorder Noelle VanHendrick Kristin Vann Sands, Nurse Tamara, Vanover Ted VanSickle Kate VanZanten, Public Health Eliza Varadi M.D. Physician Ruth Varkovitzky Ph.D. Psychologist Samantha Varner M.D. Physician Jessica Vasquez M.D. Physician Melba Vasquez Ph.D. Psychologist Sheryl Vassallo M.D. Physician Jessica Vaughn Physician Linnea Vaurio Ph.D. Psychologist Sara Vazquez M.D. Physician Lilliana Vazquez M.D. Physician Desiree Vega, Psychologist Farah Vega M.D. Physician Aurea Vega Matan Vega Potler
Manasa Velagapudi
Larissa Velez, Physician
Joann Veloudis
David Venarde Psy.D. Psychologist Laura Venuto Psy.D. Psychologist Zoe Vercelli Noushin Verdi, Psychologist Raluca Veres Juan Vernon M.D. Physician Diana Vernon Anne Vestergaard LISW, Physician Maureen Vetter Yorleny Vicioso, Scientist Craig Vickstrom M.D. Physician Alejandro Victores Anne Victory MSN, Nurse Alexis Vidaurri D.V.M. Julie Vieth MB ChB, Physician Nicole Vigoda Psy.D. Psychologist Bianca Villalobos, Psychologist Kathy Villalovos Rodrigo Villar M.D. Physician Camila Villasante Nina Vinson, Scientist Elena Visconti MSEd Tamar Vishlitzky LICSW, Social Work Kirsten Vitrikas, Physician Miguel Angel Viveros, Psychologist Jennine Vizcaino William Vlach Ph.D., Psychologist William Vlach Ph.D., Psychologist Michelle Vo M.D. Physician Diana Voellinger

Michelle Urman

Martha Vogel Ph.D. Psychologist Monica Vohra M.D. Physician Erin Volpe Ph.D. Psychologist Bettina Volz Ph.D. Psychologist Gloria Von Oiste, Social Work Barbara VonKlemperer Ed.D. Psychologist Katie Voorhees Susan Voorhees Psy.D. Psychologist Rajvee Vora M.D. Psychiatrist Petra Vospernik Ph.D. Psychologist Raluca Vrabie, Physician Maria Vukovich Ph.D. Scientist Michael Vurek, Social Work Carol Wachs Psy.D. Psychologist Paul Wachtel Ph.D. Psychologist Karen Wachtel, Psychologist Kristen Wade-Kempiak M.D. Physician Lauren Wadsworth Dr.PH. Linda Wagner M.D. Physician Lorryn Wahler Barbara Wainberg Amanda Wakefield, Psychologist Karen Walant Ph.D. Social Work Richard Waldhorn M.D. Physician Kate Waldman Amy Waldner Melissa Walker LCSW-R, Social Work Susan Walker-Matthews Ph.D. Psychologist Tami Walkup Anuhea Wall MSW, Social Work Joseph Wall Jennifer Wallach, Psychologist Hannah Wallerstein Ph.D. Psychologist David Wallin Ph.D. Psychologist Stephanie Wallio Ph.D. Psychologist Bill Walter, Physician Anne Walters Ph.D. Psychologist Lynn Walters Ph.D. Heather Walton Ph.D. Psychologist Sheshali Wanchoo D.O. Physician Karen Wang M.D. Physician Leah Wang Ph.D. Psychologist Holly Wanic Saman Waquad Margaret E. Ward Ph.D. Elizabeth Ward, Psychologist Kimiora Ward, CNO Karlyn Ward LCSW, Social Work Deborah Warden LCSW, Social Work Meredith Warden M.D. Physician Jessica Ware, Social Work Layla Ware de Luria LCSW, Social Work Leslie Warfield Psy.D. Psychologist Ellie Warner-Rousseau Colleen Warnesky, Psychologist Kristan Warnick, Social Work Barbara Warren MSEd, Psychologist Erin Warren D.V.M. Susan Warshaw Ed.D. Psychologist Deborah Washburn, Social Work Linda Washburn CSW Social Work Ashley Waterberg, Social Work Patricia Waterman Deirdre Waters Psy.D. Psychologist Gregory Waters Ph.D. Melanie Wathugala Mary Watkins Ph.D. Psychologist Danielle Watson Fiona Watson LCSW-R Social Work Laurel Watson Dr.PH. Psychologist Morgan Watson, Social Work Terry Watson Sara Watson M.D. Physician Deborah Waxenberg, Psychologist Judith Weatherly LMFT Gina Weaver, Social Work

Jenna Weaver D.V.M. Marcia Webb Sara WeberPh.D. Psychologist Megan Webster M.D. Psychiatrist John Wechter Ed.D. Psychologist Elizabeth Weeks, Physician Jane Weese, Nurse Julie Wegener M.D. Psychiatrist Amelie Wegner, Physician Lori Weichenthal, Physician Steven Wein, M.D. Psychiatrist Kristy Weinberg, Social Work Kaethe Weingarten, Psychologist Radhule Weininger Ph.D. Psychologist Anne Weinsoft M.D. Physician Marie Weinstein, Psychologist Lissa Weinstein Ph.D. Psychologist Rev. Edie Weinstein, Social Work Zoe Weinstein M.D. Physician Joanna Weinstock M.D. Physician Katrina Weirauch DO Physician Laura Weisberg Psychologist Lise Weisberger M.D. Physician Anat Weisenfreund, Administrator Deborah Weisinger Psy.D. Psychologist Tanya Weisman M.D. Psychiatrist Andrea Weiss Ph.D. Psychologist Howard Weiss Ph.D. Psychologist Lois Weithorn Ph.D. Psychologist Ashley S. Weitz Anna Welch MSEd Bryant Welch, Psychologist Christauria Welland, Psychologist Nicole Wellbaum, Physician Karen Welling, Social Work Risa Wells Ph.D. Psychologist Mariah Wells, Nurse Jessica Welt-Betensky Psy.D. Psychologist Amy Wenger, Nurse Carol Wenzel-Rideout Psy.D. Psychologist Marisa Werner M.D. Physician Anne Wesh Ph.D. Psychologist Elissa West LCSW-R, Social Work Druesella West LMFT Sarah West **Emily West** C. William Wester M.D. Physician Tammy Westergaard LMHC, Psychologist Ariel Westerman, Psychologist MarWesthead Psy.D. Psychologist Ellen Westrich Ph.D. Psychologist Karen Wexler Ph.D. Social Work Marly Wexler Susan Whedbee LCSW-R, Psychologist Rachel Wheeler M.D. Physician Elizabeth Wheeler Ph.D. Psychologist Ann Wheeler LICSW, Social Work Kathy Whelan Scott Whipple LCSW Social Work Cortnee Whipple D.C. Ray White, Forensics Katherine White Th.D. Nurse Lina White RN, Nurse Erika White Ph.D. Psychologist Amy White Darden White LPC Stefanie White M.D. Physician Tyrone White, Social Work Kaylin White

Kristen White, Administrator

Chelsea Whitney MPH, Nurse

Lindsay Whittington, Nurse

Byron Whyte M.D. Physician

Alison Whyte, Social Work

Gary Whited, Psychologist

Carolanne Whitfield

Chris Whitman

Karen Wickline, Social Work Chana Widawski LMSW, Social Work Robert Widner Susie Wie M.D. Psychiatrist Gina Wiggins, Psychologist Katharine Wilcox Dayle Wild LCSW-R Social Work Rose Wilde MPH, Public Health Howard Wilinsky M.D. Psychiatrist Risa Wilkerson, Public Health Beena Wilkins, Physician Shannon Wilks LCSW, Social Work Cynthia Willard M.D. Physician Karen Willatt, Nurse Karen Willatt Dayna Willems D.V.M. Physician Monique Willett, Social Work Ingrid Willgren LMHC, Social Work Kira Williams M.D. Psychiatrist Steven Williams, Physician Jenifer Williams Ed.D. Psychologist Brie Williams, Physician Risa Williams Shenoa Williams CRNP Natalie Williams Shanna Williams, Social Work Sherril, Willis Miryam Wilson, Physician Laurie J. Wilson, Psychologist Frederic Wilson M.D. Physician Kristen Wilson, Nurse Hinda Winawer LCSW Social Work Elizabeth Winchell, Social Work M Margit Winckler Ph.D. Psychologist Jyoti Wind Rebekah Windmiller Jennifer Wineke Daniel Winetsky, Physician Anna Wing Rebecca Winkel Ph.D. Psychologist Jessica Winkels, Medical Student Taryn Winkle M.D. Physician Jon Winkle Kristin Winnor, Nurse Wendy Winograd D.S.W. Social Work Marcia Winter Ph.D. Psychologist Terry Winter Nurse Bernadette Winter-Villaluz, Social Work Randi Wirth, Psychologist Annamarie Wise MPH, Public Health Gabriel Wishik M.D. Physician Susan Siegeltuch Witkin LCSW-C, Social Work Agnieszka Witkowski M.D. Physician Renee Witlen M.D. Psychiatrist **Emily Witt** Kirsten Wittenborn Psy.D. Psychologist Jack Wiuse Cynthia Woelfel Ph.D. Psychologist Diana Wohler M.D. Physician Kimberly Wolf Physician Astrid Wolf-O'Hern Abigail Wolfson, Nurse Andrea Wollenberg Todd Wolynn M.D. Physician Philip Wong, Psychologist Haeinn Woo, Physician Sally Wood Ph.D. Psychologist Ashley Woodhull, Psychologist Lindsay Woodruff Tracy Woodruff Monika Woods M.D. Physician Jared Woods Alicia Woodsby, Social Work Catherine Worden M.D. Physician Jennifer Workman M.D. Physician Hilary Worthen M.D. Physician

Catherine Wraight M.D. Physician Lisa Wray M.D. Physician Darrell Wright M.D. Physician JD Wright, Psychologist Tricia Wright M.D. Physician Joe Wright, Physician Bessy Wrights, Public Health Frances Wrle LMT Wendell Wu, Physician Synphen Wu M.D. Physician Ashley Wu James Wulach Ph.D. Psychologist Marijo Wunderlich Dr.PH. Public Health Andy Wurl, Psychologist Rachel Wyner Ph.D. Psychologist Matthew Wynia M.D. Physician Stephen N. Xenakis M.D. Physician Ilya Yacevich LMFT Psychologist Carolina Yahne Ph.D. Psychologist Laura Yahr Nelson M.D. Psychiatrist Inna Yalovetskaya, Physician Stephanie Yamout, Physician Lanbo Yang Yvonne Yang, Psychiatrist Susan Yanow, Social Work Margaret Yard Ph.D. Psychologist Sarah Yasmin, Psychiatrist Joannie Yeh M.D. Physician Mary Yerkes Ph.D. Psychologist Brooke Yetter Psy.D. Psychologist Alexis Yetwin Ph.D. Psychologist Katie Yoast Rachel Yoder, Psychiatrist

Eva Young Catherine Young Jackie Young LMHC Janine Young, M.D.Physician Stuart Youngner, Psychiatrist Sidra Younus M.D. Physician Aisha Yousafzai Ph.D. Public Health Albert Yu, Physician Doris Yu M.D. Physician Kate Yun, Physician Ilana Zablow, Social Work Rachel Zack Ishikawa Ph.D. Psychologist Alexandra Zagoloff, Psychologist Hengameh Zahed, Physician Sarah Zaheer M.D. Physician Nora Zaizar LPC Amy Zajakowski Uhll LCPC, Psychologist Angela Zallen M.D. Physician Ellen Zaltzberg, Public Health Tauheed Zaman M.D. Psychiatrist Moneeka Zaman M.D. Physician Milagros Zambrano-Rishel Psy.D. Psychologist Eleana Zamora M.D. Physician Eleana Zamora M.D. Physician Anuradha Zangri Ana Luiza Zaninotto Ph.D. Psychologist Cassidy Zanko M.D. Physician Mary Zanko, Social Work Andrea Zanko Robert Zannoni Lela Zaphiropoulos LCSW, Social Work Michael Zaretsky LCSW-R, Social Work MichellZarowitz Psy.D. Psychologist

Rebecca Zash M.D. Physician Lynne Zeavin Psy.D. Psychologist Miriam Zehavi, Social Work Paula Zerfoss, Social Work Sarah Zerull Heidi Zetzer Ph.D. Psychologist Judith Zevin Psy.D. Social Work Cindy Zhao, Physician Emily Zhou Elaine Zickler LCSW, Social Work Christine Zidell, Scientist Denise Zielinski Suzanne Zilber Ph.D. Psychologist Carol Zimmer Anna Zimmer, Physician Linda Zimmerman Randi Zimmerman, Social Work Ellen Zimmerman, Social Work Kathleen Zimmerman, Nurse Peter Zimmermann Ph.D. Alissa Zingman M.D. Physician Nancy Zintak, Administrator Ruth Zitner, Psychologist Kate Zona Ph.D. Psychologist Jeannine Zoppi Ph.D. Psychologist Cindy Zou Laura Zucker Amy Zuckerman LCSW-R, Social Work Lauren Zurenda Ph.D. Psychologist Fiona True, Social Work

Exhibit J

June 14, 2018

President Donald Trump The White House 1600 Pennsylvania Avenue Washington, DC 20500

Dear President Trump:

On behalf of the American Psychological Association (APA), we are writing to express our deep concern and strong opposition to the Administration's new policy of separating immigrant parents and children who are detained while crossing the border. We previously wrote to then Secretary of Homeland Security John Kelly on April 5, 2017, about this matter. Based on empirical evidence of the psychological harm that children and parents experience when separated, we implore you to reconsider this policy and commit to the more humane practice of housing families together pending immigration proceedings to protect them from further trauma.

APA is the leading scientific and professional organization representing psychology in the United States. Our membership includes researchers, educators, clinicians, consultants, and students. APA works to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives. We have 115,700 members and affiliates across the United States and in many other countries, many of whom serve immigrant youth and adults in a wide range of settings, including schools, community centers, hospitals and refugee resettlement centers.

The current policy calls for children to be removed from their parents and placed for an often indeterminate period of time in the custody of the Office of Refugee Resettlement. Decades of psychological research have determined that it is in the best interest of the child and the family to keep families together. Families fleeing their homes to seek sanctuary in the United States are already under a tremendous amount of stress. Sudden and unexpected family separation, such as separating families at the border, can add to that stress, leading to emotional trauma in children. Research also suggests that the longer that parents and children are separated, the greater the reported symptoms of anxiety and depression are for children. Adverse childhood experiences, such as parent-

¹ Chaudry, A. (2011). Children in the aftermath of immigration enforcement. *The Journal of the History of Childhood and Youth*, 4 (1), 137-154.

² Dreby, J. (2012). The burden of deportation on children in Mexican immigrant families. *Journal of Marriage and Family*,74, 829-845. Doi:10.1111/j.1741-3737.2012.00989x

³ Suárez-Orozco, C., Bang, H.J. & Kim, H.Y (2010). I felt like my heart was staying behind: Psychological implications of family separations and reunifications for immigrant youth. *Journal of Adolescent Research* 26(2), 222-257.

child separation, are important social determinants of mental disorders. For children, traumatic events can lead to the development of post-traumatic stress disorder and other mental health disorders that can cause long lasting effects. Furthermore, immigration policies, such as separating families at the border, can also adversely impact those immigrants who are already in the United States. They can suffer from feelings of stigmatization, social exclusion, anger, and hopelessness, as well as fear for the future.

As a tragic example of the current policy's serious potential for harm, a Honduran man who was separated from his wife and 3-year-old son after he crossed the border into Texas recently took his own life while detained in a holding cell, according to the Customs and Border Protection officials, public records, and media reports.⁶ There are also reports of detained immigrants foregoing legitimate claims for asylum by pleading guilty to expedite the return of their separated children and reports of parents being deported while their children, including infants, remain in custody. These incidents serve to highlight the mental health crisis for many families caused by the Administration's policy.

Given these considerations, a change in immigration policy regarding the detention of immigrant families at the border is desperately needed – from separating parents and children to housing them together and providing needed physical and mental health services. As psychologists, we have documented multiple harmful effects of parent-child separation on children's emotional and psychological development and well-being and urge that the current policy of family separation be reversed. Should you have any questions regarding these comments, please contact Serena Dávila, J.D., with our Public Interest Directorate at sdavila@apa.org or 202-336-6061.

Sincerely,

Jessica Henderson Daniel, Ph.D., ABPP

flusion Headerson Davil, PD, ABER

President

Arthur C. Evans, Jr., Ph. D. Chief Executive Officer

the barr, Ph.D.

cc: U.S. Attorney General Jeff Sessions

U.S. Secretary of Homeland Security Kirstjen Nielsen

⁴ Rojas-Flores, L., Clements, M., Koo, J. London, J. (2017). Trauma and Psychological Distress in Latino Citizen Children Following Parental Detention and Deportation. *Psychological Trauma: Theory, Research, Practice, and Policy,* Vol 9, No. 3, 352.

⁵ Suárez-Orozco, C., (2017). Conferring Disadvantage: Behavioral and Developmental Implications for Children Growing up in the Shadow of Undocumented Immigration Status. *Wolters Kluwer Health, Inc.,* 426.

⁶ Mays J. & Stevens M. (2018, June 10). Honduran Man Kills Himself After Being Separated From Family at U.S. Border, Reports Say. *The New York Times*. Retrieved from https://www.nytimes.com/2018/06/10/us/border-patrol-texas-family-separated-suicide.html.

Exhibit K



JAMES L. MADARA, MD

EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org t (312) 464-5000

June 19, 2018

The Honorable Kirstjen M. Nielsen Secretary of Homeland Security 3801 Nebraska Avenue, NW Washington, DC 20528

The Honorable Alex M. Azar, II Secretary U.S. Department of Health & Human Services Hubert H. Humphrey Building 200 Independence Avenue, SW Washington, DC 20201 The Honorable Jefferson B. Sessions, III Attorney General of the United States U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530

Dear Secretary Nielsen, Secretary Azar, and Attorney General Sessions:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to strongly urge the federal government to withdraw its "zero tolerance" policy that requires the separation of migrating children from their parents or caregivers. Instead, we urge the Administration to give priority to supporting families and protecting the health and well-being of the children within those families.

The Administration's "zero tolerance" policy was a topic recently discussed at the AMA's Annual Meeting, which includes delegates representing over 170 state and national medical specialty societies. During this meeting we heard from delegates that the Administration's policy will do great harm to children and their parents or caregivers, who felt compelled to make a dangerous and uncertain journey because of safety concerns in their own countries. Families seeking refuge in the U.S. already endure emotional and physical stress, which is only exacerbated when they are separated from one another. It is well known that childhood trauma and adverse childhood experiences created by inhumane treatment often create negative health impacts that can last an individual's entire lifespan. Therefore, the AMA believes strongly that, in the absence of immediate physical or emotional threats to the child's well-being, migrating children should not be separated from their parents or caregivers.

We urge you to take prompt action on this matter.

2 Madan

Sincerely,

James L. Madara, MD

cc: Office of Refugee Resettlement, U.S. Department of Health & Human Services

Exhibit L



HOME > ACP NEWSROOM > ACP OBJECTS TO SEPARATION OF CHILDREN FROM THEIR PARENTS AT BORDER

ACP Objects to Separation of Children from their Parents at Border

Statement attributable to: Ana María López, MD, MPH, FACP President, American College of Physicians

Washington, DC (May 31, 2018)—The American College of Physicians strongly objects to the Department of Homeland Security's "zero tolerance "policy that requires that all unlawful border crossers be referred to the Department of Justice for prosecution as a misdemeanor of illegal entry, *including parents seeking asylum from persecution who enter the U.S. with their children*. Their children will be treated as if they were "unaccompanied minors," separated from their parents and sent into facilities administered by the federal government.

In a 2017 position statement on U.S. immigration policy, ACP expressed our concern about immigration policies that would split up families. While ACP policy recognizes the right of the U.S. to control who enters its borders, a policy of universally separating children from their parents entering U.S. borders will do great harm to children, their parents, and their families.

Childhood trauma and adverse childhood experiences create negative health impacts that will last an individual's entire lifespan. Separating a child from his or her parents triggers a level of stress consistent with trauma. Families seeking refuge in the U.S. already endure emotional and physical stress, and separating family members from each other only serves to dramatically exacerbate that stress.

The American College of Physicians calls on the Department of Homeland Security, Attorney General Sessions, and President Trump to withdraw its new policy to require separation of children from their parents, and instead, give priority to supporting families and protecting the health and well-being of the children within those families.

About the American College of Physicians

The American College of Physicians is the largest medical specialty organization in the United States with members in more than 145 countries worldwide. ACP membership includes 152,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists

6/2	24/20 ase 3:18-cv-00428-DMSFM的的 to complex to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Follow ACP on Twitter ② and Facebook ②.

Exhibit M



(http://newsroom.acep.org/newsroom_home)

News Releases (http://newsroom.acep.org/news_releases)

ACEP In the News (http://newsroom.acep.org/in-the-news)

Multimedia (image_gallery)

Resources (http://newsroom.acep.org/resources)

Social Media (http://newsroom.acep.org/acep_social_media)

Contact Us (http://newsroom.acep.org/contact_us)

ACEP Opposes Current DHS "Zero Tolerance" Immigration Policy

Jun 19, 2018

WASHINGTON — In response to a Department of Homeland Security (DHS) "zero tolerance" policy for addressing illegal border crossings in the Southern United States, Paul Kivela, MD, FACEP, president of the American College of Emergency Physicians (ACEP) released the following statement opposing the federal policy:

"ACEP recognizes the right of the United States to regulate immigration and secure its borders, but as emergency physicians, a policy of separating children and parents suspected of entering the U.S. illegally is cruel and will do great harm to the children.

"These separations result in significant health risks for both children and their parents. Children without criminal records or increased security concerns whose parents seek haven in the United States should never be placed in detention facilities.

"We join other professional medical organizations in opposing this current policy and call on the federal government to immediately change course regarding separation of immigrant families with children, and instead, give priority to protecting the health and well-being of the vulnerable

ACEP is the national medical specialty society representing emergency medicine. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.

For further information: Mike Baldyga | 202-370-9288 | mbaldyga@acep.org | newsroom.acep.org

Exhibit N



News Releases

May 30, 2018

APA Statement Opposing Separation of Children from Parents at the Border

WASHINGTON, D.C. — The American Psychiatric Association issued the following statement from President Altha Stewart, M.D.:

"As physician experts in mental health, the American Psychiatric Association opposes any policy that separates children from their parents at the United States border. Children depend on their parents for safety and support. Any forced separation is highly stressful for children and can cause lifelong trauma, as well as an increased risk of other mental illnesses, such as depression, anxiety, and posttraumatic stress disorder (PTSD). The evidence is clear that this level of trauma also results in serious medical and health consequences for these children and their caregivers. Many families crossing the United States border are fleeing war and violence in their home countries and are already coping with the effects of stress and trauma. These children deserve our protection and should remain with their families as they seek asylum. The APA recommends an immediate halt to the policy of separating children from their parents."

American Psychiatric Association

The American Psychiatric Association, founded in 1844, is the oldest medical association in the country. The APA is also the largest psychiatric association in the world with more than 37,800 physician members specializing in the diagnosis, treatment, prevention and research of mental illnesses. APA's vision is to ensure access to quality psychiatric diagnosis and treatment. For more information please visit www.psychiatry.org.

Media Contacts

Erin Connors, 202-609-7113 econnors@psych.org

Terms of Use and Privacy Policy

Copyright

Contact

© 2018 American Psychiatric Association. All Rights Reserved. 800 Maine Avenue, S.W., Suite 900, Washington, DC 20024

<u>202-559-3900</u> <u>⋈ apa@psych.org</u>

Exhibit O



DEDICATED TO THE HEALTH OF ALL CHILDREN®

Early Caree	er Pediatric Train	nees Medical Stude	ents Internationa	al HealthyChildren.ord
-------------	--------------------	--------------------	-------------------	------------------------

Become a Member Log In

Professi	onal	Reso	urces
-----------------	------	------	-------

Professional Education

Advocacy & Policy

shopAAP

About the AAP

Search...

AAP.org > English > About the AAP > News Room > AAP Statement Opposing Separation of Children and Parents at the Border

AAP Facts

Committees, Councils & Sections

Chapters & Districts

News Room

News Releases

Health & Safety Tips

AAP in the News

AAP Press Room Media Center

AAP Conferences Press Information

Media Kits

Embargoed Media Content

Social Media Toolkit

Donate Now

Corporate Relationships

Advertise with AAP

ь	e	ln/	Е	ee	d	ba	C	<

a a a email share print

AAP Statement Opposing Separation of Children and Parents at the Border

5/8/2018 by: Colleen Kraft, MD, MBA, FAAP, President, American Academy of Pediatrics

"As a pediatrician, as a parent, as the president of the American Academy of Pediatrics (AAP), I am appalled by a new policy reportedly signed by Department of Homeland Security that will forcibly separate children from their parents, a practice that this Administration has already been carrying out for months. In fact, during my recent trip to the border, I saw its impact with my own eyes, and I am not alone in my outrage and dismay at its sweeping cruelty. The AAP is opposed to this policy and will continue to urge the Department of Homeland Security and the Department of Justice to reverse it immediately.

"So many of these parents are fleeing for their lives. So many of these children know no other adult than the parent who brought them here. They can be as young as infants and toddlers.

"Separating children from their parents contradicts everything we stand for as pediatricians – protecting and promoting children's health. In fact, highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child's brain architecture and affecting his or her short- and long-term health. This type of prolonged exposure to serious stress - known as toxic stress - can carry lifelong consequences for children.

"The new policy is the latest example of harmful actions by the Department of Homeland Security against immigrant families, hindering their right to seek asylum in our country and denying parents the right to remain with their children. We can and must do better for these families. We can and must remember that immigrant children are still children; they need our protection, not prosecution."

###

The American Academy of Pediatrics is an organization of 66,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. For more information, visit www.aap.org and follow us on Twitter @AmerAcadPeds.

Professional Resources

Practice Transformation
Clinical Support
Quality Improvement
AAP Policy
Research
Journals & Publications
Webinars
Pediatrics as a Profession
National Conference & Exhibition (NCE)

Professional Education

PediaLink/Online Education

Maintenance of Certification

Professional Education Publications

Education in Quality Improvement for Pediatric Practice (EQIPP)

Life Support Programs

Live Activities

National Conference & Exhibition (NCE)

Advocacy & Policy

AAP Policy Federal Advocacy State Advocacy Community Advocacy

AAP Health Initiatives

shopAAP

Access My Account Renew Membership Purchase Books & eBooks Subscribe to Journals & Periodicals **Patient Education Point-of-Care Solutions PREP Self Assessments Register for Live Activities Register for Online Courses**

About the AAP

AAP Leadership AAP Facts Get Involved Committees, Councils & Sections **Chapters & Districts News Room Donate Now Employment at AAP** Advertise with AAP **Corporate Relationships** Help/Feedback **Digital Transformation Initiative**

£ in **Terms of Use Support Center Privacy Statement Contact Us**

©Copyright 2018 American Academy of Pediatrics. All rights reserved.

Exhibit P



<u>APHA > News & Media > News Releases > APHA News Releases ></u> Parent child separation TFAH statement

Separating parents and children at US border is inhumane and sets the stage for a public health crisis

Date: Jun 15 2018 APHA Contact: Megan Lowry, 202-777-3913 TFAH Contact: Becky Salay, 202-864-5945

Statement from the American Public Health Association and Trust for America's Health





Newsletter sign up

Become a Member

Donate Now

Washington, D.C., June 15, 2018 — "The Trump administration's policy of separating parents and children at the U.S.-Mexico border will have a dire impact on their health, both now and into the future.

"As public health professionals we know that children living without their parents face immediate and long-term health consequences. Risks include the acute mental trauma of separation, the loss of critical health information that only parents would know about their children's health status, and in the case of breastfeeding children, the significant loss of maternal child bonding essential for normal development. Parents' health would also be affected by this unjust separation.

"More alarming is the interruption of these children's chance at achieving a stable childhood. Decades of public health research have shown that family structure, stability and environment are key social determinants of a child's and a community's health.

"Furthermore, this practice places children at heightened risk of experiencing adverse childhood events and trauma, which research has definitively linked to poorer long-term health. Negative outcomes associated with adverse childhood events include some of society's most intractable health issues: alcoholism, substance misuse, depression, suicide, poor physical health and obesity.

"There is no law requiring the separation of parents and children at the border. This policy violates fundamental human rights. We urge the administration to immediately stop the practice of separating immigrant children and parents and ensure those who have been separated are rapidly reunited, to ensure the health and well-being of these children."

###

APHA champions the health of all people and all communities. We strengthen the public health profession. We speak out for public health issues and policies backed by science. We are the only organization that influences federal policy, has a nearly 150-year perspective and brings together members from all fields of public health. Visit us at www.apha.org.

2018 © American Public Health Association

Exhibit Q

70 7

June 20, 2018

Statement on Harmful Consequences of Separating Families at the U.S. Border

We urge the U.S. Department of Homeland Security to immediately stop separating migrant children from their families, based on the body of scientific evidence that underscores the potential for lifelong, harmful consequences for these children and based on human rights considerations.

Reports from the National Academies of Sciences, Engineering, and Medicine contain an extensive body of evidence on the factors that affect the welfare of children – evidence that points to the danger of current immigration enforcement actions that separate children from their parents. Research indicates that these family separations jeopardize the short- and long-term health and well-being of the children involved. In addition, the Committee on Human Rights (http://www7.nationalacademies.org/humanrights/) of the National Academies, which has a long history of addressing issues at the intersection of human rights, science, and health, stresses that the practice of separating parents from their children at the border is inconsistent with U.S. obligations under the International Covenant on Civil and Political Rights.

Parents' impact on their children's well-being may never be greater than during the earliest years of life, when a child's brain is developing rapidly and when nearly all of her or his experiences are shaped by parents and the family environment (NASEM, 2016, p. 1 (https://www.nap.edu/read/21868/chapter/2)). Young children who are separated from their primary caregivers may potentially suffer mental health disorders and other adverse outcomes over the course of their lives (NASEM, 2016, p. 21-22 (https://www.nap.edu/read/21868/chapter/3#21)). Child development involves complex interactions among genetic, biological, psychological, and social processes (NRC and IOM, 2009, p. 74 (https://www.nap.edu/read/12480/chapter/7#74)), and a disruption in any of these – such as family disruption - hinders healthy development and increases the risk for future disorders (NRC and IOM, 2009, p.102-104 (https://www.nap.edu/read/12480/chapter/7#102)). Young children are capable of deep and lasting sadness, grief, and disorganization in response to trauma and loss (NRC and IOM, 2000, p. 387 (https://www.nap.edu/read/9824/chapter/20#387)). Indeed, most mental, emotional, and behavioral disorders have their roots in childhood and adolescence (NRC and IOM, 2009, p. 1 (https://www.nap.edu/read/12480/chapter/2)), and childhood trauma has emerged as a strong risk factor for later

suicidal behavior (IOM, 2002, p. 3 (https://www.nap.edu/read/10398/chapter/2#3)).

Decades of research have demonstrated that the parent-child relationship and the family environment are at the

foundation of children's well-being and healthy development. We call upon the Department of Homeland Security to stop family separations immediately based on this evidence.

Marcia McNutt

President, National Academy of Sciences

C. D. Mote, Jr.

President, National Academy of Engineering

Victor J. Dzau

President, National Academy of Medicine

- Parenting Matters: Supporting Parents of Children Ages 0-8 (https://www.nap.edu/catalog/21868/parentingmatters-supporting-parents-of-children-ages-0-8) (2016)
- Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities (https://www.nap.edu/catalog/12480/preventing-mental-emotional-and-behavioral-disorders-among-youngpeople-progress) (2009)
- Psychosocial Concepts in Humanitarian Work with Children: A Review of the Concepts and Related Literature (https://www.nap.edu/catalog/10698/psychosocial-concepts-in-humanitarian-work-with-children-areview-of) (2003)
- Reducing Suicide: A National Imperative (https://www.nap.edu/catalog/10398/reducing-suicide-a-nationalimperative) (2002)
- Early Childhood Development and Learning: New Knowledge for Policy (https://www.nap.edu/catalog/10067/early-childhood-development-and-learning-new-knowledge-for-policy) (2001)
- From Neurons to Neighborhoods: The Science of Early Childhood Development (https://www.nap.edu/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhooddevelopment) (2000)

Contact:

Jennifer Walsh, Director of Media Relations Office of News and Public Information 202-334-2138; e-mail news@nas.edu

(mailto:news@nas.edu)Social Media:

Follow us on Twitter: @theNASEM (https://twitter.com/theNASEM)

Follow us on Instagram: @theNASEM

Tittes Nativouvaln Ataudemies no file ciences). His how eer one accept obtained in a cience of the ciences of t

Privacy Statement (http://www.nationalacademies.org/legal/privacy/index.html) | DMCA Policy

(http://www.nationalacademies.org/legal/policy/index.html) | Terms of Use

(http://www.nationalacademies.org/legal/terms/index.html) | Site Map

(http://www.nationalacademies.org/sitemap/index.html)

Copyright © 2017 National Academy of Sciences. All rights reserved.

(https://www.facebook.com/NationalAcademies/) [(https://twitter.com/TheNASEM) | E-Newsletters (http://www.nationalacademies.org/subscribe/index.html)

(http://www.nationalacademies.org)

Exhibit R

The Washington Post

National Security

A family was separated at the border, and this distraught father took his own life

by Nick Miroff June 9 Email the author

A Honduran father separated from his wife and child suffered a breakdown at a Texas jail and killed himself in a padded cell last month, according to Border Patrol agents and an incident report filed by sheriff's deputies. The death of Marco Antonio Muñoz, 39, has not been publicly disclosed by the Department of Homeland Security, and it did not appear in any local news accounts. But according to a copy of a sheriff's department report obtained by The Washington Post, Muñoz was found on the floor of his cell May 13 in a pool of blood with an item of clothing twisted around his neck.

Starr County sheriff's deputies recorded the incident as a "suicide in custody."

Muñoz's death occurred not long after the Trump administration began implementing its "zero-tolerance" crackdown on illegal migration, measures that include separating parents from their children and the threat of criminal prosecution for anyone who enters the United States unlawfully.

[Trump's 'zero tolerance' at the border is causing child shelters to fill up fast]

Much of the controversy generated by the approach has centered on its potentially traumatic impact for migrant children, but the government has said little about how it handles parents who become mentally unstable or violent after authorities split up their families.

Officials at U.S. Customs and Border Protection in Washington, which oversees border enforcement, had no immediate comment on Muñoz's death nor the whereabouts of his wife and child. Starr County authorities refused to provide a copy of Muñoz's autopsy report and did not respond to several phone messages requesting more information about the cause of death.

An official at the Embassy of Honduras in Washington, Assunta Garcia, said the nation's ambassador was the only person authorized to comment on Muñoz's death. But Garcia said he was too busy attending to a visit from President Juan Orlando Hernández.

According to Border Patrol agents with detailed knowledge of what occurred, Muñoz crossed the Rio Grande with his wife and 3-year-old son on May 12 near the tiny town of Granjeno, Tex. The area is a popular crossing point for Central American families and teenagers who turn themselves in to apply for asylum in the United States.

Soon after Muñoz and his family were taken into custody, they arrived at a processing station in nearby McAllen and said they wanted to apply for asylum. Border Patrol agents told the family they would be separated. That's when Muñoz "lost it," according to one agent, speaking on the condition of anonymity to discuss the incident. "The guy lost his s—," the agent said. "They had to use physical force to take the child out of his hands." Muñoz was placed in a chain-link detention cell, but he began punching the metal and shaking it violently, agents said.

[Illegal border crossings remained high in May despite Trump's crackdown]

Though Muñoz did not attempt to assault Border Patrol staff, he was at that point considered to be "pre-assault" because he was so agitated. As one agent described it, Muñoz "had the look of a guy at a bar who wanted to fight someone."

"We had to get him out," the agent said. "Those cells are about as secure as a dog kennel. He could have hurt someone."

Unruly detainees typically are taken to local jails, where they can be placed in more secure settings or isolation cells, known as administrative segregation. Border Patrol agents found a vacant cell for Muñoz 40 miles away at

the Starr County Jail in Rio Grande City. When they attempted to place Muñoz in the van, he tried to run away and had to be captured and restrained.

"He yelled and kicked at the windows on the ride to the jail," an agent said. Shackled and handcuffed, Muñoz attempted to escape again upon arrival and once more had to be restrained.

According to the sheriff's department report, Muñoz was booked into the jail at 9:40 p.m. He remained combative and was placed in a padded isolation cell, it says.

Guards said they checked on Muñoz every 30 minutes and observed him praying in a corner of his cell the following morning.

A guard who walked by the cell at 9:50 a.m. said he noticed Muñoz lying in the center of the floor, unresponsive and without a pulse. The guard "noticed a small pool of blood by his nose" and "a piece of clothing twisted around his neck which was tied to the drainage location in the center of the cell," according to the incident report filed by the sheriff's department that morning.

Paramedics found Muñoz dead, his electrocardiogram showing a "flat line," according to the report. The sheriff's department said it attempted to contact Honduran authorities who could reclaim Muñoz's body, but they received no answer at a consulate. Muñoz's wife and son were later released from Border Patrol custody, according to one agent.

Another agent familiar with what happened said he couldn't understand why Muñoz "would choose to separate himself from his family forever" by taking his own life. Homeland Security officials say they are doing more to explain the separation process to parents and have set up a special hotline to help them locate their children after several reports of migrants being sent back to Central America while their children remain in U.S. foster care thousands of miles away.

2274 Comments

Nick Miroff covers immigration enforcement, drug trafficking and the Department of Homeland Security on The Washington Post's National Security desk. He was a Post foreign correspondent in Latin America from 2010 to 2017, and has been a staff writer since 2006. Follow @NickMiroff

The Washington Post

The story must be told.

Your subscription supports journalism that matters.

Try 1 month for \$1

Exhibit S

The Washington Post

The Americas

U.S. officials separated him from his child. Then he was deported to El Salvador.

by Joshua Partlow June 23 at 11:25 PM Email the author

CORRAL DE MULAS, El Salvador — Arnovis Guidos Portillo remembers the authorities in green uniforms telling him that this would only be temporary.

They told him that his 6-year-old daughter, Meybelin, should really go with them, he recalled. The holding cell was cold, he said he was told, and the child was not sleeping well. Don't worry, he was assured, she would take the first bus, and he would follow soon.

"What's best is we take her to another place," he recalled a U.S. official telling him.

It's a conversation this 26-year-old farmer from El Salvador has replayed for nearly a month. His daughter was taken from him on his second day in U.S. immigration custody in Texas, he and his lawyers said, and she remains somewhere in the United States.

Guidos was deported Thursday back to this small Central American nation, where he lives in a one-room, dirt-floor shack with no electricity and two goats in the yard.

He and his daughter are one of more than 2,000 migrant families who have firsthand experience with President Trump's "zero tolerance" immigration policy. The decision to prosecute all those caught crossing illegally into the United States meant that parents and children were sent to separate detention centers and shelters. Although Trump ended family separations in an executive order last week, many parents are still trapped in a bureaucratic nightmare, far from their children and unsure how they will be reunited.

[The chaotic effort to reunite immigrant parents with their separated kids]

"I would advise anyone who wants to travel to the United States with their children not to do it," he said. "I would never want them to have to walk in my shoes."

And yet, Guidos is ready to travel again, if he cannot find Meybelin soon, even if he must retrace his recent 1,500-mile journey: crossing Mexico crammed in the back of a refrigerated cargo truck after weeks in U.S. detention with frigid rooms and scalding showers and mocking guards.

Details of Guidos's case were confirmed by court documents and his lawyers.

A U.S. Customs and Border Protection spokesman said in a statement that the agency takes all allegations of mistreatment seriously and that its men and women "perform their duties professionally and treat everyone equally with dignity and respect."

"Children represent the most vulnerable population and as such every CBP employee carries the fundamental ethical and moral belief as well as a legal obligation to put the welfare of any child first," the statement said.

A spokeswoman for ICE, Sarah Rodriguez, said that Guidos, on June 19, "submitted a written request that he be removed to El Salvador without his child."

Parents in ICE custody "have the opportunity to wait in detention for a coordinated removal with a child or may waive their right to such coordination," she said.

Guidos arrived home Friday evening in the coastal province of Usulutan, far out on a remote peninsula jutting into the Pacific Ocean. He works on a corn farm, earning \$7 a day, and helps a local organization hatch baby sea turtles from eggs laid on the beach.

He built his house from scrap wood his brother gave him. It has two mattresses — one for him, one for Meybelin — a hammock, a pink dresser for her clothes. A few minutes after arriving home, he had taken her best white dress out

Exhibit 38, Page227

of its plastic bag, a reminder of her, when his cellphone rang and Meybelin's tiny voice, from wherever she was, entered the room.

Guidos was holding back tears from the first moments. He asked her how she was, whether she had eaten. Was she playing or studying or going to church? Despite endless requests over the past month, no one had told him her location or when she might be freed, and she was too young to know.

Had the people there bathed her, he asked? Combed her hair? Given her toys? "Papa," she said. "When are you going to take me out of here?"

And that's when he really began to cry.

Years of troubles

Guidos's problems began two years ago on a soccer field cut out of the jungle behind his house, he said. He got into a fight with a player whose brother was a top member of the Barrio 18 gang in Puerto El Triunfo, the town across the bay.

In recent years, gangs seized control of the one paved road running down this rural peninsula. Teenagers manned checkpoints with rifles slung over their shoulders and extorted passersby. It could cost \$100 in \$5 and \$10 payments just to get off the peninsula, he said.

Two years ago, El Salvador had one of the highest murder rates in the world. Gang violence has displaced hundreds of thousands of Salvadorans, many of whom seek refuge in the United States. But Attorney General Jeff Sessions said in a ruling earlier this month that immigration judges generally cannot consider gang violence as grounds for asylum.

After the fight on the soccer field, Guidos went into hiding. Gang members lived within sight of his shack, and they hauled away a brother-in-law at one point and put a pistol in his mouth, he said.

Twice Guidos fled north, hoping for asylum, but was deported once from Mexico and once from Louisiana. By then, he had separated from Meybelin's mother. He decided to take his daughter out of kindergarten and make one more try. His brother lived in Kansas, and he hoped to make it there.

"It's hard to hide here," he said of Corral de Mulas. "Everyone knows you."

On May 26, after nearly a week of travel, Guidos and Meybelin boarded a raft, floated the Rio Grande, and walked into the scrub near Hidalgo, Tex., to turn themselves in to the Border Patrol and ask for asylum.

He did not know exactly where they were taken, but normally migrants are processed at CBP facilities before going to court and moving on to a longer-term detention center. On their first day in detention, they were given Mylar blankets and ham sandwiches every six hours, he said.

Now, he considers this his best day in detention because Meybelin was still with him.

Once she was taken away, yelling and crying, he could get no answers about where she had gone. On May 29, three days after arriving, he pleaded guilty to crossing the border illegally and was sentenced to time served, according to federal court documents.

Afterward, he begged for information about his daughter. He recalled one U.S. official telling him: "They may have taken her to Florida or New York."

"That's when I really felt hell come down on me," he said.

Guidos was transferred to an ICE detention center outside of Laredo, Tex., after his court appearance, according to paperwork he was given. Authorities there would regularly ask migrants if they wanted to sign papers approving their own deportation, he said. For two weeks, he declined, insisting he would not leave the United States without Meybelin. Eventually, he said, he was told that nothing would change. He lost all hope and signed the document for his removal.

"He told me, 'You're never going to get information about your daughter here,' " Guidos recalled one official saying. "It's better to go back to your country."

A sorrowful arrival

Guidos was in tears when he walked out of the deportee processing center in San Salvador on Thursday afternoon, carrying his belongings in a plastic bag.

"Imagine, all of her life she's been with me and now she's not," he said of his daughter. "And I don't even know where she is."

He got into the bed of a pickup truck with his other relatives for the three-hour drive to his village.

The day he arrived in El Salvador, he received his first call from Meybelin since their separation. It's unclear whether she knew her relatives' phone numbers or was given them by shelter staff.

When Meybelin called again the next evening, she used a phone number that is associated with a shelter in Phoenix, run by Southwest Key Programs, a Texas-based nonprofit organization that has received \$1.1 billion in federal contracts to house migrant children since 2014.

A Southwest Key Programs spokeswoman said she could not confirm if Meybelin was at the Phoenix shelter and referred queries to the Office of Refugee Resettlement, part of the Department of Health and Human Services. An HHS spokesman said it would take days to confirm her location and, even then, the department might not be able to speak about her case because of privacy concerns.

Immigration lawyers working with detained families say that family reunification is an expensive process that can take years due to the difficulty of obtaining information across various government agencies.

"There is no clear path made by the administration to reunite the 2,300 children already taken from their parents," said Jennifer Falcon, communications director at RAICES, an organization that is representing Meybelin through her family. "And every day, it gets more difficult as they continue mass deportation of their parents."

Falcon spoke before a late Saturday announcement by the Trump administration about a plan to reunify the migrant families.

Meybelin has been able to periodically call relatives in the United States and El Salvador, but the family has had trouble getting answers from shelter staff.

"They won't let her pass the phone to anyone," said her grandmother, Sonia de Jesus Portillo. "I've run out of tissues, I've been crying so much. We're desperate."

When Meybelin called on Friday evening, Guidos tried to stay calm.

"How are you, mi amor?" he asked.

"Good."

"What are you doing?"

"I don't know."

She told him she wanted her clothes and didn't like the food. She said she had tried to call her mother twice but no one answered.

"Mi amor, don't worry. We're going to get you, do you hear?"

He promised to take her to the park when she was home.

"Meybelin," he said as the tears ran down his face. "I love you, mi amor."

"Me too, papa."

When the call ended, he sat down on his mattress, three countries away from this 6-year-old girl, and cried into his hands.

Anna-Catherine Brigida in San Salvador, Kevin Sieff in Brownsville, Tex., and Michael Miller in Nogales, Ariz., contributed to this report.

Read more

Trump's crackdown may deter some border-crossers — but others say they'll keep trying

Case 3:18-cv-00428-DMS-MDD Document 78 Filed 06/25/18 PageID.1641 Page 235 of 259

The story behind the girl in the recording who begs for her aunt after being separated from her migrant mother Today's coverage from Post correspondents around the world Like Washington Post World on Facebook and stay updated on foreign news

1575 Comments

Joshua Partlow is The Washington Post's bureau chief in Mexico. He has served previously as the bureau chief in Kabul and as a correspondent in Brazil and Iraq. Follow @partlowj

The Washington Post

The story must be told.

Your subscription supports journalism that matters.

Try 1 month for \$1

Exhibit T

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA

BEFORE HONORABLE DANA M. SABRAW, JUDGE PRESIDING

MS. L. AND MS. C.,)CASE NO. 18CV0428-DMS PETITIONERS-PLAINTIFFS, VS.)SAN DIEGO, CALIFORNIA U.S. IMMIGRATION AND CUSTOMS) FRIDAY JUNE 22, 2018 ENFORCEMENT ("ICE"); U.S. DEPARTMENT) 12:00 P.M. CALENDAR OF HOMELAND SECURITY ("DHS"); U.S. CUSTOMS AND BORDER PROTECTION ("CBP"); U.S. CITIZENSHIP AND IMMIGRATION SERVICES ("USCIS"); U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ("HHS"); OFFICE OF REFUGEE RESETTLEMENT ("ORR"); THOMAS HOMAN, ACTING DIRECTOR OF ICE; GREG ARCHAMBEAULT, SAN DIEGO FIELD OFFICE DIRECTOR, ICE; ADRIAN P. MACIAS, EL PASO FIELD DIRECTOR, ICE; FRANCES M. JACKSON, EL PASO ASSISTANT FIELD OFFICE DIRECTOR, ICE; KIRSTJEN NIELSEN, SECRETARY OF DHS; JEFFERSON BEAUREGARD SESSIONS III, ATTORNEY GENERAL OF THE UNITED STATES; L. FRANCIS CISSNA, DIRECTOR OF USCIS; KEVIN K. MCALEENAN, ACTING COMMISSIONER OF CBP; PETE FLORES, SAN DIEGO FIELD DIRECTOR, CBP; HECTOR A. MANCHA JR., EL PASO FIELD DIRECTOR, CBP; ALEX AZAR, SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES; SCOTT LLOYD, DIRECTOR OF THE OFFICE OF REFUGEE RESETTLEMENT, RESPONDENTS-DEFENDANTS.

REPORTER'S TRANSCRIPT OF PROCEEDINGS TELEPHONIC STATUS CONFERENCE

COUNSEL APPEARING TELEPHONICALLY:

FOR PLAINTIFF: LEE GELERNT, ESQ.

ACLU IMMIGRANT RIGHTS PROJECT 125 BROAD STREET 18TH FLOOR NEW YORK, NEW YORK 10004

BADIS VAKILI, ESQ.

ACLU FOUNDATION OF SAN DIEGO

AND IMPERIAL COUNTIES

P.O. BOX 87131

SAN DIEGO, CALIFORNIA 92138

FOR DEFENDANT: SARAH B. FABIAN, ESQ.

U.S. DEPARTMENT OF JUSTICE

OFFICE OF IMMIGRATION LITIGATION

P.O. BOX 868

BEN FRANKLIN STATION WASHINGTON, DC 20044

ADAM L. BRAVERMAN

INTERIM UNITED STATES ATTORNEY

BY: SAM BETTWY

ASSISTANT U.S. ATTORNEY

880 FRONT STREET

SAN DIEGO, CALIFORNIA 92101

REPORTED BY: LEE ANN PENCE,

OFFICIAL COURT REPORTER UNITED STATES COURTHOUSE 333 WEST BROADWAY, ROOM 1393 SAN DIEGO, CALIFORNIA 92101

1 SAN DIEGO, CALIFORNIA - FRIDAY, JUNE 22, 2018 - 12:10 P.M. 2 3 THE CLERK: NO. 12 ON CALENDAR, CASE NO. 18CV0428, MS. L. VERSUS U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT; ON FOR 4 5 A STATUS CONFERENCE. THE COURT: GOOD AFTERNOON. THIS IS JUDGE SABRAW. 6 7 IF COUNSEL CAN HEAR ME, CAN YOU ENTER YOUR 8 APPEARANCES, PLEASE. 9 MR. GELERNT: YES, YOUR HONOR. THIS IS LEE GELERNT 10 FROM THE ACLU FOR PLAINTIFFS. 11 MR. VAKILI: GOOD AFTERNOON, YOUR HONOR. THIS IS 12 BARDIS VAKILI FROM THE ACLU SAN DIEGO FOR PLAINTIFFS. 13 MS. FABIAN: GOOD AFTERNOON, YOUR HONOR. SARAH 14 FABIAN WITH THE DEPARTMENT OF JUSTICE FOR DEFENDANTS. 15 MR. BETTWY: GOOD AFTERNOON, YOUR HONOR. SAM BETTWY 16 WITH THE U.S. ATTORNEY'S OFFICE FOR DEFENDANTS. THE COURT: OKAY. IS THAT ALL COUNSEL? 17 18 MR. GELERNT: YOUR HONOR, WE HAVE SOME COUNSEL HERE 19 BUT THEY ARE NOT GOING TO BE SPEAKING. I DON'T KNOW WHETHER YOU WOULD LIKE US TO ANNOUNCE ALL OF THEM. 20 THE COURT: NO, THAT'S OKAY. 21 22 MR. GELERNT: OKAY. 23 THE COURT: I JUST WANTED A RECORD FOR TODAY'S 24 APPEARANCES. 25 AND I KNOW WE HAVE A NUMBER OF MEDIA ONLINE, AND I

THE BEGINNING, THE TEN DOCTORS' AFFIDAVITS. THEY SHOW THE HARM ACUTELY AND THEY PREDICTED WHAT WAS GOING TO HAPPEN, AND SO WHAT HAS HAPPENED AFTER IS JUST CONSISTENT WITH WHAT THEY TOLD YOU.

THE COURT: WITH REGARD TO ONE OF THE FORMS OF RELIEF YOU ARE REQUESTING, AND THAT IS INJUNCTIVE RELIEF TO REUNIFY THE CHILDREN WHO HAVE ALREADY BEEN SEPARATED SO THAT THE FAMILIES CAN BE DETAINED TOGETHER; IF THAT RELIEF WERE GRANTED, WOULDN'T THAT BE GOOD FOR ONLY A 20-DAY PERIOD IN LIGHT OF THE FLORES SETTLEMENT, ABSENT JUDGE GEE MODIFYING.

MR. GELERNT: RIGHT. YOUR HONOR, I AM GLAD YOU ASKED ABOUT THAT, BECAUSE I DO THINK THE GOVERNMENT HAS BEEN PUSHING THAT NARRATIVE AND I THINK THERE IS SOME CONFUSION IN THE MEDIA. SO I WANT TO BE AS ABSOLUTELY CLEAR AS POSSIBLE ABOUT THE FLORES SETTLEMENT.

AND I THINK, YOU KNOW, AS A LEGAL MATTER I AM NOT SURE THAT THE GOVERNMENT FULLY BELIEVES IT, AND I THINK THAT IS WHY THEY RELEGATED THE FLORES DISCUSSION IN THEIR PAPERS BEFORE YOU TO ONE SENTENCE IN A FOOTNOTE.

BUT HERE IS, I THINK, THE SITUATION WITH FLORES.

FIRST OF ALL, AT A MINIMUM THEY SHOULD BE DETAINING
THE CHILDREN FOR THE 20 DAYS. SO EVEN UNDER THE GOVERNMENT'S
UNDERSTANDING OF FLORES THE FAMILIES NEED TO BE REUNITED, AND
THEN PEOPLE CAN SEE WHAT HAPPENS AT 20 DAYS. BUT I DON'T EVEN
THINK THE 20 DAYS WILL ULTIMATELY BE RELEVANT FOR THE

FOLLOWING REASONS.

MOST FAMILIES ARE RELEASED BEFORE 20 DAYS BECAUSE

THEY ARE NOT A FLIGHT RISK OR A DANGER. AS YOUR HONOR

PROPERLY NOTED IN HIS OPINION, THESE ARE ASYLUM SEEKERS, THEY

ARE CREDIBLE FEAR, SO MOST ARE GOING TO BE RELEASED.

THE OTHER CRITICAL POINT THAT I THINK HAS GOTTEN
LOST IN THE MEDIA ACCOUNTS AND GOVERNMENT'S NARRATIVE IS
FLORES IS ULTIMATELY, AT THE END OF THE DAY, A SETTLEMENT FOR
THE BEST INTEREST OF THE CHILD. IF A MOTHER IS GOING TO HAVE
HER BOND HEARING AT THE 34TH DAY SHE CAN SAY, I DON'T WANT MY
TWO-YEAR-OLD CHILD SENT TO SOME FACILITY IN CHICAGO, I WOULD
RATHER HAVE MY CHILD STAY WITH ME IN THIS FACILITY.

THE FACT THAT THE FACILITY IN CHICAGO MAY HAVE
BETTER CRAYONS AND TOYS DOES NOT MEAN SHE HAS TO ALLOW HER
CHILD, UNDER FLORES, TO BE FORCED -- TO BE SENT TO CHICAGO,
SHE CAN KEEP HER CHILD WITH HER. I THINK THAT IS SORT OF
BASIC SETTLEMENT LAW. AND THAT THE PARENT CAN ALWAYS SAY,
LOOK, THE BEST INTEREST OF MY CHILD IS TO REMAIN WITH ME.

FLORES WAS SET UP FOR SITUATIONS WHERE KIDS ARE
UNACCOMPANIED OR THE PARENT SAYS, LOOK, THE CHILD IS 15 YEARS
OLD AND HE KNOWS HIS UNCLE VERY WELL IN ST. LOUIS, I AM FINE
WITH HIM GOING IN 19 DAYS.

BUT NOTHING ABOUT FLORES REQUIRED THE RELEASE OF A CHILD AT 19 DAYS OVER A PARENT'S OBJECTION, SO THAT AGAIN BABIES WILL BE RIPPED OUT OF THEIR PARENT'S ARMS AT THE 19TH

DAY IN THE DETENTION CENTER.

THE COURT: BUT HOW DOES FLORES PROVIDE PARENTS WITH ANY RIGHTS. AS I UNDERSTAND IT, IT IS A DOCUMENT CREATED FOR THE MINOR ONLY.

MR. GELERNT: YOUR HONOR, I THINK THAT IS A GOOD QUESTION. WHAT I UNDERSTAND FLORES TO DO, I MEAN WHAT, YOU KNOW -- AND THE NINTH CIRCUIT HAS SAID THIS, HAS SAID IT DOESN'T PROVIDE THE PARENT WITH ANY RELEASE RIGHTS. BUT IT CERTAINLY DOESN'T TAKE AWAY THE PARENT'S RIGHT TO MAKE DECISIONS FOR THE CHILD, YOU KNOW, ESPECIALLY FOR YOUNG CHILDREN.

SO THERE IS NO QUESTION THE PARENT CAN SAY, YEAH,

MAYBE I CAN'T CITE FLORES TO GET OUT MYSELF, BUT I CERTAINLY

CAN SAY, I HAVE -- I MAKE THE DECISIONS FOR MY CHILD AND KNOW

WHAT IS IN THE BEST INTEREST OF MY CHILD, AND CAN WAIVE THE

FLORES RIGHT TO RELEASE AT THE 19TH DAY.

SO YOUR HONOR IS ABSOLUTELY RIGHT, IT DOESN'T PROVIDE RELEASE FOR THE PARENTS, BUT IT DOESN'T REMOTELY SUGGEST A PARENT IS STILL NOT MAKING DECISIONS FOR THE CHILD'S BEST INTEREST SO THAT THE CHILD DOESN'T HAVE TO BE TORN AWAY.

AND AGAIN I WOULD CIRCLE BACK, YOUR HONOR, TO WHAT I SAID IN THE BEGINNING, IS THAT WE ARE NOT EVEN AT THAT SITUATION. I MEAN, THE GOVERNMENT IS NOT SAYING, WE ARE SENDING KIDS TO BE REUNITED FOR 19 DAYS AND THEN THERE IS THE PROBLEM.

JUNE 22, 2018

I THINK THIS WHOLE -- THIS WHOLE IDEA OF FLORES IS
REALLY TO GET RID OF FLORES' OTHER PROTECTIONS FOR KIDS, THAT
FACILITIES HAVE TO BE LICENSED AND ALL OF THAT, AND THEY ARE
USING THE 19-DAY THING AS SORT OF A TRANSPARENT LOOPHOLE.

SO AGAIN, BECAUSE THE PARENT CAN WAIVE THE 19-DAY RELEASE, ESPECIALLY WHEN IT IS A YOUNG CHILD, BECAUSE THE GOVERNMENT DOES AND CAN RELEASE PARENTS WHO ARE NOT A FLIGHT RISK OR A DANGER, ESPECIALLY THE PARENTS WHO HAVE PASSED THE INITIAL ASYLUM SCREENING, I DON'T THINK FLORES IS AN IMPEDIMENT.

THE COURT: WITH REGARD TO THE RELIEF THAT YOU ARE REQUESTING AND THE CLASS CERTIFICATION, IF WE CAN MOVE TO THAT FOR A MOMENT.

DO YOU CONCEDE THAT THE GOVERNMENT CAN PROPERLY
SEPARATE A PARENT FROM A CHILD IF THERE ARE OTHER LEGITIMATE
CONSIDERATIONS BEYOND DANGER TO THE CHILD. THOSE COULD
INCLUDE, FOR EXAMPLE, CRIMINAL HISTORY, CONTAGIOUS OR
COMMUNICABLE DISEASES, THINGS LIKE THAT. DO YOU CONCEDE THAT?

MR. GELERNT: WELL, YOUR HONOR, I THINK WHAT THAT WOULD DO IS -- I THINK THOSE THINGS, YOU WOULD PUT THEM UNDER THE BEST INTEREST OF THE CHILD OR IF THERE IS A DANGER TO THE CHILD. SO IF THE PARENT, YOU KNOW, IN THE RARE CASE, HAD A CONTAGIOUS DISEASE THAT WAS GOING TO BE HARMFUL TO THE CHILD AND THERE WAS, YOU KNOW, CLEAR EVIDENCE OF THAT, THEN I THINK OF COURSE, YOUR HONOR.

WHAT WE WOULD SAY IS, THE PARENT AND CHILD HAVE TO BE REUNITED, AND THEN ULTIMATELY THE PARENT WILL HAVE TO PASS THEIR PAROLE OR BOND HEARING. AND CRIMINAL CONVICTIONS ARE TAKEN INTO ACCOUNT, AND OTHER INDICIA OF FLIGHT RISK ARE TAKEN INTO ACCOUNT, AND THOSE WILL BE INDIVIDUALIZED. WE ARE SIMPLY SAYING THAT MOST PARENTS WILL GET OUT.

BUT I DON'T THINK YOUR INJUNCTION HAS TO GO ANYWHERE NEAR DECIDING WHETHER THE GOVERNMENT HAS TO RELEASE A PARTICULAR PARENT. I THINK THERE ARE GUIDELINES IN PLACE, AND THOSE GUIDELINES WILL GOVERN WHETHER ANY PARTICULAR PARENT GETS OUT. WE ARE SIMPLY SAYING THAT MOST PARENTS, ESPECIALLY ASYLUM SEEKERS, WILL GET OUT BECAUSE THEY ARE AT LEAST SHOWN NOT TO BE A FLIGHT RISK OR A DANGER. BUT I DON'T THINK YOU NEED TO GO SAY ANYTHING ONE WAY OR THE OTHER ABOUT EXACTLY WHAT TYPE OF CRIMINAL CONVICTION MAY LEAD THE GOVERNMENT TO DENY PAROLE OR NOT.

THE COURT: WHAT ABOUT CLASS DEFINITION PURPOSES.

DO YOU ARGUE THAT IT SHOULD REMAIN AS DEFINED WHICH COULD INCLUDE PARENTS WITH SOME CRIMINAL HISTORY OR COMMUNICABLE DISEASES. IT COULD INCLUDE NON ASYLUM SEEKERS WITHIN THE INTERIOR OF THE COUNTRY. DO YOU STAND ON THE PRESENT DEFINITION?

MR. GELERNT: YOUR HONOR, IF I COULD TAKE THOSE ONE AT A TIME. I THINK I AM JUST STARTING FROM THE LAST ONE, ABOUT ASYLUM SEEKERS.

JUNE 22, 2018

YOU ARE RIGHT, WE DID NOT DEFINE THE CLASS AS ONLY ASYLUM SEEKERS. WE THINK THAT MOST OF THESE INDIVIDUALS ARE ASYLUM SEEKERS. WE WOULD ASK YOUR HONOR NOT TO LIMIT IT TO ASYLUM SEEKERS ONLY.

WE UNDERSTAND THAT YOU FEEL THAT THE ASYLUM SEEKERS

ARE A PARTICULARLY POWERFUL CASE. WE DO THINK, HOWEVER, THERE

MAY BE PARENTS WITH OTHER TYPES OF CLAIMS. AND, YOU KNOW,

MAYBE THEY ARE GOING TO LOSE, MAYBE THEY ARE GOING TO WIN, BUT

ULTIMATELY TAKING A CHILD AWAY IS ITS OWN DISTINCT HARM.

IN TERMS OF THE INJUNCTION NOT ALLOWING YOU -- NOT ALLOWING THE GOVERNMENT TO SEPARATE WHERE THERE IS A DANGER TO THE CHILD, I THINK THAT THAT IS SOMETHING, YOU ARE RIGHT, YOUR HONOR, MAYBE WE DIDN'T DO AS CAREFUL ENOUGH JOB IN SETTING FORTH THE CLASS DEFINITION. BUT I THINK IF YOUR HONOR WANTS TO MAKE CLEAR THAT THE PARENT IS A DANGER TO THE CHILD WHERE THEY MAY BE ABUSIVE OR NEGLECTFUL OR HAVE A CONTAGIOUS DISEASE OR SOMETHING ALONG THOSE LINES THAT WOULD CONSTITUTE A PERMISSIBLE BASIS FOR SEPARATION UNDER STANDARD CHILD PRACTICES EXERCISED BY THE STATES OR THE FEDERAL GOVERNMENT IN OTHER CONTEXTS, I THINK THAT WOULD BE ABSOLUTELY FINE, YOUR HONOR.

THE COURT: ALL RIGHT. AND THEN ON THE CLASS

DEFINITION WITH RESPECT TO CRIMINAL HISTORY, I UNDERSTAND YOU

TO BE ARGUING THAT TO THE EXTENT ANY CLASS DEFINITION INCLUDES

PARENTS WHO HAVE SOME CRIMINAL HISTORY, HOWEVER MINOR, THEY

1 THE COURT: ALL RIGHT. 2 MR. VAKILI: MR. VAKILI IS ON, YOUR HONOR. THANK 3 YOU. 4 MS. FABIAN: THIS IS SARAH FABIAN, I AM ON. 5 THE COURT: ALL RIGHT. IS MR. BETTWY WITH US? 6 THEN WE WILL PROCEED WITH JUST MS. FABIAN. OKAY. 7 I BELIEVE WE HAVE MOST, IF NOT ALL, OF THE MEDIA 8 BACK ON, SO I AM GRATEFUL THAT WE WERE ABLE TO GET THE 9 CONFERENCE CALL BACK IN ORDER. 10 WHERE WE LEFT OFF, MS. FABIAN WAS ADDRESSING SOME 11 ISSUES. NOW, BEFORE I ASK THE NEXT QUESTION, MS. FABIAN, DID 12 YOU WANT TO COMPLETE ANYTHING YOU WERE SAYING BEFORE WE WERE 13 INTERRUPTED? 14 MS. FABIAN: NOT THAT I RECALL, YOUR HONOR. I 15 APOLOGIZE. 16 THE COURT: ALL RIGHT. WITH RESPECT TO THE EXECUTIVE ORDER, IT PUTS AN END 17 TO FAMILY SEPARATION. IT ALSO CONTEMPLATES THAT CRIMINAL 18 19 PROSECUTION WILL CONTINUE. AND THAT IF FAMILIES ARE 20 APPREHENDED AT THE BORDER THAT I AM ASSUMING THE GOVERNMENT IS SUGGESTING, THROUGH THE EXECUTIVE ORDER, THAT THE FAMILIES 21 22 WILL BE DETAINED TOGETHER IN SOME FASHION. IF SO, HOW IS THAT 23 GOING TO WORK, BECAUSE ONE OF THE CENTRAL ISSUES IN THIS CASE 24 AND ONE OF THE CENTRAL CONCESSIONS IN THIS CASE AS TO 25 PLAINTIFF MS. C. WAS THAT SHE WAS NOT CONTESTING HER INITIAL

JUNE 22, 2018

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

DEFENDANT.

SEPARATION, CONCEDING THAT UNDER EXISTING LAW IF THE GOVERNMENT ELECTED TO PROSECUTE FOR CRIMINAL ILLEGAL ENTRY IT WOULD NECESSARILY EFFECTUATE A SEPARATION BETWEEN PARENT AND CHILD FOR THE PERIOD OF TIME THAT MS. C. WAS IN CRIMINAL CUSTODY. AND THEN, OF COURSE, THE ARGUMENT WAS ONCE SHE COMPLETED HER CRIMINAL SENTENCE AND WAS RETURNED TO IMMIGRATION DETENTION SHE WAS ENTITLED TO REUNIFICATION. SO I GUESS THE INITIAL OUESTION IS, IS THIS ZERO TOLERANCE POLICY CONTINUING; AND, IF SO, HOW DOES THE GOVERNMENT NOT SEPARATE PARENT AND CHILD UNDER THE CURRENT STATUTORY MECHANISM WHICH PROVIDES, OF COURSE, THAT CHILDREN CANNOT BE DETAINED IN CUSTODY WITH THEIR PARENTS WHILE THEY ARE UNDERGOING CRIMINAL PROCEEDINGS. MS. FABIAN: I AM NOT SURE I CAN ANSWER ALL OF THOSE QUESTIONS TODAY, YOUR HONOR. I THINK THAT IS -- SOME OF THE IMPLEMENTATION QUESTIONS ARE STILL UNDERWAY. AND THAT I JUST DON'T HAVE THE INFORMATION TO ANSWER ALL OF THOSE QUESTIONS TODAY. WHAT I WOULD SAY IS THAT TO THE EXTENT THE POLICY THAT WE ARE TALKING ABOUT WAS IMPLEMENTED SINCE THIS CASE WAS BRIEFED AND ARGUED THAT THAT IS -- IF THAT IS SOMETHING THAT THE COURT WANTS PUT BEFORE THE COURT FOR CONSIDERATION, I THINK THAT THAT NEEDS TO BE BROUGHT INTO THE CASE THROUGH BRIEFING BY THE PLAINTIFFS AND RESPONSIVE BRIEFING BY THE

BUT I TAKE THE COURT'S POINT THAT AT THE TIME WHEN
WE WERE TALKING ABOUT MS. C.'S CASE, MS. C. WAS SEPARATED DUE
TO A PROSECUTION. MY RECOLLECTION IS THAT SHE WAS SENTENCED
TO A PERIOD OF THREE DAYS, AND THAT AT THAT TIME IT WAS
NECESSARY TO EFFECTUATE A SEPARATION.

I JUST CAN'T SPEAK TO THE CHANGES WITH THE NEW POLICY AND TO THE EXTENT THAT THAT CREATED ADDITIONAL PROSECUTIONS, AND THEN THE FURTHER EFFECT OF THE EXECUTIVE ORDER ON THAT DETENTION. I CAN'T SPEAK TO THAT TODAY.

THE COURT: ALL RIGHT.

WITH RESPECT TO THE REUNIFICATION ISSUE, I INQUIRED LAST TIME WHETHER THERE WAS ANY MECHANISM THAT THE GOVERNMENT HAS BETWEEN AND AMONG ITS AGENCIES TO AFFIRMATIVELY REUNIFY; THAT IS H.H.S. AND O.R.R. COMMUNICATING IN SOME INTELLIGENT MANNER WITH OTHER GOVERNMENT AGENCIES UNDER THE UMBRELLA OF D.H.S., LIKE ICE OR B.O.P., SUCH THAT THE PARENT IS AWARE WHERE HIS OR HER CHILD IS. AND THAT THERE IS A MECHANISM UPON COMPLETION OF HIS OR HER CRIMINAL SENTENCE THAT THE GOVERNMENT CAN BEGIN A REUNIFICATION PROCESS.

SO THERE ARE TWO QUESTIONS HERE. ONE, IS THERE CURRENTLY ANY COMMUNICATION BETWEEN H.H.S. AND, FOR EXAMPLE, D.H.S. OR B.O.P.; AND, NUMBER TWO, IS THERE ANY AFFIRMATIVE REUNIFICATION PROCESS THAT THE GOVERNMENT HAS IN PLACE ONCE PARENT AND CHILD ARE SEPARATED.

MS. FABIAN: I WOULD SAY, YOUR HONOR, WHEN WE SPOKE

JUNE 22, 2018

ABOUT THAT INITIALLY, I THINK MY ANSWER -- I RECALL THAT IT
WAS A MORE NARROW QUESTION; AND THAT WAS, WHEN A PARENT IS
RELEASED FROM CRIMINAL CUSTODY AND TAKEN INTO ICE CUSTODY IS
THE PRACTICE TO REUNITE THEM IN FAMILY DETENTION. AND AT THAT
TIME I SAID NO, THAT THAT WAS NOT THE PRACTICE.

I THINK MY ANSWER ON THAT NARROW QUESTION WOULD BE THE SAME. I THINK WHAT YOU ARE ASKING NOW IS A BROADER QUESTION. AND ONE THING THAT HAS TO BE CONSIDERED WITH THAT QUESTION IS THE NUMBER OF DIFFERENT WAYS, AGAIN, THAT A SEPARATION COULD BE EFFECTED, AND THAT IS A SEPARATION DUE TO A DETERMINATION OF DANGER AS OPPOSED TO A SEPARATION THAT MAY RESULT FROM PROSECUTION.

ALL OF WHICH GOES TO SAY I STILL THINK ON A BROAD -AS A BROAD MATTER THERE IS NOT A SINGULAR ACTION OF SEPARATION
THAT -- IN WHICH, THEN, THE RESPONSE FOR PROCEDURALLY WOULD
BE -- WOULD BE THE SAME FOR ALL CASES. SO THAT IS SORT OF THE
PRECURSOR TO MY ANSWER.

THERE ARE PROCEDURES BY WHICH O.R.R. THEN RELEASES
MINORS TO THE CUSTODY OF A PARENT WHO HAS BEEN RELEASED FROM
CUSTODY, AND THOSE ARE THE PROCEDURES UNDER THE T.V.P.R.A. FOR
REUNIFICATION. WHETHER THERE IS -- IN LIGHT OF ADDITIONAL
SEPARATIONS WHETHER THERE ARE ADDITIONAL PROCEDURES THAT CAN
BE PUT IN PLACE TO IMPROVE THOSE PROCEDURES OR EXPEDITE THOSE
PROCEDURES, I THINK THAT IS SOMETHING THAT IS THE SUBJECT OF
ONGOING DISCUSSION. BUT AT THE MOMENT THE PROCESS IS THE

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

SAME, AND IT IS THE RELEASE PROCESS UNDER THE T.V.P.R.A. AS FAR AS COMMUNICATIONS BETWEEN O.R.R. AND D.H.S., I THINK -- I KNOW THAT THERE ARE COMMUNICATIONS. I THINK TO THE EXTENT THAT THAT IS SOMETHING THE COURT WANTS TO CONSIDER, I THINK -- AS WITH MUCH OF THIS, I THINK THAT THIS IS SOMETHING THAT THE COURT WOULD -- WHAT THE GOVERNMENT WOULD SUGGEST IS THAT THE COURT SHOULD TAKE -- GIVE THE OPPORTUNITY FOR BRIEFING AND PERHAPS THE SUBMISSION OF EVIDENCE OR A HEARING OR SOMETHING TO THAT EXTENT. BECAUSE I DON'T THINK THAT I CAN MAKE ANY REPRESENTATIONS TODAY THAT WOULD BE SUFFICIENT FOR THE COURT TO BE ABLE TO RELY ON. THE COURT: YOU MENTIONED THAT THERE IS SOME COMMUNICATION BETWEEN O.R.R. AND D.H.S. AGENCIES. WHAT ARE THOSE? MS. FABIAN: WHEN A CHILD IS SEPARATED OR IS --REGARDLESS, WHEN D.H.S. IS GOING TO TRANSFER A CHILD TO THE CUSTODY OF O.R.R. THERE IS A PORTAL THAT IS USED TO ESSENTIALLY MAKE THAT REQUEST FOR A SPACE TO BE PROVIDED BY O.R.R. SO IN THAT D.H.S. WILL PUT THE INFORMATION REGARDING THE CHILD, REGARDING -- GENERALLY THAT WILL NOTATE THAT. IT HAS BEEN A SEPARATION THE SAME PORTAL WOULD ALSO BE USED FOR A U.A.C., BUT GENERALLY IN THAT THERE WOULD BE PROVIDED INFORMATION OF A SEPARATION. SO THAT INFORMATION, THEN, IS ABLE TO BE SHARED WITH O.R.R. AND O.R.R. IS ABLE TO BE AWARE

OF THAT.

I DO KNOW THAT O.R.R. WILL THEN, WHEN THEY TAKE

CUSTODY OF THE CHILD, WHEN THEY ARE AWARE THAT THE CHILD WAS

SEPARATED FROM THE PARENT, FOLLOW UP AND MAKE EFFORTS TO ALLOW

THE CHILD TO COMMUNICATE BACK WITH THEIR PARENT THROUGH D.H.S.

THE COURT: DO YOU KNOW WHETHER THAT IS OCCURRING?
WHAT YOU HAVE OUTLINED IS A MECHANISM BY WHICH D.H.S.
COMMUNICATES WITH O.R.R., BUT IS THERE COMMUNICATION FROM
O.R.R. TO D.H.S. WHICH WOULD HELP ASSIST REUNIFICATION? DO
YOU KNOW THAT TO BE A FACT?

MS. FABIAN: THERE IS A RECENT MEMORANDUM OF UNDERSTANDING BETWEEN O.R.R. AND D.H.S. IN WHICH D.H.S. DOES ASSIST O.R.R. IN OBTAINING INFORMATION FOR THE SUITABILITY ANALYSIS WHEN O.R.R. IS RELEASING A MINOR. SO TO SOME EXTENT THAT DOES PROVIDE SOME AVENUE FOR COMMUNICATION.

I DON'T -- TODAY I DON'T WANT TO MISREPRESENT

EXACTLY WHETHER THERE IS A FORMAL POLICY. I BELIEVE THERE IS

COMMUNICATION, BUT WHETHER THERE IS SORT OF A FORMAL AVENUE OF

COMMUNICATION, I CAN'T SPEAK TO THAT TODAY.

AGAIN, I WOULD SAY -- ASK FOR THE OPPORTUNITY TO SUBMIT TO THE COURT SOMETHING IN THE FORM OF BRIEFING OR ANOTHER EVIDENTIARY SUBMISSION ON THAT.

THE COURT: BUT WHEN THE O.R.R. CONSIDERS RELEASE TO THE PARENT OR AN APPROPRIATE GUARDIAN UNDER THE T.V.P.R.A.,

THAT OFTEN OCCURS. AND WITH RESPECT TO RELEASE TO A PARENT IT

JUNE 22, 2018

1 ONLY OCCURS, FROM MY UNDERSTANDING, WHEN THE PARENT INITIATES 2 THE EFFORT TO REUNIFY. IS THAT CORRECT? 3 MS. FABIAN: I BELIEVE THAT IS THE TRADITIONAL WAY, AND IT IS FREQUENTLY THE WAY THAT THAT IS INITIATED. 4 5 I UNDERSTAND THAT O.R.R. WILL ALSO, IF THEY ARE AWARE THAT THE CHILD HAS A PARENT, THEY WILL MAKE EFFORTS TO 6 7 REACH OUT TO THE PARENTS. 8 NOW, WHETHER O.R.R. HAS THE MECHANISM TO DISCOVER 9 WHEN THE PARENT IS RELEASED FROM CUSTODY, I DON'T BELIEVE THEY 10 DO. BUT O.R.R. WILL MAKE EFFORT IF THE CASE WORKER AT O.R.R. 11 IS AWARE THAT THE CHILD HAS BEEN SEPARATED FROM A PARENT. OR 12 EVEN THAT, FOR EXAMPLE, IF THE CHILD COMES INTO THE COUNTRY 13 WITH THE PHONE NUMBER OF A RELATIVE, O.R.R. WILL MAKE EFFORTS 14 TO REACH OUT TO THAT RELATIVE AND FACILITATE THE 15 REUNIFICATION. 16 SO I THINK THE SAME PROCESS WOULD BE USED IF O.R.R. IS AWARE THAT THE CHILD WAS SEPARATED FROM A PARENT, O.R.R. 17 18 WILL MAKE SIMILAR EFFORTS TO LOCATE THE PARENTS AND TO 19 FACILITATE REUNIFICATION THAT WAY. THE COURT: O.R.R. IS NOT NOTIFIED BY D.H.S. OR 20 21 B.O.P. WHEN A PARENT IS RELEASED FROM CRIMINAL CUSTODY, IS IT? 22 MS. FABIAN: NOT TO MY KNOWLEDGE. 23 THE COURT: THE REUNIFICATION PROCESS, THEN, OCCURS, 24 IF AT ALL, BASED ON THE PARENT'S EFFORT TO LOCATE AND TRACK 25 DOWN THEIR CHILD. AM I CORRECT?

I WANT TO ADD THAT SOME OF THE ISSUES THAT THE COURT HAS BEEN ASKING ABOUT, THIS ABILITY TO LOCATE, AND I THINK YOUR HONOR ASKED ABOUT THE QUESTION OF PARENTS BEING REMOVED WITHOUT THEIR CHILD. WELL, I AGREE THAT THOSE ARE DIFFICULT ISSUES AND IMPORTANT ISSUES TO TALK ABOUT. I AM NOT SURE THAT THEY ARE A PART OF THIS CASE IN TERMS OF THEY WERE NOT PLED IN THE ORIGINAL COMPLAINTS AND THEY ARE NOT SITUATIONS THAT ARE ENCOMPASSED BY THE NAMED PLAINTIFFS.

SO I THINK I WOULD REITERATE MY CONCERNS WITH ENCOMPASSING TOO MUCH -- WITH BRINGING THESE ISSUES INTO THE CASE AT THIS TIME AND WITHOUT THE OPPORTUNITY FOR PUTTING IN SOME EVIDENCE OF THAT TO SORT OF REACH DECISIONS IN THIS CASE BASED ON NEWS REPORTS. WHILE I UNDERSTAND THAT THE COURT IS CONCERNED WITH THOSE AND MAY BE INTERESTED IN THOSE, I THINK WE NEED TO CONSIDER WHAT HAS BEEN BRIEFED IN THIS CASE.

THE COURT: THAT WAS ONE OF THE CLAIMS FOR RELIEF,
THOUGH, SET OUT EITHER IN THE AMENDED COMPLAINT OR IN THE
MOTION FOR PRELIMINARY INJUNCTION WAS FOR REQUESTING THE COURT
TO ORDER AN INJUNCTION TO PROHIBIT THE REMOVAL OF PARENT AND
CHILD AT SEPARATE TIMES. SO IT SEEMED TO ME THAT IT WAS PART
AND PARCEL OF THIS REUNIFICATION ISSUE AS IT RELATES TO, FOR
EXAMPLE, MS. C.'S CASE. DO YOU DISAGREE?

MS. FABIAN: NO. I AGREE. AND AS YOUR HONOR SAYS,

I DO RECALL THAT THAT IS -- PART OF THE CHALLENGE HERE IS THAT

THERE WAS NOT -- WITHOUT A PROPOSED ORDER I THINK THERE WAS

Exhibit U

The New Hork Times

Torn Apart by Zero Tolerance, Kept Apart by Red Tape

By Miriam Jordan

June 24, 2018

Mother and son last spoke on the child's ninth birthday, a week ago. This was no celebratory call.

Lidia Karina Souza had been released from immigration detention nearly two weeks earlier. But she could not tell Diogo, who was separated from her shortly after they reached the United States, when they would see each other again.

"Don't cry. You are going to get a Nintendo, a birthday party. Don't worry," Ms. Souza, who is from Brazil, told her son. The telephone conversation was recorded and later provided to The New York Times.

They had parted ways at the southwest border on May 30. Ms. Souza was locked up. Diogo was flown to Chicago, where he was placed in a shelter. Ms. Souza was released on June 9 and allowed to join relatives in Hyannis, Mass., but it is still not clear when her son will rejoin her.

"I am going to do everything to get you out of there," she told him on the call. "It's so many papers they need."

President Trump has officially ended the policy of separating families when parents are being prosecuted under the "zero tolerance" border enforcement program that took effect in May. But frustrating stories like that of the Souza family are playing out across the country, as parents of more than 2,300 children who were separated after their arrival in the United States now face lengthy bureaucratic delays in recovering them.

While some of the children have been reunited with their parents in recent days, interviews with immigration lawyers and government officials suggest that most of the children are likely to remain parked in group facilities or foster homes for some time to come.

"There was clearly no plan for reuniting the families," said Karen Hoffmann, an immigration attorney at Aldea-The People's Justice Center in Reading, Penn., who is suing the government to reunite three migrants with their children.

Part of the problem is that in many cases, parents and children are being detained thousands of miles apart, and the parents do not know exactly where their children are. Though federal agencies have registered each child with an identification number and set up hotlines for parents,

6/24/2018 se 3:18-cv-00428-DMS-MIDD APOLITY (APPETALE TO BE APPETALE TO BE PERSON TO BE PERSON FOR THE PROPERTY OF THE PROPERT immigrant advocates say that many parents have trouble getting through or are not given answers when they call.

Late Saturday, the departments of Homeland Security and Health and Human Services announced that they had a "well-coordinated" process for reuniting families. As of June 20, their statement said, there were 2,053 separated minors in government custody. It said that another 522 children who had not yet been sent by the Border Patrol to a shelter or a foster family were returned to their parents at the border.

"A parent who is ordered removed from the U.S. may request that his or her minor child accompany them," the statement said. "It should be noted that in the past, many parents have elected to be removed without their children."

If a parent is released from detention, the authorities say, he or she will be reunited with a separated child once the parent fulfills requirements set by the government. But as Ms. Souza's case illustrates, the red tape can cause lengthy delays.

Senator Chuck Schumer, Democrat of New York, called on the Trump administration on Sunday to appoint a "czar" to be in charge of coordinating federal agencies to quickly reunite families.

"You don't need to be a foreign relations expert to know that the situation created by zero tolerance has left many people with zero confidence that the administration will be able to quickly reunite the kids," Mr. Schumer said at a news conference.

Noting that three different cabinet departments had a role in the situation, Mr. Schumer said, "No one is really in charge if there are three people in charge."

Shortly before the government officially announced the zero tolerance policy, it issued a memorandum setting stringent new rules for vetting parents, relatives and other potential sponsors who wish to get children from government custody.

For one thing, the memo said that Health and Human Services must obtain the "citizenship, immigration status, criminal history and immigration history" of the potential sponsor. It also said that the department must collect the names, dates of birth, addresses, fingerprints and identification documents of the potential sponsor and "all adult members in the potential sponsor's household," and provide that information to Immigration and Customs Enforcement, the agency that oversees deportation.

Previously, Health and Human Services did not share such information with ICE; other members of the household were not typically screened as part of the process; and parents did not have to be fingerprinted to get their children back.

"We have cases of Brazilian minors who remain in a shelter because of the new demands, which ended up intimidating relatives who wanted to bring them home," said Luisa Lopes, the director of consular affairs for Brazilians abroad. Ms. Lopes said she is aware of 49 Brazilian children who were separated from their parents.

Ms. Souza, 27, and her son turned themselves in to the Border Patrol on May 29, declaring that they had a fear of returning to their home country and wished to obtain asylum in the United States. The following day, an agent used Google Translate, she said, to explain to her — as Diogo erupted in tears — that because she had not presented herself at an official port of entry, she had entered the United States illegally; therefore she would go to jail, and he would go to a shelter. The son saw his mother being handcuffed.

"I told him, I'm not going to jail," she recalled in an interview conducted in Portuguese. "I am going to a place with other mothers. You are going to a place for children."

Ms. Souza appeared soon after in federal court in El Paso, where she pleaded guilty to illegal entry, a misdemeanor, and was sentenced to time served. Three detention centers and 10 days later, she was allowed to join a relative in Massachusetts, having passed an interview meant to ascertain whether she had a credible reason to fear returning to Brazil.

Before the authorities dropped her off in Dallas for her flight to Boston, they handed her a tollfree number she could call to locate Diogo.

She tried the number when she reached Massachusetts, but she could not get through to anyone.

"I was devastated, desperate, crazed," she said.

Ms. Souza, an evangelical Christian, said she sought strength in prayer.

She also searched on Facebook for a Brazilian woman she had met in detention whose child had also been removed from her. The woman, who is now in Pennsylvania, told Ms. Souza that her daughter had been at a shelter in Chicago called Casa Guadalupe and had befriended a Brazilian boy there named Diogo. She gave Ms. Souza the number.

Mother and son spoke for the first time in more than two weeks. She learned that Diogo had contracted chickenpox and, as a result, was isolated from other children. He sobbed, pleading for his mother to come get him.

Since then, they have been allowed to speak to each other by phone twice a week, for 10 minutes at a time.

"It has been 16 days, but don't worry," Ms. Souza told her son over one call that was recorded. "It's coming to an end. Be well. Stay with Jesus. With God on our side, it will all work out."

To get her son back, Ms. Souza learned, she would have to provide the shelter, which is run by Heartland Alliance, with a mountain of documents.

Assisted by a lawyer, Ms. Souza filled out a 36-page packet and submitted documents attesting to her relationship to Diogo. But "every day, they wanted something else," Ms. Souza in an interview on Saturday.

For example, the adults in the family with whom she lives in Hyannis also had to submit five pages of personal information for a background check.

On another call, Diogo urged his mother to hurry his release. With his voice breaking, the boy begged, "Ai, Mom, get the papers done fast."

"It isn't up to me," she tried to explain. "I am doing everything, but it's a lot of paperwork to handle."

But more days passed, and more requirements had to be met.

The last straw, she said, was the fingerprint request last week. A case worker notified Ms. Souza that she and two other adults in the household would have to visit a designated location in their area to be fingerprinted — on July 6. Her request to get back her son would then take 22 days to be approved, she was told.

"They said she can only get the child in August," said Jesse Bless, her lawyer. "That is completely unacceptable. What kind of process for reunification is this?"

"It was zero tolerance, zero planning, zero thought," said Mr. Bless, a senior counsel at Jeff Goldman Immigration, based in Boston, who has taken Ms. Souza's case pro bono.

He expressed outrage to shelter managers, telling them that Ms. Souza had already been fingerprinted at the border. In response, a Health and Human Services official emailed Mr. Bless, saying: "Policy and Procedures recently changed and requires all household members and sponsor's to fingerprint. I can assure you that while at Heartland, Diogo is not isolated.

"Case Managers at Heartland truly care about our children and are working diligently to ensure all of our minors are safely released."

Mr. Bless said that after he threatened to sue the shelter, "they agreed to a more expedited, but undefined schedule." Unsatisfied, he said on Sunday that he intended to travel to Chicago to press the matter further.

Meanwhile, Ms. Souza is next scheduled to speak with her son on Wednesday.

6/24/2018 3:18-cv-00428-DMS-MIDD APD thy JAPPET TO PERFORM PRODUCTION PRODUC

Her last words to him on his tear-filled birthday were: "Don't cry. I want you to be okay. Please be strong. O.K., son? Stay with Jesus, my son. Tchau. I love you."

"I love you too," the boy responded.

Correction: June 23, 2018

Because of an editing error, a picture caption with an earlier version of this article misspelled Lidia Souza's middle name. It is Karina, not Karine.

Nikita Stewart contributed reporting.

A version of this article appears in print on June 24, 2018, on Page A14 of the New York edition with the headline: Torn Apart at the Border, Kept Apart by Red Tape