

No. 19A785

**In the
Supreme Court of the United States**

DEPARTMENT OF HOMELAND SECURITY, et al.,

Applicants,

v.

NEW YORK, et al.,

Respondents.

I, Eden Almasude, pursuant to 28 U.S.C. § 1746, hereby declare as follows:

1. I am currently a second-year resident physician in psychiatry at the Yale School of Medicine (“Yale”). I graduated from the University of Minnesota Medical School in 2018.

2. In the two years since becoming a resident physician in psychiatry at Yale, I have worked in numerous medical facilities in and around New Haven, including the Yale New Haven Hospital, the Connecticut Mental Health Center (CMHC), Yale Health (a medical and mental health clinic servicing the Yale University community), the Yale Psychiatric Hospital (YPH) (an inpatient facility specializing in the rapid assessment and treatment of acute and severe psychiatric symptoms), and the West Haven VA Medical Center. I currently treat patients at CMHC, a community health center that provides mental health services for 5,000 people in the Greater New Haven area each year, including many immigrants. In the course of my work as a resident physician, I regularly consult with my colleagues, including doctors, medical students, social workers, and other healthcare professionals.

3. During this public health crisis, many of my patients are understandably anxious and fearful, and many of my clients have lost their jobs. Myself and other clinicians regularly discuss these issues with our clients as part of our therapeutic process.

4. In recent weeks, two patients receiving outpatient treatment reported concerns about going to the hospital for COVID-19 care because they worried that any benefits that they might use to access that care—including even the Yale Freecare Program, which I understand is not subject to the Public Charge Rule—might negatively impact their immigration status.

5. As part of my work, I have received reports of multiple patients who had symptoms consistent with COVID-19 but were afraid to go to the hospital or even obtain COVID-19 testing because they were concerned about the public charge consequences of testing and treatment and feared that a huge hospital bill would leave their families destitute. Immigrants' concerns and fears are ongoing during this crisis.

6. Recently, one of my clients described how they had lost their income and were facing food insecurity. However, they did not want to seek food stamp benefits because they worried that it looked “bad” on an immigration application to get such benefits.

7. I am also a member of the New Haven Medic Collective, a mutual aid medical collective in New Haven comprised of working clinicians. The Medic Collective provides public health and information to callers over the telephone. During the COVID-19 public health crisis, our collective regularly advises patients whether and when they should go to a hospital to obtain medical treatment.

8. As part of my work at the Medic Collective, I am aware of at least three individuals who were afraid to get tested for COVID-19 because, among other things, they worried that getting tested or being admitted to the hospital would count against them for immigration purposes. These calls took place during the last few weeks, since the COVID-19 pandemic became of acute concern

in Connecticut. Clinicians such as myself and other doctors on the front lines of this crisis are ill-equipped to advise patients as to the immigration consequences of their decisions to seek testing and treatment.

9. When immigrants or their family members are fearful of obtaining the testing and treatment that they need, they are at a higher risk of complications for COVID-19. In addition, without timely and appropriate testing and treatment, their households and other contacts are also much more likely to spread the illness. As a medical professional, the Public Charge Rule is a critical barrier to care and is contributing to the spread of illness in our communities.

DATED this 6th day of April, 2020 at PLACE



DR. EDEN ALMASUDE