

AFFIDAVIT OF DR. CLARE LANDEFELD

I, Dr. Clare Landefeld, state that the following is a true and accurate statement to the best of my knowledge and belief:

1. I submit this declaration on my own behalf. The views expressed herein are my own personal professional opinions, and do not represent the policies or opinions of any organizations with which I am affiliated.
2. I received my undergraduate degree from Smith College, and my medical degree from from Cleveland Clinic Lerner College of Medicine at Case Western Reserve University. I completed my residency at Brigham and Women's Hospital in the Division of General Medicine Primary Care Track, and am currently completing my Addiction Medicine Fellowship at Massachusetts General Hospital. A copy of my CV is attached as Exhibit 1.
3. In my professional capacity, I have become familiar with Post Traumatic Stress Disorder ("PTSD") and generalized anxiety disorder. In medical school, I spent a year conducting research at the National Institutes of Health, where I worked with a team of psychiatrists and became familiar with the diagnostic approach for psychiatric illness including PTSD and generalized anxiety disorder. During my residency, I trained in primary care and internal medicine, and it was very common to diagnose and treat both PTSD and generalized anxiety disorder in these settings. In my current role as an addiction medicine fellow at MGH, I work with a population with high incidents of unstable housing and/or have histories of trauma, and as a result, I treat many people with PTSD and generalized anxiety disorder.
4. The diagnostic criteria for PTSD include experiencing a traumatic event. This can include experiencing or witnessing a physical or sexual assault, or any other event that causes someone to feel threatened or vulnerable. Patients with PTSD then experience symptoms that persist for more than one month after the traumatic event including intrusive thoughts, avoidance of triggers that remind them of the initial traumatic event, a negative emotional state, and altered arousal resulting in agitation and anxiety.
5. People experiencing homelessness have high rates of experiencing violence and victimization, and have high rates of PTSD.
6. A congregate shelter could pose many challenges for someone diagnosed with PTSD. One of the key elements of trauma informed care is ensuring that the person who has experienced trauma is able to exercise autonomy and control over their environment in order to feel safe and less vulnerable. It could be extremely challenging for someone with PTSD to be forced to live under the rigid environment of a congregate shelter where they would be unable to control their own surroundings. In addition, congregate shelters are often noisy and highly stimulating environments, which could be very triggering for someone with PTSD. Finally, if someone's PTSD stemmed from a sexual assault trauma, I would anticipate that communal sleeping could be especially triggering for them.

7. I anticipate that a congregate shelter could exacerbate the symptoms of someone diagnosed with PTSD. Being forced to live under such conditions could trigger their brain to feel that they are in a dangerous situation that they need to avoid or escape as a matter of self-protection.
8. As a result, it is my professional opinion that it is likely that a congregate shelter would not be able to reasonably accommodate the disability-related needs of someone with PTSD.
9. If a patient told me that they found that a congregate shelter triggered their PTSD symptoms, I would recommend that they should not go to a congregate shelter.
10. If a patient told me that they found that a congregate shelter triggered their PTSD symptoms, it would not surprise me if they determined it was safer for them to remain unhoused than to stay at a congregate shelter.
11. The diagnostic criteria for generalized anxiety disorder include excessive anxiety over a period of six months that causes significant distress in the person's life or affects their ability to function. Generalized anxiety disorder can have co-occurring symptoms including trouble concentrating or falling asleep.
12. A congregate shelter could pose challenges for someone diagnosed with generalized anxiety disorder depending on the particular manifestation of their disease. Many people suffer from social anxiety when they are in situations with a large number of people. For such individuals, I would anticipate that a congregate shelter could be very anxiety provoking. For other people with generalize anxiety disorder, a congregate shelter may exacerbate other consequences of anxiety such as insomnia, restlessness, agitation or difficulty calming down.
13. As a result, it is my professional opinion that a congregate shelter might not be able to reasonably accommodate the disability-related needs of someone with generalized anxiety disorder.

Signed under the pains and penalties of perjury on November 4, 2021.



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Clare Landefeld, MD, MS