

## DECLARATION OF AMANDA M. HANLON

AMANDA M. HANLON, declares under penalty of perjury under the laws of the state of New York,

### My Background

1. I am a citizen of the state of New York, and I currently reside with my family in Niagara Falls, NY. I am the legal custodian of plaintiff Baby C.E.

2. I am a lifelong resident of Niagara Falls, raising my family in the same community that I was raised. I have eye-witnessed how opioids have both devastated and burdened families in my community and I, too, am bearing the burdens associated with opioids.

3. I have seen with my own eyes that prescription opioids hurt babies, their moms, and their families. If I could tell every woman, like me who are at risk for hurting their unborn babies, of how bad opioids are, I would. This injunction will tell every woman what they need to know right when they need most to know it, with the doctor present. I hope this motion is granted.

4. I graduated high-school and began working full-time as a receptionist with a local manufacturer until I took my current job as the office manager for a local landscaping business owned by my cousin. The hours of my current full-time job are flexible, which helps me in raising my four children as a single parent.

5. I have three daughters: Harmony, 17; Isabella, 15; and Addison, 5. I also have one boy, Baby C.E., who I obtained custody of with the consent of his birth mother and father and pursuant to court order. Baby C.E. was born on July 14, 2017 and will be 2 in a few months, and I have been his sole caretaker and custodian since before he left the hospital.

## **My Relationship With Baby C.E.'s Mother and Father: The Adult In The Room**

6. At the time Harmony, my oldest daughter, was born in 2002 her father was friends with another couple, Jennifer and Brian; naturally, I became friendly with them too.

7. Jennifer and Brian had a total of six children, in the following order from oldest to youngest: Adrian, Lilly, Bria, Brian, Jr., Baby C.E. and Zoe.

8. For a period of time I socialized with Brian and Jennifer, and came to be introduced to Jennifer's younger sister (by some 18 years), Brandi, who is around the same age as Harmony; in fact, each was born in or about 2002. When Harmony's dad left our relationship my relationship diminished to being Facebook friends with Jennifer and Brian.

9. A period of years had passed before Harmony became fast friends with Brandi while they both were in ninth grade attending the same public school. It came to pass that Brandi was spending more time at my home with my daughter.

10. Jennifer's and Brian's son, Brian, Jr., now 5, is the same age as my youngest daughter, Addison. Brandi is Brian, Jr.'s aunt, and Brandi would bring him along with her whenever she came to visit Harmony so that Brian, Jr. could also spend quality playtime with Addison.

11. The friendship between Brandi and Brian, Jr. and my children also led to me begin socializing with Jennifer and Brian once again. We met at birthday parties, family dinners, celebrations, graduations, and holidays and group outings.

12. Jennifer became pregnant with Baby C.E. in 2016.

13. At Brian, Jr.'s 3<sup>rd</sup> birthday party, in 2017, I observed that Jennifer appeared disorganized and everything she did was as if she was moving in slow motion. It was odd and strange behavior for her.

14. Jennifer admitted to me that she was taking Xanax that she had been prescribed following emotional distraught in connection with a child that was, sadly, stillborn. I am aware that Jennifer has also taken, variously, heroin, clozapine, suboxone, subutex and methadone. Jennifer's problem with Xanax, heroin and other drugs is known to her family and, obviously, I also knew that she was taking these drugs in the months leading up and including while she was pregnant with Baby C.E.

15. Jennifer began to find herself being arrested for petty crimes leading, inevitably, to her incarceration. In fact, Jennifer was in her third trimester when she was incarcerated for shoplifting and, sadly, returned to county jail shortly following Baby C.E.'s birth on July 14, 2017. I also know that she has been incarcerated during the past 2 years; in fact, Jennifer was incarcerated when her daughter Zoe was born, in August 2018, and was returned jail shortly after her birth.

16. Brian is an absentee dad and provides no support for his children. Shortly before Baby C.E. was born in July, 2017, Brandi literally moved into my home; Brandi had been living with her mom, Danica, along with Brian Jr. whom, by this time, Danica had obtained custody of. Aunt Brandi continued to regularly bring Brian Jr. along with her whenever Brandi was visiting Harmony at my home, almost daily.

### **The Complicated Birth of Baby C.E.**

17. Baby C.E. was born in Women's Children Hospital in Buffalo, New York, and he was diagnosed at birth with neonatal abstinence syndrome ("NAS").

18. He spent a total of 2 weeks at the hospital, with the first 5 days in skilled nursing; this hospital did not have a neonatal intensive care unit (NICU).

19. Doctors put Baby C.E. on a pure opioid morphine drip over a period five (5) days. The doctors slowly weaned Baby C.E. off the opioids involuntarily delivered to him by his mother, Jennifer (a potent and mind-bending human cocktail of, alone or in combination, Xanax, heroin, clozapine, suboxone, subutex and methadone). Disturbingly, Baby C.E. came out green when he was delivered, as was the meconium that was obtained; I had never experienced this with any of my children. Baby C.E. was prescribed Tylenol when he was discharged; another first for me.

20. It was heartbreaking to see him in pain and suffering all alone in his own world where he could not communicate with me or anyone else other than squirming and writhing, and shaking his little body, and screaming from his undeveloped lungs.

21. Baby C.E. exhibited many of the symptoms that I know to be associated with babies diagnosed at birth with NAS:

- tremors so intense his body would shake uncontrollably for extended periods;
- at other times, his body would appear inhumanely rigid and super-stiff;
- his eyes twitched and, oftentimes, seemed to be 'shaking';
- he had a terribly high-pitched cry that would continue until he has exhausted or out-winded himself;
- he would scream all the time;
- he has reflux and it was trouble finding a formula he would ingest;
- severe colic;
- he has an excessive runny nose and diarrhea; and
- he has overtone (acute hypersensitivity to sound).

All of these painful symptoms continued for the first five (5) months of Baby C.E.'s life.

22. Baby C.E. continues to be highly irritable since his birth some twenty-months ago, and has had sleepless nights.

23. Jennifer remained incarcerated during the time Baby C.E. was in the hospital, and for a period afterwards. Jennifer had wanted her then 17-year-old sister, Brandi, to have custody of Baby C.E., and she told child protection services (CPS) this.

24. I arranged my home for Baby C.E.'s arrival upon discharge from the hospital. Brandi, now 17 years old, was also living with us.

25. I was advised by CPS that it was unable to get a straight story from Jennifer or from Brian regarding the proper care and custody of Baby C.E.

26. CPS appeared at my home while Brian was also there. CPS explained to us that it was unable to get a clear story regarding who was responsible for caring for Baby C.E.. CPS advised me and Brian that CPS was not approving having Brandi, a 17 year old, becoming custodian of Baby C.E. Brian was passive and non-comital. When CPS inquired whether or not I would be interested in obtaining custody of Baby C.E. I said 'yes'. Brian was present and he also consented before CPS to my obtaining custody of Baby C.E. Brian also told CPS and me that he could get Jennifer to consent as well. CPS advised me that I could file a petition with the court for custody of Baby C.E., and I did, with the consent of both Jennifer and Brian and pursuant to court order.

### **Baby C.E.'s Difficult Development**

27. Baby C.E. has needed physical and occupational therapies since birth, which continue today and, more likely than not, well into his future and adulthood. Baby C.E. is, for example, struggling with issues with problem solving and motor skills.

28. A visiting nurse was assigned to visit Baby C.E. to provide him with physical and occupational therapy, and to examine him to ensure that he was steadily gaining weight.

29. The visiting nurse examined Baby C.E. weekly for the first month and, thereafter every 2 weeks and, thereafter, 1X every 3 weeks; the frequency was reduced in response to Baby C.E.'s steady weight gains and, ultimately, was discontinued after six months.

30. After six months staying home with Baby C.E., I put Baby C.E. into day care so that I could return to work.

31. Shortly thereafter, when I brought Baby C.E. to the neurologist for a routine check-up, he recommended that Baby C.E. be enrolled into Early Childhood Intervention for purposes of continuing occupational therapy.

32. Early Childhood Intervention visits Baby C.E. at home as well as day care to provide him occupational therapy.

33. Since birth, Baby C.E. has exhibited problems and complications with, for example, motor skills and sensory issues. He shows poor body support when walking, such that his medical care providers are suggesting to me that I can purchase special footwear to help him with his coordination and balance shortcomings.

34. We have observed over time that Baby C.E. favors his left side and has difficulty turning his head to his right; when he tries to turn his head to the right his neck stretches like a rubber band and seemingly wants to snap back. Baby C.E. continues to receive physical therapy for his muscles, including his neck muscles.

35. I am aware that medical records reveal that Baby C.E. suffers from atrial septic defect that, I understand, has earmarked Baby C.E. to a lifetime of cardiac monitoring by a skilled cardiologist.

36. For the foregoing reasons, and others, I am a greatly concerned about what the future holds for Baby C.E. As a mother, I rightfully am afraid of what will happen to Baby C.E. were he to be prescribed or to encounter opioids in his future, including adulthood. And, most certainly, I want to do everything to prevent other women of child-bearing age, like myself, from ever having to endure the suffering and pain that opioids have caused.

37. I know for a fact that Baby C.E. faces daunting challenges in education and in developing meaningful personal, social and professional skills, and overcoming each of these challenges is very costly, both emotionally and financially. Before me, and moms and custodians (like grandparents) similarly situated or to become so situated, is a long future of decision-making concerning, for example, the need for home tutorial services, home care, physical and/or psychological therapy, motor skills and neurologists, together with countless other decisions unique to parents of children born opioid dependent and, oftentimes, diagnosed at birth with neonatal abstinence syndrome.

38. As a responsible and loving mother, like all mothers similarly situated, I need to plan today knowing that, more likely than not, Baby C.E. will have greater challenges to overcome tomorrow, next week, next month, and the years ahead in the process of growing up to become college material and, if he desires, entering a profession of his choice, simply by reason of the injuries he suffered, without fault and involuntarily, prior to, during and following his birth. Most respectfully, in some measure this mom (and other parents similarly situated numbering into the tens of thousands) leaves the fate of her future and Baby C.E.'s in this Court's hands.

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WHEREFORE, I declare that the foregoing is true and accurate and respectfully request that  
this court grant the relief sought.

DATED: Buffalo, New York  
March 26, 2019



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AMANDA M. HANLON, declarant