

1 **DECLARATION OF DR. RANIT MISHORI MD, MHS, FAAFP**

2 I, Dr. Ranit Mishori, hereby declare and state as follows:

3 **I. Background**

4 1. I am a Professor of Family Medicine at the Georgetown University
5 School of Medicine, where I am the director of the department’s Global Health
6 Initiatives, Health Policy fellowship and our practice-based research network. I
7 currently serve as Georgetown University’s Chief Public Health Officer, leading the
8 COVID-19 response on all campuses. A fellow of the American Academy of Family
9 Physicians and Diplomate of the American Board of Family Medicine, I did my
10 residency training at the Georgetown University/Providence Hospital Family
11 Medicine Residency program. I received my medical degree from Georgetown
12 University School of Medicine and a master’s degree in International Health from
13 the Johns Hopkins Bloomberg School of Public Health, in the Disease Control and
14 Prevention Track (focusing on the science of how to halt the spread of infectious
15 disease).

16 2. I am a practicing family physician seeing patients of all ages, all
17 genders, and all socio-demographic groups, I help my patients with managing
18 multiple acute and chronic conditions, including coronavirus infections. Since July
19 2020, I have been focusing entirely on creating and managing the coronavirus
20 response at the University, where I co-direct our Public Health Unit and oversee
21 coronavirus testing, quarantine and isolation protocols, provide technical expertise
22 on school-reopening plans, COVID-19 related communications, and serve as the
23 liaison to the DC Department of health, among other things. I regularly educate and
24 counsel patients, students, staff, faculty, families and all university stakeholders
25 about evidence-based measures for prevention, screening, testing, treatment and
26 follow up of coronavirus infections.

27 3. To ensure that the public has accurate information about COVID-19, I
28 have spoken to the press and written about coronavirus infection prevention and

1 management on numerous occasions. I have also served as a special advisor on
2 COVID-19 coverage for PBS NewsHour and appeared as an expert on their news
3 programming. I have also served as a special advisor for their institutional
4 preparedness, news coverage and staff safety related to COVID-19.

5 4. Since the onset of the COVID-19 pandemic, I have also applied my
6 public health expertise in advising, planning, and executing COVID-19 responses,
7 for Physicians for Human Rights, focusing on the intersection of COVID-19 and
8 Human Rights, health disparities, both domestically and globally.

9 5. For four years, I was an elected member of the American Academy of
10 Family Physicians' Commission on the Health of the Public and Science, where I
11 chaired the Public Health Issues sub-committee, addressing issues related to the
12 health of the public in general, and vulnerable populations in particular.

13 6. My CV is attached as Exhibit A.

14 **II. COVID-19**

15 7. The novel coronavirus, officially known as SARS-CoV-2, causes a
16 disease known as COVID-19. COVID-19 was declared a pandemic in March 2020.
17 In the United States, over 26.5 million people have been diagnosed with SAR-CoV-
18 2 and over 450,000 have died.¹ The numbers of infections and deaths in the United
19 States are likely undercounted due to months of under-testing stemming from a
20 variety of issues, including a lack of testing kits, an inadequate supply of personal
21 protective equipment and a sizeable number of people who are asymptomatic
22 carriers of the virus.

23 8. SARS-CoV-2 is readily spread through respiratory transmission and
24 can be spread by both symptomatic and asymptomatic individuals. All people are
25 susceptible to and capable of being infected with the virus, and developing COVID-
26 19 because of the ease with which the virus spreads and the lack of immunity in the

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28 ¹ See *Cases in the U.S.*, CTR. FOR DISEASE CONTROL AND PREVENTION, <https://www.cdc.gov/coronavirus/2019-ncov/cases/updates/cases-in-us.html> (last visited Feb. 7, 2021).

1 population. It is unclear at this point whether vaccinated people or those previously
2 infected are capable of spreading the virus. The virus is spread through large and
3 small droplet transmission; that is, when an infected individual—whether
4 symptomatic or asymptomatic—speaks, coughs, sneezes, talks, sings, and the like,
5 they expel droplets which can transmit the virus to others in their proximity. Some
6 evidence suggests that the virus can be aerosolized, such that tiny droplets
7 containing the virus can remain in the air and be inhaled by others who come into
8 contact with that air. The virus is also known to be spread – though to a lesser extent
9 -- through the touching of contaminated surfaces, for example, when an infected
10 person touches a surface with a hand they have coughed into and then another
11 person touches that same surface before it has been disinfected and then touches
12 their face. The virus can survive on contaminated surfaces for up to three days.²

13 9. In the absence of effective social distancing measures, or consistent and
14 appropriate mask wearing, each infected individual is estimated to infect two to
15 three others, in a community context. This “replication number”, or R0, is
16 considered to be high, and is twice that of seasonal influenza. Modeling estimates
17 show that the replication number in enclosed settings, such as cruise ships and
18 nursing homes, can be as high as 5 to 10. Infected persons can transmit the virus
19 before they start to show symptoms. More than half, approximately 60% of all
20 infection spread is caused by asymptomatic individuals or individuals who are not
21 yet showing symptoms.³ This means that testing or isolating only persons known to
22 have symptoms will not stop the spread of infection.

23 10. COVID-19 is a serious multi-system disease, which can lead to
24 respiratory, heart and kidney failure, and death. Older patients and patients with
25 chronic underlying conditions are at a particularly high risk of severe cases and

26 ² Neeltje van Doremalen et al., *Aerosol and Surface Stability of SARS-CoV-2 as Compared With SARS-CoV-1*, 382 NEW
27 ENG. J. MED. 1962 (2020), <https://pubmed.ncbi.nlm.nih.gov/32182409>.

28 ³ Johansson MA, Quandelacy TM, Kada S, et al., *SARS-CoV-2 Transmission From People Without COVID-19
Symptoms*, 4 JAMA NETWORK OPEN (2021), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774707>.

1 complications.⁴ The need for care, including intensive care, and the likelihood of
2 death, is much higher from COVID-19 than from influenza. According to recent
3 estimates, the fatality rate of people infected with COVID-19 is about ten times
4 higher than a severe seasonal influenza, even in advanced countries with highly
5 effective health care systems. The rate of life-threatening complications is higher
6 among elderly and other at-risk individuals. More than 10% of individuals with a
7 confirmed SARS-CoV-2 infection, regardless of the severity of their infection or
8 hospitalization status, will continue to have symptoms, often debilitating, for
9 months.⁵

10 11. The Centers for Disease Control and Prevention (“CDC”) has identified
11 underlying medical conditions that may increase the risk of serious COVID-19 for
12 individuals of any age, including high blood pressure, diabetes, chronic lung disease,
13 severe obesity, blood disorders, chronic kidney or liver disease, immunosuppression,
14 among others.

15 12. Around 20 percent of those who contract coronavirus may have severe
16 illness, requiring hospitalization. Of those, around 5% may require intensive care.
17 For those hospitalized with severe COVID-19, their care often requires expensive
18 hospital care, including an entire team of care providers with 1:1 or 1:2 nurse to
19 patient ratios, respiratory therapists, and several specialists, including intensive care
20 physicians and infectious disease experts. Those infected with coronavirus – both
21 those who were hospitalized and those who had mild to moderate disease not
22 requiring hospitalization – may face prolonged recovery periods, including extensive
23 rehabilitation.

24 13. Coronavirus infection shares many symptoms with seasonal influenza,
25 and other infectious diseases, including fever, body aches, cough, chills, and

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27 ⁴ Fei Zhou et al., *Clinical Course and Risk Factors for Mortality of Adult Inpatients with COVID-19 in Wuhan, China*, 395
LANCET 1054 (2020), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext).

28 ⁵ Rubin R., *As Their Numbers Grow, COVID-19 “Long Haulers” Stump Experts*, 324 JAMA 1381, 1381 (2020),
<https://jamanetwork.com/journals/jama/fullarticle/2771111>.

1 headache. Without testing, it is difficult for healthcare providers to ascertain whether
2 an individual with these symptoms is suffering from COVID-19 or another
3 infection.

4 14. Aside from total self-isolation, there is no way to completely protect
5 against SARS-CoV-2 infection. Best practices like mask-wearing, hand hygiene, and
6 social distancing only diminish, but do not eliminate, the risk of infection.

7 **III. The Coronavirus Pandemic is Particularly Severe in Los Angeles County**
8 **and Will Continue to Threaten Public Health in the Coming Months**

9 15. Los Angeles County has become the epicenter of the coronavirus
10 pandemic. On January 16, 2021, Los Angeles became the first county in the United
11 States to record more the one million coronavirus cases over the course of the
12 pandemic.⁶ As of February 6, 2021, there were 1,423,422 cases and 17,955 reported
13 deaths of COVID-19 in Los Angeles County.⁷ Scientific models estimate that one in
14 three Los Angeles County residents have been infected since the beginning of the
15 pandemic, more than triple the number of cases confirmed by testing.⁸

16 16. Since the winter surge began in November 2020, deaths from COVID-
17 19 in Los Angeles County have increased by more the 1,000 percent.⁹ The ICU
18 availability in the Southern California region, which includes Los Angeles County,
19 is currently under 10%, and Los Angeles County is under the State’s most restrictive
20 reopening tier, indicating widespread COVID-19 transmission in the County.¹⁰

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23 ⁶ *Public Health Announces First Confirmed Case of U.K. Coronavirus Variant as Los Angeles County Surpasses 1*
Million Total Cases, LOS ANGELES DEP’T PUB. HEALTH, (January 16, 2021),
24 <http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=2918>.

25 ⁷ *Los Angeles County COVID-19 Data*, LOS ANGELES DEP’T PUB. HEALTH,
<http://publichealth.lacounty.gov/media/coronavirus/data/index.htm> (last visited Feb. 7, 2021).

26 ⁸ Tom Belin et al., *Projections of Hospital-based Healthcare Demand due to COVID-19 in Los Angeles County*, (January
13, 2021), http://file.lacounty.gov/SDSInter/dhs/1101466_COVID-19ProjectionPublicUpdateLewis01.13.21English.pdf.

27 ⁹ *Public Health Officials Issue Urgent Plea as 10 People in L.A. County Test Positive for COVID-19 Every Minute*, LOS
ANGELES DEP’T PUB. HEALTH, (Jan. 11, 2021),
<http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=2908>.

28 ¹⁰ TRACKING COVID-19 IN CALIFORNIA, <https://covid19.ca.gov/state-dashboard/> (last visited Feb. 7, 2021).

1 17. Multiple new and more transmissible variants of the coronavirus
2 continue to be identified in the United States and across the globe. A variant
3 discovered in the United Kingdom called B.1.1.7, has already been detected in the
4 United States, including in counties across California.¹¹ There is evidence that the
5 B.1.1.7 variant causes increased risk of death,¹² and the variant has been found to be
6 significantly more transmissible. The CDC warns that the presence of B.1.1.7 in the
7 United States may bring a new phase of “exponential growth” in total COVID-19
8 cases and could become the dominant coronavirus strain by March 2021.¹³

9 18. More recently, the discovery of the California variant, CAL.20C, is
10 raising concern among epidemiologists and public health experts because of its rapid
11 spread throughout Los Angeles. Early data shows that more than one-third of recent
12 COVID-19 cases in Los Angeles County may have been caused to CAL.20C.¹⁴ In
13 addition, CAL.20C carries a mutation known as L452R, which may prove to be
14 resistant to the two COVID-19 vaccines currently approved in the United States.¹⁵

15 19. The Food and Drug Administration (FDA) has issued emergency use
16 authorization for two COVID-19 vaccines: The Pfizer-BioNTech vaccine and the
17 Moderna vaccine. The Pfizer-BioNTech vaccine has been approved for use in
18 individuals 16 years of age and older and the Moderna vaccine has been approved
19 for use in individuals 18 years of age and older. The vaccines require two injections
20 spaced either three weeks or four weeks apart. Early trials found the Pfizer-
21 BioNTech vaccine to be 95% effective, after two doses, against clinically

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23 ¹¹ *US COVID-19 Cases Caused by Variants*, CTR. FOR DISEASE CONTROL AND PREVENTION,
<https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html> (last visited Jan.22, 2021).

24 ¹² *New and Emerging Respiratory Virus Threats Advisory Group paper on COVID-19 variant of concern B.1.1.7*, U.K.
Dep’t of Health & Social Care et al. at 2, <https://www.gov.uk/government/publications/nervtag-paper-on-covid-19-variant-of-concern-b117> (January 22, 2021).

25 ¹³Galloway SE, Paul P, MacCannell DR, et al., *Emergence of SARS-CoV-2 B.1.1.7 Lineage -United States, December 29,*
26 *2020–January 12, 2021*, 70 MORBIDITY & MORTALITY WKLY. REP. 96 (2021),

https://www.cdc.gov/mmwr/volumes/70/wr/mm7003e2.htm?s_cid=mm7003e2_w.

27 ¹⁴ Press Release, Cedars-Sinai, Local COVID-19 Strain Found in Over One-Third of Los Angeles Patients (Jan. 18,
2021), <https://www.cedars-sinai.org/newsroom/local-covid-19-strain-found-in-over-one-third-of-los-angeles-patients/>.

28 ¹⁵Marisa Iati & Angela Fritz, *What you need to know about the coronavirus variants*, WASH. POST, (last updated Jan. 30,
2021, <https://www.washingtonpost.com/health/interactive/2021/01/25/covid-variants/>).

1 symptomatic disease and the Moderna vaccine to be 94.1% effective against
2 clinically symptomatic disease. Notably, it is as yet unclear whether either vaccine
3 can prevent individuals from becoming infected with the coronavirus or spreading
4 the virus to others.

5 20. Because clinical trials are ongoing, many important questions about the
6 vaccines remain unanswered. It is not known whether an individual who has been
7 vaccinated can still transmit the disease. It is not known how long immunity to
8 COVID-19 will last. And, it is not known whether certain virus variants will be
9 resistant to the currently approved vaccines.

10 21. At least 75 percent of the general population will need to be vaccinated
11 to create meaningful community immunity (“herd immunity”) and contain the
12 spread of the coronavirus. Recent estimates project that widespread distribution of
13 the vaccine will not occur until at least fall 2021.¹⁶ Vaccine hesitancy and early
14 distribution challenges are known to disproportionately affect communities of
15 color.¹⁷

16 22. There is no known cure for COVID-19 at this time and there are very
17 few drug treatments for COVID-19, and the ones that are being used are
18 experimental, and their effectiveness is still being studied.¹⁸

19 23. For the reasons explained above, the consensus among public health
20 professionals is that community spread is and will continue to be a serious threat to
21 public health and that infection and illness rates will remain high for several more
22 months at least.

23 24. Coronavirus prevention strategies include containment and mitigation.
24 Containment requires identifying and isolating people who are exhibiting symptoms,

25 ¹⁶ Rong-Gong Lin II & Luke Money, *Fauci’s 2021 COVID California forecast: School reopenings, vaccines and some*
26 *normalcy by fall*, L.A. TIMES, (Dec. 31, 2020), <https://www.latimes.com/california/story/2020-12-31/fauci-2021-covid-forecast-school-reopenings-vaccines>.

27 ¹⁷ Samantha Artiga & Jennifer Kates, *Addressing Racial Equity in Vaccine Distribution*, KAISER FAM. FOUND., (Dec. 3,
2020), <https://www.kff.org/racial-equity-and-health-policy/issue-brief/addressing-racial-equity-vaccine-distribution/>.

28 ¹⁸ *Coronavirus Drug and Treatment Tracker*, N.Y. TIMES,
<https://www.nytimes.com/interactive/2020/science/coronavirus-drugs-treatments.html> (last visited Jan. 30, 2021).

1 who test positive despite a lack of symptoms, or who have had contact with people
2 who are ill or tested positive. It also requires widespread and consistent use of
3 personal protective equipment such as masks.

4 25. As recognized by the mask mandates and stay at home orders issued
5 across the country, the only ways for individuals to meaningfully limit the spread of
6 SARS-CoV-2 are quarantine, avoiding social gatherings, social distancing, mask
7 wearing, frequent handwashing, and disinfecting surfaces. Quarantine involves not
8 physically interacting with those outside one’s household. Social or physical
9 distancing is maintaining at least six feet of distance between individuals. Both of
10 these interventions are aimed at keeping infected individuals (with or without
11 symptoms) far enough apart from one another so that they do not transmit the virus
12 to others. Frequent handwashing and regular disinfection of surfaces can help curb
13 the spread via contaminated surfaces. None of these steps alone or in combination,
14 however, is guaranteed to halt transmission.

15 26. Transmission of SARS-CoV-2 is more likely to occur in any location
16 where there is close proximity (less than six feet) between individuals, and
17 particularly in indoor spaces with poor ventilation. Because transmission of the virus
18 can occur via contact with contaminated surfaces, there is also risk of spread of the
19 virus at any location where multiple individuals touch surfaces.

20 27. An important infection mitigation strategy is to avoid conditions that
21 lead to a “super-spreader event”¹⁹ where a single infected individual transmits the
22 coronavirus to a group of individuals located in the same area. Such events may
23 occur when groups of people are put into close spaces and are not able to practice
24 appropriate social distancing protocols, or when many persons have close
25 interactions with a single infected individual. A single super-spreader event can lead
26 to multiple – sometimes hundreds -- of new infections.

27 ¹⁹ Mahale P, Rothfuss C, Bly S, et al., *Multiple COVID-19 Outbreaks Linked to a Wedding Reception in Rural Maine —*
28 *August 7–September 14, 2020*, 69 MORBIDITY & MORTALITY WKLY. REP. MMWR 1686, 1686-90 (2020),
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a5.htm>.

1 28. In the United States, SARS-CoV-2 clusters (having more than 2 related
2 cases in one location) have been identified in meat-packing plants, where workers
3 are required to work on processing lines in close physical proximity to other workers
4 and often without adequate PPE. Otherwise-healthy workers at meat-packing
5 facilities have become infected with the coronavirus at rates comparable to those in
6 outbreaks in nursing homes and prisons.²⁰ Other examples of clusters related to close
7 proximity of people in social gatherings have occurred during events of much
8 shorter duration than the typical workday, including choir practices,²¹ funerals and
9 birthday parties,²² or church services.²³

10 **IV. Spread of Coronavirus in Courthouses and Courtrooms**

11 29. Coronavirus prevention requires multiple layers of individual and
12 system-wide interventions. These include: (1) social distancing, (2) engaging in
13 optimal hygiene practices, and (3) avoiding social gatherings. Individuals making
14 court appearances in-person face significant and often insurmountable barriers
15 adhering to any of these practices.

16 30. First, social distancing in courthouses is not feasible without the
17 implementation of extensive safety protocols, such as reconfiguring courtrooms,
18 installing plexiglass, controlling and continuously monitoring courtroom and
19 hallway density, among other efforts. As the Los Angeles Superior Court
20 acknowledged, “courthouses are not designed to facilitate social distancing given
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22 ²⁰ Michael Corkery, David Yaffe-Bellany & Derek Kravitz, *As Meatpacking Plants Reopen, Data About Worker Illness*
23 *Remains Elusive*, N.Y. TIMES (May 25, 2020), [https://www.nytimes.com/2020/05/25/business/coronavirus-meatpacking-](https://www.nytimes.com/2020/05/25/business/coronavirus-meatpacking-plants-cases.html)
[plants-cases.html](https://www.nytimes.com/2020/05/25/business/coronavirus-meatpacking-plants-cases.html).

24 ²¹ Lea Hamner et al., *High SARS-CoV-2 Attack Rate Following Exposure at a Choir Practice — Skagit County,*
Washington, March 2020, 69 MORBIDITY & MORTALITY WKLY. REP. 606 (2020),
25 <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6919e6-H.pdf>.

26 ²² Shelby Bremer, *CDC Report Shows How a Funeral and Birthday Party ‘Super Spread’ COVID-19 in Chicago*, NBC
CHI. (Apr. 9, 2020), [https://www.nbcchicago.com/news/local/cdc-report-shows-how-a-funeral-and-birthday-party-super-](https://www.nbcchicago.com/news/local/cdc-report-shows-how-a-funeral-and-birthday-party-super-spread-covid-19-in-chicago/2253006/)
[spread-covid-19-in-chicago/2253006/](https://www.nbcchicago.com/news/local/cdc-report-shows-how-a-funeral-and-birthday-party-super-spread-covid-19-in-chicago/2253006/).

27 ²³ Allison James et al., *High COVID-19 Attack Rate Among Attendees at Events at a Church —*
Arkansas, March 2020, 69 MORBIDITY & MORTALITY WKLY. REP. 632 (2020),
28 <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6920e2-H.pdf>.

1 their fixed configuration.”²⁴ Individuals in courthouses need to engage in private
2 confidential communications, which requires individuals to come in close proximity
3 with one another. Social distancing cannot be maintained unless there are protocols
4 to accommodate social distancing while protecting confidential attorney-client
5 communications and confidential communications with the judge and others. Even if
6 courts implemented strict rules requiring socially distant seating inside every
7 courtroom, individuals may come in close contact with one another when entering
8 and exiting the courthouse, passing through security screenings, using the elevators,
9 waiting in crowded hallways or simply passing one another in the halls. Moreover,
10 not every person at the courthouse will be equally committed to keeping a safe
11 distance from others and social distancing is not possible without the cooperation of
12 all persons.

13 31. Compounding the risk, most courthouse buildings and courtrooms lack
14 windows and are frequently poorly ventilated. Even with adequate social distancing,
15 individuals will be sitting together in the same windowless courtroom or hallway,
16 breathing the same air, often for hours at a time. Poorly ventilated spaces promote
17 highly efficient spread of disease through droplets. Research documenting so-called
18 “super-spreader” events suggests that spending more than 20 minutes in the same
19 room as an infected individual puts a person at risk of contracting the novel
20 coronavirus—even if that person and the infected individual never touched shared
21 surfaces or one another.²⁵

22 32. Second, individuals attending in-person court hearings cannot engage in
23 optimal hygiene practices. Frequent handwashing and regular disinfection of
24 surfaces can help curb the spread of coronavirus via contaminated surfaces. But it is
25 impossible for an individual to wash their hands frequently when they are required

26 ²⁴ Administrative Order of the Presiding Judge re: COVID-19 Pandemic, 2020-GEN-023-00, Paragraph 3 (October 9
27 2020).

28 ²⁵ Giorgio Buonanno et al., *Quantitative Assessment of the Risk of Airborne Transmission of SARS-CoV-2 Infection: Prospective and Retrospective Applications*, MEDRXIV (June 2, 2020), <https://www.medrxiv.org/content/10.1101/2020.06.01.20118984v1>.

1 to sit in a courtroom or waiting area for hours at a time. In addition, the only
2 available sinks are in public restroom facilities designed for pre-pandemic conditions
3 without adequate space to keep a safe distance from others. Moreover, neither
4 individuals nor courthouse staff can meaningfully sanitize every communal
5 surface—from hallway benches to doorknobs—after every contact, particularly
6 given the sheer number of individuals present in a courthouse at any given time.

7 33. Third, individuals making in-person court appearances are forced to
8 interact with individuals outside of their own households, a practice that is known to
9 spread the coronavirus. Avoiding social gatherings is considered one of the most
10 high-impact measures to protect against SARS-CoV-2 exposure and infection.
11 Holding in-person court hearings and jury trials disrupts the “quarantine bubble” and
12 places individuals at significant and unacceptable risk of exposure and infection. For
13 example, a jury trial requires at least 19 individuals from separate households to
14 congregate in a single courtroom and engage in high levels of interaction. This risk
15 of exposure and infection is exacerbated if individuals use public transportation to
16 travel to and from the courthouse. Traveling on public transportation often brings
17 people in close contact with others outside one’s household for substantial periods of
18 time and exposes individuals to frequently touched surfaces.

19 34. The ability to maintain one’s “quarantine bubble” is particularly
20 important for individuals who are themselves or who are living with others who are
21 at elevated risk suffering severe disease or death if infected. Individuals with pre-
22 existing health conditions, older adults, and those living with individuals who are at
23 elevated risk of suffering severe disease or death if infected must be particularly
24 careful to limit their interactions with persons outside of their households and avoid
25 infection. This means that if an individual were to become infected with SARS-
26 CoV-2 while at a courthouse, it is highly likely that the individual would transmit
27 that infection to members of her household.

28

1 35. It is also not possible to use effective screening methods to eliminate
2 the risk of viral spread between individuals in a courthouse. Tools like symptom
3 checks or signage informing sick individuals not to enter can neither identify
4 asymptomatic or pre-symptomatic carriers nor ensure that those individuals carrying
5 the virus are excluded from the courthouse. As with many other measures aimed at
6 curbing virus transmission, some individuals simply will not comply with the
7 measures—for example, by lying about their symptoms. This is particularly likely in
8 the context of unlawful detainer actions where missing a trial could result in the loss
9 of one’s home or in traffic court where missing an appearance can result in huge
10 penalties and the loss of one’s driver’s license. More importantly, because many
11 carriers can be asymptomatic or pre-symptomatic, individuals who are perfectly
12 compliant with the rules can still spread the virus to others present in the building.

13 36. There is ample basis to conclude that conducting in-person hearings in
14 courthouses during the pandemic is dangerous and unsafe. Not surprisingly, all
15 federal courts in California and the majority of state courts in Southern California
16 have suspended in-person hearings and civil jury trials at this time.

17 37. Based on reports I’ve read and the testimony of attorneys in their
18 declarations, it is my professional judgment that continuing to hold in-person
19 hearings and civil trials at this time is reckless and needlessly endangers people’s
20 lives. Individuals are forced to risk their own lives and the lives and health of their
21 loved ones by appearing in court. According to reports, courthouse hallways are
22 crowded with people, social distancing protocols are not being followed, dozens of
23 individuals from different households are spending hours together in busy
24 courtrooms, individuals are either not wearing masks or are wearing them
25 improperly, and there is little to no enforcement of the Court’s existing safety
26 protocols rules. This conduct flouts all public health orders and ignores CDC
27 guidelines to minimize virus transmission and exposure at this critical time.

28 **V. Conclusions and Recommendations**

1 38. Despite the safety measures purportedly adopted by the Los Angeles
2 Superior Court, which include mandating mask wearing, adding signage informing
3 sick individuals not to enter, reducing the number of cases heard during the day
4 among other measures, it is my professional opinion that courthouses – as
5 environments where people congregate – can increase the transmission of the virus
6 and the Los Angeles Superior Court is not presently equipped to implement the
7 necessary protocols and practices to prevent or minimize the spread of the virus. In
8 any event, the attorney declarations I reviewed indicated that the Court’s safety
9 measures are not being followed and/or are ineffective at reducing the threat of
10 exposure to COVID-19.

11 39. The most effective means to reduce the possibility of exposure to the
12 virus and to slow the spread of COVID-19 is for individuals to avoid in-person
13 gatherings with persons outside their households. Requiring people to gather indoors
14 with persons from other households in poorly ventilated spaces for prolonged
15 periods of time will almost certainly expose individuals to the novel coronavirus and
16 lead to additional transmission of COVID-19, and result in otherwise avoidable
17 illness and even death.

18 40. For the reasons stated above and based on my decades of professional
19 experience in medicine and public health, it is my professional judgment that
20 conducting in-person hearings and civil trials at this time places prospective jurors,
21 attorneys, litigants, court personnel and the community at-large at grave and
22 unnecessary risk of contracting and spreading COVID-19.

23 **VI. Expert Disclosures**

24 41. I have not testified as an expert at trial or by deposition in the past four
25 years.

26
27 Date: 2/8/2021



28

Dr. Ranit Mishori