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5 Attorneys for Plaintiffs,
6 CITY OF LAGUNA HILLS; BFE ASSET PARTNERS, LLC;
GJC PROPERTIES 8 LP; SUKIN & ROSENFELD LLC; ERIK M. BLOCK
7

8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
9 **COUNTY OF ORANGE**

10 CITY OF LAGUNA HILLS, a municipal entity; BFE
11 ASSET PARTNERS, LLC, a limited liability company;
12 GJC PROPERTIES 8 LP, a limited partnership; SUKIN
& ROSENFELD LLC, a limited liability company; and
13 ERIK M. BLOCK, an individual,

14 Plaintiffs,

15 vs.

16 ELITE HOSPITALITY, INC.; COUNTY OF ORANGE;
17 BOARD OF SUPERVISORS OF THE COUNTY OF
ORANGE; ORANGE COUNTY HEALTH CARE
18 AGENCY; CEO REAL ESTATE; FRANK KIM;
19 NICHOLE QUICK; and DOES 1 - 50, inclusive,

20 Defendants,

21 ILLUMINATION FOUNDATION, a nonprofit
22 organization,

23 Real Parties in Interest.

Case No.: 30-2020-01139345-CU-MC-CJC

**DECLARATION OF F. RAMZI
ASFOUR, M.D.**

I, F. Ramzi Asfour, do declare as follows:

1. I give this declaration in support of Plaintiff City of Laguna Hills' Application for an
Order to Show Cause and Temporary Restraining Order. I have personal knowledge of the facts set
forth herein. If called as a witness in this matter, I could and would testify competently thereto.

2. I am licensed by the Medical Board of California as a physician and surgeon,
specializing in infectious diseases, and public health and general preventative medicine. I am a
Diplomate in Infectious Diseases and Internal Medicine of the American Board of Internal

1 Medicine. I obtained my medical degree at New York Medical College, did my residency in Internal
2 Medicine at the California Pacific Medical Center, and completed a Fellowship in Infectious Disease
3 at the University of California, San Diego. I have also served as a Consultant Physician for the
4 World Health Organization, am actively involved in the planning and care for patients with COVID-
5 19, and serve as Assistant Clinical Professor of Medicine at UCSF. Attached hereto as Exhibit “1”
6 is a true and correct copy of my curriculum vitae.

7 3. I am also the Founder and President of Praxis Infectious Diseases, a California
8 corporation (“Praxis ID”). Praxis ID supports rural hospitals and clinics that do not have the
9 infectious diseases coverage they require and is comprised of a team of board certified infectious
10 diseases physicians, including myself. Praxis ID provides targeted, timely telehealth patient
11 consultations, and critical support for infection prevention and antimicrobial stewardship programs.
12 Praxis ID provides protocols, procedures and patient management to make it so that rural hospitals
13 may benefit from the support of their own Infectious Diseases doctor.

14 4. COVID-19 is an infection caused by a novel zoonotic coronavirus, namely SARS-
15 CoV-2, that has been identified as the cause of a viral outbreak that originated in Wuhan, China in
16 December 2019. The World Health Organization has declared COVID-19 a pandemic. As of April
17 12, 2020, the World Health Organization has reported 1,699,595 confirmed cases confirmed cases
18 of COVID-19 worldwide resulting in the death of 106,138 people.

19 5. COVID-19 makes certain populations of people severely ill. People over the age
20 of fifty (50) are at higher risk, while those over seventy (70) are at even more serious risk. As the
21 Center for Disease Control and Prevention (CDC) has advised, certain medical conditions increase
22 the risk of serious COVID-19 for people of any age. In most people, the virus causes fever, cough,
23 and shortness of breath. In high risk individuals, this shortness of breath can often be severe and
24 quickly lead to respiratory failure and death. Even in younger and healthier people, infection with
25 this virus may require supportive care, which includes supplemental oxygen, mechanical ventilation,
26 and, in extreme cases, extracorporeal mechanical oxygenation. A sick person may quickly become
27 incapacitated, non-ambulatory, and require immediate hospital attention to avoid death.

28 6. I am familiar with the special needs of the proposed residents of the hotel and note

1 that they are much more susceptible to hospitalization because of their history which includes
2 smoking, substance abuse, advanced age (the County of Orange states that the residents will be 65
3 years and older), and of lack of access to quality health care.

4 7. The incubation period (between infection and the development of symptoms) for
5 COVID-19 is typically five days, but can vary from as short as two to fourteen days to an infected
6 individual never developing symptoms. There is evidence that transmission can occur before the
7 development of symptoms and from infected individuals who never develop symptoms. Thus,
8 caregivers, asymptomatic residents and others associated with the Laguna Hills Inn located in the
9 City of Laguna Hills can easily transmit the virus to the residents within the community and
10 immediately surrounding areas.

11 8. There is no cure or vaccine for this infection. Unlike influenza, there is no known
12 effective antiviral medication to prevent or treat infection from COVID-19.

13 9. The only known effective measure to reduce the risk for a vulnerable person from
14 injury or death from COVID-19 is to prevent infected individuals, and individuals believed to be
15 infected, from interacting with, and being within the same areas as such vulnerable persons. Social
16 distancing (i.e., maintaining no less than six (6) feet of separation from other people) and strict
17 hygiene, including washing hands with soap and water, and continuously disinfecting surfaces are
18 the only known effective measures for protecting people from COVID-19. However, such measures
19 are not as effective at protecting the most vulnerable from injury or death as remaining physically
20 separated from known or potentially infected individuals.

21 10. I have reviewed the Illumination Foundation’s “Post Orders” and note the
22 following major risk factors:

- 23 • No infection prevention mitigation strategies in place
- 24 • No plan for monitoring potential residents for infectivity
- 25 • No symptom monitoring plan for residents
- 26 • No plan for meals
- 27 • No plans for visitation restrictions and mitigation of risks posed by visitors passing
28 infections on in the community

- Proximity to DaVita Saddleback Dialysis Center
- No mitigation plan for smoking

11. To elaborate, housing COVID-19 patients at the Laguna Hills Inn in a community with a low prevalence of SARS-CoV-2 infection (13 cases as of 4/10/2020) and without proper infection prevention strategies is a major safety risk for the local community. SARS-CoV-2 may be shed by some patients, especially those who are immunocompromised, for a prolonged period of time. The “Post Orders” of the Illumination Foundation does not address any of these issues. Residents must be monitored for symptoms/signs of infection upon entering and exiting the premises. A solid plan for medical follow-up of these patients needs to be implemented. There are no policies in place for enforcing masking, prohibiting communal gatherings and visitation.

12. In addition, the proposed hotel site is very close to the Davita Dialysis facility. Dialysis patients are considered immunocompromised and are at very high risk for complications from SARS CoV-2. Any commingling of COVID-19 patients and dialysis patients at the nearby commercial food establishments will pose a high risk of infection with the potential for serious complications for these patients.


13. Meal provision for the residents of the hotel has not been addressed. There are no cooking facilities in most rooms in the hotel. If meals are not provided, there will be an increased likelihood that comingling of infected residents and the general public including dialysis patients will occur.

14. There is also no mitigation plan for smoking (which necessarily involves removing a mask), hand hygiene, symptom monitoring, management and treatment.

15. In addition, it is not clear that the hotel’s ventilation system will be optimal for the residents or that the filtration system is adequate to prevent room to room spread of COVID-19. It is equally unclear clear that the janitorial/cleaning staff of the hotel have proper training in appropriate cleansing procedures.

16. This information, and more, leads me to conclude, with a high degree of medical certainty, that placing people infected or believed to be infected with SARS-CoV-2 in the Laguna Hills Inn poses a serious risk to the community.

1 I declare under penalty of perjury of the laws of the State of California that the foregoing is
2 true and correct. Executed this 12th day of April 2020 in Marin County, California.

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4
5 By: 
6 F. Ramzi Asfour, M.D.
7 President, Praxis Infectious Diseases
8 Assistant Clinical Professor of Medicine, UCSF
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Assistant Clinical Professor of Medicine, UCSF
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EDUCATION

- Fellowship in Infectious Diseases, University of California, San Diego, 2004
- Residency in Internal Medicine, California Pacific Medical Center, 2001
- Doctor of Medicine, New York Medical College, 1998
- Bachelor of Science in Genetics, University of California, Davis, 1993

LICENCES

- American Board of Internal Medicine, Diplomate in Infectious Disease, 2004
- American Board of Internal Medicine, Diplomate #205254, 2001
- California State Medical License #A71648
- United States Drug Enforcement Administration Licensed

AWARDS

- First Ever Physician of the Month, Eden Medical Center January 2016
- Ortho Biotech Infectious Diseases Scholar, 2003
- California Pacific Medical Center, Resident of the Year, 2000/2001
- California Pacific Medical Center, Resident Teacher of the Year, 1999/2000

EXPERIENCE

Telehealth Infectious Diseases, Antimicrobial Stewardship and Infection Prevention

- Telemedicine Consultant to rural hospitals (Feb 2017-present)
- Medical Director of Infection Control for a rural hospital (Jan 2016-present)
- Antimicrobial Stewardship consultant for a rural hospital (Feb 2017-present)
- Antimicrobial Stewardship and Infectious Control Consultant for 15 Northern California skilled nursing facilities (January 2017-present)
- Founded Praxis Infectious Diseases and Capsid Consulting through which the above services are being provided

Private Practice Infectious Diseases

February 2006-January 6, 2017 (President Nov 2012-Feb 2016), transitioned to be able to focus on Infectious Diseases Telehealth and still provide in person ID coverage for Diablo Infectious Diseases.

Diablo Infectious Disease Consultative Services Medical Group, Inc.

- Inpatient Infectious Disease consultation services at seven hospitals in the East San Francisco Bay Region
- Ran a group of 8 physicians, 3 nurse practitioners and 3 office locations
- Outpatient Infectious Disease consultation
- Medical Director of Infection Control at Kindred Hospital S.F. Bay Area (November 2014-May 2016)

Assistant Clinical Professor of Medicine, University of California, San Francisco

July 2014-Present

- Teaching Infectious Diseases to Internal Medicine Residents at Highland Hospital, Oakland

Private Practice Functional Medicine

- Established Functional Medicine practice and now working with the California Center for Functional Medicine, CCFMed.com (May 2016-Present)

Telehealth Infection Control Consultant

August 2011-July 2014 (Volunteer)

Augusta Victoria Hospital, East Jerusalem

- Provided assistance in the Development of Infection Control Practices
- Provided remote Infectious Disease Consultation

Consultant

October 2006-2011

World Health Organization

- Technical Lead for development of the WHO doctor's training program on HIV for district level clinicians
 - Chaired 2nd development meeting October 2006
 - Provided technical assistance in development of the District Clinicians Clinical Manual
 - TB and HIV training, including curriculum development
- General Public Health Consultation

Consultant Physician

October 2006-July 2007

Bay Internal Medicine and California Pacific Medical Center, San Francisco

- Infectious Disease consultation services and Primary Care Internal Medicine with Bay Internal Medicine in San Francisco

Medical Officer

August 2005-September 2006

World Health Organization, Geneva

- Responsible for doctor training in HIV in low resource settings as part of the Integrated Management of Adult and Adolescent Illness (IMAI) team
 - Developed and coordinated an international group of HIV care experts, in developing a public health approach to doctor training in low resource settings
- IMAI implementation activities
 - In-country IMAI adaptation work involving partner organizations
 - In-country IMAI doctor training, including mentoring and consulting on difficult cases
 - Expert clinical review of IMAI material, WHO HIV and TB guidelines

Clinical Advisor

July 2004 to August 2005

International Center for AIDS Care and Treatment Programs (ICAP), Mailman School of Public Health, Columbia University, South Africa

- Responsible for clinical component of ICAP South Africa HIV care and treatment program in the Eastern Cape Province:
 - Managed a team of locally hired doctors, nurses, and other health care workers in implementing HIV care and treatment programs at various sites
 - Mentored and trained physicians, pharmacists, professional nurses, and other health care workers in the management of HIV and infectious diseases
 - Initiated model care and treatment systems
 - Piloted web-based multi-national case discussion group
 - Collaborated with various international organizations in establishing and disseminating guidelines for care and treatment of HIV, STIs, and other infectious diseases
 - Consulted on difficult cases throughout the province as resident HIV and Infectious Diseases specialist

Fellow (Infectious Disease Training Program at UCSD)

July 2001-July 2004

Division of Infectious Diseases, University of California, San Diego

- Coinvestigator, phase I study of L87-0810, an HIV integrase inhibitor
 - Conducted trial at UCSD
 - Submitted protocol to IRB, handled legal filings
 - Communicated with sponsor
 - Recruited, screened, and evaluated patients (recruited more patients than any other site)
 - Presented at CROI 2005
- International HIV training experience
 - Designed and implemented an HIV training program for hospitals of the National Defense Forces of Ethiopia
 - Lectured and mentored physicians and other health workers in Ethiopia on HIV medicine
 - Consulted on difficult cases in HIV, TB, and other infectious diseases in Ethiopia
 - Lectured visiting developing country physicians on many aspects of HIV care
- Infection Control Program
 - Designed a model infection control program applicable in multiple developing country settings
 - Implemented program in the Hospitals of the National Defense Forces of Ethiopia
 - Assessed needs, designed program, procured items in country, and implemented a training program with the goal of self-sustainability
- Occupational Exposure Study
 - Conceived and implemented a scientific assessment of risk factors and rates of occupational exposures in Ethiopian hospitals
 - Designed survey tool to be applicable in multiple developing country settings
 - Presented at CROI 2004
- Seroprevalence study
 - Designed and conducted a study of the prevalence of HIV-co-infections in Ethiopia
 - Assessed rates of Hepatitis B, Hepatitis C, Visceral Leishmania, and Syphilis
- Cryptococcal Meningitis study
 - As PI, designed protocol, for multicenter, randomized clinical trial of two oral treatment regimens for cryptococcal meningitis
 - Recruited four clinical (military and civilian) sites, and two laboratory sites in Ethiopia
 - Forged alliances among many different institutions and investigators
 - Project currently under review

Resident in Internal Medicine

June 1998-July 2001

California Pacific Medical Center, San Francisco

- Lectured on antiretroviral therapy
- Designed protocol for continuous renal replacement therapies
- Researched inpatient management of Diabetes Mellitus

Board Member

July 1999-June 2001

United States Organization for Medical and Educational Needs, San Francisco

- Organized fundraising efforts
- Consulted on obtaining medical supplies and medicines and delivering them to needy areas in low resource settings

Medical Student

August 1994-May 1998

New York Medical College, Valhalla, New York

- Volunteer, St. Patrick's Hospital, Offinso, Ashante Region, Ghana
 - As a senior medical student delivered health care to needy, remote areas
 - Provided general medical care to in and out patients
- Community Service Volunteer, Quetzaltenango, Guatemala
 - Implemented sanitation and community well-being projects
 - Assisted an Obstetrician in providing general health care to underserved people
- Director, Adolescent Substance Abuse Program
- Treasurer, St. Luke's Medical Society

Health Careers Educator

January-June 1994

Northern Arizona Area Health Education Center, Flagstaff, AZ

- Promoted awareness of health-related issues on Navajo and Hopi Indian Reservations
- Recruited youth in underserved areas into the health professions

Student

September 1998-June 1993

University of California, Davis

- Major in Genetics
- Focus in International Development
- President Model United Nations
- Research Intern, Department of Microbiology
 - Characterized nuclear binding protein of *Anagrapha facifera* nuclear polyhedrosis virus
 - Studied it for use in biologic control for cotton crops
- Laboratory Intern (Chemistry and Virology), California Veterinary Diagnostic Laboratory, Davis, CA
 - Researched correlation between bovine serum selenium concentrations and whole blood selenium levels
 - Performed assays to diagnose viral infections in pathologic specimens

PUBLICATIONS

Asfour FR, Waring N, Montgomery L, Link Between Patients with Likely Celiac Disease and Positive Serology for Lyme Disease. International Celiac Disease Symposium, 2019, Paper number P3-08.

Beshay S, **Asfour FR**, Ismail, Khalila. Reducing Fluoroquinolone use in the Inpatient and Emergency Department. CSHP 2018 Seminar, San Diego, 2018.

Asfour F, McHarry K, Zolfo M, Mack K. The Need to Implement Ongoing Competency Assessment in HIV care. 15th Ottawa Conference, Kuala Lumpur, March 2012.

Asfour FR, and Haubrich R. Non Nucleoside Reverse Transcriptase Inhibitor Resistance. Chapter 12 in Reverse Transcriptase Inhibitors, 2005, Humana Press.

Asfour FR, Zimase N, Macharia D, Hoffman N, and Stender S. Ethical Dilemmas in Implementing an Antiretroviral Therapy Program in Rural Areas of the Eastern Cape Province, South Africa. Abstract MoPe11.1C26, 3rd IAS Conference, Rio, July 2005.

Little, S, Durasno, G., Schooley, R, Haas D, Kumar P, Hammer S, McMahon D, Squires K, **Asfour R**, Richman D, Chen J, Saah A, Leavitt R, Hazuda D, and Nguyen B. Antiretroviral Effects of L-000870810, a Novel HIV-1 Integrase Inhibitor, in HIV-1 Infected Patients, Abstract 161, 12th CROI, Boston, 2005.

Asfour FR, Chun HM, Bezabih, M, Belayneh F, Tetemke T, Abebe Y, Abraham Y, Matsumoto K, Haubrich R, McCutchan JA, Shaffer R, and Kifle A. A survey of Occupational Exposures in Hospitals in Ethiopia, Abstract #V-31, 11th CROI, San Francisco, 2004.