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**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

GHP Management Corp. et al.,  
Plaintiffs,  
vs.  
City of Los Angeles,  
Defendants.

Case No. 2:21-cv-06311

**NOTICE OF MOTION AND  
MOTION TO INTERVENE AND  
MEMORANDUM OF POINTS  
AND AUTHORITIES IN  
SUPPORT THEREOF**

DATE: November 22, 2021  
COURTROOM: 9C, 9th Floor  
JUDGE: Hon. Dean D. Pregerson

**TO ALL PARTIES AND TO THEIR ATTORNEYS OF RECORD:**

PLEASE TAKE NOTICE that on November 22, 2021 or as soon thereafter as they may be heard in Courtroom 9C of the above-entitled court, located at 350 West 1st Street, Los Angeles, California 90012, the Alliance of Californians for Community Empowerment Action (“ACCE” or “ACCE Action”), Strategic Actions for a Just Economy (“SAJE”) and Coalition for Economic Survival (“CES”) (collectively “Proposed Intervenor”) will move this Court for entry of an order permitting Proposed Intervenor to intervene as defendants as a matter of right in the above-captioned matter for the purpose of defending the rights of low-income tenants under Ordinance No. 186585, amended by Ordinance No. 186606 (collectively the “Ordinances”) adopted by the City Council of the City of Los Angeles to prevent mass displacement, homelessness, and greater endangerment to public health posed by the ongoing COVID-19 pandemic.

This motion is made pursuant to Federal Rules of Civil Procedure Rule 24(a)(2) for intervention of right on the grounds that 1) this motion is timely, 2) Proposed Intervenor claim a significant protectable interest relating to the subject of the action, 3) disposition of the action may impair or impede Proposed Intervenor’s ability to protect their interests, and 4) the existing parties do not adequately represent the Proposed Intervenor’s interests.

In the alternative, Proposed Intervenor seek permissive intervention pursuant to Federal Rules of Civil Procedure Rule 24(b)(1)(B) on the grounds that 1) Proposed Intervenor have a claim or defense that shares with the main action a common question of law or fact, 2) there exist independent grounds for jurisdiction, and 3) this motion is timely.

This motion is based upon this Notice of Motion; the supporting Memorandum of Points and Authorities; the supporting declaration(s) of directors of Proposed Intervenor Joseph Delgado (Ex. A – hereinafter Delgado Decl.), and Cynthia Strathmann (Ex. B – hereinafter Strathmann Decl.), and Larry Gross (Ex. C –

1 hereinafter Gross Decl.); the supporting expert declaration of Dr. Ranit Mishori (Ex.  
2 D – hereinafter Mishori Decl.); the supporting declaration of Proposed Intervenor’s  
3 counsel Halley Josephs (Ex. E – hereinafter Josephs Decl.); all documents and  
4 pleadings on file in this action; and such other oral and documentary evidence and  
5 argument as may be presented at the hearing on this motion.

6 This motion is made following the conference of counsel pursuant to L.R. 7-3  
7 which took place on October 19, 2021 with Plaintiffs’ counsel and October 14, 2021  
8 with Defendant City of Los Angeles’s counsel. Josephs Decl. at ¶¶ 2-3. Defendant  
9 does not oppose this motion. *Id.* ¶ 2.

10 Dated: October 25, 2021

**SUSMAN GODFREY L.L.P.**

11  
12 By: */s/ Halley Josephs*

13 Halley Josephs

14 *Attorneys for Proposed Intervenor-*  
15 *Defendants*  
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## MEMORANDUM OF POINTS AND AUTHORITIES

### I. INTRODUCTION

The Alliance of Californians for Community Empowerment Action (“ACCE” or “ACCE Action”), Strategic Actions for a Just Economy (“SAJE”) and Coalition for Economic Survival (“CES”) (collectively “Proposed Intervenor”) are membership organizations comprised of thousands of Los Angeles’s most vulnerable tenants whose housing and health are endangered by Plaintiffs’ attempt to undermine the emergency eviction protections enacted by the City of Los Angeles during the COVID-19 public health emergency under the guise of a declaration that the City’s life-saving actions effect a taking of private property without just compensation in violation of the Takings Clause of the Fifth Amendment. *See* ECF No. 3, Compl. ¶ 66.

Just as it did last year in the *Apartment Association of Los Angeles County, Inc. v. City of Los Angeles* (“AAGLA”) action, the Court should grant Proposed Intervenor’s motion to intervene in this case to advocate for the distinct legal interest low-income tenants have in defending the constitutionality of the City’s eviction protections.<sup>1</sup> *See AAGLA v. City of Los Angeles* (“AAGLA Intervention Order”), No. CV2005193DDPJEMX, 2020 WL 4501792, at \*2-3 (C.D. Cal. Aug. 5, 2020). Like Plaintiffs here, the plaintiff in *AAGLA* seeks a declaration that the City’s eviction protections effect a taking of private property under the Takings Clause of the Fifth Amendment to the U.S. Constitution. *Id.* at \*1; *see AAGLA*, ECF No. 42, Third Am. Compl. at ¶¶ 10, 54, 83-84. In granting ACCE Action and SAJE’s motion to intervene in the *AAGLA* case, this Court recognized that the tenants represented by Proposed Intervenor have a “significant protectable interest at stake,” namely the substantial, legally protected property interest in remaining in their homes. *AAGLA Intervention Order*, 2020 WL 4501792, at \*2.

<sup>1</sup> This Court permitted ACCE Action and SAJE, two of the three Proposed Intervenor here, to intervene as defendants in the *AAGLA* action.

1 Proposed Intervenors are dedicated to housing justice and tenants' rights in  
2 Los Angeles. They work to help families stay in their homes, preserve affordable  
3 housing, and advance equitable housing practices. ACCE Action, CES, and SAJE  
4 engaged in advocacy that led to the adoption of Ordinance No. 186585 and Ordinance  
5 No. 186606 (collectively the "Ordinances"), which are being challenged by  
6 Plaintiffs. Proposed Intervenors seek to intervene in this matter to defend the  
7 Ordinances, which are critical to protect their members and other Los Angeles tenants  
8 directly impacted by COVID-19 from being forcibly displaced from their homes  
9 amidst the instant public health, housing, and economic crisis.

10 Proposed Intervenors and their members are essential participants in this action  
11 and are well-situated to defend the legality of the Ordinances passed by Los Angeles  
12 City Council to protect tenants and the broader public. Proposed Intervenors  
13 represent an interest distinct from, and are differently situated than, Defendant City  
14 of Los Angeles and City officials. Proposed Intervenors' members—primarily Latinx  
15 and Black individuals and families at the lowest income levels—are the parties who  
16 will suffer imminent loss of their homes and potentially devastating health  
17 consequences if Plaintiffs' effort to roll back the Ordinances through declaratory  
18 relief (which could as a practical matter result in elimination of the Ordinances) is  
19 successful. For example, on its Takings Clause claim, the plaintiff landlord  
20 organization in *AAGLA* (represented by the same counsel as Plaintiffs here) seeks  
21 both a declaratory judgment *and* an order enjoining enforcement of the Ordinances.  
22 There is little doubt that *AAGLA* or its members would use a declaration from this  
23 case that the Ordinances constitute a taking to try to obtain declaratory and injunctive  
24 relief in the *AAGLA* case or other follow-on actions—which would jeopardize the  
25 housing stability of low-income tenants served by Proposed Intervenors. *See infra*  
26 Section III.A.

27 As membership organizations representing thousands of tenants, Proposed  
28 Intervenors have the unique ability to provide the Court with critical facts and



evidence to which both Plaintiffs and Defendant lack access, including the impact of the Ordinances on tenants' health and safety. *See, e.g., AAGLA Intervention Order*, 2020 WL 4501792, at \*3 (finding that the City is unlikely to have access to "the experiences of particularly vulnerable tenants whose perspectives are, for a variety of reasons, not necessarily well-represented at the city level"). Proposed Intervenorors have timely moved to intervene, less than three months after the filing of Plaintiffs' action and shortly after the City filed its motion to dismiss. *See id.* (finding that intervention is warranted where the interests of the City and intervenors are not necessarily completely aligned, and where the City "has yet to answer the Complaint, and it is unclear whether the City will ultimately defend some or all of the Ordinances or their constituent parts"). The Court should grant Proposed Intervenorors' motion under the standard for intervention of right or, in the alternative, permissive intervention. *Id.* (concluding that ACCE Action and SAJE could intervene as of right or, in the alternative, permissively).

Proposed Intervenorors respectfully request that the Court adjudicate this Motion and permit intervention prior to deciding the City's motion to dismiss. Even if the Court ultimately grants the City's motion to dismiss, deciding the intervention motion will enable Proposed Intervenorors to fully participate on the merits of any appeal to the Ninth Circuit.

## II. FACTS

### A. The City of Los Angeles Enacted Reasonable, Tailored Ordinances to Protect Public Health During an Ongoing Global Pandemic.

Even before the immense loss of jobs and income due to the pandemic, homelessness and housing instability represented a mass crisis in Los Angeles. Advocates and the City foresaw that the COVID-19 pandemic portended looming escalation of this ongoing catastrophe, and the City Council enacted Ordinance No. 186585, which was amended by Ordinance No. 186606, to prevent further devastation to public health. COVID-19 wrought economic havoc in California and

1 affected many residents’ ability to make rent payments. *See AAGLA v. City of Los*  
 2 *Angeles* (“*AAGLA I*”), 500 F. Supp. 3d 1088, 1092 (C.D. Cal. 2020) (“These  
 3 economic impacts have, unsurprisingly, affected the ability of many residential  
 4 tenants to make rent payments. Somewhere between one million and 1.4 million  
 5 California households are behind on their rent. Approximately 14% of renter  
 6 households in Los Angeles County are behind on rent, largely due to the effects of  
 7 the pandemic on employment. These households include over 450,000 people in the  
 8 City of Los Angeles.”) (footnotes omitted).

9 Ordinance No. 186585 was enacted on March 27, 2020 pursuant to the City’s  
 10 emergency powers. The interest of the City in enacting the Ordinance is clearly laid  
 11 out in the preamble, which states: “WHEREAS, during this local emergency and in  
 12 the interest of protecting the public health and preventing transmission of COVID-  
 13 19, it is essential to avoid unnecessary housing displacement to protect the City’s  
 14 affordable housing stock and to prevent housed individuals from falling into  
 15 homelessness.”<sup>2</sup>

16 Ordinance No. 186585 prohibits evictions for nonpayment of rent where the  
 17 tenant “is unable to pay rent due to circumstances related to the COVID-19  
 18 pandemic.”<sup>3</sup> “These circumstances include loss of income due to a COVID-19 related  
 19 workplace closure, child care expenditures due to school closures, health-care  
 20 expenses related to being ill with COVID-19 or caring for a member of the tenant’s  
 21 household or family who is ill with COVID-19, or reasonable expenditures that stem  
 22 from government-ordered emergency measures.”<sup>4</sup> Ordinance No. 186585 states that  
 23 tenants may use the protections as an affirmative defense in an unlawful detainer  
 24 action. Ordinance No. 186585 expressly does not “eliminate[ ] any obligation to pay  
 25 lawfully charged rent,” but does provide tenants a grace period up to 12 months  
 26 following the expiration of the local emergency period to repay all past due rent.

27  
 28 <sup>2</sup> Ordinance No. 186585, CITY OF LOS ANGELES (March 27, 2020).

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

Ordinance No. 186585 provides that the tenant and landlord “may, prior to the expiration of the Local Emergency Period or within 90 days of the first missed payment, whichever comes first, mutually agree to a plan for repayment of unpaid rent selected from options promulgated by the Housing and Community Investment Department for that purpose.”<sup>5</sup> In addition to prohibiting evictions for nonpayment of rent, Ordinance No. 186585 also prohibits no-fault evictions and evictions based on the presence of unauthorized occupants or pets, or for nuisance related to COVID-19 for the duration of the local emergency period. Finally, Ordinance No. 186585 prohibits the charging of late fees or interest and affirmatively requires landlords to provide tenants with notice of the protections of the ordinance.

Ordinance No. 186606, enacted on May 6, 2020, amended Ordinance No. 186585 in its entirety to strengthen the protections provided to tenants. As detailed in a report from the City Attorney to the City Council, the City Council felt compelled to strengthen the ordinance because of reports of owners “employing unscrupulous tactics to intimidate and coerce their tenants in ways designed to negate the protections of the City’s new law.”<sup>6</sup> Ordinance No. 186606 specifically added provisions that landlords may not evict or “endeavor to evict” tenants.<sup>7</sup> “Endeavor to evict” is defined as “conduct where the Owner lacks a good faith basis to believe that the tenant does not enjoy the benefits of [the Ordinance] and the Owner serves or provides in any way to the tenant: a notice to pay or quit, a notice to perform covenant or quit, a notice of termination, or any other eviction notice.”<sup>8</sup> Further, Ordinance No. 186606 specifies the form and timing of the notice that landlords must provide to tenants of the protections in the Ordinance. In addition, Ordinance No. 186606 states that landlords may not “influence or attempt to influence, through fraud, intimidation or coercion” a tenant to pay or transfer to the landlord any money

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<sup>5</sup> *Id.*

<sup>6</sup> *See Report from City Attorney (R20-0121)* (April 28, 2020), [http://clkrep.lacity.org/onlinedocs/2020/20-0147-S19\\_rpt\\_ATTYY\\_04-28-2020.pdf](http://clkrep.lacity.org/onlinedocs/2020/20-0147-S19_rpt_ATTYY_04-28-2020.pdf).

<sup>7</sup> Ordinance No. 186606, CITY OF LOS ANGELES (May 6, 2020).

<sup>8</sup> *Id.*

1 received by the tenant as part of any governmental relief program.<sup>9</sup> Finally, in order  
 2 to provide tenants with a means of enforcing their rights, Ordinance No. 186606  
 3 provides them with a private right of action to enforce the ordinance.

4 These Ordinances are a reasonable response to the pandemic, tailored to the  
 5 specific public health crisis and the vulnerabilities of immediately impacted  
 6 individuals and families. They are comparable to several ordinances enacted by  
 7 several other cities and counties across California.<sup>10</sup> Indeed, some jurisdictions have  
 8 enacted ordinances that are far more protective; the Oakland City Council, for  
 9 example, issued a moratorium on *all* evictions for the duration of the local  
 10 emergency, exempting only evictions based on an imminent public health  
 11 necessity.<sup>11</sup> Oakland's moratorium remains in place.<sup>12</sup>

12 In its November 2020 order denying plaintiff's motion for preliminary  
 13 injunction in the *AAGLA* case, this Court documented the health and economic  
 14 devastation experienced by Americans, Californians, and residents of Los Angeles:

15 [The state of emergency measures required by the pandemic,] in  
 16 conjunction with other coronavirus-related concerns, have had  
 17 devastating economic consequences. By one estimate, over 16 million  
 18 California households have lost employment income as a result of the  
 coronavirus. Over the last six months, the unemployment rate in  
 the Los Angeles area has ranged from 15 to 20 percent.<sup>13</sup>

19 *AAGLA I*, 500 F. Supp. 3d at 1091–92 (footnotes omitted), *aff'd*, 10 F.4th 905  
 20 (9th Cir. 2021); *see id.* at 1091 (documenting death toll of over 230,000 Americans,  
 21 including 18,000 in California and 7,000 in Los Angeles, by November 2020).

22 <sup>9</sup> *Id.*

23 <sup>10</sup> *See, e.g.*, Fifth Revised First Supplement to the Executive Order of the Director  
 of Emergency Services Declaring the Existence of a Local Emergency, CITY OF  
 24 SANTA MONICA (June 17, 2020); Twelfth Supplement to Mayoral Proclamation  
 Declaring the Existence of a Local Emergency Dated February 25, 2020, OFFICE OF  
 THE MAYOR SAN FRANCISCO (April 30, 2020).

25 <sup>11</sup> *See* Ordinance No. 20-0377, CITY OF OAKLAND (May 19, 2020).

26 <sup>12</sup> *Statewide Residential Eviction Moratorium Ends – No Change for Oakland*, CITY  
 OF OAKLAND (Sept. 30, 2021), [https://www.oaklandca.gov/news/2021/statewide-](https://www.oaklandca.gov/news/2021/statewide-residential-eviction-moratorium-ends-no-change-for-oakland)  
[residential-eviction-moratorium-ends-no-change-for-oakland](https://www.oaklandca.gov/news/2021/statewide-residential-eviction-moratorium-ends-no-change-for-oakland).

27 <sup>13</sup> Although the unemployment rate has dropped to approximately 10%, that figure is  
 still historically high, far surpassing the pre-pandemic rate of 4.4% in August 2019.  
 28 *See LA County Unemployment Rate Drops to 10.1%*, L.A. BUS. J. (Sept. 17, 2021),  
[https://labusinessjournal.com/news/2021/sep/17/l-county-unemployment-rate-](https://labusinessjournal.com/news/2021/sep/17/l-county-unemployment-rate-drops-101-august-55000-/)  
[drops-101-august-55000-/](https://labusinessjournal.com/news/2021/sep/17/l-county-unemployment-rate-drops-101-august-55000-/).

1 A year after the Court's ruling, COVID-19 continues to ravage the United  
 2 States. Nationally, authorities have recorded over 730,000 COVID-19 deaths.<sup>14</sup> The  
 3 death toll includes over 70,000 Californians and 26,000 people in Los Angeles  
 4 County.<sup>15</sup> As of October 2021, approximately 100 Californians are dying of COVID-  
 5 19 daily.<sup>16</sup> These rates are comparable to the average daily statewide death rates that  
 6 followed the summer 2020 COVID-19 surge.<sup>17</sup> Los Angeles County is currently  
 7 reporting nearly 1,000 new coronavirus cases per day.<sup>18</sup> "California, for all its  
 8 progress, is still classified as having 'substantial' community transmission, the  
 9 second-worst category on the four-tier scale set by the U.S. Centers for Disease  
 10 Control and Prevention."<sup>19</sup> The City of Los Angeles remains in a state of  
 11 emergency.<sup>20</sup> And Black and Latinx people continue to experience outsized health  
 12 and economic devastation from the pandemic, including the highly contagious delta  
 13 variant.<sup>21</sup>

14 The ongoing public health crisis and resulting economic fallout has had  
 15 devastating effects on low-income renters.<sup>22</sup> For example, research shows that that

16 <sup>14</sup> *Coronavirus in the U.S.: Latest Map and Case Count* (Updated Oct. 25, 2021),  
 17 N.Y. TIMES, <https://www.nytimes.com/interactive/2021/us/covid-cases.html>.

18 <sup>15</sup> *70,000 Californians have died from COVID-19*, L.A. TIMES (Oct. 14, 2021),  
 19 [https://www.latimes.com/california/story/2021-10-14/70-000-californians-have-](https://www.latimes.com/california/story/2021-10-14/70-000-californians-have-died-from-covid-19)  
 20 *died-from-covid-19*; *COVID-19: Keeping Los Angeles Safe, Novel Coronavirus in*  
 21 *Los Angeles County*, CITY OF LOS ANGELES (Oct. 13, 2021),  
 22 <https://coronavirus.lacity.org/>.

23 <sup>16</sup> *See supra* note 14.

24 <sup>17</sup> *70,000 Californians have died from COVID-19*, L.A. TIMES (Oct. 14, 2021),  
 25 [https://www.latimes.com/california/story/2021-10-14/70-000-californians-have-](https://www.latimes.com/california/story/2021-10-14/70-000-californians-have-died-from-covid-19)  
 26 *died-from-covid-19*.

27 <sup>18</sup> *Los Angeles County Case Summary*, COUNTY OF LOS ANGELES PUBLIC HEALTH  
 28 (OCT. 23, 2021),  
 29 <http://publichealth.lacounty.gov/media/Coronavirus/locations.htm#case-summary>.

30 <sup>19</sup> *What will it take to get out of the pandemic? California still has a long way to go*,  
 31 L.A. TIMES (Oct. 14, 2021), [https://www.latimes.com/california/story/2021-10-](https://www.latimes.com/california/story/2021-10-14/california-covid-timeline-around-cases-deaths-vaccines)  
 32 *14/california-covid-timeline-around-cases-deaths-vaccines*. *See also* Mishori Decl.  
 33 ¶ 17.

34 <sup>20</sup> *COVID-19 Emergency Renter Protections*, LOS ANGELES HOUSING DEP'T (Oct.  
 35 19, 2021), <https://housing.lacity.org/highlights/renter-protections>.

36 <sup>21</sup> *As delta variant grows more prevalent, L.A. County reports largest daily increase*  
 37 *in coronavirus cases since April*, KTLA (July 1, 2021), [https://ktla.com/news/local-](https://ktla.com/news/local-news/as-delta-variant-grows-more-prevalent-l-a-county-reports-largest-daily-increase-in-coronavirus-cases-since-april/)  
 38 *news/as-delta-variant-grows-more-prevalent-l-a-county-reports-largest-daily-*  
 39 *increase-in-coronavirus-cases-since-april/*. *See also* Mishori Decl. ¶ 28, 33-35, 37.

40 <sup>22</sup> *Household Pulse Survey Shows Continuing Struggle Among Lowest-Income*

COVID-19 cases and deaths spiked in states that lifted eviction moratoriums.<sup>23</sup> Even with the gradual reopening of businesses, a recent report from UCLA Anderson School of Management concluded that “the recession and recovery” from COVID-19 “has disproportionately hit lower-income Californians, exacerbating inequality in the state.”<sup>24</sup> The report explained that “[i]ncome inequality” has been of particularly high concern “given the state’s high housing costs.”<sup>25</sup> A UCLA economist found that the Los Angeles “local economy was hit more severely than the nation by COVID-19” and “[l]ow-wage workers, in particular in restaurants, experienced more job losses than those in other sectors.”<sup>26</sup>

#### B. Plaintiffs’ Lawsuit

Plaintiffs, 14 related entities that own apartment buildings in Los Angeles (collectively, “Plaintiffs”), filed this lawsuit against the City of Los Angeles challenging the legality of the Ordinances under the Takings Clause on August 4, 2021. ECF No. 1-3. On September 13, 2021, the parties agreed to extend the time for the City to answer the complaint (or otherwise move) until October 18, 2021. ECF No. 13. The City moved to dismiss the Complaint on October 18, 2021. ECF No. 17.

#### C. Proposed Intervenors

Alliance of Californians for Community Empowerment (“ACCE”) Action is a 501(c)(4) statewide multi-racial, grassroots membership organization dedicated to

*Renters*, NATIONAL LOW INCOME HOUSING COALITION (Sept. 17, 2020), <https://hfront.org/2020/09/17/household-pulse-survey-shows-continuing-struggle-among-lowest-income-renters/>.

<sup>23</sup> *Research suggests ending eviction moratoriums led to spikes in COVID cases and deaths*, UCLA NEWSROOM (July 26, 2021), <https://newsroom.ucla.edu/releases/ending-eviction-moratoriums-increased-covid-cases>; Kathryn M. Leifheit et al., *Expiring Eviction Moratoriums and COVID-19 Incidence and Mortality*, AM. J. EPIDEMIOLOGY, <https://academic.oup.com/aje/advance-article/doi/10.1093/aje/kwab196/6328194>.

<sup>24</sup> *UCLA Anderson Forecast: Solid but unspectacular growth for U.S. economy as delta variant spreads*, UCLA NEWSROOM (Sept. 29, 2021), <https://newsroom.ucla.edu/releases/ucla-anderson-forecast-solid-growth-us-economy-delta-variant>.

<sup>25</sup> *Id.*

<sup>26</sup> *Id.*



1 raising the voices of everyday Californians to fight and stand for economic, racial,  
 2 and social justice. Delgado Decl. at ¶ 2. ACCE’s campaigns center around housing  
 3 justice, worker justice, and sustainable communities, and their members engage in  
 4 rallies, town halls, and other actions to make their voices heard. *Id.* The  
 5 organization’s housing justice work focuses on helping families stay in their homes,  
 6 preserving affordable housing, and pushing for equitable housing practices across  
 7 California, including in Los Angeles. *Id.* Statewide, ACCE has over 16,000 dues-  
 8 paying members, and about 6,000 of those members live in the Los Angeles area. *Id.*  
 9 ¶ 3. ACCE organizes citywide, but predominantly in low-income and very low-  
 10 income communities of color. *Id.* Their membership is predominately Black and  
 11 Brown, including a significant number of undocumented Californians. *Id.* Through  
 12 tenant clinics and organizing, ACCE has assisted thousands of tenants throughout the  
 13 pandemic. *Id.* ¶¶ 6-8.

14 Founded in 1996, Strategic Actions for a Just Economy (“SAJE”) is a  
 15 501(c)(3) Los Angeles-based membership organization dedicated to securing  
 16 economic justice and building community power in South Los Angeles by advocating  
 17 for tenant rights, healthy housing, and equitable development. Strathmann Decl. at  
 18 ¶ 2. SAJE’s work gives it a unique perspective on the relationship between public  
 19 health and housing. *Id.* SAJE also engages in tenant organizing and in 2019, had  
 20 approximately 650 members and served over 3,400 predominantly low-income  
 21 people of color in Los Angeles. *Id.* ¶ 3. Its membership is comprised primarily of  
 22 non-Black Latinx immigrants as well as older, single Black individuals. *Id.* ¶ 4. SAJE  
 23 has assisted thousands of tenants during the pandemic, advising them of their rights  
 24 as tenants and connecting them to legal services. *Id.* ¶¶ 7-12.

25 Coalition for Economic Survival (“CES”) is a 501(c)(4) multi-racial, multi-  
 26 cultural organization that has served the greater Los Angeles area for nearly 50 years.  
 27 Gross Decl. ¶ 2. CES organizes low- and moderate-income people on economic and  
 28 social justice issues, with a singular focus on housing and tenants’ rights. *Id.* It

1 conducts tenants’ rights clinics and advocates for the creation and protection of  
 2 affordable housing, rent control, anti-displacement, housing code enforcement, and  
 3 against illegal evictions. *Id.* ¶ 3. Since the COVID-19 pandemic began, CES has seen  
 4 a significant increase in the number of Angelenos seeking its assistance; in the past  
 5 year alone, its tenants’ rights clinics received 40-60% more requests for assistance  
 6 from economically vulnerable renters – primarily Black and Brown individuals and  
 7 families – than ever before. *Id.* ¶¶ 3-4. While inability to pay ranks as the top concern  
 8 for the renters it assists, CES has also noted a marked increase in the number and  
 9 severity of complaints tenants have made about landlord harassment and habitability  
 10 issues since the COVID-19 pandemic began. *Id.*

### 11 **III. ARGUMENT**

12 The Court should grant Proposed Intervenor’s motion to intervene in this  
 13 action for the purpose of defending the legality of the Ordinances and securing the  
 14 ongoing shelter, health, and safety of tenants impacted by COVID-19. In *AAGLA*,  
 15 this Court permitted ACCE Action and SAJE to intervene in nearly identical  
 16 circumstances to defend the City of Los Angeles’ COVID-19 eviction ordinances  
 17 against, *inter alia*, Takings Clause and Contracts Clause challenges. *AAGLA*, 2020  
 18 WL 4501792, at \*1. In granting ACCE Action and SAJE’s motion, which was  
 19 opposed by the plaintiff, this Court held that ACCE Action and SAJE had  
 20 “adequately demonstrated a significant protectable interest relating to the  
 21 Ordinances” and that “their interests are not adequately represented by either” the  
 22 government defendants or the landlord association plaintiff. *Id.* at \*3.

23 This lawsuit is one of at least three actions by various landlords and landlord  
 24 associations to end the Ordinances. The plaintiff in the *AAGLA* case brings a facial  
 25 Takings Clause challenge to the Ordinances and seeks both declaratory and  
 26 injunctive relief for its takings claim. *AAGLA*, ECF No. 42, Third Am. Compl. ¶¶ 82-  
 27 84. In *AAGLA*, the plaintiff plans to petition the Supreme Court for a writ of certiorari,  
 28 *see AAGLA*, ECF No. 96, pausing that case while that appellate process plays out. In



1 the meantime, the same counsel representing AAGLA has filed this case seeking the  
 2 same declaratory judgment, plus money damages, on behalf of a specific group of  
 3 property owners. If Plaintiffs prevail in this case, the plaintiff in AAGLA likely will  
 4 try to use that ruling to support its facial challenge to the Ordinances, seeking both  
 5 declaratory and injunctive relief on its takings claim. To be clear, Proposed  
 6 Intervenor do not believe declaratory *or* injunctive relief is available to any plaintiff  
 7 bringing a takings claim, but their interest in a fair resolution of this constitutional  
 8 issue in this case is no less simply because it is brought by a particular set of landlords  
 9 seeking declaratory and monetary relief.

10 A. Proposed Intervenor Are Entitled To Intervene as a Matter of  
 11 Right.

12 Federal Rule 24(a) of the Federal Rules of Civil Procedure is construed  
 13 liberally in favor of intervenors, and the Court’s decision is guided primarily by  
 14 practical considerations rather than technical distinctions. *Sw. Ctr. for Biological*  
 15 *Diversity v. Berg*, 268 F.3d 810, 818 (9th Cir. 2001). “A liberal policy in favor of  
 16 intervention serves both efficient resolution of issues and broadened access to the  
 17 courts. By allowing parties with a practical interest in the outcome of a particular  
 18 case to intervene, we often prevent or simplify future litigation involving related  
 19 issues; at the same time, we allow an additional interested party to express its views  
 20 before the court.” *United States v. City of Los Angeles*, 288 F.3d 391, 397–98 (9th  
 21 Cir. 2002) (quoting *Forest Conservation Council v. U.S. Forest Serv.*, 66 F.3d 1489,  
 22 1496 n.8 (9th Cir. 1995) (abrogated on other grounds)). A district court is required to  
 23 accept as true the non-conclusory allegations made in support of an intervention  
 24 motion, particularly where the propriety of intervention must be determined before  
 25 discovery. *Berg*, 268 F.3d at 819–20.

26 Federal Rule 24(a)(1) provides for intervention as of right when intervenors  
 27 satisfy a four-part test: (1) the application for intervention is timely; (2) the applicant  
 28 has a “significantly protectable” interest relating to the property or transaction that is  
 the subject of the action; (3) the applicant is so situated that the disposition of the

1 action may, as a practical matter, impair or impede the applicant's ability to protect  
 2 that interest; and (4) the applicant's interest is not adequately represented by the  
 3 existing parties in the lawsuit.<sup>27</sup> *Id.* at 818–19.

4 **First**, Proposed Intervenor's motion is timely because it comes at “the very  
 5 outset of litigation.” *See W. States Trucking Ass’n v. School*, No. 2:18-cv-1989-MCE-  
 6 KJN, 2018 U.S. Dist. LEXIS 193481, at 3–4 (E.D. Cal. Nov. 13, 2018). The  
 7 complaint was filed on August 4, 2021. Proposed Intervenor gave notice to the  
 8 parties of their intent to intervene on October 14, and filed this motion less than three  
 9 months after the complaint was filed, on October 25. Josephs Decl. at ¶¶ 2-3. *See*  
 10 *Citizens for Balanced Use v. Montana Wilderness Ass’n*, 647 F.3d 893, 897 (9th Cir.  
 11 2011) (finding all “traditional features of a timely motion” satisfied where  
 12 intervenors filed their motion “less than three months after the complaint was filed”).  
 13 This motion comes just a week after Defendant City of Los Angeles's motion to  
 14 dismiss was filed, and before any proceedings or any substantive rulings by the  
 15 Court. *See Nw. Forest Res. Council v. Glickman*, 82 F.3d 825, 837 (9th Cir. 1996);  
 16 *Beckman Indus., Inc. v. Int’l Ins. Co.*, 966 F.2d 470, 474 (9th Cir. 1992) (“Courts,  
 17 including this one, have approved intervention motions without a pleading where the  
 18 court was otherwise apprised of the grounds for the motion.”). There can be no  
 19 prejudice to other parties where the motion to intervene is filed without delay at the  
 20 earliest stage of the proceedings. Additionally, Defendant does not oppose Proposed

21  
 22 <sup>27</sup> In the parties' discussions, Plaintiffs principally objected to this motion based on  
 23 their view that Proposed Intervenor cannot establish Article III standing to intervene  
 24 as of right. Ex. 1 to Josephs Decl. Proposed Intervenor do not assert new claims and  
 25 will not pursue any relief in this case separate from that which the City may pursue.  
 26 For that reason, they are not required to establish Article III standing to intervene as  
 27 of right. *See, e.g., Little Sisters of the Poor Saints Peter and Paul Home v. Pennsylvania*, 140 S. Ct. 2367, 2379 n.6 (2020) (“Under our precedents, at least one  
 28 party must demonstrate Article III standing for each claim for relief. An intervenor  
 of right must independently demonstrate Article III standing if it pursues relief that  
 is broader than or different from the party invoking a court's jurisdiction.”); *Town of Chester v. Laroe Estates, Inc.*, 137 S. Ct. 1645, 1651 (2017); *see also Commonw. of Pa. v. President United States Am.*, 888 F.3d 52, 57 n.2 (3d Cir. 2018) (“Because the Little Sisters moved to intervene as defendants and seek the same relief as the federal government, they need not demonstrate Article III standing” to intervene as of right) (citing *Town of Chester, supra*).

Intervenors’ motion. Josephs Decl. ¶ 2.

**Second**, Proposed Intervenors have a significant protectable interest, as this Court already held in the *AAGLA* case. “An applicant has a ‘significant protectable interest’ in an action if (1) it asserts an interest that is protected under some law, and (2) there is a ‘relationship’ between its legally protected interest and the plaintiff’s claims.” *United States v. City of Los Angeles*, 288 F.3d 391, 398 (9th Cir. 2002) (quoting *Donnelly v. Glickman*, 159 F.3d 405, 409 (9th Cir. 1998)).

Proposed Intervenors assert a significant protectable interest in the ongoing applicability of the Ordinances’ protections, which directly impact many of their tenant members. The City Council enacted the Ordinances challenged by Plaintiffs for the specific benefit of tenants—including the members of, and those represented by, Proposed Intervenors. *See California ex rel. Lockyer v. United States*, 450 F.3d 436, 441 (9th Cir. 2006) (reversing the lower court and finding a significant protectable interest asserted by two organizations that represented members of the group protected by the challenged policy); *see also Fresno Cty. v. Andrus*, 622 F.2d 436, 438 (9th Cir. 1980). If Plaintiffs were successful in obtaining a declaratory judgment, that could later be used to try to enjoin the Ordinances. For example, in the *AAGLA* litigation, the plaintiff (represented by the same counsel as Plaintiffs here) also asserts a Takings Clause claim and seeks both a declaratory judgment that the Ordinances effect a taking and injunctive relief. *See, e.g., AAGLA*, ECF No. 42, Third Am. Compl. ¶¶ 82-84. If that relief was granted, many of Proposed Intervenors’ members and the tenants they represent would lose the legal right to remain in their homes, be pushed into homelessness, and be exposed to greater risk from the COVID-19 virus. *See Sw. Ctr. for Biological Diversity v. Berg*, 268 F.3d 810, 820 (9th Cir. 2001) (“The connection between this interest and the claims in the action is sufficiently clear because the [agreement creating protective policies] is threatened.”). This is more than sufficient to satisfy Federal Rule of Civil Procedure 24(a)(1). *See AAGLA Intervention Order*, 2020 WL 4501792, at \*2 (concluding that

ACCE Action and SAJE “lay claim to a legally protected property interest in remaining in their homes” and “have therefore adequately demonstrated a significant protectable interest relating to the Ordinances.”). As explained below, a ruling in Plaintiffs’ favor here could have the practical effect of compelling the City to end the Ordinances and their protections prematurely, causing an uptick in evictions and jeopardizing low-income tenants’ health and housing security. *See* Delgado Decl. ¶¶ 11-18; Strathmann Decl. ¶¶ 13-16; Gross Decl. ¶¶ 6-7.

**Third**, Proposed Intervenor’s interests “would be substantially affected in a practical sense by the determination made in [this] action.” Fed. R. Civ. P. 24, advisory committee notes. A judgment for Plaintiffs would potentially eliminate the rights secured by the Ordinances. *See California ex rel. Lockyer v. United States*, 450 F.3d 436, 442 (9th Cir. 2006) (“Having found that appellants have a significant protectable interest, we have little difficulty concluding that the disposition of this case may, as a practical matter, affect it.”); *United States v. City of Los Angeles*, 288 F.3d 391, 401 (9th Cir. 2002) (relevant inquiry for the third prong of the test for intervention as of right is not whether the opposed outcome will “necessarily” impair Proposed Intervenor’s rights, but whether such an outcome “‘may’ impair rights ‘as a practical matter’”); *see also Berg*, 268 F.3d at 822 (“We follow the guidance of Rule 24 advisory committee notes that state that ‘[i]f an absentee would be substantially affected in a practical sense by the determination made in an action, he should, as a general rule, be entitled to intervene.’”). If granted, the declaratory judgment sought here might be used by other landlords or landlord associations to try to obtain injunctive relief invalidating the Ordinances under a takings theory, like the association seeks in AAGLA. A finding that the Ordinances effect a taking here could very well open the floodgates to more takings lawsuits against the City, with the effect of pushing the City to sunset the protections prematurely. A flood of takings cases seeking staggering amounts in damages could potentially compel the City to end the emergency declaration, and thus the Ordinances before it is safe to do so. A

1 ruling in Plaintiffs' favor might require the City to confront difficult decisions about  
 2 how to serve its competing constituencies (including landlords and tenants), and  
 3 could effectively force the City to cut off the protections the Ordinances provide for  
 4 a one-year period after the state of emergency ends. *See* Delgado Decl. ¶¶ 11-18;  
 5 Strathmann Decl. ¶¶ 13-16; Gross Decl. ¶¶ 6-7.

6 Without the protection of the Ordinances, an uptick in evictions would likely  
 7 result and many evicted tenants would be rendered homeless. *See, e.g., supra* note 23  
 8 (citing study documenting increase in evictions in jurisdictions that ended COVID-  
 9 19 eviction protections). Evictions would impact demand for City services related to  
 10 housing and homelessness, exacerbating an already desperate situation.<sup>28</sup> Proposed  
 11 Intervenor would need to divert resources to relocation, rent assistance, and legal  
 12 support for tenants to defend against the sudden outbreak of eviction proceedings if  
 13 the Ordinances were cut off prematurely. *See, e.g.,* Delgado Decl. ¶¶ 16-18;  
 14 Strathmann Decl. ¶¶ 13-16; Gross Decl. ¶¶ 6-7. Moreover, because of the risks of  
 15 exposure associated with all outcomes of displacing tenants who cannot pay rent from  
 16 their homes (from moving in with another household to relocating to a homeless  
 17 shelter to living outdoors), *all* evicted tenants would be at increased risk of  
 18 contracting COVID-19. Mishori Decl. at ¶¶ 21–25, 34–35, 38.

19 Moreover, a large money judgment here no doubt would be followed by many  
 20 more takings lawsuits. The City's liability for a judgment here and in sure-to-follow  
 21 cases by other landlords could cause a reduction in key services relied on by low-  
 22 income tenants that Proposed Intervenor represent. Thus, while the current case  
 23 before the Court seeks tens of millions of dollars, which is consequential in and of  
 24 itself to Proposed Intervenor, the actual financial impact of this lawsuit may be  
 25 exponentially larger. *See, e.g., AAGLA*, ECF No. 42, Third Am. Compl. ¶ 54  
 26 (landlord association alleging "[a] year's worth of lost rent City-wide would easily  
 27

28 <sup>28</sup> Blasi, G., *UD Day: Impending Evictions and Homelessness in Los Angeles*, UCLA  
 LUSKIN INST. ON INEQUALITY AND DEMOCRACY 6 (May 28, 2020).

1 equate to billions of dollars in losses borne exclusively by property owners with  
2 rental properties in the City.”).

3 In addition, Proposed Intervenor all lobbied and advocated for the passage of  
4 the Ordinances; an outcome voiding the Ordinances would overturn what Proposed  
5 Intervenor achieved last year, even before the COVID-19 delta variant wrought  
6 additional public health destruction in 2021. *See* Delgado Decl. ¶ 5; Strathmann Decl.  
7 ¶¶ 5-6; Gross Decl. ¶ 5. *See Wash. State Bldg. & Const. Trades Council, AFL-CIO*  
8 *v. Spellman*, 684 F.2d 627, 630 (9th Cir. 1982) (holding that a public interest group  
9 had the right to intervene in an action challenging the legality of a measure which it  
10 had supported). If a taking is found here, it could also have a chilling effect on future  
11 tenant protection legislation that the City might consider adopting to the benefit of  
12 Proposed Intervenor’s members and constituents.

13 **Fourth**, Proposed Intervenor’s interests are not adequately protected by the  
14 existing parties to the action. There are three factors determining the adequacy of  
15 representation: “(1) whether the interest of a present party is such that it will  
16 undoubtedly make all of a proposed intervenor’s arguments; (2) whether the present  
17 party is capable and willing to make such arguments; and (3) whether a proposed  
18 intervenor would offer any necessary elements to the proceeding that other parties  
19 would neglect.” *Arakaki v. Cayetano*, 324 F.3d 1078, 1086 (9th Cir. 2003) (quoting  
20 *California v. Tahoe Reg’l Planning Agency*, 792 F.2d 775, 778 (9th Cir.1986)). “The  
21 burden of showing inadequacy of representation is ‘minimal’ and satisfied if the  
22 applicant can demonstrate that representation of its interests ‘may be’ inadequate.”  
23 *Citizens for Balanced Use*, 647 F.3d at 898. (quoting *Arakaki*, 324 F.3d at 1086).

24 Proposed Intervenor represent an interest distinct from, and are differently  
25 situated than, Defendant City of Los Angeles. It is far from certain that Defendant  
26 will make all of Proposed Intervenor’s arguments; indeed, Defendant lacks the  
27 information to be able to do so. Proposed Intervenor represent Los Angeles’s most  
28 vulnerable tenants, primarily Latinx and Black individuals and families at the lowest



1 income levels, who are particularly likely to be harmed if the Ordinances are declared  
 2 a taking, and if AAGLA or another landlord or association attempts to use the  
 3 judgment here to invalidate (partially or in full) the Ordinances' protections. The  
 4 views and circumstances of these tenants cannot be adequately represented or  
 5 expressed by the City, the Mayor, or the City Council, as they work on behalf of all  
 6 Los Angeles residents—including both landlord members associated with Plaintiffs  
 7 and tenant members associated with Proposed Intervenor. The City in its role as  
 8 Defendant also has an interest in reducing time and costs associated with litigation.  
 9 While Defendant, along with the Mayor and City Council, must balance multiple  
 10 interests and strike compromises, Proposed Intervenor face the highest stakes, as  
 11 their members fear imminent loss of their homes and exposure to COVID-19.

12 Proposed Intervenor also offer necessary elements to the proceeding, as they  
 13 have access to facts and evidence that Defendant does not. As membership  
 14 organizations representing thousands of tenants impacted and protected by the  
 15 Ordinances, Proposed Intervenor are singularly situated to provide the Court with  
 16 facts and evidence regarding the protection that the Ordinances have provided to low-  
 17 income tenants and their continued need for these protections, as well as the harm  
 18 that would result if landlords tried to use a judgment in this action against tenants,  
 19 such as to limit the enforceability of the Ordinances. *See* Delgado Decl. ¶¶ 11-17;  
 20 Strathmann Decl. ¶¶ 13-16; Gross Decl. ¶¶ 6-7. Proposed Intervenor do not believe  
 21 that any plaintiff *could* legally use a takings judgment here to do that, but AAGLA  
 22 has asserted that a takings claim justifies injunctive relief which would void the  
 23 Ordinances and enable landlords to begin evicting vulnerable tenants en masse.  
 24 *See* AAGLA, ECF No. 42, Third Am. Compl. ¶¶ 82-84.

#### 25 B. Proposed Intervenor Meet the Standards for Permissive 26 Intervention.

27 In the alternative, Proposed Intervenor move for permissive intervention  
 28 under Federal Rule of Civil Procedure Rule 24(b)(1)(B). The Ninth Circuit applies  
 three threshold requirements to a motion for permissive intervention: (1) the

1 intervenor's claim must share a common question of law or fact with the main action;  
 2 (2) the motion must be timely; and (3) the court must have an independent basis for  
 3 jurisdiction over the applicant's claims. *Donnelly v. Glickman*, 159 F.3d 405, 412  
 4 (9th Cir. 1998). Permissive intervention is in the "broad discretion of the district  
 5 court." *Orange Cty. v. Air California*, 799 F.2d 535, 539 (9th Cir. 1986).

6 All of these requirements are satisfied here, as described above. Proposed  
 7 Intervenor's seek to litigate the lawfulness and ongoing enforceability of the  
 8 Ordinances, the motion is timely, and standing is not required where, as here, an  
 9 intervenor seeks only to respond to the claims advanced by Plaintiffs. *See Freedom*  
 10 *from Religion Found., Inc. v. Geithner*, 644 F.3d 836, 844 (9th Cir. 2011) ("We  
 11 therefore clarify that the independent jurisdictional grounds requirement does not  
 12 apply to proposed intervenors in federal-question cases when the proposed intervenor  
 13 is not raising new claims."); *see also AAGLA Intervention Order*, 2020 WL 4501792,  
 14 at \*3 ("[T]his Court enjoys broad discretion to grant permissive intervention. . . . [I]n  
 15 the absence of a right to intervene, [this Court would] grant [ACCE Action and SAJE]  
 16 permission to intervene as defendants in this case."

17 In addition to satisfying the Rule 24(b) requirements, Proposed Intervenor's  
 18 offer an invaluable perspective in this litigation. As membership organizations  
 19 comprised of thousands of vulnerable tenants, Proposed Intervenor's have access to  
 20 facts and evidence about the impact of the Ordinances that Defendant does not. They  
 21 can also provide valuable perspective on how the Ordinances are the type of "public  
 22 program that adjusts the benefits and burdens of economic life to promote the  
 23 common good" that does not constitute a compensable taking. *Connolly v. Pension*  
 24 *Ben. Guar. Corp.*, 475 U.S. 211, 225 (1986). The Court will be aided by the inclusion  
 25 of Proposed Intervenor's, who bring into the courtroom the voices of those who have  
 26 the most at stake in this matter and who can bring needed perspective on the burdens  
 27 and harm that would result if the Ordinances were declared takings and potentially  
 28 used by landlords or associations such as AAGLA to try to enjoin the Ordinances'



1 protections. Moreover, there is no question this case shares a common issue of law  
 2 and fact with the *AAGLA* case, which also involves a takings claim and request for  
 3 declaratory relief, and in which two of the three Proposed Intervenor have  
 4 intervened.

#### 5 IV. CONCLUSION

6 Proposed Intervenor ACCE, SAJE, and CES respectfully request that this  
 7 Court grant the motion to intervene as a matter of right or, alternatively, permissively.

8 Dated: October 25, 2021

**SUSMAN GODFREY L.L.P.**

9  
 10 By: /s/ Halley Josephs

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**ATTESTATION**

Pursuant to Local Rule 5-4.3.4(a)(2)(i), I attest that the other signatories listed, and on whose behalf the filing is submitted, concur in the filing's content and have authorized the filing.

/s/ Halley Josephs  
Halley Josephs

**PROOF OF SERVICE**

I, the undersigned, declare:

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is 1900 Avenue of the Stars, Suite 1400, Los Angeles, California 90067-6029.

On October 25, 2021, I served the foregoing document(s) described as follows:

**NOTICE OF MOTION AND MOTION TO INTERVENE AND  
MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT  
THEREOF**

on the interested parties in this action by placing true copies thereof enclosed in sealed envelopes addressed as stated on the attached service list, as follows:

\_\_\_\_ BY PERSONAL SERVICE:

I caused to be delivered such envelope by hand to the offices of the addressee.

\_\_\_\_ BY FEDERAL EXPRESS OR OVERNIGHT COURIER

XX BY ELECTRONIC MAIL

I caused said documents to be prepared in portable document format (PDF) for e-mailing and served by electronic mail as indicated on the attached service list.

Executed on October 25, 2021, at Los Angeles, California.

\_\_\_\_ (State) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

XX (Federal) I declare that I am employed in the office of a member of the bar of this Court at whose direction the service was made.

Halley Josephs

(Type or Print Name)

/s/ Halley Josephs

(Signature)

**SERVICE LIST**

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**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

GHP Management Corp. et al.,  
Plaintiffs,  
vs.  
City of Los Angeles,  
Defendants.

Case No. 2:21-cv-06311

**DECLARATION OF JOSEPH  
DELGADO IN SUPPORT OF  
MOTION TO INTERVENE**

DATE: November 22, 2021  
COURTROOM: 9C, 9th Floor  
JUDGE: Hon. Dean D. Pregerson

1 I, Joseph Delgado, am over the age of 18 and fully competent to make the  
2 following declaration. The facts in this declaration are based on my personal  
3 knowledge and upon information available to me through the files and records of  
4 the Alliance of Californians for Community Empowerment Action (“ACCE  
5 Action”), of which I serve as Los Angeles Director. If called upon as a witness, I  
6 would testify to these facts. Under penalty of perjury, I declare and state the  
7 following:

8 1. I am the Los Angeles Director for ACCE Action and I have served in  
9 this capacity since 2017. In my role as Director, I oversee all of the organizing and  
10 policy campaigns for the Los Angeles office of ACCE Action.

11 2. ACCE Action is a 501(c)(4) statewide multi-racial, grassroots  
12 membership organization dedicated to raising the voices of everyday Californians  
13 to fight and stand for economic, racial, and social justice. ACCE Action is  
14 committed to ground-up organizing to build a strong people’s movement to create  
15 transformative community change. ACCE Action has local neighborhood chapters  
16 across the state, including in Los Angeles, which are led by ACCE Action member  
17 leaders, who meet regularly to strategize and plan campaigns. ACCE Action  
18 members and allies frequently “take to the streets” with rallies, town halls, and  
19 other actions to make our voices heard. ACCE Action’s campaigns center around  
20 housing justice, worker justice, and sustainable communities. The housing justice  
21 work in particular focuses on helping families stay in their homes, preserving  
22 affordable housing, and pushing for equitable housing practices across California,  
23 including in Los Angeles.

24 3. Statewide, ACCE Action has over 16,000 dues-paying members, and  
25 about 6,000 of those members live in the Los Angeles County area. I would  
26 estimate that our work reaches 20,000 to 30,000 Angelenos per year. We are a  
27 grassroots organization that believes in building power from the bottom up. We  
28 organize in predominantly low-income and very low-income communities of



1 color. Our work is citywide. Our membership is predominately Black and Brown,  
2 including a significant number of undocumented Angelenos.

3 4. Even before the COVID-19 pandemic, ACCE Action's members were  
4 facing housing instability due to the City's ongoing housing and homelessness  
5 crisis. A majority of our membership is severely rent burdened, paying more than  
6 half of their income for rent. A large number live in rent stabilized units. Many of  
7 our members are food insecure and lack adequate healthcare and childcare. They  
8 rely on public transit to get to and from their jobs. They live in neighborhoods that  
9 are facing the pressures of gentrification. They live in communities that are over-  
10 policed and under resourced.

11 5. ACCE Action played a central role in advancing and advocating for  
12 the City's emergency eviction protections (Ordinance Nos. 186585 and 186606)  
13 (together the "Ordinances"), which are at issue in this action. We mobilized our  
14 members to call in to provide public comment at City Council meetings on all  
15 COVID-19-related protections, including the Ordinances. Along with the Healthy  
16 LA Coalition, we advocated for the City to go even further than the current  
17 Ordinances, pushing for a broad eviction moratorium that covers all grounds of  
18 eviction.

19 6. ACCE Action holds tenant clinics, at which low-income and very low-  
20 income tenants receive organizing help and pro bono legal advice to prevent  
21 eviction. The clinic empowers tenants to organize other tenants in their buildings  
22 around the common issues they are facing, such as massive rent increases,  
23 habitability issues, and harassment by landlords. For example, one 80-year-old  
24 woman came to our clinic after her landlord raised her rent from about \$900 to  
25 about \$2800 in only six months. Through the clinic, the woman was able to  
26 organize the tenants in her building until about 80% of the building was involved,  
27 and the tenants were able to negotiate a lower rent increase. We've continued to  
28 work with tenants in this building, who are mostly seniors, after they received

1 eviction notices first in February 2020 and again in March 2021. These tenants are  
2 stressed about their health and their ongoing ability to keep fighting to stay housed.  
3 But they also don't know where else they'll be able to go if they're evicted. They  
4 have been able to stay sheltered because of the City's eviction protections and  
5 various pandemic resources, including emergency rental assistance.

6 7. Before the pandemic, ACCE Action used to offer one tenant clinic per  
7 week, which would serve about 20 to 30 households. Now, ACCE Action runs two  
8 tenant clinics per week, and serves an average of 60 to 80 households per week.  
9 Demographically, these households are usually seniors living on their own or  
10 multigenerational families with seniors as heads of household. After the Ordinances  
11 were enacted, we thought that we would see attendance at our clinics decrease as  
12 landlords became familiar with the new law, but we have only seen the need for  
13 tenant support increase. Since the beginning of the pandemic, we have served  
14 around 4,000 tenants through our clinics.

15 8. Through our tenant clinics and organizing, we have assisted thousands  
16 of tenants struggling during the pandemic. The vast majority of these households  
17 have been struggling to keep up with rent and other bills throughout the pandemic  
18 due to lost income and employment. Those that managed to pay scraped whatever  
19 they could together to make rent, even if it was just a partial amount, and sacrificed  
20 other necessities like food. Even over a year since the pandemic began, we're still  
21 seeing that tenants are unable to keep up with rent because they are unemployed or  
22 underemployed, and now additionally owe thousands of dollars in back rent. The  
23 emergency rental assistance program is now addressing the back rent, but people  
24 are still not economically secure yet.

25 9. Even with the protections in place to prevent eviction, in many cases,  
26 tenants are facing harassment from their landlords because they have given notice  
27 of their inability to pay. In one case where a tenant lost her job and was unable to  
28 pay rent, a landlord wrapped a chain around the door of her apartment when she left

1 for the grocery store, preventing her from entering the apartment. The LAPD  
2 eventually arrived to allow the tenant back into her home, but not before the  
3 landlord had taken the tenant's possessions away in his truck. The tenant was  
4 displaced because she was too afraid to return to the apartment with her children.  
5 Another tenant who had given notice of inability to pay was verbally harassed so  
6 constantly by her landlord that she did not feel safe leaving her apartment to take  
7 out the trash unless it was midnight. In a third instance, an elderly Latinx street  
8 vendor and his wife gave notice that they could not pay rent. The landlord knocked  
9 down the household's outdoor plants, threatened to tow the couple's vehicle from  
10 the driveway, and persuaded a family friend who is a deputy Sheriff to come to the  
11 property and threaten eviction. These are just a few examples from the beginning of  
12 the pandemic. Because of the increase in harassment tenants are experiencing,  
13 ACCE Action led a coalition to pass a Tenant Anti-Harassment Ordinance for the  
14 City, which was adopted in July 2021.

15 10. ACCE Action is also part of the Los Angeles Right to Counsel  
16 coalition, which came together in 2018 to advocate for a legally codified right to an  
17 attorney for every tenant facing an eviction. We are also a community partner in the  
18 Stay Housed LA program, which is a partnership between LA County, LA City and  
19 local community and legal services organizations to provide residents of LA  
20 County with information, resources and legal services to help keep people in their  
21 homes and defend against evictions.

22 11. Without the City's eviction protections, many of our members and  
23 their neighbors would face eviction, exponentially increasing the already fast-  
24 moving gentrification process in the neighborhoods where ACCE Action organizes.

25 12. We also fear that there would be an immediate spike in homelessness  
26 without the City's eviction protections. The 2020 homelessness point in time count  
27 – which took place in January just *before* the COVID-19 emergency – showed a  
28 14.2% increase in homelessness in the City of Los Angeles and a 12.7% increase in

1 the County over the year before.<sup>1</sup> Even assuming the eviction protections remain in  
2 place, we already expect the next point in time count to be significantly higher  
3 because of tenants who lost work due to COVID-19, weren't aware of their rights  
4 under the Ordinances and didn't have access to a lawyer, and ended up getting  
5 displaced from their homes. Those of us that work on the frontlines with  
6 communities fear we will see the rate of homelessness double almost immediately  
7 if the City's protections don't remain in place. We fear we would see displacement  
8 at a rate we've never seen before in any of our cities. It would be a very scary time  
9 for these communities because of the severe harms of experiencing homelessness,  
10 made worse by the increased risk of COVID-19 transmission when so many people  
11 have no home.

12 13. Most ACCE Action members work in low-wage jobs; they are street  
13 vendors, construction workers, domestic workers, garment workers, hotel workers,  
14 grocery workers, and warehouse workers. They live paycheck to paycheck. Some  
15 get paid in cash under the table. When the City's "Safer at Home" orders came  
16 down, a majority of our base lost their incomes overnight. Those that kept their jobs  
17 were mostly frontline, essential workers who had to keep going to work where they  
18 risked exposure to COVID-19.

19 14. Even as the economy has opened back up and "Safer At Home" order  
20 have lifted, our members are continuing to struggle with lack of income. Many  
21 ACCE Action members work in service and tourism industries that have not come  
22 back yet at a level that will sustain all former employees. For most ACCE Action  
23 members, income is not going to be secure for a long time, even once they officially  
24 go back to work. Not only do tenants owe thousands of dollars of rent debt, but they  
25 also are still struggling to cover the prospective rent. For this reason, the City's

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26 <sup>1</sup> 2020 Greater Los Angeles Homeless Count Results, LOS ANGELES HOMELESS  
27 SERVICES AUTHORITY (June 12, 2020), [https://www.lahsa.org/news?article=726-](https://www.lahsa.org/news?article=726-2020-greater-los-angeles-homeless-count-results)  
28 [2020-greater-los-angeles-homeless-count-results](https://www.lahsa.org/news?article=726-2020-greater-los-angeles-homeless-count-results).

1 protections that allow for repayment 12 months beyond the end of the emergency  
2 are crucial.

3 15. We estimate that our members and community members with similar  
4 economic status are likely facing several years of job insecurity and housing  
5 insecurity. We certainly need to do something about the unavailability of work, but  
6 housing support is the bare minimum requirement for Angelenos to remain secure  
7 during the ongoing health and economic crises.

8 16. Since the City opened up its emergency rental assistance programs, we  
9 have been helping members apply for the relief. We now host a regular weekly  
10 rental assistance application clinic, along with as needed application assistance  
11 events in partnership with the City and County of Los Angeles. We are one of many  
12 community organizations across the state who participate in a statewide community  
13 partner network to provide support to tenants applying for rental assistance. On  
14 average, we've supported 72 applications per month since the applications opened.  
15 We are doing our best to reach as many tenants who are eligible for rental  
16 assistance as we can to ensure that tenants, and their landlords, get the rent debt  
17 covered and avoid eviction. As tenants and landlords are waiting on rental  
18 assistance payments to come through, it is essential that the City's eviction  
19 protections remain in place to keep tenants housed.

20 17. Since the state bill AB 832 expired at the end of September, ACCE has  
21 noticed an uptick in eviction inquiries. In the immediate days after the state bill  
22 expired, we received 700 inquiries from tenants statewide asking about what they  
23 should do next. Around 160 of these tenants were already in the process of being  
24 evicted, meaning they got a notice or summons. Even with state and local eviction  
25 protections in place, landlords are still bringing eviction cases and cases are moving  
26 forward in the courts.

27 18. ACCE Action has been and will have to continue diverting resources  
28 to try to help families stay in their homes.

1 I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the  
2 foregoing is true and correct.

3 Executed this 23rd day of October 2021.  
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7 JOSEPH DELGADO  
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**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

GHP Management Corp. et al.,  
Plaintiffs,  
vs.  
City of Los Angeles,  
Defendants.

Case No. 2:21-cv-06311

**DECLARATION OF CYNTHIA  
STRATHMANN IN SUPPORT OF  
MOTION TO INTERVENE**

DATE: November 22, 2021  
COURTROOM: 9C, 9<sup>th</sup> Floor  
JUDGE: Hon. Dean D. Pregerson



1 I, Cynthia Strathmann, am over the age of 18 and fully competent to make the  
2 following declaration. The facts in this declaration are based on my personal  
3 knowledge and upon information available to me through the files and records of  
4 Strategic Actions for a Just Economy (“SAJE”), at which I serve as Executive  
5 Director. If called upon as a witness, I would testify to these facts. Under penalty of  
6 perjury, I declare and state the following:

7 1. I am the Executive Director of SAJE, and I have served in this capacity  
8 since 2014. In my role as Executive Director, I am responsible for fundraising,  
9 administrative processes, and programmatic structures.

10 2. Founded in 1996, SAJE is a 501(c)(3) non-profit organization that  
11 strives to bring economic justice to, and build community power in, South Los  
12 Angeles by advocating for tenant rights, healthy housing, and equitable development.  
13 SAJE promotes policy and system change that increases the development of low  
14 income and affordable housing, promotes fair housing and tenant rights, promotes  
15 the achievement of healthy housing, and promotes development and policies that  
16 prevent displacement. For years, SAJE has supported tenants living in unhealthy  
17 housing conditions. Along with allies St. John’s Well Child and Family Center and  
18 Esperanza Community Housing Corporation, SAJE has worked with the South Los  
19 Angeles Healthy Housing Collaborative to end slum housing. South LA has the most  
20 overcrowded housing in the country, much of which is very unhealthy. We have had  
21 teenagers come to our Tenant Action Clinic with rat bites, our partner St. John’s  
22 regularly removes cockroaches from children’s ears, and residents in the area have  
23 high levels of asthma and other indoor-environment-related illnesses. SAJE has  
24 advocated with the Los Angeles County Department of Public Health to change  
25 inspection practices and prioritize healthy housing as a key step in improving public  
26 health. We are intimately aware of how public health and housing are intertwined.

27 3. SAJE also organizes tenants and has a membership structure permitting  
28 tenants to become SAJE members by paying voluntary dues of \$1 per month. In

1 2019, SAJE had approximately 650 members and in total served 3,438 tenants.

2 4. SAJE serves predominantly low-income and very low-income people of  
3 color in the South Central Los Angeles, which includes City Council Districts 8 and  
4 9. The majority of our community members are Non-Black Latinx immigrants.  
5 Many are undocumented monolingual Spanish speakers living in multigenerational  
6 households. The other notable demographic we serve is older, single Black persons  
7 living alone. The median annual household income in South Central is about  
8 \$41,000,<sup>1</sup> but many of our community members make closer to \$20,000 per year.

9 5. SAJE is an active member of the Healthy LA Coalition, a coalition of  
10 more than 325 advocacy organizations, worker centers, labor unions, service  
11 providers, religious congregations, community groups, affordable housing  
12 developers, public interest lawyers, public health and safety organizations, and others  
13 that came together after the COVID-19 pandemic began to propose concrete  
14 solutions to the hardships caused by the pandemic. The coalition is focused on relief  
15 policy for tenants, unhoused people, workers, small business owners and immigrants.  
16 Healthy LA played a central role in advancing and advocating for the City's  
17 emergency eviction protections (Ordinance Nos. 186585 and 186606) (together the  
18 "Ordinances"), which are at issue in this action.

19 6. SAJE was actively involved in efforts to pass the City's Ordinances in  
20 response to COVID-19. SAJE was involved with crafting the Healthy LA Coalition's  
21 initial legislative proposals, which included an eviction moratorium. The City  
22 Council ended up adding several of the Coalition's recommendations to Ordinance  
23 No. 186585, including the longer payback period; barring of late fees; inclusion of  
24

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25 <sup>1</sup> *American Community Survey 1-Year Estimates: Los Angeles County (South*  
26 *Central) – LA City (South Central/Watts) PUMA*, U.S. Census Bureau (2018),  
27 [https://censusreporter.org/profiles/79500US0603751-los-angeles-county-south-](https://censusreporter.org/profiles/79500US0603751-los-angeles-county-south-central-la-city-south-centralwatts-puma-ca)  
28 [central-la-city-south-centralwatts-puma-ca](https://censusreporter.org/profiles/79500US0603751-los-angeles-county-south-central-la-city-south-centralwatts-puma-ca).

1 an affirmative notice requirement by landlords; and addition of other grounds for  
2 eviction such as the presence of unauthorized occupants or pets and nuisance related  
3 to COVID-19. SAJE staff also submitted written comments on the Ordinances at the  
4 City Council meetings where they were considered. We also did outreach to  
5 community members with information on how to contact their Councilmembers to  
6 support the Ordinances.

7 7. After the City enacted the emergency Ordinances, SAJE was inundated  
8 with questions from tenants about their rights and what to say to their landlords who  
9 were demanding rent that they couldn't pay. In response, SAJE developed  
10 [www.norent.org](http://www.norent.org) and [www.saje.net/norent](http://www.saje.net/norent), which provide guidance and template  
11 letters for tenants notifying their landlords of inability to pay rent due to COVID-19.  
12 Norent.org was originally geared toward LA tenants but has since been adapted and  
13 expanded so it can now be used nationally. SAJE estimates that 2500 tenants in the  
14 County, many of whom reside in the City, have utilized the tools available on this  
15 website.

16 8. Since the pandemic, we have also seen a substantial uptick in tenants  
17 with housing problems seeking our assistance at our usual Tenant Action Clinic. The  
18 clinic assists with reasonable accommodation requests, notice of privacy, raising  
19 small claims, notice of repair, rent and utility assistance, and tenants' legal resources.  
20 SAJE operates the clinic twice a week and has added a weekly informational webinar  
21 via Facebook Live in English and Spanish. We estimate that we have done hundreds  
22 of intakes through the Tenant Action Clinic since the pandemic began.

23 9. In response to the pandemic, the Tenant Action Clinic has focused on  
24 apprising Los Angeles tenants of their rights under the emergency eviction  
25 protections and connecting them to legal services. In our experience, tenants are often  
26 not aware of the rights they have under the Ordinances and other measures. A major  
27 problem in the communities SAJE serves are "cash for keys" or "buyout"  
28 agreements, where a landlord offers a tenant a one-time payment in exchange for the

1 tenant voluntarily leaving their housing. Tenants who get “cash for keys” offers often  
2 believe they have no choice but to accept the amount that the landlord offers, which  
3 is at times less than the amount the landlord would be required to pay if they were  
4 required to pay for relocation assistance.

5 10. Since the pandemic began, the Tenant Action Clinic has experienced an  
6 uptick in cases of landlords harassing tenants to get them to leave their housing. For  
7 example, tenants have received excessive notices for not being able to pay rent, have  
8 been forced to make small payments, or have been told to leave their homes and  
9 relocate to hotels because of alleged repairs (which landlords don't really make) and  
10 because people are sick. Additionally, tenants are getting pressured to sign contracts  
11 where they make promises to pay back their rent, agree to repayment plans they can't  
12 adhere to, or sign “cash for keys” agreements. Some landlords have illegally locked  
13 tenants out of their homes after the tenant told the landlord that they couldn't pay.  
14 After the Ordinances were enacted, when tenants could not pay their rent, we also  
15 saw an increase in habitability concerns among tenants as some landlords have  
16 refused to conduct necessary repairs, such as tenants not having hot water, toilets not  
17 working, fire alarms not working, sinks and toilets being clogged or leaking,  
18 infestations and mold. SAJE has also seen utility shutoffs and landlords trying to  
19 charge late fees. We have also helped tenants with cases where the landlord has been  
20 harassing them for having more occupants in their homes during the pandemic.  
21 Without access to an eviction defense attorney or community organization like SAJE,  
22 a tenant may sign away some of their rights or even self-evict. SAJE is trying our  
23 best to reach as many tenants as possible during this crisis, but we know that people  
24 are slipping through the cracks. This is why the current protections offered by the  
25 Ordinance are vital—protections community members continue to rely upon.

26 11. Even though many of our community members have lost their jobs and  
27 income during the pandemic, many have paid some or all their rent, often at the  
28 expense of having enough money for food and other necessities. Time and time again,

1 we are seeing that people will first prioritize making rent and then try to find ways to  
2 scrape together money for food. Some of our members and other families we serve  
3 would rather be underfed than face ongoing harassment from landlords or risk losing  
4 their homes. To help them, SAJE has been raising money for a mutual aid fund to  
5 disperse to tenants who are having trouble paying for food and rent.

6 12. We estimate a majority of the community members we serve have lost  
7 their jobs or are underemployed due to COVID-19 and current economic conditions.  
8 These community members are street vendors, garment industry workers,  
9 construction workers, day laborers, and maintenance workers. They cleaned homes,  
10 provided childcare, and worked in non-essential service jobs at stores like Ross or  
11 Staples. Largely, these tenants cannot receive unemployment benefits because many  
12 are undocumented and are therefore ineligible. Many others are day laborers,  
13 temporary workers, or are working several ad-hoc jobs part-time and unable to  
14 compile a claim based on these complicated pay streams.

15 13. If the emergency Ordinances were to be undermined by this lawsuit, our  
16 members and community would greatly suffer. If this lawsuit succeeds, we are fearful  
17 it will erode the foundation of the city's efforts to protect tenants and may result in a  
18 repeal of many or most of the Ordinance's provisions. Those tenants could then be  
19 evicted in short order and would like face severely curtailed repayment periods for  
20 outstanding rent. We are fearful that those families would end up on the street once  
21 evicted or end up living in unhealthy overcrowding situations, given the enormous  
22 shortage of affordable housing and lack of shelter beds.

23 14. Many people living in South Central Los Angeles are now relying on  
24 the protection of the Ordinances to remain in housing. Despite their best efforts and  
25 sacrificing all other expenses including food, most of our members simply still do  
26 not have the money for rent due to COVID-19 and current economic conditions.  
27 Many members are still waiting for emergency rental assistance payments to come  
28 through and need the additional protection of the Ordinances, along with statewide

1 protections, to stay housed.

2 15. SAJE understands that the City of Los Angeles has an obligation to  
3 avoid legal liability that may impact the City financially. Because of this, SAJE fears  
4 that if this lawsuit is successful, or should this lawsuit, if successful, encourage  
5 further litigation against the Ordinance, the City will change the protections the  
6 Ordinance provides to Angelenos to reduce its exposure to further damages. These  
7 changes would directly impact the communities we serve, leaving them at an  
8 increased risk of eviction.

9 16. SAJE has focused its work to assist community members under the  
10 protections of the current Ordinances. If the City Council's eviction protections were  
11 curtailed by City action in response to this lawsuit, SAJE would once again have to  
12 redirect its resources to respond to the anticipated wave of evictions. For example,  
13 SAJE has helped hundreds of community members apply for rental assistance but  
14 would have to reorient its efforts away from this vital work to address immediate  
15 threats of eviction should this Ordinance be changed due to the City's reasonable  
16 efforts to avoid further damages awards.

17  
18 I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the  
19 foregoing is true and correct.

20  
21 Executed this 23rd day of October 2021.

22  
23 

24 \_\_\_\_\_  
25 CYNTHIA STRATHMANN

# EXHIBIT C



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**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

GHP Management Corp. et al.,  
Plaintiffs,  
vs.  
City of Los Angeles,  
Defendants.

Case No. 2:21-cv-06311

**DECLARATION OF LARRY  
GROSS IN SUPPORT OF  
MOTION TO INTERVENE**

DATE: November 22, 2021  
COURTROOM: 9C, 9<sup>th</sup> Floor  
JUDGE: Hon. Dean D. Pregerson

1 I, Larry Gross, am over the age of 18 and fully competent to make the  
2 following declaration. The facts in this declaration are based on my personal  
3 knowledge and upon information available to me through the files and records of  
4 the Coalition for Economic Survival (“CES”), of which I serve as Executive  
5 Director. If called upon as a witness, I would testify to these facts. Under penalty of  
6 perjury, I declare and state the following:

7 1. I am the Executive Director of CES. I have led the organization since I  
8 co-founded CES in 1973. In my role as Executive Director, I oversee all of the  
9 direct services work we provide and the organizing and policy campaigns we  
10 engage in. I am responsible for the administration and management of our  
11 organization, for fundraising, and for our external relations.

12 2. CES is a 501(c)(4) multi-racial, multi-cultural grassroots community-  
13 based organization dedicated to organizing low- and moderate-income people to  
14 win economic and social justice throughout the greater Los Angeles area. Since its  
15 inception, tenants’ rights, rent control, and preserving affordable housing have been  
16 CES’s top priorities. To that end, CES focuses its direct services work on educating  
17 low- and moderate-income tenants about their rights to affordable, decent and safe  
18 housing, with the goal of training and empowering them to take action to protect  
19 and advocate for their rights and to build powerful, participatory tenant  
20 organizations of low-income and working-class people working together toward  
21 these goals. CES promotes policy and system change through grassroots organizing  
22 and legislative advocacy at the local, state and national levels to increase the  
23 development of low-income and affordable housing, to promote fair housing and  
24 tenant rights, to promote the achievement of healthy housing, and to promote  
25 policies that prevent displacement. Over the past five decades, CES has led or been  
26 actively involved with every local effort to secure tenants’ rights and preserve  
27 affordable housing.

28 3. The people who seek our assistance are predominately low-income

1 Black and Latinx individuals and families who are experiencing, or are at risk of  
2 experiencing, housing instability and homelessness. The bulk of our direct services  
3 work is delivered through two weekly Tenants' Rights Clinics we run, one for  
4 residents living in the greater Los Angeles area and one exclusively for West  
5 Hollywood renters, where participants meet one-on-one with volunteer attorneys  
6 and receive individualized counseling, advice, and where appropriate, referrals for  
7 further assistance. We also assist tenants through our involvement in Stay Housed  
8 LA, the Right to Counsel Coalition, as well as through our contracts with the City  
9 of Los Angeles Housing Department for tenant outreach and education on the city's  
10 Rent Escrow Account Program (REAP), government-subsidized affordable housing  
11 preservation program and lead prevention work. Since the COVID-19 Pandemic  
12 began, we have seen a marked uptick in the number of people seeking our  
13 assistance; in the last year, 40-60% more people have sought out our Tenants'  
14 Rights Clinics alone. Over the last twelve months, we assisted approximately 5,000  
15 Angelenos through direct services and referrals.

16 4. Since the COVID-19 Pandemic began, we have seen a spike in three  
17 specific areas: (1) tenants' inability to pay rent, (2) landlord harassment, and (3) an  
18 increase in substandard housing due to landlords refusing to maintain habitable  
19 properties. The latter two have been undeniably geared to force people who are  
20 having difficulty paying rent out of their homes, in violation of the law. The stories  
21 we have heard are numerous and appalling, and the work we do "in-house" –  
22 education, individual counseling, and organizing – as well as our referrals to  
23 organizations, coalitions and lawyers, has been at an all-time high.

24 5. CES led the effort to secure the city's Rent Stabilization and Just  
25 Cause Eviction Ordinance in 1978. Over the years since, CES has played an active  
26 role in securing most, if not all, of the city ordinances that protect renters in Los  
27 Angeles. In addition, CES was an active participant in advocating and winning the  
28 current COVID-19 related eviction protection ordinance.

6. If this lawsuit is successful and the Ordinances are deemed a taking, it would wreak havoc on our city and its residents. We fear it would lead to the end of the Ordinances and tenant protections, opening the floodgates to many more evictions and displacements, it would contribute to the hardships existing vulnerable tenants are facing, and it would increase the numbers of homeless people in shelters and on the streets. It would be an economic train wreck, exacerbating our homelessness and affordable housing crises and making both more difficult to address.

7. CES's resources have been stretched thin since the COVID-19 Pandemic began. If this lawsuit is successful and the Ordinances are deemed a taking, CES would not be able to handle the level of need that would result from the rollback of tenant protections that would almost certainly follow. In my opinion, based on my deep and long-standing familiarity with the other organizations that work to support and protect the rights of tenants and to assist people at-risk of becoming homeless, no organization could handle the need that would result. People in distress – young and old, women, children and families, the disabled and the elderly – will not be served.

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct.

Executed this 22nd day of October 2021.

Nancy Gross

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LARRY GROSS

# EXHIBIT D

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 CENTRAL DISTRICT OF CALIFORNIA**

GHP Management Corp. et al.,  
 Plaintiffs,  
 vs.  
 City of Los Angeles,  
 Defendants.

Case No. 2:21-cv-06311

**DECLARATION OF DR. RANIT  
 MISHORI (MD, MHS, FAAFP) IN  
 SUPPORT OF MOTION TO  
 INTERVENE**

DATE: November 22, 2021  
 COURTROOM: 9C, 9<sup>th</sup> Floor  
 JUDGE: Hon. Dean D. Pregerson

Pursuant to 28 U.S.C. § 1746, I, Dr. Ranit Mishori (MD, MHS, FAAFP) hereby declare as follows:

## I. BACKGROUND

1. I am Dr. Ranit Mishori. I currently serve as Georgetown University's Vice President & Chief Public Health Officer, where I offer strategic advice for the university's day-to-day and long-term response to the pandemic. As part of my role, I established and co-direct the university's Public Health Operations Unit, which oversees university contact tracing and provides technical expertise on testing, vaccination, public health mitigation measures and community relations. I am also Professor of Family Medicine at the Georgetown University School of Medicine.

2. Prior to the COVID-19 pandemic, I was the director of the department's Global Health Initiatives, Health Policy fellowship and our practice-based research network. A fellow of the American Academy of Family Physicians and Diplomate of the American Board of Family Medicine, I did my residency training at the Georgetown University/Providence Hospital Family Medicine Residency program. I received my medical degree from Georgetown University School of Medicine and a master's degree in International Health from the Johns Hopkins Bloomberg School of Public Health, in the Disease Control and Prevention Track (focusing on the science of how to halt the spread of infectious disease).

3. I am a practicing family physician seeing patients of all ages, all genders, and all socio-demographic groups, managing multiple acute and chronic conditions, including coronavirus infections. I regularly counsel patients and their families about evidence-based measures for prevention, screening, testing, treatment and follow up of coronavirus infections. I have spoken to the press and written about coronavirus infection prevention and management in the context of carceral settings.

4. To ensure accurate public information about COVID-19, I have also served as a special advisor on COVID-19 coverage for PBS NewsHour and



1 appeared as an expert on their news programming. I have also served as a special  
 2 advisor for their institutional preparedness, news coverage and staff safety related  
 3 to COVID-19. I have provided commentary on COVID-19 response and  
 4 vaccination for outlets like the Wall Street Journal, Politico, the Washington Post,  
 5 and NPR, among others. Since the onset of the COVID-19 pandemic, I have also  
 6 applied my public health expertise in advising, planning, and executing COVID-19  
 7 responses, for Physicians for Human Rights, focusing on the intersection of  
 8 COVID-19 and Human Rights as well as health disparities, both domestically and  
 9 globally.

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

14 6. My CV is attached as Exhibit 1.

## 15 II. COVID-19

16 7. The novel coronavirus, officially known as SARS-CoV-2, causes a  
 17 disease known as COVID-19. COVID-19 was declared a pandemic in March 2020.  
 18 In the United States, over forty-four million people have been diagnosed with  
 19 COVID-19 and over 726,206 have died.<sup>1</sup> The numbers of infections and deaths in  
 20 the United States are likely undercounted by as much as 60% due to months of  
 21 under-testing stemming from a variety of issues, including a lack of testing kits, an  
 22 inadequate supply of personal protective equipment and a sizeable number of  
 23 people who are asymptomatic carriers of the virus.<sup>2</sup>

24 8. SARS-CoV-2 is readily spread through respiratory transmission and  
 25 can be spread by both symptomatic and asymptomatic individuals. All people,  
 26

27 <sup>1</sup>See *COVID-19 Data Tracker*, CTR. FOR DISEASE CONTROL AND PREVENTION (Oct.  
 19, 2021), <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>.

28 <sup>2</sup> Jessica Glenz, *COVID cases in US may have been undercounted by 60%, study shows*, GUARDIAN (July 26, 2021), <https://www.theguardian.com/us-news/2021/jul/26/us-covid-cases-undercounted-study>.

1 particularly those who are not immunized, are susceptible to and capable of getting  
 2 COVID-19 because of the ease with which the virus spreads and the lack of  
 3 immunity in the unvaccinated population. The virus is spread through large and  
 4 small droplet transmission; that is, when an infected individual—whether  
 5 symptomatic or asymptomatic—speaks, coughs, sneezes, talks, sings, and the like,  
 6 they expel droplets which can transmit the virus to others in their proximity. The  
 7 virus can also be aerosolized, such that tiny droplets containing the virus can  
 8 remain in the air and be inhaled by others who come into contact with that air.  
 9 While social distancing indoors reduces the risk of transmission, an infectious  
 10 person exhaling indoors for over 15 minutes can transmit infections to people more  
 11 than six feet away, including to people who have passed through the space after the  
 12 infectious person left.

13 9. For the original variant of COVID-19, each infected individual was  
 14 estimated to infect two to three others, in a community context. This “replication  
 15 number”, or  $R_0$ , is considered to be high, and is twice that of seasonal influenza.  
 16 Some variants, however, have higher transmissibility. The highly infectious Delta  
 17 variant – which now accounts for more than 99% of all COVID-19 cases and has  
 18 led to an increase in hospitalization and deaths<sup>3</sup> – is more than twice as contagious  
 19 as previous variants, and may cause more severe illness than previous variants,  
 20 especially in unvaccinated people.<sup>4</sup> Even fully vaccinated people may be infected  
 21 with the Delta variant and may transmit it to others, though the risk is much lower  
 22 than for unvaccinated or partially vaccinated individuals.

23 10. A substantial fraction of infected individuals, perhaps up to 35 percent,  
 24 never show symptoms at all but may still transmit the virus to others.<sup>5</sup>

26 <sup>3</sup> Victor Manuel Ramos, *The Delta variant is detected in 99% of U.S. cases,*  
 according to C.D.C., N.Y. TIMES (Sept. 18, 2021).

27 <sup>4</sup> *Delta Variant: What We Know About the Science*, CTR. FOR DISEASE CONTROL AND  
 PREVENTION (Aug. 26, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>.

28 <sup>5</sup> Pratha Sah et al., *Asymptomatic SARS-CoV-2 infection: A systematic review and meta-analysis*, PNAS (Aug. 24, 2021).

1 Approximately 60 percent of all infection spread is caused by asymptomatic  
 2 individuals or individuals who are not yet showing symptoms.<sup>6</sup> This means that  
 3 testing or isolating only persons known to have symptoms will not stop the spread  
 4 of infection.

5 11. COVID-19 is a serious multi-system disease, which can lead to  
 6 respiratory, heart and kidney failure, and death. Older patients and patients with  
 7 chronic underlying conditions are at a particularly high risk of severe disease and  
 8 complications.<sup>7</sup> The need for care, including intensive care, and the likelihood of  
 9 death, is much higher from COVID-19 than from influenza. The rate of life-  
 10 threatening complications is higher among elderly and other at-risk individuals,  
 11 including those who are fully vaccinated. It is estimated that at least 10 percent of  
 12 individuals with a confirmed SARS-CoV-2 infection, regardless of the severity of  
 13 their infection or hospitalization status, will continue to have symptoms, often  
 14 debilitating, for months (“long Covid”).<sup>8</sup>

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

20 13. Prior to the availability of effective vaccines, around 20 percent of  
 21 those who contract coronavirus may have severe illness, requiring hospitalization.  
 22 Of those, around 5 percent may require intensive care. For those hospitalized with  
 23 severe COVID-19, their care often requires expensive hospital care, including an

24 <sup>6</sup> Michael A. Johansson et al., *SARS-CoV-2 Transmission From People Without*  
 25 *COVID-19 Symptoms*, 4 JAMA NETWORK OPEN (2021),  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774707>.

26 <sup>7</sup> Fei Zhou et al., *Clinical Course and Risk Factors for Mortality of Adult Inpatients*  
 27 *with COVID-19 in Wuhan, China*, 395 LANCET 1054 (2020),  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)  
 28 [3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext).

<sup>8</sup> Rita Rubin., *As Their Numbers Grow, COVID-19 “Long Haulers” Stump Experts*,  
 324 JAMA 1381, 1381 (2020),  
<https://jamanetwork.com/journals/jama/fullarticle/2771111>.

entire team of care providers with 1:1 or 1:2 nurse to patient ratios, respiratory therapists, and several specialists, such as intensive care physicians and infectious disease experts. Those infected with coronavirus – both those who were hospitalized and those who had mild to moderate disease not requiring hospitalization – may face prolonged recovery periods, including extensive rehabilitation.

14. Coronavirus infection shares many symptoms with seasonal influenza, and other infectious diseases, including fever, body aches, cough, chills, and headache. Without testing, it is difficult for healthcare providers to ascertain whether an individual with these symptoms is suffering from COVID-19 or another infection.

### **III. WHILE VACCINATION HAS IMPROVED THE PANDEMIC'S TRAJECTORY, INADEQUATE VACCINE DISTRIBUTION AND VACCINE HESITANCY ENDANGER THE UNHOUSED AND HOUSING INSECURE**

15. The Food and Drug Administration (FDA) has authorized three COVID-19 vaccines: the Pfizer-BioNTech vaccine, the Moderna vaccine, and the Johnson & Johnson vaccine. The Pfizer-BioNTech vaccine has been approved for use in individuals 12 years of age and older, and the Moderna and Johnson & Johnson vaccines have been approved for use in individuals 18 years of age and older.

16. The vaccines have been shown to be very safe and effective at preventing serious disease, hospitalizations and death. Early trials found the Pfizer-BioNTech vaccine to be 95% effective, after two doses, against clinically symptomatic disease, and the Moderna vaccine to be 94.1% effective against clinically symptomatic disease. The Johnson & Johnson vaccine has been shown to have 72% overall efficacy and 86% efficacy against moderate and severe disease. While vaccines remain effective against severe disease, early studies have shown that the vaccine's efficacy in preventing infections may wane after six-to-nine

1 months, prompting the FDA and the CDC to authorize and recommend booster  
2 shots for certain populations.

3 17. Vaccinations may have improved the pandemic's trajectory, but  
4 significant levels of vaccine hesitancy mean that rates of COVID-19 infection and  
5 deaths remain high. Overall, only 58% of the United States population is fully  
6 vaccinated; in California, only 60.4% of the population is fully vaccinated.<sup>9</sup> Given  
7 the less than optimal vaccination rates and the very high transmissibility of the  
8 Delta variant, the virus has continued to spread widely throughout many  
9 communities, and the CDC has placed California in its "orange" tier for substantial  
10 COVID spread.<sup>10</sup>

11 18. Populations that are more likely to be housing insecure and those  
12 experiencing homelessness have struggled to access vaccines, with one survey  
13 showing that adults at risk for eviction were almost four times less likely to be  
14 vaccinated than the national average.<sup>11</sup> In Los Angeles County, an estimated 43.5%  
15 of the population experiencing homelessness was vaccinated in early October, far  
16 below the 60.6% of residents overall.<sup>12</sup> People experiencing homelessness face  
17 unique challenges in accessing vaccines. Leaving space or belongings can be a risk  
18 for unsheltered people, even to travel short distances to get vaccinated. People  
19 experiencing homelessness also may not have a location to recover from potential  
20 side effects of the vaccine, or may be transient and have difficulties returning for  
21 their second dose. The Los Angeles County Department of Health Services is  
22

23 <sup>9</sup> See *How Vaccinations Are Going in Your County and State*, N.Y. TIMES (Oct. 19,  
2021), <https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>.

24 <sup>10</sup> Amy Graff, *California is among 5 states in CDC's orange tier for substantial*  
25 *COVID spread*, SFGATE (Oct. 19, 2021),  
<https://www.sfgate.com/bayarea/article/Calif-is-only-state-in-CDC-s-third-lowest-tier-16544981.php>.

26 <sup>11</sup> Bryce Covert, *No, the Unvaccinated Aren't All Just Being Difficult*, N.Y. TIMES  
27 (Aug. 6, 2021), <https://www.nytimes.com/2021/08/06/opinion/covid-delta-vaccines-unvaccinated.html>.

28 <sup>12</sup> Benjamin Oreskes, *L.A. workers assigned to clean up homeless encampments*  
*report higher vaccination rates*, L.A. TIMES (Oct. 1, 2021),  
<https://www.latimes.com/homeless-housing/story/2021-10-01/la-workers-cleaning-up-homeless-encampments-report-high-vaccination-rates>.



1 currently working to close the gap, but it will take additional time and effort to  
2 reach unsheltered residents.<sup>13</sup>

3 19. Communities of color additionally have some of the lowest rates of  
4 vaccination in Los Angeles County.<sup>14</sup> While persistent misinformation about the  
5 safety and efficacy of the vaccine has contributed to vaccine hesitancy,  
6 communities of color are also less likely to have paid time off to get the vaccine  
7 and recover from any of the common and transient side effects. Additionally,  
8 historic racism has contributed to medical mistrust of vaccines, fueling a racial gap  
9 in vaccinations. Public health outreach and pro-vaccine campaigns have been  
10 shown to help narrow the gap, and will continue to close it in coming months.<sup>15</sup>

11 20. Even if vaccinated, evictions place residents at risk by increasing their  
12 contact with others and limiting their ability to socially distance, isolate, and access  
13 healthcare. Breakthrough infections – where a fully vaccinated person is infected  
14 with SARS-CoV-2 – place the elderly and those with underlying health conditions  
15 at risk of hospitalization or death. Young children are still unable to get vaccinated,  
16 placing them at great risk of infection if they are forced into homelessness and  
17 congregate settings and of transmitting the infection to family members (even fully  
18 vaccinated ones).

19  
20  
21  
22 <sup>13</sup> Emily Alpert Reyes, *What sways homeless people to get COVID-19 shots? It could*  
23 *be other homeless people*, L.A. TIMES (Oct. 18, 2021),  
<https://www.latimes.com/california/story/2021-10-18/los-angeles-homeless-people-peer-ambassadors-covid-vaccines>.

24 <sup>14</sup> Hayley Smith & Rong-Gong Lin II, *Young Latino and Black people have the lowest*  
25 *rate of COVID-19 vaccination in L.A. County, new data show*, L.A. TIMES (May 6,  
26 2021), <https://www.latimes.com/california/story/2021-05-06/young-latino-and-black-people-have-the-lowest-rate-of-covid-19-vaccination-in-l-a-county-new-data-show>; Erin B. Logan, *Doctors really want to vaccinate Black people against COVID-19. Unequal access to shots fuels mistrust*, L.A. TIMES (Mar. 24, 2021),  
27 <https://www.latimes.com/california/story/2021-03-04/how-black-doctors-use-tiktok-to-instill-faith-in-the-vaccine>.

28 <sup>15</sup> Audra D.S. Burch & Amy Schoenfeld Walker, *Why Many Black Americans*  
*Changed Their Minds About COVID Shots*, NY TIMES (Oct. 13, 2021),  
<https://www.nytimes.com/2021/10/13/us/black-americans-vaccine-tuskegee.html>.

1                   **IV. CORONAVIRUS INFECTION DISPROPORTIONATELY**  
2                   **IMPACTS THOSE WHO ARE UNHOUSED AND HOUSING**  
3                   **INSECURE.**

4           21. Coronavirus infection has always had a disproportionate effect on  
5 individuals and families who are unhoused, even if they are vaccinated.

6           22. Three of the CDC's top interventions that prevent the transmission of  
7 coronavirus infection are: (1) vaccination, (2) masking, and (3) ventilation.  
8 Practicing any one intervention is not sufficient to halt the spread of the  
9 coronavirus, and the best chances of preventing infection and disease involve  
10 practicing multiple preventive measures at the same time. Other effective  
11 interventions include: social distancing, engaging in optimal hygiene practices, and  
12 isolation known cases and quarantine of unvaccinated exposed individuals.  
13 Families without a stable home environment cannot practice many of the necessary  
14 mitigation measures.

15           23. First, families displaced from their homes cannot socially distance.  
16 Social or physical distancing is maintaining at least six feet of distance between  
17 individuals. Families staying in homeless shelters or sleeping on the streets cannot  
18 control being in close proximity to others. In homeless shelters, overcrowding is  
19 common. Many shelters have people in bunk beds or communal bedrooms, and all  
20 have shared bathroom facilities. Homeless shelters are also poorly ventilated and in  
21 many ways present similar risks as jails and other congregate settings.<sup>16</sup> Families  
22 sheltering in tents and vehicles have no choice but to use public bathrooms.  
23 Families who can "couch-surf" or relocate with another household cannot remain  
24 socially distanced in a doubled-up and overcrowded home.

25           24. Second, families displaced from their homes cannot engage in optimal  
26 hygiene practices. Frequent handwashing and regular disinfection of surfaces can  
27 help curb the spread. But it is impossible for a family to adequately disinfect an

28 <sup>16</sup> Claire Bodkin *et al.*, *Pandemic Planning in Homeless Shelters: A Pilot Study of a COVID-19 Testing and Support Program to Mitigate the Risk of COVID-19 Outbreaks in Congregate Settings*, 71 Clinical Infectious Disease (2020), <https://pubmed.ncbi.nlm.nih.gov/32511704>.



1 environment outside their own home where they have no control. Homeless shelters  
2 often lack the resources to dispense adequate soap and hand sanitizer to everyone.

3 25. Third, families displaced from their homes cannot isolate or  
4 quarantine. Both of these measures (isolation for known infections which applies to  
5 vaccinated and unvaccinated people, as well as quarantine which applies for  
6 exposed unvaccinated individuals) involve not physically interacting with anyone  
7 for a short duration (usually 7-10 days).

8 26. Where multiple families and/or multiple generations live together in  
9 small dwellings, some members of the household are likely still going to work at  
10 low-income jobs and taking public transportation to those jobs, exposing all in the  
11 household. Employed members of these households are, on average, less likely to  
12 have jobs that allow them to avoid exposure to the general public or to get  
13 vaccinated. Instead, they are frequently employed as essential workers in positions  
14 that involve high levels of public interaction even during the pandemic. For  
15 example, grocery store clerks, cashiers, bus drivers, and certain healthcare workers  
16 such as home health aides and nursing assistants are disproportionately low-income  
17 and people of color.<sup>17</sup> These roles bring workers into contact with dozens or  
18 hundreds of members of the public every day, increasing their risk of contracting  
19 the virus and of bringing the virus home to their overcrowded and combined  
20 households. And, of course, families who stay in shelters, in vehicles, or on the  
21 streets cannot effectively isolate or quarantine at all.

22 27. Two of the strongest predictors of risk of coronavirus infection are  
23 being low-income and being a person of color.<sup>18</sup> These vulnerable populations are

24 <sup>17</sup> Hye Jin Rho et al., *A Basic Demographic Profile of Workers in Frontline*  
25 *Industries*, CTR. FOR ECON. & POL'Y RES. 3–4 (2020), [https://cepr.net/wp-](https://cepr.net/wp-content/uploads/2020/04/2020-04-Frontline-Workers.pdf)  
26 [content/uploads/2020/04/2020-04-Frontline-Workers.pdf](https://cepr.net/wp-content/uploads/2020/04/2020-04-Frontline-Workers.pdf).

27 <sup>18</sup> Wyatt Koma et al., *Low-Income and Communities of Color at Higher Risk of*  
28 *Serious Illness If Infected with Coronavirus*, KFF (May 7, 2020)  
[https://www.kff.org/coronavirus-covid-19/issue-brief/low-income-and-](https://www.kff.org/coronavirus-covid-19/issue-brief/low-income-and-communities-of-color-at-higher-risk-of-serious-illness-if-infected-with-coronavirus)  
*communities-of-color-at-higher-risk-of-serious-illness-if-infected-with-coronavirus;*  
*Introduction to COVID-19 Racial and Ethnic Health Disparities*, CTR. FOR DISEASE  
CONTROL AND PREVENTION (Dec 10, 2020)),

1 also the most likely to face housing instability.<sup>19</sup> Communities of color suffer from  
2 higher rates of chronic condition that are associated with poorer outcomes from  
3 coronavirus infection. Communities of color also suffer from higher infection rates  
4 than white communities. Moreover, infected individuals within these communities  
5 are more likely to experience serious disease or death than those in white  
6 communities.

7 28. Adjusting for population age difference, the CDC estimates that Native  
8 Americans, Latinos and Blacks are two to three times more likely than white people  
9 to die of COVID-19. Latinos and Blacks also die at much younger ages than other  
10 groups: an AP analysis found that 37% of Hispanic deaths and 30% of Black deaths  
11 from COVID-19 were in individuals under 65 years old, versus 12% for white  
12 Americans.<sup>20</sup> These differential outcomes are caused by a variety of factors,  
13 including issues related to access to care, the higher prevalence of underlying  
14 chronic medical conditions among people of color and low-income people, housing  
15 challenges, and the larger proportion of the population employed in essential jobs  
16 that contribute to enhanced exposure.

17 29. The Social Determinants of Health are tightly linked to a population's  
18 health status, including to their risk of certain health conditions. The Social  
19 Determinants of Health are the conditions in a person's life that shape every aspect  
20 of their health, including their susceptibility to all kinds of medical conditions and  
21 the complications they may face from these conditions. Access to medical care,

22 <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html#:~:text=Health%20and%20Healthcare-People%20from%20racial%20and%20ethnic%20minority%20groups%20are%20disproportionately%20affected,of%20government%20and%20healthcare%20system>

23 S;  
24 <sup>19</sup> *Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness*, LOS ANGELES HOMELESS SERVICES AUTH. 5, 9 (Dec.2018),  
25 <https://www.lahsa.org/documents?id=2823-report-and-recommendations-of-the-ad-hoc-committee-on-black-people-experiencing-homelessness>.  
26  
27

28 <sup>20</sup> Carla K. Johnson, Olga R. Rodriguez & Angeliki Kastanis, *As US COVID-19 death toll nears 600,000, racial gaps persist*, ASSOCIATED PRESS (June 14, 2021), <https://apnews.com/article/baltimore-california-coronavirus-pandemic-race-and-ethnicity-health-341950a902affc651dc268dba6d83264>.

1 education, high-quality housing, and nutritional food are examples of Social  
2 Determinants of Health.

3 30. Social Determinants of Health are a major reason why unhoused and  
4 housing insecure populations, largely low-income people of color, are suffering  
5 disproportionately from SARS-CoV-2 and have trouble accessing vaccination.  
6 These populations lack a secure home where they can socially distance, engage in  
7 optimal hygiene practices, and remain in isolation or quarantine when necessary.

8 31. Because of the Social Determinants of Health, including lack of access  
9 to nutritious food and medical care, unhoused and housing insecure individuals and  
10 families also tend to have high rates of chronic underlying medical issues such as  
11 high blood pressure, diabetes, hepatitis C, HIV, chronic heart and lung disease, and  
12 other conditions.<sup>21</sup> People with preexisting conditions are at a higher risk of  
13 suffering serious illness or death when they contract SARS-CoV-2.

14 32. Additionally, people facing housing instability tend to reside in homes  
15 with various environmental risks such as mold, lead, poor air quality, and poor  
16 ventilation. Given the airborne nature of SARS-CoV-2 transmission, adequate  
17 ventilation is an essential COVID-19 prevention strategy.<sup>22</sup> Additionally, there is a  
18 well-documented correlation between housing instability and asthma/COPD in  
19 children.<sup>23</sup> People with asthma and COPD are at a higher risk of suffering serious  
20 illness or death when they contract SARS-CoV-2.

21 <sup>21</sup> Li Feng Tan & Joo Wei Chua, *Protecting the Homeless During the COVID-19*  
22 *Pandemic*, 157 CHEST J. (May 29, 2020),  
23 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7283054/pdf/main.pdf>; Travis P.  
24 Baggart et al., *Addressing COVID-19 Among People Experiencing Homelessness: Description, Adaptation, and Early Findings of a Multiagency Response in Boston*, PUB. HEALTH REPORTS (June 9, 2020),  
<https://journals.sagepub.com/doi/pdf/10.1177/0033354920936227>.

25 <sup>22</sup> *Indoor Air in Homes and Coronavirus (COVID-19)*, U.S. ENVIRONMENTAL  
26 PROTECTION AGENCY (Oct. 20, 2021), <https://www.epa.gov/coronavirus/indoor-air-homes-and-coronavirus-covid-19>; Leslie Boden, Will Raderman & Patricia Fabian,  
27 *Circumventing COVID-19 with better ventilation and air quality*, STAT (July 20, 2021), <https://www.statnews.com/2021/07/20/circumventing-covid-19-with-better-ventilation-and-air-quality/>.

28 <sup>23</sup> Jonathan I. Levy et al., *Established and Emerging Environmental Contributors to Disparities in Asthma and Chronic Obstructive Pulmonary Disease*, 5 Current

1           33. Communities of color are more likely to live in multigenerational  
2 households, where higher-risk elderly individuals – even if fully vaccinated –often  
3 live with young children who are not yet eligible for vaccines. While 18% of U.S.  
4 households are multigenerational, around 30% of Latino households, 25% of Asian  
5 households, and 24% of Black households are multigenerational.<sup>24</sup> Living in high-  
6 density settings with unvaccinated people increases their risk of contracting the  
7 virus and getting the disease even if they are fully vaccinated.

8           34. These trends have played out in California. The State’s minority  
9 communities, particularly its Latino and Black communities, have suffered the most  
10 from COVID-19. For example, Latinos are only 39% of the State’s population but  
11 make up 53% of the State’s COVID-19 cases.<sup>25</sup> One study found that Latinos in  
12 California suffered case rates roughly three times that of whites across all age  
13 groups, while Black Californians suffered twice as high case rates in older age  
14 groups.<sup>26</sup> Project Roomkey and other concentrated efforts to shelter and isolate  
15 those without homes are a recognition of the disproportionate impact of COVID-19  
16 on the homeless.<sup>27</sup>

17           35. In Los Angeles County, neighborhoods with larger communities of  
18 colors have been disproportionately been impacted by the spread of COVID-19.<sup>28</sup>  
19 Black residents of Los Angeles County have the highest rate of COVID-19

20 \_\_\_\_\_  
21 Epidemiology Reports 114 (2018), [https://link.springer.com/article/10.1007/s40471-](https://link.springer.com/article/10.1007/s40471-018-0149-9)  
22 [https://link.springer.com/article/10.1007/s40471-](https://link.springer.com/article/10.1007/s40471-018-0149-9)

23 <sup>24</sup> April Simpson et al., *One home, many generations: States addressing COVID risk*  
24 *among families*, NBCNEWS (Mar. 27, 2021),  
25 [https://www.nbcnews.com/news/latino/latino-multigenerational-households-risk-](https://www.nbcnews.com/news/latino/latino-multigenerational-households-risk-covid-states-address-vaccine-rcna511)  
26 [covid-states-address-vaccine-rcna511](https://www.nbcnews.com/news/latino/latino-multigenerational-households-risk-covid-states-address-vaccine-rcna511).

27 <sup>25</sup> *COVID-19 Race and Ethnicity Data*, CAL. DEP’T PUB. HEALTH (Oct. 19, 2021),  
28 [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx)  
29 [Ethnicity.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx).

30 <sup>26</sup> Paul Hsu & David E. Hayes-Bautista, *The Epidemiology of Diversity: COVID-19*  
31 *Case Rate Patterns in California*, J. OF IMMIGRANT & MINORITY HEALTH (Feb. 23,  
32 2021), <https://link.springer.com/article/10.1007/s10903-021-01159-x#citeas>.

33 <sup>27</sup> *Recommended Strategic Approaches for COVID-19 Response for Individuals*  
34 *Experiencing Homelessness*, CAL. DEP’T PUB. HEALTH (March 2020),  
35 [https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Protocols-Homeless-Pop.pdf)  
36 [COVID-19/Protocols-Homeless-Pop.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Protocols-Homeless-Pop.pdf).

37 <sup>28</sup> *Los Angeles COVID-19 Vulnerability*, UCLA CTR. FOR NEIGHBORHOOD  
38 KNOWLEDGE (Oct. 19, 2021), <https://knowledge.luskin.ucla.edu/maps/>.

1 hospitalizations among all racial and ethnic groups.<sup>29</sup> Residents experiencing  
2 homelessness in Los Angeles are about 50 percent more likely to die if they get  
3 COVID-19.<sup>30</sup> The factors that have caused increased COVID-19-related illness and  
4 death to date mean that unhoused and housing insecure individuals and families  
5 will likely continue to suffer at disproportionate rates.

6 **V. CORONAVIRUS IS EXPECTED TO THREATEN PUBLIC**  
7 **HEALTH THROUGH THE WINTER AND A ROLLBACK OF**  
8 **THE ORDINANCE WOULD WORSEN THE SPREAD OF**  
9 **INFECTION**

10 36. As vaccination rates continue to rise, experts are cautiously optimistic  
11 that deaths and severe cases will decline significantly in the coming months. Still,  
12 colder weather and persistent vaccine hesitancy are expected to drive additional  
13 outbreaks and continue to threaten vulnerable communities throughout the winter.  
14 The uncontrolled global spread of COVID-19 creates a substantial risk for the  
15 emergence of new, more transmissible, and virulent variants that may evade  
16 protections afforded by vaccination.

17 37. One of the most significant impacts of the pandemic is that many low-  
18 income people and people of color lost their jobs. Thirty-eight percent of  
19 households across the nation faced serious financial problems in the past months,  
20 with around half of Latino, Black, and Native American households reporting  
21 serious problems.<sup>31</sup> Around 27 percent of renters nationwide report having  
22 problems paying their rents in the past month.<sup>32</sup> As a result, these vulnerable  
23 populations cannot pay rent or afford food for their families. Without protection  
24 from evictions and rent increases, these families are at imminent risk of losing their

25 <sup>29</sup> Rong-Gong Lin II & Marissa Evans, *Black L.A. residents have highest COVID*  
26 *hospitalization rate: 'A deplorable reality'*, L.A. TIMES (Sept. 25, 2021).

27 <sup>30</sup> Benjamin Oreskes & Doug Smith, *L.A.'s homeless residents are 50% more likely*  
28 *to die if they get COVID. Now they're a vaccine priority*, L.A. TIMES (Mar. 21, 2021),  
[https://www.latimes.com/homeless-housing/story/2021-03-12/la-homeless-50-](https://www.latimes.com/homeless-housing/story/2021-03-12/la-homeless-50-percent-more-likely-die-covid)  
[percent-more-likely-die-covid](https://www.latimes.com/homeless-housing/story/2021-03-12/la-homeless-50-percent-more-likely-die-covid).

<sup>31</sup> Selena Simmons-Duffin & Joe Neel, *NPR poll: The delta surge pushed Americans*  
*further behind in all walks of life*, NPR (Oct. 12, 2021),  
[https://www.npr.org/sections/health-shots/2021/10/12/1044475441/npr-poll-the-](https://www.npr.org/sections/health-shots/2021/10/12/1044475441/npr-poll-the-delta-surge-pushed-americans-further-behind-in-all-walks-of-life)  
[delta-surge-pushed-americans-further-behind-in-all-walks-of-life](https://www.npr.org/sections/health-shots/2021/10/12/1044475441/npr-poll-the-delta-surge-pushed-americans-further-behind-in-all-walks-of-life).

<sup>32</sup> *Id.*



1 housing due to inability to pay rent. All of these factors have an enormous impact  
2 on health and on coronavirus exposure.

3 38. By definition, if you wanted to protect a person's health housing is one  
4 of the first things you would provide. Housing displacement creates an enhanced  
5 risk of poor health overall, and by extension an enhanced risk of contracting SARS-  
6 CoV-2 and of poor outcomes if or when they contract an infection. These risks have  
7 been and will continue to be disproportionately borne by low-income communities  
8 and communities of color.

9 39. The eviction moratorium to date has helped reduce the spread of the  
10 virus. Indeed, a peer-review study found that the number of COVID-19 cases  
11 doubled and deaths increased fivefold in the four-month period after eviction  
12 moratoriums expired in states nationwide in 2020.<sup>33</sup> Forcing people out of their  
13 homes and into congregate settings where COVID-19 spreads unchecked is  
14 dangerous to those affected, and, by extension, to the communities in which they  
15 live. Mass evictions could reverse the fragile progress Los Angeles has made to  
16 vaccinate residents and control infections.

17 40. If the eviction moratorium is lifted, more Los Angeles residents will be  
18 pushed into multigenerational homes, couch-surfing, and congregate settings, such  
19 as shelters. Even if these residents are vaccinated, evictions will increase the  
20 likelihood of breakthrough infections and broader community spread. While  
21 vaccinations will help blunt some of the spread, the most vulnerable – high-risk  
22 elderly individuals, the unvaccinated, and children ineligible for vaccinations – will  
23 be placed at risk if the eviction moratorium ends.

24 41. As Los Angeles County continues to vaccinate residents and stabilize  
25 the spread of COVID-19, housing protections will be critical in the coming months.  
26 In my expert opinion, Ordinance No. 186585 and Ordinance No. 186606 enacted by  
27

28 <sup>33</sup> Kathryn M. Leifheit et al., *Expiring Eviction Moratoriums and COVID-19 Incidence and Mortality*, AM. J. EPIDEMIOLOGY (July 2021), <https://academic.oup.com/aje/advance-article/doi/10.1093/aje/kwab196/6328194>.

1 the Los Angeles City Council are reasonable and necessary measures to comply  
2 with public health guidelines and recommendations to reduce the transmission of  
3 the coronavirus, thereby preventing illness and likely saving lives.

4 42. For the reasons above, it is my professional judgment that a scaling  
5 back of protections against evictions and rent increases will lead to higher risk from  
6 COVID-19, and will result in avoidable illness and death.

7 **VI. EXPERT DISCLOSURES**

8 43. I have not testified as an expert at trial or by deposition in the past four  
9 years.

10 I declare under penalty of perjury under the laws of the United States of America  
11 that the foregoing is true and correct.

12 Executed this 24th day of October, 2021 in Tel Aviv, Israel.

13 

14 DR. Ranit Mishori, M.D., MHS,  
15 FAAFP



# EXHIBIT 1

**Ranit Mishori, MD, MHS, FAAFP**

**Vice President and Chief Public Health Officer, Georgetown University**

**Professor of Family Medicine, Georgetown University School of Medicine and  
Senior Medical Advisor, Physicians for Human Rights.**



Ranit Mishori is a recognized leader and advocate for the health of the public in general, and of marginalized populations in particular, who is currently leading the COVID-19 response for Georgetown University. Her medical and public health expertise covers a broad range: from women's and migrant health, to evidence-based medicine, to health disparities, to prevention and primary care. Her research and insights on medicine and policy find a broad audience both in her academic writing, and through her frequent articles and appearances in the mainstream media. A former journalist, Dr. Mishori is skilled at rendering complex issues into plain English.

Dr. Mishori currently serves as Georgetown University's VP & Chief Public Health Officer, where she offers strategic advice for dealing with the pandemic, while managing the response day-to-day. She established and co-directs the university's Public Health Operations Unit, where she oversees the university contact tracing and care navigator operations and provides technical expertise to all campuses, units and divisions in establishing and running protocols related to testing, vaccination, public health mitigation measures, community relations, strategic communications and more.

Pre-pandemic, Dr. Mishori directed the Department of Family Medicine's Global Health Initiatives and led Georgetown's Practice-Based Research Network, among other roles. She was a member of the health policy team for presidential candidate Joe Biden, and prior to that she worked on Pete Buttigieg's campaign where she participated in drafting multiple policy briefs, and co-chaired the women's, sexual and reproductive health policy sub-committee.

Dr. Mishori brings a social justice and human rights lens to all her medical pursuits. From an early start covering wars and the plight of refugees for global news organizations, she has been focused on the far-reaching impact of conflict and geopolitical instability, and on ways to relieve the challenges and suffering that result. As a physician and advocate, she is widely recognized for her work with forced migrants, torture survivors, asylum seekers and women affected by sexual violence. She is medical director and co-founder of Georgetown's Asylum Program, an initiative designed to provide medical evaluations to migrants seeking asylum in the US, while also functioning as a teaching opportunity for health professionals of all disciplines and specialties. This work dovetails with her position as Senior Medical Advisor for the Nobel Prize co-laureate organization Physicians for Human Rights, where she is deeply engaged with PHR's Asylum Program, its COVID response, Program on Sexual Violence in Conflict Zones, among others.

Dr. Mishori's leadership roles are numerous. A Diplomate and a Fellow of the American Academy of Family Physicians – the largest single specialty professional organization in the US - Dr. Mishori has been a deeply engaged leader in initiatives spanning primary care, global health, population and community health. She was appointed to a 4-year term on the AAFP's Commission on Health of the Public and Science where she helped steer the Academy's national policies. As chair of the Public Health Issues committee she authored multiple policies and position papers on behalf of the academy. She has represented the AAFP at various national meetings and committees, including at the CDC, ACOG, among others. Locally, she has served 4-consecutive terms on the board of the directors of the DC Academy of Family Physicians, co-chairing the advocacy committee. Dr. Mishori's expertise and leadership on women's health have also earned her a spot as co-chair on the DC Department of Health's Maternal Health Advisory Board.

Dr. Mishori has received multiple awards and has been elected and selected to serve on more than a dozen national and international advisory boards and committees. True to her journalism roots, Dr. Mishori continues to report and write on health and medicine, publishing more than 250 articles in the popular media, including the Washington Post, USA Today, and the Huffington Post. Between 2008 and 2011, she was the medical columnist for Parade Magazine. She frequently represents Georgetown and PHR on TV, radio, print and web-based news outlets.

Her medical education included an MHS in International Health from Johns Hopkins Bloomberg School of Public Health, an MD from Georgetown University School of Medicine and a residency in family medicine, also at Georgetown. She is currently pursuing an MSt in International Human Rights Law at Oxford University.

**Ranit Mishori, MD, MHS, FAAFP**

Expert on COVID, Health & Migration, Health & Human Rights, Health Inequities, Women's Health, Primary Care & Prevention

**Work Experience**

- **Vice President & Chief Public Health Officer.** Georgetown University. July 2020-Present  
Provides leadership and technical expertise for the university's COVID-19 public health response across all campuses; Leads response to other communicable disease outbreaks; Serves as communication lead on all public health issues.
- **Senior Medical Advisor,** Physicians for Human Rights. 2019 – present  
In house expert focusing on research, advocacy, training and curriculum development on multiple health and human rights content areas, including SGBV, Asylum & Refugee Health, COVID, Health in carceral settings, Torture, Global health worker safety and more.
- **Professor of Family Medicine,** Georgetown University School of Medicine 2008 – present  
Lead medical education, research, mentorship, clinical work activities and initiatives. Serve as director of Georgetown's Practice-Based Research Network, and the department's Global Health Initiatives, Health Policy & Health and Media Fellowship programs.
- **Expert Medical Consultant,** Physicians for Human Rights. 2011-2019  
Provided technical expertise on various content areas including: Sexual Violence, Refugee and Migrant Health, Health and Human Rights.
- **Consultant.** World Bank. 2012-2015  
Provided technical expertise and research support on health system reform, primary care integration.
- **Freelance Health Reporter.** Various publications 1999-Present  
Wrote >250 articles about health and medicine for the lay public (including the Washington Post, Parade Magazine, The Huffington Post, and others).
- **Television Producer and Editor – International News.** 1984-1994  
Worked around the globe as field producer, editorial producer, news editor, interviewer, in TV and radio, focusing on international news, global politics. Worldwide Television News (WTN); CBS News; European Broadcasting Union (EBU); Israeli Defense Forces (IDF) Radio. Various Locations Worldwide.

**Policy Work, Boards, Committees**

- **Health Policy Committee** Joe Biden Presidential Campaign.
- **Health Policy Committee,** Pete Buttigieg Presidential Campaign. Co-Chair Women's Health, Sexual and Reproductive Health and Justice Sub-Committee. March 2019-March 2020
- **American Academy of Family Physicians (AAFP).** AAFP; 4-year appointed member of AAFP Commission on Health of the Public and Science; Chair- Committee on Public Health Issues; Advisor - AAFP Center for Global Health Initiatives; Chair Anti-Microbial Resistance Committee; AAFP Liaison to ACOG, CDC; 4-term Board member DC-Chapter AAFP (co-chair advocacy committee).
- **Elected Board membership** on numerous advisory boards including: Co-Chair, DC-DOH Maternal and Child Health Advisory Board; National Physicians Alliance (NPA) Board of Directors;; WONCA, Executive Committee, Group on Conflict & Catastrophe Medicine; Community Advisory Board (CAB) Georgetown-Howard Universities Center for Clinical and Translational Research, among others.
- Serves on numerous **academic committees** (Diversity & inclusion; IRB, Philanthropy, Medical education)
- Serves on various Journal Editorial Boards.

**Education**

- **Graduate Education:** Oxford University, MSt International Human Rights Law. Degree Expected 2020- 2022
- **Internship and Residency:** Georgetown University Family Medicine Residency Program. 2004-2008
- **Medical Education:** Georgetown University School of Medicine. Doctor of Medicine 1998-2002
- **Graduate Education:** Johns Hopkins Bloomberg School of Public Health. International Health. MHS. 1997-1999

- **Undergraduate Education:** Columbia University. Post-Baccalaureate Pre Medical Program 1997  
SUNY-Empire State College. BS Communication. 1996

## HONORS AND AWARDS

- Member of small team awarded **multiple awards** for MediCapt (mobile app for documentation of Sexual Violence): MediCapt has received multiple awards, including: the Science and Human Rights Innovator Award from the American Association for the Advancement of Science (2019); New England Innovation Award in the nonprofit category for MediCapt; the Sexual Violence Research Initiative and World Bank Group Development Marketplace Award for Innovation in the Prevention and Response to Gender Based Violence (2019); the MIT Solve Award in the Frontlines of Health category (2018); and the USAID-Humanity United Tech Challenge for Atrocity Prevention competition in the Safe Documentation category (2013).
- **Silver Award for Best Commentary**, from the American Society of Healthcare Publication Editors. For editorial, "What Needs to Change to Make Deprescribing Doable" Family Practice Management. April 2019.
- **Award**, Medical/Health Award for Efforts on Behalf of Women with FGM/C. Women PEACE Foundation. Washington, DC October 2018.
- **Dahlgren READ Nominee**. Selected by peers and students to be featured as part of the annual Dahlgren READ campaign, which honors those who best exemplify the school's commitment to cura personalis, "care of the whole person." September 2016.
- **Award**, Leonard Tow Humanism in Medicine, Georgetown University Medical Center 2016
- **Inductee**, Gold Foundation, GUMC 2016
- **Honoree**, invited by the class of 2016 to give the "Past Medical Histories" lecture reflecting on a career in medicine. September 2015.
- **Honoree**, Community Faculty Appreciation Day. Family Medicine. Selected by the Students of the Georgetown University School of Medicine. May 2015.
- **Finalist**, Macy Foundation Scholar Program. April 2015.
- **GUMC Nominee**. Macy Foundation Scholar Program. February 2015.
- **Awarded degree of Fellow** by the American Academy of Family Physicians. October 2014
- **Teaching Excellence Award** (inpatient attending) given by the residents of the Georgetown University/Providence Hospital Family Medicine Residency Program. June 2014
- **Top Doctor**, Washingtonian Magazine Annual Top Doctor Issue. 2014-2018
- **First Prize, USAID-Humanity United Tech Challenge for Atrocity Prevention competition**. Member of Physician for Human Rights team that conceived of and designed a mobile forensic application, *MediCapt*. January 2013
- **The John Eisenberg Career Development Award**. Georgetown Women in Medicine. October 2010
- **Emerging Leader Award**. Society of Teachers of Family Medicine, annual STFM-NE conference/Family Medicine Education Consortium (FMEC). October 2009.
- Featured on the cover of Parade Magazine, as one of "America's Top Doctors", alongside Sanjay Gupta and Francis Collins. September 2009.
- **Teaching Excellence Award** given by the residents of the Georgetown University/Providence Hospital Family Medicine Residency Program. June 2009
- **Finalist**, MORE (Media Orthopedic Reporting Excellence) Awards, The American Academy of Orthopedic Surgeons. "Do You Need This Surgery", Parade Magazine. October 2008
- **Nominee**, Spring Golden Apple Award (class of 2011). May 2008.
- **Nominee**, National Magazine Award (The Truth About Hormones, Parade Magazine). May 2008
- **Natural Medicine Recognition Award**. Georgetown University/Providence Hospital Family Medicine Residency Program. June 2007
- **Nominated and Selected**. Bertelsmann Foundation Young Leaders Fellowship Network. June 2007.
- **3<sup>rd</sup> Place**, Providence Hospital Resident Research Day. Providence Hospital, Washington, DC. March 2007
- **Gold Triangle Award**, Health Writing, Parade Magazine. American Academy of Dermatology. March 2004
- **International Programs Award**. Georgetown University School of Medicine. May 2002
- **Young Ambassador**. Vienna, Austria. Selected to represent the State of Israel in political, social and cultural dialogues with Austrian students and youth. October-December 1987.

## **PROFESSIONAL SOCIETY MEMBERSHIP**

- American Academy of Family Physicians 2002-present
- American Medical Association 2000-present
- Society of Teachers of Family Medicine 2008-present
- Association of Health Care Journalists 2004-present
- American Public Health Association 2003-Present
- Association Prevention Teaching and Research APTR 2010-2013
- Global Health Council 2003-2012

## **PUBLIC AND PROFESSIONAL SERVICE**

### **International and National Committees**

- **Member**, OMCT (The World Organisation Against Torture) Covid-19 Crisis Action Group. 2021-present.
- **Member**, Health Policy Committee. Joe Biden for President. June 2020-October 2020.
- **Member**, Steering Committee. US End FGM/C Network. 2018-2021.
- **Member**, Health Equity Committee. WONCA (World Organization of Family Doctors). 2018-2020.
- **Member**, Istanbul Protocol Update Supplement Project. Working Group: Ethical Codes. 2018-present.
- **Co-Chair and Founder**, US Clinician Network on FGM. 2016-present.
- **Vice-Convenor** WONCA (World Organization of Family Doctors), Executive Committee, Group on Conflict & Catastrophe Medicine 2015-2018.
- **Chair**, Healthcare Working group. First annual US End FGM/C Summit. Washington, DC, July-December 2016.
- **American Academy of Family Physicians (AAFP)** 2014-present.
  - **Representative**, Amgen 2019 Health Equity Summit. April 2019.
  - **Appointed Commissioner**, Health of the Public and Science (CHPS) 2014-2018. Sub-committees: Clinical Practice Guidelines, Public Health.
  - **Chair**, Committee on Public Health Issues (SPHI), American Academy of Family Physicians. 2015-2018.
  - **Chair**, Working Group on Antimicrobial Resistance. AAFP. June 2016-2018.
  - **Liaison**, Global Health MIG liaison to CHPS 2016-2017
  - **Representative** to the National Lupus Foundation Annual Meeting. Indianapolis, IN. June 2016
  - **Board-appointed Liaison** to the US National Breastfeeding Coalition (USBC). 2015-2017.
  - **Board-appointed Liaison** to American College of Obstetrics and Gynecology's (ACOG) Committee on Practice Bulletins on Obstetrics. 2014-2017.
  - **Board-appointed Liaison** to the CDC and National Association of Chronic Disease Directors (NACDD) committee to develop a public health agenda for Lupus 2015
  - **Member**, AAFP selection committee Public Health Physician of the Year. 2013-2014.
- **Delegate (DC)**. DC-Academy of Family Physicians Chapter. Women's Constituency. National Conference of Constituency Leaders (2016, 2014)
- **Member**, International Consortium for Torture Scar Documentation and Photo Atlas. Brussels, Belgium. 2015- 2016.
- **Member**, Education and Research committees HEAL Trafficking, an international coalition of health professionals united against human trafficking. 2014-current.
- **Member**, Outcomes & Evaluation Center Advisory Leadership Committee. PCPCC (Patient-Centered Primary Care Collaborative). Current. December 2012-2015
- **Member**, US Masters Swimming Health Network. Sports Medicine & Science Committee, United States Masters Swimming. Authored Report: Transgender Rules in Sports Participation. October 2011-current.
- **Member**. STFM Group On Public Health in Medical School Education. July 2011-2013.
- **Advisory Committee Member**. The SAGE Project: Assessing the Social Accountability of Global Health Experiences. Society of Teachers of Family Medicine Group on Global Health. 2011-2013.
- **Medical Education Committee Member**. Center for the Rural Development of Milot (CRUDEM) Foundation. Haiti.



2011-2013

- **Judge**, Family Medicine Physician of the Year 2010, AAFP, 2009.

### **Board Membership**

- **Director**, elected to the Board of Directors of the National Physicians Alliance. 2017-2018. Chair, Communications Committee.
- **Advisory Board Member**. AAFP National Research Network (NRN). 2018-2021.
- **Member**, steering committee Pregnancy Risk Assessment Monitoring System, (PRAMS). DC DOH 2016-2020.
- **Member**, Maternal Child Health Advisory Council DC DOH 2016-Present.
- **Advisory Board Member**, AAFP Center for Global Health Initiatives (CGHI). July 2015 – 2018.
- **Elected Board Member**. DC Chapter, American Academy of Family Medicine. 2-year term. 2012-14, 2014-2016, 2017-2019, 2019-2021. Co-chair, Advocacy Committee
- **Board Member**, Community Advisory Board (CAB) of the Georgetown- Howard Universities Center for Clinical and Translational Science (GHUCCTS). 2013-Present
- **Elected Board Member**. Healing Across the Divides (Middle East based NGO). 2010-2018
- **Elected Member, Board of Directors**. CC AHEC – Capital City Area Health Education Center. 2008

### **INVITED TALKS: NATIONAL AND INTERNATIONAL.**

#### **Invited guest speaker.**

- Invited as guest speaker to provide more than a dozen talks about COVID-19, COVID-19 and Human Rights, COVID-19 and immigration detention and carceral settings; COVID-19 vaccine mandates; Asylum in the time of COVID; US Asylum policies. 2020-Present
- Human Rights Violations Against the Rohingya from Myanmar to Bangladesh. Genocide and War Crimes in Burma. Finding Paths Forward. August 9, 2020.
- Medical-Legal Partnerships in the Time of COVID-19. University of California, Irvine Law School. July 2020.
- COVID-19 and Immigration Detention. ACLU of Ohio. June 2020.
- Asylum Medicine. Health and Human Rights Conference. University of Minnesota, April 21-22, 2020. [Cancelled due to the Coronavirus Pandemic].
- (Keynote) Beyond the Social Determinants of Health: Looking at Population Health Through a Human Rights Lens and the Political Determinants of Health. National Collaborative for Education to Address the Social Determinants of Health. Chicago, IL. April 28, 2020. [Cancelled due to the Coronavirus Pandemic]
- Pediatric Asylum Medicine. Massachusetts General Hospital for Children Pediatric Global Health Summit. Boston, MA May 12, 2020 (Postponed due to the Coronavirus Pandemic)
- Human Rights and Technology: MediCapt. Center for Public Health and Human Rights at JHSPH, Spring Symposium. May 5th, 2020. [Cancelled due to the Coronavirus Pandemic]
- Local Care with a Global Perspective. Human Rights: from Global to Local. Annual meeting TASSC International. Washington College of Law, American University. June 26, 2019. Washington, DC.
- Human Trafficking. What Clinicians Need to Know. Grand Rounds, Franklin Square Family Medicine Residency Program. Baltimore, MD. May 2<sup>nd</sup> 2019.
- What Child Protective Services Need to Know about FGM/C. 21st National Conference on Child Abuse and Neglect (NCCAN). Washington, DC April 2019.
- Clinicians' Role in Addressing Health Inequities. Amgen Health Equity Summit. Washington, DC. April 2019.
- The Health of Forced Migrants. GlobeMed Capitol Hilltop 2019. George Washington University. April 2019.
- PHR Asylum Training Workshop. Houston, TX. March 2019.
- The US Asylum System: Medical Evaluations. University of Illinois Chicago Medical Center. January 19, 2019.
- "The Political Determinants of Health" Universal Health Care Action Network (UHCAN), National Stakeholder conference. Tuesday, November 13, 2018.
- Physicians Role in Human Rights. A Personal Journey. UNC Department of Family Medicine. September 2018.



- Working with Media to Amplify Your Actions. Affordable Medicine Now National Conference. Washington, DC. June 2018
- Killer Medicine. A Forensic Look at Health Care Policies and Practices During and Since the Holocaust. Washington, DC March 2018.
- Female Genital Mutilation/Cutting: What Medical Service Providers Need to Know. Meeting organized by DOJ, HHS. March 2018. Washington, DC.
- Gun Violence Prevention Media Training Webinar for Physicians. National Physicians' Alliance. March 2018.
- Opening Remarks, PHR National Student Conference, Annual Meeting. November 2017, Washington DC (via skype from Bangladesh)
- The Social Determinants of Health -- a Global Perspective. Workshop for participants of International Center for Journalists (ICFJ) 2017 Global Health Reporting Contest. Washington, DC September 2017
- Asylum Healthcare; FGM/C. The 2nd Annual North Carolina Refugee Health Conference: Challenges & Opportunities. Greensboro, NC. August 2017
- Using a mobile app to document sexual violence in conflict zones. Gender-Based Violence (GBV) Task Force of USAID's Interagency Gender Working Group (IGWG). Washington, DC. June 2017.
- Keynote Speaker. DC Superior District Court, Naturalization Service. April 2017.
- American Family Physician Podcast. Advocacy and Family Medicine. March 23, 2017
- Forced Migration. The Health of Refugees, Asylum Seekers and Unaccompanied Youth. Ranit Mishori. AMSA Annual National Conference. Crystal City, VA. February 2017.
- Media 101. How Physicians should talk to the media. National Physician Alliance (NPA) Health Policy Seminar. February 18, 2017.
- Refugee and Asylee Health. OUWB School of Medicine. Detroit, Michigan. January 2017.
- AMA Journal of Ethics. January 2017. Human Trafficking and Medicine. AMA Journal of Ethics. Podcast. Responding to Trafficked Persons in Health Care Settings: An Interview with Dr. Ranit Mishori. January 2017.
- Zika Webinar, for AAFP. Mishori, R. Zika Virus: an Update for Family Physicians. September 2016.
- Female Genital Mutilation. Round Table. US Department of Justice. June 2016. Baltimore, MD.
- Mishori, R. Brick, M, Alley, A. Fostering Sustainable Lupus Awareness and Education Annual Leadership Institute, Lupus Foundation of America. Indianapolis, Indiana. June 20, 2016
- Refugee Health. SUNY Upstate Medical University MPH Program. Grand Rounds. April 2016.
- Public Health Issues in the US. International Center for Journalists (ICFJ), International Health Reporting Fellowship Program November 2015.
- "Women, Health and the Global Battle for Dignity and Rights" PHR National Student Conference. Columbia University School of Surgeons and Physicians. NYC, November 2015.
- Refugee Health in North America. AAFP Annual Global Health Workshop. October 2014 (San Diego, CA); October 2015 (Denver, CO)
- Covering Maternal and Child Health in the US and Globally. International Center for Journalists ICFJ, International Health Reporting Fellowship. September 2014
- Covering Community health and health disparities. International Center for Journalists ICFJ, Community Health Reporting Fellowship. June 2014
- A mobile app to document sexual violence. Global Summit to End Sexual Violence in Conflict. London, June 2014.
- Media and Health: Research Collaboration and Opportunities. Georgetown University Department of Linguistics Monthly Health Discourse Seminar. September 27, 2013.
- The US Health Care System: Stories, Resources and Databases. International Center for Journalists ICFJ, Global Health Reporting Fellows. May 2013
- Female Genital Cutting: Clinical and Legal Issues. Georgetown Law Center. March 2012, 2013, 2014. 2016. 2017. 2018.
- Human Rights and Medical Practice. Virginia Commonwealth University/Fairfax Family Medicine Residency Program. April 13 2012
- Being a Patient 101: How to Navigate a Complex Health Care System. Georgetown University Mini-Med School. October 2008
- What is Family Medicine? National Youth Leadership Forum on Medicine. July 2007

**Invited Moderator**

- Moderator: "Sexual Violence, Trauma, and Neglect: Observations of Health Care Providers Treating Rohingya Survivors in Refugee Camps in Bangladesh. October 22, 2020.
- Moderator of a number of global webinars for Physicians for Human Rights on COVID-19 (including on K-12 Education, Human Rights Advocacy, COVID in Prisons and Detention Centers, COVID and Health Professional Safety). April 2020 – Present.
- Webinar: Medico-Legal Collaboration: Writing Expert Declarations for Legal Cases. PHR Webinar. April 7, 2020.
- Webinar: COVID-19 and Personal Protective Equipment. PHR Webinar. April 2020.
- Migrant Health In Crisis. An International Symposium. Moderator: Border Health – Focus on the US-Mexico Border. Washington, DC November 2019.
- NEJM Group Open Forum. The Unhealthy Effects of US Health Care of Aggressive Travel Restrictions. March 27-31, 2017.
- Medical & Service Providers. End Violence Against Girls: Summit on FGM/C. December 2, 2016, United States Institute of Peace (USIP)
- Plenary panel on Refugee Health with Dr. Curi Kim, Director for the Division of Refugee Health (DRH) at the Office of Refugee Resettlement (ORR) within the Administration for Children and Families. AAFP Global Health Workshop. Atlanta, Georgia, September 2016.

#### **Invited Panelist**

- MGHfC 2020 Global Health Summit: Human Migration and Child Health. October 5, 2020. Harvard Medical School.
- Health Implications of Potential Election-related Violence. Physicians for Human Rights Briefing. October 23, 2020.
- Overtreatment. Kaiser Family Foundation. September 2018.
- Best Practices and Solutions. End Violence Against Girls: Summit on FGM/C. December 2, 2016, United States Institute of Peace (USIP).
- Panel on the topic of "Communicating Scholarship in the 21<sup>st</sup> Century and to Generations to Come," a Symposium that is being sponsored by the Scholarly Communication Committee. April 2014
- Women's Health. National Journal "Women 2020 Super Summit: Celebrating Progress: How Women Are Changing the World", July 18, 2013, Washington, D.C.
- Washington Ideas Forum Working Summit- Health, Healthcare and Wellness. The 4<sup>th</sup> Annual Washington Ideas Forum. The Aspen Institute/The Atlantic. November 2012.
- Avoiding Avoidable Care Leadership summit, organized by the Lown Cardiovascular Research Foundation and the New America Foundation, and co-hosted by the Institute of Medicine. Cambridge, MA April 25-26, 2012.
- The Role of Public/Private Partnerships in Treating Illnesses Plaguing the Developing World. Research!America and The Atlantic. December 6<sup>th</sup>, 2011.
- The Future of Health Reform. The 3<sup>rd</sup> Annual Washington Ideas Forum. The Aspen Institute/The Atlantic. October 5, 2011.

#### **Invited Contributor:**

- Invited to contribute bi-monthly video commentaries for the Primary Care/Family Medicine online Channel. Medscape Primary Care. 2014-present. <https://www.medscape.com/partners/gumc-fm/public/gumc-fm>

#### **UNIVERSITY SERVICE**

**Media appearances** on TV, radio, print, on behalf of Georgetown University, and Physicians for Human Rights. Live interviews, taped interviews and quotes on: NPR (ATC), The Today show, CNN, The Diane Rehm Show, Talk of the Nation, The Associated Press, USA Today, CBS News, MSNBC.com, ABCNews, Voice of America, WUSA, abcnews.com, Los Angeles Times, Chicago Tribune, Fox Channel 5, The Guardian, among many others.

#### **Committee Membership**

- Chair, Public Health Advisory Group. 2020-Present
- Georgetown University Medical Center. Diversity Committee (Leadership subcommittee). 2018-present
- Georgetown University, Advisory Committee to the Gender Equity Task Force. 2017-2019
- Georgetown University. Scholarly Communication Committee 2017-2018.
- Georgetown University Medical Center Faculty Senate (elected) 2017- 2019.
- MedStar-Georgetown Population Health Steering Committee. 2017-2018.
- Medical Center's Philanthropy Faculty Advisory Committee. 2016-2019.
- GUMC IRB-C (Social Behavioral). 2016-2017. Alternate member 2018 - present
- GUMC Faculty Development Advisory Board and subcommittee on mentoring. 2014-2016.
- CENTILE Programs Working Group. 2013-2016
- CAB Academic Partnered Research Subcommittee (APRS) 2013-2016.
- Community Advisory Board (CAB) of the Georgetown- Howard Universities Center for Clinical and Translational Science (GHUCCTS). 2013-Present
- Subcommittee on Evaluation and Assessment (SEA), Georgetown University School of Medicine. 2008-2012.
- Institutional Review Board (IRB). Providence Hospital. 2006-2012.
- LCME Sub-committee on Student Affairs. Georgetown University School of Medicine. 2010
- Clerkship Directors Committee. Georgetown University School of Medicine. 2008-2010
- Resident Chair, Department Family Medicine Residency Program. Patient Education Committee. 2007-2008
- Steering Committee. CAPRICORN, Primary Care Research Network, Department of Family Medicine, Georgetown University Medical Center. 2003-2004
- Student Medical Education Committee, Georgetown University School of Medicine. 2001-2002

#### Leadership and Stewardship

- **Chair**, Scholarly Activities Committee, Department of Family Medicine. June 2017-2020
- **Co-Founder, Faculty Advisor and Leader** Student-run Asylum Program. July 2014-current.
- **Faculty Advisor and Leader**. Student Incarceration Health interest group. 2017 –present.
- **Initiator and Founder** annual GU Student Family Medicine/Primary Care Research Award 2015- present
- **Founder and Co-Leader**. First Annual Institute of Medicine (IOM)/Georgetown University DC Regional Public Health Case Competition. 2013-2016.
- **Faculty leader** and organizer. Georgetown team's participation in the Emory Global Health Case Competition. March 2013, 2014.
- **Faculty Advisor**. groups on Global Health and Public Health. 2010-2016
- **Advisory Board Member**, NIH Grant: Experience of Polyvictimization in Latino and Black African Immigrant Youth. (PIs: Edilma Yearwood, Elzbieta Gozdzia, Rosemary Sokas). October 2013-2015.
- **Invited member** of group on Women and Human Development, as part of a University-wide initiative in Global Human Development. 2012.

#### University Service, Other

- **Faculty Advisor**, GUSOM Population Health Track. 2014-2019
- **Judge** Annual George M. Kober Student Research Day 2013-current
- **Volunteer Physician**. Hoya Clinic, Student-run free clinic. 2009-2010
- OSCE Review and Remediation. Georgetown University School of Medicine. 2008-2010.
- **Interviewer**. Medical School Applicants. Georgetown University School of Medicine. 2008-2009

## ARTICLES IN PEER REVIEWED JOURNALS

- Pogue M, Raker E, Hampton K, Saint Laurent ML, **Mishori R**. Conducting remote medical asylum evaluations in the United States during COVID-19: Clinicians' perspectives on acceptability, challenges and opportunities. *J Forensic Leg Med*. 2021 Sep 23;84:102255. doi: 10.1016/j.jflm.2021.102255. Online ahead of print.
- Uppal N, Sandoval RS, Erfani P, **Mishori R**, Peeler KR Alternatives to Detention: Immigration Reform Grounded in Public Health. *Am J Public Health*. 2021 Aug;111(8):1395-1397. doi: 10.2105/AJPH.2021.306399.
- Dormanesh A, Wang JH, **Mishori R**, Cupertino P, Longcoy J, Kassaye S, Kaljee L, Smith C, Loffredo CA. Adherence to clinical follow-up recommendations for liver function tests: A cross-sectional study of patients with HCV and their associated risk behaviors. *Prev Med Rep*. 2021 Jul 6;23:101482. doi: 10.1016/j.pmedr.2021.101482. eCollection 2021 Sep.
- **Mishori R**, Naimer K, McHale T, Johnson K, Fateen D, Gillette-Pierce Z. To confront sexual violence, we must train non-forensic experts to perform medico-legal evaluations. *Med Sci Law*. 2021 Jun 29:258024211029075. doi: 10.1177/00258024211029075. Online ahead of print.
- Barnert E, Katsanis SH, **Mishori R**, Wagner JK, Selden RF, Madden D, Berger D, Erlich H, Hampton K, Kleiser A, La Vaccara A, Parsons TJ, Peccerelli FA, Piñero MH, Stebbins MJ, Vásquez P, Warf CW, White TJ, Stover E, Svetaz MV. Using DNA to reunify separated migrant families. *Science*. 2021 Jun 11;372(6547):1154-1156. doi: 10.1126/science.abh3979. Epub 2021 May 27.
- **Mishori R**, Hampton K, Habbach H, Raker E, Niyogi A, Murphey D. "Better than having no evaluation done": a pilot project to conduct remote asylum evaluations for clients in a migrant encampment in Mexico. *BMC Health Serv Res*. 2021 May 26;21(1):508. doi: 10.1186/s12913-021-06539-5.
- O'Neal L, Heisler M, **Mishori R**, Haar RJ. Protecting providers and patients: results of an Internet survey of health care workers' risk perceptions and ethical concerns during the COVID-19 pandemic. *Int J Emerg Med*. 2021 Mar 24;14(1):18. doi: 10.1186/s12245-021-00341-0.
- Saadi A, Hampton K, de Assis MV, **Mishori R**, Habbach H, Haar RJ. Associations between memory loss and trauma in US asylum seekers: A retrospective review of medico-legal affidavits. *PLoS One*. 2021 Mar 23;16(3):e0247033. doi: 10.1371/journal.pone.0247033. eCollection 2021.
- Johng SY, **Mishori R**, Korostyshevskiy VR. Social Media, Digital Scholarship, and Academic Promotion in US Medical Schools. *Fam Med*. 2021 Mar;53(3):215-219. doi: 10.22454/FamMed.2021.146684.
- Sirkin, S. Hampton, K. **Mishori, R**. Health Professionals, Human Rights Violations at the US-Mexico Border, and Holocaust Legacy *AMA J Ethics*. 2021;23(1):E38-45.
- Earp BD, **Mishori R**, Rotta AT. Newborn Circumcision Techniques and Medical Ethics. Earp BD, Mishori R, Rotta AT. *Am Fam Physician*. 2021 Jan 15;103(2):69-70.
- **Mishori R**, Ottenheimer D, Morris Conducting an asylum evaluation focused on female genital mutilation/cutting status or risk. *E. Int J Gynaecol Obstet*. 2020 Dec 22.
- Erfani P, Uppal N, Lee CH, **Mishori R**, Peeler KR. COVID-19 Testing and Cases in Immigration Detention Centers, April-August 2020. *JAMA*. 2020 Oct 29. doi: 10.1001/jama.2020.21473. Online ahead of print
- Oberg C, Kivlahan C, **Mishori R**, Martinez W, Raul Gutierrez J, Noor Z, Goldhagen J. Pediatrics. 2020 Oct 27:e2020012930 Treatment of Migrant Children on the US Southern Border Is Torture. doi: 10.1542/peds.2020-012930. Online ahead of print.
- Reingold RB, Barbosa I, **Mishori R** Respectful maternity care in the context of COVID-19: A human rights perspective. *Int J Gynaecol Obstet*. 2020 Sep 18. doi: 10.1002/ijgo.13376. Online ahead of print. PMID: 32944956
- **Mishori R**, Antono B. Telehealth, Rural America, and the Digital Divide. *J Ambul Care Manage*. 2020 Oct/Dec;43(4):319-322. doi: 10.1097/JAC.0000000000000348. PMID: 32858734
- Otubu O, **Mishori, R**. Immunizing in a Global Society: Vaccines for Travelers. *Prim Care*. 2020 Sep;47(3):497-515. doi: 10.1016/j.pop.2020.05.005. Epub 2020 May 21. PMID: 32718446
- Green L, Fateen D, Gupta D, McHale T, Nelson T, **Mishori R** Providing women's health care during COVID-19: Personal and professional challenges faced by health workers. *Int J Gynaecol Obstet*. 2020 Jul 21. doi: 10.1002/ijgo.13313. Online ahead of print. PMID: 32692854
- Johnson K, Green L, Volpellier M, Kidenda S, McHale T, Naimer K, **Mishori R**. The impact of COVID-19 on services



for people affected by sexual and gender-based violence.

Int J Gynaecol Obstet. 2020 Jul 17. doi: 10.1002/ijgo.13285. Online ahead of print. PMID: 32677038

- McKenzie KC, **Mishori R**. Releasing Migrants from Detention During the Covid-19 Pandemic. J Gen Intern Med. 2020 Sep;35(9):2765-2766. doi: 10.1007/s11606-020-05954-4. Epub 2020 Jun 15. PMID:
- McKay D, Heisler M, **Mishori R**, Catton H, Kloiber O. Attacks against health-care personnel must stop, especially as the world fights COVID-19. Lancet. 2020 Jun 6;395(10239):1743-1745. doi: 10.1016/S0140-6736(20)31191-0. Epub 2020 May 20. PMID: 32445692
- Earp, B. D., **Mishori, R.**, & Rotta, A. T.. "Newborn circumcision techniques and medical ethics.." American Family Physician (July 25, 2020)
- **Mishori, R.** Otubu O. The Older Driver. Am Fam Physician. 2020 May 15;101(10):625-629. PMID: 32412218 No abstract available.
- Molly Bloom, **Ranit Mishori**. "What Are The Predictors Of Success Or Failure Of Balloon Tamponade In The Treatment Of Postpartum Hemorrhage?." Evidence-based Practice, Publish Ahead of Print (July 15, 2020)
- **Ranit Mishori**, Katherine Stolarz, Anita Ravi, Valeriy R. Korostyshevskiy, Ronald Chambers And Peter Cronholm. "Assessing Family Medicine Residency Programs' Training On Human Trafficking: A National Survey Of Program Directors." Journal Of Human Trafficking (July 2, 2020): 1-13.
- **Mishori, R.** Words matter: Charting the landscape of US and international English-speaking health profession organizations' Public Statements about FGM/C. J Obstet Gynaecol Can. 2020 Feb;42(2):e20. doi: 10.1016/j.jogc.2019.11.034. Epub 2020 Jan 30.
- Wikholm K, **Mishori R**, Ottenheimer D, Korostyshevskiy V, Reingold R, Wikholm C, Hampton K. Female Genital Mutilation/Cutting as Grounds for Asylum Requests in the US: An Analysis of More than 100 Cases. J Immigr Minor Health. 2020 Mar 18.
- Crosby SS, Olong N, Volpellier MM, **Mishori R**. Virginity testing: recommendations for primary care physicians in Europe and North America. BMJ Glob Health. 2020 Jan 20;5(1):e002057
- **Mishori, R.** U.S. Policies and Their Effects on Immigrant Children's Health. Am Fam Physician. 2020 Feb 15;101(4):202-204.
- Moss D; Gutzeit Z, Filc D, **Mishori R**, Davidovich N. Ensuring migrants' right to health? The case of undocumented children in Israel. BMJ Pediatrics. MJ Paediatrics Open 2019;3:e000490
- Haar RJ, Wang K, Venters K, Salonen S, Patel R, Nelson T, **Mishori R**, Parmar PK. "Documentation Of Human Rights Abuses Among Rohingya Refugees From Myanmar." *Conflict And Health*, 13, 1 (December 1, 2019): <https://doi.org/10.1186/s13031-019-0226-9>.
- **Ranit Mishori**, Hope Ferdowsian, Karen Naimer, Muriel Volpellier and Thomas Mchale. "The Little Tissue That Couldn't – Dispelling Myths About The Hymen's Role In Determining Sexual History And Assault." *Reproductive Health*, 16, 1 (December 1, 2019): 10.1186/s12978-019-0731-8.
- Noemi C. Doohan And **Ranit Mishori**. "Street Medicine: Creating A "classroom Without Walls" For Teaching Population Health." *Medical Science Educator* (November 1, 2019): 10.1007/s40670-019-00849-4.
- Atkinson H., Ottenheimer D. **Mishori, R**. Research Priorities to Address Female Genital Mutilation/Cutting in the United State. American Journal of Public Health (September 20, 2019): doi:10.2105/AJPH.2019.305259..
- Earp B, et al (**Mishori, R**). The Brussels Collaboration on Bodily Integrity (2019) Medically Unnecessary Genital Cutting and the Rights of the Child: Moving Toward Consensus, The American Journal of Bioethics, 19:10, 17-28,
- Kureshi S, Namak SY, Sahhar F, **Mishori R** (2019) Supporting the Integration of Refugee and Asylum Seeking Physicians Into the US Health Care System. Journal of Graduate Medical Education: August 2019, Vol. 11, No. 4s, pp. 22-29.
- **Mishori, R**. The Use of Age Assessment in the Context of Child Migration: Imprecise, Inaccurate, Inconclusive and Endangers Children's Rights. *Children* 2019, 6(7), 85
- **Mishori, R**. Ferdowsian K, Naimer K. Volpellier M., McHale T. The Little Tissue That Couldn't – Dispelling Myths About the Hymen's Role in Determining Sexual History and Assault. *Reproductive Health* volume 16, Article number: 74 (2019)
- McKenzie K., **Mishori, R**. Ferdowsian H. 12 Tips on Teaching Human Rights in Medical Education. *Medical Teacher*. Med Teach. 2019 Jul 17:1-9.
- **Mishori R**. The Political Determinants of Health. *Medical Care*. Medical Care: July 2019 - Volume 57 - Issue 7; p 491–493
- **Mishori, R**, Singh L, Lin K, Wei Y. #Diversity: . Conversations on Twitter about Women and Black Men in Medicine. *Journal of the American Board of Family Medicine*. J Am Board Fam Med January 2019, 32 (1) 28-36;
- Wellbery C, **Mishori R**. Deck the Halls with Diverse Portraits. *JAMA*. 2018 Aug 14;320(6):528-530. doi: 10.1001/jama.2018.11013.

- Choudhary I., **Mishori, R.** Kim, S. Words Matter: Charting the Landscape of US and International Health Profession Organizations' Public Statements about FGM/C. Submitted to the Journal of Immigrant and Minority Health.
- **Mishori, R.** What Needs to Change to Make Deprescribing Doable. *Fam Pract Manag.* 2018 May/Jun;25(3):5-6.
- Nguyen BM, Link KW, **Mishori, R.** Public Health Implications of Overscreening For Carotid Artery Stenosis, Prediabetes and Thyroid Cancer. *Public Health Rev.* 2018 Jul 2;39:18. doi: 10.1186/s40985-018-0095-6. eCollection 2018. Review.
- **Mishori, R.** Warren, N, Reingold R. Female Genital Mutilation. Curbside Consultation. *Am Fam Physician.* 2018 Jan 1;97(1):49-52.
- Namak S, Sahhar F, Kureshi S, El RAYess F, **Mishori, R.** Integrating Refugee and Asylee Health Professionals into the US Healthcare System. *Forced Migration Review.* Pp 16-18. June 2018.
- **Mishori, R.**, Kureshi, S, Ferdowsian, H. War Games: Using an Online Game to Teach Medical Students About Survival During Conflict. 'When my Survival Instincts Kick in, What am I Truly Capable of in Times of Conflict?' *Medicine, Conflict and Survival*, 2017 Dec 5:1-13.
- Abdulkadir N....**Mishori, R.**...et al. Female Genital Mutilation/Cutting: sharing data and experiences to accelerate eradication and improve care: part 2: *Reprod Health.* 2017; 14(Suppl 2): 115. Published online 2017 Sep 15.
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- Atkinson H., Bowers M, **Mishori, R.** Ottenheimer D. "Female Genital Mutilation Reconstruction: A Preliminary Report" Letter to the Editor. *Aesthetic Surgery Journal.* 2017 Oct 1:37(9).
- Naimer, K., Brown, W., **Mishori, R.** MediCapt in the Democratic Republic of the Congo: The Design, Development, and Deployment of Mobile Technology to Document Forensic Evidence of Sexual Violence. *Journal of Genocide Studies and Prevention (June 2017).*
- **Mishori, R.**, Anastario, M., Naimer, K, Varanasi S., Ferdowsian H, Abel D, Chugh K. mJustice: Preliminary Development of a Mobile App for Medical-Forensic Documentation of Sexual Violence in Low-Resource Environments and Conflict Zones. *Global Health Science and Practice.* March 24, 2017 vol. 5 no. 1 p. 138-151
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- S. Rajamoorthi, **R. Mishori**, L. Buchanan, E. Morris. Global is Local: Assessing Family Medicine Residency Programs' Training on the Care of Immigrants, Migrants, Torture Survivors, Asylees and Refugees (IMTARs). *Annals of Global Health*, Vol. 83, Issue 1, p133-134. Published in issue: January-February, 2017
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- **Mishori, R.** Wellbery, C. Letter to the Editor: RE: Authorship Concerns and Who Truly Owns a Research Idea? 5 January 2016. *Pediatrics.* November 2015, Volume 136/Issue 5.
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- Christopher Morley, PhD; Jacob Prunuske, MD, MSPH; **Ranit Mishori**, Scott Rosas PhD; William Jordan, MD, MPH; Yumi Shitama Jarris, MD Essential Public Health Competencies for Medical Trainees: Establishing a Consensus. Teaching and Learning in Medicine: An International Journal. Abstracts From the Proceedings of the 2014 Society of Teachers of Family Medicine (STFM) Conference on Medical Student Education
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- **Mishori R**, Aye Otubu, Vince WinklerPrins. Working with International Populations. Abroad or in your own Backyard. Fam Pract Manag. 2013 Sep-Oct;20(5):27-30.
- Jacob Prunuske, **Ranit Mishori**, Christopher Morley. The Extent and Methods of Public Health Instruction in Family Medicine Clerkships.. Family Medicine. July 2013.
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- David S. Meyers, **Ranit Mishori**, Jessica McCann, Jose Delgado, Ann S. O'Malley, and Ed Fryer Primary Care Physicians' Perceptions of the Effect of Insurance Status on Clinical Decision Making. Ann Fam Med 2006 4: 399-402



## **BOOK CHAPTERS**

- Developing Global Health Programming: A Guidebook for Medical and Professional Schools, Second Edition. Chapter 7: Teaching and Implementing Advocacy. Editor: **Ranit Mishori**, Lindsey Briggs. ISBN 9780578127217. Copyright: Global Health Collaborations Press. Published January 15, 2014.
- Haiti: Clinical Medical Guide. **Ranit Mishori**, Editor: Maternal Care Chapter. Editor: Preventive Health Chapter. Publication. Fall 2012.
- Marguerite Duane, **Ranit Mishori**. Chapter: Preventive Medicine. In Essentials of Family Medicine, 6<sup>th</sup> Edition. Editors: Sloane et al. Publication Date: May 20, 2011. ISBN/ISSN: 9781608316557

## **POLICY STATEMENTS**

- Co-author, Multiple Health Policies of the Pete Buttigieg presidential campaign. April 2019-March 2020.
- Co-Author, AAFP Position paper on Mental Health in Primary Care. 2018.
- Co-Author, AAFP Position paper on Incarceration and Health. 2016.
- Co-author, AAFP Policy Healthy Nutrition in Health Care Facilities and Other Workplaces 2016
- Co-Author, AAFP Policy Violence as a Public Health Concern 2016
- Co-Author, AAFP Policy on Organ Donation, 2016
- Lead Author, AAFP Position Paper, Mental Health Care Services by Family Physicians 2016
- Lead Author, AAFP Policy, Human Trafficking 2016
- Lead Author: AAFP Position paper Youth Violence and Media 2015
- Lead Author: AAFP Policy. Female Genital Cutting 2015
- Co-Author: AAFP Tobacco and Nicotine Product Policy 2015
- Co-author: AAFP position paper PreConception Counseling 2015
- Co-author AAFP position paper: Youth Alcohol Advertising 2015
- Co-Contributor: APHA Policy Proposal: Support for More Training and Research on the Interaction Between Human Trafficking and Healthcare. 2015.
- Lead Reviewer, author: AAFP Resolution. Don't Rape Programs 2014
- Lead Reviewer, author: AAFP Resolution. Sexual Assault Resources. 2014
- Co-Author: AAFP Tobacco and Nicotine Product Policy 2014
- End Violence Against Girls: FGM/C Summit report. Healthcare Sector Recommendations Strategies to Respond to FGM/C in the United States. Published April 2017. [http://www.equalitynow.org/sites/default/files/Summit%20-FGM\\_Recommendations\\_HEALTHCARE\\_sector.pdf](http://www.equalitynow.org/sites/default/files/Summit%20-FGM_Recommendations_HEALTHCARE_sector.pdf)
- **Mishori, R.** Carson, C. Participation of Transgender Athletes in Sports: A Review (2014 Update). White paper prepared for The US Masters Swimming Rules Committee, Subcommittee on Competition after Gender Reassignment. December 2014
- **Mishori, R.** Participation of Transgender Athletes in Sports: A Brief Review. White paper prepared for The US Masters Swimming Rules Committee, Subcommittee on Competition after Gender Reassignment. April 2012.

A list of oral conference presentations and posters can be provided upon request.

## **Articles in Non Peer-Reviewed Publications**

Published **over 250 articles** in the popular press.

- Regular Columnist for Parade Magazine. StayHealthy column (readership 70-million). 2008-2011.
- Other Publications include: Washington Post, The Hill, The Huffington Post. Angle Journal. AARP - The Magazine, The New York Daily News and others. 2002-Present.

**PUBLICATION LIST MAY BE REQUESTED SEPARATELY.**

**Other Scholarly Contributions**

**Recent Online Publications:**

- Divya Manoharan Cesar A. Lopez Kate Sugarman Ranit Mishori Zackary Berger. "The US Must Prioritize Vaccine Distribution To Undocumented Immigrants And Immigrants In Detention Centers." *Health Affairs*. 2021
- Ranit Mishori. "To vaccinate America, close the digital divide." *The Hill*. 2021
- Ranit Mishori. "Docs Fight Back Against COVID Conspiracy Theories." *Medscape*. Aug 2020
- Ranit Mishori. "Doctors and Politicians Must Sometimes Deliver Bad News." *Medscape*. Sept 2020
- Ranit Mishori. "The United States needs a formal inquiry into our public health catastrophe." *BMJ* August 5, 2020
- Ranit Mishori. "Despite pandemic, some college students want to be on or near campus. Here are ways for them to reduce their risks.." *The Washington Post*. 2020
- Thomas Belcher, Ranit Mishori, Kathryn Hamptom. "In COVID Response, ICE May be Misusing a Common Disinfectant in Detention Facilities." *The Medical Care Blog*. 2020
- Michele Heisler, Ranit Mishori. "Governors Must Protect the Health Workers Who Protect Us Read more at: <https://www.bloombergquint.com/gadfly/states-must-protect-health-workers-amid-the-coronavirus-crisis> Copyright © BloombergQuint." *Bloomberg News*. 2020
- Ranit Mishori. "World Refugee Day: Renew efforts to integrate refugee physicians into our health care system." *The Hill*. 2020
- Michele Heisler, Ranit Mishori, Rohini Haar. "Protests Against Police Violence Met by More Police Violence—A Dangerous Paradox." *JAMA Health Forum*. 2020
- Ranit Mishori, Kathryn Hampton. "'Spain, Belgium and Others Are Releasing Immigrant Detainees During COVID-19. Why the United States Should, Too.'" *The Medical Care Blog*. 2020
- Susann Sirkin, Elizabeth Kaselitz, Ranit Mishori. "The price of speaking out: Protecting health workers amid COVID-19." *The Hill*. 2020
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- Ranit Mishori. Risk Behind Bars. Coronavirus and Immigration Detention. <https://thehill.com/opinion/immigration/487986-risk-behind-bars-coronavirus-and-immigration-detention> The Hill. March 17, 2020.
- Ranit Mishori and Kathryn Hampton. The Worst Immigration Policy You've Never Heard Of. <https://thehill.com/opinion/immigration/477329-migrant-protection-protocols-the-worst-immigration-policy-youve-never>
- Ranit Mishori and Sondra Crosby. "Not just rapper T.I. : Doctors get requests for sexist, unscientific 'virginity tests'." *USA Today*. 2019
- Kate McKenzie, Kate Sugarman and Ranit Mishori. "Physicians to Trump: Immigration detention centers must close." *The Hill*. 2019
- Ranit Mishori, "We must help asylum-seekers. Here's a key way to do that.," *AAMC.org*, October 18, 2019, <https://www.aamc.org/news-insights/insights/we-must-help-asylum-seekers-here-s-key-way-do>
- Ranit Mishori. "An ICE detention center wants a doctor who will follow orders. That's unethical.." *The Washington Post*. 2019
- Mishori, R., Naimer K, McHale T., "The little tissue that couldn't – the hymen's role in determining sexual history or assault," *On Health, BMC Blog*, July 31, 2019, <https://blogs.biomedcentral.com/on-health/2019/07/25/the-little-tissue-that-couldnt-the-hymens-role-in-determining-sexual-history-or-assault/>.
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- Ranit Mishori. Female Genital Mutilation: Why Are Doctors Silent? - *Medscape* - Jan 07, 2019. <https://www.medscape.com/viewarticle/907104>

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- Ranit Mishori, "Pulling back the curtain on 'The Doctors' and 'The Dr. Oz Show': What our analysis revealed," *Healthnewsreview.org*, February 22, 2018, <https://www.healthnewsreview.org/2018/02/pulling-back-the-curtain-on-the-doctors-and-the-dr-oz-show-what-our-analysis-reveals/>.
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- Hope Ferdowsian, Karen Naimer, Ranit Mishori, "Prosecuting Sexual Violence in Conflict A medical approach," *Angle Journal*, January 2016, <https://anglejournal.com/article/2015-12-clinicians-in-the-prosecution-of-conflict-related-sexual-violence/>.
- Ranit Mishori and Hope Ferdowsian, "When It Comes to Rape Myths, The U.S. Is No Better Than Conflict Zones," *Huffington Post*, 2016, [https://www.huffingtonpost.com/ranit-mishori-md-mhs/rape-in-conflict-zones-an\\_b\\_10707854.html](https://www.huffingtonpost.com/ranit-mishori-md-mhs/rape-in-conflict-zones-an_b_10707854.html).
- Ranit Mishori. Tanvi Nagpal, "Women and Toilets. A Tale of Two Worlds.," *The Huffington Post*, November 17, 2015, [https://www.huffingtonpost.com/ranit-mishori-md-mhs/women-and-toilets-a-tale-\\_b\\_8575622.html](https://www.huffingtonpost.com/ranit-mishori-md-mhs/women-and-toilets-a-tale-_b_8575622.html).
- Ranit Mishori, "No Z-pack for you!," *Huffington Post*, 2015, [https://www.huffpost.com/entry/antibiotic-resistance\\_b\\_8599678](https://www.huffpost.com/entry/antibiotic-resistance_b_8599678).
- Sexual Violence: From the Exam Room to the Courtroom and the Bumpy Road in Between, "Ranit Mishori," *The Huffington Post*, 2015, [https://www.huffingtonpost.com/ranit-mishori-md-mhs/sexual-violence-from-the-\\_b\\_8681850.html](https://www.huffingtonpost.com/ranit-mishori-md-mhs/sexual-violence-from-the-_b_8681850.html).
- Ranit Mishori, "Why doctors should study human rights," *The Washington Post*, December 10, 2014, [https://www.washingtonpost.com/posteverything/wp/2014/12/10/why-doctors-should-study-human-rights/?utm\\_term=.f34670b7ba03](https://www.washingtonpost.com/posteverything/wp/2014/12/10/why-doctors-should-study-human-rights/?utm_term=.f34670b7ba03).
- Ranit Mishori, "If we don't ask they won't tell," *Huffington Post*, June 26, 2012, [https://www.huffingtonpost.com/ranit-mishori-md-mhs/if-we-dont-ask-they-wont-\\_b\\_1625506.html](https://www.huffingtonpost.com/ranit-mishori-md-mhs/if-we-dont-ask-they-wont-_b_1625506.html).
- Ranit Mishori, "Time for Total Medicine -- Get Family Medicine Out of the Shadows," *Huffington Post*, 2012, [https://www.huffpost.com/entry/family-medicine\\_b\\_1575860](https://www.huffpost.com/entry/family-medicine_b_1575860).
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- **Ranit Mishori**. American Academy of Family Physicians (AAFP) Global health Guidelines: Practicing Global Health in my backyard. Web-based Publication December 2015.

#### Non-Fiction, Invited Book Reviewer

- Dissecting American Health Care: Commentaries on Health, Policy, and Politics. Douglas B. Kamerow, MD, MPH. RTI

Press. September 2011;

- Pacifiers Anonymous. Sumi Sexton, MD. Publication, May 2010.
- Saving Henry: A Mother's Journey. Laurie Strongin. Hyperion. March 2010

### **PAID CONSULTANT**

**Physicians for Human Rights.** 2011-present.

- **Senior Medical Advisor.** 2019-present  
Focused on COVID-19, SGBV, Asylum and Immigration, Detention and Carceral Settings, Refugees, Myanmar/Bangladesh, Torture, Research, Teaching and Curriculum development, advocacy.
- **Expert Medical Consultant.** 2006-2019

**WETA/PBS The NewsHour.** 2020-present

- COVID-19 institution policies
- COVID-19 coverage and news.

**AAM (Association for Accessible Medicine).** 2021

- Vaccine mandate

**World Bank.** 2012-2015.

- Estonia – Reforming the Primary Care Infrastructure. 2013-2014.
- Western Balkans: Health Network Analysis for Tracer Conditions. Aneesa Arur, Ranit Mishori. Work in Progress. September 2012-September 2013.
- Authored report: Serbia's Health System: Issues and Options for Reform. A World Bank Policy Note. July 2012. Christoph Kurowski (Task Team Leader), Ranit Mishori, Ethan Yeh and Ana Holt  
Authored report: Clinical Quality Outcomes for Middle and High Income Countries. White Paper. October 2011 – February 2012

**Healthcentral.com** (a commercial health information portal). Reviewed and edited content on cardiovascular disease for 2008-2009.

### **PROFESSIONAL DEVELOPMENT:**

- **The Association of Medical Education in Europe (AMEE): Research Essential Skills in Medical Education (RESME).** Pre-Conference Workshop. Milan, Italy August 28-Sept 4, 2014.
- **SIT. Systematic Inventive Thinking Workshop.** Bertelsmann Foundation Young Leaders Annual Network Meeting. Potsdam, Germany. October 2010. (By Invitation).
- **AAMC: The Early Career Women Faculty Professional Development Seminar.** Washington, DC. July 2010. (By Competitive Selection Process)
- **Immunity to Change: How to Overcome It and Unlock the Potential in Yourself and Your Organization.** Prof. Robert Kagan/Harvard University; Bertelsmann Young Leaders Network Israel, May 5-9, 2009 (By invitation).
- **Mind-Body Medicine Faculty Workshop.** Belmont, Maryland, July 9-11, 2008 (By selection).
- **Young Leaders Fellowship.** Leadership Development, Bertelsmann Foundation. Berlin, June 5-15, 2007; Israel, October 10-19, 2007. (Nominated. Competitive selection process)

**MILITARY SERVICE**

Israeli Defence Forces (IDF). Mandatory Military Service. Basic Training. Rank: Staff Sergeant. Served in IDF Radio Station, news division 1984-1986.

*I certify that this curriculum vitae is a current and accurate statement of my professional record.*

Signature: Paul Misoni Date: 10/11/2021

# EXHIBIT E

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*Attorneys for Intervenor-Defendants*

**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

GHP Management Corp. et al.,  
Plaintiffs,  
vs.  
City of Los Angeles,  
Defendants.

Case No. 2:21-cv-06311

**DECLARATION OF HALLEY  
JOSEPHS IN SUPPORT OF  
MOTION TO INTERVENE**

DATE: November 22, 2021  
COURTROOM: 9C, 9th Floor  
JUDGE: Hon. Dean D. Pregerson



1 I, Halley Josephs, hereby declare the following:

2 1. I am a member of the California Bar, duly licensed to practice in the  
3 State of California, and admitted to practice before the United States District Court,  
4 Central District of California. I am employed by Susman Godfrey L.L.P., and I am  
5 a lead attorney in this matter, representing the Alliance of Californians for  
6 Community Empowerment Action (“ACCE” or “ACCE Action”), Coalition for  
7 Economic Survival (“CES”), and Strategic Actions for a Just Economy (“SAJE”)  
8 (collectively, “Proposed Intervenor”). If called as a witness I could and would  
9 testify competently to the following matters, based on my personal knowledge and  
10 belief.

11 2. On Thursday, October 14, 2021, I emailed Defendant City of Los  
12 Angeles’s counsel, Elaine Zhong, to advise that my clients intended to file a motion  
13 to intervene in this matter and to inquire whether Defendant would oppose the  
14 motion. Ms. Zhong responded that Defendant would not oppose the motion.

15 3. On Thursday, October 14, 2021, I emailed Plaintiffs’ counsel, Doug  
16 Dennington and Jayson Parsons, to advise that my clients intended to file a motion  
17 to intervene in this matter and to request a telephonic meet and confer pursuant to  
18 Local Rule for the Central District 7-3, unless some agreement could be reached  
19 between our respective clients. After several email communications, Mr.  
20 Dennington advised that he was not available to meet and confer until Tuesday,  
21 October 19, 2021. On October 19, 2021, Mr. Dennington and I met and conferred  
22 by telephone regarding my clients’ intent to move to intervene in this matter unless  
23 some agreement could be reached between our respective clients. I discussed the  
24 reasons the motion would be made on behalf of my clients and the grounds on  
25 which my clients would seek intervention as of right, and in the alternative,  
26 permissive intervention in this action, and followed up on the telephone call with an  
27 additional email regarding my clients’ grounds for intervention. In spite of this  
28 conference, no agreement could be reached between Plaintiffs and my clients. Mr.

1 Dennington advised that given his unavailability for a telephonic meet and confer  
2 until Tuesday, October 19, he would not oppose the filing of this motion on  
3 Monday, October 25. The above-described email correspondence is attached hereto  
4 as Exhibit 1.

5 4. Based on the foregoing, the meet-and-confer requirements of Local  
6 Rule 7-3 have been met.

7 I declare under penalty of perjury of the laws of the State of California that  
8 the foregoing is true and correct.  
9

10 Executed this 25th day of October 2021.

11  
12 /s/ Halley Josephs  
13 Halley Josephs  
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# EXHIBIT 1

**From:** [Halley Josephs](#)  
**To:** [Dennington, Doug](#); [Parsons, Jayson](#)  
**Cc:** [Faizah Malik](#); ["David Pallack"](#); [Barbara Schultz](#); ["Angela McNair Turner"](#); [Ryan M. Kendall](#); [Ana Zuniga](#); [Rohit Nath](#); [Mark Rosenbaum](#); [Tara Ford](#); [Greg Fisk](#); [rgarcia@publiccounsel.org](mailto:rgarcia@publiccounsel.org)  
**Subject:** RE: GHP Management v. City of LA - Motion to Intervene by ACCE Action, SAJE, and CES  
**Date:** Wednesday, October 20, 2021 3:44:00 PM  
**Attachments:** image001.png

---

Doug,

Thanks for meeting with us yesterday to discuss our clients' motion to intervene. We discussed our clients' bases for intervening in this case, including that a takings ruling in Plaintiffs' favor could be used by other landlords or landlord associations in other litigation, including *AAGLA*, in ways that could impair low-income tenants' rights. You asserted that Proposed Intervenors are required to establish Article III standing in order to prevail on their motion to intervene, and you disputed that our clients would be able to do so. That, however, is not the law, even for intervention as of right, where our clients are not seeking to add new claims or seek relief in this case beyond that which the City may pursue. *See, e.g., Little Sisters of the Poor Saints Peter and Paul Home v. Pennsylvania*, 140 S. Ct. 2367, 2379 n.6 (2020); *Town of Chester v. Laroe Estates, Inc.*, 137 S. Ct. 1645, 1651 (2017). For these reasons, and to conserve the resources of our respective clients and the Court, we propose that you agree not to oppose our motion if we limit it to seeking permissive intervention. Additionally, you indicated Plaintiffs' key concern with our involvement was what role we'd play in discovery, given your view that if this takings case proceeds, it will involve fact intensive discovery. We explained that as intervenors, our clients plan to participate fully in discovery, but assured you that we would coordinate efforts with the City as much as possible to minimize any concerns plaintiffs might have about duplicative discovery from the defense side. We also discussed our ongoing conversation and efforts to schedule a phone call prior to filing our motion next Monday, 10/25. You confirmed that you will not oppose our filing on L.R. 7-3 grounds.

If we can reach agreement on our motion, we'd be happy to simply represent in our papers that Plaintiffs do not oppose. In the alternative, we could file a stipulation that notes your objection while memorializing the parties' agreement:

- Proposed Intervenors maintain they are entitled to intervene, while Plaintiffs maintain Proposed Intervenors are not so entitled;
- Plaintiffs and Proposed Intervenors nevertheless wish to conserve their own and the Court's limited resources; and
- Therefore, Plaintiffs agree not to oppose Proposed Intervenors' motion to intervene in this case.

Please let me know by Friday if Plaintiffs will agree not to oppose our motion.

Halley

**Halley W. Josephs | Susman Godfrey L.L.P.**

1900 Avenue of the Stars, Suite 1400 | Los Angeles, CA 90067

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**From:** Dennington, Doug <ddennington@rutan.com>

**Sent:** Friday, October 15, 2021 4:16 PM

**To:** Halley Josephs <HJosephs@susmangodfrey.com>; Parsons, Jayson <jparsons@rutan.com>

**Cc:** Faizah Malik <fmalik@publiccounsel.org>; 'David Pallack' <DPallack@nlsia.org>; Barbara Schultz <BSchultz@lafla.org>; 'Angela McNair Turner' <amcnair@lafla.org>; Ryan M. Kendall <rmkendall@lafla.org>; Ana Zuniga <AnaZuniga@nlsia.org>; Rohit Nath <RNath@susmangodfrey.com>; Mark Rosenbaum <mrosenbaum@publiccounsel.org>; Tara Ford <tford@publiccounsel.org>; Greg Fisk <GFisk@susmangodfrey.com>

**Subject:** RE: GHP Management v. City of LA - Motion to Intervene by ACCE Action, SAJE, and CES

**EXTERNAL Email**

Can you explain how a taking determination could possibly impact the legality of the eviction moratorium? How could tenants possibly be impaired by this? You have not answered that basic question. We are not seeking to enjoin the enforcement of the moratorium and only seek monetary damages against the City. Indeed, if anything, a just compensation award against the City might even help tenants to the extent plaintiffs do not go after tenants for back rent in the future where that back rent is covered in a damages award. In other words, what is the "injury in fact" to your clients or those individuals your clients represent?

The AAGLA case was fundamentally different insofar as we were asserting a facial challenge to the constitutionality of the Eviction Moratorium. Nothing that happens in this case will impair the "legality" or continued enforcement of the Eviction Moratorium. Also, you have not addressed Mr. Nath's judicial admission before Judge Pregerson that landlords suing the City for recovery on a takings theory is the viable economic theory landlords should pursue, defeating irreparable harm.

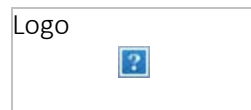
If you believe your advisory opinion on an issue that doesn't impact your clients is relevant, you could certainly file an amicus brief.

I'm not available on Monday, but Tuesday at 3 works if you're available.

**Douglas J. Dennington**

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O. (714) 641-5100 | D. (714) 641-3419

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**From:** Halley Josephs [<mailto:HJosephs@susmangodfrey.com>]  
**Sent:** Friday, October 15, 2021 3:55 PM  
**To:** Dennington, Doug <[ddennington@rutan.com](mailto:ddennington@rutan.com)>; Parsons, Jayson <[jparsons@rutan.com](mailto:jparsons@rutan.com)>  
**Cc:** Faizah Malik <[fmalik@publiccounsel.org](mailto:fmalik@publiccounsel.org)>; 'David Pallack' <[DPallack@nlsia.org](mailto:DPallack@nlsia.org)>; Barbara Schultz <[BSchultz@lafla.org](mailto:BSchultz@lafla.org)>; 'Angela McNair Turner' <[amcnair@lafla.org](mailto:amcnair@lafla.org)>; Ryan M. Kendall <[rmkendall@lafla.org](mailto:rmkendall@lafla.org)>; Ana Zuniga <[AnaZuniga@nlsia.org](mailto:AnaZuniga@nlsia.org)>; Rohit Nath <[RNath@susmangodfrey.com](mailto:RNath@susmangodfrey.com)>; Mark Rosenbaum <[mrosenbaum@publiccounsel.org](mailto:mrosenbaum@publiccounsel.org)>; Tara Ford <[tford@publiccounsel.org](mailto:tford@publiccounsel.org)>; Greg Fisk <[GFisk@susmangodfrey.com](mailto:GFisk@susmangodfrey.com)>  
**Subject:** RE: GHP Management v. City of LA - Motion to Intervene by ACCE Action, SAJE, and CES

Hi Doug, your clients' complaint in this case seeks a declaratory judgment under 28 U.S.C. § 2201 that the City's ordinances constitute a taking. Resolution of that question could impair the rights of our clients' members, including in the AAGLA case, and is a prerequisite to your demand for "compensation." We seek to intervene under the well-established, liberal rules for intervention that Judge Pregerson applied in the AAGLA case in granting ACCE Action's and SAJE's motion to intervene over your client's objection.

We are available to discuss on Monday between 1-3pm Pacific. Let us know what works for you in that time frame and we'll circulate an invite.

Thanks,  
Halley

**Halley W. Josephs | Susman Godfrey L.L.P.**

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**From:** Dennington, Doug <[ddennington@rutan.com](mailto:ddennington@rutan.com)>  
**Sent:** Friday, October 15, 2021 11:57 AM  
**To:** Halley Josephs <[HJosephs@susmangodfrey.com](mailto:HJosephs@susmangodfrey.com)>; Parsons, Jayson <[jparsons@rutan.com](mailto:jparsons@rutan.com)>  
**Cc:** Faizah Malik <[fmalik@publiccounsel.org](mailto:fmalik@publiccounsel.org)>; 'David Pallack' <[DPallack@nlsia.org](mailto:DPallack@nlsia.org)>; Barbara Schultz <[BSchultz@lafla.org](mailto:BSchultz@lafla.org)>; 'Angela McNair Turner' <[amcnair@lafla.org](mailto:amcnair@lafla.org)>; Ryan M. Kendall <[rmkendall@lafla.org](mailto:rmkendall@lafla.org)>; Ana Zuniga <[AnaZuniga@nlsia.org](mailto:AnaZuniga@nlsia.org)>; Rohit Nath <[RNath@susmangodfrey.com](mailto:RNath@susmangodfrey.com)>; Mark Rosenbaum <[mrosenbaum@publiccounsel.org](mailto:mrosenbaum@publiccounsel.org)>; Tara Ford <[tford@publiccounsel.org](mailto:tford@publiccounsel.org)>; Greg Fisk <[GFisk@susmangodfrey.com](mailto:GFisk@susmangodfrey.com)>  
**Subject:** RE: GHP Management v. City of LA - Motion to Intervene by ACCE Action, SAJE, and CES

EXTERNAL Email

Hi Halley,

We are not challenging the City's Eviction Moratorium in this proceeding, so there is nothing to

“defend” in terms of the “legality” of the City’s ordinance. Our claims are limited to compensation and nothing which happens in this litigation will impact the Eviction Moratorium or tenants’ protection under the same. This is the precise type of claim Mr. Nath represented to Judge Pregerson could be undertaken by landlords in the City to defeat the “irreparable harm” we asserted in the AAGLA litigation. I assume that your clients agree that a claim for monetary compensation against the City does not impact the low income tenants they represent. If you would like to meet and confer further on this, let me know. Thanks.

**Douglas J. Dennington**

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**From:** Halley Josephs [<mailto:HJosephs@susmangodfrey.com>]

**Sent:** Thursday, October 14, 2021 11:34 AM

**To:** Dennington, Doug <[ddennington@rutan.com](mailto:ddennington@rutan.com)>; Parsons, Jayson <[jparsons@rutan.com](mailto:jparsons@rutan.com)>

**Cc:** Faizah Malik <[fmalik@publiccounsel.org](mailto:fmalik@publiccounsel.org)>; 'David Pallack' <[DPallack@nlsia.org](mailto:DPallack@nlsia.org)>; Barbara Schultz <[BSchultz@lafla.org](mailto:BSchultz@lafla.org)>; 'Angela McNair Turner' <[amcnair@lafla.org](mailto:amcnair@lafla.org)>; Ryan M. Kendall <[rmkendall@lafla.org](mailto:rmkendall@lafla.org)>; Ana Zuniga <[AnaZuniga@nlsia.org](mailto:AnaZuniga@nlsia.org)>; Rohit Nath <[RNath@susmangodfrey.com](mailto:RNath@susmangodfrey.com)>; Mark Rosenbaum <[mrosenbaum@publiccounsel.org](mailto:mrosenbaum@publiccounsel.org)>; Tara Ford <[tford@publiccounsel.org](mailto:tford@publiccounsel.org)>; Greg Fisk <[GFisk@susmangodfrey.com](mailto:GFisk@susmangodfrey.com)>

**Subject:** GHP Management v. City of LA - Motion to Intervene by ACCE Action, SAJE, and CES

Dear Counsel,

Along with Public Counsel, Neighborhood Legal Services of LA County, and Legal Aid Foundation of LA, we represent the low-income tenant advocacy organizations ACCE Action, SAJE, and Communities for Economic Survival. We intend to move to intervene in the *GHP Management Corp. et al. v. City of LA* case to defend the legality of the City’s ordinances. Per Local Rule 7-3, please let me know your availability today or tomorrow to confer regarding our motion, including whether Plaintiffs may agree not to oppose our motion. Thank you in advance.

Best,



Halley

**Halley W. Josephs | Susman Godfrey L.L.P.**

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**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

GHP Management Corp. et al.,  
Plaintiffs,  
vs.  
City of Los Angeles,  
Defendants.

Case No. 2:21-cv-06311

**[PROPOSED] ORDER  
GRANTING MOTION TO  
INTERVENE**

1 Now before the Court is the Motion to Intervene of Alliance of Californians  
2 for Community Empowerment Action (“ACCE” or “ACCE Action”), Coalition for  
3 Economic Survival (“CES”), and Strategic Actions for a Just Economy (“SAJE”)  
4 (collectively, “Proposed Intervenor”). Having considered the motion and the  
5 pleadings and papers on file in this action, the Court hereby GRANTS the Motion.

6  
7 IT IS SO ORDERED.

8  
9 DATED: \_\_\_\_\_

10 Hon. Dean D. Pregerson  
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