

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

Michael Jen-Kung Huang, M.D.

**Physician's and Surgeon's
Certificate No. A 84045**

Respondent.

Case No. 800-2021-082667

DECISION

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on DEC 03 2024.

IT IS SO ORDERED NOV 26 2024.

MEDICAL BOARD OF CALIFORNIA



**Reji Varghese
Executive Director**

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 RYAN J. YATES
Deputy Attorney General
4 State Bar No. 279257
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-6329
Facsimile: (916) 327-2247
7 E-mail: Ryan.Yates@doj.ca.gov
Attorneys for Complainant

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2021-082667

13 **MICHAEL JEN-KUNG HUANG, M.D.**
1301 Secret Ravine Pkwy, Ste. 240
14 Roseville, CA 95661-3102

OAH No. N/A

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

15 Physician's and Surgeon's Certificate No. A
84045

16
17 **Respondent**

18 **IT IS HEREBY STIPULATED AND AGREED by and between the parties to the**
19 **above-entitled proceedings that the following matters are true:**
20

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Ryan J. Yates, Deputy
25 Attorney General.

26 2. MICHAEL JEN-KUNG HUANG, M.D. (Respondent) is represented in this
27 proceeding by attorney Ian A. Scharg, Esq., whose address is: 400 University Avenue,
28 Sacramento, CA 95825-6502.

1 3. On or about July 23, 2003, the Board issued Physician's and Surgeon's Certificate
2 No. A 84045 to Respondent. That license was in full force and effect at all times relevant to the
3 charges brought in Accusation No. 800-2021-082667 and will expire on November 30, 2024,
4 unless renewed.

5 **JURISDICTION**

6 4. Accusation No. 800-2021-082667 was filed before the Board and is currently pending
7 against Respondent. The Accusation and all other statutorily required documents were properly
8 served on Respondent on July 24, 2024. Respondent timely filed his Notice of Defense
9 contesting the Accusation. A copy of Accusation No. 800-2021-082667 is attached as Exhibit A
10 and incorporated by reference.

11 **ADVISEMENT AND WAIVERS**

12 5. Respondent has carefully read, fully discussed with counsel, and understands the
13 charges and allegations in Accusation No. 800-2021-082667. Respondent also has carefully read,
14 fully discussed with counsel, and understands the effects of this Stipulated Surrender of License
15 and Order.

16 6. Respondent is fully aware of his legal rights in this matter, including the right to a
17 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
18 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
19 to the issuance of subpoenas to compel the attendance of witnesses and the production of
20 documents; the right to reconsideration and court review of an adverse decision; and all other
21 rights accorded by the California Administrative Procedure Act and other applicable laws.

22 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
23 every right set forth above.

24 **CULPABILITY**

25 8. Respondent understands that the charges and allegations in Accusation No. 800-2021-
26 082667, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and
27 Surgeon's Certificate.

1 9. For the purpose of resolving the Accusation without the expense and uncertainty of
2 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
3 basis for the charges in the Accusation and that those charges constitute cause for discipline.
4 Respondent denies the allegations contained in Accusation 800-2021-082667; however,
5 Respondent hereby gives up his right to contest that cause for discipline exists based on those
6 charges.

7 10. Respondent understands that by signing this stipulation he enables the Board to issue
8 an order accepting the surrender of his Physician's and Surgeon's Certificate without further
9 process.

10 RESERVATION

11 11. Any admissions made by Respondent herein are only for the purposes of this
12 proceeding, or any other proceedings in which the Medical Board of California or other
13 professional licensing agency is involved, and shall not be admissible in any other criminal or
14 civil proceeding.

15 CONTINGENCY

16 12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent
17 part, that the Medical Board "shall delegate to its executive director the authority to adopt a ...
18 stipulation for surrender of a license."

19 13. Respondent understands that, by signing this stipulation, he enables the Executive
20 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his
21 Physician's and Surgeon's Certificate No. A 84045 without further notice to, or opportunity to be
22 heard by, Respondent.

23 14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the
24 approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated
25 Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his
26 consideration in the above-entitled matter and, further, that the Executive Director shall have a
27 reasonable period of time in which to consider and act on this Stipulated Surrender of License and
28 Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands

1 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the
2 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

3 15. The parties agree that this Stipulated Surrender of License and Disciplinary Order
4 shall be null and void and not binding upon the parties unless approved and adopted by the
5 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full
6 force and effect. Respondent fully understands and agrees that in deciding whether or not to
7 approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive
8 Director and/or the Board may receive oral and written communications from its staff and/or the
9 Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the
10 Executive Director, the Board, any member thereof, and/or any other person from future
11 participation in this or any other matter affecting or involving respondent. In the event that the
12 Executive Director on behalf of the Board does not, in his discretion, approve and adopt this
13 Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it
14 shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied
15 upon or introduced in any disciplinary action by either party hereto. Respondent further agrees
16 that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason
17 by the Executive Director on behalf of the Board, Respondent will assert no claim that the
18 Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review,
19 discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or
20 of any matter or matters related hereto.

21 ADDITIONAL PROVISIONS

22 16. This Stipulated Surrender of License and Disciplinary Order is intended by the parties
23 herein to be an integrated writing representing the complete, final and exclusive embodiment of
24 the agreements of the parties in the above-entitled matter.

25 17. The parties agree that copies of this Stipulated Surrender of License and Disciplinary
26 Order, including copies of the signatures of the parties, may be used in lieu of original documents
27 and signatures and, further, that such copies shall have the same force and effect as originals.
28

1 18. In consideration of the foregoing admissions and stipulations, the parties agree the
2 Executive Director of the Board may, without further notice to or opportunity to be heard by
3 Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

4 **ORDER**

5 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 84045, issued
6 to Respondent MICHAEL JEN-KUNG HUANG, M.D., is surrendered and accepted by the
7 Board.

8 1. The surrender of Respondent's Physician's and Surgeon's Certificate and the
9 acceptance of the surrendered license by the Board shall constitute the imposition of discipline
10 against Respondent. This stipulation constitutes a record of the discipline and shall become a part
11 of Respondent's license history with the Board.

12 2. Respondent shall lose all rights and privileges as a Physician and Surgeon in
13 California as of the effective date of the Board's Decision and Order.

14 3. Respondent shall cause to be delivered to the Board his pocket license and, if one was
15 issued, his wall certificate on or before the effective date of the Decision and Order.

16 4. If Respondent ever files an application for licensure or a petition for reinstatement in
17 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
18 comply with all the laws, regulations and procedures for reinstatement of a revoked or
19 surrendered license in effect at the time the petition is filed, and all of the charges and allegations
20 contained in Accusation No. 800-2021-082667 shall be deemed to be true, correct and admitted
21 by Respondent when the Board determines whether to grant or deny the petition.

22 5. If Respondent should ever apply or reapply for a new license or certification, or
23 petition for reinstatement of a license, by any other health care licensing agency in the State of
24 California, all of the charges and allegations contained in Accusation No. 800-2021-082667 shall
25 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
26 Issues or any other proceeding seeking to deny or restrict licensure.

27 ///

28 ///

1 **ACCEPTANCE**


2 I have carefully read the above Stipulated Surrender of License and Order and have fully
3 discussed it with my attorney Ian A. Scharg, Esq. I understand the stipulation and the effect it
4 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of
5 License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the
6 Decision and Order of the Medical Board of California.

7
8 DATED: 11/08/24


MICHAEL JEN-KUNG HUANG, M.D.
Respondent

10 I have read and fully discussed with Respondent MICHAEL JEN-KUNG HUANG, M.D.
11 the terms and conditions and other matters contained in this Stipulated Surrender of License and
12 Order. I approve its form and content.

13
14 DATED: 11/12/2024


IAN A. SCHARG, ESQ.
Attorney for Respondent

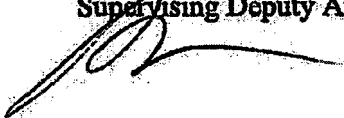
16
17 **ENDORSEMENT**

18 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted
19 for consideration by the Medical Board of California of the Department of Consumer Affairs.

20 DATED: 11/13/24

Respectfully submitted,

21 ROB BONTA
Attorney General of California
22 STEVE DIEHL
Supervising Deputy Attorney General


23
24 RYAN J. YATES
25 Deputy Attorney General
26 Attorneys for Complainant

27
28 FR2024301773
Stipulated Surrender of License and Order - MBC.docx

Exhibit A

Accusation No. 800-2021-082667

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 RYAN J. YATES
Deputy Attorney General
4 State Bar No. 279257
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-6329
Facsimile: (916) 327-2247
7 *Attorneys for Complainant*

8
9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2021-082667

14 **Michael Jen-Kung Huang, M.D.**
15 **1301 Secret Ravine Pkwy, Ste. 240**
Roseville, CA 95661-3102

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 84045,**

18 Respondent.

19
20
21 **PARTIES**

22 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
23 the Executive Director of the Medical Board of California, Department of Consumer Affairs
24 (Board).

25 2. On or about July 23, 2003, the Medical Board issued Physician's and Surgeon's
26 Certificate Number A 84045 to Michael Jen-Kung Huang, M.D. (Respondent). The Physician's
27 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on November 30, 2024, unless renewed.

1 **JURISDICTION**

2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2234 of the Code states, in pertinent part:

6 The Board shall take action against any licensee who is charged with
7 unprofessional conduct. In addition to other provisions of this article, unprofessional
conduct includes, but is not limited to, the following:

8 (a) Violating or attempting to violate, directly or indirectly, assisting in or
9 abetting the violation of, or conspiring to violate any provision of this chapter.

10 (b) Gross negligence;

11 (c) Repeated negligent acts. To be repeated, there must be two or more
12 negligent acts or omissions. An initial negligent act or omission followed by a
separate and distinct departure from the applicable standard of care shall constitute
repeated negligent acts.

13 (1) An initial negligent diagnosis followed by an act or omission medically
14 appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

15 (2) When the standard of care requires a change in the diagnosis, act, or
16 omission that constitutes the negligent act described in paragraph (1), including, but
not limited to, a reevaluation of the diagnosis or a change in treatment, and the
17 licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

18 (d) Incompetence.

19 "..."

20 5. Section 2266 of the Code states:

21 The failure of a physician and surgeon to maintain adequate and accurate
22 records relating to the provision of services to their patients constitutes unprofessional
conduct.

23 **OTHER STATUTES**

24 6. Health and Safety Code section 120325 provides:

25 In enacting this chapter, but excluding Section 120380, and in enacting Sections
26 120400, 120405, 120410, and 120415, it is the intent of the Legislature to provide:

27 (a) A means for the eventual achievement of total immunization of appropriate
age groups against the following childhood diseases:

28 (1) Diphtheria.

1 (2) Hepatitis B.

2 (3) Haemophilus influenza type b.

3 (4) Measles.

4 (5) Mumps.

5 (6) Pertussis (whooping cough).

6 (7) Poliomyelitis.

7 (8) Rubella.

8 (9) Tetanus.

9 (10) Varicella (chickenpox).

10 (11) Any other disease deemed appropriate by the department, taking into
11 consideration the recommendations of the Advisory Committee on Immunization
Practices of the United States Department of Health and Human Services, the
American Academy of Pediatrics, and the American Academy of Family Physicians.

12 (b) That the persons required to be immunized be allowed to obtain
13 immunizations from whatever medical source they so desire, subject only to the
14 condition that the immunization be performed in accordance with the regulations of
the department and that a record of the immunization is made in accordance with the
regulations.

15 (c) Exemptions from immunization for medical reasons.

16 (d) For the keeping of adequate records of immunization so that health
17 departments, schools, and other institutions, parents or guardians, and the persons
18 immunized will be able to ascertain that a child is fully or only partially immunized,
and so that appropriate public agencies will be able to ascertain the immunization
needs of groups of children in schools or other institutions.

19 (e) Incentives to public health authorities to design innovative and creative
20 programs that will promote and achieve full and timely immunization of children.

21 7. . . Health and Safety Code section 120370 provides, in pertinent part:

22 (a) If the parent or guardian files with the governing authority a written
23 statement by a licensed physician to the effect that the physical condition of the child
is such, or medical circumstances relating to the child are such, that immunization is
24 not considered safe, indicating the specific nature and probable duration of the
medical condition or circumstances, including, but not limited to, family medical
25 history, for which the physician does not recommend immunization, that child shall
be exempt from the requirements of Chapter 1 (commencing with Section 120325,
26 but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 to
the extent indicated by the physician's statement.

27 ///

28 ///

1 **COST RECOVERY**

2 8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
3 administrative law judge to direct a licensee found to have committed a violation or violations of
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
5 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
6 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
7 included in a stipulated settlement.

8 **FIRST CAUSE FOR DISCIPLINE**

9 **(Repeated Negligent Acts)**

10 9. Respondent privately practices family medicine and works as a general practitioner
11 in Northern California. Respondent has subjected his Physician's and Surgeon's Certificate No. A
12 84045 to disciplinary action under Code section 2234, subdivision (c), in that he committed
13 repeated negligence during the care and treatment of Patients A through Q, and Minors 1 and 2.¹
14 The circumstances are as follows:

15 10. Following the 2019 outbreak of the COVID-19² pandemic, on June 18, 2020, the
16 California Department of Public Health (CDPH) established a mask mandate requiring face
17 masking for indoor public spaces. Mask Exemptions were issued for the following:

- 18 • Children aged two and under;
- 19 • Persons with a medical, mental health, or developmental disability that prevents wearing a
20 face covering;
- 21 • Persons who are hearing impaired, or communicating with a person who is hearing
22 impaired, where the ability to see the mouth is essential for communication;
- 23 • Persons for whom wearing a face covering would create a risk to the person related to
24 their work, as determined by local, state, or federal regulators or workplace safety guidelines;

25 ///

26 ///

27 ¹ Patient names are redacted to protect their privacy.

28 ² COVID or the coronavirus disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV."

1 • Persons who are obtaining a service involving the nose or face for which temporary
2 removal of the face covering is necessary to perform the service;

3 • Persons who are seated at a restaurant or other establishment that offers food or beverage
4 service, while they are eating or drinking, provided that they are able to maintain a distance of at
5 least six feet away from persons who are not members of the same household or residence;

6 • Persons who are engaged in outdoor work or recreation such as swimming, walking,
7 hiking, bicycling, or running, when alone or with household members, and when they are able to
8 maintain a distance of at least six feet from others;

9 • Persons who are incarcerated. Prisons and jails, as part of their mitigation plans, will have
10 specific guidance on the wearing of face coverings or masks for both inmates and staff.

11 11. On August 5, 2021, CDPH issued the following statement:

12 “Unvaccinated persons are more likely to get infected and spread the virus, which is
13 transmitted through the air. Most current hospitalizations and deaths are among
14 unvaccinated persons. Thanks to vaccinations and to measures taken since March 2020,
15 California's health care system is currently able to address the increase in cases and
16 hospitalizations. However, additional statewide facility-directed measures are necessary to
17 protect particularly vulnerable populations, and ensure a sufficient, consistent supply of
18 workers in high-risk health care settings.

19 Hospitals, skilled nursing facilities (SNFs), and the other health care facility types identified
20 in this order are particularly high-risk settings where COVID-19 outbreaks can have severe
21 consequences for vulnerable populations including hospitalization, severe illness, and
22 death. Further, the settings in this order share several features. There is frequent exposure to
23 staff and highly vulnerable patients, including elderly, chronically ill, critically ill,
24 medically fragile, and disabled patients. In many of these settings, the patients are at high
25 risk of severe COVID-19 disease due to underlying health conditions, advanced age, or
26 both.

27 Vaccinations have been available in California from December 2020 to the present, and
28 from January 1, 2021, to July 12, 2021, a total of 9,371 confirmed COVID-19 outbreaks
and 113,196 outbreak-related cases were reported to CDPH. Increasing numbers of health
care workers are among the new positive cases, despite vaccinations being prioritized for
this group when vaccines initially became available. Recent outbreaks in health care
settings have frequently been traced to unvaccinated staff members.

Vaccination against COVID-19 is the most effective means of preventing infection with the
COVID-19 virus, and subsequent transmission and outbreaks. As we respond to the
dramatic increase in cases, all health care workers must be vaccinated to reduce the chance
of transmission to vulnerable populations.

1 For these reasons, COVID-19 remains a concern to public health and, in order to prevent its
2 further spread in hospitals, SNFs, and other health care settings, new public health
requirements are necessary at this time.”

3 12. On August 18, 2021, the Board issued a COVID Update news release, which stated
4 the following:

5 “The [Board] would like to inform licensees and the public that a physician who grants a
6 mask or other exemption without conducting an appropriate prior exam and without a finding of a
7 legitimate medical reason supporting such an exemption within the standard of care may be
8 subjecting their license to disciplinary action.

9 The Board encourages the public to file a complaint with the Board if they feel that a
10 physician is granting mask exemptions inappropriately.”

11 **Patients A through Q**

12 13. On or about November 17, 2021, the Board received an online complaint from an
13 employee with the City of Oakland (Complainant). Complainant, who worked in risk
14 management, had received several largely identical vaccine exemptions for City of Oakland
15 employees, which asserted that each employee was medically excused from taking the COVID-19
16 vaccine. Respondent authored each of the exemptions and the language was nearly identical.
17 Following a visit with Patient A, on November 11, 2021, all but three of the exemptions were
18 issued on the same day: November 15, 2021. Respondent was not the primary care physician for
19 any of the patients. Additionally, Respondent’s primary practice area was over ninety (90) miles
20 from where Patients A through Q worked, and geographically outside of the locality of all of their
21 residences, aside from Patient A, Patient B, and Patient L.

22 **Patient A**

23 14. On or about November 11, 2021, Respondent evaluated Patient A, a City of Oakland
24 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
25 and only visit between Respondent and Patient A. Following the visit, Respondent issued a
26 COVID-19 vaccine exemption for Patient A, without a qualifying diagnosis. The exemption
27 stated the following:

28 ///

1 "[Patient A] is not able to receive currently available Covid-19 vaccination indefinitely due
2 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
3 system and increase risk of blood clot complications. Patient's health condition can not be
4 disclosed due to HIPAA regulation.

5 I hold an unrestricted physician and surgeon medical license in the state of California. This
6 patient is here seeking medical services from my practice because patient felt that his primary
7 physician either can not, will not or does not have the expertise to provide the requested medical
8 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
9 above medical recommendations. Patient elects not to release detail of his health condition."

10 15. Following the visit, Respondent noted that Patient A was concerned about vaccine
11 adverse effects, lack of study data, COVID-19 infection approximately one (1) month prior, and
12 reportedly frequent exposure to others with COVID-19 without getting ill. Respondent further
13 noted that Patient A was experiencing anxiety from his employer's vaccine mandate. Respondent
14 documented Patient A had worsening quality of life. Respondent documented no other qualifying
15 details. There are no significant findings in past medical history, medications, or exam, which
16 would support the issuance of a vaccine exemption. Additionally, Respondent failed to note or
17 explain how Patient A has an elevated risk of adverse immune reaction and/or higher likelihood
18 of damage to his neurological and cardiovascular systems and increased risk of blood clot
19 complications.

20 **Patient B**

21 16. On or about November 15, 2021, Respondent evaluated Patient B, a City of Oakland
22 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
23 and only visit between Respondent and Patient B. Following the visit, Respondent issued a
24 COVID-19 vaccine exemption for Patient B, without a qualifying diagnosis. The exemption
25 stated the following:

26 "[Patient B] is not able to receive currently available Covid-19 vaccination indefinitely due
27 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
28 system and increase risk of blood clot complications. Patient has no work restrictions and does

1 not require medications to work environment. Patient's health condition can not be disclosed due
2 to HIPAA regulation.

3 I hold an unrestricted physician and surgeon medical license in the state of California. This
4 patient is here seeking medical services from my practice because patient felt that his primary
5 physician either can not, will not or does not have the expertise to provide the requested medical
6 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
7 above medical recommendations. Patient elects not to release detail of his health condition."

8 17. Following the visit, Respondent noted that Patient B was concerned about vaccine
9 adverse effects, lack of study data, his history with bundle-branch block, and reportedly frequent
10 exposure to others with COVID-19 without getting ill. Respondent further noted that Patient B
11 was experiencing anxiety from his employer's vaccine mandate. Respondent documented no
12 other qualifying details. There are no significant findings in past medical history, medications, or
13 exam, which would support the issuance of a vaccine exemption. Additionally, Respondent failed
14 to note or explain how Patient B has an elevated risk of adverse immune reaction and/or higher
15 likelihood of damage to his neurological and cardiovascular systems and increased risk of blood
16 clot complications.

17 **Patient C**

18 18. On or about November 15, 2021, Respondent evaluated Patient C, a City of Oakland
19 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
20 and only visit between Respondent and Patient C. Following the visit, Respondent issued a
21 COVID-19 vaccine exemption for Patient C, without a qualifying diagnosis. The exemption
22 stated the following:

23 "[Patient C] is not able to receive currently available Covid-19 vaccination indefinitely due
24 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
25 system and increase risk of blood clot complications. Patient has no work restrictions and does
26 not require medications to work environment. Patient's health condition can not be disclosed due
27 to HIPAA regulation.

28 ///

1 I hold an unrestricted physician and surgeon medical license in the state of California. This
2 patient is here seeking medical services from my practice because patient felt that his primary
3 physician either can not, will not or does not have the expertise to provide the requested medical
4 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
5 above medical recommendations. Patient elects not to release detail of his health condition.”

6 19. Following the visit, Respondent noted that Patient C was concerned about vaccine
7 adverse effects, lack of study data, history of bradycardia,³ and reportedly frequent exposure to
8 others with COVID-19 without getting ill. Respondent further noted that Patient C was
9 experiencing anxiety from his employer’s vaccine mandate. Respondent documented Patient C
10 had worsening quality of life. Respondent documented no other qualifying details. There are no
11 significant findings in past medical history, medications, or exam, which would support the
12 issuance of a vaccine exemption. Additionally, Respondent failed to note or explain how Patient
13 C has an elevated risk of adverse immune reaction and/or higher likelihood of damage to his
14 neurological and cardiovascular systems and increased risk of blood clot complications.

15 **Patient D**

16 20. On or about November 15, 2021, Respondent evaluated Patient D, a City of Oakland
17 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
18 and only visit between Respondent and Patient D. Following the visit, Respondent issued a
19 COVID-19 vaccine exemption for Patient D, without a qualifying diagnosis. The exemption
20 stated the following:

21 “[Patient D] is not able to receive currently available Covid-19 vaccination indefinitely due
22 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
23 system and increase risk of blood clot complications. Patient has no work restrictions and does
24 not require medications to work environment. Patient’s health condition can not be disclosed due
25 to HIPAA regulation.

26 I hold an unrestricted physician and surgeon medical license in the state of California. This
27 patient is here seeking medical services from my practice because patient felt that his primary

28 ³ Bradycardia is a slower than normal heart rate.

1 physician either can not, will not or does not have the expertise to provide the requested medical
2 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
3 above medical recommendations. Patient elects not to release detail of his health condition.”

4 21. Following the visit, Respondent noted that Patient D was concerned about vaccine
5 adverse effects, lack of study data, COVID-19 infection approximately three (3) months prior,
6 and reportedly frequent exposure to others with COVID-19 without getting ill. He further noted
7 that Patient D was experiencing anxiety from his employer’s vaccine mandate. Respondent
8 documented Patient D had worsening quality of life. Respondent documented no other qualifying
9 details. There are no significant findings in past medical history, medications, or exam, which
10 would support the issuance of a vaccine exemption. Additionally, Respondent failed to note or
11 explain how Patient D has an elevated risk of adverse immune reaction and/or higher likelihood
12 of damage to his neurological and cardiovascular systems and increased risk of blood clot
13 complications.

14 **Patient E**

15 22. On or about November 15, 2021, Respondent evaluated Patient E, a City of Oakland
16 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
17 and only visit between Respondent and Patient E. Following the visit, Respondent issued a
18 COVID-19 vaccine exemption for Patient E, without a qualifying diagnosis. The exemption
19 stated the following:

20 “[Patient E] is not able to receive currently available Covid-19 vaccination indefinitely due
21 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
22 system and increase risk of blood clot complications. Patient has no work restrictions and does
23 not require medications to work environment. Patient’s health condition can not be disclosed due
24 to HIPAA regulation.

25 I hold an unrestricted physician and surgeon medical license in the state of California. This
26 patient is here seeking medical services from my practice because patient felt that his primary
27 physician either can not, will not or does not have the expertise to provide the requested medical
28

1 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
2 above medical recommendations. Patient elects not to release detail of his health condition.”

3 23. Following the visit, Respondent noted that Patient E was concerned about vaccine
4 adverse effects, lack of study data, a previous COVID-19 infection approximately a year prior,
5 and reportedly frequent exposure to others with COVID-19 without getting ill. Respondent
6 further noted that Patient E was experiencing anxiety from his employer’s vaccine mandate.
7 Respondent documented Patient E had worsening quality of life. Respondent documented no
8 other qualifying details. There are no significant findings in past medical history, medications, or
9 exam, which would support the issuance of a vaccine exemption. Additionally, Respondent failed
10 to note or explain how Patient E has an elevated risk of adverse immune reaction and/or higher
11 likelihood of damage to his neurological and cardiovascular systems and increased risk of blood
12 clot complications.

13 **Patient F**

14 24. On or about November 15, 2021, Respondent evaluated Patient F, a City of Oakland
15 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
16 and only visit between Respondent and Patient F. Following the visit, Respondent issued a
17 COVID-19 vaccine exemption for Patient F, without a qualifying diagnosis. The exemption stated
18 the following:

19 “[Patient F] is not able to receive currently available Covid-19 vaccination indefinitely due
20 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
21 system and increase risk of blood clot complications. Patient has no work restrictions and does
22 not require medications to work environment. Patient’s health condition can not be disclosed due
23 to HIPAA regulation.

24 I hold an unrestricted physician and surgeon medical license in the state of California. This
25 patient is here seeking medical services from my practice because patient felt that his primary
26 physician either can not, will not or does not have the expertise to provide the requested medical
27 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
28 above medical recommendations. Patient elects not to release detail of his health condition.”

1 25. Following the visit, Respondent noted that Patient F was concerned about vaccine
2 adverse effects, lack of study data, and reportedly frequent exposure to others with COVID-19
3 without getting ill. Respondent further noted that Patient F was experiencing anxiety from his
4 employer's vaccine mandate. Respondent documented Patient F had worsening quality of life.
5 Respondent documented no other qualifying details. There are no significant findings in past
6 medical history, medications, or exam, which would support the issuance of a vaccine exemption.
7 Additionally, Respondent failed to note or explain how Patient F has an elevated risk of adverse
8 immune reaction and/or higher likelihood of damage to his neurological and cardiovascular
9 systems and increased risk of blood clot complications.

10 **Patient G**

11 26. On or about November 15, 2021, Respondent evaluated Patient G, a City of Oakland
12 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
13 and only visit between Respondent and Patient G. Following the visit, Respondent issued a
14 COVID-19 vaccine exemption for Patient G, without a qualifying diagnosis. The exemption
15 stated the following:

16 "[Patient G] is not able to receive currently available Covid-19 vaccination indefinitely due
17 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
18 system and increase risk of blood clot complications. Patient has no work restrictions and does
19 not require medications to work environment. Patient's health condition can not be disclosed due
20 to HIPAA regulation.

21 I hold an unrestricted physician and surgeon medical license in the state of California. This
22 patient is here seeking medical services from my practice because patient felt that his primary
23 physician either can not, will not or does not have the expertise to provide the requested medical
24 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
25 above medical recommendations. Patient elects not to release detail of his health condition."

26 27. Following the visit, Respondent noted that Patient G was concerned about vaccine
27 adverse effects, lack of study data, and reportedly frequent exposure to others with COVID-19
28 without getting ill. Respondent further noted that Patient G was experiencing anxiety from his

1 employer's vaccine mandate. Respondent documented Patient G had worsening quality of life.
2 Respondent documented no other qualifying details. There are no significant findings in past
3 medical history, medications, or exam, which would support the issuance of a vaccine exemption.
4 Additionally, Respondent failed to note or explain how Patient G has an elevated risk of adverse
5 immune reaction and/or higher likelihood of damage to his neurological and cardiovascular
6 systems and increased risk of blood clot complications.

7 **Patient H**

8 28. On or about November 15, 2021, Respondent evaluated Patient H, a City of Oakland
9 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
10 and only visit between Respondent and Patient H. Following the visit, Respondent issued a
11 COVID-19 vaccine exemption for Patient H, without a qualifying diagnosis. The exemption
12 stated the following:

13 "[Patient H] is not able to receive currently available Covid-19 vaccination indefinitely due
14 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
15 system and increase risk of blood clot complications. Patient has no work restrictions and does
16 not require medications to work environment. Patient's health condition can not be disclosed due
17 to HIPAA regulation.

18 I hold an unrestricted physician and surgeon medical license in the state of California. This
19 patient is here seeking medical services from my practice because patient felt that his primary
20 physician either can not, will not or does not have the expertise to provide the requested medical
21 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
22 above medical recommendations. Patient elects not to release detail of his health condition."

23 29. Following the visit, Respondent noted that Patient H was concerned about vaccine
24 adverse effects, lack of study data, his history of arrhythmia,⁴ and reportedly frequent exposure to
25 others with COVID-19 without getting ill. Respondent further noted that Patient H was
26 experiencing anxiety from his employer's vaccine mandate. Respondent documented Patient H
27 had worsening quality of life. Respondent documented no other qualifying details. There are no

28 ⁴ Arrhythmia is an irregular rate or rhythm of one's heartbeat.

1 significant findings in past medical history, medications, or exam, which would support the
2 issuance of a vaccine exemption. Additionally, Respondent failed to note or explain how Patient
3 H has an elevated risk of adverse immune reaction and/or higher likelihood of damage to his
4 neurological and cardiovascular systems and increased risk of blood clot complications.

5 **Patient I**

6 30. On or about November 15, 2021, Respondent evaluated Patient I, a City of Oakland
7 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
8 and only visit between Respondent and Patient I. Following the visit, Respondent issued a
9 COVID-19 vaccine exemption for Patient I, without a qualifying diagnosis. The exemption stated
10 the following:

11 "[Patient I] is not able to receive currently available Covid-19 vaccination indefinitely due
12 to high risk of adverse immune reaction that may damage her neurological and cardiovascular
13 system and increase risk of blood clot complications. Patient has no work restrictions and does
14 not require medications to work environment. Patient's health condition can not be disclosed due
15 to HIPAA regulation.

16 I hold an unrestricted physician and surgeon medical license in the state of California. This
17 patient is here seeking medical services from my practice because patient felt that her primary
18 physician either can not, will not or does not have the expertise to provide the requested medical
19 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
20 above medical recommendations. Patient elects not to release detail of her health condition."

21 31. Following the visit, Respondent noted that Patient I was concerned about vaccine
22 adverse effects, lack of study data, and reportedly frequent exposure to others with COVID-19
23 without getting ill. Respondent further noted that Patient I was experiencing anxiety from her
24 employer's vaccine mandate. Respondent documented Patient I had worsening quality of life.
25 Respondent documented no other qualifying details. There are no significant findings in past
26 medical history, medications, or exam, which would support the issuance of a vaccine exemption.
27 Additionally, Respondent failed to note or explain how Patient I has an elevated risk of adverse
28

1 immune reaction and/or higher likelihood of damage to her neurological and cardiovascular
2 systems and increased risk of blood clot complications.

3 **Patient J**

4 32. On or about November 15, 2021, Respondent evaluated Patient J, a City of Oakland
5 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
6 and only visit between Respondent and Patient J. Following the visit, Respondent issued a
7 COVID-19 vaccine exemption for Patient J, without a qualifying diagnosis. The exemption stated
8 the following:

9 "[Patient J] is not able to receive currently available Covid-19 vaccination indefinitely due
10 to high risk of adverse immune reaction that may damage her neurological and cardiovascular
11 system and increase risk of blood clot and cancer complications. Patient has no work restrictions
12 and does not require modifications to work environment. Patient's health condition can not be
13 disclosed due to HIPAA regulation.

14 I hold an unrestricted physician and surgeon medical license in the state of California. This
15 patient is here seeking medical services from my practice because patient felt that her primary
16 physician either can not, will not or does not have the expertise to provide the requested medical
17 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
18 above medical recommendations. Patient elects not to release detail of her health condition."

19 33. Following the visit, Respondent noted that Patient J was concerned about vaccine
20 adverse effects, lack of study data, history of breast cancer, and reportedly frequent exposure to
21 others with COVID-19 without getting ill. He further noted that Patient J was experiencing
22 anxiety from her employer's vaccine mandate. Respondent documented Patient J had worsening
23 quality of life. Respondent documented no other qualifying details. There are no significant
24 findings in past medical history, medications, or exam, which would support the issuance of a
25 vaccine exemption. Additionally, Respondent failed to note or explain how Patient J has an
26 elevated risk of adverse immune reaction and/or higher likelihood of damage to his neurological
27 and cardiovascular systems and increased risk of blood clot complications.

28 ///

1 **Patient K**

2 34. On or about November 15, 2021, Respondent evaluated Patient K, a City of Oakland
3 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
4 and only visit between Respondent and Patient K. Following the visit, Respondent issued a
5 COVID-19 vaccine exemption for Patient K, without a qualifying diagnosis. The exemption
6 stated the following:

7 "[Patient K] is not able to receive currently available Covid-19 vaccination indefinitely due
8 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
9 system and increase risk of blood clot complications. Patient has no work restrictions and does
10 not require medications to work environment. Patient's health condition can not be disclosed due
11 to HIPAA regulation.

12 I hold an unrestricted physician and surgeon medical license in the state of California. This
13 patient is here seeking medical services from my practice because patient felt that his primary
14 physician either can not, will not or does not have the expertise to provide the requested medical
15 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
16 above medical recommendations. Patient elects not to release detail of his health condition."

17 35. Following the visit, Respondent noted that Patient K was concerned about vaccine
18 adverse effects, lack of study data, a COVID-19 infection approximately one (1) year prior, and
19 reportedly frequent exposure to others with COVID-19 without getting ill. Respondent further
20 noted that Patient K was experiencing anxiety from his employer's vaccine mandate. Respondent
21 documented Patient K had worsening quality of life. Respondent documented no other qualifying
22 details. There are no significant findings in past medical history, medications, or exam, which
23 would support the issuance of a vaccine exemption. Additionally, Respondent failed to note or
24 explain how Patient K has an elevated risk of adverse immune reaction and/or higher likelihood
25 of damage to his neurological and cardiovascular systems and increased risk of blood clot
26 complications.

27 ///

28 ///

1 **Patient L**

2 36. On or about December 2, 2021, Respondent evaluated Patient L, a City of Oakland
3 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
4 and only visit between Respondent and Patient L. Following the visit, Respondent issued a
5 COVID-19 vaccine exemption for Patient L, without a qualifying diagnosis. The exemption
6 stated the following:

7 "[Patient L] is not able to receive currently available Covid-19 vaccination indefinitely due
8 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
9 system and increase risk of blood clot complications. Patient has no work restrictions and does
10 not require medications to work environment. Patient's health condition can not be disclosed due
11 to HIPAA regulation.

12 I hold an unrestricted physician and surgeon medical license in the state of California. This
13 patient is here seeking medical services from my practice because patient felt that his primary
14 physician either can not, will not or does not have the expertise to provide the requested medical
15 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
16 above medical recommendations. Patient elects not to release detail of his health condition."

17 37. Following the visit, Respondent noted that Patient L was concerned about vaccine
18 adverse effects, lack of study data, a history of lung nodule,⁵ and reportedly frequent exposure to
19 others with COVID-19 without getting ill. He further noted that Patient L was experiencing
20 anxiety from his employer's vaccine mandate. Respondent documented Patient L had worsening
21 quality of life. Respondent documented no other qualifying details. There are no significant
22 findings in past medical history, medications, or exam, which would support the issuance of a
23 vaccine exemption. Additionally, Respondent failed to note or explain how Patient L has an
24 elevated risk of adverse immune reaction and/or higher likelihood of damage to his neurological
25 and cardiovascular systems and increased risk of blood clot complications.

26 ///

27 ///

28 ⁵ A lung nodule is a small single mass in the lungs that is usually benign.

1 **Patient M**

2 38. On or about November 15, 2021, Respondent evaluated Patient M, a City of Oakland
3 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
4 and only visit between Respondent and Patient M. Following the visit, Respondent issued a
5 COVID-19 vaccine exemption for Patient M, without a qualifying diagnosis. The exemption
6 stated the following:

7 "[Patient M] is not able to receive currently available Covid-19 vaccination indefinitely due
8 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
9 system and increase risk of blood clot complications. Patient has no work restrictions and does
10 not require medications to work environment. Patient's health condition can not be disclosed due
11 to HIPAA regulation.

12 I hold an unrestricted physician and surgeon medical license in the state of California. This
13 patient is here seeking medical services from my practice because patient felt that his primary
14 physician either can not, will not or does not have the expertise to provide the requested medical
15 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
16 above medical recommendations. Patient elects not to release detail of his health condition."

17 39. Following the visit, Respondent noted that Patient M was concerned about vaccine
18 adverse effects, lack of study data, and reportedly frequent exposure to others with COVID-19
19 without getting ill. He further noted that Patient M was experiencing anxiety from his employer's
20 vaccine mandate. Respondent documented Patient M had worsening quality of life. Respondent
21 documented no other qualifying details. There are no significant findings in past medical history,
22 medications, or exam, which would support the issuance of a vaccine exemption. Additionally,
23 Respondent failed to note or explain how Patient M has an elevated risk of adverse immune
24 reaction and/or higher likelihood of damage to his neurological and cardiovascular systems and
25 increased risk of blood clot complications.

26 **Patient N**

27 40. On or about November 15, 2021, Respondent evaluated Patient N, a City of Oakland
28 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first

1 and only visit between Respondent and Patient N. Following the visit, Respondent issued a
2 COVID-19 vaccine exemption for Patient N, without a qualifying diagnosis. The exemption
3 stated the following:

4 "[Patient N] is not able to receive currently available Covid-19 vaccination indefinitely due
5 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
6 system and increase risk of blood clot complications. Patient has no work restrictions and does
7 not require medications to work environment. Patient's health condition can not be disclosed due
8 to HIPAA regulation.

9 I hold an unrestricted physician and surgeon medical license in the state of California. This
10 patient is here seeking medical services from my practice because patient felt that his primary
11 physician either can not, will not or does not have the expertise to provide the requested medical
12 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
13 above medical recommendations. Patient elects not to release detail of his health condition."

14 41. Following the visit, Respondent noted that Patient N was concerned about vaccine
15 adverse effects, lack of study data, and reportedly frequent exposure to others with COVID-19
16 without getting ill. He further noted that Patient N was experiencing anxiety from his employer's
17 vaccine mandate. Respondent documented Patient N had worsening quality of life. Respondent
18 documented no other qualifying details. There are no significant findings in past medical history,
19 medications, or exam, which would support the issuance of a vaccine exemption. Additionally,
20 Respondent failed to note or explain how Patient N has an elevated risk of adverse immune
21 reaction and/or higher likelihood of damage to his neurological and cardiovascular systems and
22 increased risk of blood clot complications.

23 **Patient O**

24 42. On or about December 2, 2021, Respondent evaluated Patient O, a City of Oakland
25 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
26 and only visit between Respondent and Patient O. Following the visit, Respondent issued a
27 COVID-19 vaccine exemption for Patient O, without a qualifying diagnosis. The exemption
28 stated the following:

1 "[Patient O] is not able to receive currently available Covid-19 vaccination indefinitely due
2 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
3 system and increase risk of blood clot complications. Patient has no work restrictions and does
4 not require medications to work environment. Patient's health condition can not be disclosed due
5 to HIPAA regulation.

6 I hold an unrestricted physician and surgeon medical license in the state of California. This
7 patient is here seeking medical services from my practice because patient felt that his primary
8 physician either can not, will not or does not have the expertise to provide the requested medical
9 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
10 above medical recommendations. Patient elects not to release detail of his health condition."

11 43. Following the visit, Respondent noted that Patient O was concerned about vaccine
12 adverse effects, lack of study data, and reportedly frequent exposure to others with COVID-19
13 without getting ill. He further noted that Patient O was experiencing anxiety from his employer's
14 vaccine mandate. Respondent documented Patient O had worsening quality of life. Respondent
15 documented no other qualifying details. There are no significant findings in past medical history,
16 medications, or exam, which would support the issuance of a vaccine exemption. Additionally,
17 Respondent failed to note or explain how Patient O has an elevated risk of adverse immune
18 reaction and/or higher likelihood of damage to his neurological and cardiovascular systems and
19 increased risk of blood clot complications.

20 **Patient P**

21 44. On or about November 15, 2021, Respondent evaluated Patient P, a City of Oakland
22 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
23 and only visit between Respondent and Patient P. Following the visit, Respondent issued a
24 COVID-19 vaccine exemption for Patient P, without a qualifying diagnosis. The exemption stated
25 the following:

26 "[Patient P] is not able to receive currently available Covid-19 vaccination indefinitely due
27 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
28 system and increase risk of blood clot complications. Patient has no work restrictions and does

1 not require medications to work environment. Patient's health condition can not be disclosed due
2 to HIPAA regulation.

3 I hold an unrestricted physician and surgeon medical license in the state of California. This
4 patient is here seeking medical services from my practice because patient felt that his primary
5 physician either can not, will not or does not have the expertise to provide the requested medical
6 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
7 above medical recommendations. Patient elects not to release detail of his health condition."

8 45. Following the visit, Respondent noted that Patient P was concerned about vaccine
9 adverse effects, lack of study data, and reportedly frequent exposure to others with COVID-19
10 without getting ill. He further noted that Patient P was experiencing anxiety from his employer's
11 vaccine mandate. Respondent documented Patient P had worsening quality of life. Respondent
12 documented no other qualifying details. There are no significant findings in past medical history,
13 medications, or exam, which would support the issuance of a vaccine exemption. Additionally,
14 Respondent failed to note or explain how Patient P has an elevated risk of adverse immune
15 reaction and/or higher likelihood of damage to his neurological and cardiovascular systems and
16 increased risk of blood clot complications.

17 **Patient Q**

18 46. On or about November 15, 2021, Respondent evaluated Patient Q, a City of Oakland
19 employee. The visit was expressly to obtain a COVID-19 vaccine exemption. This was the first
20 and only visit between Respondent and Patient Q. Following the visit, Respondent issued a
21 COVID-19 vaccine exemption for Patient Q, without a qualifying diagnosis. The exemption
22 stated the following:

23 "[Patient Q] is not able to receive currently available Covid-19 vaccination indefinitely due
24 to high risk of adverse immune reaction that may damage his neurological and cardiovascular
25 system and increase risk of blood clot complications. Patient has no work restrictions and does
26 not require medications to work environment. Patient's health condition can not be disclosed due
27 to HIPAA regulation.

28 ///

1 I hold an unrestricted physician and surgeon medical license in the state of California. This
2 patient is here seeking medical services from my practice because patient felt that his primary
3 physician either can not, will not or does not have the expertise to provide the requested medical
4 evaluation. I performed a detailed interview and examination at the clinic visit resulted with
5 above medical recommendations. Patient elects not to release detail of his health condition.”

6 47. Following the visit, Respondent noted that Patient Q was concerned about vaccine
7 adverse effects, lack of study data, a history of heart disease and multiple ablations,⁶ a prior
8 COVID-19 infection approximately a year prior, and reportedly frequent exposure to others with
9 COVID-19 without getting ill. He further noted that Patient Q was experiencing anxiety from his
10 employer’s vaccine mandate. Respondent documented Patient Q had worsening quality of life.
11 Respondent documented no other qualifying details. There are no significant findings in past
12 medical history, medications, or exam, which would support the issuance of a vaccine exemption.
13 Additionally, Respondent failed to note or explain how Patient Q has an elevated risk of adverse
14 immune reaction and/or higher likelihood of damage to his neurological and cardiovascular
15 systems and increased risk of blood clot complications.

16 **Minors 1 and 2:**

17 48. On or about January 27, 2022, Minor 1 and Minor 2 were brought to Respondent by
18 their father, who desired a facemask exemption from the requirements of their school.
19 Respondent was not the minors’ primary care physician, and this was his first and only visit with
20 Minor 1 and Minor 2. The father stated that both Minors had shortness of breath, lightheadedness,
21 and headaches when being compelled to wear a mask. Prior to the visit, Minor 1 had contracted
22 COVID-19 and recovered without side effects. Minor 2 is documented to have a history of
23 asthma and had also contracted COVID-19 approximately one month prior; she recovered
24 without side effects.

25 49. Respondent failed to note any additional qualifying details for either minor patient in
26 their records. No significant family history, social history, or past medical history is noted.

27 ⁶ Cardiac ablation is a treatment for irregular heart rhythms, called arrhythmias. It uses
28 thin, flexible tubes called catheters and heat or cold energy to create tiny scars in the heart. The
scars block the faulty signals that cause irregular heartbeats.

1 "Albuterol" is briefly noted in Minor 2's "Medication" section. In the "Physical Exam" sections
2 of Respondent's notes for Minor 1 and Minor 2, Respondent noted that there was a "normal
3 respiratory effort." However, in the "psychiatric" section of the medical records, Respondent
4 noted, "Agitation aggravated by face covering use..." for both patients.

5 50. Following the examination, Respondent issued mask exemptions, without medical
6 reason, with the following identical verbiage:

7 "To whom it may concern

8 [Minor 1 / Minor 2] is not able to wear mask or face shield due to shortness of breath and
9 headache with use. Patient's health condition can not be disclosed due to HIPAA regulation.

10 I hold an unrestricted physician and surgeon medical license in the state of California. This
11 patient is here seeking medical services from my practice because parents felt that [his/her]
12 primary physician either can not, will not or does not have the expertise to provide the requested
13 medical evaluation. I performed a detailed interview and examination at the clinic visit resulted
14 with above medical recommendations. Parents elect not to release detail of [his/her] health
15 condition."

16 51. Following the issuance of the exemptions, the father submitted the mask exemptions
17 to Minor 1 and Minor 2's school district. This resulted in a complaint being filed through the
18 CDPH to the Board.

19 52. On or about January 11, 2024, Respondent was interviewed by Board investigators.
20 Among other statements, Respondent admitted that Minor 1 and Minor 2 did not have significant
21 medical disease. He stated that the face coverings aggravated the minors' conditions, but did not
22 elaborate how the face covering caused the aggravation. He further stated that face masks did not
23 prevent transmission of viral illness and were unnecessary, and that forced use of masks was
24 injuring kids and reducing their ability to learn.

25 53. Regarding the City of Oakland employee-patients, Respondent said words to the
26 effect of:

27 "I'm super busy, but somehow they found me...and I get a call and they [City of Oakland
28 employees] say 'hey we have about 50 of us that...are about to lose our jobs. We got one

1 week. Can you help us?' And that's when I say 'yeah...you know, I'm willing to help
2 if...especially you guys are first responder...' So I felt like...it was my duty to...serve...It
3 was very difficult, but yeah, that's what I did."

4 Respondent was asked by the investigator if he recalled if any of the City of Oakland employees
5 attempted to get religious exemptions from the COVID-19 vaccine. Respondent replied that he
6 recalled that some of the employees had previously attempted to obtain religious exemption
7 letters, but were denied. During the interview, he referred to primary care physicians who refused
8 to provide vaccine exemptions as "cowards."

9 54. The standard of care during the above-mentioned time period was for physicians to
10 promote the use of the COVID-19 vaccine to prevent COVID-19 infection and transmission.
11 Physicians should grant exemptions to the COVID-19 vaccination only under circumstances that
12 include an appropriate physical examination and legitimate medical reason to support the
13 exemption.

14 55. The standard of care during the above-mentioned time period was for physicians to
15 promote the use of face masks to reduce the risk of COVID-19 infection and transmission.
16 Physicians should grant medical exemptions for mask use only under circumstances that included
17 an appropriate physical examination and legitimate medical reason supporting the exemption.

18 56. Respondent departed from the standard of care by:

- 19 a. Issuing a COVID-19 vaccination exemption to Patient A without conducting an
20 appropriate medical evaluation and without legitimate medical reason;
- 21 b. Issuing a COVID-19 vaccination exemption to Patient B without conducting an
22 appropriate medical evaluation and without legitimate medical reason;
- 23 c. Issuing a COVID-19 vaccination exemption to Patient C without conducting an
24 appropriate medical evaluation and without legitimate medical reason;
- 25 d. Issuing a COVID-19 vaccination exemption to Patient D without conducting an
26 appropriate medical evaluation and without legitimate medical reason;
- 27 e. Issuing a COVID-19 vaccination exemption to Patient E without conducting an
28 appropriate medical evaluation and without legitimate medical reason;

- f. Issuing a COVID-19 vaccination exemption to Patient F without conducting an appropriate medical evaluation and without legitimate medical reason;
- g. Issuing a COVID-19 vaccination exemption to Patient G without conducting an appropriate medical evaluation and without legitimate medical reason;
- h. Issuing a COVID-19 vaccination exemption to Patient H without conducting an appropriate medical evaluation and without legitimate medical reason;
- i. Issuing a COVID-19 vaccination exemption to Patient I without conducting an appropriate medical evaluation and without legitimate medical reason;
- j. Issuing a COVID-19 vaccination exemption to Patient J without conducting an appropriate medical evaluation and without legitimate medical reason;
- k. Issuing a COVID-19 vaccination exemption to Patient K without conducting an appropriate medical evaluation and without legitimate medical reason;
- l. Issuing a COVID-19 vaccination exemption to Patient L without conducting an appropriate medical evaluation and without legitimate medical reason;
- m. Issuing a COVID-19 vaccination exemption to Patient M without conducting an appropriate medical evaluation and without legitimate medical reason;
- n. Issuing a COVID-19 vaccination exemption to Patient N without conducting an appropriate medical evaluation and without legitimate medical reason;
- o. Issuing a COVID-19 vaccination exemption to Patient O without conducting an appropriate medical evaluation and without legitimate medical reason;
- p. Issuing a COVID-19 vaccination exemption to Patient P without conducting an appropriate medical evaluation and without legitimate medical reason;
- q. Issuing a COVID-19 vaccination exemption to Patient Q without conducting an appropriate medical evaluation and without legitimate medical reason;
- r. Issuing a COVID-19 mask exemption to Minor 1 without conducting an appropriate medical evaluation and without legitimate medical reason; and
- s. Issuing a COVID-19 mask exemption to Minor 2 without conducting an appropriate medical evaluation and without legitimate medical reason;

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Incompetence)**

3 57. Respondent's Physician's and Surgeon's Certificate No. A 84045 is subject to
4 disciplinary action under Code section 2234, subdivision (d), in that Respondent demonstrated
5 incompetence, based upon his lack of knowledge, in treating Patients A through Q and Minors 1
6 and 2, as more particularly alleged in paragraphs 13 through 56 above, which are hereby
7 incorporated by reference and realleged as if fully set forth herein.

8 **THIRD CAUSE FOR DISCIPLINE**

9 **(Failure to Maintain Adequate Records)**

10 58. Respondent's Physician's and Surgeon's Certificate No. A 84045 is subject to
11 disciplinary action under Code sections 2234 and 2266, in that Respondent failed to maintain
12 adequate and accurate medical records relating to his care and treatment of Patients A through Q
13 and Minors 1 and 2, as more particularly alleged in paragraphs 13 through 56 above, which are
14 hereby incorporated by reference and realleged as if fully set forth herein.

15 **PRAYER**

16 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
17 and that following the hearing, the Medical Board of California issue a decision:

- 18 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 84045,
19 issued to Respondent Michael Jen-Kung Huang, M.D.;
- 20 2. Revoking, suspending or denying approval of Respondent Michael Jen-Kung Huang,
21 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 22 3. Ordering Respondent Michael Jen-Kung Huang, M.D., to pay the Board the costs of
23 the investigation and enforcement of this case, and if placed on probation, the costs of probation
24 monitoring

25 ///

26 ///


27 ///

28 ///

1 4. Ordering Respondent Michael Jen-Kung Huang, M.D., if placed on probation, to
2 provide patient notification in accordance with Business and Professions Code section 2228.1;
3 and

4 5. Taking such other and further action as deemed necessary and proper.

5
6 DATED: JUL 24 2024


REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

7
8
9
10
11 FR2024301773 Accusation
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28