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No. 101087-7

SUPREME COURT
OF THE STATE OF WASHINGTON

KATHLEEN E. JOHNSON, and STEVEN W. GENTRY,

,

Petitioners,

v.

SHARON GREICHEN O'GRADY, PETER WEINER, et al.,

Respondents.

**MEMORANDUM OF AMICUS CURIAE BERGMAN
DRAPER OSLUND UDO, PLLC IN SUPPORT OF
PETITION FOR REVIEW**

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I. IDENTITY AND INTEREST OF AMICUS CURIAE

The law firm of Bergman Draper Oslund Udo (“BDOU”) has represented victims of asbestos disease in the Pacific Northwest for more than 25 years. BDOU’s clients have included individuals suffering from asbestosis and mesothelioma, today regarded as “signature diseases” for which the primary or exclusive cause is exposure to asbestos. However, BDOU’s clients have also included individuals suffering from lung cancer, and while the present medical literature demonstrates that asbestos exposure is a known cause of lung cancer, it is of course not the *only* cause. Complicating any medical causation analysis is the fact that malignant asbestos diseases arise only after a long latency between exposure and disease symptoms. As a result, plaintiffs may not realize their disease was caused by asbestos exposure when such exposures occurred 40, 50, or even 60 years prior and when they didn’t directly work with any asbestos-containing products themselves. *See Lockwood v. AC & S, Inc.*, 109

Wn.2d 235, 246, 744 P.2d 605 (1987) (recognizing inherent challenges in asbestos-related toxic tort claims).

Because of these challenges, it is critical that Washington plaintiffs with toxic tort claims, particularly claims involving occupational or environmental toxins, know when their claims become actionable. Of course, Washington courts do not require “conclusive proof” to commence the limitations period. However, the pendulum ought not swing so far in the opposite direction. Amicus believes that the day has not yet come where patients with an apparent environmental harm, and who are not yet even diagnosed with a specific disease, must *automatically* suspect that their undetermined harm was caused by tortious exposure to a toxic substance and race to the courthouse doors, especially when they do not know what disease was causing the harm. Even practitioners in the field of medicine assert that the process of investigating the medical cause of environmental illnesses can be rigorous, complicated, and time-consuming. This Court should accept review of this matter to clarify

whether, in the context of toxic tort claims, mere knowledge of illness and harm is sufficient for a claim to accrue, or whether a patient must be diagnosed with an illness that gives them reason to know the cause in fact of that illness before the claim accrues and the statute of limitations begins to run.

II. STATEMENT OF THE CASE

The facts of this case are drawn from the briefs of the parties and the Court of Appeals decision. *See Johnson v. O’Grady*, 2022 WL 1008938 (2022) (unpublished), at *1–4; Pet. for Review at 6-12; Answer to Pet. for Rev. at 4-7.

III. ISSUES PRESENTED

In the context of toxic torts, the medical cause of a plaintiff’s disease is not always immediately clear at the time they are aware of the physical harm. Under Washington’s liberal “discovery rule,” a claim accrues when the plaintiff discovers, or in the exercise of reasonable diligence should have discovered, the facts which give rise to the cause of action. Should the Court accept review to clarify that a toxic tort or

environmental illness claim accrues when the plaintiff is diagnosed and thus first knows the *medical cause* of the plaintiff's disease and physical harm, where medical causation is a necessary element of proof in every toxic tort claim?

IV. SUMMARY OF ARGUMENT

The flashpoint of this case is the degree of evidence necessary for a cause of action to accrue and the statute of limitations to begin running in the context of toxic tort claims. Application of Washington's "discovery rule" is generally a question of fact, and courts are reluctant to bar a plaintiff's claims under the statute of limitations when the injury involves complex medical causes. This is especially true for toxic torts, where symptoms and diseases may have multiple potential causes apart from exposure to occupational or environmental toxins such that even medical practitioners cannot determine right away the medical cause of a patient's illness. This Court should accept review to clarify whether, in a toxic tort or environmental harm case, mere knowledge of a harm alone is

sufficient for a claim to accrue, or whether the statute of limitations is tolled until the plaintiff knows the cause in fact of his or her injury or disease from a medical diagnosis and some tie to the defendant, assuming a diligent inquiry by the plaintiff?

V. ARGUMENT

A. Washington’s “Discovery Rule” Disfavors Dismissal as a Matter of Law.

The statute of limitations for negligence in Washington State is three years. RCW 4.16.080(2). The limitation period begins to run when the plaintiff’s cause of action accrues.

Giraud v. Quincy Farm & Chem., 102 Wn. App. 443, 449, 6 P.3d 104 (2000). Ordinarily, this occurs when the plaintiff suffers injury, because in the usual case the cause of the injury is clear under the circumstances. *Id.*

However, Washington courts apply the “discovery rule,” providing that the statute of limitations does not begin to run until the plaintiff “discovers, or in the exercise of reasonable diligence should have discovered, the facts which give rise to

his or her cause of action.” *Janicki Logging & Const. Co. v. Schwabe, Williamson & Wyatt, P.C.*, 109 Wn. App. 655, 659, 37 P.3d 309 (2001). Importantly, the rule requires that the plaintiff have knowledge of facts to “support *each* of the essential elements of the cause of action—duty, breach, causation, and damages.” *Id.* at 659-660 (emphasis in original); *see also Reichelt v. Johns-Manville Corp.*, 107 Wn.2d 761, 772–73, 733 P.2d 530 (1987) (holding that statute of limitations began when plaintiff learned facts regarding “two elements of negligence—damages and causation”). “The application of the discovery rule generally is a question of fact.” *Matson v. Weidenkopf*, 101 Wn. App. 472, 482, 3 P.3d 805 (2000) (citing *Richardson v. Denend*, 59 Wn. App. 92, 95, 795 P.2d 1192 (1990)); *see also Goodman v. Goodman*, 128 Wn.2d 366, 371, 907 P.2d 290 (1995) (holding that statute of limitations defense “presented a question of fact that could not be decided as a matter of law”); *Giraud*, 102 Wn. App. at 450 (“Unless the facts are susceptible of only one reasonable interpretation, it is

up to the jury to determine whether the plaintiff has met this burden.”). Where the facts surrounding the plaintiff’s knowledge or diligence are susceptible to more than one reasonable interpretation, it is reversible error for the court to enter judgment as a matter of law. *See Goodman*, 128 Wn.2d at 368 (holding that facts were “susceptible to more than one reasonable interpretation”).

Washington courts are especially reluctant to rule as a matter of law that a plaintiff failed to conduct a diligent inquiry when the injury involves complex medical causes. *Lo v. Honda Motor Co.*, 73 Wn. App. 448, 450, 869 P.2d 1114 (1994). In *Lo*, the plaintiff brought suit against Honda Motor Company for injuries relating to the sudden uncontrollable acceleration of her Honda vehicle, requiring the plaintiff to stop the vehicle using both the brakes and thrusting the gear-shift lever backward and forward. *Id.* When her son was born prematurely one month later with a prolapsed umbilical cord, the plaintiff “became convinced in her own mind that [her son’s] afflictions were

related to his premature birth, which she in turn believed to have been caused by the thrashing about she received in her Honda automobile.” *Id.* at 450, 451. During her lawyer’s investigation, none of the plaintiff’s treating physicians opined that that the automobile accident caused or contributed to the son’s injuries; yet at the same time, “[n]one of the doctors volunteered an opinion that medical errors or omissions may have caused or contributed to [the son’s] condition.” *Id.* at 452. Such an opinion was not offered until the son was 3 ½ years old, when an expert medical witness suggested for the first time that the injuries were caused by “the negligent acts or omissions” of the various medical staff involved in the child’s delivery. *Id.* at 453. Within five months of receiving this opinion, the plaintiff amended her complaint to add the medical staff. *Id.* at 453-54.

On appeal, the medical staff argued that, as a matter of law, the plaintiff and/or her attorneys were placed on inquiry notice that medical malpractice could have caused the son’s

conditions more than three years prior to expiration of the statute of limitations. *Id.* at 455. Division One of our Court of Appeals rejected this argument, declining to hold as a matter of law that the fact of a traumatic medical event and knowledge of its immediate medical cause equates with notice (imputed knowledge) that the injury was caused by a medical error or omission. *Id.* at 460 (citing *North Coast Air Servs., Ltd. v. Grumman Corp.*, 111 Wn.2d 315, 759 P.2d 405 (1988)).

Because there was another “facially reasonable explanation” for the injuries, the court held that what the plaintiff knew or should have known about the cause of her son’s injuries “was an unresolved question of fact.” *Id.* at 459-460. This was true even for the plaintiff’s counsel, who inquired with multiple doctors as to the medical cause of the son’s injuries and had no reason to suspect medical malpractice. *Id.* at 463 (“We believe that the day has not yet come when attorneys must *automatically* suspect medical malpractice to be a proximate cause of every adverse medical outcome.”).

B. The Court Should Accept Review Pursuant to RAP 13.4(b)(4).

Three years ago, the Department of Environmental & Occupational Health Sciences (DEOHS) at the University of Washington published a report seeking to identify those communities most affected by cumulative environmental health impacts.¹ The report examined a variety of environmental hazards ranging from diesel emissions and toxic releases from industrial sites to lead exposures and wastewater discharge.² Ultimately, the report concluded that “where you live, your income, your race or your language ability may put you at greater risk for exposure to the harmful health effects of environmental pollution.”³ Given the disparate risk and practical hurdles faced by residents suffering from exposure to environmental toxins, there exists a substantial public interest in determining whether knowledge of the harm alone is sufficient

¹ Washington Environmental Health Disparities Map, University of Washington DEOHS (2019), *available at* <https://deohs.washington.edu/washington-environmental-health-disparities-map-project>.

² *Id.* at 29-35.

³ *Id.* at 8.

for a claim to accrue, or whether something more—e.g., some evidence regarding the medical cause of disease—is required.

The facts of *Lo* are particularly illustrative of these challenges facing toxic tort plaintiffs in Washington State. As in *Lo*, toxic tort claims arising from occupational or environmental toxins necessarily involve complex medical causes. Plaintiffs, particularly those residing in low-income communities or facing language barriers, may struggle to obtain a definitive diagnosis. Yet contrary to *Lo*, the Court of Appeals in this matter determined that simply being aware of the injury or illness from a possible exposure was sufficient for the plaintiffs' claim to accrue. *Compare Johnson*, 2022 WL 1008938, at *7 (holding that plaintiffs were “aware that they had been injured” in November 2017), *with Lo*, 73 Wn. App. at 463 (declining to hold as a matter of law that attorney failed to exercise due diligence by not asking about medical malpractice).

Moreover, the medical causes of toxic tort diseases are often susceptible to more than one reasonable interpretation, even to medical providers. Three such providers have asked to submit letters to this Court regarding the challenges patients and providers face diagnosing and treating illnesses caused by environmental toxins. For the Court's benefit, their letters are appended to this brief.

Carrie Ann Matyac has served as a nurse for 23 years and a Nurse Practitioner for 18 years. App. A. She has served both as a care provider for Washington patients and as a teacher at Pacific Lutheran University School of Nursing. She explained that “the signs and symptoms of environmentally caused issues are often gradual in onset.” Because of this and other reasons, her experience has shown that exposure to environmental toxins “can cause years of illness that is quite a mystery to clinicians in primary care.”

Anjum Usman Singh, M.D., is the Medical Director of True Health Medical Center in Illinois. App. B. He regularly

speaks on and attends conferences regarding Integrative Medicine in Washington State but, more personally, has three daughters here all of whom have been affected by toxic exposures. Dr. Singh explains that, because of the nature of environmental toxins, it is “often difficult to recognize and is often diagnosed as other medical or behavioral health conditions.” Children and families are at particular risk from environmental toxins, and associated diseases may present symptoms in the form of asthma, rashes, and behavioral changes.

MariLynn Mullheron has treated Washington plaintiffs with neurodevelopmental and psychiatric disorders since 2003. App. C. She explained that toxic exposure can manifest in many ways and can vary from patient to patient. Like her colleagues, she has observed long delays between the time of complaint and ultimate diagnosis, complicated by expensive testing and lengthy courses of treatment. As a result, she concludes that “the problem of toxic exposures [is] one of

public health, and one that disproportionately affects the middle class and the poor.”

In this case, the Court of Appeals indicated that a cause of action accrues when the causation of an illness is “susceptible to proof,” *Johnson*, 2022 WL 1008938, at *5, and that mere knowledge of illness alone renders causation susceptible to proof. *Id.* at *6. Moreover, the Court of Appeals held that the discovery rule applies *only* when a plaintiff is unaware of harm sustained. *Id.* at *6 (citing *1000 Virginia Ltd. P'ship v. Vertecs Corp.*, 158 Wn.2d 566, 575, 146 P.3d 423 (2006), *as corrected* (Nov. 15, 2006); *White v. Johns-Manville Corp.*, 103 Wn.2d 344, 348, 693 P.2d 687 (1985)). While the discovery rule certainly applies in those situations, it is not limited to those situations. For plaintiffs suffering injury from exposures to unspecified toxic substances, the knowledge that they are harmed alone is not sufficient to know the medical cause in fact, which required a diagnosis at minimum, as well as evidence tying the exposure to the defendant.

VI. CONCLUSION

“All rules of law and equity have for their ultimate purpose the furtherance of justice and the prevention of injustice.” *Deaconess Hosp. v. Washington State Highway Comm’n*, 66 Wn.2d 378, 399, 403 P.2d 54 (1965). The unpublished Court of Appeals opinion in this matter calls into question whether Washington patients must automatically suspect foul play when suffering a harm that *could be* caused by an occupational or environmental toxin, among various potential causes. Amicus suggests that in the toxic tort context, the plaintiff’s knowledge of being harmed, of their compromised health alone, is not sufficient where they do not know the cause in fact of their injury. This Court should accept review pursuant to RAP 13.4(b)(4) to clarify that a patient must have some medical basis to know the cause-in-fact of his or her illness before a cause of action accrues.

This document contains 2,499 words, excluding the parts exempted from the word count by RAP 18.17.

DATED this 7th day of September 2022.

BERGMAN DRAPER OSLUND UDO

By: /s/ Justin Olson
Justin Olson, WSBA # 51332
Attorney for Amicus Curiae

CERTIFICATE OF SERVICE

I certify under the penalties of perjury under the laws of the State of Washington that on this date I caused a copy of the foregoing document, to be served on all counsel of record, via the Appellate E-filing Portal, as follows:

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DATED at Seattle, WA this 7th day of September 2022.

/s/ Justin Olson _____

Justin Olson

Appendix A



**SCHOOL OF NURSING
GRADUATE PROGRAM**

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August 25, 2022

Dear Supreme Court Justices,

I am writing this letter to request that there be an **extended timeline for the statute of limitations for environmental toxin related cases in Washington State**, or at minimum that it begin when individuals have been tested and diagnosed properly. I have been a nurse for 23 years and a Nurse Practitioner for 18 years in Washington State. My professional and educational background includes being board-certified as both a Rural Adult Nurse Practitioner (ANP) and Family Nurse Practitioner (FNP). I have also served as a nursing instructor at the LPN, ADN, MSN and DNP levels the latter as the Lead of the FNP Doctor of Nursing Practice (DNP) program at Pacific Lutheran University School of Nursing and participate with reviewing and creating curriculum to educate FNPs at the doctoral level. Additionally, I have been an advocate for health care equity and change, participated with the Controlled Substances Steering Committee with Providence Medical Group, and help manage the Advanced Nursing Education Workforce (ANEW) grant from the Health Resources & Services Administration (HRSA). Throughout my nursing career, I have been passionate about helping those who are underserved and teaching nurses to become expert clinicians to decrease disparity of services in healthcare.

The issue of environmental illness, which is caused by toxins such as chemicals, mold, or heavy metals, is complex but affects many people in our state. I am challenged as a primary care provider (PCP) when individuals have issues related to the environment. Even when environmental issues are known, such as at Hanford, I am not familiar with the symptoms that are associated with the environmental impacts on their bodies or services available. Furthermore, the signs and symptoms of environmentally caused issues are often gradual in onset. Individuals often do not seek medical care shortly after symptoms begins because they are minor and vague. By the time healthcare is sought out, the primary care provider may take months or even years to determine that the cause is not common—in medicine we say that these are like chasing zebras not horses, they are fewer and fewer, and they don't all look alike.

Our healthcare system is complex, and getting individuals to the right specialists, particularly to providers that have more knowledge about testing and environmental markers and are able to diagnose the presenting problems correctly, is challenging. This care can also be disrupted by insurance status or ability to afford co-pays or out-of-pocket care costs. It is notable that many of the people who are affected by environmental illness are productive adults who are working and caring for families. Getting time off to go to multiple appointments with their primary care provider, specialists, and for diagnostic testing is very time consuming and people need to be careful that it does not result in employment related consequences, such as loss of their jobs.

As I have been caring for people in both rural and urban communities within Washington State, I have seen how exposure to environmental toxins can cause years of illness that is quite a mystery to clinicians in primary care. I am sharing this both in my own health care practice situations over the past 18 years, but also what I have heard from colleagues and students as we discuss very difficult case presentations to mentor one another. Due to the increasing awareness of environmental toxins and how they affect healthcare, I have also been attending functional or integrative medicine conferences to learn resources, more understanding of how to evaluate suspected toxin exposure symptoms, and even order testing that can show what specifically is making an individual chronically ill.

It is respectfully requested, **for the sake of individuals in Washington State who are seeking out care for environmental illness symptoms, that the statute of limitations defined as when they receive the correct diagnosis and can have care for said disorders.**

Environmental toxin exposures cause symptoms that are that often appear with a gradual, vague, and mysterious onset that is so hard to recognize and put the pieces together in primary care. I believe there needs to be more education and awareness for medical providers so that these illnesses can be recognized and tested, but also that the affected individuals often lose their homes, livelihood, and/or health-care related quality of life due to the unknown illness which has a slow onset but life-altering trajectory. Please consider defining the statute of limitations in Washington State to protect these affected individuals and afford them the time needed for a full diagnosis and treatment plan.

Thank you for the opportunity to share this with the court.

In gratitude,



Carrie Ann Matyac, DNP, ARNP, FNP-BC

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Appendix B

August 25, 2022

Dear Supreme Court Justices of Washington State,

Thank you for the opportunity to share this request related to the statute of limitations for toxic tort law in Washington State. I have many colleagues practicing in Washington State, and I travel to Washington to speak about Integrative Medicine, attend conferences, and collaborate with other health care professionals to serve patients who reside in Washington State. I also have a 3 daughter's who have been affected by toxic exposures and one who works for Amazon in Seattle. I am a board-certified Family Medicine physician and the director of True Health Medical Center in Illinois. I am the co-founder for Autism Center for Enlightenment, which is a non-profit organization supporting research, education, and biomedical therapies for families in need. In the realm of Functional or Integrative Medicine, I serve as faculty and speaker for the Medical Academy of Pediatric Special Needs (MAPS) and guest lecture at many conferences related to the functional medicine management of pediatric disorders. Many of my patients have been affected negatively by biotoxin (mold) illness and other environmental medicine factors.

Within the practice of pediatric care, specifically with neurodevelopmental disorders such as autism spectrum disorder (ASD), there often is a complex presentation of symptoms. Children who are also affected by living with mold in their homes, schools, or even experiencing homelessness and staying in shelters, often have exacerbated difficulties with behaviors and educational successes. Biotoxin illness and other environmental illnesses are very difficult to recognize and treat, which is why many patients have chronic conditions and a deteriorating

quality of life until they are able to see medical providers with the skillset to evaluate and treat such challenges.

The nature of environmental toxins, such as mycotoxin or mold exposure, heavy metal ingestion or exposure, or chemical/pesticide exposure, is that it is often difficult to recognize and is often diagnosed as other medical or behavioral health conditions. Children and families who are affected may be living in apartments with water damage and visible mold coming through the wall, where landlords simply paint over the visible mold spores and tell parents that the housing is safe. When children are then having increased asthma symptoms, rashes, difficulties with focus, or even outrageous behaviors in their classrooms, this is not quickly linked to the exposure of mycotoxin in the living environment. The only way to get well from this exposure is to first diagnose the toxin exposure, which usually requires testing and physical examination. Then the child and family must be removed from the environment and have a treatment plan to restore their health back to being able to grow up healthy and have a good life.

My expertise is mostly with children and families with autism or other complex, special needs. These children and families have additional stressors related to possible decreased ability to communicate or increased disruptive behaviors; both of these can make exposure to any type of toxin in the food, water, or environment more impactful and difficult to be recognized. While early recognition, removal from toxins, and quick recovery is ideal, this is not often an option. The nature of toxin exposure is that it is often coming on over time, is confused with symptoms of other disorders, and when affected patients are searching out care they are often in crisis which prevents them from quickly obtaining answers for their suffering.

The real nature of toxin related illness is that it causes life-disrupting and sometimes life-threatening challenges that are a valid medical issue needing professional evaluation and care. With MAPS, health care providers are learning to understand and apply these in practice in their home communities and practices, but these providers are few. Medical doctors may do an environmental medicine fellowship, but this is a very small number and many focus on workplace exposures and injury, such as mesothelioma from asbestos. Naturopathic providers have specialty training with evaluating toxin levels and detoxing the chemicals or toxins from patients' physical bodies, but in many communities there are few, insurance does not cover services, and other medical providers may not be aware that they can support patients in this way. This is to share that the journey for health care providers to become both knowledgeable with recognizing environmental toxin related disorders and proficient with treatment of such.

I am offering this insight as an advocate for children and families, or people in general, who are affected by toxic exposure, as often they cannot voice this need for themselves until much later. Many affected by toxins have children, parents, and even pets who are affected by the exposure, and the subsequent illness can be devastating physically, emotionally, and financially. The effects of this are often overlooked in primary care and the time it takes to be seen by a specialty provider that can make the correct diagnosis may take a long time, as the vague and mysterious symptoms of toxin related illness have gradual onset most of the time and may not be understood until there is a retroactive view of the entire situation. It is requested that the Supreme Court of Washington State make a clear delineation for the statute of limitations for toxic tort begin when the diagnosis is made, and the toxin related illness is clearly known. It is believed that this law can help children and families who are affected with

these medical challenges to not have their concerns dismissed without having had the opportunity for a full diagnosis that can lead to full recovery.

Sincerely,

A handwritten signature in black ink that reads "Anjum Iona Usman Singh MD". The signature is written in a cursive style.

Anjum Iona Usman Singh, MD FAAFP

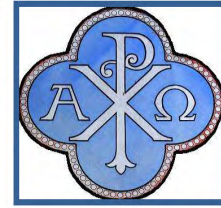
Medical Director True Health Medical Center

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Appendix C



MariLynn Mulheron, MS FNP-C, ENP-C, PMHS
Pax et Bonum Family Practice, PLLC
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Dear Supreme Court Justices of Washington,

I currently serve patients in Washington State with both neurodevelopmental disorders and psychiatric co-morbid disorders, and feel the issue of determining a time for the statute of limitations with toxic exposure illness is something that affects many that I serve. I am associated with the Yellow Brick Clinic in Renton, WA.

I have been board-certified as a Family Nurse Practitioner (FNP-C) since 2003, an Emergency Nurse Practitioner (ENP-C) since 2017, a Certified Functional Medicine Practitioner since 2018, and a Pediatric Primary Care Mental Health Specialist (PMHS) since 2022. I am currently completing an additional program to certify as a Psychiatric Mental Health Nurse Practitioner (PMHNP) in 2023.

My functional medicine training and my experience working at an integrative medical center (Avante Medical Center) in Anchorage, Alaska have underscored the importance of recognizing and appropriately treating toxic exposures that may be contributing to long-term illness. This can be mold or other contaminants, but mold exposure and reactions are far more common than we realize. The effects of mold exposure can also take quite some time to properly diagnose and begin to treat, and treatment can be lengthy. The testing required is often not covered by insurance and/or expensive, and this also delays time to diagnosis and treatment.

Toxic exposures can manifest in many ways, either overt or subtle, and the presentation can vary greatly. One person may have rashes and coughing, while another has memory loss or inattention. One person may recover quickly, and another may suffer for months to years before the right questions are asked to uncover mold or other toxic exposure. Earlier in my career, I can't say that I would have recognized the importance of mold exposure as quickly as I do now, and that has to do with my Functional Medicine training, the decades of experience that I have acquired, and the personal experiences of several of my colleagues and friends.

Putting a statute of limitations on toxic exposures is problematic on a few levels. Time to diagnosis can be long. Testing is expensive. Treatment is lengthy, exhausting, and can be expensive. And many people who are exposed to mold and toxins are those with the least financial means living in subsidized or rental housing. Property owners have little incentive to definitively correct mold in their rental units, often just covering it up with paint, and the nature of their responsibility turns an individual's health problem into an adversarial process. This makes the problem of toxic exposures one of public health, and one that disproportionately affects the middle class and the poor. It would be socially regressive to apply an overly burdensome statute of limitations on to mold/toxic exposures. At a minimum, any proposed statute of limitations should be several years from time of exposure.

Thank you for taking the time to hear my concerns.

Sincerely,

MariLynn Mulheron MS, FNP-C, PMHS

MariLynn Mulheron, MS, FNP-C, ENP-C, PMHS

BERGMAN DRAPER OSLUND UDO

September 07, 2022 - 10:04 AM

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