

RECEIVED
SUPREME COURT
STATE OF WASHINGTON
Mar 11, 2015, 1:44 pm
BY RONALD R. CARPENTER
CLERK

E

No. 90620-3

RECEIVED BY E-MAIL

bij

SUPREME COURT OF THE STATE OF WASHINGTON

EDWARD O. GORRE
Respondent,

v.

CITY OF TACOMA
Petitioner,

THE DEPARTMENT OF LABOR AND INDUSTRIES
FOR THE STATE OF WASHINGTON,
Defendant.

RESPONDENT'S SUPPLEMENTAL BRIEF

Ron Meyers
Matthew Johnson
Tim Friedman
Attorneys for Edward O. Gorre

Ron Meyers & Associates, PLLC
8765 Tallon Ln. NE, Suite A
Olympia, WA 98516
(360) 459-5600
WSBA No. 13169
WSBA No. 27976
WSBA No. 37983



ORIGINAL

TABLE OF CONTENTS

I. IDENTITY OF RESPONDENT.....1

II. CITATION TO COURT OF APPEALS DECISION.....1

III. ISSUES PRESENTED FOR REVIEW.....1

IV. STATEMENT OF THE CASE1

V. ARGUMENT: WHY REVIEW SHOULD BE DENIED.....4

A. The Court of Appeals, Division II’s decision is not in direct conflict with *Raum v. City of Bellevue*.....4

B. The Facts to which the SIE claims the Court Went Beyond the Record Had No Bearing on the Court’s Holding7

C. The Court’s Interpretation of RCW 51.32.185 Was Proper.....8

a. Ordinary Meaning9

b. Related Provisions of RCW 51.32.1859

c. Statutory Scheme as a Whole10

D. The Court of Appeals did not re-weigh The Evidence Presented at Trial.....13

E. RCW 51.32.185(4) Does Not Limit the Presumption ...17

V. CONCLUSION20

APPENDIX A

APPENDIX B

APPENDIX C

TABLE OF AUTHORITIES

Cases

<i>Dennis v. Dept. of Labor & Indus.</i> , 109 Wn.2d 467, 745 P.2d 1295 (1987)	11,20
<i>Fraternal Order of Eagles, Tenino Aerie No. 564 v. Grand Aerie of Fraternal Order of Eagles</i> , 148 Wash. 2d 224, 239, 59 P.3d 655 (2002)	5,9
<i>Gorre v. City of Tacoma</i> , 180 Wash.App. 729, 324 P.3d 716 (2014) ..	1,5,6,7,9,10,14,18
<i>McDonald v. Dept. of Labor & Indus.</i> , 104 Wn.App. 617, 17 P.3d 1195 (2001)	15
<i>Raum v. City of Bellevue</i> , 171 Wn.App. 124, 286 P.3d 695 (2012)	4,5,
<i>State v. Engel</i> , 166 Wn.2d 572, 2010 P.2d 1007 (2009)	8
<i>Tingey v. Haisch</i> , 159 Wash. 2d 652, 657, 152 P.3d 1020 (2007)	13
<i>Wilson V. Dep't of Labor & Indus.</i> , 6 Wash. App. 902, 496 P.2d 551 554 (1972)	10,11,12

Board of Industrial Insurance Appeals Cases

<i>In Re: Edward O. Gorre</i> , 09 13340 (2010)	1,2,3,15,16
--	-------------

Statutes

RCW 51.04.010	11
---------------------	----

RCW 51.08.10	3
RCW 51.08.160	12
RCW 51.08.140	2
RCW 51.12.010	11
RCW 51.28.050	2
RCW 51.32.050(6)	12
RCW 51.32.185	1,2,3,4,8,9,10,12,14,17,19
RCW 51.32.185(1)	4,5,7,14,18
RCW 51.32.185(1)(c)	17,18
RCW 51.32.185(1)(d)	7
RCW 51.32.185(2)	18
RCW 51.32.185(3)	9,17,18
RCW 51.32.185(4)	7,8,9,10,17,18,19
RCW 51.32.185(5)	17
WAC 29620-124(2)	1
Other Authority	
<i>Substitute H.B. 2663 57TH Leg. Reg. Sess. (WA 2002)</i>	19
<i>Second Substitute H.B. 2663 57TH Leg. Reg. Sess. (WA 2002)</i> ...	19
Washington Laws, 2002 Chapter 337	20

WPI 155.06.01 15

I. IDENTITY OF RESPONDENT

Edward Gorre was a career firefighter employed by the self insured employer, City of Tacoma.

II. CITATION TO COURT OF APPEALS DECISION

The Petitioner City of Tacoma "SIE" seeks review of the decision in: *Gorre v. City of Tacoma*, 180 Wash.App. 729, 324 P.3d 716 (2014).

III. ISSUES PRESENTED FOR REVIEW

The issues are as set forth in the Petition for Review and the Respondent Edward Gorre's Reply to Petition for Review.

IV. STATEMENT OF THE CASE

Edward Gorre ("Lt. Gorre") was a professional firefighter with the City of Tacoma, beginning on March 17, 1997. *CABR, Edward Gorre, Depositions: In re: Edward O. Gorre 09 13340 (2010)*, 28:4. In April 20, 2007, Lt. Gorre reported an RCW 51.32.185 presumptive occupational disease, reporting that his doctors found evidence of inhalation exposure upon a lung biopsy. *CABR, Exhibits, In re: Edward O. Gorre 09 13340*.

On August 13, 2007, the Department of Labor and Industries ("Department") issued an order that the claim is denied in accordance with WAC 296-20-124(2) because there was no licensed physician's report or medical proof filed as require by law. That order indicated that Mr. Gorre

still had the right to file another claim under RCW 51.28.050. There was no mention of the presumption or RCW 51.32.185. *CABR, In re: Edward O. Gorre 09 13340 (2010) 129-130.*

On February 11, 2008, the Department issued an order holding the August 13, 2007 order for naught and denied the claim because 1) there was no proof of specific injury at a definite time and place in the course of employment, 2) the worker's condition was not the result of the injury alleged, 3) the worker's condition was not the result of an industrial injury, and 4) the worker's condition was not an occupational disease as contemplated by RCW 51.08.140. Again there was no mention of the presumption or RCW 51.32.185. *CABR, In re: Edward O. Gorre 09 13340 (2010) 131-132.*

On March 26, 2008, the Department issued an order that cancelled the February 11, 2008 order and found that 1) the employer is responsible for Hep C exposure and condition, 2) the employer is responsible for Mr. Gorre's lung condition as defined by his attending physician - Interstitial lung disease, nodular with eosinophilia. Granulomatous disease with possible sarcoid, and allowed the claim for an occupational disease. Still there was no mention of the presumption or RCW 51.32.185. *CABR, In re: Edward O. Gorre 09 13340 (2010) 133-134.*

On March 24, 2009 the Department issued an order that cancels the March 26, 2008 order for the same reasons as the February 11, 2008 order. There is no mention of the presumption or RCW 51.32.185. *CABR, In re: Edward O. Gorre 09 13340 (2010) 135-136.*

The Board's Proposed Decision and Order dated October 1, 2010, entered Findings of Fact and Conclusions of Law, none of which mentioned the presumption or RCW 51.32.185. *CABR, In re: Edward O. Gorre 09 13340 (2010) 119-127.* On December 8, 2010, the Board entered a Decision and Order and indicated that it granted review to add Findings of Fact and Conclusions of Law to clarify why Lt. Gorre's medical condition cannot be presumed to be an occupational disease RCW 51.32.185 and to briefly explain why it concluded that Gorre did not satisfy his burden of proof. *CABR, In re: Edward O. Gorre 09 13340 (2010) 2-10.*

Lt. Gorre appealed to the Superior Court which entered judgment adopting the Findings of Fact and Conclusions of Law from the Board's Decision and Order and added Conclusion of Law #2 that Lt. Gorre's condition was not the result of the injury alleged, the condition was not the result of an industrial injury as that term is defined in RCW 51.08.100. *CP 940-943.* Lt. Gorre timely filed a Notice of Appeal to the Court of Appeals, which reversed in part and affirmed in part the Superior Court's order.

V. ARGUMENT

A. The Court of Appeals' Decision Is Not In Direct Conflict With *Raum v. City of Bellevue*.

There is no conflict between *Raum v. City of Bellevue* and the opinion of the Court of Appeals in the present case. In *Raum*, the jury was asked to decide whether certain facts were decided correctly by the Board, such as: Whether firefighter Raum experienced heart problems; Whether those heart problems were within twenty-four hours of strenuous physical exertion; Whether it was due to firefighting activities. *Raum v. City of Bellevue*, 171 Wash. App. 124, 145-46, 286 P.3d 695 (2012). The Court of Appeals ruled that the special verdict form allowed the jury to consider whether Mr. Raum qualified for the presumption of occupational disease; *id.* at 124.

However, to determine if Mr. Raum “qualified for the presumption” is simply to determine if the *factual* elements of RCW 51.32.185(1) were proven on a more probable than not basis: (a) Was Mr. Raum a firefighter; and (b) Did he have a heart problem experienced within seventy-two hours of exposure to smoke, fumes, or toxic substances, or experienced within 24 hours of strenuous physical exertion due to firefighting activities.

Those factual questions are entirely different than the question of interpreting the statutory meaning of “Heart Problems” within RCW 51.32.185. The jury in *Raum* did not interpret RCW 51.32.185 to discern

what the legislature meant by “heart problems.” The Court of Appeals in *Raum* did not hold that statutory construction was a question of fact.

The Court of Appeals in *Gorre v. City of Tacoma* did not hold that it was a question of law to determine if Lt. Gorre qualified for the presumption of occupational-disease. Lt. Gorre was a firefighter otherwise qualified for the statutory presumption of occupational disease if he had one of the statutorily enumerated diseases. It was undisputed that Lt. Gorre had Valley Fever. *Gorre v. City of Tacoma*, 180 Wash. App. 729, 753, 324 P.3d 716 (2014), as amended on July 8, 2014), as amended on July 15, 2014.

Notably, both the Board and the Superior Court found that Lt. Gorre suffered from Coccidioidomycosis (“Valley Fever”), and the Court of Appeals recognized this in its opinion. *Gorre v. City of Tacoma*, at 759. Accordingly, the question in *Gorre* was not a factual question about whether Lt. Gorre was an eligible firefighter or whether the evidence established that he had contracted Valley Fever. Rather, the question was one of statutory interpretation, as to the meaning of “respiratory disease” intended by the legislature in RCW 51.32.185(1). This was a different question than was at issue in *Raum*.

“The construction of a statute is a question of law that this court reviews de novo.” *Fraternal Order of Eagles, Tenino Aerie No. 564 v. Grand Aerie of Fraternal Order of Eagles*, 148 Wash. 2d 224, 239, 59 P.3d 655 (2002).

...

“The first role of a court is to examine the language of a statute while adhering to the Legislature's intent and purpose in enacting it.” *Id* at 240.

The Appellate Court stated that:

“[w]e review whether substantial evidence supports the trial court's factual findings and then review, de novo, whether the trial court's conclusions of law flow from the findings.” *Gorre v. City of Tacoma*, at 75.

Having determined the statutory meaning of respiratory disease as intended by the legislature, the Court was clear that “the record” (not a legal decision by the Court) established the symptoms and impacts of Valley Fever.

The *medical testimony* established that Valley Fever impairs a person's respiratory system. Valley Fever *expert Dr. Johnson opined* that Valley Fever is transmitted through inhalation exposure to arthroconidia in the soil that impacts in the lungs, usually causing pneumonic disease. Although asserting that Valley Fever is an infectious disease (and not a respiratory disease), *Dr. Ayars testified* that (1) symptoms of Valley Fever are generally pulmonary symptoms such as coughs, fever, and sputum; (2) the cause of Valley Fever is through the production of arthrospores in the air that when breathed into the lungs, causes disease in humans; and (3) more severe Valley Fever leads to other pulmonary symptoms, such as abscesses in the lungs, chronic pneumonias, and meningitis. *Dr. Bardana testified* that in March 2007, Gorre's pulmonary function showed a small airway obstruction and 40 percent eosinophilia in his peripheral blood count, and a CT examination of his chest showed ground glass deformities and nodularities. *Gorre v. City of Tacoma*, at 763.

...

The *record shows* that Valley Fever is an airborne disease that humans contract through inhalation, that the organism causing Valley Fever impacts in the lungs, and that Valley Fever patients suffer respiratory symptoms and pulmonary symptoms. *Id.*

...
Accordingly, we hold that (1) Valley Fever meets the dictionary definition of “respiratory disease”—an abnormal condition impairing the normal physiological functioning of the respiratory system, which by definition includes the lungs, and therefore is a “respiratory disease” under RCW 51.32.185; ... *Id.*

It was also the *testimony* before the lower courts, (opposed to a legal determination by the Appellate Court), that overwhelmingly established that Lt. Gorre’s condition was an infectious disease. The Appellate Court stated, “Given all the experts who opined that Valley Fever is an infectious disease, we hold that Valley Fever is an “infectious disease” under RCW 51.32.185(1)(d).” *Gorre v. City of Tacoma* at 766. That factual question is to be distinguished from the legal question regarding the *interpretation* of RCW 51.32.185(1) and (4) to determine the legislature’s intent to include all infectious diseases as presumptive diseases.

B. The Facts to which the SIE claims the Court Went Beyond the Record Had No Bearing on the Court’s Holding.

The instances where the SIE claims that the Court of Appeals went “beyond the record” have no bearing on the Appellate Court’s holding that Lt. Gorre was not afforded the application of statutory presumption nor on

any of the issues pertaining to the SIE's cross appeal.

As stated, the Appellate Court relied on its statutory interpretation to discern the meaning of "respiratory disease" and "infectious disease." The Appellate Court deferred to the *record* – not extrinsic materials – with respect to the facts supporting the statutory meaning of respiratory disease and with respect to whether Lt. Gorre had an infectious disease. The portion of the Appellate Court's opinion that addresses the testimony with respect to Valley Fever being a "respiratory disease" is found at page 763, and nowhere in that section does the Court use the terms "H1NI" "Swine Flue" "Avian Flu" "pulmonary infiltrate" or "granulous lesion".

C. The Court's Interpretation of RCW 51.32.185 Was Proper.

"The 'plain meaning' of a statutory provision is to be discerned from the ordinary meaning of the language at issue, the context of the statute in which that provision is found, related provisions, and the statutory scheme as a whole." *State v. Engel*, 166 Wash. 2d 572, 578-79, 210 P.3d 1007 (2009).

In the present case, the Court of Appeals looked to the ordinary meaning of the RCW 51.32.185(4), the related provisions within RCW 51.32.185, and the statutory scheme as a whole to discern the plain meaning of RCW 51.32.185(4). These are proper methods, as stated in *State v. Engel*, to discern the plain meaning of statutory provisions.

a. Ordinary Meaning:

Nowhere in RCW 51.32.185(4) does it state that HIV/AIDS, hepatitis, meningococcal meningitis, or mycobacterium tuberculosis is an *exclusive list* of infectious diseases to be given the statutory presumption of occupational-disease. The Court of Appeals recognized this, stating:

“The plain language of subsection (4) does not state that this list of four diseases is exclusive; rather it provides that ‘[t]he presumption established in subsection (1)(d) of this section shall be extended to any firefighter who has contracted any of the following diseases[.]’” *Gorre v. City of Tacoma*, at 761.

“In the absence of a statutory definition, courts may give a term its plain and ordinary meaning by reference to a standard dictionary.” *Fraternal Order of Eagles, Tenino Aerie No. 564 v. Grand Aerie of Fraternal Order of Eagles*, 148 Wash. 2d 224, 239, 59 P.3d 655 (2002). In the present case, the Court of Appeals referenced the dictionary for the definition of “extend” to *discern the plain language* of RCW 51.32.185(4). *Gorre v. City of Tacoma*, at 764.

b. Related Provisions of RCW 51.32.185

The Court of Appeals also looked to related provisions within RCW 51.32.185 to discern the plain language of RCW 51.32.185(4).

In contrast, if the legislature had intended to limit the scope of infectious diseases covered under the statute, *it would have used limiting language similar to the language it used in the immediately preceding subsection, RCW 51.32.185(3) . . .* The legislature’s use of the limiting term “only” in RCW 51.32.185(3) evinces its intent to limit the types of cancers

covered under the statute. *But there is no corresponding limiting language in RCW 51.32.185(4).* *Gorre v. City of Tacoma*, at 765. [emphasis added].

c. Statutory Scheme as a Whole

The Court construed the statutory scheme as a whole, in discerning the plain language of RCW 51.32.185(4).

Construing the statutory framework as a whole, we read the plain language of RCW 51.32.185(4) as reflecting the legislature's intent to include "infectious diseases" in general, not to limit them to only the four specified diseases to which it "extended" coverage for firefighters who contract these four named diseases. *Gorre v. City of Tacoma*, at 765-66.

The Court of Appeals agreed that "because there is no limiting language in the statute to suggest otherwise, Valley Fever constitutes an infectious disease under RCW 51.32.185." *id.* at 764. [emphasis added].

Regarding the Court of Appeals' interpretation of "Respiratory Disease," the Court looked to the dictionary definition to discern the plain meaning. *Gorre v. City of Tacoma*, at 762-63.

The SIE attacks the plain meaning of RCW 51.32.185, manufactures ambiguity, and then impugns the Court of Appeals for engaging in statutory construction to discern the statute's plain language.

The SIE argues that liberal construction cannot be used to change the meaning of a statute which in its ordinary sense is unambiguous, and cites *Wilson V. Dep't of Labor & Indus.*, 6 Wash. App. 902, 496 P.2d 551 554

(1972). First, *Wilson V. Dep't of Labor & Indus* is a 1972 opinion. In 1987 it was overruled sub silencio by this very court. Recognizing that workers surrender their civil remedies in exchange for more certainty for the injured worker, the Washington Supreme Court gave its voice to how Courts should act when construing the Industrial Insurance Act, so as to uphold the principals of the Act itself:

RCW 51.04.010 embodies these principles, and declares, among other things, that “sure and certain relief for workers, injured in their work, and their families and dependents is hereby provided [by the Act] regardless of questions of fault and to the exclusion of every other remedy.” *To this end, the guiding principle in construing provisions of the Industrial Insurance Act is that the Act is remedial in nature and is to be liberally construed in order to achieve its purpose of providing compensation to all covered employees injured in their employment, with doubts resolved in favor of the worker.*” *Dennis v. Dep't of Labor & Indus. of State of Wash.*, 109 Wash. 2d 467, 469-70, 745 P.2d 1295 (1987).[emphasis added].

This doctrine of construing the Act liberally and with all doubts in favor of the injured worker is specifically linked to construing the Industrial Insurance Act and applies to any construction of the Act, for the specific purpose of ensuring that the policy of the Act is upheld.

The legislature mandated, *without limitation*, that the Industrial Insurance Act “shall be liberally construed for the purpose of reducing to a minimum the suffering and economic loss arising from injuries and/or death occurring in the course of employment.” *RCW 51.12.010*.

Second, even if *Wilson V. Dep't of Labor & Indus* was authoritative, it would merely apply to a case where the Court is asked to construe the terms of a statute for *which there was a statutory definition*. In *Wilson v Dep't of Labor & Industries*, the issue revolved around the term “permanent total disability” in RCW 51.32.050(6). However, that term had a statutory definition. *See RCW 51.08.160*. The Court recognized that the Plaintiff wanted the Court to construe this term contrary to its statutory definition. “As already pointed out, the construction for which plaintiff contends does not conform to the statutory definition of the term or to the case law cited.” *Wilson v. Dep't of Labor & Indus.*, 6 Wash. App. 902, 906, 496 P.2d 551 (1972). The Court chose not to construe the Act liberally because the term at issue had a statutory definition. *Id. at 906*.

In the present case, the Appellate Court's construction of RCW 51.32.185 did not “change the meaning” of respiratory disease or infectious disease. There is no statutory definition for respiratory disease or infectious disease, and the court discerned its meaning through proper analysis.

Lastly, the SIE argues that the Appellate Court erred by considering the doctrine of “avoiding absurd results” when it performed its “plain language analysis” of RCW 51.32.185. This is misguided. A Court's objective in construing a statute is to determine the legislature's intent.

Tingey v. Haisch, 159 Wash. 2d 652, 657, 152 P.3d 1020 (2007). If the statute's meaning is plain on its face, then the court must give effect to that plain meaning as an expression of legislative intent. *Id.* The legislature *does not intend* absurd results. *Id. at 664.* Therefore, a reading of a statute that produces absurd results must be avoided.

A reading that produces absurd results must be avoided because “ ‘it will not be presumed that the legislature intended absurd results.’” *Id. at 664.*

The outcome of *plain language analysis* may be corroborated by validating the absence of an absurd result. *Id.*

Moreover, respiratory disease and infectious disease are not defined by statute. “Where the legislature provides no statutory definition and a court gives a term its plain and ordinary meaning by reference to a dictionary, the court ‘will avoid literal reading of a statute which would result in unlikely, absurd, or strained consequences.’” *Id. at 663-64.*

D. The Court of Appeals did not Re-Weigh The Evidence Presented at Trial.

The Board and the Superior Court did not apply the statutory presumption when it decided Lt. Gorre's fate. In the Board and the Superior Court's adjudication of Lt. Gorre's case, the burden was on Lt. Gorre to come forward and prove by a preponderance of the evidence that his Valley Fever was occupational -- completely bypassing the burden-shifting mechanism of

RCW 51.32.185. The only *facts* relevant to the statutory presumption were (a) facts as to whether Lt. Gorre was a qualified firefighter (not at issue) and (b) facts pertaining to his medical condition. *See RCW 51.32.185*. None of the SIE's examples of the Court's alleged "re-weighing of evidence" are relevant to the issues of Lt. Gorre's qualifications for the presumption.

Because the Board, has not yet considered Gorre's application with the benefit of the statutory presumption and its burden-shifting consequence, it is premature for us to address the City and the Department's cross appeal request to hold that the City effectively rebutted the presumption by showing that Gorre did not incur any disease that arose naturally or proximately from his employment and, therefore, did not qualify as an "occupational disease." *Gorre v. City of Tacoma*, at 767.

Rather, the Court remanded the case for the Board to apply the presumption to Lt. Gorre's claim, as the Board should have done, but failed to do.

To ensure that Gorre receives the legislature's clearly intended benefit of RCW 51.32.185(1), we remand to the Board to reconsider Gorre's application for industrial insurance benefits, with instructions to accord Gorre this statutory presumption of occupational disease and to place on the City the burden of rebutting this presumption, if it can, by showing that Gorre's presumed occupational disease did not arise naturally and proximately from his employment. *Id.* at 766-67.

Remanding is unnecessary because the presumption was never rebutted. By simply presenting other potential speculative causes of respiratory or infectious disease, the SIE does not rebut the presumption by

a preponderance of the evidence. Further, there can be more than one proximate cause. See *WPI 155.06.01; McDonald v. Dept. of Labor & Indus.*, 104 Wn.app 617, 17 P.3d 1195(2001). The presumption establishes Lt. Gorre's occupation as a cause of Lt. Gorre's disease. Claiming that there is a non-occupational cause of Valley Fever does not rebut that Lt. Gorre's occupation is also a cause.

It bears noting that SIE expert Dr. Bollyky agreed that it was possible for Coccidioidomycosis to be windblown along the I-5 corridor into Western Washington. *CABR Bollyky, Depositions: In re: Edward O. Gorre 09 13340 (2010) 13*. He testified that there are definitely instances of people acquiring the infection outside of the regions generally considered endemic. *Id.* Dr. Bardana testified that the organism is a soil organism, and the ultra spores of the organism can be disseminated if farming, trucking or any activity raises the soil levels and raises dust in a windy condition. *CABR Bollyky, Depositions: In re: Edward O. Gorre 09 13340 (2010) 7:12-17*. Dr. Ayers testified that an inhalation exposure require significant dust exposure, or working around birds. *CABR Transcripts, Ayers, (June 24, 2010): In re: Edward O. Gorre 09 13340 (2010) 106:5-9*.

Lt. Gorre has been exposed to dirt, dust, birds, bird droppings, mold, response calls to incidents on the I-5 corridor, garbage, feces, urine -- all as

part of his job. *CABR Transcripts, Edward Gorre, (June 7, 2010): In re: Edward O. Gorre 09 13340 (2010), 131 - 134; 136 - 139 ; 141 - 142; 145.*

That Lt. Gorre went to Nevada in 2005 for a golf trip or otherwise is not competent medical evidence to rebut, *by a preponderance of the evidence*, the statutory presumption. The overwhelming leading expert in this case on Valley Fever was Dr. Royce Johnson. Dr. Johnson testified that a person having the disease without producing any symptoms, and then years later the person has disseminated disease is “remarkably unusual.” *CABR, Depositions, Royce Johnson MD: In re: Edward O. Gorre 09 13340 (2010), 44:1-4.* Dr. Johnson testified that if Lt. Gorre did not leave the state of Washington in the *six weeks* antecedent to the onset of his symptoms, then it is much more likely than not that he acquired the infection in the state of Washington. *Id at 22:13-16.* Expert Johnson testified that Lt. Gorre acquired Valley Fever as part of his work activity with the Tacoma Fire Department, largely because he frequently dealt with vehicle fires and problems on I-5, where it was likely that there was fomite spread of cocci via the importation from the endemic zone to which Lt. Gorre was exposed in Washington by virtue of his work. *Id at 23:12-22.*

This Court should rule that the SIE has failed to come forward with competent medical evidence to establish, by a preponderance of the evidence, (a) a non-occupational cause and (b) that his occupation was not a cause.

E. RCW 51.32.185(4) Does Not Limit the Presumption

The Court of Appeals discerned the plain meaning of RCW 51.32.185 by reference to other related provisions within RCW 51.32.185, by looking to the dictionary definition, and by looking at the statutory framework as a whole – all accepted tools for discerning plain language.

In RCW 51.32.185(3), the subsection immediately prior to the infectious disease provision, the legislature enumerated certain cancers and clearly and unequivocally limited the presumption “only to” those cancers:

(3) The presumption established in subsection (1)(c) of this section *shall only apply* to any active or former firefighter who has cancer that develops or manifests itself after the firefighter has served . . . The presumption within subsection (1)(c) of this section *shall only apply* to prostate cancer diagnosed prior to the age of fifty, primary brain cancer, malignant melanoma, leukemia, non-Hodgkin's lymphoma, bladder cancer, . . . *RCW 51.32.185(3). [emphasis added]*

Unlike RCW 51.32.185(3), the legislature did not limit the scope of the presumption in RCW 51.32.185(4), but extended it. “The presumption . . . shall be *extended to* any firefighter who has contracted any of the following infectious diseases . . .” *RCW 51.32.185(4)*.

Reading RCW 51.32.185, it is evident that when the legislature intended to limit the scope of the presumption, it used language that expressly denied the statute’s “application.” For example, RCW 51.32.185(5) states, “Beginning July 1, 2003, this section “does not apply to...””. As another

example, RCW 51.32.185(3) states, “the presumption established in subsection (1)(c) of this section “shall only apply to any active or former firefighter ...” and “The presumption within subsection (1)(c) of this section shall only apply to prostate cancer . . .” In RCW 51.32.185(4), the legislature chose to extend the presumption, not indicate what it “only applies to.”

If the SIE’s interpretation of “shall be extended to” were adopted, any firefighter who was active duty would be excluded from the presumption because RCW 51.32.185(2) states that the presumption *extends to* an applicable member *following termination of service . . .*”

The Court also looked to the dictionary definition: “extend” as meaning “to increase the scope, meaning, or application of” and definition of “extended” as “to have a wide range” or “of great scope.” *Gorre v. City of Tacoma*, 764. Lastly, the Court looked to the statutory framework as a whole.

Construing the statutory framework as a whole, we read the plain language of RCW 51.32.185(4) as reflecting the legislature's intent to include “infectious diseases” in general, not to limit them to only the four specified diseases to which it “extended” coverage for firefighters who contract these four named diseases. *id.*, at 729.

The legislative history also supports the Appellate Court’s interpretation of RCW 51.32.185(1) and (4). Infectious diseases were not part of the statutory presumption in RCW 51.32.185(1) until 2002. In the first legislative session after the terrorist attacks of September 1, 2011 (which

brought about the undeniable awareness of the smoke, fumes and toxic substances to which our firefighters are exposed) our state legislature amended RCW 51.32.185 to broaden the presumption for firefighters. The legislature add infectious diseases as a presumptive occupational disease in 2002. Moreover, the history of this bill shows an intent to broaden, not limit the presumptive-disease statute. Substitute House Bill 2663 added RCW 51.32.185(4), which defined the term “infectious diseases” and limited by definition those diseases to certain diseases, when it stated: “For purposes of this act, “infectious disease means acquired immunodeficiency syndrome, all strains of hepatitis, meningococcal meningitis, and mycobacterium tuberculosis.” *Substitute H.B. 2663 57TH Leg. Reg. Sess. (WA 2002).*

Appendix A.

However, Second Substitute House Bill 2663 completely eliminated any attempt to narrow the presumption to a defined list of infectious diseases, and instead extended the presumption:

“The presumption established in subsection (1)(d) of this section *shall be extended to* any fire fighter who has contracted any of the following infectious diseases: acquired immunodeficiency syndrome, all strains of hepatitis, meningococcal meningitis, and mycobacterium tuberculosis.” *Second Substitute H.B. 2663 57TH Leg. Reg. Sess. (WA 2002).*
[emphasis added] Appendix B.

The legislature adopted this broadening language, and it became law in 2002. *Washington Laws, 2002, Chapter 337, Appendix C.* It is the SIE that attempts create ambiguity and doubt in what is a clear statute. However, as this Court has made clear, when doubt exists in how the Industrial Insurance Acts shall be construed, *all doubts*, must fall in favor of the injured worker. *Dennis v. Dep't of Labor & Indus. of State of Wash.*, 109 Wash. 2d 467, 470, 745 P.2d 1295 (1987).

VI. CONCLUSION

The Supreme Court should affirm the Appellate Court's ruling, and further hold that the SIE has failed to rebut the presumption of occupational-disease by a preponderance of the evidence.

DATED: March, 11, 2015

RON MEYERS & ASSOCIATES PLLC

By: 

Ron Meyers, WSBA No. 13169

Matthew G. Johnson, WSBA No. 27976

Tim Friedman, WSBA No. 37983

Attorneys for Tacoma Firefighter Edward Gorre

Appendix A

SUBSTITUTE HOUSE BILL 2663

State of Washington 57th Legislature 2002 Regular Session

By House Committee on Commerce & Labor (originally sponsored by Representatives Conway, Clements, Cooper, Reardon, Sullivan, Delvin, Simpson, Armstrong, Hankins, Benson, Cairnes, Lysen, Kirby, Edwards, Chase, Kenney, Campbell, Barlean, Santos, Talcott, Wood and Rockefeller)

Read first time 02/06/2002. Referred to Committee on .

1 AN ACT Relating to occupational diseases affecting fire fighters;
2 amending RCW 51.32.185; and creating a new section.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. Sec. 1. The legislature finds and declares that by
5 reason of their employment, fire fighters are required to work in the
6 midst of and are subject to smoke, fumes, infectious diseases, and
7 toxic substances; that fire fighters are continually exposed to a vast
8 and expanding field of hazardous substances; that fire fighters are
9 constantly entering uncontrolled environments to save lives, provide
10 emergency medical services, and reduce property damage and are
11 frequently not aware or informed of the potential toxic and
12 carcinogenic substances, and infectious diseases that they may be
13 exposed to; that fire fighters, unlike other workers, are often exposed
14 simultaneously to multiple carcinogens; that fire fighters so exposed
15 can potentially and unwittingly expose coworkers, families, and members
16 of the public to infectious diseases; and that exposures to fire
17 fighters, whether cancer, infectious diseases, and heart or respiratory
18 disease develop very slowly, usually manifesting themselves years after
19 exposure. The legislature further finds and declares that all the

1 aforementioned conditions exist and arise out of or in the course of
2 such employment.

3 **Sec. 2.** RCW 51.32.185 and 1987 c 515 s 2 are each amended to read
4 as follows:

5 (1) In the case of fire fighters as defined in RCW 41.26.030(4)
6 (a), (b), and (c) who are covered under Title 51 RCW and fire fighters,
7 including supervisors, employed on a full-time, fully compensated basis
8 as an employee of a private sector employer's fire department that
9 includes over fifty such fire fighters, there shall exist a prima facie
10 presumption that: (a) Respiratory disease ((is an)); (b) heart
11 problems that are experienced within seventy-two hours of exposure to
12 smoke, fumes, or toxic substances; (c) cancer; and (d) infectious
13 diseases are occupational diseases under RCW 51.08.140. This
14 presumption of occupational disease may be rebutted by a preponderance
15 of the evidence controverting the presumption. Controverting evidence
16 may include, but is not limited to, use of tobacco products, physical
17 fitness and weight, lifestyle, hereditary factors, and exposure from
18 other employment or nonemployment activities.

19 (2) The presumptions established in subsection (1) of this section
20 shall be extended to an applicable member following termination of
21 service for a period of three calendar months for each year of
22 requisite service, but may not extend more than sixty months following
23 the last date of employment.

24 (3) The presumption established in subsection (1)(c) of this
25 section shall only apply to any active or former fire fighter who has
26 cancer that develops or manifests itself after the fire fighter has
27 served at least ten years and who was given a qualifying medical
28 examination upon becoming a fire fighter that showed no evidence of
29 cancer. The presumption within subsection (1)(c) of this section shall
30 only apply to cancers affecting the skin, breasts, central nervous
31 system, or lymphatic, digestive, hematological, urinary, skeletal,
32 oral, or reproductive systems.

33 (4) For the purposes of this act, "infectious disease" means
34 acquired immunodeficiency syndrome, all strains of hepatitis,
35 meningococcal meningitis, and mycobacterium tuberculosis.

--- END ---

Appendix B

CERTIFICATION OF ENROLLMENT
SECOND SUBSTITUTE HOUSE BILL 2663

Chapter 337, Laws of 2002
(partial veto)

57th Legislature
2002 Regular Session

FIRE FIGHTERS--OCCUPATIONAL DISEASES

EFFECTIVE DATE: 6/13/02

Passed by the House March 11, 2002
Yeas 94 Nays 0

FRANK CHOPP
Speaker of the House of Representatives

Passed by the Senate March 7, 2002
Yeas 48 Nays 0

BRAD OWEN
President of the Senate

Approved April 3, 2002, with the
exception of section 1, which is
vetoed.

GARY LOCKE
Governor of the State of Washington

CERTIFICATE

I, Cynthia Zehnder, Chief Clerk of the
House of Representatives of the State
of Washington, do hereby certify that
the attached is SECOND SUBSTITUTE
HOUSE BILL 2663 as passed by the
House of Representatives and the
Senate on the dates hereon set forth.

CYNTHIA ZEHNDER
Chief Clerk

FILED

April 3, 2002 - 10:45 a.m.

Secretary of State
State of Washington

SECOND SUBSTITUTE HOUSE BILL 2663

AS AMENDED BY THE SENATE

Passed Legislature - 2002 Regular Session

State of Washington 57th Legislature 2002 Regular Session

By House Committee on Appropriations (originally sponsored by Representatives Conway, Clements, Cooper, Reardon, Sullivan, Delvin, Simpson, Armstrong, Hankins, Benson, Cairnes, Lysen, Kirby, Edwards, Chase, Kenney, Campbell, Barlean, Santos, Talcott, Wood and Rockefeller)

Read first time 02/11/2002. Referred to Committee on .

1 AN ACT Relating to occupational diseases affecting fire fighters;
2 amending RCW 51.32.185; and creating a new section.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 *NEW SECTION. Sec. 1. (1) The legislature finds that:

5 (a) Benzene is detected in most fire environments and has been
6 associated with leukemia and multiple myeloma. Given the established
7 exposure to benzene in a fire environment, there is biologic
8 plausibility for fire fighters to be at increased risk of these
9 malignancies;

10 (b) Increased risks of leukemia and lymphoma have been described in
11 several epidemiologic studies of fire fighters. The risks of leukemia
12 are often two or three times that of the population as a whole, and a
13 two-fold risk of non-Hodgkin's lymphoma has also been found;

14 (c) Epidemiologic studies assessing fire fighters' cancer risks
15 concluded that there is adequate support for a causal relationship
16 between fire fighting and brain cancer;

17 (d) Fire fighters are exposed to polycyclic aromatic hydrocarbons
18 as products of combustion and these chemicals have been associated with
19 bladder cancer. The epidemiologic data suggests fire fighters have a

1 three-fold risk of bladder cancer compared to the population as a
2 whole;

3 (e) A 1990 review of fire fighter epidemiology calculated a
4 statistically significant risk for melanoma among fire fighters;

5 (f) Fire fighters are exposed to extremely hazardous environments.
6 Potentially lethal products of combustion include particulates and
7 gases and are the major source of fire fighter exposures to toxic
8 chemicals; and

9 (g) The burning of a typical urban structure containing woods,
10 paints, glues, plastics, and synthetic materials in furniture,
11 carpeting, and insulation liberates hundreds of chemicals. Fire
12 fighters are exposed to a wide variety of potential carcinogens,
13 including polycyclic aromatic hydrocarbons in soots, tars, and diesel
14 exhaust, arsenic in wood preservatives, formaldehyde in wood smoke, and
15 asbestos in building insulation.

16 (2) The legislature further finds that some occupational diseases
17 resulting from fire fighter working conditions can develop slowly,
18 usually manifesting themselves years after exposure.

19 *Sec. 1 was vetoed. See message at end of chapter.

20 Sec. 2. RCW 51.32.185 and 1987 c 515 s 2 are each amended to read
21 as follows:

22 (1) In the case of fire fighters as defined in RCW 41.26.030(4)
23 (a), (b), and (c) who are covered under Title 51 RCW and fire fighters,
24 including supervisors, employed on a full-time, fully compensated basis
25 as a fire fighter of a private sector employer's fire department that
26 includes over fifty such fire fighters, there shall exist a prima facie
27 presumption that: (a) Respiratory disease ((is-an)); (b) heart
28 problems that are experienced within seventy-two hours of exposure to
29 smoke, fumes, or toxic substances; (c) cancer; and (d) infectious
30 diseases are occupational diseases under RCW 51.08.140. This
31 presumption of occupational disease may be rebutted by a preponderance
32 of the evidence ((controverting the presumption)). ((Controverting))
33 Such evidence may include, but is not limited to, use of tobacco
34 products, physical fitness and weight, lifestyle, hereditary factors,
35 and exposure from other employment or nonemployment activities.

36 (2) The presumptions established in subsection (1) of this section
37 shall be extended to an applicable member following termination of
38 service for a period of three calendar months for each year of

1 requisite service, but may not extend more than sixty months following
2 the last date of employment.

3 (3) The presumption established in subsection (1)(c) of this
4 section shall only apply to any active or former fire fighter who has
5 cancer that develops or manifests itself after the fire fighter has
6 served at least ten years and who was given a qualifying medical
7 examination upon becoming a fire fighter that showed no evidence of
8 cancer. The presumption within subsection (1)(c) of this section shall
9 only apply to primary brain cancer, malignant melanoma, leukemia, non-
10 Hodgkin's lymphoma, bladder cancer, ureter cancer, and kidney cancer.

11 (4) The presumption established in subsection (1)(d) of this
12 section shall be extended to any fire fighter who has contracted any of
13 the following infectious diseases: Human immunodeficiency
14 virus/acquired immunodeficiency syndrome, all strains of hepatitis,
15 meningococcal meningitis, or mycobacterium tuberculosis.

16 (5) Beginning July 1, 2003, this section does not apply to a fire
17 fighter who develops a heart or lung condition and who is a regular
18 user of tobacco products or who has a history of tobacco use. The
19 department, using existing medical research, shall define in rule the
20 extent of tobacco use that shall exclude a fire fighter from the
21 provisions of this section.

Passed the House March 11, 2002.

Passed the Senate March 7, 2002.

Approved by the Governor April 3, 2002, with the exception of
certain items that were vetoed.

Filed in Office of Secretary of State April 3, 2002.

1 Note: Governor's explanation of partial veto is as follows:

2 "I am returning herewith, without my approval as to section 1,
3 Second Substitute House Bill No. 2663 entitled:

4 "AN ACT Relating to occupational diseases affecting fire fighters;"

5 Second Substitute House Bill No. 2663 creates a rebuttable prima
6 facie presumption that certain heart problems, cancer and infectious
7 diseases are occupational diseases for fire fighters covered by
8 industrial insurance. This is a law that I strongly support.

9 However, the assumptions in section 1 of this bill have not been
10 clearly validated by science and medicine. Allowing those assumptions
11 to become law could have several unintended consequences, including
12 modifying the legal basis of the presumptions in section 2 of the bill,
13 providing an avenue for the allowance of disease claims in other
14 industries; and unnecessarily limiting the use of new scientific
15 information in administering occupational disease claims.

1 For these reasons, I have vetoed section 1 of Second Substitute
2 House Bill No. 2663.

3 With the exception of section 1, Second Substitute House Bill No.
4 2663 is approved."

Appendix C

temporary restraining order to abate and prevent the continuance or recurrence of the act.

(4) The court may issue a permanent injunction to restrain, abate, or prevent the continuance or recurrence of the violation of section 1 of this act. The court may grant declaratory relief, mandatory orders, or any other relief deemed necessary to accomplish the purposes of the injunction. The court may retain jurisdiction of the case for the purpose of enforcing its orders.

NEW SECTION. Sec. 3. Any law enforcement-related, corrections officer-related, or court-related employee or volunteer who suffers damages as a result of a person or organization selling, trading, giving, publishing, distributing, or otherwise releasing the residential address, residential telephone number, birthdate, or social security number of the employee or volunteer in violation of section 1 of this act may bring an action against the person or organization in court for actual damages sustained, plus attorneys' fees and costs.

NEW SECTION. Sec. 4. Sections 1 through 3 of this act are each added to chapter 4.24 RCW.

Passed the Senate March 11, 2002.

Passed the House March 5, 2002.

Approved by the Governor April 3, 2002.

Filed in Office of Secretary of State April 3, 2002.

CHAPTER 337

[Second Substitute House Bill 2663]

FIRE FIGHTERS—OCCUPATIONAL DISEASES

AN ACT Relating to occupational diseases affecting fire fighters; amending RCW 51.32.185; and creating a new section.

Be it enacted by the Legislature of the State of Washington:

***NEW SECTION.** Sec. 1. (1) *The legislature finds that:*

(a) *Benzene is detected in most fire environments and has been associated with leukemia and multiple myeloma. Given the established exposure to benzene in a fire environment, there is biologic plausibility for fire fighters to be at increased risk of these malignancies;*

(b) *Increased risks of leukemia and lymphoma have been described in several epidemiologic studies of fire fighters. The risks of leukemia are often two or three times that of the population as a whole, and a two-fold risk of non-Hodgkin's lymphoma has also been found;*

(c) *Epidemiologic studies assessing fire fighters' cancer risks concluded that there is inadequate support for a causal relationship between fire fighting and brain cancer;*

(d) *Fire fighters are exposed to polycyclic aromatic hydrocarbons as products of combustion and these chemicals have been associated with bladder*

cancer. The epidemiologic data suggests fire fighters have a three-fold risk of bladder cancer compared to the population as a whole;

(e) A 1990 review of fire fighter epidemiology calculated a statistically significant risk for melanoma among fire fighters;

(f) Fire fighters are exposed to extremely hazardous environments. Potentially lethal products of combustion include particulates and gases and are the major source of fire fighter exposures to toxic chemicals; and

(g) The burning of a typical urban structure containing woods, paints, glues, plastics, and synthetic materials in furniture, carpeting, and insulation liberates hundreds of chemicals. Fire fighters are exposed to a wide variety of potential carcinogens, including polycyclic aromatic hydrocarbons in soots, tars, and diesel exhaust, arsenic in wood preservatives, formaldehyde in wood smoke, and asbestos in building insulation.

(2) The legislature further finds that some occupational diseases resulting from fire fighter working conditions can develop slowly, usually manifesting themselves years after exposure.

**Sec. 1 was vetoed. See message at end of chapter.*

Sec. 2. RCW 51.32.185 and 1987 c 515 s 2 are each amended to read as follows:

(1) In the case of fire fighters as defined in RCW 41.26.030(4) (a), (b), and (c) who are covered under Title 51 RCW and fire fighters, including supervisors, employed on a full-time, fully compensated basis as a fire fighter of a private sector employer's fire department that includes over fifty such fire fighters, there shall exist a prima facie presumption that: (a) Respiratory disease ((is-an)); (b) heart problems that are experienced within seventy-two hours of exposure to smoke, fumes, or toxic substances; (c) cancer; and (d) infectious diseases are occupational diseases under RCW 51.08.140. This presumption of occupational disease may be rebutted by a preponderance of the evidence ((controversing the presumption)). ((Controversing)) Such evidence may include, but is not limited to, use of tobacco products, physical fitness and weight, lifestyle, hereditary factors, and exposure from other employment or nonemployment activities.

(2) The presumptions established in subsection (1) of this section shall be extended to an applicable member following termination of service for a period of three calendar months for each year of requisite service, but may not extend more than sixty months following the last date of employment.

(3) The presumption established in subsection (1)(c) of this section shall only apply to any active or former fire fighter who has cancer that develops or manifests itself after the fire fighter has served at least ten years and who was given a qualifying medical examination upon becoming a fire fighter that showed no evidence of cancer. The presumption within subsection (1)(c) of this section shall only apply to primary brain cancer, malignant melanoma, leukemia, non-Hodgkin's lymphoma, bladder cancer, ureter cancer, and kidney cancer.

(4) The presumption established in subsection (1)(d) of this section shall be extended to any fire fighter who has contracted any of the following infectious diseases: Human immunodeficiency virus/acquired immunodeficiency syndrome, all strains of hepatitis, meningococcal meningitis, or mycobacterium tuberculosis.

(5) Beginning July 1, 2003, this section does not apply to a fire fighter who develops a heart or lung condition and who is a regular user of tobacco products or who has a history of tobacco use. The department, using existing medical research, shall define in rule the extent of tobacco use that shall exclude a fire fighter from the provisions of this section.

Passed the House March 11, 2002.

Passed the Senate March 7, 2002.

Approved by the Governor April 3, 2002, with the exception of certain items that were vetoed.

Filed in Office of Secretary of State April 3, 2002.

Note: Governor's explanation of partial veto is as follows:

"I am returning herewith, without my approval as to section 1, Second Substitute House Bill No. 2663 entitled:

"AN ACT Relating to occupational diseases affecting fire fighters;"

Second Substitute House Bill No. 2663 creates a rebuttable prima facie presumption that certain heart problems, cancer and infectious diseases are occupational diseases for fire fighters covered by industrial insurance. This is a law that I strongly support.

However, the assumptions in section 1 of this bill have not been clearly validated by science and medicine. Allowing those assumptions to become law could have several unintended consequences, including modifying the legal basis of the presumptions in section 2 of the bill, providing an avenue for the allowance of disease claims in other industries; and unnecessarily limiting the use of new scientific information in administering occupational disease claims.

For these reasons, I have vetoed section 1 of Second Substitute House Bill No. 2663.

With the exception of section 1, Second Substitute House Bill No. 2663 is approved."

CHAPTER 338

[Substitute House Bill 2754]

MANDATORY ARBITRATION—FILING FEES

AN ACT Relating to mandatory arbitration; and amending RCW 7.06.010, 36.18.016, and 7.36.250.

Be it enacted by the Legislature of the State of Washington:

Sec. 1. RCW 7.06.010 and 1991 c 363 s 7 are each amended to read as follows:

In counties with a population of more than one hundred fifty thousand, mandatory arbitration of civil actions under this chapter shall be required. In counties with a population of ~~((seventy thousand or more))~~ one hundred fifty thousand or less, the superior court of the county, by majority vote of the judges thereof, or the county legislative authority may authorize mandatory arbitration of civil actions under this chapter. ~~((In all other counties, the superior court of the~~

RECEIVED
SUPREME COURT
STATE OF WASHINGTON
Mar 11, 2015, 1:44 pm
BY RONALD R. CARPENTER
CLERK

No. 90620-3

RECEIVED BY E-MAIL

SUPREME COURT OF THE STATE OF WASHINGTON

EDWARD O. GORRE
Respondent,

v.

CITY OF TACOMA
Petitioner,

THE DEPARTMENT OF LABOR AND INDUSTRIES
FOR THE STATE OF WASHINGTON,
Defendant.

DECLARATION OF SERVICE OF RESPONDENT'S
SUPPLEMENTAL BRIEF

Ron Meyers
Matthew Johnson
Tim Friedman
Attorneys for Edward O. Gorre

Ron Meyers & Associates, PLLC
8765 Tallon Ln. NE, Suite A
Lacey, WA 98516
(360) 459-5600
WSBA No. 13169
WSBA No. 27976
WSBA No. 37983

Attorney for Defendant Department of Labor and Industries:

Anastasia Sandstrom, AAG
Office of the Attorney General
Labor and Industries Division
800 Fifth Ave Ste 2000
Seattle, WA 98104-3188

- Via U.S. Postal Service
 Via Facsimile:
 Via Hand Delivery / courtesy of ABC Legal Messenger Service
 Via Email:

DATED this 11th day of March, 2015, at Olympia, Washington.


Mindy Leach, Paralegal

OFFICE RECEPTIONIST, CLERK

To: Mindy Leach
Cc: Tim Friedman; Ron Meyers
Subject: RE: Edward O. Gorre v. City of Tacoma, No. 90620-3 Respondent's Supplemental Brief

Received 3-11-15

From: Mindy Leach [mailto:mindy.l@rm-law.us]
Sent: Wednesday, March 11, 2015 1:42 PM
To: OFFICE RECEPTIONIST, CLERK
Cc: Tim Friedman; Ron Meyers
Subject: Edward O. Gorre v. City of Tacoma, No. 90620-3 Respondent's Supplemental Brief

Dear Clerk:

Attached hereto for filing please find the Respondent Edward Gorre's Supplemental Brief, along with a Declaration of Service for filing in the Edward O. Gorre v. City of Tacoma, Supreme Court No. 90620-3. Thank you.

Mindy Leach



RON MEYERS
& ASSOCIATES PLLC

Mindy Leach, Paralegal

Phone: 360-459-5600

Fax: 360-459-5622

E-mail: mindy.l@rm-law.us

Web: www.olympinjurylawyer.com
www.vulnerableadultabuse.com

CONFIDENTIAL COMMUNICATION

This email and any attachments are intended only for the above-named addressee, and may contain information that is confidential, privileged or exempt from disclosure under applicable law. If you are not the intended recipient or agent of the recipient, you are hereby notified that any dissemination, distribution or copying of this message or its contents is strictly prohibited. If you received this message in error, please notify our office immediately. Thank you.