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State Of Washington Lewis County Superior Court

Katie Simper, on her own behalf and on behalf of Austin Nelson, her child in Washington's public schools; Kirsten Robbins, on her own behalf and on behalf of Donald Argeris, her child in Washington's public schools, and Jennifer Anderson, on her own behalf and on behalf of Eric Anderson, her child in Washington's public schools

Plaintiffs,

State of Washington, and Jay Inslee, Its Governor,

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Defendants.

No. 20 2 0036921

Complaint for Declaratory and Injunctive Relief

Plaintiffs allege as follows:

I. Preliminary Statement

1. In late 2019 or early 2020, a novel viral infection began circulating in Washington. The first hint of problems came in March 2020, when dozens of residents of two nursing homes in King County fell sick and many died; they were confirmed to have been infected with COVID-19, then running rampant in Hubei province, China.

- 2. Available evidence and modeling suggested a potential disaster: the virus spread rapidly by aerosol, and resulted in so many serious illnesses that the state's hospital capacity would soon be overwhelmed.
- 3. Models suggested that within weeks, even with social distancing, Washington state would run out of hospital beds, ICU beds, and ventilators.
- 4. It was feared that people who contracted COVID—or had other pressing medical needs—would die from lack of access to care, where they would have survived if only we could save the hospital system.
- 5. Many measures were implemented to avert this budding crisis. The U.S. Army built a field hospital at a sports stadium in downtown Seattle; health care workers mobilized; businesses began mandating work-at-home for workers whenever possible. Downtown Seattle became a ghost town.
- 6. Before long, in response to the predicted disaster, Governor Inslee began mandating ever tighter controls on movement and gathering. Washington pulled together to "flatten the curve."
 - 7. The goal of these constraints—voluntary and mandated—was to spread the rate of infection, illness, and death out over time. Experts in epidemiology cautioned that the virus' spread was not really controllable, and the most we could hope for was to slow the rate.
 - 8. Slowing the rate was viewed as a critical goal, because even if the same number of people would eventually get infected, get sick, or get very sick, fewer would die *from lack of access* to medical care.
 - 9. In other words, with a limited stock of hospital beds, ICU beds, and ventilators, and knowing that more people would need them than was available, the only course of action was to take drastic steps to ensure the need was spread over time, instead of everyone needing the same beds at the same time.
- 25 10. Based on available estimates of viral spread rates, severity of illness, percentage of infected who needed hospitalization, length of hospital stays, and need for ventilators, a looming threat was identified.

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- 11. The Governor's "Stay Home, Stay Healthy" order was intended to eliminate that threat to public order by slowing the spread of disease.
- 12. RCW 43.06.220(1) authorizes the Governor, in the event of an emergency, to suspend a number of constitutional rights, including the rights of assembly and travel, to protect life, health and property.
- 13. However, over the weeks since the state has imposed limits on its citizens' Constitutional rights, more and more data have emerged regarding COVID-19. It has been almost unabated good news.
- 14. Far fewer infected people need major medical intervention than expected at the outset.
- 0 15. The rate of spread has slowed beyond even early predictions of transmission under "social distancing."
- 12 16. Ventilators, far from being in short supply in Washington, became a surplus. We were fortunate to be able to send 500 to New York, where the disease spread far more rapidly in the cramped city, with its extreme reliance on public transportation.
 - 5 17. The Army field hospital was dismantled without ever being used.
- 16 18. More good news emerged. Testing and study around the world developed treatment protocols for those severely affected.
 - 19. Among other things, many physicians urged far less use of mechanical ventilators than initially suggested.
 - 20. This greatly reduces the potential threat to Washington's health care system of a lack of capacity of ventilators.
 - 2 21. Yet more good news emerged. Festing has repeatedly revealed that far more people have been infected—but were completely asymptomatic—than initially assumed possible.
- 24 22. While it remains possible that an asymptomatic infection does not result in immunity, this nonetheless shows that the ratio of infections to cases, of infections to severe cases, of infections to cases requiring hospitalization, is lower than initially feared.

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23.	The predictive models have adopted these new facts—and they reveal yet more good news.
	appears that the feared threat to Washington's hospital system, of being overwhelmed by
	people suffering from COVID-19, is gone.

- 24. More good news: there have been far fewer COVID-19 deaths in Washington than any early model predicted.
- 25. More good news: there have been ZERO deaths in Washington from COVID-19 of people under age 20.
- 26. In fact, about 50% of the approximately 800 deaths in Washington have been among people over age 80.
- 27. It appears that Washington is similar to almost every state except New York: COVID-19, feared as a threat to the life and health of anyone in the state, turns out to be a selective killer, targeting the very old and infirm, those with serious other illnesses, and particularly those in nursing homes and other long-term care facilities.
- 28. Unfortunately, the Washington Department of Health has, to date, refused to disclose to the public the most relevant data: what percentage of the state's deaths are from the nursing home and long term care population? What percentage have serious co-morbidities? What is the detailed age breakdown?
- 29. What we have learned over the course of the last month and a half is this: COVID-19 presents a statistically insignificant threat to the health of children, young adults, and healthy adults of middle and even slightly advanced age.
- 30. It spreads with many, many asymptomatic cases.
- 31. In nursing homes, and among Washingtonians with pre-existing illnesses, it can be a devastating and lethal disease.
- 32. Unfortunately, the Department of Health has clouded the issue, while failing for weeks to protect the vulnerable populations in Washington.

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- 33. Today, we know far more than we knew in early March about COVID-19. We know that the emergency has been averted. We know that the threat to vulnerable populations remains. We know that there is no longer an emergency in the State.
- 34. That should be viewed as great news: we can address the vulnerable population with targeted measures. We can declare victory.
- 35. Unfortunately, the Governor insists that he, and he alone, can determine whether an emergency exists. He claims that it's an emergency if he says it's an emergency, and that no one—not the legislature, and not the courts—can gainsay him. He claims that the emergency can continue as long as he thinks it continues, and no one but he can say otherwise.
- 10|| 36. The Governor has assumed the sole power to determine whether a person in Washington can worship, can peaceably assemble, can work, can build needed housing, can offer living space for rent, can engage in any activity.
 - 37. But the facts, and the science, are clear: when the entirety of public knowledge is examined, there is no public disorder or threat to public order in the State of Washington. The governor's claim to the contrary is demonstrably false.
 - 38. The State was slow in its initial response to COVID-19 in nursing homes, but the hospitals turned their expertise over to helping staunch the infection in those vulnerable spaces. We have learned best practices for keeping those spaces as safe as possible in light of the serious health needs of the residents.
 - 39. While our older and sicker relatives remain at greater risk, we now know that the emergency has been contained.
 - 40. While the governor says otherwise, the facts are clear, and the Constitution does not authorize him to maintain infringements on Constitutionally guaranteed civil liberties on his mere sayso, with no avenue of review or redress.
 - 41. Judicial review of the governor's claim of emergency must be available. Without review, a legitimate statute designed with flexibility to allow quick response to true emergent threats

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becomes a tool for long-term imposition on Constitutionally guaranteed civil liberties from the mere whim of the state's executive.

- 42. In addition to the Constitutional guarantees that may only be overridden in the case of a genuine emergency, there is an additional reason the Governor's action is unconstitutional: it violates our state constitution's declaration of the "paramount duty" on the part of the state to make "ample provision for the education of all children residing within its borders" WASH. CONST. Art. IX, § 1.
- 43. As a result of Proclamations 20-08, issued on March 12, 2020, and supplemented by Proclamations 20-09 and 20-09.1, all public and private schools in the State of Washington have been closed through June 19, 2020.
- 44. Although the original and subsequent orders were based upon a belief that school closures were necessary because of the inability of our hospital system to handle the projected number of COVID-19 cases, current data indisputably establishes that hospitals now have sufficient capacity to deal with foreseeable cases of COVID-19.
- 45. At the time the Governor closed the public schools, he encouraged the substitution of "on-line" or "distance" learning for actual attendance in a school building. However, as the evidence in this case will clearly demonstrate, leaving children alone to engage in self-directed electronic learning is grossly inadequate to meet the educational needs of Washington children. And it clearly violates the State's constitutional duty to provide a basic education for all children residing in Washington.

II. Jurisdiction and Venue

- 22 46. This Court has jurisdiction over the subject matter of this lawsuit and over the parties to this lawsuit.
- 24 47. Katie Simper and is a resident of Lewis County. Therefore, venue is proper in this Court with respect to Defendant State of Washington pursuant to RCWA 4.92.010(1).

III. Parties

48. Katie Simper is a resident of Lewis County.

49. Katie Simper is the legal guardian of Austin Nelson, her grandson, who attends William F.

⁴ Washington State Department of Health, Washington State Vital Statistics, DOH 422-099.

(2016),https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-099-2018-2010-

VitalStatHighlights.pdf.

Illinois there have been 1,082 COVID-19 deaths among residents and staff at Long-Term care facilities.⁵ As of May 3, 2020, there are a total of 61,499 cases of COVID-19 in the entire State of Illinois, and have been a total of 2,618 deaths.⁶

- 68. By way of example, in the State of Maryland, there are 3,218 confirmed cases of COVID-19 at nursing, assisted living, and group home facilities among residents (not including prisons or jails), and there have been 525 confirmed COVID-19 deaths among residents, as of April 29, 2020. As of April 29, 2020, there have been 1,489 confirmed cases of COVID-19 among staff at nursing, assisted living, and group home facilities, and 8 confirmed deaths of staff. As of May 3, 2020, in the State of Maryland, there have been a total of 26,408 confirmed cases of COVID-19, and 1,216 confirmed deaths. 2,144 COVID-19 cases and 519 COVID-19 confirmed deaths have been among those 80 years old or older; 5,993 COVID-19 cases, and 487 COVID-19 confirmed deaths have been among those who are between the ages of 60 and 79. There have been no confirmed deaths from COVID-19 for anyone under the age of 30, and no possible COVID-19 deaths for anyone under the age of 20.8
- 69. Emerging medical consensus tracks the lack of any COVID-19 deaths among children and youth in Washington.
- 70. Study after study has confirmed that there is practically no threat to youth and children from COVID, that they have extremely low risk of transmission to adults, and when symptomatic, have generally very mild symptoms.⁹

⁵ Illinois Department of Public Health, Long-Term Care Facility Outbreaks COIVD-19, (2020), http://www.dph.illinois.gov/covid19/long-term-care-facility-outbreaks-covid-19.

⁶ Illinois Department of Public Health, Coronavirus Disease 2019, http://www.dph.illinois.gov/covid19 (last visited May 4, 2020).

⁷ State of Maryland, Maryland COVID-19 in Congregate Facility Settings, https://coronavirus.maryland.gov/pages/hcf-resources (last visited May 4, 2020).

⁸ State of Maryland, COVID-19 statistics in Maryland, https://coronavirus.maryland.gov/ (last visited May 4, 2020).

⁹ See, e.g., https://www.medrxiv.org/content/10.1101/2020.03.26.20044826v1; https://journals.lww.com/pidi/Fulltext/2020/05000/Coronavirus Infections in Children Including.1.as px

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A. Proclamations 23

24|| 1. Proclamation 20-25

25 90. Governor Inslee issued Proclamation 20-25 on March 23, 2020.

26 91. The Proclamation's full title reads: "Proclamation By The Governor Amending Proclamation 20-05." 27

- 80. The DOH has found vendors to offer long-term care staff the needed training on dealing with COVID-19, but then decide to allow the vendor to charge the struggling facilities, instead of making the training available free as a matter of public health.
- 81. The DOH has fallen woefully short in guidance for staff treating person in those at-risk setting so that they can take the most appropriate and effective precautions to care for residents.
- 82. The state has also not disclosed which facilities have had outbreaks.
- 83. Nor has the state prioritized testing of workers in the long term care settings—in fact, it has blocked private testing in at least one instance!
- 84. Because workers in long-term care settings have the most direct contact with the highest-risk population in the state, testing them should be an imperative. Instead, the Governor has locked down the healthy population of the state while ignoring easy solutions that could address the actual health risks.
- 85. Long term care works plainly have the greatest potential to spread COVID-19 from client to 13 client or from client to home.
- 86. Worse yet, the state has not disclosed the any information regarding the comorbidities of those 15 who have dies with COVID-19. 16
 - 87. Minnesota, by contrast, has made clear that over 99% of deaths in the state are among people with at least one serious co-morbidity.
 - 88. In the face of a virus that poses an extreme risk to a narrow subset of the population, and one which is largely confined, immobile, and readily identifiable, there can not be, as a matter of fact, a state wide emergency.
 - 89. The Governor has asserted otherwise.

93. The Proclamation identifies an earlier Proclamation issued by Governor Inslee, Proclamation

92. The Proclamation's subtitle reads: "Stay Home—Stay Healthy."

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- The potential overwhelming of hospital resources constituted the threat to public order that justified the exercise of the governor's emergency powers.
- 104. The family of viruses that includes COVID-19, although potentially deadly in elderly patients, particularly with comorbidities, is less dangerous to children. These viruses "seem to less commonly affect children and to cause fewer symptoms and less severe disease in this age group compared with adults, and are associated with much lower case-fatality rates."11
- School closures will not only deprive children of their constitutional right to an education, but may pose independent health risks. For example, "COVID-19, via these school closures, may exacerbate the epidemic of childhood obesity and increase disparities in obesity risk,"12

The Harm to Plaintiffs

- Austin Nelson attends William F. West High School in the Chehalis School District.
 - Prior to the closure of the school resulting from Governor Inslee's Proclamation(s), Austin had learning challenges that resulted in the preparation of an IEP (individualized education program).
 - The IEP was designed to insure that Austin could return to meeting grade-level expectations.
 - Katie Simper works all day as a health care worker and is unable to supervise Austin during 109. what would be the school day.
 - Although the school has attempted to provide on-line and distance learning substitutes for attendance at school, they are inadequate to meet Austin's educational needs.
- Austin needs the supervision and encouragement that results from attendance at an actual 111. school where teachers are present to assist him.

¹¹ Petra Zimmerman and Nigel Curtis, Coronavirus Infections in Children Including COVID-19: An Overview of the Epidemiology, Clinical Features, Diagnosis, Treatment and Prevention Options in Children, 26 THE PEDIATRIC INFECTIOUS DISEASE JOURNAL, Volume 39, Number 5 (May 2020), 355-367.

¹² Andrew Rundle, et al., COVID-19-Related School Closings and Risk of Weight Gain Among Children, OBESITY, published 30 March 2020, https://onlinelibrary.wiley.com/doi/full/10.1002/oby.22813

VI. Prayer for Relief

WHEREFORE, Plaintiffs pray for the following relief:

- 1. For a declaratory judgment that Proclamation 20-08, Proclamation 20-09, and Proclamation 20-09.1 are unconstitutional for failure to comply with with Art. IX, § 1 of the Washington State Constitution.
- 2. For injunctive relief requiring Governor Inslee to terminate any current order requiring the closure of Washington schools.
- 3. For injunctive relief requiring that any future order closing the public schools be based on a documented risk of substantial physical harm to the students attending those schools.
- 4. For an award of Plaintiffs' costs of this suit, including attorney's fees.
- 5. For such other and further relief as this Court deems just and proper.

15 May 5, 2020.

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Certificate Of Service

I certify under penalty of perjury under the laws of the United States of America that on DATE, 2020, I served the foregoing DOCUMENT in Simper v. Inslee, CASE NO., via email per agreement between the parties on the following:

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Ву

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