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UNITED STATES DISTRICT COURT,
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

JANE DOE, individually and on behalf of all
other similarly situated,

Plaintiff,

v.

FAIRFAX BEHAVIORAL HEALTH,

Defendant.

No. _____

CLASS ACTION COMPLAINT

DEMAND FOR JURY TRIAL

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1 Jane Doe (“Plaintiff”), brings this action individually and on behalf of a class of adult
2 patients of Fairfax Behavioral Health (“Fairfax”) who were indiscriminately strip searched upon
3 arrival and video recorded during strip search and throughout the hospital.

4 **I. INTRODUCTION**

5 1. It is a violation of the standard of care for a psychiatric hospital to conduct strip
6 searches in the absence of individualized assessments that a patient possesses drugs or weapons.

7 2. It is a violation of the standard of care for a psychiatric hospital to use video
8 monitoring in the room where strip searches are conducted while patients are undressed.

9 3. All inpatient psychiatric patients are entitled to care, treatment and therapies to
10 maintain and improve their health and well-being. Most importantly for individuals with chronic
11 mental illness, inpatient psychiatric patients are entitled to dignity, respect, compassion, and
12 competent care.

13 4. Fairfax has a blanket policy requiring all patients to remove clothing and practice
14 of randomly strip searching patients indiscriminately. The process is video recorded by Fairfax in
15 violation of patient’s privacy.

16 5. No psychiatric hospital in Washington State other than Fairfax permits its staff to
17 arbitrarily conduct strip searches or cavity searches.

18 6. No psychiatric hospital in Washington State other than Fairfax makes and keeps
19 video recordings of patients in various states undress, including areas where strip searches and
20 cavity searches are conducted.

21 7. It is an unfair practice for a person in the operation of a place of public
22 accommodation to fail or refuse to make reasonable accommodation to the known physical,
23 sensory, or mental limitations of a person with a disability. Fairfax’s practice of arbitrarily
24 conducting strip-and-cavity searches of patients suffering from mental illness and use of invasive
25 video monitoring is substantially motivated by discriminatory animus toward people with serious
26 mental health conditions requiring inpatient treatment and restricts those patients from receiving
27 the treatment they present for and are entitled to receive.

28

1 8. Fairfax’s blanket policy requiring all patients to remove clothing and practice of
2 indiscriminately strip searching patients and excessive video recording violates the Americans
3 with Disabilities Act, the Washington Law Against Discrimination, Vulnerable Adult statute, and
4 invades of patients’ privacy causing severe emotional distress, physical harm, and economic
5 harm to Plaintiff and the Class, for which Fairfax must be held responsible.

6 II. THE PARTIES

7 9. Plaintiff Jane Doe is a resident of Oak Harbor, Washington and a citizen of the
8 United States.

9 10. Defendant Fairfax Behavioral Health (“Fairfax”) is the largest private provider of
10 inpatient psychiatric services in the state of Washington. Fairfax’s principal place of business is
11 in Kirkland, Washington. Fairfax is a licensed psychiatric hospital that cares for outpatient and
12 inpatients, whether admitted voluntarily or involuntarily.¹

13 11. Fairfax operates a 157-bed, standalone psychiatric hospital, located in Kirkland,
14 Washington; composed of six units providing specialized treatment for mental health and co-
15 occurring disorders (concurrent mental illness and substance abuse issues), as well as
16 detoxification services for both adolescents and adults. Fairfax also operates a 30-bed adult
17 general psychiatric unit, located in Everett, Washington on the seventh floor of the Providence
18 Medical Center’s Pacific campus as well as, a 34-bed unit on the campus of Evergreen Health
19 Monroe.

20 12. Fairfax offers primarily inpatient care. For example, in 2016, Fairfax received
21 over 98% of its revenue from inpatient admissions.² And in 2017, Fairfax received 100% of its
22 revenue from inpatient admission.³

23 13. At all times material hereto, Fairfax employed nurses and other health care
24 providers, whose names are presently unknown, to care for Plaintiff and Class members. All acts

25 ¹ WASHINGTON STATE DEPARTMENT OF HEALTH, Facility Search, <https://fortress.wa.gov/doh/facilitysearch/>.

26 ² *BHC Fairfax Hospital Inc. Year End Report to the Department of Health*, Office of Hospital and Patient Data,
27 <https://www.doh.wa.gov/Portals/1/.../2300/HospPatientData/YearEnd/YE904-2016.xlsx>.

28 ³ *BHC Fairfax Hospital Inc. Year End Report to the Department of Health*, Office of Hospital and Patient Data,
<https://www.doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/HospitalFinancialData/YearEndReports/2017HospitalYearEndReports>.

1 and failures to act by nurses and other health care provides at Fairfax were done within the scope
2 of their employment by Fairfax. At all times material hereto, Fairfax is vicariously liable for the
3 acts/omissions committed by the employees and/or agents working for or on behalf of Fairfax.

4 14. Upon information and belief, Plaintiffs further allege that there may be other
5 nurses, healthcare providers, agents or employees of Fairfax, or other persons or entities whose
6 tortious acts or omissions further contributed to the injuries and damages suffered by Plaintiffs,
7 but whose true and correct identity is not now known to Plaintiffs. Plaintiffs will seek leave of
8 the Court to amend this Complaint to add the names of these persons or entities when their
9 identities become known.

10 III. JURISDICTION AND VENUE

11 15. This Court has subject matter jurisdiction pursuant to 28 U.S.C. § 1331, because
12 this action arises under the laws of the United States. This Court also has jurisdiction pursuant to
13 the Class Action Fairness Act of 2005, 28 U.S.C. § 1332(d), because the proposed Class consists
14 of 100 or more members; the amount in controversy exceeds \$5,000,000, exclusive of costs and
15 interest; and minimal diversity exists. This Court also has supplemental jurisdiction over the state
16 law claims pursuant to 28 U.S.C. § 1367.

17 16. Venue is proper in this District under 28 U.S.C. § 1391 (a)-(d) because, *inter alia*,
18 substantial parts of the events or omissions giving rise to the claim occurred in the District and/or
19 a substantial part of property that is the subject of the action is situated in the District.

20 IV. FACTS

21 A. Plaintiff Doe was traumatized by baseless, invasive strip- and cavity-searches.

22 17. On March 2, 2018, Jane Doe presented for inpatient admission to Fairfax Hospital
23 in Kirkland, Washington, a psychiatric hospital, for treatment for her mental illness. At intake,
24 Fairfax staff ordered her to completely undress for a search. Jane Doe has a history of sexual
25 abuse and explained that to the staff member. Nevertheless, she was again ordered to completely
26 undress. Plaintiff was not given a gown or towel to cover up during the search.

1 18. The staff member watched Ms. Doe undress and left the door open where other
2 staff members could see her in various stages of undress—eventually, completely naked except
3 for a small pair of g-string underwear.

4 19. Video cameras installed by Fairfax were present in the hallway, the holding area
5 outside the bathroom, and the room where the strip search was conducted. The cameras recorded
6 Plaintiff in a state of undress and during the events that followed. The footage, however, was
7 destroyed by Fairfax after Ms. Doe began submitting grievances in connection with this search.

8 20. During the search, Ms. Doe started shaking and crying. The staff member
9 demanded that Ms. Doe pull her underwear down to her knees, bend over, squat down, and
10 spread her vagina and behind for a cavity search. The staff member made this demand without
11 documenting the need for an intrusive strip search, or obtaining a clinical determination that one
12 was necessary from a psychiatric professional.

13 21. In response, Ms. Doe began screaming and crying and curled up in a ball on the
14 floor. The staff member then threatened to get a male worker to restrain Ms. Doe—who at this
15 point was still undressed with her underpants around her knees—in order to conduct the cavity
16 search.

17 22. Another female staff member intervened and managed to calm Ms. Doe down a
18 little. The second staff member suggested that Ms. Doe spread her cheeks and walk instead of
19 doing a cavity search. Ms. Doe complied to avoid any potential interaction with male Fairfax
20 staff.

21 23. At no point during this humiliating process did the nurse or anyone at Fairfax
22 attempt to evaluate Ms. Doe’s current safety risk to herself or others. No one asked her any
23 questions about her current thoughts with regard to self-injury or whether she was carrying
24 anything she might use to hurt herself or others.

25 24. At no time during this entire episode did Plaintiff state, imply, or otherwise
26 indicate that she had any current thoughts or intention to hurt herself or anyone else. At no time
27 during this entire period did Plaintiff act in a manner that would have led a reasonable health
28 care professional to believe that there was an immediate risk of harm to Plaintiff or to others.

1 25. Although mental health professionals were available at Fairfax to evaluate her at
2 intake, no one evaluated Ms. Doe’s current safety risk by asking her any questions about her
3 current thoughts regarding self-injury or whether she was carrying anything that she might use to
4 hurt herself before demanding a strip search and threatening to get a male worker to conduct the
5 invasive search.

6 **B. Jane Doe filed grievances and video footage of the incident was destroyed.**

7 26. The next day, Jane Doe tried to find someone to discuss what happened during the
8 invasive strip search but was told there was no one for her to talk to because it was a weekend.

9 27. Finally, someone told her to fill out a grievance form which she did. Over the next
10 five days, she filled out five additional grievance forms. Plaintiff asked to see the policy on
11 searches but Fairfax staff refused to show it to her and Plaintiff was told to “get over it.”

12 28. Video footage of this incident was destroyed after Plaintiff began filing
13 grievances in connection with it.

14 29. Plaintiff’s emotional/mental health continued to decline during her stay at Fairfax.
15 This decline is directly attributable to the humiliating invasion of privacy and bodily autonomy
16 perpetrated by Fairfax and its staff.

17 30. Fairfax failed to provide safe, non-abusive, treatment with dignity and privacy. As
18 a result of the March 2, 2018 strip search, Plaintiff experienced severe trauma, nightmares,
19 hopelessness, and greatly increased urges to harm and kill herself. In fact, Plaintiff attempted
20 suicide after her release from Fairfax.

21 31. After leaving Fairfax in March 2018, Plaintiff has been hospitalized three times
22 for inpatient mental health treatment. These hospitalizations were a direct result of the Fairfax’s
23 pattern and practice of conducting strip searches on incoming patients without first performing
24 an individualized risk assessment and video recording.

25 **C. Fairfax Hospital staff practice indiscriminate cavity searching, strip searching and**
26 **video recording of patients in various states of undress.**

27 32. Fairfax has a blanket policy requiring all patients to remove their clothing and a
28 practice of randomly strip-searching patients indiscriminately. This process is video recorded by

1 Fairfax in violation of the patient’s privacy. Fairfax uses video cameras in the hall, the holding
2 area outside the bathroom, and the room where the strip searches are conducted. Fairfax makes
3 and keeps these video recordings to protect itself from liability, and not for any legitimate
4 medical reasons or out of concern and care for its patients’ well-being.

5 33. Not only do these practices violate the standard of care for a psychiatric hospital,
6 they have no connection to any legitimate psychiatric purpose. By way of comparison, other
7 hospitals have policies that significantly limit staff members’ ability to conduct a strip-search or
8 a cavity-search. These policies set forth layers of measures before resorting to a strip search. For
9 example, at Eastern State Hospital, a patient must “verbalize a suicidal or homicidal plan with
10 covert or overt messages indicating *the means are on his/her person and refuses to give it to*
11 *staff.*”⁴ A body cavity search requires “credible report that a patient has concealed contraband in
12 a body cavity (e.g. glass in vagina, illegal drugs in rectum).”⁵ A physician must interview the
13 patient in order to conduct a cavity search, and all viable alternatives to a cavity search, such as
14 x-ray or the patient’s voluntary removal of the object must be eliminated before conducting the
15 search.⁶ At Western State Hospital, a strip- or cavity-search may only be conducted where there
16 is a “reasonable suspicion a patient possesses restricted items that constitute an immediate threat
17 to life or safety.”⁷ Western State Hospital staff are required to conduct the least intrusive type of
18 search necessary.⁸

19 34. Other institutions require privacy safeguards for patients, including a requirement
20 that the searches be conducted in a private room without a camera. At Eastern State Hospital, a
21 strip search requires two staff members of the same sex be present, and that they conduct the
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25 ⁴ Contraband Search, Eastern State Hospital Man § 1.39, at 7 (effective June 1993, last reviewed May 2017)
(emphasis added).

26 ⁵ Contraband Search, Eastern State Hospital Man § 1.39, at 8 (effective June 1993, last reviewed May 2017).

27 ⁶ Contraband Search, Eastern State Hospital Man. § 1.39, at 8 (effective June 1993, last reviewed May 2017).

28 ⁷ Searches, Western State Hospital, Policy 13.06(F) (issued March 2017) (emphasis in original).

⁸ Searches, Western State Hospital, Policy 13.06(A) (issued March 2017).

1 search as quickly as possible so the patient is not unclothed any longer than is necessary.⁹ A
2 cavity search must be conducted by a physician and an RN of the same sex as the patient.¹⁰

3 35. As yet another layer of protection for patients, other institutions require layers of
4 oversight before a strip- or a cavity- search can be conducted. At Eastern Washington State
5 Hospital, for instance, a physician must order a strip-search. And the hospital's CEO or designee
6 must authorize a cavity search.¹¹ At Western State Hospital, a written physician's order is
7 required for either a strip- or a cavity-search.¹²

8 36. Other institutions furthermore require documentation of the reasons, results, and
9 persons involved in a search.¹³

10 37. On information and belief, no psychiatric hospital in Washington State other than
11 Fairfax permits its staff to arbitrarily conduct strip searches or cavity searches.

12 38. On information and belief, no psychiatric hospital in Washington State other than
13 Fairfax makes and keeps video recordings of patients in various states of undress.

14 **D. Fairfax Hospital's invasive search and video monitoring practices are motivated by
15 discriminatory animus.**

16 39. Stigma about people suffering from mental illness is deeply embedded in social
17 and cultural norms. Such stigma is a baseless, prejudicial attitude that discredits individuals
18 suffering from mental illness, marking them as tainted and devalued.¹⁴ Stigma results in
19 discrimination in employment, housing, medical care, and social relationships. Public stigma
20 reflects a larger social and cultural context of negative community-based attitudes, beliefs, and
21 predispositions that shape informal, professional, and institutional responses.¹⁵

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24 ⁹ Contraband Search, Eastern State Hospital Man. § 1.39, at 7-8 (effective June 1993, last reviewed May 2017).

25 ¹⁰ Contraband Search, Eastern State Hospital Man. § 1.39, at 8 (effective June 1993, last reviewed May 2017).

26 ¹¹ Contraband Search, Eastern State Hospital Man. § 1.39, at 7-8 (effective June 1993, last reviewed May 2017).

27 ¹² Searches, Western State Hospital, Policy 13.06(B)(1), (F) (issued March 2017).

28 ¹³ Searches, Western State Hospital, Policy 13.06(G) (issued March 2017); Contraband Search, Eastern State Hospital Man. § 1.39, at 3 (effective June 1993, last reviewed May 2017).

¹⁴ Pescosolido, *et. al.*, *A Disease Like Any Other? A Decade of Change in Public Reaction to Schizophrenia, Depression, and Alcohol Dependence*, AM J PSYCHIATRY (2010), 167:1321-1330.

¹⁵ *Id.*

1 40. Individuals with mental illness are subjected to prejudice and discrimination from
 2 others (i.e., received stigma), and they may internalize feelings of devaluation (i.e., self-stigma).
 3 On a societal level, this stigma has been implicated in low service use and inadequate funding for
 4 mental health research and treatment (i.e., institutional stigma).¹⁶

5 41. Much of the stigma associated with mental illness results from conflating mental
 6 illness with violence. Sensational news reporting on violent crimes committed by people with
 7 mental illness, particularly mass shootings, perpetuates the stigma. These reports focus on mental
 8 illness, ignoring the fact that most of the violence in society is caused by people without mental
 9 illness. This societal bias contributes to the stigma faced by those with a psychiatric diagnosis,
 10 which leads to discrimination.¹⁷

11 42. “Most people with mental illness are not violent toward others and most violence
 12 is not caused by mental illness, but you would never know that by looking at media coverage of
 13 incidents,” says Emma E. McGinty, PhD, MS, an assistant professor in the departments of
 14 Health Policy and Management and Mental Health at the Bloomberg School. “Despite all of the
 15 work that has been done to reduce stigma associated with mental health issues, this portrayal of
 16 mental illness as closely linked with violence exacerbates a false perception about people with
 17 these illnesses, many of whom live healthy, productive lives.”¹⁸

18 43. Although mental health professionals hold more positive attitudes than the general
 19 public about people with mental health problems, strong stereotypes persist in both groups.¹⁹ In a
 20 2014 study of Washington State mental health professionals, many providers held negative
 21 attitudes about a hypothetical vignette character with symptoms of schizophrenia—nearly a third
 22 said it was likely that this individual would be violent toward others.²⁰ Yet study after study
 23

24 ¹⁶ *Id.*

25 ¹⁷ *Id.*

26 ¹⁸ *Study: News Stories Often Link Violence With Mental Health Illness, Even Though People With Mental
 Health Illness Are Rarely Violent*, Johns Hopkins Bloomberg School of Public Health (2016),
[https://www.jhsph.edu/news/news-releases/2016/study-news-stories-often-link-violence-with-mental-health-illness-
 even-though-people-with-mental-health-illness-are-rarely-violent.html](https://www.jhsph.edu/news/news-releases/2016/study-news-stories-often-link-violence-with-mental-health-illness-even-though-people-with-mental-health-illness-are-rarely-violent.html).

27 ¹⁹ Stuber JP, *Conceptions of Mental Illness: Attitudes of Mental Health Professionals and the General Public*
 (2014).

28 ²⁰ *Id.*

1 confirms that schizophrenia, major depression, or bipolar disorder alone do not predict
 2 violence.²¹ A study from 1998, for example, followed patients released from psychiatric
 3 hospitals and found that they were no more prone to violence than other people in their
 4 communities unless they also had a substance abuse problem.²² And a 2009 study analyzing the
 5 results of the National Epidemiologic Survey on Alcohol and Related Conditions confirmed that
 6 serious mental illness is not by itself a predictor of violence.²³

7 44. The biases and prejudices held by mental health treatment providers can have a
 8 significant negative impact on treatment outcomes and quality of life.²⁴ People with mental
 9 disorders engage with mental health professionals at a vulnerable time. Even a small number of
 10 professionals engaging in the denigration of people with mental illness or holding low
 11 expectations for improvement translates into negative treatment outcomes and a reluctance to
 12 seek mental health treatment in the future.²⁵

13 45. Even though studies have shown that up to one-third of mental health
 14 professionals in Washington State incorrectly associate serious mental illness with violence,
 15 Fairfax has failed to limit the operation of this bias against its patients. Fairfax does not restrict
 16 arbitrary searches and invasive monitoring. This allows the discriminatory animus of its staff
 17 against people with mental illness to go unchecked. Staff at Fairfax may indiscriminately strip
 18 search, cavity search, and video record of patients without any justification, oversight, or
 19 documentation.

20 46. Fairfax's practices—and its failure to limit the discretion of its staff—means that
 21 a substantial number of its mental health patients do not have reasonable access to inpatient care
 22 for mental health disorders.

24 ²¹ Elbogen, Johnson, *The Intricate Link Between Violence and Mental Disorder; Results From the National
 25 Epidemiologic Survey on Alcohol and Related Conditions*, ARCH GEN PSYCHIATRY (2009), 66(2):152-161.

²² MacArthur Community Violence Study (2001), <http://www.macarthur.virginia.edu/violence.html>.

26 ²³ Elbogen, Johnson, *The Intricate Link Between Violence and Mental Disorder; Results From the National
 27 Epidemiologic Survey on Alcohol and Related Conditions*, ARCH GEN PSYCHIATRY (2009), 66(2):152-161.

²⁴ Stuber JP, *Conceptions of Mental Illness: Attitudes of Mental Health Professionals and the General Public*
 (2014).

28 ²⁵ *Id.*

1 47. Fairfax could easily provide reasonable access to care for mental health patients
 2 by implementing the safeguards that other institutions already use: (1) a tiered approach that
 3 requires additional justification as searches become more invasive, (2) an oversight scheme that
 4 requires escalating approval as searches become more invasive; and (3) a requirement that the
 5 reasons, results, and persons involved in a search be documented. Fairfax can also easily restrict
 6 video monitoring to areas where patients are fully clothed, as do other institutions.

7 **E. Fairfax Hospital's strip search and video monitoring practices have a disparate**
 8 **impact on survivors of trauma, including Jane Doe.**

9 48. Trauma is a near universal experience of individuals with behavioral health
 10 problems.²⁶ Approximately 90% of those seeking inpatient services are trauma survivors.²⁷

11 49. Retraumatization occurs when patients experience something that makes them
 12 feel as though they are undergoing another trauma, such as being involuntarily touched, forced,
 13 or held down.²⁸

14 50. All inpatient psychiatric patients are entitled to care, treatment and therapies to
 15 maintain and improve their health and well-being. Most importantly for individuals with chronic
 16 mental illness, inpatient psychiatric patients are entitled to dignity, respect, compassion, and
 17 competent care.

18 51. The practice of requiring psychiatric patients to strip can cause patients with a
 19 history of sexual abuse severe anxiety because it triggers memories of prior abuse.

20 52. It is well recognized by mental health professionals that in the absence of an
 21 emergency, an individualized assessment should be made by a mental health professional before
 22 a strip search is conducted. It is also well recognized by mental health professionals that for
 23 some patients, requests or requirements that they strip and be searched can cause turmoil,

24 _____
 25 ²⁶ *Trauma-Informed Care*, National Council for Behavioral Health (2019),
<https://www.thenationalcouncil.org/topics/trauma-informed-care/>.

26 ²⁷ Mueser, Essock, Haines, Wolfe & Xie, *Posttraumatic Stress Disorder, Supported Employment, and*
Outcomes in People with Severe Mental Illness, US National Library of Medicine National Institute of Health
 27 (2004), <https://www.ncbi.nlm.nih.gov/pubmed/15616477>.

28 ²⁸ *A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services, TIP 57*,
 SAMHSA (2014), <http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-In-Behavioral-Health-Services/SMA14-4816>.

1 extreme agitation, panic, and exacerbates existing psychiatric conditions including anxiety,
2 depression, and post-traumatic stress disorder.

3 53. Fairfax's pattern and practice of indiscriminately performing invasive searches of
4 patients and excessive use of unnecessary video recording strip searches and throughout the
5 hospital is negligent, violates the Vulnerable Adult statute and the Washington Law Against
6 Discrimination, and invades patients' privacy causing severe emotional distress, physical harm,
7 and economic harm to Plaintiff and the Class, for which Fairfax must be held responsible.

8 V. CLASS ALLEGATIONS

9 54. Plaintiff brings this action pursuant to Federal Rule of Civil Procedure 23(b)(3)
10 and 23(c)(4) on behalf of themselves and the following Class:

11 All adult inpatients of Fairfax Behavioral Health who were
12 arbitrarily strip- or cavity-searched upon admission and were video
recorded throughout the hospital.

13 55. The Class consists of hundreds, of individuals, if not more, making joinder
14 impracticable, in satisfaction of Fed. R. Civ. P. 23(a)(1). The exact size of the Class and the
15 identities of the individual members are ascertainable through records maintained by Fairfax.

16 56. The claims of Plaintiffs are typical of the Class. The claims of the Plaintiff and the
17 Class are based on the same legal theories and arise from the same unlawful pattern and practice
18 of strip searching patients without particularized suspicion and excessive use of video recording
19 throughout the hospital.

20 57. There are many questions of law and fact common to the claims of Plaintiff and
21 the Class, and those questions predominate over any questions that may affect only individual
22 Class Members within the meaning of Fed. R. Civ. P. 23(a)(2) and (c)(4).

23 58. Common questions of fact and law affecting members of the Class include, but
24 are not limited to, the following:

25 a. Whether Fairfax employees fail to provide mental health treatment and
26 deny reasonable accommodations to seriously mentally ill patients who require inpatient
27 treatment by performing strip- and cavity-searches without justification, oversight or
28 documentation.

1 62. The Americans with Disabilities Act (“ADA”) was passed in 1990 to “provide a
2 clear and comprehensive national mandate for the elimination of discrimination against people
3 with disabilities,” 42 U.S.C. § 12101(b)(1). Congress explicitly defined discrimination to include
4 “over-protective rules and policies,” “failure to make modifications to existing ... practices,” and
5 “segregation, and relegation to lesser services,” 42 U.S.C. § 12101(a)(5).

6 63. When Congress passed the ADA, it intended to “address the major areas of
7 discrimination faced day to day by people with disabilities,” 42 U.S.C. § 12101(b)(4), including
8 in the area of “health services,” 42 U.S.C. § 12101(a)(3).

9 64. Fairfax is a “place of public accommodation” as that term is defined in Title III of
10 the Americans with Disabilities Act, 42 U.S.C. § 12181(7)(F), 28 C.F.R. § 36.104. The ADA
11 prohibits discrimination by a public accommodation against any individual on the basis of
12 disability. 28 C.F.R. § 36.201(a).

13 65. Plaintiff and the class suffer from serious mental health conditions that require
14 inpatient treatment and impair their ability to request accommodations. They are members of a
15 protected class of people with disabilities under the ADA.

16 66. Title III of the ADA prohibits public accommodations from discriminating against
17 individuals with disabilities in the full and equal enjoyment of the goods, services, facilities,
18 privileges, advantages or accommodations of any place of public accommodations, 42 U.S.C.
19 § 12182(a). The definition of discrimination includes “failure to make reasonable modifications
20 in policies, practices, or procedures, when such modifications are necessary to afford such goods,
21 services, facilities, privileges, advantages or accommodations to individuals with disabilities,
22 unless the entity can demonstrate that making such modifications would fundamentally alter the
23 nature of such goods, services, facilities, privileges, advantages, or accommodations.” 42 U.S.C.
24 § 12182(b)(2)(A)(ii).

25 67. Fairfax’s practice of unjustified, unsupervised, and undocumented strip- and
26 cavity-searches denies those experiencing mental illness from receiving the treatment they
27 require and are entitled to receive. Fairfax’s humiliating, unchecked search practices proximately
28 resulted in negative treatment outcomes for Jane Doe and the Class, as well as substantial mental

1 and physical anguish. These practices are substantially motivated by discriminatory animus
2 towards people with serious mental health conditions requiring inpatient treatment. These
3 practices deliberately required Plaintiff and the class to endure unnecessary hardship in order to
4 access a program or service. That hardship could easily be eliminated by a reasonable
5 accommodation, such as the policies and practices implemented by other institutions set forth in
6 paragraphs 33 through 36 and paragraph 47 of this Complaint. Fairfax has thus failed to provide
7 class members with the reasonable accommodations required by the federal disability statutes,
8 failing to ensure them meaningful access to the benefits to which they are entitled.

9 68. Fairfax’s practice of recording patients during strip- and cavity-searches restricts
10 those experiencing mental illness from receiving the treatment they require and are entitled to
11 receive. Fairfax’s humiliating video recording practices proximately resulted in negative
12 treatment outcomes for Jane Doe and the Class, as well as substantial mental and physical
13 anguish. This practice is substantially motivated by discriminatory animus towards people with
14 serious mental health conditions requiring inpatient treatment. This practice deliberately required
15 Plaintiff and the class to endure unnecessary hardship in order to access a program or service.
16 That hardship could easily be eliminated by a reasonable accommodation, such as a the policies
17 and practices implemented by other institutions set forth in paragraphs 33 through 36 and
18 paragraph 47 of this Complaint. Fairfax has thus failed to provide class members with the
19 reasonable accommodations required by the federal disability statutes, failing to ensure them
20 meaningful access to the benefits to which they are entitled.

21 COUNT II

22 ABUSE OF VULNERABLE ADULTS

23 69. Plaintiff re-alleges and incorporates by reference the allegations contained in the
24 previous paragraphs.

25 70. At all times, Fairfax was required to comply with the Vulnerable Adult statute at
26 RCW 74.34, *et seq.*

27 71. RCW 74.34.021 defines a “vulnerable adult” as “a person...admitted to any
28 facility.”

1 72. Fairfax Behavioral Health is a “facility,” as defined in RCW 74.34.020.

2 73. Plaintiff and Class members are vulnerable adults as define under RCW
3 74.34.020.

4 74. Fairfax violated the Vulnerable Adult statute by, among other things, subjecting
5 Plaintiff and Class members to abuse, mental abuse, and/or neglect as defined under RCW
6 74.34.020.

7 75. As a direct and/or proximate result of Fairfax’s actions and/or inactions, Plaintiff
8 and Class members were damaged.

9 76. In addition to other remedies available under the law, a vulnerable adult who has
10 been subjected to abuse, mental abuse, and/or neglect either while residing in a facility shall have
11 a cause of action for damages on account of his or her injuries, pain and suffering, and loss of
12 property sustained thereby.

13 77. As a result of Fairfax’s acts and/or omissions described herein, Plaintiff and Class
14 members shall be awarded his or her actual damages, together with the costs of the suit,
15 including a reasonable attorneys’ fee. The term “costs” includes, but is not limited to, the
16 reasonable fees for a guardian, guardian ad litem, and experts, if any, that may be necessary to
17 the litigation of a claim brought under this section.

18 **COUNT III**

19 **NEGLIGENCE**

20 78. Plaintiff realleges and incorporates by reference the allegations contained in the
21 previous paragraphs.

22 79. By seeking psychiatric treatment from Fairfax, a special, confidential, and
23 fiduciary relationship between Plaintiffs and Fairfax was created, resulting in Fairfax owing
24 Plaintiffs a duty to use care to ensure their safety and freedom from assault, abuse, and
25 molestation while interacting with their employees, representatives, and/or agents.

26 80. Fairfax had a duty to hire competent, qualified and experienced employees who
27 were knowledgeable and familiar with the proper standards of care of vulnerable adults.
28

1 81. Fairfax had a duty to train and supervise their employees, agents and other
2 individuals hired by them to provide safe and proper care to vulnerable adults who were either
3 voluntarily admitted or involuntarily committed patients at Fairfax.

4 82. Fairfax violated their duty of care and their duty to act reasonably by, among
5 other things, performing invasive searches of patients without particularized suspicion.

6 83. Fairfax violated their duty of care and their duty to act reasonably by, among
7 other things, using video cameras outside the bathroom, where patients change and in the
8 seclusion room where invasive searches are conducted.

9 84. Fairfax violated their duty of care by, among other things, failing to adequately
10 instruct, monitor, and supervise their employees and agents regarding what searches can be done
11 and with what protections.

12 85. As a direct and/or proximate result of Fairfax's actions and/or inactions, Plaintiff
13 and Class members were damaged.

14 **COUNT IV**

15 **INVASION OF PRIVACY**

16 86. Plaintiff re-alleges and incorporates by reference the allegations contained in the
17 previous paragraphs.

18 87. Fairfax uses video cameras in the hall, in holding area outside bathroom, and in
19 the room where the strip searches are conducted.

20 88. Although hospitals can have legitimate reasons to video record patients, Fairfax's
21 practice violated the standard of care.

22 89. Fairfax intentionally intruded upon Plaintiff and Class members' solitude,
23 seclusion or private affairs and concerns by recording patients in the hallway, in holding area
24 outside the bathroom, and in the room where strip searches are conducted. This intrusion is
25 highly offensive to reasonable individuals, such as Plaintiff and the Class members, and was
26 totally unwarranted and unjustified constituting an invasion of privacy.

27 90. As a direct and/or proximate result of Fairfax's actions and/or inactions, Plaintiff
28 and Class members were damaged.

1 **COUNT V**

2 **INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS**

3 91. Plaintiff realleges and incorporates by reference the allegations contained in the
4 previous paragraphs.

5 92. Fairfax's extreme and outrageous conduct intentionally or recklessly caused
6 severe emotional distress to Plaintiff and the Class members.

7 93. Fairfax acted with intent or recklessness, knowing that the pattern and practice of
8 indiscriminately strip-searching psychiatric patients, many of whom have been sexually and
9 physically abused, would likely cause emotional distress. Additionally, Fairfax acted with intent
10 or recklessness, knowing that the use of video cameras in the area outside the bathroom where
11 patients are required to undress and in the room where strip searches are conducted, would likely
12 cause emotional distress.

13 94. Fairfax's conduct caused suffering for Plaintiff and Class members at levels that
14 no reasonable person should have to endure.

15 95. As a direct and/or proximate result of Fairfax's actions, Plaintiff and Class
16 members were damaged.

17 **COUNT VI**

18 **NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS**

19 96. Plaintiff realleges and incorporates by reference the allegations contained in the
20 previous paragraphs.

21 97. Fairfax's extreme and outrageous conduct caused severe emotional distress to
22 Plaintiff and the Class members.

23 98. Fairfax knew that the pattern and practice of indiscriminately strip searching
24 psychiatric patients, many of whom have been sexually and physically abused, would likely
25 cause emotional distress. Additionally, Fairfax knows that the use of video cameras in the area
26 outside the bathroom where patients are required to undress and in the room where strip searches
27 are conducted, would likely cause emotional distress.

28

1 99. Fairfax’s conduct caused suffering for Plaintiff and Class members at levels that
2 no reasonable person should have to endure.

3 100. As a direct and/or proximate result of Fairfax’s actions, Plaintiff and Class
4 members were damaged.

5 **COUNT VII**

6 **WASHINGTON LAW AGAINST DISCRIMINATION**

7 101. Fairfax Behavioral Health is a place of public accommodation.

8 102. Plaintiff and the class suffer from serious mental health conditions that require
9 inpatient treatment. They are members of a protected class of people with disabilities related to
10 the presence of a mental health disability.

11 103. Under RCW 49.60.030(1)(b), The Washington Law Against Discrimination
12 (“WLAD”) secures the right to "full enjoyment" of any place of public accommodation,
13 including the right to purchase any service or commodity sold by any place of public
14 accommodation "without acts directly or indirectly causing persons of [a protected class] to be
15 treated as not welcome, accepted, desired, or solicited." See RCW 49.60.040(14). Similarly,
16 WLAD prohibits “any person or the person’s agent or employee [from committing] an act which
17 directly or indirectly results in any distinction, restriction, or discrimination” based on a person’s
18 membership in a protected class. RCW 49.60.

19 104. The WLAD protects the customer’s “full enjoyment” of the services and
20 privileges offered in public accommodations. RCW 49.60.030(1)(b). WLAD’s broad definition of
21 "full enjoyment" extends beyond denial of service to include liability for mistreatment that
22 makes a person feel "not welcome, accepted, desired, or solicited." RCW 49.60.040(14).

23 105. WLAD makes it unlawful for “any person or the person’s agent or employee to
24 commit an act” of, among other things, discrimination in a place of public accommodation.
25 RCW 49.60.215. This provision imposes direct liability on employers for the discriminatory
26 conduct of their agents and employees.

1 106. It is an unfair practice for a person in the operation of a place of public
2 accommodation to fail or refuse to make reasonable accommodation to the known physical,
3 sensory, or mental limitations of a person with a disability. WAC 162-26-080(1).

4 107. Fairfax's practice of unjustified, unsupervised, and undocumented strip- and
5 cavity-searches denies those experiencing mental illness from receiving the treatment they
6 present for and are entitled to receive. Fairfax's humiliating, unchecked search practices
7 proximately resulted in negative treatment outcomes for Jane Doe and the Class, as well as
8 substantial mental and physical anguish. These practices are substantially motivated by
9 discriminatory animus towards people with serious mental health conditions requiring inpatient
10 treatment.

11 108. Fairfax's practice of recording patients during strip- and cavity-searches restricts
12 those experiencing mental illness from receiving the treatment they present for and are entitled to
13 receive. Fairfax's humiliating video recording practices proximately resulted in negative
14 treatment outcomes for Jane Doe and the Class, as well as substantial mental and physical
15 anguish. This practice is substantially motivated by discriminatory animus towards people with
16 serious mental health conditions requiring inpatient treatment.

17 **PRAYER FOR RELIEF**

18 WHEREFORE, Plaintiff, individually and on behalf of all Class members, pray that this
19 Court:

20 A. Certify the Class, name Plaintiff as representative of the Class, and appoint her
21 lawyers as Class Counsel;

22 B. Enter judgment against Fairfax Behavior Health in favor of Plaintiff and the
23 Class;

24 C. Award Plaintiff and the Class members damages for pain and suffering, and
25 compensatory and punitive damages;

26 D. Injunctive relief including preliminary and permanent injunctions restraining
27 Fairfax from indiscriminately strip searching patients and/ or recording strip searches and
28

1 requiring Fairfax to create protocols for conducting searches that require an individualized
2 assessment of immediate danger to self or others;

3 E. Injunctive relief including preliminary and permanent injunctions restraining
4 Fairfax from recording patients during strip- and cavity-searches and in other areas where
5 patients undress and requiring Fairfax to create protocols controlling the use of video-recording
6 and preservation of video-recordings; and

7 F. Award Plaintiffs their reasonable attorneys' fees and costs.

8 **JURY TRIAL DEMANDED**

9 Plaintiffs demand a trial by jury on all issues so triable.

10 Dated: April 30, 2019

Respectfully submitted,

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