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7 UNITED STATES DISTRICT COURT
8 WESTERN DISTRICT OF WASHINGTON

9 GATHER CHURCH,

10 *Plaintiff,*

11 v.

12 LEWIS COUNTY, SEAN SWOPE in his
13 official capacity as Lewis County
14 Commissioner, LINDSEY POLLOCK in her
15 official capacity as Lewis County
16 Commissioner, SCOTT BRUMMER in his
17 official capacity as Lewis County
18 Commissioner, SHERIFF ROBERT SNAZA
19 in his official capacity as Lewis County
20 Sheriff, and MEJA HANDLEN, in her official
21 capacity as Director of the Lewis County
22 Public Health & Social Services.

23 *Defendants.*

Case No. _____

COMPLAINT FOR DECLARATORY AND
INJUNCTIVE RELIEF

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27 COMPLAINT FOR DECLARATORY
AND INJUNCTIVE RELIEF

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INTRODUCTION

1. Plaintiff Gather Church (“Gather” or “Church”) is a 501(c)(3) religious organization based in Lewis County, Washington. The Church’s mission is to serve those “whom others have forgotten or try to ignore—the poor, the hungry, the addicted, the lonely, the unhoused.”¹ Gather believes that “[s]erving people is worship.”²

2. Since 2010, Gather has devoted its ministry to helping Lewis County residents in need, with a particular focus on supporting residents who struggle with substance use disorders (“SUD”). When Gather was founded, the opioid epidemic was already driving overdose deaths to then-record highs, leading to suffering throughout Lewis County and the State of Washington. Recognizing the harms of the opioid crisis and the sparse resources in Lewis County to support people with SUD, Gather opened a food and clothing bank to serve vulnerable residents, including those with SUD.

3. Gather has since tripled its staff and its impact has expanded dramatically. Today, the Church provides a wide range of SUD medication and support services that prevent drug-related deaths, treat SUD, and aid people in drug addiction recovery. Gather also offers wraparound support services, including a food and clothing bank, a café, a preschool and daycare center, a rental assistance program, employment support, a home visitation program, a clinic that provides medication for addiction treatment (“MAT”), primary healthcare, testing for HIV and Hepatitis C, mental health counseling, and an intensive outpatient addiction therapy program. Gather provides all these services free of charge from two church properties in downtown Centralia, Washington, and does so in furtherance of its religious mission.

4. Gather has also adapted its services to meet the specific needs of a large, rural county where limited public transportation poses a significant barrier to addiction treatment

¹ Gather Church, *Gather Church* (last visited Sept. 12, 2025) <https://www.gatherchurch.com/>.

² *Id.*

1 and support. For example, Gather delivers food and clothing directly to homes and homeless
2 encampments, conducts in-home family visitation services, and offers rental assistance and
3 employment support remotely. Gather also plans to start a mobile clinic in November 2025 to
4 provide addiction treatment, primary care, and testing for HIV and Hepatitis C.

5 5. Gather's Syringe Services Program ("SSP") is the main entry point to the
6 Church's addiction treatment and wraparound support services. Funded by a grant from the
7 Washington Department of Health, Gather operates the first and only SSP in Lewis County. It
8 uses an evidence-based approach, supported by decades of research that shows that SSPs
9 reduce drug-related deaths and facilitate access to addiction treatment and recovery, without
10 increasing crime or drug use.

11 6. SSPs "are community-based public health programs"³ that provide many short
12 and long-term health benefits to people who use drugs and the larger community. According
13 to the Washington Department of Health, "[m]ore than 30 years of evidence [] supports the
14 benefits of community-based harm reduction programs like SSPs[.] These programs do not
15 increase drug use or crime. But they do help improve health for people and communities,
16 support public safety, and offer a bridge to health and social services."⁴ SSPs typically not
17 only offer sterile syringes and disposal for used syringes, but they also provide overdose
18 reversal medication, vaccinations, screening and linkage to care for Hepatitis C and HIV,
19 wound care, first aid supplies, drug test kits, as well as other public health supplies, and
20 health care.⁵

21 7. SSPs also serve as a bridge to recovery and cessation of drug use. SSPs, like
22 Gather's, connect people with SUD to drug rehabilitation and health care services. Research
23 shows that engagement with an SSP is strongly correlated with entering drug treatment. First-

24
25 ³ Wash. State Dep't of Health, *Syringe Service Programs* (last visited Sept. 11, 2025), <https://doh.wa.gov/you-and-your-family/drug-user-health/syringe-service-programs>.

26 ⁴ Wash. State Dep't of Health, *The Essential Role of Syringe Service Programs in Preventing Overdose Deaths* (Nov. 2024), <https://doh.wa.gov/sites/default/files/2024-11/150297-RoleSSPsInOverdoseResponse.pdf>.

27 ⁵ See Wash. State Dep't of Health, *supra* note 3.

1 time SSP participants are five times more likely to enter drug treatment and three times more
2 likely to stop using illegal drugs than those who do not participate in an SSP.⁶ Since 1992, the
3 Washington Department of Health has funded SSPs throughout the state and today 26
4 Washington counties—two-thirds of the counties in the state—operate a state-authorized
5 SSP.⁷

6 8. To address rising overdose deaths and the acute health needs of people
7 struggling with drug addiction in Lewis County, Gather opened two different types of state-
8 authorized and funded SSPs in October 2019. The first operated out of a Church property in
9 downtown Centralia and the second was a mobile SSP clinic that visited people across Lewis
10 County who could not travel to the Centralia location. This includes individuals living in
11 homeless encampments and in communities on the opposite side of the county. Nearly all of
12 Gather's SSP patients accessed the SSP through its mobile clinic because they could not—
13 and still cannot—reach Gather's Centralia property. For some, this is because they lack
14 transportation. For others, the symptoms of their SUD and other disabilities, such as mobility
15 and mental health disabilities, severely impair their ability to travel and navigate service
16 systems.

17 9. The public health impact of Gather's SSP has been significant. By providing
18 sterile syringes and other lifesaving public health supplies to people who would often
19 otherwise share needles to inject drugs, Gather's SSP reduced the risk of transmitting
20 infectious diseases like HIV and Hepatitis C. This protects people who use drugs and the
21 larger Lewis County community. Gather's SSP further promoted the health of people who
22 use drugs by ensuring access to other sterile supplies, like sterile water, that allowed people
23 to avoid environmental contaminants when using drugs. For example, wounds and infections
24

25 ⁶ Holly Hagan, et al., *Reduced Injection Frequency and Increased Entry and Retention in Drug Treatment*
26 *Associated with Needle-Exchange Participation in Seattle Drug Injectors*, 19 J. SUBST. ABUSE TREAT. 247, 247,
249–50 (2000), available at [https://www.jsatjournal.com/article/S0740-5472\(00\)00104-5/fulltext](https://www.jsatjournal.com/article/S0740-5472(00)00104-5/fulltext).

27 ⁷ Wash. State Dep't of Health, *supra* note 3.

1 are widespread among people who inject drugs in Lewis County, and Gather's mobile SSP
2 staff provided essential wound care, distributed wound care supplies, and even occasionally
3 provided emergency medical transportation. The Church's SSP also connected patients to
4 Gather's other mobile services, including its food and clothing bank and rental and
5 employment support services. Providing these supplies also allowed Gather's SSP to earn the
6 trust of people who were, based on these encounters, more likely to engage with and benefit
7 from Gather's other wraparound addiction healthcare and support services.

8 10. Many people who participated in Gather's SSP ultimately entered addiction
9 treatment and received drug rehabilitation services. When Gather's mobile SSP was allowed
10 to operate, an average of six people each month entered treatment in Gather's medication for
11 addiction treatment program based on a referral from the SSP. Gather's mobile SSP staff also
12 frequently drove patients who lacked transportation to and from the Church's addiction
13 treatment program.

14 11. At its peak, Gather's mobile SSP served more than 400 patients and
15 distributed about 20,000 syringes each month. But on April 16, 2024, Defendant Lewis
16 County (the "County") enacted Ordinance 1354 (the "Ordinance") which dramatically
17 curtailed the Church's SSP operations and, by extension, harmed the people who relied on
18 the SSP's health services.

19 12. The Ordinance bans Gather's SSP from operating a mobile unit, operating in a
20 residential area, and operating within 750 feet of any public park, school, or library.
21 Violations of the Ordinance carry civil and criminal penalties. The Ordinance also prohibits
22 SSPs from distributing lifesaving public health supplies, including test kits for fentanyl and
23 xylazine that alert users to harmful substances found in their drug supply, and sterile water
24 and cotton that reduce the risk of bacterial infection. These supplies help prevent accidental
25 overdoses and other adverse health consequences for individuals and the larger community.
26 The Ordinance applies these restrictions to only SSPs, thereby exempting all other entities

1 that provide health services, including mobile services, such as pharmacies, hospitals, and
2 health clinics.

3 13. In enacting the Ordinance, the County has all but eliminated access to
4 Gather's SSP and its health services for Lewis County residents with disabilities who rely on
5 them. To comply with the Ordinance, Gather shut down its mobile SSP operations and now
6 operates a single SSP from a Church property in Centralia that serves an average of only 11
7 patients per month, down from the 400 people per month it served at its peak.

8 14. As a result, many former SSP patients now reuse and share syringes, which
9 sharply elevates their risk of infectious disease transmission, including HIV and Hepatitis C.
10 Without drug testing kits, former SSP patients face a dramatically elevated risk of accidentally
11 using drugs cut with xylazine or fentanyl and overdosing and dying. Drug testing kits allow
12 people to know whether their drugs have been contaminated with xylazine and fentanyl.
13 Xylazine is a powerful tranquilizer that was designed for veterinarians to sedate large animals
14 like horses. Fentanyl is a synthetic opioid fifty times more powerful than heroin.⁸ Xylazine
15 and fentanyl are increasingly mixed with other illegal drugs, including methamphetamine,
16 cocaine, and counterfeit prescription pills, to increase potency. The U.S. Drug Enforcement
17 Agency has issued a public safety warning that "xylazine is making the deadliest drug threat
18 our country has ever faced, fentanyl, even deadlier[.]"⁹

19 15. By curtailing the operations of Gather's SSP, the Ordinance also undermines
20 the SSP's role in facilitating access to Gather's wraparound health care and drug
21 rehabilitation services. Since the Ordinance went into effect, the average number of SSP
22 participants who enter addiction treatment via Gather's medication for addiction treatment
23 program has fallen by two-thirds, from six to only two per month.

25 ⁸ U.S. Drug Enforcement Admin., *Drug Fact Sheet: Fentanyl* (Dec. 2022), <https://www.dea.gov/factsheets/fentanyl>.

26 ⁹ U.S. Drug Enforcement Admin., *DEA Reports Widespread Threat of Fentanyl Mixed with Xylazine* (Mar. 20,
27 2023), <https://www.dea.gov/alert/dea-reports-widespread-threat-fentanyl-mixed-xylazine>.

1 16. Gather challenges the Ordinance under Title II of the Americans with
2 Disabilities Act; Section 504 of the Rehabilitation Act; the Washington Constitution’s Free
3 Exercise Clause; Article I, Section XI of the Washington Constitution; and the Washington
4 Law Against Discrimination. The Ordinance discriminates against disabled people on its face
5 and in its application by impairing access to the SSP’s health services and services provided
6 in connection with drug rehabilitation that are designed for and required by people with
7 SUD. The Ordinance also burdens Gather’s free exercise of religion by preventing the
8 Church from caring for many of the most vulnerable members of the Lewis County
9 community, an essential part of the Church’s faith. Finally, parts of the Ordinance are
10 contrary to state law and are therefore invalid. Gather seeks declaratory and injunctive relief
11 invalidating the Ordinance and prohibiting its application to Gather.

12 **JURISDICTION AND VENUE**

13 17. This Court has jurisdiction under 28 U.S.C. § 1331 because this case arises
14 under Title II of the Americans with Disabilities Act (“ADA”), 42 U.S.C. § 12101 *et seq.*, and
15 Section 504 of the Rehabilitation Act (“Section 504”), 29 U.S.C. § 794 *et seq.* This Court
16 further has jurisdiction over Plaintiff’s state-law claims pursuant to 28 U.S.C. § 1367.

17 18. Venue is proper in this Court under 28 U.S.C. § 1391(b)(1) and (b)(2) because
18 a substantial part of the events or omissions giving rise to this Complaint occurred in this
19 District. Defendants reside in this District.

20 19. This Court is authorized to issue declaratory and injunctive relief under 28
21 U.S.C. §§ 2201–02, and Rules 57 and 65 of the Federal Rules of Civil Procedure, and by the
22 inherent general equitable powers of this Court.

23 **PARTIES**

24 **Plaintiff Gather Church**

25 20. Plaintiff Gather Church is a 501(c)(3) religious organization based in
26 Centralia, Washington, located in Lewis County. Gather receives funding from private

1 donations and various Washington State agencies, including the Washington Department of
2 Health and the Washington Health Care Authority. Plaintiff operates Lewis County’s first and
3 only Syringe Services Program, which provides health services and services in connection
4 with drug rehabilitation specifically designed for people with substance use disorder,
5 including people actively using drugs. Gather files this Complaint on behalf of itself and its
6 patients with substance use disorder, mobility disabilities, and mental health disabilities.

7 21. Gather’s patients are individuals with disabilities as defined by the ADA and
8 Section 504. They have disabilities, including substance use disorder, post-traumatic stress
9 disorder, attention deficit hyperactivity disorder, traumatic brain injury, sciatica, and other
10 mobility and mental health disabilities that substantially impair major life activities,
11 including thinking, concentrating, brain and neurological functions, executive functioning,
12 memory, walking, standing, and driving. 42 U.S.C. § 12102(2)(A). Although the ADA and
13 Section 504 generally exclude individuals who are currently engaging in the illegal use of
14 drugs from their protections, this exclusion does not apply where, as here, a person is denied
15 the benefits of “health services, or services provided in connection with drug rehabilitation”.
16 *Id.* § 12210(c); 29 U.S.C. § 705(20)(C)(iii). Plaintiff brings this action because the Ordinance
17 denies its patients access to Gather’s SSP, which provides health services and services in
18 connection with drug rehabilitation. Gather’s patients are also excluded from the SSP
19 because of co-occurring disabilities apart from SUD that are unequivocally covered by the
20 ADA and Section 504, including mobility and mental health disabilities.

21 **Defendant Lewis County**

22 22. Defendant Lewis County is a subdivision of Washington State. Lewis County
23 is a public entity subject to the requirements of Title II of the Americans with Disabilities
24 Act. It receives federal financial assistance¹⁰ and therefore must comply with Section 504 of
25 _____

26 ¹⁰ Lewis Cnty., Wash., Res. 24-437, *Adopt the Annual Budget of Lewis County for the Calendar Year of 2025*, 6
27 (Nov. 6, 2024) https://lewiscountywa.gov/media/documents/Resolution_24-437_2025_Budget_Adoption_1.pdf.

1 the Rehabilitation Act. In April 2024, Lewis County adopted an ordinance that regulates and
2 restricts the operation of Syringe Services Programs that is the subject of this Complaint.
3 Lewis County, Wash. Code §§ 8.80.010–180.

4 **Defendant Sean Swope**

5 23. Defendant Sean Swope is the Lewis County Commissioner for District 1 and
6 as such is part of the body that adopted the Ordinance regulating and restricting the operation
7 of Syringe Services Programs that is the subject of this Complaint. Defendant Swope is sued
8 in his official capacity only.

9 **Defendant Lindsey Pollock**

10 24. Defendant Lindsey Pollock is the Lewis County Commissioner for District 2,
11 and as such is part of the body that adopted the Ordinance regulating and restricting the
12 operation of Syringe Services Programs that is the subject of this Complaint. Defendant
13 Pollock is sued in her official capacity only.

14 **Defendant Scott Brummer**

15 25. Defendant Scott Brummer is the Lewis County Commissioner for District 3,
16 and as such is part of the body that adopted the Ordinance regulating and restricting the
17 operation of Syringe Services Programs that is the subject of this Complaint. Defendant
18 Brummer is sued in his official capacity only.

19 **Defendant Sheriff Robert Snaza**

20 26. Defendant Sheriff Robert Snaza is the Lewis County Sheriff. Sheriff Snaza
21 has the duty to enforce the Lewis County Ordinance regulating and restricting the operation
22 of Syringe Services Programs that is the subject of this Complaint. Sheriff Snaza is sued in
23 his official capacity only.

24 **Defendant Meja Handlen**

25 27. Defendant Meja Handlen is the Director of the Lewis County Department of
26 Public Health and Social Services. Director Handlen has the duty to enforce the Lewis

County Ordinance regulating and restricting the operation of Syringe Services Programs that is the subject of this Complaint. Director Handlen is sued in her official capacity only.

FACTUAL ALLEGATIONS

I. Lewis County Struggles with a Substance Use Disorder and Overdose Crisis that Threatens Public Health

28. Substance Use Disorder is a chronic brain disease that stems from addiction to legal and illegal substances, including opioids like fentanyl and heroin, a class of drugs that inhibit pain and cause feelings of pleasure, and non-opioids like methamphetamine. Many of these substances, whether prescribed for medical use or obtained illicitly, are highly addictive.

29. Symptoms of SUD include uncontrollable cravings and compulsive use of substances despite knowing the negative consequences, decreased sensitivity to these substances, and potentially excruciating withdrawal symptoms. SUD is a progressive brain disorder, meaning it often becomes more severe over time. Without medication or effective treatment, people with SUD are rarely able to control their drug use, often resulting in serious physical harm or premature death, including by accidental overdose.

30. SUD breaks down the dopamine system in the brain. This system plays a key role in pleasure, movement, memory, and other body functions, and is crucial for the brain to feel a sense of normalcy and perform cognitive functions necessary for survival. People who have dopamine imbalances due to SUD have difficulty enjoying life activities and feeling normal, and often experience depression, anxiety, and irritability. The brains of people addicted to opioids, for example, produce less than half the dopamine of non-addicted brains.

31. SUD rewires the brain for addiction. As a result, people with SUD cannot simply “will” or “reason” their way out of continued substance use, even when they are aware of the dire consequences. Continued use does not indicate a lack of willpower but rather reflects the predictable outcome of chemical changes in the brain that result in

addiction and uncontrollable drug cravings.

32. Like other chronic diseases, SUD often involves cycles of relapse and remission. Rather than a linear progression in which a person attains abstinence from substance use once and for all, “successful” recovery for SUD is often characterized by sustained periods of abstinence or “active recovery,” punctuated by relapses in which the person returns to substance use. These relapses are frequently triggered by an increase in life stressors, a traumatic event, or a lapse in treatment, which cause the person to return to substance use. The typical treatment goal for SUD is thus to maximize periods of active recovery and minimize periods of relapse by ensuring continued treatment and encouraging the use of coping mechanisms and support systems.

33. Overdose is the nation’s leading cause of death for people aged 18 to 44.¹¹ More than 100,000 people died from drug overdose in 2022 alone, including more than 2,700 people in Washington.¹² With the rise of fentanyl and xylazine in the drug supply, there has never been a more deadly and chaotic illicit drug supply. Last year, one person died of a drug overdose every 6.5 minutes in the United States.¹³ The death toll in Lewis County is particularly grim. In 2019 there were seven overdose deaths in the county, none of which included fentanyl.¹⁴ Four years later, in 2023, 35 people died from opioid overdose, a 400%

¹¹ Ctrs. For Disease Control & Prevention, *CDC Reports Nearly 24% Decline in U.S. Drug Overdose Deaths* (Feb. 25, 2025), <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html>.

¹² Ctrs. For Disease Control & Prevention, Nat’l Ctr. for Health Statistics, *Drug Overdose Mortality by State* (last reviewed Jan. 10, 2025), archived at https://web.archive.org/web/20250224212050/https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm.

¹³ Ctrs. For Disease Control & Prevention, Nat’l Ctr. for Health Statistics, *U.S. Overdose Deaths Decrease Almost 27% in 2024* (May 14, 2025), archived at https://web.archive.org/web/20250827120227/https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2025/20250514.htm (stating there were an estimated 80,391 drug overdose deaths in the United States during 2024, which approximates to one death every 6.5 minutes).

¹⁴ The Daily Chronicle, *Annual Overdose Deaths in Lewis County Reach All-time High with Three Months Left in 2023* (Sept. 20, 2023), <https://www.chronline.com/stories/annual-overdose-deaths-in-lewis-county-reach-all-time-high-with-three-months-left-in-2023.325890>.

1 increase, driven primarily by fentanyl in the county’s drug supply.¹⁵

2 **II. Syringe Services Programs Use an Evidence-Based Approach that Connects**
3 **People with SUD to Lifesaving Services**

4 34. In the 1980s, public health researchers conceptualized and pioneered Syringe
5 Services Programs to address the immediate needs of people with SUD. This evidence-based,
6 harm reduction approach includes providing sterile syringes to individuals who would
7 otherwise, without another option, use unsterile and potentially contaminated syringes to
8 inject drugs. This approach also includes providing wraparound health services.

9 35. Since 1992, the Washington Department of Health (“Health Department”) has
10 adopted this model and funded SSPs throughout the state. As the Health Department
11 explains, SSPs improve health outcomes and prevent disease transmission by shortening the
12 length of time a syringe is in circulation and reducing syringe sharing.¹⁶ Reusing and sharing
13 syringes increases the risk of exposure to bacteria, potentially leading to a range of infections
14 and disease transmission.¹⁷ The Health Department also notes that studies show SSPs
15 decrease syringe litter within the communities they operate.¹⁸

16 36. According to the Health Department, and decades of research, SSPs also
17 facilitate access to other health care and drug rehabilitation services. SSPs are the main
18 community source of the overdose reversal medication, naloxone, in Washington.¹⁹ These
19 programs also connect people with SUD to addiction treatment and counseling, overdose
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23 ¹⁵ Wash. State Dep’t of Health, Washington Tracking Network, *Opioid and Drug Use Data Dashboard* (last visited
24 Sept. 19, 2025), [https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/opioids/overdose-](https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/opioids/overdose-dashboards)
25 [dashboards](https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/opioids/overdose-dashboards).

26 ¹⁶ Wash. State Dep’t of Health, *Recommendation: Needs-Based Syringe Access* 1 (Jan. 2019),
27 [https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-122-](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-122-WADOHSyringeAccessRecommendation2019.pdf?uid=63caf6804848b)
[WADOHSyringeAccessRecommendation2019.pdf?uid=63caf6804848b](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-122-WADOHSyringeAccessRecommendation2019.pdf?uid=63caf6804848b).

¹⁷ *Id.* at 2.

¹⁸ *Id.*

¹⁹ Wash. State Dep’t of Health, *supra* note 4, at 1.

1 prevention education, and offer disposal of used syringes, vaccinations, screening and care
2 for Hepatitis C and HIV, wound care, and other health care and education.²⁰

3 37. In 2019, Washington enacted Substitute Senate Bill 5380, which declared that:
4 [O]pioid use disorder is a public health crisis. State agencies must increase access to
5 evidence-based opioid use disorder treatment services, promote coordination of
6 services within the substance use disorder treatment and recovery support system,
7 strengthen partnerships between opioid use disorder treatment providers and their
8 allied community partners, expand the use of the Washington state prescription drug
9 monitoring program, and support comprehensive school and community-based
10 substance use prevention services.

11 Act of May 13, 2019, ch. 314 § 1, 2019 Wash. Sess. Laws 2003. The bill further amended
12 Wash. Rev. Code § 43.70.770, such that the Secretary of the Health Department “shall be
13 responsible for coordinating the statewide response to the opioid epidemic and executing the
14 state opioid response plan, in partnership with the health care authority.”

15 38. Washington’s current state opioid and overdose response plan (“SOOR”) was
16 developed in 2022. Expanding access to SSPs is a cornerstone of the state’s plan.²¹ In 2023,
17 the state legislature enacted Second Substitute Senate Bill 5536 which criminalized drug
18 paraphernalia but created an express exception for the distribution of public health supplies,
19 including syringe equipment, smoking equipment, and drug testing equipment. This
20 exception is codified at Wash. Rev. Code § 69.50.4121(3).

21 39. Today, state-authorized and funded SSPs operate in 26 Washington counties,
22 two-thirds of the state’s counties.²² These programs typically offer sterile syringes, xylazine
23

24 ²⁰ Wash. State Dep’t of Health, *supra* note 3; Ctrs. For Disease Control & Prevention, *Syringe Services Programs*
25 (Feb. 8, 2024), archived at <https://web.archive.org/web/20250225023739/https://www.cdc.gov/syringe-services-programs/php/index.html>.

26 ²¹ Wash. State Health Care Auth’y, *Washington State Opioid and Overdose Response Plan* 17 (2021), available at
<https://www.hca.wa.gov/assets/program/WashingtonStateOpioidandOverdoseResponsePlan-final-2021.pdf>.

27 ²² Wash. State Dep’t of Health, *supra* note 3.

1 and fentanyl test kits, safer smoking supplies, medical care, mental health support, and
2 treatment, often directly on site.²³ Prior to the Ordinance, Gather, too, provided this full range
3 of services. Many SSPs statewide have increased their mobile outreach to engage new
4 participants who do not have a way to reach a fixed SSP site, particularly people without
5 housing.²⁴ Indeed, the Health Department *requires* some SSPs to provide mobile services or
6 street outreach because of these transportation barriers. A 2025 study from the University of
7 Washington found that 59% of interviewed SSP participants in Washington lacked
8 transportation, which negatively impacted access to an SSP.²⁵ The Health Department also
9 recommends that SSPs distribute syringes on an as-needed basis, rather than requiring a one-
10 to-one exchange of used syringes and new syringes, because studies show that this is the
11 most effective way to reduce disease transmission.²⁶

12 40. Harm reduction services like SSPs fit into the larger continuum of care for
13 people with SUD. This continuum has four primary components, which track the goals of the
14 state’s opioid response plan: to (1) prevent opioid misuse, (2) treat opioid and stimulant use
15 disorder, (3) support individuals in recovery, and (4) ensure health and wellness of people
16 who use opioids.

17 41. The first component is primary prevention, which works to prevent people
18 from using drugs or developing an SUD in the first place.

19 42. The second component is treatment through medication and/or psychosocial
20 supports for people who want to change their relationship with drugs or stop drug use.

23 ²³ Susan Kingston et al., *Overview and Perspectives of Syringe Services Programs in Washington State* 1, 5–6, 8
24 (Feb. 2023), ADAI, University of Washington, [https://adai.uw.edu/wordpress/wp-](https://adai.uw.edu/wordpress/wp-content/uploads/dlm_uploads/2023-SSP-Operations-Report.pdf)
[content/uploads/dlm_uploads/2023-SSP-Operations-Report.pdf](https://adai.uw.edu/wordpress/wp-content/uploads/dlm_uploads/2023-SSP-Operations-Report.pdf).

25 ²⁴ *Id.* at 1.

26 ²⁵ Alison Newman, Teresa Winstead, & Leif Layman, “*I Think One Enhances the Other*”: *Use of Harm Reduction*
27 *and Drug Treatment Among Participants of Syringe Services Programs* 3 (June 2025), Addictions, Drug & Alcohol
Institute, Univ. of Washington, <https://adai.uw.edu/wordpress/wp-content/uploads/hr-tx-ssp-report-june-2025.pdf>.

²⁶ Wash. Dep’t of Health, *supra* note 16, at 1–2.

43. The third component is recovery—building resiliency for people who have or had SUD so they can retain the positive changes they have made, including through finding stable housing, employment, and community connections.

44. And the fourth component is harm reduction or “tertiary prevention,” which ensures that people who do use drugs do not die from using them and facilitates access to the continuum’s other components. SSPs are health services that play a key role in harm reduction by distributing sterile syringes, overdose reversal medications like naloxone, and fentanyl and xylazine test kits, as well as connecting recipients of these supplies to other health and drug rehabilitation services. All four components are necessary to effectively reach people at all stages of SUD.

III. Gather Operates a Syringe Services Program that Connects Lewis County Residents to Health Care and Other Life Saving Services

45. Gather is a Christian faith-based organization. The Church operates under the belief that “serving people is worship.”²⁷ It believes that “we are called to the work of justice and mercy, empowered by the Holy Spirit to engage with our community as Jesus engaged with his, going to the marginalized, the unseen, the voiceless, and the powerless, to meet tangible needs and to offer love and hope.”²⁸ Central to Gather’s faith is its belief that Christianity demands more than just the proclamation of God’s words, but also concrete acts of service.

46. In furtherance of these religious beliefs, Gather offers support services to the most vulnerable Lewis County residents, with a particular focus on helping residents struggling with SUD. As Gather developed and expanded these services over the last fifteen years, its staff sought creative ways to address the life-threatening realities facing people with SUD and the barriers they face to accessing the Church’s services. Specifically, Gather

²⁷ Gather Church, *supra* note 1.

²⁸ Gather Church, *Statement of Faith* (last visited Sept. 12, 2025) <https://www.gatherchurch.com/statementoffaith>.

1 noticed that people within the community injecting drugs were increasingly contracting
2 infections and communicable diseases from sharing needles. Community members also
3 accidentally ingested fentanyl and xylazine because they did not know what was in their drug
4 supply, dramatically increasing their risk of overdose and other negative health
5 consequences. Gather also observed that many people with SUD, having faced stigma
6 because of their addiction, view medical professionals with great skepticism, and, as a result,
7 were deterred from seeking needed care from Gather and other community providers. Many
8 others lack housing and access to transportation and/or have disabilities that make travel to
9 Gather difficult or impossible.

10 47. To address these health service barriers and to better serve their patients,
11 Gather applied for and received a grant from the Health Department to operate one SSP from
12 its Centralia property and another through a mobile unit. Gather's SSP program took into
13 account all of the realities and dangers that it observed in Lewis County, from health risks to
14 mistrust of medical professionals. Gather's effective outreach strategy included employing a
15 nonjudgmental approach of meeting people where they are. Since its inception, Gather's SSP
16 has provided lifesaving services to Lewis County residents with SUD and connected them to
17 Gather's continuum of care, including its wraparound health and social services.

18 **IV. Gather Provides Wraparound Health and Social Services for People Struggling**
19 **with SUD**

20 48. Gather has expanded its operations to provide wraparound health and support
21 services to help people with SUD. Gather operates a food and clothing bank; a café; a
22 preschool and daycare center; a rental assistance program; employment support; a home
23 visitation program; a clinic that provides medication for addiction treatment to help people
24 manage SUD alongside primary care, HIV and Hepatitis C testing, and mental health
25 counseling; and an intensive outpatient therapy program for people with SUD. Gather has
26

1 also adapted many of these services to meet the needs of a rural county where limited
2 transportation poses significant access barriers.

3 Medication for Addiction Treatment Program (MAT Clinic)

4 49. One component of the continuum of care for SUD offered by Gather includes
5 the medication for addiction treatment program (“MAT Clinic”). The clinic offers
6 buprenorphine for individuals with opioid use disorder who want to change their relationship
7 with drugs or stop using drugs altogether. Buprenorphine is an FDA-approved medication for
8 the treatment of opioid use disorder that helps reduce opioid cravings and withdrawal
9 symptoms without producing the same euphoric effects as other opioids. The clinic also
10 offers primary care, testing for HIV and Hepatitis C, and mental health counseling. The MAT
11 Clinic is located at Gather’s Community Services Building in Centralia. Gather also plans to
12 launch a mobile clinic in November 2025 to provide MAT to people addicted to opioids, as
13 well as primary care and testing for HIV and Hepatitis C for those who cannot reach Gather’s
14 fixed location.

15 50. The central goal of the MAT Clinic is to provide individuals with opioid use
16 disorder “a range of coordinated services in a single, easy to access point of care where
17 patients can build trusting relationships that encourage them to engage—and stay engaged—
18 with health care and support services to make progress towards health and life goals.”²⁹

19 51. The MAT Clinic operates under a low-barrier model, allowing individuals to
20 access services without an appointment and regardless of their ability to pay. Patients are
21 often referred to the MAT Clinic from Gather’s other programs. Prior to the Ordinance, the
22 SSP was a primary source of referrals to the MAT Clinic.

23 52. Treatment at the MAT Clinic begins with a comprehensive evaluation
24 conducted by Gather’s care navigators and licensed health care professionals. During this
25 assessment, patients provide their medical history, including details about their substance use

26 ²⁹ Gather Church, *MedsFirst Clinic* (last visited Sept. 12, 2025) <https://www.gatherchurch.com/medsfirst>.

1 and personal goals for recovery. This information is then used to develop a customized
2 treatment plan that includes appropriate medication and counseling services.

3 53. Once a treatment plan is established, patients are prescribed buprenorphine as
4 appropriate to help reduce or eliminate their opioid cravings. Once stable, Gather provides
5 additional supports to aid individuals in their recovery process. For example, many patients
6 are referred to Gather's housing and employment assistance programs.

7 54. In a typical week, Gather's MAT Clinic treats more than 66 people with
8 opioid use disorder.

9 Intensive Outpatient Therapy Program

10 55. In December 2024, Gather started an intensive outpatient therapy program to
11 supplement the treatment and recovery components of its continuum of care. The "SUD
12 Intensive Outpatient Program" is part of Gather's licensed Behavioral Health Agency, which
13 means it is licensed by the state to provide healthcare. It is located in Centralia.

14 56. This program provides an additional layer of support to people with SUD by
15 providing one-on-one and group counseling. Counseling uses a range of techniques,
16 including cognitive behavioral therapy, to help people develop coping skills and tools to
17 reduce cravings for drugs, navigate barriers to housing, strengthen communication skills, and
18 manage conflicts in their lives.

19 57. Today, about two-thirds of Gather's SUD Intensive Outpatient Program
20 participants also receive medical care from Gather's MAT Clinic.

21 Other Wraparound Services

22 58. Gather also offers a wide range of other wraparound services that support the
23 prevention and recovery components of the continuum of care. Gather operates a food bank,
24 clothing bank, employment support, and rental assistance program to prevent its patients
25 from relapsing by helping them retain stable housing, employment, and health. It also
26 provides daycare and home visitation services to patients whose childcare duties might

1 otherwise prevent them from accessing stable employment and housing. Gather also delivers
2 food and clothing directly to homes and homeless encampments, conducts in-home family
3 visitation services, and offers rental assistance and employment support remotely. Gather's
4 wraparound services serve a critical role for individuals with SUD as they navigate the
5 complex path of recovery.

6 **V. Gather's SSP is an Essential Gateway to the Church's Other Wraparound**
7 **Services**

8 59. Consistent with decades of research, Gather's SSP provided lifesaving
9 services to people with SUD while facilitating access to Gather's wraparound services.

10 60. Gather's SSP is the first and only SSP in all of Lewis County, a rural county
11 with a land mass more than double the size of the state of Rhode Island. As with its other
12 services, Gather adapted its SSP by operating a mobile clinic in order to meet the needs of
13 the many Lewis County residents who cannot travel to its fixed Centralia location. Gather
14 also staffed the SSP with people who have had SUD in the past and/or used Gather's SSP
15 because their experiences better equip them to understand and build trust with potential
16 patients.

17 61. From October 2019 to April 2024, Gather provided SSP services through its
18 mobile clinic and from its main building in Centralia. The mobile clinic made weekly visits
19 to people with SUD in homeless encampments, in residential areas, near public parks, and at
20 other sites in Centralia and Winlock. On an as-needed basis, about once every three months,
21 Gather also distributed supplies in Packwood, a community 74 miles away from Centralia.
22 Almost all of Gather's patients chose to use the SSP's mobile clinic rather than its fixed-
23 location Centralia clinic because they faced—and still face—barriers to reaching the
24 Centralia SSP location. These barriers stem from a combination of their SUD, other
25 disabilities, such as mobility and mental health disabilities, and lack of transportation.
26

62. In providing care through its mobile SSP clinic, Gather's staff used evidence-based practices to care for people with active addiction by providing for their immediate medical needs. They provided sterile syringes on an as-needed basis, test kits for fentanyl and xylazine, naloxone, and sterile water and cotton to prevent infection from bacteria or other contaminants in drug supplies. Gather's staff also acquired and prepared to distribute safer smoking supplies to offer patients a safer alternative to injecting drugs. By meeting the immediate needs of people with SUD, Gather earned the trust of its patients and alleviated their skepticism of medical professionals. Gather then leveraged this trust to connect its patients with other services, including wound care, transportation to emergency services, the food and clothing bank, the employment support and rental assistance programs, and other services within its continuum of care for SUD.

63. The SSP also connected patients to treatment and drug rehabilitation services. Each month, an average of six people entered treatment in Gather's MAT Clinic based on a referral from the SSP. When people faced barriers to traveling to the MAT Clinic stemming from their lack of transportation or disabilities, the SSP staff provided transportation.

64. Critically, the SSP did not encourage or increase drug use. Instead, it served as an entry point for individuals to access care, support, and recovery services. At its peak, each month, Gather served an average of over 400 individuals and distributed over 20,000 sterile syringes. And by offering a place where people could dispose of their used syringes, the SSP also reduced syringe litter at the sites it visited.

VI. A Sweep of a Large Homeless Encampment Dispersed Many Patients of Gather's Mobile SSP

65. In September 2023, the Washington State Department of Transportation cleared the homeless encampment at Blakeslee Junction—one of the homeless encampments outside Centralia that Gather's mobile SSP clinic frequently visited.

66. The encampment sweep displaced many of Gather’s mobile SSP patients, forcing these people to relocate to smaller encampments dispersed throughout Centralia and neighboring cities. This sweep and relocation made it difficult for Gather to continue to serve these patients in the manner it had been before. As a result, Gather temporarily stopped operating its mobile SSP clinic and devoted its resources to locating displaced patients, sending staff on foot to offer sterile syringes and other supplies at local encampments and re-assessing how to most effectively continue its SSP work. During this time, Gather located many of its displaced patients and began planning for a different type of mobile clinic that was responsive to the newly dispersed population of unhoused Lewis County residents. But before it could find all of the displaced patients and resume its mobile SSP clinic, Lewis County passed the Ordinance, which banned mobile SSPs altogether.

VII. Lewis County Passed an Ordinance that Targets SSPs and Conflicts with Gather’s SSP Grant

67. In April 2024, by a two to one vote, Lewis County passed an ordinance restricting the operation of SSPs in four key ways.

68. First, the Ordinance severely limits where and how SSPs can operate. It prohibits mobile units altogether. It also prohibits fixed-location SSPs from operating in residential areas or within 750 feet of any school, library, or public park. Lewis County, Wash., Code §§ 8.80.110(1)–(3), 8.80.020(8). The Ordinance provides a very limited carveout that allows “mobile” clinics to temporarily continue operation, so long as they no longer operate as mobile clinics. That is, “mobile” clinics may continue to operate until December 31, 2025, so long as they (1) are stationed at a “single location which has an existing mental health or drug treatment program operating on site;” and (2) comply with other health and safety requirements. *Id.* § 8.80.110(1)(a).

69. Second, the Ordinance prohibits SSPs from distributing any “drug paraphernalia” other than sterile syringes, including prohibiting the distribution of products

for “preparing, testing, . . . injecting, ingesting, [or] inhaling . . . a controlled substance.” *Id.* §§ 8.80.050, 8.80.020(6). This restriction extends to fentanyl and xylazine test kits, safer smoking supplies, and sterile water and cotton used to filter contaminants from drug supply.

70. Third, the Ordinance requires SSPs to “operate a one-to-one exchange, whereby a participant shall receive one sterile needle and syringe unit in exchange for each used one.” *Id.* § 8.80.040. This provision prohibits SSPs from following the Health Department’s recommendation to distribute syringes on an as-needed basis.

71. Fourth, the Ordinance prohibits any individual from working or volunteering for an SSP if they have been convicted of any “drug related offense” in the prior 24 months or have participated in the SSP in the prior 24 months. *Id.* § 8.80.040(1)(a)–(b).

72. SSPs that violate any of these restrictions face civil and criminal penalties. *Id.* § 8.80.160.

73. The Ordinance applies each of these restrictions only to SSPs. Other entities that provide health services, including mobile services, such as pharmacies, hospitals, and health clinics, are not subject to these restrictions.

74. The Ordinance conflicts with several provisions of the Washington Department of Health’s SSP grants. Indeed, Gather’s most recent grant from the State *required* its SSP to: (1) “Provide mobile and/or street outreach”; (2) Offer fentanyl test kits; (3) Prioritize serving unhoused populations; and (4) Facilitate access to health, social, and drug rehabilitation services.³⁰

75. Faced with the threat of civil and criminal penalties under the Ordinance, Gather closed its mobile SSP. It also stopped distributing fentanyl and xylazine test kits, sterile water, and cotton, and stopped developing its safer smoking supplies program. Today,

³⁰ Washington State Department of Health Contract Amendment No. CB028902, Amendment No. 1, at 2–7 (May 13, 2025).

Gather operates one SSP in a fixed location in Centralia that distributes syringes on a one-to-one exchange basis.

76. Statements from Lewis County make clear that this Ordinance was passed on the basis of SSP patients' current drugs use, and stems from misconceptions about SSPs and stereotypes about people with SUD. In response to pre-filing communications about this issue intended to avoid federal litigation, Defendant Lewis County Commissioner Sean Swope stated on social media that Gather's SSP was "legalized enablement"³¹ and that it is "not compassion to hand out tools for drug use."³² These statements echo discrimination and popular misconceptions that derive from stigma against people who use drugs and SSPs, and ignore overwhelming evidence that SSPs facilitate treatment, reduce infections, and do not encourage crime or drug use.

VIII. The Ordinance Prevents People with Disabilities from Accessing Gather's SSP and its Lifesaving Public Health Services

77. Prior to the Ordinance, the vast majority of Gather's SSP patients accessed the SSP through its mobile clinic. But with Gather's mobile service prohibited, these patients face numerous barriers that prevent them from accessing the Centralia SSP, including lack of transportation and/or symptoms of their SUD or mobility or mental health disabilities that make travel difficult or impossible.

78. First, most of Gather's SSP patients cannot reach the Centralia SSP because they do not have a car or any other way of reaching the SSP.³³ Lewis County's lack of consistent and reliable public transportation compounds these barriers. For example, some of

³¹ Sean Swope, Facebook (Aug. 19, 2025), <https://www.facebook.com/vote4swope/posts/pfbid02zHUb7toXt5jgSADRTRmg6iuBVmM8RsAmy3x5EFQtPciXUMtHFTs9oWAqJS5kGmFxl>.

³² Comment by Sean Swope, The Chronicle, Facebook (Aug. 19, 2025), <https://www.facebook.com/thecentraliachronicle/posts/aclu-threatens-legal-action-against-lewis-county-the-aclu-is-threatening-legal-a/1337076061754528/>.

³³ Newman et al, *supra* note 25, at 3 (interviewing 27 participants of three SSPs in Washington State and finding that 52% were unhoused, "about a third" lived in a temporary housing situation, 59% had lack of transportation that "impacted daily living").

Gather's former SSP patients live in Winlock, a town that is 26 miles away from Centralia. There are zero active public transportation routes between the cities.³⁴ Other former Gather SSP patients live in Packwood, which is 73 miles from Centralia. Packwood and Centralia are connected by a bus that takes nearly two-and-a-half hours each way and only runs every two hours.³⁵ Moreover, the symptoms of SUD make it especially difficult for Gather's patients to plan, travel, or navigate service systems necessary to reach the SSP. And even if Gather's patients could access transportation, many fear that the police will detain them while carrying syringes with traces of illegal drugs. As a result, few patients who accessed the mobile SSP clinic have been able to travel to the Centralia SSP location or utilize the SSP's services at all since Gather stopped operating its mobile clinic.

79. Second, many of Gather's SSP patients face further barriers to reaching the Centralia SSP because they have co-occurring mobility and/or mental health disabilities that make traveling difficult or impossible. These disabilities are prevalent among SSP patients throughout Washington, particularly among unhoused people³⁶ who comprise a substantial proportion of Gather's SSP patients. In 2024, one in three unhoused people in the U.S. had disabilities³⁷ and 37% of unhoused people in Washington had disabilities,³⁸ including

³⁴ See Google Maps, *Transit from Winlock, WA to 727 N. Tower Ave., Centralia, WA* (last visited Sept. 12, 2025) <https://tinyurl.com/mwn56man> ("Sorry, we could not calculate transit directions from 'Winlock, Washington 98596' to '727 N tower Ave, Centralia, WA 98531'").

³⁵ Google Maps, *Transit from Packwood, WA to 727 N. Tower Ave., Centralia, WA* (last visited Sept. 12, 2025) <https://tinyurl.com/ycx56fm9>.

³⁶ U.S. Dep't of Housing & Urban Development, *The 2024 Annual Homelessness Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates of Homelessness*, vi, ix (Dec. 2024), <https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf>.

³⁷ *Id.* at vi ("One in every three individuals experiencing homelessness reported having experienced chronic patterns of homelessness," which requires having a disability); *id.* at ix ("Individual Experiencing Chronic Homelessness refers to an *individual with a disability* who has been continuously experiencing homelessness for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time experiencing homelessness on those occasions is at least 12 months.") (emphasis added).

³⁸ *Id.* at 79 (stating the 31,554 people experienced homelessness in Washington in 2024 and 11,986 of those people experienced chronic patterns of homelessness, which requires having a disability).

1 physical, mental, and emotional impairments, as well as SUD.³⁹ Gather's experiences are
2 consistent with this data. Many of Gather's SSP patients use wheelchairs, walkers, or canes.
3 Others require, but do not have, mobility equipment and walk very slowly and with difficulty.
4 They struggle to travel short distances and some cannot even leave their location. Many
5 others have post-traumatic stress disorder, traumatic brain injury, attention deficit
6 hyperactivity disorder, and other mental health disabilities that impair their memory,
7 executive functioning, and emotional regulation. These disabilities inhibit patients' ability to
8 initiate, plan, and follow through with complex tasks like organizing a trip to the SSP. Their
9 disabilities also may cause anxiety around traveling, especially if they must use public
10 transportation and fear being detained by the police for carrying used syringes. As a result,
11 even fewer patients with co-occurring mobility and/or mental health disabilities have
12 accessed the SSP since Gather stopped operating its mobile clinic.

13 80. Since April 2024, Gather's only, fixed, SSP location has received an average
14 of only about 11 patients per month. And even the few patients who do manage to reach the
15 fixed Centralia SSP location face limits on the services they can receive. They can no longer
16 obtain lifesaving supplies like fentanyl and xylazine test kits, safer smoking supplies, and
17 sterile water and cotton. They also face additional barriers stemming from the Ordinance's
18 one-to-one exchange requirement, which limits the number of syringes they can obtain and
19 forces them to frequently re-navigate barriers to reaching the SSP.

20 81. The experiences of two SSP patients illustrate the barriers the Ordinance has
21 erected.

22 82. J.A. has been addicted to opioids and methamphetamine for 47 years. His
23 addiction has inhibited his ability to maintain housing, employment, and personal
24 relationships. It also impairs his ability to make and follow through with plans, including

25
26 ³⁹ *Id.* at viii ("Disability refers to an individual with one or more of the following conditions: (A) A physical, mental,
or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder,
or brain injury . . .").

1 traveling and obtaining medical care. J.A. also has sciatica, which causes him severe back
2 and leg pain and makes walking difficult. Because of these disabilities, J.A. used to access
3 Gather's mobile SSP in a residential area near his home on a weekly basis to get sterile
4 syringes, fentanyl and xylazine test kits, and sterile water and cotton. But now, the fixed
5 location SSP is located about 1.5 miles away from his home. Even this distance is too far for
6 J.A. He does not have a car and his addiction makes it hard to make and follow through with
7 plans to travel to the SSP. He also has too much pain from his sciatica to consistently walk to
8 and from public transportation or to the SSP. On top of these barriers, J.A. is afraid to travel a
9 long distance with used syringes because he fears he will get harassed. As a result, he walks
10 to the SSP only once a month, at the most. This means he has a limited supply of sterile
11 syringes and cannot get xylazine and fentanyl test kits, sterile water and cotton, or safer
12 smoking supplies. And because J.A. can only exchange one used syringe for one new one, he
13 has even fewer sterile syringes to use and runs out of them. The Ordinance denies J.A. access
14 to these supplies. It does not help him overcome or recover from his drug addiction. Instead,
15 it forces J.A. to regularly share and reuse syringes and risk contracting a communicable
16 disease or accidentally ingesting fentanyl or xylazine. It also forces him to exacerbate his
17 mobility disabilities by walking a distance that is painful and makes his symptoms worse.

18 83. J.H. struggles with addiction to methamphetamine. His addiction impairs his
19 ability to maintain housing and employment and to make and follow through with plans,
20 including traveling to and attending medical appointments. He also has post-traumatic stress
21 disorder, attention deficit hyperactivity disorder, and a traumatic brain injury, which
22 collectively inhibit his memory and executive functioning. J.H. has been unhoused for six
23 years and currently lives in a residential area more than two miles away from Gather's fixed-
24 location SSP. He does not have an operating car and must walk or take public transportation
25 to travel far distances. But because of his disabilities, J.H. struggles to initiate, plan, and
26 follow through with complex tasks like organizing a trip to the SSP. As a result, he walks to

1 the SSP once a month, at the most. This means he has a limited supply of sterile syringes.
2 Because of the Ordinance, he is prohibited entirely from getting xylazine and fentanyl test
3 kits, sterile water and cotton, or safer smoking supplies. And because J.H. can only exchange
4 one used syringe for one new one, he has even fewer sterile syringes to use and runs out of
5 them. Not having access to these supplies does not help J.H. overcome or recover from his
6 drug addiction. Instead, he regularly shares dull syringes that bruise his arms and
7 dramatically elevate his risk of contracting HIV and Hepatitis C, among other communicable
8 diseases. And not having test kits, sterile water, and cotton increases his risk of accidentally
9 ingesting and overdosing from fentanyl or xylazine or contracting an infection from
10 contaminants in the drug supply.

11 84. If Gather could operate a mobile clinic in residential areas and near public
12 parks, it could resume providing necessary, potentially life-saving supplies directly to J.A.,
13 J.H., and many other patients throughout Lewis County. Like J.A. and J.H., these former
14 patients face barriers to accessing Gather's single SSP location because of transportation
15 barriers and/or symptoms of their SUD and co-occurring mobility or mental health
16 disabilities. Gather knows where most of the former patients from Blakeslee Junction are;
17 through its outreach efforts, it located most of its patients displaced by the sweep of the
18 homeless encampment. Gather wants to continue providing these essential health supplies
19 and services. Patients want to continue receiving these essential health supplies and services.
20 But the Ordinance prohibits this healthcare.

21 85. The Ordinance also undermines Gather's ability to provide wraparound
22 medical and support services to people with SUD. Since the Ordinance went into effect,
23 Gather's staff have visited homeless encampments on foot offering food, clothing, wound
24 care, emergency transportation, and transportation to Gather's MAT Clinic—that is,
25 everything *except* SSP services. But because Gather's staff cannot meet people's most
26 immediate needs with sterile syringes, xylazine and fentanyl test kits, sterile water and

1 cotton, or safer smoking supplies, they cannot effectively build trust with potential patients to
2 encourage their use of Gather's services. Because of this diminished trust, Gather is
3 concerned that potential patients will similarly refuse to participate in Gather's mobile MAT
4 Clinic when it starts in November 2025.

5 86. Gather has explored multiple ways to overcome the treatment barriers created
6 by the Ordinance. For example, it has contemplated opening additional SSP locations to
7 serve its patients. But, as J.A. and J.H.'s experiences illustrate, many of the patients who
8 benefited from the mobile SSP clinic cannot travel at all, and some live in or near residential
9 areas or parks. As a result, Gather could not open a fixed location accessible to these patients
10 without violating the Ordinance. Further, Gather lacks the funds to open even one new SSP
11 clinic, let alone the numerous clinics across the County that would be necessary to meet the
12 need for its SSP services.

13 **IX. The Ordinance's Employment Restrictions Negatively Impact Gather's SSP**

14 87. The Ordinance's restrictions on employment and volunteering have also
15 affected Gather's ability to connect with clients. Gather relied on staff and volunteers,
16 including those who are in recovery from SUD and/or who had used Gather's SSP because
17 their experiences better equip them to express empathy for and build trust with potential
18 patients. This practice aligns with the State's opioid response plan, which recommends that
19 SSPs "include leadership and development for and staff[] people with lived experience (e.g.,
20 community ambassadors)".⁴⁰ But the Ordinance has forced Gather to turn away multiple
21 qualified individuals who wish to work and volunteer in the SSP.

22 **X. The Ordinance Substantially Burdens Gather's Religious Exercise**

23 88. Inspired by, among other Biblical commands, Matthew 25:34-36's Biblical
24 command of compassion and service for society's most vulnerable, Gather Church has, since
25 its founding, provided lifesaving health and social services to Lewis County residents

26 ⁴⁰ Wash. State Health Care Auth'y, *supra* note 21, at 26.

1 struggling with drug addiction:

2 For I was hungry and you gave me something to eat, I was thirsty and you gave me
3 something to drink, I was a stranger and you invited me in, I needed clothes and you
4 clothed me, I was sick and you looked after me, I was in prison and you came to visit
5 me.

6 Matthew 25:34–36.

7 89. A central component of the Church’s religious belief and mission is that
8 service requires direct, individualized, and tangible acts of compassion, specifically for the
9 most vulnerable in Lewis County. Gather believes that God commands them to meet these
10 individuals where they are, rather than making them come to the Church. Gather,
11 accordingly, created its SSP to “engage with our community as Jesus engaged with his.”⁴¹

12 90. Without the ability to operate its mobile SSP, or to open a fixed location SSP
13 in residential areas or within 750 feet of any park, school, or library, Gather cannot engage
14 with the community as Jesus engaged with his own, and therefore cannot carry out a core
15 tenet of its faith. The dramatic drop in participation in the Church’s SSP program establishes
16 that the Ordinance directly limits Gather’s ability to fulfill its religious calling to serve the
17 Lewis County community.

18 91. The Ordinance thus burdens this small church’s religious liberties and the
19 exercise of its faith.

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26 ⁴¹ Gather Church, *supra* note 28.

1 **CAUSES OF ACTION**

2 **FIRST CLAIM FOR RELIEF**

3 **VIOLATION OF TITLE II OF THE ADA, 42 U.S.C. § 12131**

4 ***(Against all Defendants)***

5 92. Plaintiff incorporates by reference the above paragraphs as though fully set
6 forth herein.

7 93. Congress enacted the ADA “to provide a clear and comprehensive national
8 mandate for elimination of discrimination against individuals with disabilities” and “clear,
9 strong, consistent and enforceable standards addressing discrimination against individuals
10 with disabilities”. 42 U.S.C. § 12101(b)(1)–(2). Substance use disorder is a disability under
11 the ADA, as it “substantially limits one or more major life activities of [an] individual.” 42
12 U.S.C. § 12102(1)(A).

13 94. Title II of the ADA provides that “no qualified individual with a disability
14 shall, by reason of such disability, be excluded from participation in or be denied the benefits
15 of the services, programs, or activities of a public entity, or be subjected to discrimination by
16 any such entity.” 42 U.S.C. § 12132.

17 95. Title II of the ADA prohibits any public entity from denying any individual
18 “health services, or services provided in connection with drug rehabilitation, on the basis of
19 the current illegal use of drugs if the individual is otherwise entitled to such services.” 42
20 U.S.C. 12210(c).

21 96. Gather operates an SSP that provides health services and services provided in
22 connection with drug rehabilitation specifically designed for and required by people with
23 SUD, including those currently using drugs illegally. It also operated and, through this
24 Complaint, seeks to resume operating a mobile SSP clinic which is specifically required by
25 many individuals with mobility and mental health disabilities. Because Gather’s services
26 cannot be disconnected from these individuals with disabilities, Gather challenges the

1 Ordinance on behalf of these individuals. Gather has also been aggrieved by the Ordinance
2 because it prevents Gather from providing lifesaving services to its patients in furtherance of
3 its religious mission, and from hiring staff and volunteers who have had SUD in the past
4 and/or used Gather's SSP to work and volunteer in the SSP.

5 97. Patients of Gather's SSP are individuals with disabilities under the ADA. 42
6 U.S.C. § 12102. These disabilities include substance use disorder, post-traumatic stress
7 disorder, attention deficit hyperactivity disorder, traumatic brain injury, sciatica, and other
8 mobility and mental health disabilities that substantially impair major life activities,
9 including thinking, concentrating, brain and neurological functions, executive functioning,
10 memory, walking, standing, and driving. Patients of Gather's SSP are also regarded as people
11 with substance use disorder. All of these individuals meet the eligibility criteria of and are
12 entitled to receive the health services and services provided in connection with drug
13 rehabilitation provided by Gather's SSP.

14 98. Gather strives to staff its SSP with employees and volunteers with lived
15 experience of substance use disorder (e.g., community ambassadors) and emphasizes peer-
16 based distribution models for its SSP. Employing people with lived experience, as both
17 employees and volunteers, is an important part of Gather's community-based program.
18 People with lived experience of substance use disorder are individuals with disabilities under
19 the ADA because they have substance use disorder, are regarded as people with substance use
20 disorder, or are in recovery from substance use disorder.

21 99. Defendant Lewis County is a public entity within the meaning of the ADA.
22 Defendants Sheriff Robert Snaza and Meja Handlen are officials responsible for enforcing
23 the Ordinance. 42 U.S.C. § 12131(1).

24 100. Through the acts and omissions described above, Defendants are violating the
25 ADA, 42 U.S.C. § 12210(c), by denying health services and services in connection with drug
26 rehabilitation on the basis of Gather patients' illegal use of drugs, mobility disabilities, and

1 mental health disabilities.

2 101. Through the acts and omissions described above, Defendants are violating the
3 ADA, 42 U.S.C. § 12131, and its implementing regulations, 28 C.F.R. Pt. 35, including by:

- 4 a. Adopting and enforcing the Ordinance, which facially discriminates against
5 individuals with substance use disorder and is therefore invalid; *Bay Area*
6 *Addiction Research & Treatment, Inc. v. City of Antioch*, 179 F.3d 725, 735–
7 35 (9th Cir. 1999);
- 8 b. Denying individuals with disabilities meaningful access to the SSP’s health
9 services and services provided in connection with drug rehabilitation;
10 *Crowder v. Kitagawa*, 81 F.3d 1480, 1484 (9th Cir. 1996);
- 11 c. Denying individuals with disabilities an equal opportunity to benefit from
12 Lewis County’s zoning, land-use, and public health regulatory programs; 28
13 C.F.R. § 35.130(b)(1)(ii);
- 14 d. Denying individuals with disabilities an equal opportunity to obtain the same
15 result or to gain the same benefit of Lewis County’s zoning, land-use, and
16 public health regulatory programs as provided to others; 28 C.F.R. §
17 35.140(b)(1)(iii);
- 18 e. Utilizing methods of administration that have the effect of defeating or
19 substantially impairing the accomplishment of objectives of Lewis County’s
20 zoning, land-use, and public health regulatory program with respect to
21 individuals with disabilities; 28 C.F.R. § 35.130(b)(3)(ii);
- 22 f. Employing eligibility criteria that screen out or tend to screen out individuals
23 with disabilities from fully and equally enjoying Lewis County’s zoning, land-
24 use, and public health regulatory program; 28 C.F.R. § 35.130(b)(8);
- 25 g. Preventing Gather from staffing its program with people who have lived
26 experience with substance use disorder and SSPs thereby substantially

1 impairing the accomplishment of objectives from Lewis County's public
2 health program with respect to individuals with disabilities; 28 C.F.R. §
3 35.130(b)(3)(ii);

4 h. Preventing Gather from staffing its SSP with people who have lived
5 experience with substance use disorder thereby employing eligibility criteria
6 that screen out or tend to screen out prospective employees and volunteers
7 with disabilities from fully and equally enjoying Lewis County's zoning, land-
8 use, and public health regulatory program; 28 C.F.R. § 35.130(b)(8);

9 i. Failing to make reasonable modifications to the Ordinance to avoid
10 discrimination against individuals with disabilities; 28 C.F.R. §
11 35.130(b)(7)(i).

12 102. In addition, through the acts and omissions described above, Defendants Sean
13 Swope, Lindsey Pollock, Scott Brummer, Sheriff Robert Snaza, and Meja Handlen in their
14 official capacity, are violating the ADA, 42 U.S.C. § 12132, and its implementing
15 regulations, 28 C.F.R. § 35, by:

16 a. Aiding or perpetuating discrimination by providing significant assistance to
17 Lewis County, which discriminates against people with disabilities. 28 C.F.R.
18 § 35(b)(1)(v).

19 103. The acts and omissions of Defendants have caused and will continue to cause
20 irreparable harm to Gather, Gather's patients, and prospective employees and volunteers in
21 Gather's SSP.

22 104. Under the ADA, Plaintiff is entitled to attorneys' fees and costs as appropriate
23 and permitted by law, pursuant to 42 U.S.C. § 12205.

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VIOLATION OF SECTION 504 OF THE REHABILITATION ACT, 29 U.S.C. § 794 *et*

seq.

(Against all Defendants)

105. Plaintiff incorporates by reference the above paragraphs as though fully set forth herein.

106. Section 504 provides that “[n]o otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance[.]” 29 U.S.C. § 794(a).

107. Gather operates an SSP that provides health services and services provided in connection with drug rehabilitation specifically designed for and required by people with substance use disorder. It also operated and, through this Complaint, seeks to resume operation of a mobile SSP uniquely required by individuals with mobility and mental health disabilities.

108. Patients of Gather's SSP are individuals with disabilities under Section 504. These disabilities include substance use disorder, post-traumatic stress disorder, attention deficit hyperactivity disorder, traumatic brain injury, sciatica, and other mobility and mental health disabilities that substantially impair major life activities, including thinking, concentrating, brain and neurological functions, executive functioning, memory, walking, standing, and driving. Patients of Gather's SSP are also regarded as people with substance use disorder. All of these individuals meet the eligibility criteria of and are entitled to receive the health services and services related to drug rehabilitation provided by Gather's SSP.

109. Gather strives to staff its SSP with people with lived experience of substance use disorder. People with lived experience of substance use disorder are individuals with

1 disabilities under the ADA because they have substance use disorder, are regarded as people
2 with substance use disorder, or are in recovery from substance use disorder.

3 110. Defendant Lewis County is a recipient of federal funds.

4 111. Solely by reason of disability, patients of Gather's SSP have been excluded
5 from participation in, denied the benefit of, and subjected to discrimination in their attempts
6 to receive meaningful and equal access to the benefits of Gather's SSP and Lewis County's
7 zoning laws in violation of Section 504, 29 U.S.C. § 794, *et seq.*, and its implementing
8 regulations at 28 C.F.R. § 42.501 *et seq.* (U.S. Department of Justice). The Defendants' acts
9 and omissions violating the rights of Gather and patients of Gather's SSP under the ADA also
10 violate their rights under Section 504 (*see* First Claim for Relief, *supra*). *Payan v. L.A. Cmty.*
11 *Coll. Dist.*, 11 F.4th 729, 737 (9th Cir. 2021) ("The two laws are interpreted coextensively
12 because there is no significant difference in the analysis of rights and obligations created by
13 the two Acts.").

14 112. Solely by reason of disability, people who have substance use disorder, are
15 regarded as having substance use disorder, or are in recovery from substance use disorder are
16 subjected to discrimination in their attempts to receive meaningful and equal access to the
17 employment and volunteer opportunities in Gather's SSP and the benefits of Lewis County's
18 zoning laws in violation of Section 504, 29 U.S.C. § 794, *et seq.*, and its implementing
19 regulations at 28 C.F.R. § 42.501 *et seq.* (U.S. Department of Justice). The Defendants' acts
20 and omissions violating the rights of Gather and prospective employees and volunteers in
21 Gather's SSP under the ADA also violate their rights under Section 504 (*see* First Claim for
22 Relief, *supra*).

23 113. The acts and omissions of Defendants have caused and will continue to cause
24 irreparable harm to Gather, Gather's patients, and prospective employees and volunteers in
25 Gather's SSP for which they do not have an adequate remedy at law.

26 114. Under Section 504, Plaintiff is entitled to attorneys' fees and costs as

appropriate and permitted by law, pursuant to 29 U.S.C. § 794a.

THIRD CLAIM FOR RELIEF

VIOLATION OF WASHINGTON STATE CONSTITUTION

ARTICLE I, SECTION 11

(Against all Defendants)

115. Plaintiff incorporates the above paragraphs as if fully set forth therein.

116. Article I, Section 11 of the Washington State Constitution provides that “[a]bsolute freedom of conscience in all matters of religious sentiment, belief and worship, shall be guaranteed to every individual[.]” The Washington Supreme Court has recognized that this provision “protects both belief and conduct,” *First Covenant Church v. City of Seattle*, 120 Wash.2d 203, 224 (1992), and “extends broader protection than the First Amendment to the federal constitution”, *id.* at 229–230.⁴²

117. Gather is a faith-based organization whose religious beliefs compel it to serve the most vulnerable members of its communities, including individuals with SUD.

118. The Ordinance substantially burdens Gather’s free exercise by:

- a. Prohibiting Gather from operating a mobile SSP clinic, which allows Gather to “engage with [the] community as Jesus engaged with his” and meet people directly in the community consistent with its faith;
- b. Preventing Gather from distributing supplies like xylazine and fentanyl test kits, sterile water and cotton, and safer smoking supplies that allow Gather to

⁴² Typically, assertions that Washington’s State Constitution provides greater protection than its federal counterpart necessitates an analysis pursuant to *State v. Gunwall*, 106 Wash.2d 54 (1986). That said, whenever courts have “already determined in a particular context the appropriate state constitutional analysis under a provision of the Washington State Constitution, it is unnecessary to provide a threshold *Gunwall* analysis.” *City of Woodinville v. Northshore United Church of Christ*, 166 Wash. 2d 633, 641 (2009) (internal quotations omitted). Such is the case here, where the Washington State Supreme Court has already declared that “article 1, section 11 freedom of religious sentiment, belief, and worship absolutely protects the free exercise of religion, [and] extends broader protection than the first amendment to the federal constitution” *Id.* at 642 (quoting *First Covenant Church*, 120 Wash.2d at 229–30).

1 meet the specific needs of the community and provide tangible acts of service
2 consistent with its faith;

- 3 c. Requiring Gather to operate a one-to-one needle exchange, which limits
4 Gather's ability to meet the specific needs of the community and provide
5 tangible acts of service consistent with its faith;
- 6 d. Hindering Gather's ability to refer individuals through its full continuum of
7 care, which reduces Gather's ability to carry out its broader religious ministry
8 consistent with its faith;
- 9 e. Preventing Gather from hiring people or accepting volunteers with lived
10 experience of substance use disorder, those who previously used their needle
11 exchange program, and those who have a prior criminal conviction for a drug
12 offense, who are uniquely qualified to fulfill Gather's community-based
13 public health mission; and
- 14 f. Creating zoning restrictions that substantially burden Gather's ability to
15 operate its harm reduction programs.

16 119. The government's interest in enforcing the Ordinance against Gather is not
17 compelling.

18 120. Under Washington state law, the government's infringement of a constitutional
19 right can only be justified by a compelling state interest "that prevents a clear and present,
20 grave and immediate danger to public health, peace, and welfare." *First Covenant Church*,
21 120 Wash.2d at 227 (citation and internal quotation marks omitted).

22 121. Defendants cannot demonstrate a compelling health or safety interest in
23 applying the Ordinance to Gather. Gather's SSP operations do not pose a threat to health or
24 safety.

25 122. Even if Defendants could assert a compelling interest, the Ordinance's
26 restrictions are not narrowly tailored. There are less restrictive means that would allow

1 Gather to exercise its religious faith, while advancing the government’s compelling interests.

2 123. Thus, the Ordinance violates Gather’s rights under Article I, Section 11 of the
3 Washington State Constitution.

4 **FOURTH CLAIM FOR RELIEF**

5 **VIOLATION OF WASHINGTON STATE CONSTITUTION**

6 **ARTICLE XI, SECTION 11**

7 ***(Against all Defendants)***

8 124. Plaintiff incorporates the above paragraphs as if fully set forth therein.

9 125. Article XI, section 11 of the Washington State Constitution states, “Any
10 county, city, town or township may make and enforce within its limits all such local police,
11 sanitary and other regulations as are not in conflict with general laws.” Accordingly,
12 Defendants lack the authority to make or enforce laws that conflict with the general law of
13 the state.

14 126. State law permits the distribution or use of public health supplies including,
15 but not limited to, syringe equipment, smoking equipment, or drug testing equipment,
16 through public health programs, community-based HIV prevention programs, outreach,
17 shelter, and housing programs. Wash. Rev. Code § 69.50.4121(3).

18 127. Gather operates an SSP that distributed and/or planned to distribute public
19 health supplies including but not limited to syringe equipment, smoking equipment, and drug
20 testing equipment. Gather is an outreach and public health program as well as a community-
21 based HIV-prevention program. Gather’s program operates pursuant to contracts with the
22 Washington State Department of Health and Health Care Authority.

23 128. The Ordinance conflicts with state law because, *inter alia*, it prohibits the
24 distribution of public health supplies.

25 129. State law, the Washington Fair Chance Act, prohibits excluding people with
26 criminal records from employment. Wash. Rev. Code § 49.94 *et seq.* The Ordinance conflicts

1 with state law because, *inter alia*, it categorically prohibits Gather from employing anyone
2 convicted of a drug-related offense in the prior 24 months.

3 130. The Ordinance prevents Gather from exercising rights afforded by state law,
4 and from complying with state law, state policy, and state contracts. The Ordinance violates
5 Gather's rights under Article XI, section 11 of the Washington State Constitution.

6 **FIFTH CLAIM FOR RELIEF**

7 **VIOLATION OF WASHINGTON LAW AGAINST DISCRIMINATION**

8 **Wash. Rev. Code § 49.60 *et seq.***

9 **(*Against all Defendants*)**

10 131. Plaintiff incorporates the above paragraphs as if fully set forth therein.

11 132. Gather reasserts all claims contained in the First and Second Claims for Relief
12 under the Washington Law Against Discrimination ("WLAD").

13 133. The Washington State Supreme Court has made clear that the WLAD must be
14 construed liberally to fulfil the purpose of the WLAD—remedying and preventing
15 discrimination. *Taylor v. Burlington N. R.R. Holdings, Inc.*, 193 Wash.2d 611, 630 (2019).
16 The WLAD provides broader protections than the ADA. *Id.* at 617.

17 **REQUEST FOR RELIEF**

18 Plaintiffs respectfully request that this Court:

- 19 a. Declare that the Ordinance is facially invalid under the ADA, Section 504, and
20 WLAD;
- 21 b. Declare that Defendants' enforcement of the Ordinance against Plaintiff violates the
22 ADA, Section 504, and WLAD;
- 23 c. Declare that the Ordinance, and Defendants' implementation of it, violates the
24 Washington State Constitution Article I, section 11;
- 25 d. Declare that the Ordinance, and Defendants' implementation of it, violates the
26 Washington State Constitution Article XI, section 11;

- 1 e. Preliminarily and permanently enjoin Defendants from enforcing the Ordinance;
2 f. Preliminarily and permanently enjoin Defendants from enforcing the Ordinance
3 against Plaintiff;
4 g. Order Defendants to make reasonable modifications to the Ordinance to prevent
5 discrimination against people with disabilities;
6 h. Award Plaintiff's attorneys' fees, costs, and expenses incurred in this matter pursuant
7 to 42 U.S.C. § 12205 and 29 U.S.C. § 794a; and
8 i. Provide any such further relief the Court deems just and equitable.

9 Dated: September 22, 2025

Respectfully submitted,

10 By: /s/ La Rond Baker

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26 ** Pro Hac Vice application forthcoming

27 COMPLAINT FOR DECLARATORY
AND INJUNCTIVE RELIEF - 39

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