Summer 2019

The LITIGATOR

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Inside

In support and recognition — Please join us at Spring Fling

Robert Piering
CCTLA President

Spring Fling is finally here—all for a great cause as well as to honor two of our own. That's right, it's that time again. June 13 marks CCTLA's 17th annual Spring Fling charity social, benefitting the Sacramento Food Bank & Family Services.

As anyone knows who has attended Spring Fling before, this is an incredibly worthy event that brings everyone in CCTLA together for a memorable evening of fun, food and tasty libations guaranteed to satisfy the standards of even the most ardent critics. Lawyers, young and old, federal and state judges, along with many community notables, all join together to lend their collective support for one of the most important charitable organizations in Sacramento, the Sacramento Food Bank & Family Services.

One of the ways to contribute to SFBFS financially is through The Giving Pool, first introduced at last year's Spring Fling and back again this year. The Giving Pool makes it possible for everyone to make a donation to SFBFS with as little as $5 to as large an amount as you want to do. This can be done at the event, but it also is available to those who cannot attend. Please see page 7 of this issue for information on how you can participate. At Spring Fling, donors will be recognized with a special donor sticker, but the amount donated will remain confidential.

As in year's past, at Spring Fling, we will honor the outstanding legal and social efforts of two of our legal contemporaries. Each year, the CCTLA Board of Directors meets to select the recipients of the Mort Friedman Award and the Joe Ramsey Award. These awards are given to two worthy lawyers who have demonstrated exceptional commitment to the legal and social community that we are honored to call home.

The Mort Friedman Award is bestowed upon a lawyer who through their heart and soul has demonstrated a passion as a trial lawyer in service to our community. This award is earned by demonstrating a painstaking dedication to justice

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Mike's CITES

By: Michael Jansen
CCTLA Member

Please remember that some cases are summarized before the official reports are published and may be reconsidered or de-certified for publication. Be sure to check to find official citations before using them as authority.

Supplemental Expert Designation
Du-All Safety, LLC v.
Superior Court (Krein)
2018 DJDAR 3296 (April 18, 2019)

FACTS

Plaintiffs and defendants disclosed experts simultaneously per code. Plaintiffs disclosed five experts and defendant disclosed two experts. Pursuant to CCP §2034.280, defendant served a supplemental expert disclosure listing five more experts to rebut plaintiff's designated experts. Plaintiff moved to strike defendant's supplemental disclosure of experts. The court granted plaintiff's motion to strike the supplemental disclosure of experts by the defendant relying upon *Fairfax v. Lords* (2006) 138 Cal App 4th, 1019. Defendants took a writ.

ISSUES

1) Did defendant engage in gamesmanship and fail to timely disclose experts? 2) May a party wait and see experts disclosed by the opposing party and then retain experts and make a supplemental disclosure of experts?

HOLDING

1) No 2) Yes

REASONING

The Code of Civil Procedure and secondary sources all support the right of a party to supplement its expert disclosure naming experts to testify in the fields of expertise offered by the initial designating party. The trial judge erroneously relied on *Fairfax*, supra, which was a medical malpractice case against a podiatrist. The defendant did not make a simultaneous disclosure of experts pursuant to the plaintiff's demand for disclosure of experts. Several weeks later, not in compliance with the Code of Civil Procedure, the defendant issued a designation of expert witnesses, naming two witnesses to counter Plaintiff's lone expert disclosed appropriately. Plaintiff objected, the trial court allowed Defendant's experts to testify, and the jury returned a defense verdict. *Fairfax*, supra, 138 Cal App 4th, 1025.

The Court of Appeal reversed the defendant's verdict. The *Fairfax* court stated "the effect of [defendant's] expert designation was to delay his own list of "expected" witnesses until after he had seen the list put forth by [plaintiff]."

This court condoned the practice of the defendant in the *Fairfax* case, stating such a "wait to see" approach would not be allowed. While the trial court in Du-All Safety, LLC, relied on *Fairfax*, only one other case has cited *Fairfax* approvingly. The bottom line of *Du-All Safety, LLC,* is that if you follow CCP §2034.260 and §2034.280 to the letter, you will be able to "wait and see" and designate supplemental experts.

This case has an interesting and obviously quotable discussion on standard of review.

The appellate court was critical of Plaintiff's counsel for being "less than candid" because Plaintiff kept saying that Defendant could not have possibly expected to defend a paraplegic case with no experts. But then the appellate court stated, "On top of all that, we do not understand how the issue of damages necessarily implicates experts that include a vocational rehabilitation consultant, a life-care planner or a physiatrist, a doctor who specializes in physical medicine."

Thus, a paraplegic plaintiff does not implicate to this court that these experts are necessary to prove damages.

Use of E-Discovery and Drone Site Re-creation in a Crop-Loss Case

By: Drew M. Widders, Esq., of Wilcoxen Callaham, LLP, and CCTLA Board Member

This article discusses the use of e-discovery and drone technology in a crop loss case that Dan Wilcoxen and I recently resolved to our satisfaction.

The case involved our clients' large almond orchard mistakenly being sprayed by an aerial applicator with Chateau herbicide (a weed killer) as opposed to what was supposed to be sprayed, Quash fungicide (a chemical designed to protect trees). The weed killer all but destroyed the almond crop we estimated to be valued at $1.3 million. We claimed it also caused long-term damage to the almond trees.

The agricultural services co-op supplied the aerial applicator with the misidentified weed killer. Initially, the co-op stated that it was going to accept full responsibility for its part in the misapplication. It assured our clients that they were "great growers."

The co-op also stated that since our clients' family had been members in the co-op since 1978, they could be confident the co-op would not turn their back on them. The co-op agreed to supply our clients with ag chemicals until they were made whole. The co-op also said it would work on getting our clients a cash advance so they could invest the money into planting additional almond trees which would more than double their almond orchard.

All that changed when the co-op learned that the $15-million excess policy it had purchased contained an exclusion for any and all liability from damages due to herbicides, pesticides and fungicides. Thereafter, co-op employees and experts disputed our clients' farming abilities and the productivity and quality of the almond orchard before the application. No cash advance was provided. Then, the co-op asserted a crop-lien against the almond orchard's next year crop.

When that attempt was unsuccessful, the co-op cross-claimed against our clients for the ag chemicals they were supposed to be giving them and added interest at 18 percent per year. The co-op's alleged cross-claim had grown to approximately $425,000 by time of the settlement conference. Our clients were then kicked out of the co-op for allegedly not paying for the agricultural chemicals that made up the cross-claim.

Employing an E-Discovery Expert

During discovery in this case, there were issues over the emails relating to the events which were produced by the co-op. We repeatedly requested all emails in discovery requests. The response was always that all emails had already been produced. At that time, we only had about six emails produced in discovery. After a former employee claimed in his deposition that he had additional emails, we decided to have the co-op's computers forensically examined by an e-discovery expert.

I did an article concerning electronically stored information for the Litigator in June/July 2017 that can be found at https://cctla.com/wp-content/uploads/2017/05/summer-2017.pdf. This was the first time, however, that we employed the e-discovery expert mentioned in that article to forensically examine the other sides' computers for relevant documents. This was a very costly and time-consuming endeavor; however, it turned out to be worth it.

After motions, numerous delays and just one month before trial, we received thousands of pages of documents not previously produced. We found emails that undermined the basis for the claimed $425,000 cross-claim. Other emails helped prove our lost investment opportunity claim of $1,000,000 that the defendants were filing a motion in limine to eliminate as too speculative. We even found an email that detailed the real reasons our clients were kicked out of the co-op. We found, in the right case, employing an e-discovery expert can be a very effective discovery tool.

Drone Mapping

Another interesting tool we used in this case was drone mapping. Drone technology gets more advanced every year. A drone can be used to create accurate overviews and 3-D models of site locations. The drone itself takes 100's-1000's of aerial pictures of a site location. These pictures are then combined to create the overviews and 3-D models.

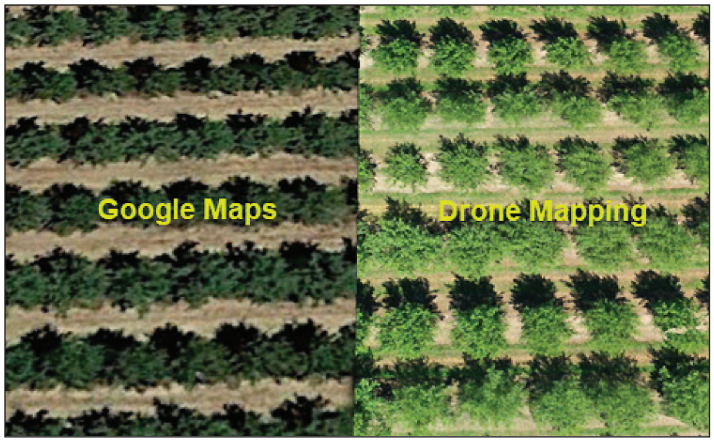
In addition to giving a much higher level of detail than Google Maps, the 3D models can also give accurate heights, widths and distances between objects. Drone technology is already being employed at great cost savings by insurance companies for property valuations and damage assessments.

Rather than having someone measure distances and assess damages in person, the insurance companies use drones to

Continued on page 4

create a 3D model of a site location that they can then view on a computer, take measurements and assess damages remotely.

In this case, while we had Google Maps images of the almond orchard, the detail was limited. We used the company Lightspeed Sensing and Consulting Modeling to deploy a drone to recreate the almond orchard and combine it with Google Maps, but in much greater detail. You can see the difference below:



In addition to the more detailed Google Maps view above, the 3-D mapping feature can create an accurate 3D model of a scene location. Below is an example of a logging site recreated in 3D with drone pictures. You can take measurements, zoom in and out and look at the scene from various viewpoints:

These 3D rendering and additional samples of what can be done with a drone can be found at www.lightspeedsensing.com

In closing, in the right case, drone overviews and 3-D models of site locations can be a useful tool to help accurately recreate a site location for the jury, and of course you know how much Dan Wilcoxen had to do with the computer aspects of discovery described herein. Ha!

President's Message

Continued from page one

that is second to none. And for that reason, this award recognizes a lawyer who represents the humanitarian spirit in our legal community.

This year, Bill Kershaw is that lawyer. Whether Bill is riding his bicycle up the fifth mountainous challenge of the death ride or taking the deposition of a corporate designee in a consumer class action battle, he's a warrior, through and through. His persistence and tenacious resolve for seeing it through is second to none. For these and so many other reasons, the CCTLA Board of Directors is pleased to announce that the Bill Kershaw is this year's recipient of the Mort Friedman Award.

We are also exceptionally pleased to be able to present Steve Davids with this year's Joe Ramsey Professionalism Award. This award goes to an attorney in "recognition of their civility, honor, helpfulness, legal skills, and experience."

For anyone who has been lucky enough to work with, for or against Steve, you know that he epitomizes the kind of temperament and civility that needs to be at the core of every lawyer.

While we all have causes, agendas and the need to see our cases through to success, it is far too often that those goals find themselves at odds with the calling of being a civil and human lawyer. Steve, however, never misses the mark and always takes every step in the prosecution of a legal action to ensure that he governs himself with unyielding morals and civility. As guardians of the Rule of Law that defines the American social and political fabric, lawyers should embody civility in all they do. Steve Davids has made a career in the law that captures the very essence of civility, and we are honored to be able to show our appreciation for who he is as a person and lawyer.

So be there or be square. Join us for what is sure to be a fun-filled evening in the spectacular park setting of the Ferris White home, from 5 to 7:30 p.m. I look forward to seeing all of you and promise it will be lots of fun with great people—all for a great cause.

Volunteers needed: With your help, we all benefit

By: Erik Roper — CCTLA Board Member and Chair, CCTLA Education Programs Committee

Fellow CCTLA members and "Litigator" readers: We want YOU to help us develop outstanding continuing legal education seminars. CCTLA's Board of Directors and the Education Programs Committee are looking for attorney volunteers to do just that.

One of CCTLA's primary benefits for its members is affordable access to high-quality continuing legal education seminars. CCTLA's Education Programs Committee works diligently to obtain the best legal speakers for these seminars.

In recent years, CCTLA has offered Thursday night Problem Solving Clinics, the luncheon seminar series and various other one-off offerings throughout the year An excellent example of these is the upcoming June 7 deposition skills seminar with Robert Musante, on the topic Attacking Adverse Witness's "I Don't Know," "I Don't Remember" & "I Do Remember" responses.

As the newly appointed chair of the Education Programs Committee, it is incumbent upon me to lead the process of developing seminars so we all can benefit.

If you've been thinking about how to give back to your community and/or if you've been thinking that maybe someday you might want to become a CCTLA board member, this is a golden opportunity for you to assist and to demonstrate the commitment to service needed by anyone who seeks appointment to the board.

Specifically, we need volunteers who would like to help develop more of the Problem Solving Clinics and/or luncheon seminars. This opportunity is open to any and all CCTLA attorney members. If interested or for more information, email me directly: erik@eroperlaw.com.

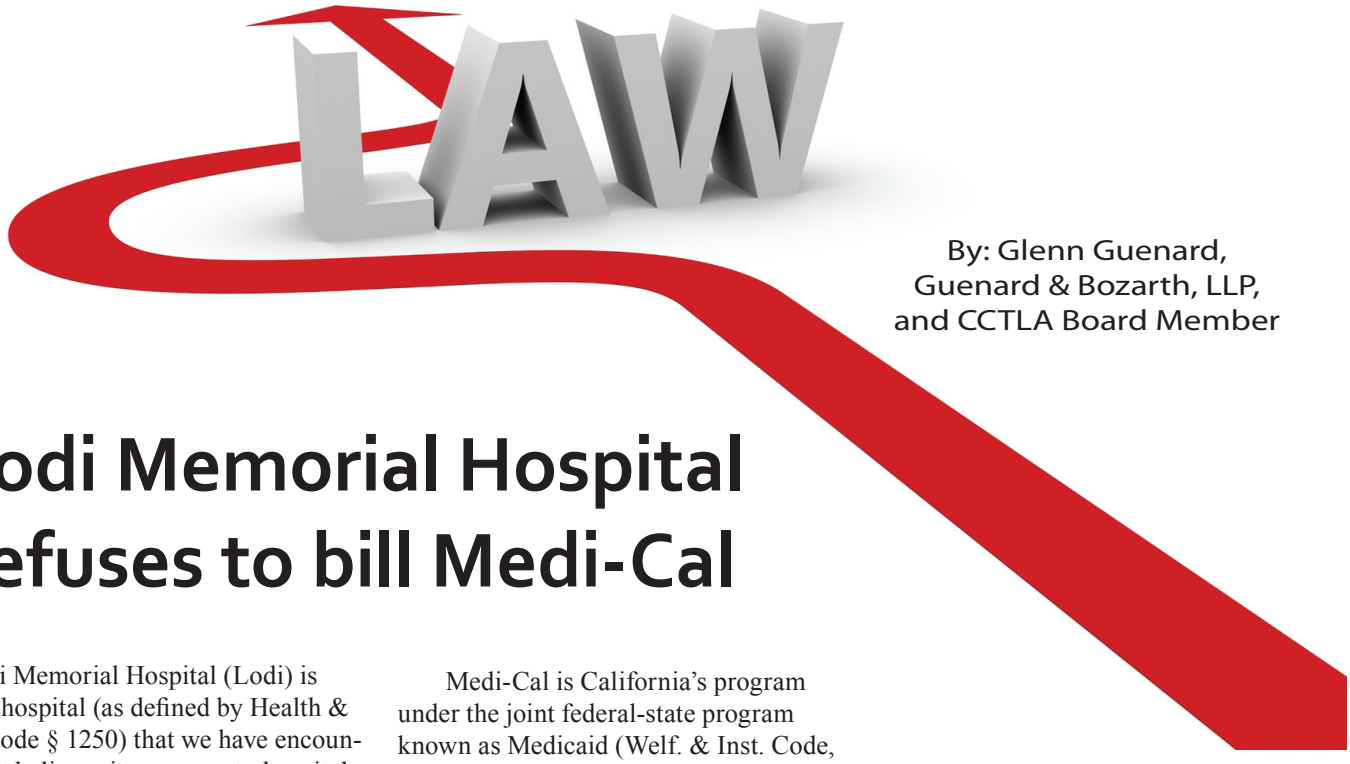
Even if you think you have no interest in serving on the board, by volunteering your time for this worthy cause, you will have the appreciation of your fellow CCTLA members, and your good character and virtue will be known throughout the land for the rest of your days. Priceless, right?

CCTLA's annual Spring Fling on June 13 supports Sacramento Food Bank & Family Services, and you can help, too . . . by donating to the Giving Pool

Donations from $5 & up are being accepted by check, cash and credit card (contact Blair at SFBFS at 916/313-7621) and at Spring Fling on June 13.

Donation amounts are anonymous, but each donor will be given a recognition sticker to wear at the event.

If you have any questions, contact Debbie Keller at Debbie@cctla.com



By: Glenn Guenard,
Guenard & Bozarth, LLP,
and CCTLA Board Member

Lodi Memorial Hospital refuses to bill Medi-Cal

Lodi Memorial Hospital (Lodi) is the only hospital (as defined by Health & Safety Code § 1250) that we have encountered that believes it can assert a hospital lien under Civil Code section 3045.1, *et seq.* (commonly known as the Hospital Lien Act—HLA) in lieu of billing Medi-Cal. Not only is this its belief—it also believe it is its *duty.*

This purported duty arises out of its interpretation of the Code of Federal Regulations (Code). It is Lodi's position that when a patient is an established Medi-Cal beneficiary and receives emergency services as defined in the HLA, the medical provider may, as a matter of law, use its discretion and not bill Medi-Cal and then assert a lien in the full amount of its services under the HLA.

Medi-Cal is California's program under the joint federal-state program known as Medicaid (Welf. & Inst. Code, § 1400 *et seq*). Medicaid provides federal financial assistance to certain low-income individuals and families (42 U.S.C., § 1396 *et seq*). Medi-Cal is administered through the state Medicaid agency, the California Department of Health Care Services (DHCS).

Pursuant to federal law, because California has opted to participate in the Medicaid program and receive federal matching funds, it must comply with all federal Medicaid requirements. (*Conan v. Bonta* (2002) 102 Cal.App.4th 745, 753) Lodi contends, and accurately so, that Medicaid is a "payer of last resort." (*Arkansas Dept. of Health and Human Servs. v. Ahlborn* (2006) 547 U.S. 268, 291; Welf. & Inst. Code, § 14124.795) Thus, Medi-Cal statutes preclude coverage for health care services available to a beneficiary when other available health care coverage is available (*Marquez v. Department of Health Care Services* (2015) 240 Cal. App.4th, 87, 94).

Other health care coverage is defined as "benefits for health related services or entitlements for which a Medi–Cal beneficiary is eligible under any private, group or indemnification insurance program, under any other state or federal medical care program, or under other contractual or legal entitlement." (Cal. Code Regs.,

The code does not give medical providers the power to unilaterally decide to avoid billing Medi-Cal (Medicaid agency) and bill a third party directly. The code expressly places that duty of rejection on Medi-Cal.

Lodi and other hospitals controlled by Adventist Health are regularly refusing to bill Medi-Cal in third-party situations under the guise of a legal duty. The amounts in which they are unjustly enriching themselves must be in the tens of millions—and at the expense of our clients.

title 22, § 21005, subd. (a).) Lodi argues that this regulation applied to it and that "The provider shall seek payment from the beneficiary's other health care coverage prior to submitting a claim to the department [DHCS]." (Cal. Code Regs., title 22, § 21005, subd. (C).)

However, this section does not apply to automobile insurance in a third-party context. When an individual has Medi-Cal, they typically do not have other health insurance, and the code section does not indicate a third party automobile insurance policy as "other available health coverage or insurance."

In fact, the Medi-Cal website makes this contention more clear. In the document titled "Reminders Regarding Third-Party Liability Billing," the document states, "W&I Code, sections 14124.795 and 14124.90, provide that Medi-Cal is the payer of last resort. Generally, a provider must bill a beneficiary's Other Health Coverage (OHC) before billing Medi-Cal when OHC is known to exist." When no other OHC exists at the time of the medical service, Medi-Cal insurance coverage is the only resort.

Lodi argues that the Code of Federal Regulations empowers it, through federal preemption, with the ability to abstain from billing Medi-Cal and asserting a lien directly against a third party. It relies, in pertinent part, on 42 Code of Federal Regulations part 433, subpart D, section 433.139, which states, "If the agency [DHCS] has established the probable existence of third party liability at the time the claim is filed, the agency must reject the claim and return it to the provider for a determination of the amount of liability."

The code does not give medical providers the power to unilaterally decide to avoid billing Medi-Cal (Medicaid agency) and bill a third party directly. The code expressly places that duty of rejection on Medi-Cal. Here, Lodi never gives Medi-Cal the opportunity to either accept or reject the medical claim. Lodi never makes a claim at all. Lodi does not possess the lawful power to make that decision for a Medicaid agency—or in this case, Medi-Cal. "...Congress' intent [is] that state Medicaid agencies, not hospitals or doctors, [may] seek reimbursement from third parties..." (*Evanston Hospital v. Hauck* (7th Cir. 1993) 1 F.3d 540, 543) "If this arrangement is not acceptable to doctors and hospitals, they should not take Medicaid money in the first instance." (*Ibid.*)

In 2017, we settled a client's case. Lodi held firm that its HLA lien was valid even though our client was a Medi-Cal beneficiary at the time of the emergency service. We gave Lodi our position and we did not honor its lien. It sued State Farm Insurance, and we defended them. We filed an MSJ as soon as we could in San Joaquin County (Case No.: STK-CV-LMC-2018-3949). The Honorable W. Stephen Scott agreed with us—a health care provider must seek payment from Medi-Cal.

Lodi and other hospitals controlled by Adventist Health are regularly refusing to bill Medi-Cal in third-party situations under the guise of a legal duty. The amounts in which they are unjustly enriching themselves must be in the tens of millions—and at the expense of our clients.

Whether or not you challenge Lodi is up to you and your specific case. We chose to challenge Lodi in the above case because it was in the best interest of the client. On the other hand, it may be in your client's best interest to have that bigger bill to increase the *Howell* damages. To each his own.

"Your worst enemy cannot harm you as much as your own thoughts, unguarded."
– Buddha

Meditation

A tool you can use to manage your stress and prevent burnout

By: Erik M. Roper, Esq., CCTLA Board Member

No citation to authority or evidence is necessary to establish that as lawyers, generally speaking, we have chosen a stressful career. While there are many tools we can use to help manage or prevent stress in our practice and in our lives outside of the practice (some healthy, some unhealthy), this article will focus on only one: meditation.

Meditation as a tool for stress management and prevention has been gaining much more acceptance and recognition in recent years. Meditation is a mind and body practice that has a long history of use for increasing calmness and physical relaxation, improving psychological balance, coping with illness and enhancing overall health and well-being.

Mind and body practices focus on the interactions among the brain, mind, body and behavior. A new report based on data from the 2017 National Health Interview Survey (NHIS) found that U.S. adults' use of meditation in the past 12 months more than tripled between 2012 and 2017 (from 4.1 percent to 14.2 percent). The use of meditation by U.S. children (aged 4 to 17 years) also increased significantly (from 0.6 percent in 2012 to 5.4 percent in 2017).

There are many types of meditation, but most have four elements in common: a quiet location with as few distractions as possible; a specific, comfortable posture (sitting, lying down, walking or in other positions); a focus of attention (a specially chosen word or set of words, an object or the sensations of the breath); and an open attitude (letting distractions come and go naturally without judging them).

There are many books that address the science underlying why meditation works and how it can cause significant positive changes in the brains of long-term practitioners. A reputable representative of this literary genre is "Altered Traits: Science Reveals How Meditation Changes Your Mind, Brain, and Body," by journalist Daniel Goleman and prominent neuroscientist Richard Davidson.

Davidson and Goleman help readers separate the wheat from the chaff of mindfulness science. In the process, they make a cogent argument that meditation, in various forms, has the power to transform us, not only in the moment, but in more profound, and lasting ways. According to Davidson and Goleman, there are five main ways that meditation—particularly when practiced consistently over time—can make a deeper impact on us:

1. Meditation improves our resiliency to stress;
2. Meditation increases our compassionate concern for others;
3. Meditation augments our capacity to focus and pay attention;
4. Meditation helps us to feel lighter and less self-focused; and,
5. Meditation leads to some improvements in markers of health.

For the purpose of this article and its intended audience, benefit numbers 1 and 3 are of greatest interest. With respect to improving our resilience to stress, according to neuroscience research, mindfulness practices dampen activity in our amygdala and increase the connections between the amygdala and prefrontal cortex, both of which help us to be less reactive to stressors and to recover better from stress when we experience it. These changes are trait-like: they appear not simply during the explicit instruction to perceive the stressful stimuli mindfully but even in the baseline state for longer-term meditators, which supports the possibility that mindfulness changes our ability to handle stress in a better, more permanent way.

With respect to improving our ability to focus, researchers have found that meditation helps to combat habituation—i.e., the tendency to stop paying attention to new information in our environment. Studies have shown that improved attention seems to last up to five years after mindfulness training, suggesting trait-

like changes are possible. This outcome of meditation is particularly important, because it undergirds a huge range of what makes us effective in the world—everything from learning, to realizing we've had a creative insight, to seeing a project through to its end.

Assuming by now that you're convinced that starting regular a meditation practice would benefit you, you may wonder how to go about it. There are many schools of thought on how to meditate. There are many different types and methods of meditation. Some find it helpful to simply focus on their breathing and the feeling of their physical body. Some find it helpful to chant a mantra repeatedly.

Some counsel holding the breath for a certain number of seconds (e.g., Dr. Andrew Weil's 4-7-8 breathing technique where you inhale for four seconds, hold it for seven seconds, and then exhale for eight seconds), while others suggest that holding the breath during meditation is contra-indicated (e.g., the late Paramahansa Yogananda, author of one of Steve Jobs' all-time favorite books, "Autobiography of a Yogi"). Some prefer guided meditation where a speaker in a calm, soothing voice suggests where to direct your busy mind throughout the meditation. Still others prefer to meditate unguided with no sound.

The important things to keep in mind here are: 1. There really is no wrong way to meditate; and, 2. Simply setting an intention to meditate, and regularly doing it, will benefit you, however you choose to meditate.

Thankfully, there are many apps available to help you start and then stick with your meditation practice. Some of the more popular meditation apps available are Headspace, Calm, Waking Up with Sam Harris, and, Oak. I've tried a few of these, and my favorite is the Oak app. Features I appreciate about this app are:

- Pop up notifications that remind me it's time to meditate
- A tracker that records total hours and how many days in a row I've meditated
- The ability to choose either guided, loving kindness, or unguided meditations
- The ability to choose the length of time I want to meditate
- The ability to choose whether I want chimes, and if so, at what time intervals
- The ability to choose from a variety of powerful breathing exercises to help me relax and achieve a clear state of mind

You might think you're too busy and cannot possibly carve out five to 20 minutes of your day on a regular basis to dedicate to a meditation practice. It may sound counter-intuitive, but by dedicating yourself to a meditation practice, you will most likely become more productive during your work hours, and thereby create the time needed to meditate. Meditation makes you more productive by increasing your ability to focus and resist distractions.

Research shows that an ability to resist urges will improve your relationships, increase your dependability and raise your performance. If you can resist your urges, you can make better, more thoughtful decisions. You can be more intentional about what you say and how you say it. You can think about the outcome of your actions before following through on them.

While stress in the practice of law is inevitable, suffering from it, and feeling constantly stressed out by it, can be seen as a choice. By choosing to develop a meditation practice for yourself, you will see a reduction in your stress, an increase in your ability to manage your stress, and an increase in your productivity.

Our ability to resist an impulse determines our success in learning a new behavior or changing an old habit. It's probably the single most important skill for our growth and development. As it turns out, that's one of the things meditation teaches us. It's also one of the hardest to learn. Meditating daily will strengthen your willpower muscle. Your urges won't disappear, but you will be better equipped to manage them. And you will have experience that proves to you that the urge is only a suggestion. You are in control.

One of the things that used to trip me up about meditation is that I had a belief that if I didn't meditate for a certain number of minutes consecutively (e.g., 15 minutes), that any amount less than that would just be a waste of my time. Thankfully, I've since let go of that false belief. The truth is that *any* amount of time you can dedicate to consciously and intentionally focusing on your breath, body and thoughts is time well spent that will benefit you in both the short, and the long run. Indeed, as "The Power of Now" author Eckhart Tolle teaches us, even "one conscious breath in and out is a meditation." The important thing is simply to start doing it, however you can manage to do it that feels right for you.

While stress in the practice of law is inevitable, suffering from it, and feeling constantly stressed out by it, can be seen as a choice.By choosing to develop a meditation practice for yourself, you will see a reduction in your stress, an increase in your ability to manage your stress, and an increase in your productivity.

This tool is valuable, and it is available to you right now. Will you choose to use it?

Are you aware of your clients' alternatives?

For more than 30 years, The Alcaine Halterbeck Group has worked with plaintiffs and attorneys to implement comprehensive investment plans, structured settlements and much more. Structured settlements are a great strategy for catastrophically injured people with a serious dependency on their settlement for recovery, as well as those who cannot manage a large sum of money and run the risk of being a spendthrift. Do you know someone who could benefit from our services?

The Alcaine Halterbeck Group
Carlos Alcaine, Director
Stephen Halterbeck, RSP (Registered Settlement Planner), Financial Advisor
Cheryl Moore, Senior Client Specialist
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Members of The Alcaine Halterbeck Group speak Spanish and can work directly with your clients.

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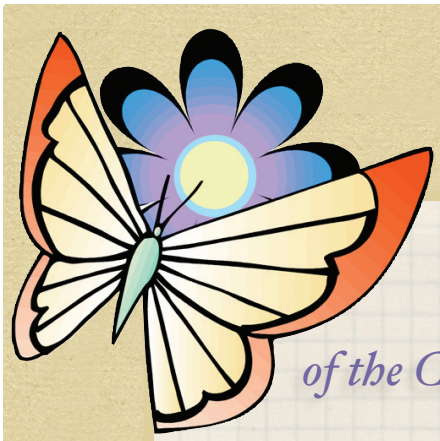
Thank You!

Linda K. Whitney and Allan J. Owen, proud sponsors of the CCTLA Spring Fling Reception on June 13, 2019, want to thank all sponsors and Silent Auction bidders for their support of the Sacramento Food Bank & Family Services. Bid high! Bid often! We look forward to hosting you at the Dinner for Two at The Kona Cathouse. All you need to do is let us know when you are coming to The Big Island and make your own travel arrangements.

View from The Kona Cathouse



CCTLA Giving Pool

President Robert Piering
and the Officers and Board
of the Capitol City Trial Lawyers Association
&
Sacramento Food Bank & Family Services

cordially invite you to the

17th Annual Spring Fling Reception & Silent Auction

June 13, 2019, from 5 p.m. to 7:30 p.m.
at the beautiful Ferris White home,
1500 39th Street, Sacramento 95816

Deadline for Reservations is Friday, June 7, 2019
Contact Debbie Keller: 916 / 917-9744 / debbie@cctla.com

This reception is free to honored guests, CCTLA members and one guest per invitee. Hosted beverages and hors d'oeuvres will be provided.

Free Valet Parking

** Deadline for Auction Items:
June 7, 2019

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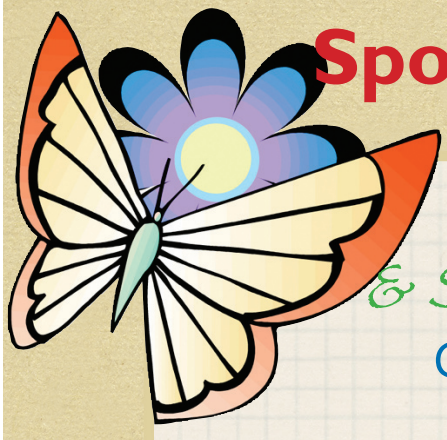
Capitol City Trial Lawyers Association

Post Office Box 22403
Sacramento, CA 95822
Telephone: (916) 917-9744
Website: www.cctla.com

SACRAMENTO Food Bank & Family SERVICES

All Silent Auction proceeds benefit Sacramento Food Bank & Family Services, a local, non-profit agency committed to serving individuals and families in need.

In honor of Allan Owen & Linda Whitney



Sponsorship Opportunity

Spring Fling Reception & Silent Auction June 13, 2019

CCTLA is offering sponsorship opportunities for this event

For a $5,000 donation
to Sacramento Food Bank & Family Services, you receive:

- 2 full-color ads in CCTLA's quarterly newsletter, The Litigator (7.5 in wide x 10 in high)
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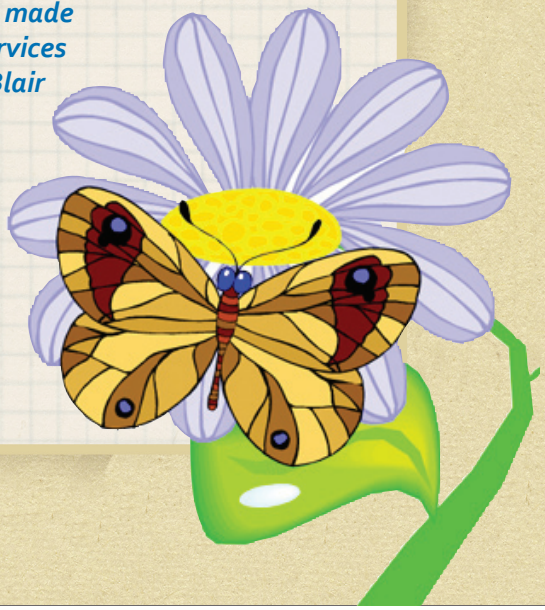

THANK YOU!

Sacramento legal community loses one of its most respected philanthropic members

By: Jill Telfer
CCTLA past president and editor of The Litigator

The Sacramento Legal Community lost one of its most compassionate and philanthropic members with the passing of Coral Henning, executive director of the Sacramento County Public Law Library. She came to Sacramento in 1996 after earning her J.D. from Golden Gate University School of Law and her Master's in Library and Information Science from San Jose State University.

Coral enthusiastically backed anyone with a solid plan to help or enhance the community. Her love for dogs and cooking carved a generous path with the many local organizations she helped to make vibrant. Those organizations include CCTLA, the Sacramento County Bar Association, the Sacramento County Bar Foundation, California Lawyers for the Arts and Sacramento Food Bank and Family Services.

Others included Sacramento Community Grange, Slow Food Sacramento and Marshall School New Era Park Neighborhood Association. She was a quintessential pillar of the community and received countless awards and thanks for her efforts.

She was also an entrepreneur, founding several different businesses, including A Better Pickle Company and Pampered Pet Salon. Coral's enthusiasm and joy for life had a profound effect on those whom she supported and loved, including her husband, Dwayne Williams.

She will be sorely missed.

CORAL HENNING

By: Daniel S. Glass, Attorney at Law and CCTLA Board Member

First, the obvious, I am an attorney. I do not sell insurance. I have never sold insurance, and I have no intention of ever selling insurance. The purpose of this article is not to solicit the sale of disability insurance.

On the other hand, during the past 25 years of handling plaintiffs' insurance issues, I have litigated hundreds of disability claims. As a result, people who know that I handle insurance matters have asked: Should I have disability insurance? Should I keep the disability policy I have been paying for over the past years?

The answer is not simple, but with some thought and analysis, a reasonable decision can be made. Like all insurance, the needs of a particular person are personal. No one NEEDS insurance. One can always manage their own risks by being uninsured, or to some extent, that would equate to being "self-insured." Even the most obvious of insurance "requirements" (automobile coverages) are not mandatory. The State of California recognizes that one is not required to have a policy of insurance for their vehicle. They are permitted to post a bond, cash or be a qualified "self insured" in lieu of paying insurance premiums to an insurer (See *King v. Meese* (1987) 43 Cal.3d 1217).

So, whether someone needs disability insurance should begin with an assessment of what one already has and what their needs might be. There exists government-provided disability insurance which most everyone already has. The State of California offers "state disability insurance" (SDI) to everyone who works and pays taxes. The cost to the employee is minimal, 1% of their wages to a maximum wage of $118,371 for 2019, or $1,183.71/year. Of course, with minimal premiums, one usually gets minimal benefits. However, SDI pays approximately 60% of your wages and will not pay for more than one year, regardless of how "disabled" you might be. The maximum payment for 2019 is $1,252/week. Quite frankly, this is an objectively good deal. It is a fair benefit: very reasonable cost and a fair payment if you qualify. As you might expect, private insurers are not so generous.

The other government disability benefit which almost everyone has is Social Security Disability (SSDI).[1] One is usually not eligible for this benefit until they are disabled for a year—which dovetails well with California's SDI program since it starts when SDI ends.

SSDI, as a government benefit, is similar to California's SDI because the premiums, or payroll deductions, for Social Security are not very expensive,[2] and the benefits one might ultimately receive are not great. I have never had a client who was entitled to more than $4,000/month in SSDI benefits.

Of note here is the fact that I do not handle, and have never litigated, an SDI or SSDI claim. It has been my experience that the SDI program administered by California's Employment Development Department (EDD) is rather generous. It rarely denies an SDI claim if there is any medical evidence of a disabling condition.

Conversely, the Social Security Administration initially denies many of the requests for SSDI benefits. However, after one, or sometimes two, appeals in the SSDI system, benefits are usually allowed.

Thus, since almost everyone would be entitled to these government benefits. The only reason to consider private insurance would be if you desired more, and can afford to purchase, the additional security.

The additional security comes in many forms. Additional security is especially important to younger wage earners who have a family and will suffer tremendous hardship if disabled.

LTD insurance is a tremendous insurance market, and it is one that very much lends itself to the "buyer beware" motto. I have seen, and tried to correct, terrible travesties of justice perpetrated by insurers who routinely deny longterm disability benefits.

Unfortunately, I also see, on a very regular basis, that the people who rightfully believe they have private insurance coverage for longterm disability benefits learn that they do not have nearly what they were led to believe they were purchasing.

Any discussion of longterm disability benefits through a private insurer must begin with the types of coverages available. Longterm disability (LTD) policies come in a variety of flavors. There is the plain "vanilla" offered by, usually, large employers—group LTD coverage. This

type of coverage would usually be subject to the Employee Retirement Income Security Act (ERISA). The implications of an ERISA-governed plan is beyond the scope of this article.

Group LTD coverage is inexpensive. When a company like MetLife approaches a large employer, like Dignity Health, it will potentially insure 25,000 or more employees. This type of risk pool allows the insurer to charge less than $5 per pay period for each employee and remain extraordinarily profitable when offering LTD coverage. Smaller "groups" will have higher premiums. The cost of most of this "group" coverage, at large employers, is fully paid by the employer. Thus, it is a "free" benefit to the employee. An employee cannot "opt out" and ask to receive additional pay in lieu of the premiums. No one should refuse this coverage. If your employer offers group LTD coverage, accept it graciously.

However, such coverage probably does not apply to CCTLA's membership as I believe many of our members are sole practitioners, or are at law firms with 20 or fewer lawyers. Thus, we are not a large "group" and would not receive the same favorable rates as with a large employer.

Nevertheless, as a rule of thumb, the value of the policy is directly related to the amount of premiums paid: low premiums = low benefits if disabled.

Outside of the "group" setting, individuals can purchase their own LTD insurance. And here is where the insurance-buying public meets its initial disappointment: through the lesson of the "fine print" if a claim is made.

LTD insurance is sold in many denominations—for instance, 60% of your salary, 75% of your salary or some other percentage of what you are earning. It will never be 100% of your earnings because the insurers do not want to make it profitable for you to try and become disabled.

This percentage methodology is great if you have a regular job where you receive set compensation each month.[3] It does not work so well if your earnings vary greatly, such as a personal injury attorney who receives his/her compensation from contingency fee work. As we all know, such a basis for compensation could, and usually does, result in erratic monthly income.

From an insurance consumer's perspective, this can be mitigated by making sure the policy purchased defines wages, salary and/or income as the average monthly income received over some designated time frame—the average earnings for the prior 12 months would be an acceptable, and desirable, definition. I would stay away from any policy that defines wages or salary as what was earned in the 30 days before disability.

An alternative proposal for purchasing LTD insurance is to purchase a monthly "set amount" benefit—such as $10,000/month if disabled.

The insurers are well aware of their risk on a stated-monthly-amount LTD policy. Thus, premiums for these policies are higher. However, at least you know what you are purchasing.

YOU HAVE A POLICY, YOU CANNOT WORK, DO YOU GET PAID?

Should be simple, you cannot work, your doctor completes a form that says you cannot work, and the insurance company honors its policy and starts sending you checks. No so fast—despite the AFLAC commercials and their silly duck. AFLAC might pay, but it is because its policies provide minimal coverages and

have limited exposure.

This is not true for LTD policies. I have clients who have been receiving significant ($5,000 or more per month) LTD benefits for 10 or more years—that's a $600,000+ exposure. Insurers do not want to pay if they can avoid it.

Likewise, one would think that being "disabled" should be obvious. The Social Security Administration contends that one is disabled if they cannot participate in any gainful employment. Rather than be consistent with federal law, and under the proposal that they are providing more coverage than Social Security, most insurers create their own definition of disability. For instance, one MetLife policy provides the following:

> *"Disability" under the MetLife policy is defined as being "unable to perform with reasonable continuity the Substantial and Material Acts necessary to pursue Your Usual Occupation in the usual and customary way."*
>
> *"Substantial and Material Acts" are defined as "the important tasks, functions and operations generally required by employers . . . We will first look at the specific duties required by Your job. If You are unable to perform one or more of these duties with reasonable continuity, We will then determine whether those duties are customarily required of other employees engaged in Your Usual Occupation . . ."*

The above definition should lead anyone thinking about an LTD policy to question what "disability" means. Although not incorporated in the above definition, most policies limit the amount of time for which the insurer will pay "usual occupation" (also known as "own occupation") disability.

The most expensive LTD policies pay benefits if one cannot perform the material and substantial duties of their "usual occupation" for their entire life, even if they can perform some other occupation. These are very expensive policies and can easily have premium costs of thousands of dollars per month. They provide the best coverage available.

However, the usual policy will pay an LTD benefit until the insured reaches their "normal retirement age" (which, depending on when you were born, can be anywhere from age 62-70).

Most policies contain limitations on how long the insurer will pay benefits for the various types of "disability" defined in their policies. All too many policies state that they will only pay LTD benefits for the first 24 months that the beneficiary is disabled from his/her "own occupation."

After that time, the policy will only continue to pay benefits if the beneficiary is disabled from "any occupation." It is much easier for the insurer to show that you can engage in some activity which produces some income—thus, they search for a way to discontinue benefits.

If the policy you purchase has a limitation on how long it will pay "own occupation" disability, unless your disabling condition is very significant—a major illness—expect to be investigated, and possibly denied further benefits, when you reach the "any occupation" of disability time frame.

The other big issue in private LTD policies are where the insurer adds clauses which give them a credit, or offset, for government-provided disability benefits. This is where almost everyone who purchases an LTD policy is deceived.

Suppose you purchase a policy that is represented as providing a $4,000/month

disability benefit. If this policy states that the insurer is entitled to a credit or offset for government provided benefits, and the disabled insured is awarded, for example, $2,500 in SSDI benefits, this $4,000/month policy is now worth a mere $1,500/month.

If by some chance you were earning well more than $4,000/month when working and were entitled to California's SDI maximum payment of $1,252/week for the first year of disability, this $4,000/month policy would have no value, and the insurer would only have to pay its "minimum" benefit—usually $100 or 10% of the stated benefit.

In summary, one should think about the importance of an LTD policy. Statistically, I believe only 30% of employees have such coverage. If you have substantial income, you might better protect yourself through "self insurance"—i.e., putting aside money for the possibility of being disabled.

Your analysis should be begin with what you and your family would need if you could not work. Learn about the policy you are purchasing BEFORE you purchase. If it is just a minimal subsistence payment you need, California's SDI and the federal SSDI programs are there.

If you feel it is necessary to subsidize those programs, the best purchase would be a policy with the following features:

1) Chose a stated monthly income amount. This way, no insurer gets to review your earning history, tax returns or any financial records;

2) Chose a policy that does NOT allow for any offsets or credit for anything. Your SDI or SSDI or any other benefits, including multiple group or individual LTD policies, should NOT provide a benefit to the insurers. The amount of disability income you purchase is what you should receive from that insurer if you become disabled. This way it truly supplements your government benefits:

3) If at all possible (meaning affordable), obtain a policy that defines "disability" as being unable to perform the material and substantial duties of your "own" or "usual" occupation. And, if you are a trial lawyer, we all know that a civil jury trial for plaintiff's counsel is a lot more stressful than creating a will or trust for a client. Define your "usual occupation" as "trial lawyer" and not just "lawyer." This way—and the best example is a heart issue—it is possible that you cannot deal with the stress of a trial, so you obtain your LTD benefit but you can still work part time doing other types of lawyer work to supplement your benefit without losing it;

4) Obtain a policy with the longest payment period for disability from your "own occupation." It is OK to purchase a policy that only pays for "own occupation" disability for 24 months as long as you know that is what you are purchasing—it will be less expensive, but this insurer will most likely attempt to end your payments after 24 months.

5) Seek "tax advice" before purchase. Many policies can be purchased with "before tax" earnings. They may provide a desired deduction in the present, which might make them beneficial even if they are costly.

Do not purchase LTD insurance because you think it might be useful to supplement your retirement. Every insurer will fight your claim for benefits if you decide, on a particular day, that you just cannot work anymore. Although no policy specifically requires that there be a certain "triggering event" that caused you to be disabled, that is what the insurers look for, and without an "event," your claim will be highly scrutinized.

In my opinion, insurance remains the "necessary evil" of civilized society. If you desire to protect yourself from loss, evaluate your needs first and then purchase what you think best fits your needs.

Do not purchase LTD insurance because you think it might be useful to supplement your retirement. Every insurer will fight your claim for benefits if you decide, on a particular day, that you just cannot work anymore. Although no policy specifically requires that there be a certain "triggering event" that caused you to be disabled, that is what the insurers look for, and without an "event," your claim will be highly scrutinized.

I am happy to answer any questions this article may have raised. Best advice: Don't become disabled, work hard, help your clients—which will then be helpful to you, your family and your self esteem.

[1] *In certain circumstances, such as state employees who are entitled to benefits from CalPERS, an employee can opt out of Social Security and contribute to CalPERS in lieu of Social Security.*

[2] *About 7.5% of any employees wages, half of which is paid by the employee and the other half of which is paid by the employer.*

[3] *It would be rare for this type of policy to include bonuses or overtime pay in the monthly calculation of earnings.*

VERDICT: $3,432,511
Iranian whistleblower wrongfully terminated after reporting patient-safety violations at Dignity Health's pharmacy
***Mandy Kazminy v. Dignity Health dba Woodland Memorial Hospital*,**
Case No. CV16-1989

CCTLA member and past president **Lawrance A. Bohm**, lead trial counsel, and CCTLA member **Michael L. Jones**, both of Bohm Law Group, Inc., obtained a $3,432,511 verdict in a wrongful termination trial in Yolo County Superior Court. CCTLA Member Robert L. Boucher, of Boucher Law, was second chair.

The trial, before the Hon. Stephan A Mock, ran from Feb. 28 to Apr. 2, 2019. The award included $1,032,511 in compensatory damages and $2,400,000 in punitive damages, plus approximately $176,000 in prejudgment interest and $1,000,000 or more in attorney fees and costs.

Defendant's counsel was Kimberley Worley and Jonathan Hsieh, of Kronick Moskovitz Tiedemann & Girard.

Case Summary

In November 2014, Dignity Health hired Plaintiff Mandy Kazminy as the pharmacist-in-charge and pharmacy manager over its Woodland Memorial Hospital's Outpatient Pharmacy. At the time, the Board of Pharmacy was investigating the Outpatient Pharmacy for more than 20,000 missing narcotics pills, among other safety violations. Dignity Health hired Kazminy to fix these violations but did not tell Kazminy about them or the ongoing investigation until after she began her employment.

During her first month, Kazminy complained to her supervisor—the director of pharmacy—that Defendant's computer system was unable to provide an accurate count of the narcotics on hand, a problem which Dignity Health never fixed during her employment. Kazminy began a paper "perpetual inventory" of narcotics pills and addressed outstanding patient-safety issues with the Outpatient Pharmacy operations.

In response, the director of pharmacy, requested that Kazminy change the narcotics counts so that the computer system's log and the paper log matched. Kazminy refused and told the hospital's chief medical officer (CMO) about the computer system's malfunction and her refusal to commit fraud.

On Dec. 10, 2014, the Board of Pharmacy conducted an impromptu inspection of the pharmacy. The inspectors noted several issues that did not comply with regulations and fined Kazminy, even though she had only begun her role as pharmacist-in-charge only a month before. Kazminy complained to the CMO that the director that prior managers had ignored the non-compliance issues which were long-standing before her arrival.

In response, the CMO told Kazminy that "trust is a precious commodity" and admitted that Dignity Health's management had allowed some "benign neglect" for the "greater good." At trial, the CMO was unable to tell the jury which of the pharmacies many violations were "benign" or how much neglect was appropriate.

Toward the end of December 2014, the director of pharmacy again insisted that Kazminy change the narcotics counts so the computer matched the perpetual inventory. Again, Kazminy refused. Within two weeks, the director of pharmacy began to keep notes on alleged wrongdoing by Kazminy.

In January 2015, Kazminy reported the pharmacy was understaffed. When the director of pharmacy did nothing, Kazminy repeated her report to the CMO, asking for additional staff. The director of pharmacy berated her for going outside the "chain of command" and stated, "Iranian women are miserable and aggressive. You Iranians think you can get away with things."

At trial, Dignity Health asserted that another employee, a non-Iranian, was disciplined by the director of pharmacy indicating that Plaintiff could not have been singled out with regard to treatment. When asked how it was known that the other employee was not Iranian, the director of pharmacy indicated she was making that assumption based upon "the color of her skin" and that the other employee was caucasian.

By February 2015, because nothing was done with prior reports, Kazminy reported the suspected "fraud" and the neglected illegal pharmacy operations to a human resources agent. No one from Dignity Health ever investigated her allegations after they were made.

At trial, Dignity Health claimed that the Human Resources Department was not the proper place to submit complaints of fraud, even though clearly undermined by company policy and witness testimony.

In March 2015, Dignity Health changed its payroll system. Because the system was new and because Kazminy had a pre-approved vacation planned, Kazminy sought assistance from the prior pharmacist-in- charge who had been responsible for payroll prior to her employment.

When the time came to approve the payroll, the prior manager was no longer set up with a login or user name that could issue the approval. Exercising her managerial discretion to ensure staff was paid, Kazminy shared her credentials for the payroll system with the prior manager, who Dignity Health

regarded to be trustworthy.

In early April 2015, during a routine narcotic recount necessary for the perpetual inventory, Plaintiff discovered that a patient had received the wrong medication. To ensure that the inventory itself was not in error, Kazminy contacted the subordinate pharmacist who filled the prescription. Initially, the pharmacist denied incorrectly filling the prescription. Using a password-protected phone, Kazminy sent a text message to her subordinate's password-protected phone to confirm that an error was made. Kazminy and the subordinate pharmacist immediately deleted the photo and text after it was sent to ensure patient privacy.

Although the image was immediately deleted, Dignity Health leadership claimed a violation of the medical privacy law (HIPAA) had occurred. However, contrary to policy, the suspected violation of patient privacy was never reported to Dignity Health's Facility Safety Office as required by policy.

On about Apr. 17, 2015, Dignity Health fired Plaintiff, alleging she had violated HIPAA and company policy. The termination was approved by "senior management," including leadership in the Sacramento service area and the senior vice president of Human Resources.

Positions of the Parties

At trial, Plaintiff alleged she was terminated for reporting patient safety issues and because of her national origin. Dignity Health maintained that its two reasons for termination — password sharing and HIPAA violation—were non-discriminatory.

Plaintiff demonstrated that others had committed similar violations (password sharing and HIPAA violations) but were not terminated. In fact, Kazminy was replaced by the a pharmacy employee who violated the password policy on at least three occasions and who was a part of the management team responsible for the unlawful pharmacy operation under investigation by the Board of Pharmacy.

Therefore, Dignity Health's reason for termination must have been Plainatiff's protected complaints, refusal to participate in unlawful activity and/or her national origin and not the two obviously pretextual reasons.

Kazminy lost $332, 511 in wages and benefits through the end of her work-life expectancy and alleged she suffered from physical pain, anger, fright, loss of enjoyment of life, anxiety, humiliation and emotional distress. Her treating physician attributed these symptoms to Dignity Health's behavior. Kazminy sought recovery for past and future emotional and physical pain and suffering.

Plaintiff's pre-trial 998 offer was $325,000. Defendant's pre-trial 998 offer was $25,000.

The jury found that Plaintiff Kazminy disclosed patient safety violations to a person with authority over her, or to a person with authority to investigate, discovery or correct legal violations. The jury found that Plaintiff refused to participate in unlawful activity in refusing to change the narcotics counts, that she reported unsafe patient care and conditions and that Dignity Health terminated her employment for this—and awarded her $1,032,511 in economic and non-economic damages.

The jury also found that her Iranian national origin was a substantial motivating reason for Dignity Health's decision to end her employment. As a result of this finding, Kazminy is legally entitled to attorney fees pursuant to the California Fair Employment and Housing Act.

The jury also found that Dignity Health's conduct was done with malice, oppression or fraud, entitling Kazminy to punitive damages. After a second phase of trial, the jury awarded Kazminy $2,400,000 in punitive damages.

The award

Past Economic Damages: $67,004; Future Economic Damages: $265,507; Past Non-economic Damages: $475,000; Future Non-economic Damages: $225,000; Punitive Damages: $2,400,000

Plaintiff's expert was Charles R. Mahla, Ph.D., Sacramento, whose specialty is economics.

***

VERDICT RESTORED—$3,000,000
John Barrie v. the California Department of Transportation

On March 28, 2019, The Third District Court of Appeal released an opinion in *John Barrie v. the California Department of Transportation*, which restored a Nevada County jury's $3-million verdict for a state worker who was harassed and discriminated against because of his chemical sensitivities allergy to perfumes, harsh chemical cleansers, etc. (C085175).

In April, 2017, Barrie's trial team, led by Lead Trial Attorney and CCTLA member and past president **Lawrance Bohm** and of counsel **Erik Roper**, demonstrated to the jury that CalTrans supervisors and employees engaged in a pattern of abusive conduct that included verbal tirades, stripping Barrie of his job duties in retaliation for him having requested an accommodation for this disability and complaining about harassment he was receiving, and deliberately exposing him to perfume.

On May 9, 2017, the jury found that CalTrans had discriminated against and harassed Barrie and awarded him $44,413 in economic damages and $3 million in non-economic damages.

CalTrans filed a post-trial motion pursuant to Code of Civil Procedure, section 657, requesting that the trial court issue a remittitur because it felt that the "non-economic damages for past emotional distress of $3 million show that this verdict was the product of

something other than due deliberation."

The trial court granted the motion and reduced the non-economic damages to $350,000. Barrie then appealed to the Third District Court of Appeals.

***

VERDICT: $450,001
($1,515,217 in fees being sought)
African-American building inspector terminated after raising concerns of race discrimination
Juvoni Sterling v. County of Sacramento

CCTLA member and past president **Jill P. Telfer** and **Pat Crowl** of Telfer Law won a verdict of $450,001 for their client, Juvoni Sterling, on Feb. 28 in a trial that centered on retaliation, race discrimination, failure to prevent the retaliation and discrimination and defamation for their client, who was released after two-and-a-half months working on probation for Sacramento County as a building inspector. The jury awarded her that amount for the harm caused by the county's manager and officials in the Building, Permits and Inspection Department. Plaintiff is now seeking fees in the sum of $1,515,217 under the Fair Employment and Housing Act.

Judge Stephen Acquisto presided over the highly contentious five-week trial. Defense counsel consisted of Shanan Hewitt, Wendy Motooka and Glenn Williams of Rivera and Associates.

Summary

On her first day on the job for which she was hired, Juvoni Sterling learned of a reorganization that changed her position and moved all of the minority residential building inspectors downtown, under the only minority manager and supervisor. The reorganization appeared to be race-based. In addition, Sterling was not receiving the resources and training necessary to be successful in the job and was being assigned to the public counter instead of conducting commercial electrical field inspections. She shared her concerns that the department discriminated against African-Americans and people of color with a manager. Human Resources, the chief building official and the director of the department learned of her complaint and rather than investigating it, began efforts to release Plaintiff from her probation status.

To camouflage the retaliation and discrimination, the county defamed Plaintiff by claiming her co-workers had complained about her and that she had engaged in an interaction with one male co-worker that was close to workplace violence. Defendant's motions for non-suit, mistrial , JNOV and new trial were all denied. In addition to the five-week trial, defendants brought two motions for summary judgment and a demurrer, and more than 25 depositions were conducted. Plaintiff's expert was Charles Mahla, Ph.D., of Econ One. Defendant called Carol Hyland as its expert to testify about mitigation.

Punitive damages issues to consider long before the jury instruction conference

By: Christopher Whelan,
CCTLA Board Member

1. Ad Hoc Formulation of Policy by Low- and Mid-Level Employees Creates a Managing Agent

What makes an agent a "managing agent" for purposes of punitive damage liability under section 3294 is simply the exercise of substantial *discretion* granted to an employee in something significant to the business. Evidence "that the employee exercised substantial discretionary authority over significant aspects of a corporation's business" proves he or she was a managing agent. *White v. Ultramar* (1999),21 Ca1.4th 563, 577.

"Managing agent" refers to "employees who exercise substantial independent authority and judgment over decisions that ultimately determine corporate policy." *Id*. at 573. This does not refer only to high-level corporate policymaking. To be "managing agents," employees need not be at a high "level," or any particular level at all, in a corporate hierarchy; nor do they need to be involved in express policymaking in any way. *Id*. at 574,576-577; *Egan v. Mutual of Omaha Ins. Co.* (1979) 24 Ca1.3d 809, 822.

"Rather, the critical inquiry is the degree of *discretion* the employees possess *in making decisions*" that ultimately determine policy. *White*, 21 Ca1.4th at 574 (emphasis added), citing *Egan*, 24 Ca1.3d at 822-823. And decisions "ultimately determine" corporate policy if by their nature, they impact *what* is done or not done, or under what *circumstances* it is done, or *how* it is done, in some significant aspect of the business. See *White*, 21 Ca1.4th at 577-78; *Egan*, 24 Ca1.3d at 822-23.

For example, in *Egan*, a claims adjuster and claims manager were managing agents based on evidence that "they exercised broad discretion in the disposition of plaintiff's claim" and "had ultimate supervisory and decisional authority regarding the disposition" of Egan's and others' claims, and based on the absence of evidence showing that they "acted with directions from above"or were constrained by policies from above. *Egan*, 24 Cal.3d at 823. Based on this, the Supreme Court found that "[t]he authority exercised by [agency claims mgr.] and [agency claims adjuster] necessarily results in the *ad hoc* formulation of policy." *Id*. In other words, such decisions result in an "ad hoc formulation of policy," and the corporation is liable for punitive damages for the employees' acts. See *White*, 21 Ca1.4th at 571; *Egan*, 24 Ca1.3d at 823.

In affirming *Egan*, *White* emphatically rejected that the required discretionary authority over "policy" is limited to formal, written corporate policies. *White* forcefully illustrates that when a corporate employer vests *ad hoc* policy formulation authority in seemingly low- or mid-level employees, it cannot escape punitive damages liability for their misconduct. *White*, 21 Cal.4th at 577-578.

There is basic logic to this rule. Where a corporation empowers an employee to make discretionary decisions as to what the company will do or not do, under what circumstances, or how, in a respect that is significant to the business, it is empowering that employee to make such decisions *for* the corporation. Thus the employee's decisions are *the corporation's* decisions.

Where a corporation has so reposed such confidence and discretionary authority in its employee, it is reasonable to conclude that if the employee's decisions and acts within the scope of employment warrant punishment, the corporation ought to bear it. And that conclusion is beyond debate where the employee's decisions within the scope of discretion granted by the corporation—i.e., the corporation's decisions—are among the wrongs that give rise to liability. *Compare College Hosp., Inc. v. Superior Court* (1994) 8 Ca1.4th 704, 723-24 (an employer is not punished "for an employee's conduct that is wholly unrelated to

its business or to the employee's duties therein").

Thus in *White*, while the court disapproved the notion that a corporation automatically has punitive damages liability for acts of any supervisory employee with power to hire and fire, it concluded the corporation in that case *did* have punitive damages liability based on a supervisory employee's firing of another; and what was significant was the *reason* she decided to do so. *White*, 21 Ca1.4th at 577-578.

"[V]iewing all the facts in favor of the trial court judgment," the court concluded the supervisory employee—a mid-level manager of eight convenience stores and at least 65 employees, who reported to department heads in the corporation's retail management department—was a managing agent. *White*, 21 Ca1.4th at 577-78.

The court stated without elaboration that her supervision of those stores and employees "is a significant aspect of Ultramar's business," and observed that she had much of the responsibility for running those stores. *Id*. at 577.

As two justices noted in a concurring opinion, "she was not a high-level manager or final policy maker" for Ultramar, "a large corporation that operates a chain of stores and gasoline service stations throughout California"; she was in effect a "local supervisor" and did not "purport to set any firm-wide or official policy concerning termination of employees for testifying at unemployment hearings." *Id*. at 580 (Mosk, J., concurring).

The court concluded she made "significant policy decisions affecting both store and company policy," but it identified only one: the reason for the decision she made to terminate the other employee. *Id*. at 577. "In firing White for testifying at an unemployment hearing, Salla exercised substantial discretionary authority over decisions that ultimately determined corporate policy in a most crucial aspect of Ultramar's business." *Id*. Her decision was an "ad hoc formulation of policy," see *Id*. at 580 (conc. op.), and her conduct could subject the corporation to punitive damages. *I*d. at 578.

Egan v. Mutual of Omaha "involved a bad-faith claim against an insurer for breach of the covenant of good faith and fair dealing based on the failure of two employees to investigate adequately a claim before denying insurance coverage." *White*, 21 Ca1.4th at 571, citing *Egan*, 24 Ca1.3d at 822-23. "In concluding the insurer's employees worked in a managerial capacity, *Egan* emphasized that the employees exercised substantial discretionary authority over decisions that resulted in an '*ad hoc* formulation of policy,' and their actions could be imputed to the employer." *White*, 21 Ca1.4th at 571, citing *Egan*, 24 Ca1.3d at 823. The employees "exercised broad discretion in the disposition of plaintiff's [insurance] 105 claim," and "[w]hen employees dispose of insureds' claims with little if any supervision, they possess sufficient

discretion for the law to impute their actions concerning those claims to the corporation." *Egan*, 24 Ca1.3d at 823.

The court thus subscribed to the view that their actions were the corporation's actions and noted that the discretionary authority exercised by those two employees "necessarily results in the ad hoc formulation of policy." *Id*. As such, the corporation was liable for punitive damages. *Id*.

The scope of an employee's discretionary authority and his or her status as a managing agent presents a question of fact for decision on a case-by-case basis (*White*, 21 Ca1.4th at 567). Examples include, *White*, a case in which a local supervisor, who had no responsibility or authority with respect to the company's operations outside of eight convenience stores, was a managing agent.

In *Egan*, a "claims manager" and a "claims adjuster" (24 Ca1.3d at 815-816) employed by a large insurance company each had sufficient discretionary authority to subject the company to punitive damages. In *Hobbs v. Bateman Eichler, Hill Richards, Inc.*(1985) 164 Cal.App.3d 174, 193, the court determined "[w]ithout question" that an "office manager" of a single branch office of a securities broker-dealer corporation was a managing agent.

2. Punitive Damage Liability Based on a Corporate State of Mind Instead of an Individual "Managing Agent's" State of Mind

The court in *Romo v. Ford Motor Co.* (2002) 99 Cal.App. 4th 1115[1],1140 found liability for punitive damages based upon an organizational involvement in acts establishing malice instead of the acts of a individual malicious managing agent, officer or director.

Romo held that corporate punitive damage liability can be based upon the malicious acts of a multitude of employees involved in various aspects of the process or events at issue and the fact that none of them were individually high enough on the chain of command to be managing agents did not prevent punitive damage exposure. "When the entire organization is involved in the acts that constitute malice, there is no danger a blameless corporation will be punished for bad acts over which it had no control, the primary goal of the "managing agent" requirement. (*Cf. Grimshaw v. Ford Motor Co.* (1981) 119 Cal. App. 3d 757, 814.)"

> *There is no requirement that the evidence establish that a particular committee or officer of the corporation acted on a particular date with "malice." A corporate defendant cannot shield itself from liability through layers of management committees and the sheer size of the management structure. It is enough if the evidence permits a clear and convincing inference that within the corporate hierarchy authorized persons acted despicably in "willful and conscious disregard of the rights or safety of others." (See Civ. Code,*

§ 3294, subd. (c)(1).)

A plaintiff may satisfy the "managing agent" requirement of Civil Code section 3294, subdivision (b), through evidence showing the information in the possession of the corporation and the structure of management decisionmaking that permits an inference that the information in fact moved upward to a point where corporate policy was formulated. These inferences cannot be based merely on speculation, but they may be established by circumstantial evidence, in accordance with ordinary standards of proof...

"It is difficult to imagine how corporate malice could be shown in the case of a large corporate except by piecing together knowledge and acts of the corporations multitude of managing agents."(Romo v. Ford Motor Co. (2002) 99 Cal.App. 4th 1115,1140, also (Willis v. Buffalo Pumps, Inc. (S.D.Cal. 2014) 34 F. Supp. 3d 1117, 1133.)

3. The Reprehensibility Factors in CACI 3940 and 3942 are Misleading and Inconsistent with *Roby v. McKesson* (2009) 47 Cal. 4th 686

The first reprehensibility factor for the jury's consideration set out in these jury instructions (CACI 3940 and 3942) is, "1. Whether the conduct caused physical harm." That key reprehensibly factor is easily misunderstood to not include "emotional distress" harm. The Supreme Court in *Roby v. McKesson Corp.*(2010) 47 Ca1.4th 686, 713, defined this reprehensibility factor to include emotional distress harm. The court explained "the harm to Roby was 'physical' in the sense that it affected her emotional and mental health, rather than being a purely economic harm." *Id. (Emphasis added.)* The court draws a distinction between "physical" and "purely economic" harms, and emotional distress is considered "physical" for this reprehensibility factor. *Id*

This point becomes important in cases where defendant causes emotional distress injury, but no physical harm, for instance in cases involving discrimination, harassment, defamation and invasion of privacy, to name a few.

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[1] *"The California Supreme Court denied defendant's petition for review and request for depublication of our original opinion on October 23, 2002. (See Romo v. Ford Motor Co., supra, 99 Cal.App.4th at p. 1152.) Although the judgment in this case was vacated by order of the United States Supreme Court, that action affected only limited—albeit important—portions of the case. Our original opinion [Romo v Ford Motor Co.(2002) 99 Cal. App. 4th 1115] , except for the section of the discussion entitled "Review Under Federal Constitution" (see Id. at p. 1149–1152), was not affected by the Supreme Court's action: the decision retains the ordinary precedential value of a published opinion of an intermediate appellate court, and it remains the law of the case on all points other than the federal constitutional issue. (Citations omitted.)" (Romo v. Ford Motor Co. (2003) 113Cal. App.4th 738, 744, fn. 1*)

CAOC-backed bills get Assembly's ok; move onto the Senate

CAOC-backed bill will give employees a choice of dispute resolution

Californians who are subject to sexual harassment and other misconduct at work will no longer be forced to resolve their disputes out of the public eye under a bill that was passed by the state Assembly on May 22. AB 51 will now go to the state Senate.

Assembly Bill 51 by Asm. Lorena Gonzalez (D-San Diego), co-sponsored by Consumer Attorneys of California (CAOC) and the California Labor Federation AFL-CIO, will guarantee workers can choose to take claims of workplace sexual misconduct, discrimination or other labor violations to a public forum, such as a court or state agency, rather than being forced to use a secret arbitration proceeding as a condition of employment. In addition, employers would be prevented from retaliating against an employee who refused to agree to such an arbitration clause.

"Arbitration can be an appropriate forum for resolving workplace disputes, but only if it workers freely and voluntarily choose it and don't have it forced upon them," said Consumer Attorneys of California president Mike Arias. "That freedom of choice is preserved under AB 51. But many workers will choose to take their claims to a public forum to expose the misbehavior and prevent serial harassers from harming others."

***

Assembly passes bill to protect e-scooter, e-bike users

The California Assembly on May 20 approved legislation that will add protections for users of rental e-scooters and e-bikes that have proliferated in many of California's larger cities.

Assembly Bill 1286 by Asm. Al Muratsuchi (D-Torrance), co-sponsored by Consumer Attorneys of California (CAOC) and the League of California Cities, will require cities and counties to adopt and enforce safety rules for shared mobility devices. AB 1286 will also require minimum insurance to protect not only riders but pedestrians and others in the event of injury.

"We need to get control of the Wild West situation on our streets and sidewalks that has developed without regulation," said Consumer Attorneys of California president Mike Arias. "Right now our pedestrians are forced to dodge riders on the sidewalks and negotiate their way around scooters that have been left at random in the right of way. Serious injuries, even deaths, are happening without adequate coverage for those who are harmed."

AB 1286 will create a uniform statewide insurance standard for e-scooters and bikes, following the lead of California's pioneering 2014 insurance requirements for companies such as Uber and Lyft. Rental companies will be prohibited from forcing riders to waive their legal rights as many now do, buried in long e-contracts that often also include complicated waivers releasing companies from responsibility for injuries or deaths, even when it's their fault.

In recent months, at least a half-dozen scooter riders across the country have been killed, two of them in California.

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Working While Pregnant

By: Kelsey DePaoli, of Travis G. Black & Associates and a CCTLA Board Member

Practicing law while pregnant has been a journey! Now that I am nearing the end of this experience, I can reflect back on some of the unique challenges and experiences pregnancy poses on professional women and women in general. By sharing this article, I am merely trying to share my personal journey and hoping other female lawyers feel better about expressing their thoughts, feelings and experiences.

Now in my third trimester, my due date is fast approaching, and there seems to be so much to do before then. In the beginning of this pregnancy, I was able to go on with business as usual, meeting with clients, driving long durations for depositions, hearings, or dealing with the constant issues of the work day. I was able to wear my "normal" work clothes and get through the day relatively easy.

I was one of the lucky ones who did not experience severe nausea or vomiting. I had some typical nausea, food aversions, smell aversions, and cramping, but overall, nothing I could not handle. I carried on at work and did not tell anyone about my joyful news for quite some time as I felt awkward to share. I did not know how people would react. Would they be happy for me? Would they treat me differently? Would they think I could not handle certain things? Would I be able to get through the hearings, mediations, and trials that were on my calendar?

I was worried as trials were being scheduled around my due date and so much was being put on the calendar around that time, yet it was too soon to tell people; I was not ready. In the beginning I put a lot of pressure on myself to work as if nothing were different, as if nothing was changing, like I was not growing a human inside me!

After the pregnancy seemed to be moving forward, and I was in the "safe zone," I started to reach out to other women regarding how they got through work while pregnant, how they told the people around them, including their colleagues and staff. How they planned to keep their careers with a newborn? I got a lot of great insight! There were so many options, and everyone does things different. I realized I would have to come up with my own plan, one that was comfortable for me and my family.

Our firm is a small firm, but busy! Our calendars are full and there is always plenty to do. As many of you who work in small firms know, the work doesn't get done if you're not there. You do not stay home if you're "just not feeling well." You must charge on.

As I said, luckily for me I did not get especially sick with this pregnancy like many women do. I am so grateful for that. However, it has not been without adjustments. Naturally, my body is a little more exhausted, my brain sometimes struggles to stay on point, and my moods can be "interesting," to say the least.

There is this a constant state of emotions present; worried, scared, excited, impatient, but at work you try to put that all aside and focus! You must get up, show up and take care of others. You must put yourself second all day and get the job done and do it well.

I have found myself not eating enough of the right foods, not moving enough all day, stuck at my desk trying to get one more thing done. Worrying and wondering if I was being enough for the baby. Was I giving him proper nutrients, was I getting enough blood flow for the baby?

I am by nature a worry wart; I analyze everything to a fault. I want to do it all. I did, and still do, struggle with the balancing act, how am I going to work full time, attend all the doctor's appointments, be involved in the outside groups I am involved with, get enough rest, exercise, and eat the right types of foods? What will my body and mind be like after the baby, along with everything else life brings?

Many days I lacked the energy to go to the gym or complete meal preparation. I wanted cinnamon rolls and coffee and to work in my sweats, but that just could not work. I spoke with many women about these thoughts and how they did not feel like themselves, and this put my mind at ease. I now know I

was becoming part of an elite club, one with so many people to turn to when I had questions or concerns.

One day I was sitting in court, waiting for my hearing to start, and I happened to be sitting next to another female lawyer who I remember seeing pregnant around a year ago. I started up a conversation with her and asked her how she did it all? She did say she took six months off practicing when her baby was born. I thought six months!!? How can people do that? Nobody does my job for me, there is no way I could take six months off. Then I have the voices of many women I have spoken with in the back of my head saying, "You will never get this time back, so take the time off."

The pressure of what I should do and what will work for me and my life was making me crazy. Taking too much time off seems stressful, the impact it would have on my cases, who would make sure all my clients were taken care of, who would settle the cases?

The thought of what I would come back to was so overwhelming. How will I feel leaving my brand-new baby in the arms of someone I barely know? Will my husband be able to take the time off we are hoping for? Will our families be able to help? None of them live here, so in the end it's just us. We need to make the tough decisions.

One would think that pregnancy is such a common thing that it would be this generic experience, this figured-out world, that we would all know what do, or what is right, but it is not. The thoughts, the feelings, dealing with opposing counsel while the only thing you can think about is your bladder and what you brought for a snack.

There are things that come without warning. I have had health complications, I am high-risk, I have pain, pain in my feet, my hip, my back, heart burn, full blown hot flashes, trouble catching a full breath, sitting in court or mediation or arguing a motion while my feet/heels are on fire. I remember a time my face was so red and I was sweating through my suit coat and I felt like the judge and opposing counsel could hear that I was winded when I tried to talk; how embarrassing.

I find myself wondering how it is for other pregnant women in the professional world. Were they more open about what was going on? Did they try to hide the "bump" in the beginning, like me? Or, were they braver than I? I will say once I shared my story, the relief and support from my office was more than I could have imagined. They were all happy, supportive and so far, willing to figure things out along with me. I can only hope all expecting mothers have similar support.

Overall, this time in my life has been quite an adjustment, but like anything in life I just figure it out as I go. There are women all over the world with rigorous careers who are pregnant, who like me, put school and career before a family. I was focused, I was not going to get married or have kids until I was stable and ready.

Now that I am here, and currently living it, I just want to say to other women: You inspire me! From my new point of view, the only advice I can offer is: share when you are ready, and take lots of good snacks and water everywhere you go. Own the changes, the pain, the weight gain, the moods, because you currently have a super-power, and that is having two brains in your body! Be honest with yourself and others. There is no right way, no wrong way; it is your own way!

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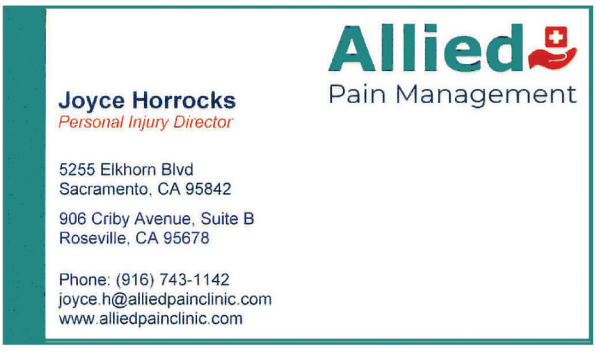

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Medi-Cal's Overly Tight Participation Regulations

Did you know?!!

By: Kayvan Haddadan, MD

If you are a California medical provider with multiple licenses, you better protect even those you no longer practice under, else you could find yourself automatically excluded/terminated from the Medi-Cal Program without notice, an administrative hearing or any right of appeal (i.e. "due process").

Sound amazing? Well, it is true.

Unlike any other health plan, whether private or government-sponsored, the California Legislature formed California Welfare & Intuitions Code 14043.6 to do just that.

It would appear that no one in the California Legislature or Department of Health Care Services (DHCS) imagined that a medical provider might progress in the field of medicine to a point where he/she holds several licenses but only practices under the most elevated one.

One such example would be if one started his/her career as a respiratory therapist, thus qualifying for a license as such from the Respiratory Care Board of California. Later, that individual earned degrees in nursing, including a Master's level degree that qualified him/her for a license as a nurse practitioner from the California Board of Registered Nursing. If for any reason the individual's license as a respiratory therapist was revoked, even though he/she no longer practiced under that license, the California Welfare & Intuitions Code 14043.6 allows DHCS/Medi-Cal to unceremoniously exclude/terminate the provider from the Medi-Cal Program while practicing under a valid nurse practitioner license.

This result is completely out of step with desires to expand healthcare access for lower-income and immigrant communities, not to mention the state's current and looming shortage of licensed primary care and specialty providers. "The Los Angeles Times" reported earlier this year: "$3 billion is needed to address California's doctor shortage, task force says," which pointed to a report issued by California Future Health Workforce Commission.

This regulation (California Welfare & Intuitions Code 14043.6) is akin to the State of California automatically barring a licensed locksmith from completing work he/she was hired to perform as a locksmith if he/she has a carpenter license in the past that was revoked. Worse yet, on a separate note if the licensed locksmith continued to perform work as a locksmith for the state, he/she would be subject to charges of fraud and forced to pay back all the money earned performing that locksmith work after the state's automatic disqualification.

Although this is an analogy, it is exactly what could and will occur if these regulations are not changed, even if only to guarantee an administrative hearing before exclusion/termination. See our YouTube video about titled "K the Key-maker" (https://youtu.be/jxySIyGcUMs) or just simply search the title "K the Key-maker" in the you tube. It offers a fairytale-like analogy and is intended to call into the question the rule-making of California lawmakers as it applies to serving Medi-Cal beneficiaries. Please stay tuned for the part 2 of this story after "K the key-maker 2," which is coming out soon.

You can find the link to California Welfare & Intuitions Code 14043.6 online. We will not force you to read the specific language, but we have provided the link to allow you to do so (not for the faint of heart):

http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=9.&title=&part=3.&chapter=7.&article=1.3.

Should You Have Disability Insurance?

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CCTLA COMPREHENSIVE MENTORING PROGRAM — The CCTLA Board has developed a program to assist new attorneys with their cases. For more information or if you have a question with regard to one of your cases, contact: Dan Glass at dsglawyer@gmail.com, Rob Piering at rob@pieringlawfirm.com, Glenn Guenard at gguenard@gblegal.com, Chris Whelan at Chris@WhelanLawOffices.com, Alla Vorobets at allavorobets00@gmail.com or Linda Dankman at dankmanlaw@yahoo.com.

MAY

Friday, May 31
CCTLA Luncheon
Topic: A Comprehensive Approach of Defeating the Biomechanical Defense
Speaker: John Stralen, Esq.
Sacramento County Bar Association
CCTLA Members only, $35

JUNE

Friday, June 7
CCTLA Seminar
Topic: Deposition Skills Training Seminar: Attacking Adverse Witness's "I Don't Know", "I Don't Remember" and "I Do Remember"
Speaker: Robert William Musante, Esq.
McGeorge School of Law (Classroom C), 1 p.m. to 4:30 p.m.
CCTLA Member $150, CCTLA Member Staff $100
Non-member Plaintiff Attorney $175

Tuesday, June 11
Q&A Luncheon
Noon, Shanghai Garden
800 Alhambra Blvd (across H St from McKinley Park)
CCTLA Members only

Thursday, June 13
CCTLA's 17th Annual Spring Reception & Silent Auction
Ferris White Home 1500 39th Street, Sacramento
5 to 7:30 p.m.

Thursday, June 20
CCTLA Problem Solving Clinic
Topic: Medical Billing Analysis
Speaker: Dorajane Apuna-Grummer
Arnold Law Firm
CCTLA Members only, $25

Friday, June 28
CCTLA Luncheon
Topic: Traumatic Joint Injuries
Speaker: Amir Jamali, M.D.
Sacramento County Bar Association
CCTLA Members only, $35

JULY

Tuesday, July 9
Q&A Luncheon
Noon, Shanghai Garden
800 Alhambra Blvd (across H St from McKinley Park)
CCTLA Members only

Friday, July 26
CCTLA Luncheon
Topic: Defeating Motions for Summary Judgment
Speaker: Stephen F. Davids
Sacramento County Bar Association
CCTLA Members $35 / Non-member $40

AUGUST

Tuesday, August 13
Q&A Luncheon
Noon, Shanghai Garden
800 Alhambra Blvd (across H St from McKinley Park)
CCTLA Members only

SEPTEMBER

Tuesday, September 10
Q&A Luncheon
Noon, Shanghai Garden
800 Alhambra Blvd (across H St from McKinley Park)
CCTLA Members oOnly

Thursday, September 19
CCTLA Problem Solving Clinic
Topic: Hidden Money, Hidden Danger in UM/UIM Cases
Speakers: Matt Donahue & Jack Vetter
Location: TBA - CCTLA Members only, $25

Friday, September 27
CCTLA Luncheon
Topic: A Review of Ethical Dilemmas in Mediations
Speakers: Judge Frank C. Damrell Jr. (Ret.)
& Judge Robert Hight (Ret.)
Sacramento County Bar Association
CCTLA Members $35 / Non-member $40

Contact Debbie Keller at CCTLA at 916 / 917-9744 or debbie@cctla.com
for reservations or additional information with regard to any of these programs

CCTLA Calendar of Events