

1 David M. Karen, Esq.  
State Bar No. 117883  
2 [dk@dk4law.com](mailto:dk@dk4law.com)  
Kimberly Offenbacher, Esq.  
3 State Bar No. 166318  
[ko@dk4law.com](mailto:ko@dk4law.com)  
4 A. Scott Brown, Esq.  
State Bar No. 221786  
5 [asb@dk4law.com](mailto:asb@dk4law.com)

6 **DK LAW GROUP, LLP**  
3155 Old Conejo Road  
7 Thousand Oaks, CA 91320  
Tel: (805) 498-1212  
8 Fax: (805) 498-3030

9 Attorneys for Plaintiffs JOSE RIERA;  
MICHELLE HIMES; DIANE SCURRAH;  
10 & DEBORAH CHASE

11 **UNITED STATES DISTRICT COURT**  
12 **CENTRAL DISTRICT OF CALIFORNIA**  
13

14 JOSE RIERA; MICHELLE HIMES;  
15 DIANE SCURRAH; DEBORAH  
16 CHASE; individually, and on behalf of  
all others similarly situated,

17 Plaintiffs,

18 v.

19 MECTA CORPORATION; SOMATICS,  
20 LLC; and DOES 1 through 10, inclusive,

21 Defendants.  
22

Case No.:

COMPLAINT FOR:

1. NEGLIGENCE/NEGLIGENCE  
*PER SE*;
2. STRICT PRODUCT  
LIABILITY—MARKETING AND  
INFORMATION DEFECT—  
FAILURE TO WARN; and
3. LOSS OF CONSORTIUM.

**CLASS ACTION**

DEMAND FOR JURY TRIAL

23  
24  
25  
26 Plaintiffs JOSE RIERA, MICHELLE HIMES, DIANE SCURRAH, and  
27 DEBORAH CHASE (collectively “Plaintiffs”), individually and on behalf of all  
28 other similarly situated individuals, hereby complain against Defendants MECTA

1 CORPORATION, SOMATICS, LLC and DOES 1 through 10, inclusive  
2 (collectively “Defendants”) and, on information and belief, allege as follows:

3 **SUMMARY OF THE ACTION**

4 1. This is a class action brought by Plaintiffs, on behalf of themselves and  
5 other similarly situated electroconvulsive therapy (“ECT”)<sup>1</sup> patients, who have  
6 sustained injuries resulting from Defendants’ conduct. This Court has subject  
7 matter jurisdiction under 28 U.S.C. §§ 1331 & 1332.

8 2. An ECT shock device is “a device used for treating severe psychiatric  
9 disturbances (e.g., severe depression) by inducing in the patient a major motor  
10 seizure by applying a brief intense electrical current to the patient's head.” 21  
11 C.F.R. § 882.5940(a). An ECT shock device, in lay terms, is used to administer  
12 ‘shock treatment.’

13 3. The California Department of Mental Health reported 3,302 patients  
14 given ECT in 2001 alone. The number of patients given ECT shock treatment in  
15 California per year is likely to have increased since that time.

16 4. The primary demographic for ECT shock treatment is comprised of  
17 patients suffering from bipolar disorder (“BPD”) and/or severe depression. ECT  
18 shock treatment is liberally prescribed for a variety of psychological disorders  
19 including, but not limited to schizophrenia and catatonia. ECT shock treatment is  
20 used on patients of all ages, including children and the elderly.

21 5. Plaintiffs and members of the putative class are individuals suffering  
22 from various degrees of physiological, psychological and emotional trauma  
23 including, but not limited to skin burns, permanent brain damage, severe permanent  
24 cognitive and memory impairment, broken teeth, prolonged seizures, myocardial  
25 infarction, ruptured bowels, acute and/or chronic organic brain syndrome, complete  
26 neurological collapse, and sometimes death, secondary to ECT shock treatment.

27 ///

28 <sup>1</sup> Also referred to as “shock therapy” or “shock treatment.”

1           6.       Despite statutory duties under the Food, Drug and Cosmetic Act  
2 (“FDCA”) and directives by the FDA, pursuant to the Medical Device Amendments  
3 of 1976 (“MDA”) that ECT device manufacturers report information concerning  
4 safety and effectiveness testing for their devices to the FDA,<sup>2</sup> no ECT device  
5 manufacturer, including MECTA CORPORATION or SOMATICS, LLC, complied  
6 with these statutory obligations. No ECT manufacturer, including either Defendant,  
7 responded to the FDA’s first two orders requiring them to submit safety and  
8 effectiveness data by May 28, 1982 and August 14, 1997, respectively. Defendants  
9 only responded to a third FDA order, mandated by the Safe Medical Devices Act of  
10 1990 (“SMDA”) requiring Defendants to submit “any information known or  
11 otherwise available” about the safety and effectiveness of the device, *including*  
12 *adverse safety or effectiveness information*. Defendants’ responses failed to include  
13 *any* information relating to the majority of physiological, psychological, and  
14 emotional injuries frequently suffered by those who receive ECT shock treatment.  
15 Defendants also grossly understated the incidence of death resulting from ECT.  
16 Such a response by Defendants failed to comply with their statutory reporting  
17 requirements under the MDA and SMDA.

18           7.       As a direct and proximate result of Defendants’ refusal to comply with  
19 multiple orders by the FDA and satisfy their state duties running parallel to their  
20 statutory duties, as of the time of this filing, ECT devices have never satisfied the  
21 stringent premarket approval standards that Class III medical devices are required to  
22 meet.

23           8.       Because of the lack of testing rigor, the mechanism of action by which  
24 ECT yields any alleged benefit to patients remains unascertained and unknown.  
25 Testing over the years has not shown any conclusive benefit to receiving ECT  
26 shock treatment past a brief bout of mania in the short-term, but the risks remain

27 <sup>2</sup> 44 Fed. Reg. 172, at 51776-51777 (Sept.4, 1979) (“This action is being taken under the Medical  
28 Device Amendments of 1976.”); *see* Medical Device Amendments of 1976, 21 U.S.C. § 351 *et*  
*seq.*

1 apparent, and include but are not limited to permanent long-term memory loss,  
2 cognitive impairment, debilitating electrical brain trauma, seizures, acute and/or  
3 chronic organic brain syndrome, complete neurological collapse, and death.

4 9. But for Defendants' failure to comply with the FDCA, MDA, and  
5 SMDA, the putative class members would not have suffered the serious injuries  
6 alleged in this complaint, since compliance would require that the Defendants  
7 investigate, solicit, and report information when they learn that their ECT devices  
8 may have contributed to a death or serious injury and specifically warn the FDA of  
9 adverse safety and effectiveness information.

10 10. Defendants' failure to submit to the FDA all safety and effectiveness  
11 data reasonably known and/or available relating to use of their ECT devices by  
12 certain effective dates for premarket approval rendered their devices "adulterated"  
13 under the FDCA.

14 11. Defendants' failure to furnish statutorily mandated material or  
15 information pertaining to occasions on which their devices may have contributed to  
16 a death or serious injury rendered their devices "misbranded" under the FDCA.

17 12. The manufacture, introduction, or receipt of an adulterated or  
18 misbranded medical device through interstate commerce is prohibited under the  
19 FDCA.<sup>3</sup>

20 13. Defendants' failure to warn the FDA of the latent dangers inherent in  
21 ECT resulted in a lack of knowledge among the medical providers of members of  
22 the putative class and the public in general about the latent dangers inherent in  
23 administration of ECT shock treatment, but they nevertheless continued to market  
24 their adulterated, misbranded, and defective ECT shock devices in the United  
25 States. Because some form of physiological, psychological, or emotional injury  
26 results universally from ECT shock treatment, Defendants' conduct directly and  
27 proximately caused injuries to the putative class.

28 <sup>3</sup> 21 U.S.C. § 331.



1           20. Plaintiffs are informed and believe and based thereon allege that, at all  
2 relevant times, starting with its founding in 1984, Defendant SOMATICS, LLC  
3 (“SOMATICS”) is and was a limited liability company formed and existing under  
4 the laws of the State of Florida with its principal place of business at 710  
5 Commerce Dr., Unit #101, Venice, FL 34292. Plaintiffs are further informed and  
6 believe and based thereon allege that SOMATICS is an ECT manufacturer and  
7 provider and, in that regard is authorized to conduct business in the State of  
8 California and does conduct business in the State of California.

9           21. Plaintiffs are not presently aware of the true names and capacities,  
10 whether individual, corporate, associate or otherwise, of Defendants named in this  
11 action as DOES 1 through 10, and each of them, and therefore sue such Defendants,  
12 and each of them, by such fictitious names. Plaintiffs are informed and believe, and  
13 on the basis of such information and belief allege, that each fictitiously named  
14 Defendant is legally responsible for the acts alleged herein, and/or is liable to  
15 Plaintiffs as hereinafter alleged. Plaintiffs are informed and believe, and on the  
16 basis of such information and belief allege, that at all times mentioned herein, that  
17 such fictitiously named Defendants, and each of them, were participants in the  
18 stream of commerce and/or necessary marketing agents that played a role in  
19 delivering ECT shock devices to their end users.

20           22. Plaintiffs are informed and believe, and, based upon such information  
21 and belief allege that the Defendants named in this action as DOES 1 through 10,  
22 and each of them, herein knowingly conspired together in various combinations,  
23 and agreed amongst themselves to act in concert and in furtherance of a common  
24 scheme, plan and design to commit, aid, abet and/or render substantial assistance in  
25 the wrongs complained of herein below. Plaintiffs are further informed and believe,  
26 and based upon such information and belief allege that Defendants knew as they  
27 were conducting themselves that they were substantially assisting in the  
28 accomplishment of wrongdoing, and had the right and ability to control the actions

1 of the remaining Defendants but did nothing to curb the activities described herein  
2 below, or prevent others from engaging in such conduct. Plaintiffs are further  
3 informed and believe, and based upon such information and belief allege, that  
4 Defendants, and each of them, actively condoned, encouraged, participated in,  
5 and/or instigated the conduct described herein below in furtherance of their  
6 common scheme, plan and design which entailed, among other things: (a) aiding  
7 and abetting the conspiracy and common course of conduct complained of herein;  
8 (b) participating in and/or knowing and acquiescing in the acts complained of  
9 herein, sufficient to categorize such conduct as conspiratorial; and (c) taking and/or  
10 ratifying conduct to enrich themselves or their co-conspirators, at the expense of  
11 Plaintiffs.

12 23. Plaintiffs are informed and believe that Defendants, and each of them,  
13 are in some manner legally responsible for the events alleged in this Complaint.  
14 Plaintiffs are further informed and believe that each of the Defendants acted in all  
15 respects pertinent to this action as the agent of the other Defendants, carried out a  
16 joint scheme, business plan, policy, or enterprise, or aided and abetted the acts and  
17 omissions alleged herein, and that the acts and omissions of each Defendant are  
18 legally attributable to the other Defendants.

### 19 JURISDICTION AND VENUE

20 24. This Court has subject matter jurisdiction over the lawsuit under the  
21 Class Action Fairness Act, 28 U.S.C. § 1332, because this is a proposed class action  
22 in which: (1) there are at least 100 Class members; (2) the combined claims of Class  
23 members exceed \$5,000,000, exclusive of interest, attorney's fees, and costs; and  
24 (3) Plaintiffs and Defendants are citizens of different states to the extent required by  
25 statute.

26 25. This Court has subject matter jurisdiction over the lawsuit under 28  
27 U.S.C. § 1331 because the vindication of Plaintiffs' rights under state law  
28 substantially and necessarily turn on a construction of federal law, specifically

1 21 U.S.C. § 360e with respect to premarket approval applications, 21 U.S.C. § 360i  
2 with respect to medical device manufacturer reporting requirements, and 21 U.S.C.  
3 § 351 with respect to the illegality of marketing adulterated or misbranded medical  
4 devices.

5 26. This Court has personal jurisdiction over Defendant MECTA because  
6 it has sufficient minimum contacts in California to render the exercise of  
7 jurisdiction by this Court proper.

8 27. This Court has personal jurisdiction over Defendant SOMATICS  
9 because it has sufficient minimum contact in California to render the exercise of  
10 jurisdiction by this Court proper.

11 28. Venue is proper in the Central District of California under 28 U.S.C.  
12 § 1391 because a substantial part of the events or omissions giving rise to the  
13 claims, including ECT shock treatment received by representative Class members,  
14 occurred in this District.

15 **PLAINTIFF-SPECIFIC ALLEGATIONS**

16 29. Plaintiff RIERA, in seeking an effective treatment for severe  
17 depression, underwent a series of six separate rounds of ECT shock treatment on  
18 April 22, 2016, April 25, 2016, April 27, 2016, April 29, 2016, May 2, 2016, and  
19 May 4, 2016 at Huntington Memorial Hospital in Pasadena, California. ECT did not  
20 generate any improvement in RIERA's severe depression. Instead, it caused severe  
21 physiological, psychological, and emotional injury.

22 30. Plaintiff HIMES obtained over twenty rounds of ECT shock treatment  
23 between about April 2011 and about July 2012 at Sharp Mesa Vista Hospital in San  
24 Diego, California. As a result of receiving ECT shock treatment, HIMES suffers  
25 severe physiological, psychological, and emotional injury. Plaintiff HIMES's  
26 husband suffers a loss of the consortium that HIMES offered during the course of  
27 their marriage as a result of HIMES's receipt of ECT shock treatment.

28 ///

1 31. Plaintiff SCURRAH underwent over fifty-eight rounds of ECT shock  
2 treatment in seeking to treat her bipolar disorder, beginning on March 28, 2012 and  
3 continuing for about nine months. ECT shock treatment caused SCURRAH severe  
4 physiological, psychological, and emotional injury.

5 32. Plaintiff CHASE underwent ECT shock treatment at least seven times  
6 in seeking to treat her major depressive disorder and severe anxiety, between April  
7 of 2015 and Spring of 2016. ECT shock treatment caused CHASE severe  
8 physiological, psychological, and emotional injury.

9 **CLASS ACTION ALLEGATIONS**

10 33. Plaintiffs bring this action on behalf of themselves and all others  
11 similarly situated as this action satisfies the requirements of numerosity,  
12 commonality, typicality, adequacy of representation, and predominance and  
13 superiority<sup>4</sup> requirements of Federal Rules of Civil Procedure, Rule 23.

14 34. The proposed Class is defined as follows:

15 **CLASS**

16 All individuals in the United States who received ECT  
17 shock treatment in California after May 28, 1982,  
18 administered by an ECT shock device that was  
19 manufactured, sold and/or distributed by Defendants after  
20 May 28, 1982, and who suffered an injury as a result  
21 thereof, with the exception of paragraph 35 below.

22 35. Excluded from the Class are government entities, and all judges  
23 assigned to hear any aspect of this litigation, as well as their immediate family  
24 members.

25 36. The members of the Class are so numerous that joinder is impractical.  
26 The Class consists of thousands of individuals, as ECT shock treatment has been  
27 available and administered to the described Class for more than 30 years, with the

28 <sup>4</sup> Fed. R. Civ. P. 23(b)(3).

1 annual estimate of ECT shock patients per year in California numbering in the  
2 thousands. Although the exact number and identity of the class members is not  
3 presently known, the class can be defined and ascertained by means of the objective  
4 criteria, through strategic publication, and through coordinated discovery of the  
5 identities of all purchasers of ECT shock devices as sold by and obtained from  
6 MECTA and SOMATICS since the beginning of the class period.

7 37. There are questions of law and fact that are common to the Class, and  
8 these common questions predominate over any questions affecting only individual  
9 Class members. Among the questions common to the Class are:

10 a. Defendants' statutory obligation not to market an adulterated or  
11 misbranded medical device and/or reporting requirements imposed by the  
12 FDCA;

13 b. Whether the FDCA gives rise to a duty to warn;

14 c. Whether Defendants violated statutory obligations and/or  
15 reporting requirements and/or breached their duty to warn;

16 d. The dates of said violations and/or breaches;

17 e. Whether, had Defendants complied with their statutory duties,  
18 their ECT devices would have been on the market;

19 f. Defendants' efforts to comply and/or justifications for non-  
20 compliance with the reporting requirements and/or duty to avoid marketing  
21 an adulterated or misbranded medical device as may be offered by  
22 Defendants in their defense;

23 g. Whether Defendants' violations and/or breaches can give rise to  
24 liability under the state laws running parallel to the federal laws;

25 h. Information as to the safety and effectiveness, or lack thereof,  
26 for the use of ECT shock devices;

27 i. The inherent dangers of the use of ECT shock devices;

28 j. Information known or knowable to Defendants regarding the

1 safety and effectiveness, or lack thereof, of the use of ECT shock  
2 devices;

3 k. Whether Defendants' culpable state of mind in in failing to  
4 comply with federal statutory duties and their parallel state counterparts  
5 subjects Defendants to punitive damages.

6 38. Common questions of fact and law predominate over any questions  
7 affecting only individual Class members with respect to liability, and damages may  
8 be properly bifurcated for separate determination.

9 39. The claims of Plaintiffs are typical of the claims of Class in that they  
10 underwent ECT shock treatment using an ECT shock device manufactured, sold  
11 and/or distributed by Defendants that, like the Class members, they would not have  
12 undergone had Defendants not violated the FDCA or had not manufactured, sold  
13 and/or distributed an adulterated, misbranded, and defective ECT shock device  
14 within the stream of commerce, and would therefore not have been injured by ECT  
15 shock treatment.

16 40. Plaintiffs will fairly and adequately protect the interests of the Class.  
17 Plaintiffs have no interests antagonistic to the interest of any of the other Class  
18 members.

19 41. Plaintiffs are committed to the vigorous pursuit of this action and have  
20 retained competent counsel with the necessary experience and skill to prosecute this  
21 action on behalf of the Class.

22 42. A class action is superior to other available methods for the fair and  
23 efficient adjudication of this controversy. The issues that may be jointly tried, when  
24 compared to those requiring separate adjudication, are so numerous and substantial  
25 that the maintenance of a class action would be advantageous to the judicial process  
26 and to the litigants. In light of the allegations made, individual litigation to resolve  
27 the whole of this matter would be unnecessarily costly and burdensome and would  
28 deter individual claims.

1 43. To attempt to resolve the entirety of this claim by processing  
2 individual cases would increase both the expenses and the delay, not only to class  
3 members, but also to Defendants and the Court. In contrast, a class action will  
4 avoid case management difficulties and provide multiple benefits to the litigating  
5 parties, including efficiency, economy of scale, unitary adjudication with consistent  
6 results and equal protection of the rights of each class member, all by way of the  
7 comprehensive and efficient supervision of the litigation by a single court.

8 44. Without class certification, the prosecution of separate actions by  
9 individual members of the class would create a risk of inconsistent or varying  
10 adjudications with respect to individual members of the proposed class that would  
11 establish incompatible standards of conduct for Defendants.

#### 12 SUBSTANTIVE ALLEGATIONS

13 45. The regulation of devices, including ECT devices, is relatively new.  
14 The United States Congress enacted the Medical Device Amendments of 1976 (the  
15 “MDA”), effective May 28, 1976, amending the FDCA “to provide for the safety  
16 and effectiveness of medical devices intended for human use.”

17 46. Pursuant to the MDA, the FDA was required to review all existing  
18 medical devices and, by regulation, divide each into one of three classes of devices  
19 established to control access to the market depending on the intended use, the  
20 indications for use, and the risks that the particular device posed to the user. A  
21 Class I (“General Controls”), device was subject to general post-market or after-sale  
22 controls including good manufacturing practices. A Class II (“Performance  
23 Standards”) device was to be subject to FDA established regulations for  
24 performance standards as well as post-market controls. A Class III (“Premarket  
25 Approval”) device required a premarket approval application (“PMA”) and  
26 approval before sale, or a product development protocol, and adherence to post-  
27 market controls. By way of contrast, a wheelchair is an example of a Class I device  
28 while an implantable pacemaker is an example of a Class III device.

1           47. On September 4, 1979, the FDA published an Order in the Federal  
2 Register (the “1979 FDA Order”) presenting its “final ruling” that ECT devices are  
3 Class III “Premarket Approval” devices under the MDA and specifically ordered  
4 manufacturers such as Defendants to prepare and submit a PMA for approval. The  
5 FDA’s ruling stated in relevant part:

6           The Food and Drug Administration (FDA) is issuing a  
7 final ruling classifying electroconvulsive therapy devices  
8 into Class III (premarket approval). The effect of  
9 classifying a device into Class III is to require each  
10 manufacturer of the device to submit to FDA a premarket  
11 approval application [“PMA”] that includes information  
12 concerning safety and effectiveness tests for the device.”<sup>5</sup>

13           48. The FDA’s Order followed the recommendation of the Neurological  
14 Section of the Respiratory and Nervous System Devices empaneled by the FDA due  
15 to the lack of available information regarding ECT devices and following public  
16 comment. The FDA concluded that Class III placement was required as “there is  
17 insufficient information to establish a standard to provide reasonable assurance of  
18 the safety and effectiveness of the ECT device.”<sup>6</sup>

19           49. As of September 4, 1979, Defendants herein, as manufacturers of ECT  
20 devices, were specifically ordered to submit a PMA application to the FDA for  
21 approval of this Class III device as a prerequisite to continued access to the market.  
22 The PMA application was to contain “safety and effectiveness” information derived  
23 from testing, e.g., from clinical trials. Moreover, PMA applications must include  
24 “specimens of the labeling proposed to be used for such device,”<sup>7</sup> to be submitted  
25 for FDA approval.

26  
27 <sup>5</sup> See 44 Fed. Reg. 172, at 51776-77 (Sept. 4, 1979) (reporting 21 C.F.R. § 882 [Docket No. 78N-1103]).

28 <sup>6</sup> See 21 C.F.R. § 882.5940.

<sup>7</sup> 21 U.S.C. § 360e(c)(1)(F).

1           50. Defendants, as manufacturers of ECT devices, were required to  
2 perform clinical trials and submit their respective PMA applications by May 28,  
3 1982.

4           51. Plaintiffs are informed and believe and based thereon allege that  
5 Defendants thereafter violated the MDA, and the 1979 FDA Order, and specifically  
6 failed to conduct human trials and/or submit PMA applications with safety and  
7 effectiveness information then available to date to the FDA by May 1982, or at all.  
8 Failure to timely submit PMAs resulted in Defendants' ECT devices being  
9 "adulterated" under federal law. Defendants continued to manufacture, sell and  
10 distribute their respective devices in the United States, and otherwise enabled their  
11 continued use, despite being "adulterated" under federal law.<sup>8</sup>

12           52. Plaintiffs are informed and believe and based thereon allege that  
13 Defendants failed to submit reports to the FDA whenever the Defendants received  
14 or otherwise became aware of information that reasonably suggested that one of  
15 their marketed devices may have caused or contributed to a death or serious injury,  
16 as required by federal law. Failure to submit such adverse event reports resulted in  
17 Defendants' ECT devices being "misbranded" under federal law.<sup>9</sup> Defendants  
18 continued to manufacture, sell, and distribute their respective devices in the United  
19 States, and otherwise enabled their continued use, despite being "misbranded"  
20 under federal law.

21           53. The United States Congress enacted the Safe Medical Devices Act of  
22 1990 ("SMDA"), effective November 28, 1990, amending the FDCA "to make  
23 improvements in the regulation of medical devices." Thereafter, the FDA published  
24 an Order in the Federal Register (the "1995 FDA Order") pursuant to the SMDA  
25 requiring that the manufacturers of ECT devices, including Defendants, submit a  
26 summary of, and a citation to, all information known or available about the safety

27 <sup>8</sup> 21 U.S.C. § 351; *see id.* § 331 (prohibiting "introduction," "receipt," or "delivery" of adulterated  
or misbranded devices into interstate commerce).

28 <sup>9</sup> 21 U.S.C. § 352(t).

1 and effectiveness of their respective ECT devices to the FDA by August 14, 1997.<sup>10</sup>

2 54. Plaintiffs are informed and believe and based thereon allege that  
3 Defendants violated the SMDA, and the 1995 FDA Order, by failing to submit a  
4 summary of, and a citation to, all information known or available about the safety  
5 and effectiveness of their respective ECT devices to the FDA by August 14, 1997.  
6 Defendants continued to manufacture, sell and distribute their respective devices in  
7 the United States, and otherwise enable their continued use.

8 55. On April 9, 2009, the FDA published a third Order in the Federal  
9 Register (the “2009 FDA Order”) again requiring the manufacturers of ECT  
10 devices, including Defendants, to comply with the SMDA by submitting all  
11 information known or available about the safety and effectiveness of ECT devices  
12 to the FDA by the deadline of August 7, 2009.<sup>11</sup> Defendants responded to this order,  
13 but withheld a significant amount of information relating to adverse events from the  
14 FDA. None of the information provided directly addressed the known issues of  
15 permanent memory loss, cognitive impairment, or the certainty of brain damage  
16 resulting from ECT.

17 56. The FDCA’s implementing regulations provide that manufacturers of  
18 medical devices must report to the FDA within 30 calendar days after the day that  
19 the manufacturer receives, or otherwise becomes aware of information, from any  
20 source, that reasonably suggests that a device marketed by the manufacturer: “(1)  
21 may have caused or contributed to a death or serious injury; or (2) has  
22 malfunctioned and this device or a similar device that [the manufacturer has  
23 marketed] would be likely to cause or contribute to a death or serious injury, if the  
24 malfunction were to recur.”<sup>12</sup>

25 57. The regulations provide that manufacturers must submit all  
26 information “reasonably known.” “Reasonably known” information is “(i) [a]ny

27 <sup>10</sup> 60 Fed. Reg. 156, at 41986-89 (Aug. 14, 1995).

28 <sup>11</sup> 74 Fed. Reg. 67, at 16214-17 (Apr. 9, 2009).

<sup>12</sup> 21 C.F.R. § 803.50(a).

1 information that you can obtain by contacting a user facility, importer, or other  
2 initial reporter; (ii) any information in your possession; or (iii) any information that  
3 you can obtain by analysis, testing, or other evaluation of the device.”<sup>13</sup>

4 58. Defendants continued to violate the SMDA, and related orders, by  
5 failing to produce reasonably known information and by withholding a large  
6 quantity of data from the FDA relating to the safety and effectiveness of their  
7 respective ECT devices, including data relating to the devices’ collective propensity  
8 to cause harm.

9 59. Plaintiffs are informed and believe and based thereon allege that when  
10 the FDA, pursuant to statutory duty, scheduled hearings before its Neurological  
11 Devices Panel in 2011 to discuss the safety and effectiveness of ECT shock  
12 treatment, Defendants hired numerous psychiatrists with conflicts of interest to  
13 perform a skewed culling of data points (from about 60 studies out of 1,200) so as  
14 to suggest that ECT shock treatment posed minimal risks and had significant short-  
15 term benefits, and had a death rate hundreds of times lower than the actual death  
16 rate of those who undergo ECT shock treatment.

17 60. Plaintiffs are informed and believe and based thereon allege that the  
18 overwhelming weight of scientific evidence relating to ECT shock treatment  
19 suggests that there is no long-term benefit to receiving ECT shock treatment at all,  
20 that the alleged short-term benefits are transient and are little more than a bout of  
21 mania following brain damage, that ECT shock treatment inherently damages the  
22 brain, and that any mechanism of action by which it is said to ‘treat’ depression or  
23 mental illness is hypothetical.

24 61. As a result of the Defendants’ conduct in violating statutory  
25 requirements and selective withholding and manipulation of the data surrounding  
26 ECT devices, and the duties under state law running parallel to such requirements,  
27 the devices have continued to be manufactured, sold, distributed and have remained

28 <sup>13</sup> 21 C.F.R. § 803.50(b).

1 in use without testing, public dissemination of reliable information and data as to  
2 safety and effectiveness, warnings of inherent dangers, and without the requisite  
3 premarket FDA approval.

4 62. Defendants continue to manufacture, sell and distribute adulterated,  
5 misbranded, and defective ECT devices to this day. Doing so violates both a duty  
6 established under federal statute and parallel duties under state tort law.

7 63. The FDA's guidance document pertaining to medical device reporting  
8 states that "a publicly disclosable version of the medical device reports that we have  
9 received is available on the CDRH webpage at [http://www.accessdata.fda.gov/  
10 scripts/cdrh/cfdocs/cfMAUDE/search.CFM](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMAUDE/search.CFM)."<sup>14</sup> Of the 49 reports posted on the  
11 MAUDE database pertaining to ECT devices, the majority appear to have been  
12 voluntarily submitted by patients, and none appear to have been submitted by  
13 device manufacturers under their mandatory reporting duties. Had Defendants  
14 complied with their federal and parallel state duties to report to the FDA all safety  
15 and effectiveness data reasonably known or available for ECT, the FDA's MAUDE  
16 database would have reflected the multitude of adverse events that routinely result  
17 from administration of ECT shock treatment.

18 64. Adverse events have regularly resulted from administration of ECT  
19 shock treatment since ECT's inception in 1938 such as to make it virtually  
20 impossible that any ECT manufacturer could escape the FDCA's obligation to  
21 investigate and report these events to the FDA. For example, from the 1940s to the  
22 1980s, various psychiatric experts have documented brain damage correlated with  
23 ECT. These adverse events were "reasonably known" to both MECTA and  
24 SOMATICS, and therefore created a statutory duty to investigate and report them to  
25 the FDA. However, there are no manufacturer-submitted adverse event reports in  
26 FDA's MAUDE database, illustrating Defendants' continuous and intentional

27  
28 <sup>14</sup> MEDICAL DEVICE REPORTING FOR MANUFACTURERS: GUIDANCE FOR INDUSTRY AND FOOD  
AND DRUG ADMINISTRATION STAFF DOCUMENT 26 (2016).

1 failure to report adverse events to the FDA.

2 65. Multiple lawsuits were filed against MECTA corporation in the 1990s.  
3 These lawsuits alleged serious injuries, including but not limited to brain damage,  
4 permanent cognitive impairment, and ruptured bowels resulting from ECT shock  
5 treatment. The CEO of MECTA, Ms. Robin Nicol, admits that these lawsuits  
6 alleged that MECTA's devices caused brain damage to the patients. She testified  
7 that she was not even curious why multiple people had sued her company for  
8 causing them brain damage, assuming the lawsuits to be "frivolous."  
9 Defendants intentionally evaded their duty to investigate these adverse events or  
10 submit any adverse event reports to the FDA.

11 66. In sworn deposition testimony in 2004, in an unrelated suit, Robin  
12 Nicol, was asked if she or anyone from her company had "made any effort to solicit  
13 information from persons who have received ECT to see whether or not they have  
14 been harmed." She responded "no . . . that is not in the purview of our company's  
15 responsibilities."

16 67. Had Defendants satisfied their reporting duties, ECT patients' medical  
17 providers would have been properly informed by the FDA's MAUDE database, by  
18 medical journals, and thereafter by direct warning from the FDA as to the inherent  
19 risks associated with ECT. ECT is inherently harmful to the human brain, but this  
20 fact is not publicly known because of Defendants' breach of their FDCA reporting  
21 duties and all state common law duties running parallel to those FDCA reporting  
22 requirements.

23 68. If the medical providers for members of the putative class or general  
24 public had knowledge of the devices' inherent risk of permanent injury, members of  
25 the putative class would not have undergone ECT shock treatment, but for  
26 Defendants' breach of their federal and state reporting duties that arose out of the  
27 requirements imposed by the Food, Drug, and Cosmetic Act and the FDA's three  
28 orders.

1           69. But for Defendants' marketing of adulterated, misbranded, and  
2 defective medical devices, plaintiffs would not have had access to ECT shock  
3 treatment, and would not have suffered the injuries alleged herein. Accordingly,  
4 but for Defendants' conduct, ECT shock devices would not exist in their current  
5 form, if at all.

6           70. ECT shock devices are defined in the FDA's regulations without  
7 reference to particular manufacturers. Thus, any warning of adverse events by one  
8 manufacturer would have been reported under the same category of "Device,  
9 Electroconvulsive Therapy" on the FDA's MAUDE database. The same warning  
10 and testing requirements applied to all manufacturers, and warnings submitted by  
11 one manufacturer would have by definition alerted all healthcare providers of the  
12 dangers posed by any manufacturer's ECT devices. Accordingly, by failing to  
13 report adverse events to the FDA and failing to furnish other required safety and  
14 effectiveness information to the FDA, each Defendant actually and proximately  
15 caused the injuries suffered by every member of the putative class without regard to  
16 which Defendant manufactured the particular device that caused the particular  
17 injury.

18           71. Defendants concealed the facts such that no plaintiff reasonably would  
19 have known of facts giving rise to this suit: namely, that MECTA  
20 CORPORATION, SOMATICS, LLC and DOES 1-10 comprehensively failed to  
21 investigate adverse events, conduct human clinical trials, and report all safety and  
22 effectiveness data known or available relating to the use of their ECT devices to the  
23 FDA, as was required by the three FDA orders and the state medical device warning  
24 duties running parallel thereto.

25           72. Because of Defendants' fraudulent concealment of facts, no member of  
26 the putative class knew or should have known that Defendants failed to comply  
27 with federal statutory requirements or of the dangers inherent in use of ECT shock  
28 devices that gave rise to their claims asserted herein.



1 78. RIERA, HIMES, SCURRAH, and CHASE, as well as all other  
2 members of the putative class, underwent ECT shock treatment delivered by ECT  
3 shock devices placed into the stream of commerce by Defendants after May 28,  
4 1982.

5 79. RIERA, HIMES, SCURRAH, and CHASE, as well as all other  
6 members of the putative class, have suffered, and/or continue to suffer permanent  
7 brain damage, cognitive impairment, severe permanent retrograde and anterograde  
8 amnesia, and acute and/or chronic organic brain syndrome and related injuries  
9 following ECT shock treatment. This harm is of the type sought to be prevented by  
10 the passage of the FDCA, MDA, and SMDA.

11 80. Had Defendants complied with their state law duties to give a post-sale  
12 warning to the FDA of all information the manufacturer becomes aware of, from  
13 any source, that reasonably suggests that its device may have caused or contributed  
14 to a serious injury (as was required by the FDCA), ECT in its current form would  
15 not have been marketed to the medical providers of members of the putative class.  
16 Accordingly, the negligent conduct of MECTA, SOMATICS, and DOES 1-10  
17 actually caused, proximately caused, and was a substantial factor in causing the  
18 harm suffered by members of the putative class. Accordingly, compensatory  
19 damages are appropriate.

20 81. Alternatively, had Defendants complied with their state law duties to  
21 give a post-sale warning to the FDA of all information the manufacturer becomes  
22 aware of, from any source, that reasonably suggests that its device may have caused  
23 or contributed to a serious injury (as was required by the FDCA), this information  
24 would have appeared prominently and accessibly in the FDA's MAUDE database  
25 and in medical journals and the FDA would have promulgated a warning to the end  
26 users of ECT shock devices within the medical profession, who would have been on  
27 constructive notice of the latent dangers inherent in providing ECT shock treatment  
28 to members of the putative class in time to prevent their injuries.

1 Accordingly, the negligent conduct of MECTA, SOMATICS, and DOES 1-10  
2 actually caused, proximately caused, and was a substantial factor in causing the  
3 harm suffered by members of the putative class. Accordingly, compensatory  
4 damages are appropriate.

5 82. Alternatively, Defendants had a duty not to market their defective,  
6 adulterated, and misbranded devices after failing to comply with their reporting  
7 requirements.

8 83. Defendants acted with oppression, fraud and malice. As such, punitive  
9 damages are appropriate.

10 **SECOND CLAIM FOR RELIEF**

11 **Strict Product Liability**

12 **Marketing and Information Defect– Failure to Warn**

13 **(By Plaintiffs against all Defendants)**

14 84. Plaintiffs hereby re-allege, and incorporate by reference as though fully  
15 set forth herein, paragraphs 1 through 83 of this Complaint.

16 85. Defendants MECTA, SOMATICS, and DOES 1-10 manufactured,  
17 distributed, and sold their ECT devices in the stream of commerce within the  
18 United States, knowing that it was to be used without inspection for defect.

19 86. The ECT devices, at all times relevant to the causes of action alleged in  
20 this Complaint, caused and continue to cause permanent brain damage, severe  
21 permanent retrograde and anterograde amnesia, and acute and/or chronic organic  
22 brain syndrome, and these facts were both known and knowable in light of the  
23 scientific and medical knowledge available in the scientific community.  
24 Defendants' failure to adequately warn plaintiffs and medical providers by warning  
25 the FDA of these latent dangers renders the devices adulterated, misbranded, and  
26 defective with respect to the marketing and information provided to the members of  
27 the putative class alleged herein.

28 ///

1 87. Permanent brain damage, cognitive impairment, severe permanent  
2 retrograde and anterograde amnesia, and acute and/or chronic organic brain  
3 syndrome present a substantial danger to patients when “electroconvulsive therapy”  
4 devices are used as intended or misused in a foreseeable way.

5 88. Ordinary consumers would not recognize these potential risks inherent  
6 to ECT devices.

7 89. MECTA, SOMATICS, and DOES 1-10 failed to investigate and  
8 provide adequate warnings of these risks.

9 90. RIERA, HIMES, SCURRAH, and CHASE, as well as all other  
10 members of the putative class, suffer permanent brain damage, severe permanent  
11 retrograde and anterograde amnesia, and acute and/or chronic organic brain  
12 syndrome as a direct result of administration of ECT shock treatment. Plaintiffs  
13 and members of the putative class, had they been properly warned about the true  
14 nature of ECT shock devices, would not have received ECT shock treatment.

15 91. Had Defendants complied with their state law duties to give a post-sale  
16 warning to the FDA of all information the manufacturer becomes aware of, from  
17 any source, that reasonably suggests that its device may have caused or contributed  
18 to a serious injury (as was required by the FDCA), ECT shock devices in their  
19 current form would not have been marketed to the medical providers of members of  
20 the putative class. Accordingly, the conduct of MECTA, SOMATICS, and DOES  
21 1-10 actually caused, proximately caused, and was a substantial factor in causing  
22 the harm suffered by members of the putative class. Accordingly, compensatory  
23 damages are appropriate.

24 92. Alternatively, had Defendants complied with their state law duties to  
25 give a post-sale warning to the FDA of all information the manufacturer becomes  
26 aware of, from any source, that reasonably suggests that its device may have caused  
27 or contributed to a serious injury (as was required by the FDCA), this information  
28 would have appeared prominently in the FDA’s MAUDE database and in medical

1 journals and the FDA would have promulgated a warning to the end users of ECT  
2 shock devices within the medical profession, who would have been on constructive  
3 notice of the latent dangers inherent in providing ECT shock treatment to members  
4 of the putative class in time to prevent their injuries. Accordingly, the conduct of  
5 MECTA, SOMATICS, and DOES 1-10 actually caused, proximately caused, and  
6 was a substantial factor in causing the harm suffered by members of the putative  
7 class. Accordingly, compensatory damages are appropriate.

8 93. Alternatively, Defendants had a duty not to market their defective  
9 devices after failing to comply with their reporting requirements.

10 94. Defendants acted with oppression, fraud and malice. As such, punitive  
11 damages are appropriate.

### 12 **THIRD CLAIM FOR RELIEF**

#### 13 **Loss of Consortium**

14 95. Plaintiffs hereby re-allege, and incorporate by reference as though fully  
15 set forth herein, paragraphs 1 through 94 of this Complaint.

16 96. Some members of the putative class are spouses of patients who  
17 underwent ECT shock treatment, and as a result have suffered a loss of consortium.

18 97. Such members of the putative class were in valid and lawful marriages  
19 to persons injured by ECT shock treatment.

20 98. Those injured by ECT shock treatment suffered tortious injuries as a  
21 result of Defendant's actions.

22 99. Those members of the putative class in marriages to those that have  
23 suffered injury resulting from ECT shock treatment have suffered a loss of  
24 consortium.

25 100. That loss of consortium was a direct and proximate result of the  
26 Defendant's acts.

27  
28

