



Pierce County

Human Resources Department

**COMPLAINT OF IMPROPER GOVERNMENTAL ACTION**  
(PIERCE COUNTY CODE CHAPTER 3.14 WHISTLEBLOWER PROTECTION)

RECEIVED  
JAN 24 2019  
PIERCE COUNTY  
HUMAN RESOURCES

1. **COMPLAINANT** (Person filing the complaint)

NAME: Dr. Megan Quinn

DEPARTMENT: PC Medical Examiner's Office WORK PHONE: 253-798-6494

2. **ALLEGED VIOLATOR** (Employee accused of violation)

NAME: Dr. Thomas B. Clark

DEPARTMENT: Medical Examiner's Office WORK PHONE: 253-798-6494

POSITION: Chief Medical Examiner WORK PHONE: \_\_\_\_\_

3. **ALLEGED IMPROPER GOVERNMENTAL ACTION** (Check one)

- VIOLATES ANY STATE OR FEDERAL LAW OR PIERCE COUNTY ORDINANCE
- CONSTITUTES AN ABUSE OF AUTHORITY
- CREATES A SUBSTANTIAL OR SPECIFIC DANGER TO THE PUBLIC HEALTH OR SAFETY
- RESULTS IN A GROSS WASTE OF PUBLIC FUNDS

4. **SPECIFY CODES/LAWS VIOLATED** (If known)

PCC 2.06.010 (1) & (2); common law practice standards applicable to medical examiners;  
Medical Examiner's mission statement: "providing thorough, consistent, impartial and independent  
medicolegal death investigations."

5. **DESCRIBE THE IMPROPER GOVERNMENTAL ACTION** (Include all known details such as persons involved, dates, locations, circumstances, witnesses, etc. Use additional paper as required).  
See Attached Appendix A.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



6. IDENTIFY OTHERS WITH PERSONAL KNOWLEDGE (Identify and provide the name, address and telephone number, if known, of any other persons who may have personal knowledge of the alleged improper governmental action).

NAME: See Attached. TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NOTE: You may attach written statement of any other person who has personal knowledge of the alleged violation(s). Unsigned complaints or statements by unidentified witnesses may not be accorded the credence of a signed statement.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY PURSUANT TO THE LAWS OF WASHINGTON STATE THAT ALL THE INFORMATION CONTAINED IN THIS COMPLAINT, AND ANY ATTACHMENTS HERETO, ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signed by me this 23 day of January, 2019.

[Handwritten signature]
Employee's signature

Pierce County employees are encouraged to report improper governmental action to the Pierce County Human Resources Department Director 615 South 9th Street, Suite 200, Tacoma, Washington, 98405.

REPORT OF IMPROPER GOVERNMENTAL ACTION  
PCC 3.14 and RCW 42.41

APPENDIX A

Date: January 23, 2019

Reporting Employee: Dr. Megan Quinn

Position: Associate Medical Examiner  
Forensic Pathologist  
Pierce County Medical Examiner's Office

Subject Employee: Dr. Thomas B. Clark

Subject Employee Position: Chief Medical Examiner  
Forensic Pathologist  
Pierce County Medical Examiner's Office

Subject's Supervisor: Bruce Dammeier  
Pierce County Executive

Supervisor's Phone: (253) 798-7477

Whistleblower Complaint:

**PCC 2.06.010**

F. **Medical Examiner.** This department shall be headed by the Pierce County Medical Examiner. The department is responsible for the following functions and/or divisions:

1. Protecting the public health, safety, and welfare by determining the cause and manner of sudden, unexpected, violent, suspicious, or unnatural deaths with the use of trained medical evaluation and investigatory procedures.
2. Providing documented, impartial medical evidence for civil and criminal proceedings.
3. Exposing unrecognized and industrial hazards to public health.

**DESCRIBE THE IMPROPER GOVERNMENTAL ACTION**

1. Disregard of Practice Standards. Dr. Clark fails in his management of cases to adhere to established practice standards set forth by academic forensic pathology literature, the National Association of Medical Examiners, and the American Board of Pathology. In addition, Dr. Clark actively interferes with my investigations and prevents both me and staff from adhering to practice standards.

For instance, Dr. Clark regularly opposes and has prohibited the verification of decedents identities via electronic submission of fingerprints for comparison analysis. Fingerprint verification is readily available to the ME's office at no cost. Prior to my arrival, the office misidentified a decedent, which was covered in the media and an embarrassment to the office. It is well known that sometimes a decedent is found carrying ID belonging to another person, and I have had cases where this has occurred. Yet, I am not permitted and Dr. Clark has told our staff to deny my request for a positive identification in homicide cases. Positive identification protects the family, our investigation, the office, and the County from making an easily preventable and costly mistake.

In another instance, Dr. Clark stopped me from performing soft tissue dissection in an infant homicide in which the baby had evidence of blunt force trauma.

Dr. Clark reaches inappropriate conclusions about cause and manner of death through his deliberate disregard of forensic evidence. Earlier this month, a little girl, fifteen months old, came in from Mary Bridge Children's Hospital where the pediatric specialists who treated her were highly concerned about inflicted injury and intentional suffocation based on external evidence of injury (bruising inconsistent with history provided, radiological evidence of a probable healed clavicle fracture, and a history insufficient to explain these findings). In briefing the case with me, Dr. Clark prematurely declared the cause an accidental overlay resulting in asphyxiation. His comments to me in support of his opinion did not make sense, and were actually inconsistent with my review of the case. I found sufficient discrepancies between what Dr. Clark told me, what the medical records showed, and what I observed in our investigation file that I felt obligated to report the case to CPS and law enforcement. My concerns included the well-being of another child I understood to be in the involved home. *See* Fircrest Police Incident Report No. 1902201878.1.

My concerns are not limited to this one instance. There is another 2016 case of a little boy, twelve months old, who died while in the care of the grandmother's boyfriend. The investigation and external exam findings were suspicious, but the autopsy Dr. Clark performed and subsequent investigation were insufficient to adequately draw the conclusion he reached because he failed to do the expected and required procedures in an investigation of an unexpected death of a child.

Of similar concern in other cases, Dr. Clark limits investigations to an external examination in instances that violate practice standards. Forensic pathologists are expected to perform a forensic autopsy, not just an external examination, in instances of questionable or unexplained causation. *See*, National Association Forensic Autopsy Performance Standards - B3.

Washington State statute requires a medical examiner, upon request, to meet with the family of the decedent to discuss the post mortem and autopsy findings, RCW 68.50.105. In practice, Dr. Clark routinely refuses to speak to family members about the post mortem or autopsy findings in person or by phone.



Dr. Clark routinely discounts and dismisses the well-established opioid crisis in this County. He has stated it is not our job to deal with the issue, and that the opioid crisis is not real, or the numbers do not support it. He refuses to collaborate with our partners in public health, at the department of justice, or the CDC in data gathering, surveillance, and awareness. He has told me disparagingly that I “have an emotional relationship with the opioid epidemic.” I responded that I recognize the opioid epidemic is a public health crisis, that our role is to serve the public health, and that it is frankly irresponsible of him to make such comments at morning meetings or anywhere else.

2. Alteration of Death Certificates. Dr. Clark regularly alters death certificates without the consent of the examining pathologist. A change in the death certificate creates disparities with the cause of death listed in an autopsy report. These discrepancies create potential impeachment evidence at trial or when attesting to the cause of death. I suspect he is making these changes without notifying next of kin. Dr. Clark just changed a death certificate that I issued as undetermined COD and undetermined MOD to pending/pending without my consent. He did this despite my communication to him that I had consulted three practicing forensic pathologists and had further discussion with the detective in the case and that I was standing by my determination. In this case, the decedent was found in a car trunk rolled in a carpet. Dr. Clark wanted me to report it as an accidental overdose. The decedent’s presentation was inconsistent with a routine accidental overdose. The recovery of a body under suspicious circumstances, even in the context of toxicology findings that could reasonably explain a death in other circumstances, along with further investigative findings, warrant a consideration of undetermined for COD/MOD unless a plausible explanation is discovered. When, after a thorough investigation of the circumstances of a case, investigative information, and a complete autopsy, there remain questions as to how a death occurred, it is our obligation not to do a disservice to the decedent and investigative process by naming it something it is not.

3. False Statements About Evidence. Failure to Cooperate With Law Enforcement. In a recent officer involved shooting case, Dr. Clark refused a detective’s request for a blood sample. This detective needed lab results quickly and was willing to cover the costs of labs, rather than wait for the State Crime Lab where the results might otherwise be delayed for up to six months due to backlogs. In this case, there were three law enforcement officers on administrative leave waiting for clearance to return to work. In another instance, Dr. Clark asked an investigator to tell the detective that there was no available blood when, in fact, there was blood and other specimens that could have been provided to facilitate that investigation.

Dr. Clark commonly misrepresents important facts, laws, statistics, and other information in staff briefings, case reviews, and when justifying his actions.

4. Mismanagement of Evidence. Dr. Clark has said to me that I should only keep autopsy photos that “show what we want them to show”, and otherwise destroy the rest. I believe it is his practice to omit documentation of findings that are inconsistent with his conclusions. I told him

I will not delete autopsy photos from my cases once the photos are uploaded into our information system.

Dr. Clark routinely abuses and exploits his authority by demanding copies of digital evidence, such as the entire FAA audio recording of the stolen Alaska airplane, and a video of an officer involved shooting at the Emerald Queen Casino. He retains the footage without permission and downloads it onto the MEO server without consent from the investigative agency and without any legitimate forensic purpose for retaining the evidence.

5. Office Bullying. After accepting the position, I learned that Dr. Clark was the subject of a 2016 whistleblower investigation in which he was found, among other things, to be “arrogantly vindictive” and a “bully.” His bullying behavior continues unchecked. The working environment remains toxic. Staff are concerned that he is monitoring them remotely by video and/or audio. He shares private information about staff with other staff and with individuals not employed at the PCMEO. He requested an expenditure to purchase Alexa technology for multiple office desks, which staff suspected was a means for him to more closely monitor them. Staff have reported that Dr. Clark will call them just as they arrive pulling into the ME’s office as if he is monitoring their comings and goings on the video cameras. They fear him and some have expressed fear to be alone with him.

WITNESSES:

The names and contact information for the various witnesses to this complaint will be supplemented through counsel subject to an agreement to protect these witnesses from retaliation. Dr. Clark’s established vindictive nature warrant additional safeguards in this instance.

The above information is true and correct to the best of my abilities.



Dr. Megan Quinn  
Associate Medical Examiner

Represented by:

Joan K. Mell  
III Branches Law, PLLC  
1019 Regents Blvd. Ste 204  
Fircrest, WA 98466  
253-566-2510  
joan@3brancheslaw.com