

**IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

Mosby and Erin Simmons,	)	
individually and as guardians	)	Case No.
of the minor child T.A.,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	
	)	
The SoyNut Butter Company,	)	
	)	
Defendant.	)	

**COMPLAINT**

COME NOW the Plaintiffs, Mosby and Erin Simmons, by and through their attorneys of record, Newland & Newland, LLP, and Marler Clark, L.L.P., P.S., complaining of the Defendant, the SoyNut Butter Company, and allege and state as follows:

**PARTIES**

1. At all times relevant to this action, the Plaintiffs resided in Santa Clara County, California, with the minor child T.S. Plaintiffs Mosby and Erin Simmons are the natural parents of T.S. Plaintiffs are citizens of the State of California.

2. At all times relevant to this action, The SoyNut Butter Company, was an Illinois corporation with its principal place of business located in 4220 Commercial Way, Glenview, IL 60025. The SoyNut Butter Company is a citizen of the State of Illinois. At all times relevant to this action, The SoyNut Butter Company, was a manufacturer, distributor and seller of The SoyNut Butter products to customers across the country.

**JURISDICTION AND VENUE**

3. This Court has jurisdiction over the subject matter of this action pursuant to 28 USC § 1332(a) because the matter in controversy exceeds \$75,000, exclusive of costs; it is between

citizens of different states; and because The SoyNut Butter Company has certain minimum contacts with the State of Illinois such that the maintenance of this suit in this district does not offend traditional notions of fair play and substantial justice.

4. Venue in the United States District Court for the Northern District of Illinois is proper pursuant to 28 USC § 1391(a)(1) and (2) because the SoyNut Butter Company was subject to personal jurisdiction in this judicial district at the time of the commencement of the action, and because a substantial part of the events or omissions giving rise to the Plaintiffs' claims and causes of action occurred in this judicial district.

## FACTS

### The Outbreak

5. The FDA and the CDC, along with state and local health officials, are investigating an outbreak of Shiga toxin-producing E. coli O157:H7 infections linked to the consumption of I.M. Healthy brand SoyNut Butter produced by The SoyNut Butter Company of Glenview, Illinois. According to the CDC, as of March 2, 2017, a total of 12 people infected with the outbreak strain of E. coli O157:H7 were reported from five states. The number of ill people identified in each state is as follows: Arizona, (4), California (4), Maryland (1), New Jersey (1), and Oregon (2).

6. Six ill people have been hospitalized, and four people developed hemolytic uremic syndrome (HUS), a potentially life-threatening type of kidney failure. Eleven of the 12 illnesses were reported in children under the age of 18. No deaths have been reported. Known illnesses started on dates ranging from January 6, 2017 to February 15, 2017.

7. The epidemiologic evidence available to investigators at this time indicates that I.M. Healthy SoyNut Butter is a likely source of the outbreak. In interviews conducted by state and local health department officials, ill people or their family members answered questions about the foods they ate and other exposures in the week before they became ill. All of the nine-people

reached for interviews reported either eating I.M. Healthy brand SoyNut Butter at home (five people) in the week before they became ill or attending a childcare center that served I.M. Healthy brand SoyNut Butter or I.M. Healthy brand granola coated with SoyNut Butter (four people).

8. On March 2, 2017, the FDA and CDC held a call with the owners of the SoyNut Butter Company to advise the firm about the multistate outbreak linked to their SoyNut Butter products. The FDA's investigation of the firm and production methods continues, and the agency will share more information as it becomes available.

9. CDC recommends that consumers not eat, and childcare centers and other institutions not serve, any variety or size of I.M. Healthy brand SoyNut Butter or I.M. Healthy brand granola coated with SoyNut Butter produced by SoyNut Butter Company. The CDC also urges consumers to check their pantry for SoyNut Butter products.

10. The SoyNut Butter Co. has announced a voluntary recall of I.M. Healthy Original Creamy SoyNut Butter with the Best By date of 08-30-18 or 08-31-18. The voluntary recall is in response to the FDA alerting us of a possible link between our product and illnesses regarding E. coli. Consumers who have purchased I.M. Healthy Original Creamy SoyNut Butter should not consume the product.

**E. coli O157:H7**

11. E. coli is an archetypal commensal bacterial species that lives in mammalian intestines. E. coli O157:H7 is one of thousands of serotypes Escherichia coli. The combination of letters and numbers in the name of the E. coli O157:H7 refers to the specific antigens (proteins which provoke an antibody response) found on the body and tail or flagellum respectively and distinguish it from other types of E. coli. Most serotypes of E. coli are harmless and live as normal flora in the intestines of healthy humans and animals. The E. coli bacterium is among the

most extensively studied microorganism. The testing done to distinguish *E. coli* O157:H7 from its other *E. coli* counterparts is called serotyping. Pulsed-field gel electrophoresis (PFGE), sometimes also referred to as genetic fingerprinting, is used to compare *E. coli* O157:H7 isolates to determine if the strains are distinguishable. A technique called multilocus variable number of tandem repeats analysis (MLVA) is used to determine precise classification when it is difficult to differentiate between isolates with indistinguishable or very similar PFGE patterns.

12. *E. coli* O157:H7 was first recognized as a pathogen in 1982 during an investigation into an outbreak of hemorrhagic colitis associated with consumption of hamburgers from a fast food chain restaurant. Retrospective examination of more than three thousand *E. coli* cultures obtained between 1973 and 1982 found only one (1) isolation with serotype O157:H7, and that was a case in 1975. In the ten (10) years that followed there were approximately thirty (30) outbreaks recorded in the United States. This number is likely misleading, however, because *E. coli* O157:H7 infections did not become a reportable disease in any state until 1987 when Washington became the first state to mandate its reporting to public health authorities. As a result, only the most geographically concentrated outbreak would have garnered enough notice to prompt further investigation.

13. *E. coli* O157:H7's ability to induce injury in humans is a result of its ability to produce numerous virulence factors, most notably Shiga-like toxins. Shiga toxin (Stx) has multiple variants (e.g. Stx1, Stx2, Stx2c), and acts like the plant toxin ricin by inhibiting protein synthesis in endothelial and other cells. Shiga toxin is one of the most potent toxins known. In addition to Shiga toxins, *E. coli* O157:H7 produces numerous other putative virulence factors including proteins, which aid in the attachment and colonization of the bacteria in the intestinal wall and which can lyse red blood cells and liberate iron to help support *E. coli* metabolism.

14. *E. coli* O157:H7 evolved from enteropathogenic *E. coli* serotype O55:H7, a cause of non-bloody diarrhea, through the sequential acquisition of phage-encoded Stx2, a large virulence plasmid, and additional chromosomal mutations. The rate of genetic mutation of *E. coli* O157:H7 indicates that the common ancestor of current *E. coli* O157:H7 clades likely existed some 20,000 years ago. *E. coli* O157:H7 is a relentlessly evolving organism, constantly mutating and acquiring new characteristics, including virulence factors that make the emergence of more dangerous variants a constant threat. The CDC has emphasized the prospect of emerging pathogens as a significant public health threat for some time.

15. Although foods of a bovine origin are the most common cause of both outbreaks and sporadic cases of *E. coli* O157:H7 infections, outbreak of illnesses have been linked to a wide variety of food items. For example, produce has, since at least 1991, been the source of substantial numbers of outbreak-related *E. coli* O157:H7 infections. Other unusual vehicles for *E. coli* O157:H7 outbreaks have included unpasteurized juices, yogurt, dried salami, mayonnaise, raw milk, game meats, sprouts, and raw cookie dough.

16. According to a recent study, an estimated 93,094 illnesses are due to domestically acquired *E. coli* O157:H7 each year in the United States. Estimates of foodborne acquired O157:H7 cases result in 2,138 hospitalizations and 20 deaths annually. The colitis caused by *E. coli* O157:H7 is characterized by severe abdominal cramps, diarrhea that typically turns bloody within twenty-four (24) hours, and sometimes fevers. The incubation period—which is to say the time from exposure to the onset of symptoms—in outbreaks is usually reported as three (3) to four (4) days, but may be as short as one (1) day or as long as ten (10) days. Infection can occur in people of all ages but is most common in children. The duration of an uncomplicated illness can range from one (1) to twelve (12) days. In reported outbreaks, the rate of death is 0-2%, with

rates running as high as 16-35% in outbreaks involving the elderly, like those have occurred at nursing homes.

17. What makes E. coli O157:H7 remarkably dangerous is its very low infectious dose, and how relatively difficult it is to kill these bacteria. Unlike Salmonella, for example, which usually requires something approximating an “egregious food handling error, E. coli O157:H7 in ground beef that is only slightly undercooked can result in infection,” as few as twenty (20) organisms may be sufficient to infect a person and, as a result, possibly kill them. And unlike generic E. coli, the O157:H7 serotype multiplies at temperatures up to 44°F, survives freezing and thawing, is heat resistant, grows at temperatures up to 111°F, resists drying, and can survive exposure to acidic environments.

18. And, finally, to make it even more of a threat, E. coli O157:H7 bacteria are easily transmitted by person-to-person contact. There is also the serious risk of cross-contamination between raw meat and other food items intended to be eaten without cooking. Indeed, a principle and consistent criticism of the USDA E. coli O157:H7 policy is the fact that it has failed to focus on the risks of cross-contamination versus that posed by so-called improper cooking. With this pathogen, there is ultimately no margin of error. It is for this precise reason that the USDA has repeatedly rejected calls from the meat industry to hold consumers primarily responsible for E. coli O157:H7 infections caused, in part, by mistakes in food handling or cooking.

### **Hemolytic Uremic Syndrome (HUS)**

19. E. coli O157:H7 infections can lead to a severe, life-threatening complication called hemolytic uremic syndrome (“HUS”). HUS accounts for the majority of the acute and chronic illness and death caused by the bacteria. HUS occurs in 2-7% of victims, primarily children,

with onset five to ten days after diarrhea begins. It is the most common cause of renal failure in children. Approximately half of the children who suffer HUS require dialysis, and at least 5% of those who survive have long-term renal impairment. The same number suffers severe brain damage. While somewhat rare, serious injury to the pancreas, resulting in death or the development of diabetes, can also occur. There is no cure or effective treatment for HUS. And, tragically, as too many parents can attest, children with HUS too often die.

20. HUS is believed to develop when the toxin from the bacteria, known as Shiga-like toxin (SLT), enters the circulation through the inflamed bowel wall. SLT, and most likely other chemical mediators, attach to receptors on the inside surface of blood vessel cells (endothelial cells) and initiate a chemical cascade that results in the formation of tiny thrombi (blood clots) within these vessels. Some organs seem more susceptible, perhaps due to the presence of increased numbers of receptors, and include the kidney, pancreas, and brain. By definition, when fully expressed, HUS presents with the triad of hemolytic anemia (destruction of red blood cells), thrombocytopenia (low platelet count), and renal failure (loss of kidney function).

21. As already noted, there is no known therapy to halt the progression of HUS. HUS is a frightening complication that even in the best American centers has a notable mortality rate. Among survivors, at least five percent will suffer end stage renal disease (ESRD) with the resultant need for dialysis or transplantation. But “[b]ecause renal failure can progress slowly over decades, the eventual incidence of ESRD cannot yet be determined.” Other long-term problems include the risk for hypertension, proteinuria (abnormal amounts of protein in the urine that can portend a decline in renal function), and reduced kidney filtration rate. Other long-term problems include the risk for hypertension, proteinuria (abnormal amounts of protein in the urine that can portend a decline in renal function), and reduced kidney filtration rate. Since the longest

available follow-up studies of HUS victims are 25 years, an accurate lifetime prognosis is not really available and remains controversial. All that can be said for certain is that HUS causes permanent injury, including loss of kidney function, and it requires a lifetime of close medical monitoring.

**T.S.'s Consumption of I.M. Healthy SoyNut Butter and E. coli O157:H7 Infection.**

22. The Plaintiffs purchased Defendant's SoyNut Butter and T.S. consumed in regularly in the days preceding his E. coli O157:H7 illness. On or about January 25, 2017, T.S. developed abdominal symptoms that worsened over the following days. After multiple visits with his treating physicians, T.S. was admitted to Good Samaritan Hospital in San Jose, California on January 30, 2017.

23. His condition continued to deteriorate and he was transferred to Lucille Packard Stanford Children's Hospital in Palo Alto on February 2, where he would remain until being discharged on February 23, 2017. While at Lucille Packard Stanford Children's Hospital he was diagnosed with an E. coli O157:H7 infection and was treated with dialysis and blood transfusions for life-threatening hemolytic uremic syndrome. T.S. continue to recover and home and faces uncertain future medical complications.

**COUNT I  
(Strict Product Liability)**

24. The Plaintiffs incorporate the preceding paragraphs of this Complaint, by this reference, as if each of these paragraphs were set forth here in its entirety.

25. The Defendant manufactured, distributed, and sold the adulterated SoyNut Butter that injured the Plaintiffs.

26. The Defendant manufactured a food product, including SoyNut Butter, for sale to the public.



27. Food that is contaminated by E. coli O157:H7 is unsafe when put to the use reasonably foreseeable considering the nature of the product. Namely, E. coli O157:H7 contaminated food is unfit for human consumption.

28. The I.M. Healthy brand SoyNut Butter that Plaintiffs purchased, and that T.S. consumed, was contaminated with E. coli O157:H7 when it left the control of Defendant. T.S.'s consumption of the contaminated food caused him to become infected by E. coli O157:H7 and to suffer injuries as a direct and proximate result of that consumption.

29. The Defendant is strictly liable to the Plaintiffs for the harm proximately caused by the manufacture and sale of an unsafe and defective food product.

**COUNT II**  
**(Negligence)**

30. The Plaintiffs incorporate the preceding paragraphs of this Complaint, by this reference, as if each of these paragraphs were set forth here in its entirety.

31. The Defendant designed, manufactured, distributed, and sold I.M. Healthy brand SoyNut Butter that was contaminated with E. coli O157:H7, a deadly pathogen.

32. The Defendant owed a duty to all persons who purchased and consumed its product, including the Plaintiffs, to manufacture and sell SoyNut Butter that was safe to eat, that was not adulterated with deadly pathogens, like E. coli O157:H7, and that was not in violation of applicable food and safety regulations. The Defendant breached this duty.

33. The Defendant owed a duty to all persons who purchased and consumed its products, including Plaintiffs, to ensure that any representations regarding the certifications its products had undergone prior to distribution and sale were made with reasonable care. Defendant breached this duty.

34. The Defendant had a duty to comply with all statutes, laws, regulations, or safety codes pertaining to the manufacture, distribution, storage, and sale of its food products, but

failed to do so, and was therefore negligent. The Plaintiffs were among the class of persons designed to be protected by these statutes, laws, regulations, safety codes or provision pertaining to the manufacture, distribution, storage, and sale of similar food products.

35. The Defendant breached the duties owed to the ultimate consumers of I.M. Healthy brand SoyNut Butter by committing the following acts and omissions of negligence:

a. Failed to adequately maintain or monitor the sanitary conditions of its products, premises, equipment and employees, and the products, premises, equipment and employees of other entities in the supply chain of the subject SoyNut Butter;

b. Failed to properly operate its facilities and equipment in a safe, clean, and sanitary manner;

c. Failed to apply its food safety policies and procedures to ensure the safety and sanitary conditions of its food products, premises, and employees;

d. Failed to apply food safety policies and procedures that met industry standards for the safe and sanitary production of food products, and the safety and sanitary condition of its premises and employees;

e. Failed to prevent the transmission of E. coli O157:H7 to consumers of its SoyNut Butter;

f. Failed to properly train its employees and agents how to prevent the transmission of E. coli O157:H7 on its premises, from its facility or equipment, or in its food products;

g. Failed to properly supervise its employees and agents to prevent the transmission of E. coli O157:H7 on its premises, from its facility or equipment, or in its food products.

h. Failed to test its SoyNut Butter for microbial pathogens, like E. coli O157:H7.

36. The Defendant had a duty to comply with all statutory and regulatory provisions that pertained or applied to the manufacture, distribution, storage, labeling, and sale of its food products. The Defendant breached this duty.

37. The Defendant owed a duty to the Plaintiffs to use reasonable care in the manufacture, distribution, and sale of its food products, to prevent contamination with E. coli O157:H7. The Defendant breached this duty.

38. The Plaintiffs' injuries proximately and directly resulted from the negligence of the Defendant, and from the Defendant's violations of statutes, laws, regulations, and safety codes pertaining to the manufacture, distribution, storage, and sale of food.

**COUNT III**  
**(Breach of Warranty)**

39. The Plaintiffs incorporate the preceding paragraphs of this Complaint, by this reference, as if each of these paragraphs were set forth here in its entirety.

40. By offering SoyNut Butter for sale to the public, Defendant impliedly warranted that such SoyNut Butter was safe to eat, that it was not adulterated with a deadly pathogen, and that the SoyNut Butter had been safely prepared under sanitary conditions.

41. The Defendant breached the implied warranties about the food they manufactured and sold to Plaintiffs, which was consumed by T.S., causing Plaintiffs' injuries and losses.

42. The Plaintiffs' injuries proximately and directly resulted from Defendant's breach of implied warranties, and the Plaintiffs are thus entitled to recover for all actual, consequential, and incidental damages that flow directly and in a foreseeable fashion from these breaches.

**COUNT V**  
**(Parent's Right to Reimbursement)**

43. The Plaintiffs incorporate the preceding paragraphs of this Complaint, by this reference, as if each of these paragraphs were set forth here in its entirety.

44. As the direct and proximate result of the Defendant's acts and omissions, the Plaintiffs suffered ordinary, incidental, and consequential damages as would be anticipated to arise under the circumstances, which shall be fully proven at the time of trial.

45. Illinois Law entitles parents to file a cause of action to recover reimbursement for expenses they incur that relate to an injured minor child, including medical expenses, as governed by the Illinois Family Expense Act 750 ILCS 65/15 [See Dewey v. Zack, 272 Ill.App.3d 742, 746, 651 N.E.2d 643 (2<sup>nd</sup> Dist. 1995)].

46. The Plaintiffs incurred multiple medical, medicinal and laboratory expenses due to the necessary testing, diagnosis and treatment for the minor child T.S.'s E. coli O157:H7 infection, including medical bills, lost wages and additional expenses.

**PRAYER FOR RELIEF**

WHEREFORE, the Plaintiffs pray as follows:

- (1) That the Court award the Plaintiffs judgment against Defendant for damages.
- (2) That the Court award all such other sums as shall be determined to fully and fairly compensate the Plaintiffs for all general, special, incidental and consequential damages incurred, or to be incurred, by the Plaintiffs as the direct and proximate result of the acts and omissions of the Defendant;
- (3) That the Court award the Plaintiffs their costs, disbursements and reasonable attorneys' fees incurred;

(4) That the Court award the Plaintiffs the opportunity to amend or modify the provisions of this Complaint as necessary or appropriate after additional or further discovery is completed in this matter, and after all appropriate parties have been served; and

(5) That the Court award such other and further relief as it deems necessary and proper in the circumstances.

### **JURY TRIAL DEMAND**

Plaintiffs demand trial by jury on all issues raised herein.

Respectfully submitted,

\s\ Gary A. Newland

Gary A. Newland (ARDC # 6217146)

Erin Walgrave

Newland & Newland, LLP

121 S. Wilke Road, #301

Arlington Heights, IL 60005

Telephone: 847-797-8001

[gary@newlandlaw.com](mailto:gary@newlandlaw.com)

[erin@newlandlaw.com](mailto:erin@newlandlaw.com)

AND

\s\ William D. Marler

William D. Marler, (WSBA #17233) – Pro hac Vice  
Pending

Marler Clark, LLP PS

1012 1<sup>st</sup> Avenue

5<sup>th</sup> Floor

Seattle, WA 98104

Phone: (206) 346-1888

Fax: (206) 346-1898

[bmarler@marlerclark.com](mailto:bmarler@marlerclark.com)