IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

Civil Action No.: 26-cv-3898

PAUL KNUTH

Plaintiff,

v.

CORECIVIC, INC;
JILLIAN MAGGART, individually ;
DAVID DURKEE, individually;
BOARD OF COUNTY COMMISSIONERS OF BENT COUNTY, COLORADO

Defendants.

COMPLAINT AND JURY DEMAND

Plaintiff, by and through his attorneys at HOLLAND, HOLLAND EDWARDS & GROSSMAN, LLC, complains against Defendants and requests a trial by jury as follows:

I. INTRODUCTION

1. Paul Knuth, incarcerated at CoreCivic's Bent County Facility ("BCCF"), worked in the kitchen. He had years of prior experience in the culinary industry, and as an electrician, and was thus quite accustomed to working long hours on his feet.

2. On June 22, 2025, however, Mr. Knuth's work in the BCCF kitchen was becoming increasingly difficult due to rapidly escalating pain in his right big toe. Nevertheless, he struggled through the rest of his shift and returned to his cell hobbling and barely able to stand.

3. The next day, June 23, the pain in Mr. Knuth's big toe worsened and spread to other parts of his foot. He submitted a request for medical care, called a kite, and asked for new work

boots to see if that would help get him through his next shift in the kitchen.

4. Mr. Knuth worked for a few hours, but his pain became so severe that he could no longer stand and was forced to leave work early.

5. The next day, June 24th, his pain continued to worsen and had spread up his right ankle. It was so debilitating that he could not stand for that morning's count.

6. Mr. Knuth declared the first of what would be three medical emergencies that week and was taken to the BCCF medical unit in a wheelchair.

7. His right foot, now discolored and swollen, was examined by a CoreCivic Nurse, who charted that Mr. Knuth's foot was moderately swollen and that he was reporting 10/10 pain.

8. Mr. Knuth's foot was bandaged, and he was sent back to his cell with crutches while the physician's assistant ordered an x-ray for later that week and an immediate blood draw.

9. Mr. Knuth's blood test results were reported back to BCCF the very next morning, June 25th. These results were obviously abnormal and pointed clearly to an infection as the source of Mr. Knuth' acute, severe, and worsening pain and his sudden-onset inability to ambulate or even stand for short periods of time.

10. However, no one from CoreCivic's medical staff followed up with Mr. Knuth that day, June 25th, even as Mr. Knuth's right foot and lower leg continued to worsen, now severely swollen and discolored from the ankle down.

11. The next day, June 26th, Mr. Knuth declared his second medical emergency and was seen by the same CoreCivic Nurse who had evaluated his foot two days prior.

12. Rather than react to an obviously serious and worsening medical problem, with lab results strongly indicating a causal infection, this Nurse falsely informed Mr. Knuth that his lab

results were normal and accused him of trying to get out of work.

13. The next morning, June 27th, the pain from his infected right foot and leg was so bad Mr. Knuth was blacking out, so he declared his third medical emergency.

14. Later that morning he was finally sent to the local hospital by ambulance, where he was quickly found to have a MRSA infection and promptly declared to be in such bad shape medically that he was transferred to UCHealth Memorial's ICU in Colorado Springs.

15. On the way there his heart stopped multiple times.

16. To save Mr. Knuth's life, caregivers at UCHealth Memorial had to perform an emergency amputation of his right leg, below the knee. After additional surgeries and several weeks of grueling rehab, Mr. Knuth was returned to prison with a permanent disability, caused by an eminently treatable infection that was ignored until it nearly killed him.

II. JURISDICTION AND VENUE

17. This action arises under the Constitution and laws of the United States, including Article III, Section 1 of the United States Constitution, and 42 U.S.C. § 1983 and 42 U.S.C. § 1988. The Jurisdiction of this Court is further invoked pursuant to 28 U.S.C. §§ 1331, 1343, 2201.

18. This case is instituted in the United States District Court for the District of Colorado pursuant to 28 U.S.C. §1391 as the judicial district in which all relevant events and omissions occurred, and in which Defendants maintain offices and/or reside.

19. Supplemental pendent jurisdiction is based on 28 U.S.C. §1367 because the violations of federal law alleged are substantial and the pendent causes of action under state law derive from a common nucleus of operative facts.

III. PARTIES

20. At all times relevant hereto, Plaintiff Paul Knuth was a resident of the State of Colorado and a citizen of the United States of America. He was incarcerated at the Bent County Correctional Facility in Las Animas, Colorado and now lives in Denver, Colorado.

21. Defendant Board of County Commissioners of Bent County, Colorado, ("BOCC") is a governmental entity chartered under the laws of the State of Colorado. Defendant BOCC represents, oversees, and sets policy for Bent County, Colorado. Among other things, Defendant BOCC contracts with the Colorado Department of Corrections to provide health care services to inmates at the Bent County Correctional Facility, located at 11560 Road FF75, Las Animas, CO 81054. At all times relevant hereto, the State of Colorado contracted with Bent County, through the BOCC, for the incarceration and maintenance of state prisoners at BCCF and paid Bent County for expenses incurred in the incarceration and maintenance of these prisoners.

22. The BOCC is also referred to as "the County", or "Bent County."

23. Bent County is properly sued under 42 U.S.C. § 1983 for its own deliberately indifferent policies and practices with respect to the provision of medical care and treatment for inmates. They are also properly sued for the deliberately indifferent policies and practices of Defendant CoreCivic. Although the County has sought to privatize the provision of healthcare services to BCCF inmates, it has a non-delegable duty to provide constitutionally adequate care, cannot contract away its constitutional obligation, and is legally liable for the challenged deliberately indifferent polices, practices as moving forces in the deliberately indifferent medical care and treatment of persons incarcerated at BCCF, including Mr. Knuth, by its contractors, their agents and employees including the named individual caregivers.

24. Defendant CoreCivic, Inc., ("CoreCivic") is a Maryland corporation whose principal office is located at 5501 Virginia Way, Brentwood, TN 37027. The registered agent of service in Colorado Defendant CoreCivic, Inc. is the CT Corporation System, located at 7700 E. Arapahoe Rd., Ste. 220, Centennial, CO 80112.

25. At all times relevant hereto, Defendant BOCC contracted with Defendant CoreCivic to perform the County's duties (under its aforealleged contract with the Colorado Department of Corrections) to incarcerate, maintain, and provide medical services to BCCF inmates.

26. Defendant CoreCivic is a proper entity to be sued under 42 U.S.C. § 1983 for its deliberately indifferent policies, practices, habits, customs, procedures, training and supervision of staff, including individual Bent County Correctional Facility ("BCCF") Defendants, with respect to the provision of medical care and treatment for inmates at BCCF. Since 1996 Defendant CoreCivic has contracted with Defendant BOCC to operate BCCF and to provide medical services to BCCF inmates, while also supervising and implementing such care. Defendant CoreCivic is a "person" under 42 U.S.C. § 1983. At all relevant times hereto, Defendant CoreCivic acted under color of state law and pursuant to a contract with Defendant BOCC to provide necessary medical care to BCCF inmates. Defendant CoreCivic was responsible for ensuring that the care and staffing it provided at BCCF met minimum constitutional standards and for training and supervising its jail healthcare staff to meet those standards.

27. Defendant CoreCivic is also properly sued for common law negligence, as it is a private corporation, and as such is not entitled to any immunity under the Colorado Governmental Immunity Act.

28. Defendant CoreCivic is sued directly and indirectly for negligence, negligent supervision, negligent and deliberately indifferent policies, habits, customs, practices, usages and training of its staff, for failing to ensure the provision of adequate medical care to Plaintiff Paul Knuth, and for the acts and omissions of its agents and/or employees, and for the herein described acts by its involved employees, agents, staff, and affiliates, all while acting within the scope and course of their employment.

29. At all times relevant hereto, Defendant RN Jillian Maggart was a citizen of the United States and a resident of Colorado. Defendant Maggart was an agent, employee, and/or subcontractor of Defendant CoreCivic and was responsible for providing medical care to Paul Knuth during his incarceration. At all material times, this Defendant acted under color of state law.

30. At all times relevant hereto, Defendant PA David Durkee was a citizen of the United States and a resident of Colorado. Defendant Durkee was an agent, employee, and/or subcontractor of Defendant CoreCivic and was responsible for providing medical care to Paul Knuth during his incarceration. At all material times, this Defendant acted under color of state law.

IV. STATEMENT OF FACTS

31. Paul Knuth was working a shift in the Bent County Correctional Facility (BCCF) kitchen on June 22, 2025, when the discomfort he had been feeling in his right big toe turned into severe pain that interfered with his work.

32. Five days later he was belatedly sent to Arkansas Valley Regional Medical Center in septic shock and near death due to an untreated MRSA infection in his right foot and lower leg that, because of Defendants' deliberate indifference, caused an entirely unnecessary and life-altering below-knee amputation.

33. MRSA, or methicillin-resistant *staphylococcus aureus*, is a bacterium that is resistant to some antibiotics and which, if left untreated, is well understood to cause life-threatening infections, sepsis, and death.

34. The risk of acquiring MRSA and related infections is well-known to be especially acute in crowded and unsanitary living conditions, like jails and prisons, because MRSA can be easily transmitted from person to person by common touching of contaminated materials, objects, or surfaces.

35. Such community-acquired MRSA is often characterized by swollen and extraordinarily painful bumps or wounds to the skin that are the hallmark of a MRSA infection of the skin tissue that can develop into deep and painful abscesses.

36. MRSA infections can also spread inside the body to bones, joints, heart and lungs and are understood, by the medically trained and laypersons alike, to be life threatening if left untreated.

37. MRSA infections are well understood to progress rapidly, meaning that prompt diagnosis and treatment is absolutely necessary to prevent the loss of life or limb.

38. Catastrophic outcomes from a MRSA infection are not inevitable, however. MRSA infections are very treatable as long as the pathogen is identified by culture or screening tests, and then promptly treated with vancomycin or other antibiotics to which MRSA is not resistant.

39. A MRSA infection is unquestionably a serious medical condition because of the well-understood risk of sepsis and death associated with ignored or untreated infections.

40. All reasonably trained health care workers understand that the signs and symptoms of such serious illnesses must be timely worked up and evaluated by a doctor to prevent the loss

of life or limb.

41. All reasonably trained nurses understand that MRSA is very common in jails and prisons and that it is a fast-progressing infection that must be diagnosed and treated in a timely fashion to avoid loss of life or limb.

42. All reasonably trained nurses also understand that they lack the qualifications, licensure, and training to diagnose the cause of a person's symptoms. Diagnosing the cause of a symptom, or ruling out a serious cause, is recklessly outside the scope of practice of a nurse and is obviously dangerous to the patient.

43. All reasonably trained nurses understand that they must relay all abnormal test results and subjective complaints to providers capable of diagnoses.

44. All reasonably trained nurses further understand that they are gatekeepers to an inmate's higher acuity medical care, and that extraordinary and worsening pain and swelling, discoloration, and unexplained wounds to the limbs, along with abnormal blood test results, requires immediate transfer to a medical facility where the cause of such a dire constellation of symptoms can be diagnosed and treated.

45. Mr. Knuth, after struggling through the rest of his shift in the BCCF kitchen on June 22nd, returned to his cell hardly able to stand because of the rapidly worsening pain in his right big toe.

46. He took some Ibuprofen and called his wife Amber to discuss his pain.

47. The next day, June 23rd, Mr. Knuth submitted a medical kite and requested new boots that he thought might help him continue to work despite this pain.

48. The response he received, a follow up and x-ray on a two-week timescale, was

indicative of CoreCivic medical staff's deliberate indifference to the very real risk that the "inflamed bunion" referenced in the screenshot below, a classic sign of a MRSA infection in its early stages, was infection related:

06/25/2025	09:03 AM	Medical	1-2 Weeks	RETURN TO CLINIC	F/U NSC and X-ray for inflamed bunion TIONA ONLY (DUE 7/9/2025)	User Closed

49. CoreCivic's medical staff thus missed their first opportunity to provide Mr. Knuth with the inexpensive and well-understood diagnostics and treatment modalities that would have mitigated his days-long and extraordinarily painful ordeal and saved his leg if offered on an even minimally adequate timeline.

50. Rather than get blood work or a rapid screening test to determine if MRSA was present, however, and rather than offer Mr. Knuth antibiotics that could have nipped this infection in the bud, CoreCivic's medical staff contented itself with a 1- to 2-week follow-up appointment, to be completed by July 9th.

51. Around 2:30 p.m. that afternoon of June 23rd, Mr. Knuth reported to the BCCF kitchen for his scheduled shift. Roughly three hours later he left work because he could no longer stand or work because of his pain.

52. When Mr. Knuth got back to his cell, he had great difficulty removing his work boots because of the pain.

53. The next day, June 24th, Mr. Knuth could not stand up for morning count. He had woken up that morning with extremely severe pain, now having spread from his right big toe to his right foot and ankle.

54. He struggled to put on his boots and limped down a flight of stairs to sit at one of the tables in the main area of his housing pod. Walking down the stairs caused his pain to spike

further and he declared a medical emergency to Correctional Officer Chavez, the daytime C.O. in his housing area.

55. This was the first medical emergency Mr. Knuth declared, related to his rapidly worsening right foot and leg. It would not be the last.

56. C.O. Chavez immediately reported Mr. Knuth's medical emergency and a number of C.O.'s responded. Mr. Knuth was taken to BCCF's medical unit by wheelchair, as he could barely stand and could not walk due to the pain in his right foot and ankle.

57. His right foot was now discolored and swollen.

58. Nurse Jillian Maggart assessed Mr. Knuth, charting his report of "10/10 pain" in his right big toe and the ball of his right foot. Mr. Knuth also reported that he had been having this pain for a few days but did not know what caused it. He explained that his work in the kitchen required him to be up on his feet constantly, and that he was trying to get new boots to see if maybe that was the problem. Nurse Maggart also charted "moderate swelling" in Mr. Knuth's right foot.

59. Nurse Maggart wrapped Mr. Knuth's foot with gauze and bandages and issued him crutches to help him get back to his cell. She told him to get plenty of bed rest.

60. Nurse Maggart also consulted with PA David Durkee, who ordered Tylenol, Ibuprofen, an x-ray of Mr. Knuth's right foot, and a blood draw for a number of lab tests, including separate tests for erythrocyte sedimentation rate (ESR) and c-reactive protein levels (CRP), which are commonly used by health care providers to assess the body's inflammatory response to a patient exhibiting signs of infection, an infection suggested by other symptoms.

61. PA Durkee did not, however, order a blood culture or rapid screening test for MRSA, despite knowing that MRSA is a very common in prisons and jails because such facilities

are often crowded and unsanitary and MRSA easily spreads in such congregate living situations.

62. PA Durkee also failed to order antibiotics for a man with obvious signs of a rapidly worsening infection, including an "inflamed bunion" on his right foot, and sudden onset debilitating pain, swelling, and discoloration that was spreading from his right big toe up through his foot and ankle.

63. Mr. Knuth's blood draw was collected at 7:55 a.m. on June 24th and was reported back little more than twenty-four hours later, at 8:38 a.m. on June 25th.

64. The results of these lab tests were clearly abnormal, pointing strongly to a serious infection as the source of Mr. Knuth's severe and worsening pain, including a white blood cell count at the high end of the normal range, along with elevated levels of monocytes, a particular kind of white blood cell responsible for fighting infection, an elevated erythrocyte sedimentation rate (ESR) and elevated c-reactive protein levels (CRP).

65. All reasonably trained health care workers understand that a high white blood cell count and elevated monocyte levels are indicative of a body attempting to fight off infection.

66. All reasonably trained health care workers understand that an elevated ESR rate detects inflammation in the body as it attempts to fight off an infection.

67. All reasonably trained health care workers understand that elevated CRP levels are also signs of a body trying to fight infection. Mr. Knuth's CRP was 50.1, severely elevated, and a very obvious warning sign of acute and severe infection.

68. All reasonably trained nurses understand that they lack the licensure, training, and experience necessary to interpret abnormal lab results and that such abnormal lab results must be relayed immediately to a higher-level provider capable of interpreting and diagnosing the

underlying cause of abnormal results.

69. On June 25th, the day these lab results were reported back to BCCF medical staff, Mr. Knuth's right foot continued to worsen. His foot was now discolored from the ankle down, in various hues of gray, purple, and dark red. It was severely swollen.

70. Nurse Maggart did not follow up with Mr. Knuth on June 25th about his obviously serious and worsening foot, nor did she provide him with any treatment whatsoever for his obviously serious infection that was rapidly worsening on her watch.

71. PA Durkee also did nothing on June 25th, failing to follow up with Mr. Knuth or consider his alarming lab results. PA Durkee offered Mr. Knuth no treatment whatsoever and failed to have Mr. Knuth sent out to the hospital despite knowing that Mr. Knuth's infection could not be treated at BCCF.

72. In fact, neither Maggart nor Durkee even informed Mr. Knuth that his alarming lab results had come back.

73. The next day, June 26th, Mr. Knuth declared his second medical emergency.

74. Nurse Maggart saw him again and falsely informed him that nothing in his lab results was out of the ordinary.

75. Nurse Maggart also falsely accused him of faking, telling him: "you're not going to get a lay-in slip if that's what you're after."

76. A lay-in slip is a permission slip to skip work.

77. Mr. Knuth was not in fact seeking a lay-in slip. He was not faking. He was in extraordinarily severe pain that was so bad he could hardly sleep the night before. He could not walk and he could not stand.

78. Nurse Maggart charted Mr. Knuth's reports to her that he was experiencing 8/10 pain and that he had not taken his shoes or socks off in two days, and that he had not shown up to medication pass since he declared his first medical emergency.

79. She charted that he had bruising, a large blister, on top of his right foot, and a "large amount of swelling to right foot."

80. Nurse Maggart did not, however, provide or facilitate any medical treatment for the infection, obvious to her and to a layperson, that was clearly raging inside Mr. Knuth's body. Rather, Nurse Maggart offered the utterly non-responsive "treatment" of more bandages, ice, and advice to show up to medication pass despite her understanding that because of the severity of his pain Mr. Knuth could even not get himself out of bed to get to med pass.

81. As Nurse Maggart understood, Ace bandages, ice, Tylenol, and ibuprofen are symptom management tools, and do not offer any treatment whatsoever for the infection causing Mr. Knuth's severe pain, swelling, discoloration, and inability to ambulate or even stand.

82. Nurse Maggart failed to relay to any higher-level provider the aforealleged abnormal lab results, which strongly indicated a serious infection as the source of Mr. Knuth's acute and severe pain, the worsening discoloration and swelling in his right foot and ankle, and his inability to walk or even stand in one place.

83. In so doing, Nurse Maggart substituted her own judgment of "trying to get a lay-in slip," or faking, for the actual medical diagnosis by a provider with the necessary licensure, training, and experience.

84. For his part, Defendant Durkee again failed to follow up with Mr. Knuth or even consider his alarming lab results. He again failed to order antibiotics or have Mr. Knuth sent to the

hospital despite Mr. Knuth's obvious signs and symptoms of a serious infection that Mr. Durkee knew could not be treated inside BCCF.

85. Predictably, Mr. Knuth's obviously infected foot and lower leg did not get any better overnight given this utter lack of treatment.

86. By the next morning, June 27th, the pain was so bad that Mr. Knuth repeatedly blacked out. His right foot and leg were now discolored above the ankle, very swollen, and throbbing with some of the worst pain he had ever experienced.

87. Mr. Knuth declared his third medical emergency that morning.

88. RN Jennifer Lee charted Mr. Knuth's reports that his pain was 10/10, that he had taken more than 30 Ibuprofen because of his pain, and that he was dizzy, seeing stars, felt like he was going to pass out. Nurse Lee charted Mr. Knuth's intermittent consciousness, his mottled and red appearance, punctuated by periods of going pale and unalert.

89. Per Nurse Lee's charting, the swelling in his right foot and lower leg was so bad she could not find his pedal pulses. His right big toe was cold to the touch. Mr. Knuth's vital signs were grossly abnormal, indicating acute medical crisis, with very high respirations in the 30's and 40's and very low blood pressure of 80/40.

90. Nurse Lee consulted with Dr. Tiona, who ordered that Mr. Knuth be emergently sent out to the Arkansas Valley Regional Medical Center ("AVRMC"). After about an hour-long wait Mr. Knuth was taken by ambulance to AVRMC, nodding in and out of consciousness because of his extraordinary pain.

91. Mr. Knuth arrived at AVRMC septic, dangerously hypotensive, in atrial fibrillation and respiratory distress. Lab tests quickly confirmed the MRSA infection in his right foot and

ankle that had been allowed to fester by BCCF staff into a life-threatening emergency. He was immediately put on antibiotics, oxygen support, and blood pressure support medication. He was then ordered to be transferred to the UC Health Memorial Central ICU. The AVRMC Emergency Department provider was so concerned to get Mr. Knuth to a higher-acuity facility that they recontacted UCHealth Memorial to reiterate the urgency of Mr. Knuth's medical condition.

92. Mr. Knuth was then taken by ambulance to UCHealth Memorial. His heart stopped four times during this transport, and he was shocked back to a heartbeat each time. He arrived at UCHealth Memorial near death, in septic shock, respiratory distress, and kidneys shutting down from the necrotizing infection in his right foot and lower leg. To save his life, UCHealth surgeons emergently performed a below-knee amputation of his right leg.

93. Mr. Knuth remained at UCHealth until July 18th and endured three surgeries, along with four weeks of daily kidney dialysis, to mitigate the profound damage done to his body by the MRSA infection that Defendants allowed to fester until it was too late to avoid such drastic life saving measures.

94. Mr. Knuth was then sent to Kindred Hospital for more several weeks of extensive rehabilitation and physical/occupational therapy.

95. Throughout his ordeal at UCHealth and Kindred, Mr. Knuth was kept under guard and was required to be handcuffed to his hospital bed by way of an ankle cuff on the one leg he had left. This cuff was routinely locked tightly, causing loss of sensation, and its long chain hung down at the foot of the bed, severely impeding circulation. Mr. Knuth complained about the cuff to his guards, pointing to his one-legged status and his lack of desire or inability to escape on one leg, to no avail. He was allowed out of the ankle cuff only for his physical rehab sessions, after

which the cuff went back on immediately.

96. Once Mr. Knuth got to Kindred Aurora for several weeks of further rehab after his amputation, all of his visitation and communication was cut off by CDOC. He was not allowed any mail, email, or even phone calls with his wife. He had to watch as his wife Amber was blocked from entering his room and told no visitation was allowed.

97. Because of Defendants' deliberate indifference to Mr. Knuth's aforealleged obviously serious medical condition, Mr. Knuth suffered through days of extreme and unremitting pain, sepsis and septic shock that nearly killed him, multiple surgeries, and the amputation of his right leg below the knee.

98. Between June 22nd, when Mr. Knuth's foot pain was so bad he could not stand and had to leave work early, to the morning of June 27th, when he was belatedly sent out to higher acuity care, Mr. Knuth's condition required prompt assessment and treatment by a doctor, antibiotics, and a send-out to the nearby hospital, less than a half-hour away by ambulance.

99. However, throughout this time, Defendants did not provide such timely or necessary assessment and treatment. Rather, they ignored the obvious signs and symptoms of a rapidly escalating infection. Even after receiving alarming lab results pointing squarely at Mr. Knuth's life- and limb-threatening infection, Defendants misleadingly told him that his lab results were "fine," accused him of faking his symptoms to get out of work, and pretended that over-the-counter pain medications, bandages, and crutches would somehow treat the infection visibly spreading up his leg.

100. Because of Defendants' aforealleged deliberate indifference, Mr. Knuth's world has become much smaller, and he has to teach himself new ways to do things that previously he

did without a thought. He now has to navigate the difficulties of prosthetic use every day, complicating his ability to dress, shower, walk up or down stairs and over uneven surfaces, or get up in the middle of the night to go to the bathroom. His many outdoor hobbies, hiking, climbing, swimming and snowboarding are similarly much harder to do with a prosthetic leg. Mr. Knuth's many years of work as an electrician, a physically demanding job that involves a lot of squatting, climbing stairs and ladders, fitting into tight spaces, and walking around a job site with a thirty-pound toolbelt, have been rendered nearly useless as his ability to work in this field has been fatally compromised.

101. As a result of the aforealleged deliberate indifference of Defendant Maggart and the complained-of failure to assess or treat the cause of Mr. Knuth's obviously serious and escalating symptoms of infection, the reckless assumption of fakery and failure to relay alarming lab results to a higher-level provider, and the days-long delay in transferring him to a hospital, Mr. Knuth has endured significant pain and suffering, loss of limb, lost earnings capacity, and significant permanent disability.

102. Throughout her complained-of interactions with Mr. Knuth, Defendant Maggart knew, by virtue of her medical training, that: Mr. Knuth was presenting with the signs and symptoms of serious infection that must be timely evaluated by a provider to prevent the loss of life or limb; that MRSA is common in crowded and unsanitary living situations like BCCF and is a fast-progressing infection and a likely culprit of his symptoms; and, that as a gatekeeper to higher acuity care, she must immediately relay all of Mr. Knuth's abnormal vital signs and lab results to a provider who was capable of diagnosing and treating the cause of Mr. Knuth's obviously serious medical condition and that failing to do so was causing acute risk of harm.

Defendant CoreCivic's Unconstitutional Policies, Customs and Practices Were a Moving Force in the Days-Long Excruciating Pain Mr. Knuth was Forced to Endure and the Permanent Disability He Now Lives With

103. Defendant CoreCivic maintained policies, practices and customs that were moving forces in days of excruciating pain Mr. Knuth was forced to endure and in the permanent loss of limb he must now live with.

104. Here, Defendants Jillian Maggart and David Durkee acted pursuant to Defendant CoreCivic's unconstitutional, profit-driven corporate policies and customs that are deliberately indifferent to inmates' serious medical needs. Defendant CoreCivic's local and nationwide unconstitutional policies and practices, often implemented to maximize profits at the expense of care, have caused a host of abject neglect and abuse by the company. Specifically, these unconstitutional policies and customs include:

- Recklessly understaffing its jails, prisons, and detention facilities;
- Recklessly relying on nurses who practice outside of their nursing scope of practice by developing treatment plans without provider input, failing to relay abnormal findings to higher level providers and diagnosing or ruling out serious conditions on their own;
- Recklessly presuming that an inmate is malingering or faking their serious symptoms and withholding treatment or access to medical providers on that basis;
- Recklessly failing to timely respond to inmates experiencing serious deterioration in their medical condition, and;
- Recklessly offering "treatment" to inmates with serious medical needs where those "treatments" are utterly non-responsive to the inmate's actual subjective and objective symptoms, and;
- Recklessly failing to hospitalize inmates with obviously serious medical needs whose needs they know cannot be met within the prison.

105. CoreCivic has financial incentives both to understaff its facilities and to avoid hospitalizing inmates under its care.

106. Understaffing medical personnel at a prison, the path CoreCivic chose for BCCF

and many others of its facilities nationwide, is well understood to be dangerous because it causes the kind of recklessly inadequate medical care Mr. Knuth received here.

107. Recklessly understaffed prisons, like BCCF in 2025, do not have sufficient medical staff to timely respond to inmates' requests for medical evaluation and treatment, to adequately screen, monitor, or provide follow-up care to inmates suffering from serious and chronic illnesses, or to timely treat inmates' medical emergencies.

108. Such recklessly understaffed prisons are also forced to rely on lower-level medical workers, like nurses, to perform the work of doctors, a reckless and dangerous practice that causes nurses to violate the terms of their licensure.

109. Understaffed prisons, like BCCF in 2025, are also well understood to recklessly overwork the few medical staff available, and in so doing cause failures to timely and appropriately identify medical problems, failures to timely respond to inmates' requests for medical evaluations or emergency medical conditions; failures to timely refer inmates to outside medical facilities; long delays in acting on laboratory and testing results; excessive and dangerous delays for everything from routine medical care to emergency services, and a pervasive custom of disregarding the serious medical needs of inmates as a coping mechanism for overworked and under-supported staff.

110. It is commonly accepted and understood that overworked health care workers in a jail setting are likely to experience corrections fatigue, compassion fatigue, and burn out, which in turn lead to significant problems in poor decision making and lack of empathy for patients. Burnout among prison health care workers is highly associated with, and known to likely lead to depersonalized, uncaring, cynical and calloused treatment of inmates. These phenomena are

increased and exacerbated by over work, low pay, long shifts, and too little support to manage the number and complexity of patients. The National Commission on Correctional Health Care (NCCHC) has published articles on the need to minimize correctional fatigue, compassion fatigue and burnout to improve staff morale and patient outcomes.

111. CoreCivic's deliberately indifferent choice to dangerously understaff BCCF caused the medical staff responsible for Mr. Knuth to cut corners and try to save time in a variety of reckless and unsafe ways, including the following:

- Recklessly assuming Mr. Knuth was malingering and trying to get a "lay-in slip" instead of taking seriously the objective and subjective symptoms of a dangerous infection;
- Recklessly determining a treatment plan without involving a higher-level provider;
- Recklessly offering ice and bandages to an inmate with obvious signs and symptoms of a serious infection, a purported treatment that is so non-responsive as to amount to no treatment at all;
- Dangerously failing to respond to obvious and significant changes in Mr. Knuth's condition as his infection spread, including changes in his ability to ambulate;
- Misinforming Mr. Knuth about his lab results so as to make him go away without having to offer him medically meaningful treatment or escalate to a higher-level provider or send him to the hospital;
- Recklessly failing to relay Mr. Knuth's obviously abnormal lab results to a higher-level provider;
- Recklessly failing to send Mr. Knuth to the hospital despite knowing his infection could not be managed or treated at BCCF.

112. CoreCivic's aforealleged policies, customs, and practices were moving forces in the violation of Mr. Knuth's constitutional rights and caused his senseless suffering and lifelong handicap.

113. Mr. Knuth's mistreatment and preventable injury at the hands of CoreCivic's BCCF medical staff was by no means an isolated incident. CoreCivic is widely known for its

understaffing of its prisons, jails, and detention facilities, in an effort to maximize profits at the expense of inmate safety and medical care. Many inmates in Colorado and around the country in CoreCivic's jails, prisons, and detention facilities have suffered similar fates due to CoreCivic/CCA's longstanding, widespread, and deliberately indifferent customs, policies, and practices.

114. Recently, another BCCF inmate named David Simmington filed a deliberate indifference claim against CoreCivic and its Nurse Jill "Maygert."[1] Mr. Simmington, who was assigned to work in the kitchen in November 2024, had a bleeding neck wound that caused blood to spoil his neck, hands, and clothes. Such bleeding is not allowed in the kitchen for sanitary reasons, so Mr. Simmington, with the support of two correctional officers, requested medical care repeatedly because he was worried that his wound would get infected. He was right to be worried, as in subsequent months his wound repeatedly reopened, got infected while he waited two months for antibiotics, and is visible in scarring to his neck to this day. In response to Mr. Simmington's third request for medical care in the BCCF kitchen that day in November, CoreCivic Nurse Maggart told him to use a towel to stop the bleeding, threatened to write him up for seeking medical care, and told him "we are short staffed as it is!"

115. As aforealleged, CoreCivic staffs its BCCF facility with just two nurses (and no providers) in the building for nearly 1400 inmates on nights and weekends, with the predictable result that Nurse Maggart allegedly felt as though she could not attend to a bleeding wound and risk of infection given her other responsibilities.

[1] Complaint, *Simmington v. Maygert*, et al., No. 25-CV-1670-RTG (D. Colo. June 12, 2025). The lead named Defendant in this case, whose name was originally misspelled as "Jill Maygert," is in fact the same Defendant Nurse Jillian Maggart in the instant case.

116. CoreCivic's short staffing of BCCF also regularly causes the medication pass procedure for the entire facility to stop if there is a medical emergency, as nurses cannot both respond to emergencies and get inmates their ordered medication at the same time.

117. CoreCivic employees are not blind to the negative consequences, for inmates, of their company's business model. In February 2024, a former CoreCivic nurse supervisor named Jurumay Oliva filed a wrongful termination lawsuit against CoreCivic alleging that she was fired after complaining to her bosses that the company's chronic understaffing of its Otay Mesa Detention Center prevented detainees from getting adequate medical care. The lawsuit cited various examples of inadequate medical care caused by understaffing, including the story of a detainee, very much like Paul Knuth, who developed cellulitis after an open wound was not properly treated and became severely infected. Ms. Oliva's lawsuit also alleged that the Otay Mesa facility's 1500 inmates were often served by only two nurses. Such an appalling detainee-to-nurse ratio is very similar to the aforealleged two-nurse-for-1388-inmates medical staffing ratio CoreCivic uses at BCCF on nights and weekends.[2]

118. In CoreCivic's home state of Tennessee, the company contracts to operate a number of facilities that have become widely known for their understaffing and resulting violence and inadequate medical care. In 2025 the Tennessee House and Senate, in response to news that death rates at CoreCivic's prisons were alarmingly higher than those in state-run facilities, passed a bill to incentivize the company to take better care of its inmates using language the company would

[2] Gustavo Solis, *Lawsuit against ICE detention center highlights medical neglect complaints*, KPBS (Apr. 16, 2024), https://www.kpbs.org/news/border-immigration/2024/04/16/lawsuit-against-ice-detention-center-highlights-medical-neglect-complaints; Complaint, *Oliva v. CoreCivic, Inc., et al.*, No. 37-2024-4988-CU-WT-CTL (Cal. Super. Ct. Feb. 2, 2024).

understand: a ten-percent reduction in inmate population at CoreCivic facilities if the death rate at those facilities doubled those of state-run prisons. As one of the sponsors of the bill put it, "Just losing 10% of their inmate population would hit them hard financially."[3]

119. A 2023 audit by the Tennessee Comptroller found, much like the Colorado DOC has found repeatedly, that CoreCivic was grossly understaffing its facilities' medical operations, to the tune of millions of dollars in liquidated damages: "Between January 2020 and November 2022, [TDOC] assessed…$10,794,150 in liquidated damages against CoreCivic for staffing, which includes medical and behavioral health staffing vacancies." The Tennessee Comptroller Audit also found that CoreCivic medical staff routinely failed to provide inmates with ordered medications. The Comptroller also found systemic failures by CoreCivic medical staff to perform even the most basic tasks of medical documentation and retention of medical records: "If the offender's health information, including records of medication administration, is not complete and accurate, medical and behavioral staff will not know whether offenders received care. This increases the risk of harm to the offender, other offenders, and facility staff."[4]

120. Mark Castro, an inmate at CoreCivic's Trousdale Turner facility, allegedly experienced first-hand the consequences of the company's systemic understaffing of its facilities and the resulting deliberate indifference to inmate health and wellbeing. Mr. Castro suffered from well understood complications of type II diabetes. However, because of short staffing and frequent

[3] Sam Stockard, *Tennessee lawmakers send message to private prisons*, TENNESSEE LOOKOUT (Apr. 21, 2025), https://tennesseelookout.com/2025/04/21/tennessee-lawmakers-send-message-to-private-prisons/.

[4] Department of Corrections Performance Audit Report, TENNESSEE COMPTROLLER OF THE TREASURY, at p. 97-105 (December 2023), https://digitalcommons.memphis.edu/govpubs-tn-comptroller-performance-audit-reports/34/.

security issues at the prison in 2021 and 2022, he routinely waited in line for hours to receive his insulin shot. Mr. Castro's self-advocacy for simple and routine medical care for an eminently treatable condition allegedly got him labeled as one of those inmates who "complained too much." Because of alleged repeated delays in care Mr. Castro suffered loss of kidney function and permanent vision loss as a result. Mr. Castro also developed a wound on his foot, another classic sequela of diabetes that requires prompt treatment. Labeled a complainer, however, Mr. Castro's wound allegedly went untreated, got infected, and resulted in an amputation surgery and permanent disability.[5]

121. CoreCivic's widespread practice of understaffing is also evident in its immigrant detention facilities, where medical staffing is so inadequate that detainees' ability to get medical care is severely compromised. In 2020, the U.S. House of Representatives Committee on Oversight and Reform published a report documenting the systemic medical understaffing and deliberate indifference in federal immigrant detention facilities. This report necessarily focused, given their outsized market share, on the nation's two biggest private detention contractors, GEO Group and CoreCivic. Committee staff, based on site inspections and numerous post-mortem reports about detainees who died in these facilities found "a widespread failure to provide necessary medical care to detainees with serious and chronic medical conditions, along with critical medical staff shortages." The report also called out GEO and CoreCivic for their systemic failures in management and treatment of infectious diseases, including HIV, meningitis, hepatitis, and MRSA.[6]

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[5] Memorandum and Order, *Castro v. CoreCivic, Inc., et al*. No. 3:22-cv-948, 2023 WL 3485256, *2-3 (M.D. Tenn. May 16, 2023).

[6] United States House of Representatives, Committee on Oversight and Reform Staff Report, *The*

122. In 2022, a young man from Brazil named Kesley Vial was detained at CoreCivic's Torrance County Detention Facility ("TCDF") in New Mexico. After allegedly displaying overt signs of acute suicide risk for weeks – including anxiety, depression, paranoia, difficulty sleeping, and auditory hallucinations – Mr. Vial was briefly placed on suicide watch. But he was then allowed back into a general population cell by CoreCivic medical personnel who were ostensibly monitoring his obviously severe suicide risk. The day of his suicide Mr. Vial allegedly broke down again and begged for help from his CoreCivic counselor. The counselor ignored Mr. Vial's obviously dire mental state, and the expressed concerns of security personnel, returning Mr. Vial to his general population cell because he "appeared to be stable." Mr. Vial hanged himself with a bedsheet later that same afternoon. Plaintiff Estate alleged that CoreCivic's understaffing of TCDF was squarely to blame for this alleged deliberate indifference, pointing to a 2022 Department of Homeland Security OIG "management alert" decrying CoreCivic's repeated failures to adequately staff the facility. In March 2022 DHS conducted an unannounced in-person inspection of TCDF and found it was not even meeting the "minimum medical staffing level requirements." Investigators also heard from several staff that the low staffing levels were problematic and "observed empty watch rooms and understaffed medical units [that] impacted the level of care detainees received." After this inspection the DHS OIG publicly recommended the immediate removal of all detainees from CoreCivic's facility.[7]

Trump Administration's Mistreatment of Detained Immigrants: Deaths and Deficient Medical Care by For-Profit Detention Contractors, *1-2, 28-29, 31-32 (September 2020), *available at* https://oversightdemocrats.house.gov/imo/media/doc/2020-09-24.%20Staff%20Report%20on%20ICE%20Contractors.pdf

[7] Complaint, *Youngers v. CoreCivic, Inc., et al*., No. D-101-CV-2022-01722 (New Mexico 1st Judicial Dist. Ct., Sept. 26, 2023).

123. CoreCivic/CCA's own shareholders have taken notice of the company's systemic understaffing and failure to provide adequate medical care to inmates in the company's care. In a 2016 U.S. Department of Justice memorandum by Deputy Attorney General Sally Yates, the DOJ directed the U.S. Bureau of Prisons to reduce its dependance on CoreCivic and other private contractors. The Yates Memo argued that contractor-operated BOP facilities failed to provide the same level of services, among other deficiencies, when compared with BOP-operated facilities. The ensuing sharp drop in CoreCivic's stock price caused shareholders to sue. In a 2019 order certifying the plaintiff shareholder class, the *Grae v. C.C.A.* court noted that for years the BOP had been routinely sending CoreCivic Notice of Concern letters addressing the company's "chronically inadequate staffing and its failure to provide sufficient medical services to its inmates."[8]

124. At BCCF in 2014-15, Dennis Choquette was incarcerated with a well-known diagnosis of Charcot foot syndrome. Charcot foot syndrome is characterized by dislocations and fractures of bones that can occur with minimal or no trauma, causing severe pain, inability to ambulate, and potentially permanent limb deformity or amputation. Charcot patients require mobility-assistive devices to help them bear less weight on the affected limb, which they often cannot feel, as such weight bearing causes dislocations, fractures, and deformity. At BCCF Mr. Choquette informed CCA medical staff of his Charcot diagnosis and his need for mobility-assistive devices to avoid causing permanent damage to his foot. In response he got back only a question about when he would be parole eligible. Throughout his months at BCCF, Mr. Choquette's Charcot-related swelling, numbness, pain, difficulty ambulating and foot deformity continued to get worse. When Mr. Choquette asked CCA personnel to simply honor the lower tier/lower bunk

[8] *Grae v. Corr. Corp. of Am.*, 330 F.R.D. 481, 485 (M.D. Tenn. 2019).

he had been previously granted, at CDOC's medical intake facility, to limit his weight bearing activity, CCA personnel denied his request and told him "We don't care. We do our own evaluations." After months of continued deterioration and severe pain, CCA's medical provider, Dr. Fish, recklessly disregarded Mr. Choquette's well-known Charcot diagnosis, confirmatory x-rays, and offered him the utterly non-responsive "treatment" of TED hose, or compression stockings that did nothing to address the routinely excessive weight bearing that was causing Mr. Choquette's symptoms. Mr. Choquette continued to complain to CCA medical staff about the damage he worried was being done to his Charcot-affected foot, but was met with skepticism and concerns that he was exaggerating or being a hypochondriac. Far too late, after several months of refusing to listen to Mr. Choquette's complaints and refusing to help him stay off his feet, CCA medical staff finally sent him to the hospital where imaging confirmed exactly what he had been telling CCA medical staff about for months: that his left foot was effectively destroyed as an ambulatory tool.[9]

125. Such deliberate indifference has been going on in CoreCivic/CCA prisons and detention facilities for a very long time, in Colorado and other states, since the company's founding in the mid-1990's. When it entered the Colorado market, then-named CCA operated several prisons, including BCCF, Crowley County Correctional Facility (which it still operates today), Kit Carson Correctional Center (now closed), and Huerfano County Correctional Facility (now closed).

126. Soon thereafter it became very publicly apparent that conditions at CoreCivic/CCA

[9] Complaint, *Est. of Dennis Choquette v. Corrections Corporation of America et. al*, No. 17-cv-60, Doc. No. 1 (D. Colo. Jan. 6, 2017).

facilities were substandard, violence was endemic, and staffing deficiencies were routine.

127. In 1999, CDOC was forced to investigate Kit Carson Correctional Facility ("KCCC") amid reports of a brutal beating of a KCCC prisoner by other inmates. The investigation spread to include allegations of sexual misconduct, drug trafficking by guards, and understaffing. Several female employees were allegedly investigated for having affairs with prisoners that they claimed were necessary for their own safety in the understaffed facility. As explained by former guard Shanna Turpin, some CoreCivic employees sought relationships with prisoners for protection, a need directly caused by CoreCivic's understaffing of the prison: "We were looking for support we weren't getting from [other] officers…I was alone in charge of 228 male inmates, three pods, just me."[10]

128. A 1999 Westword investigation, which included interviews of inmates and former CoreCivic staff, found that KCCC "has been plagued by turnover and inept management, they say, and remains dangerously understaffed -- to a degree that the prison has even hired back some employees who were dismissed for blatant violations of company policy." This investigation found that KCCC's medical department was essentially empty during some of 1999. For the 750 inmates at the prison, KCCC went from seven registered nurses on staff to no longer having any medical personnel available on site at certain times of the day.[11]

129. In 2003 the family of inmate Jeffrey Buller brought a lawsuit against CCA staff at KCCC alleging that they refused to fill a prescription he needed to survive and had already been

[10] *See* https://www.prisonlegalnews.org/news/2000/mar/15/cca-facility-cited-for-sex-scandal/ (citing Rocky Mountain News, Corrections Digest).

[11] Alan Prendergrast, *McPrison*, WESTWORD (Sept. 30, 1999) *available at* https://www.westword.com/news/mcprison-5060543/

getting when his supply ran out. Buller suffered from hereditary angioedema, which caused his breathing passages to swell, but had been well controlled a medication, Winstrol, that he had been taking throughout his incarceration at the prison. During the last few weeks of his sentence, however, he ran out of his supply and his family alleged that CCA medical staff refused to pay for a refill or new prescription because he was to be released in ten days and the facility did not want to pay for the extra cost of a 30-day resupply. Despite Mr. Buller's repeated pleading with CCA medical staff for a new prescription, no new supply was ordered. The 26-year-old died in the prison, from an easily treated condition, the day before he was to be released. CoreCivic settled the lawsuit confidentially.[12]

130. Since 2004, CoreCivic/CCA prisons have been sued at least five times for denying needed medical care to pregnant women, which caused injury to the women and the death of their babies. In one of these cases, an inmate who complained of bleeding was returned to her cell so her bleeding could be monitored to "prove" she was not making up her complaints.[13]

131. A 2007 lawsuit by the ACLU against CCA's San Diego immigrant detention centers prompted the Department of Immigration Health Services to take over the provision of medical care at these facilities. This lawsuit alleged that CCA squeezed profit from its immigrant detention contracts by scrimping on the already minimal services it was required to provide,

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[12] *See Schlitters v. Corrections Corporation of America et al.*, No. 03-cv-500-RPM, Doc. No. 1 (D. Colo. Mar. 24, 2003).

[13] *See Miller v. Corrections Corporation of America*, No. 13-cv-01022 (N.D. Tex. filed Mar. 8, 2013); *Clemons v. Corrections Corporation of America et al.*, No. 11-cv-00339-CLC-WBC (E.D. Tenn. filed Nov. 17, 2011); and see Derek Gilna, *$690,000 Settlement in HRDC Suit Over Death of Prisoner's Baby at CCA Jail*, PRISON LEGAL NEWS (June 8, 2015), *available at* https://www.prisonlegalnews.org/news/2015/jun/8/690000-settlement-hrdc-suit-over-deathprisoners-baby-cca-jail/ (last visited Nov. 11, 2017); *Meredith Manning v. Corrections Corporation of America*, No. 05C-2608, Third Circuit Ct., Davidson Cnty., Tennessee (2004).

including attempting to increase its profits by decreasing medical services provided to detainees.[14]

132. In 2010, at BCCF, inmate Terrell Griswold died of a treatable condition. His parents sued the doctor and the facility, alleging that their son's doctor made orders without seeing him and that the orders were not followed. Mr. Griswold's continuous complaints and months-long series of requests for medical care were ignored. CCA medical staff refused to provide Mr. Griswold with even the bare minimum evaluation and treatment for his developing urinary tract symptoms. CCA medical staff also refused to send Mr. Griswold outside the facility for necessary higher-level care. Rather, CCA medical staff contented themselves with looking the other way as Mr. Griswold deteriorated and his medical status became increasingly dire. Mr. Griswold eventually died from his easily treatable urinary blockage.[15]

133. In 2013 the Texas state legislature shut down CCA-run Dawson State Jail after several inmates died of treatable medical conditions. One of the deceased prisoners was Pam Weatherby, who died at CCA's Dawson State Jail in May 2010 after not being provided with the state-mandated special diet for diabetic prisoners, and after being taken off her insulin shots, contrary to her well-documented treatment plan.[16]

134. In late 2014, a reporter who worked for CCA for four months as a private prison guard published a harrowing account of his time as a CCA employee, including the story of an inmate named Robert Scott. Mr. Scott lost both legs and several fingers to gangrene despite

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[14] *See Kiniti et al. v. Myers et al.*, No. 05-cv-1013-DMS-PCL (S.D. Cal. Jan. 24. 2007).
[15] *See Afola v. CCA*, No. 12-cv-02394-JLK (D. Colo. filed Sept. 10, 2012).
[16] First Amended Complaint, *Alfano v. Corr. Corp. of Am.*, No. 3:11-CV-01006-P, Doc. No. 35 (N.D. Tex. May 29, 2012); Jo Deprang, *Death at Dawson: Why is Texas' Worst State Jail Still Open?*, TEXAS OBSERVER (Feb. 26, 2013) *available at* https://www.texasobserver.org/death-at-dawson-why-is-texass-worst-state-jail-still-open/

complaining over and over to medical staff at a CCA prison in Tennessee. Mr. Scott's lawsuit alleged that he complained many times about his gangrenous legs and fingers but was offered cheap and utterly non-responsive treatments, like corn removal strips, and told that if he didn't stop complaining he would get a write up for malingering. Mr. Scott also alleged that CCA ran the jail on a 'skeleton crew' for profitable gain.[17]

135. From 2012-2015, the U.S. Department of Justice, Office of Inspector General ("OIG") audited CoreCivic's Adams County Correctional Center in Natchez, Mississippi after a deadly riot at the facility in May of 2012 that the FBI determined to be a consequence of inmates' complaints of substandard food, disrespectful staff, and inadequate medical care. A BOP after-action report found systemic deficiencies in CoreCivic's staffing of the facility, which persisted and even worsened in the years following the riot. The BOP's years-long audit of staffing at the Adams County facility not only found persistent understaffing, but also that "the staffing levels CoreCivic reported to the BOP reflected neither actual staffing nor staffing insufficiencies," and that "staffing levels…were frequently lower than the BOP's minimum staffing threshold." CoreCivic's understaffing of medical positions was particularly acute: "In fact, we found that between December 2012 and September 2015, the Adams County facility was staffed with only a single physician for 434 days (43 percent of the time)…resulting in inmate-to-provider ratios that were about double those specified in BOP program statements."[18]

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[17] Complaint, *Robert Scott v. CCA, et al*. No. 1:14-cv-956 Doc. No. 1 (W.D. La. May 7, 2014); Shane Bauer, *My four months as a private prison guard*, MOTHER JONES (July/Aug. 2016), *available at* https://www.motherjones.com/politics/2016/06/cca-private-prisons-corrections-corporation-inmates-investigation-bauer/.

[18] United States Dep't of Justice, Office of Inspector General, *Executive Summary, Audit of the Federal Bureau of Prisons' Contract with CoreCivic, Inc. to Operate the Adams County Correctional Center in Natchez, Mississippi* (Dec. 2016), https://oig.justice.gov/reports/audit-

136. The deliberately indifferent medical care Mr. Knuth received from CoreCivic medical staff at BCCF is but one example of CoreCivic's systemic unconstitutional policies and practices that have been visited upon inmates and detainees in Colorado and across the country. Mr. Knuth's obviously serious infection was ignored, even as it worsened and spread up his leg. Instead of being taken seriously, he was accused of malingering and trying to get a "lay-in slip." Instead of being offered antibiotics that might have actually treated his infection, he was offered medically meaningless ice and bandages and a recommendation to show up to med line despite his inability to walk because of his extraordinary pain. Mr. Knuth's alarming lab results were not relayed by the Nurse to a higher-level provider with the skills and licensure to interpret them and make a diagnosis. Instead, Mr. Knuth was told that his lab results were normal when they were decidedly and alarmingly abnormal. And the trip to the nearby hospital Mr. Knuth desperately needed was recklessly delayed to the point where a MRSA infection that could have been effectively treated with timely antibiotics was instead left to fester until it nearly killed him and required the amputation of his leg.

137. Bent County has a constitutional duty to provide adequate medical treatment to those in its custody, and is non-delegably liable for CoreCivic's unconstitutional policies, customs, and practices that were moving forces in the deliberately indifferent medical care and treatment of Mr. Knuth.

Bent County Chose to Subcontract to CoreCivic Its Duties to Safely Incarcerate and Provide Adequate Medical Care to BCCF Inmates

138. Defendant CoreCivic was involved in aforealleged deliberate indifference to Mr.

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federal-bureau-prisons-contract-corecivic-inc-operate-adams-county-correctional.

Knuth's obviously serious medical condition only because Bent County chose to subcontract their obligation to provide adequate medical care to BCCF inmates to this for-profit private prison company.

139. CoreCivic's operation of BCCF is the result of a decades-long contracting/ subcontracting arrangement involving Bent County, the Colorado Department of Corrections, and CCA/CoreCivic.

140. At all times relevant hereto, Bent County, through Defendant BOCC, contracted with the State of Colorado to incarcerate and provide services, including medical services to CDOC prisoners, for which the County is paid a fixed annual amount set by legislative appropriation. ("BOCC/CDOC Contract" or "Contract").

The BOCC/CDOC Contract

141. At all times relevant hereto, Bent County was responsible for providing adequate medical care to BCCF inmates pursuant to the County's contract with the State of Colorado, through the Colorado Department of Corrections, to incarcerate and maintain state prisoners at BCCF.[19]

142. In July 2019, Bent County BOCC Chairwoman Jean Sykes signed, on behalf of the County, the latest version of the County's contract with the State of Colorado to provide beds, programs, and services to state inmates in a detention facility comparable to state-run facilities.

143. Pursuant to the BOCC/CDOC Contract, Bent County agreed to house up to 1388 state prisoners and agreed to provide them care and treatment, including onsite routine, chronic,

[19] Such intergovernmental contracting between CDOC and county governments, for purposes of incarcerating and maintaining state prisoners, is authorized by Colorado statute. §17-1-105(1)(f), C.R.S.

and emergency medical care.

144. Bent County was compensated by the State at a fixed rate of roughly $28.7 million for its services during the State's fiscal year 2019. The County's compensation under the BOCC/CDOC Contract is based on an annual appropriation by the Colorado Legislature, which in turn is based on a per-inmate, per-day rate set by the Legislature. In 2025, this rate was set at $63.32 per-BCCF-inmate, per-day.

145. Under this Contract, the County agreed to comply with all applicable federal laws, including the United States Constitution. The County further agreed to perform its duties as an independent contractor, not as an employee, and agreed it would not be deemed to be an agent or employee of the State of Colorado.

146. Pursuant to this Contract, Bent County also agreed to indemnify the state of Colorado against any and all costs, expenses, claims, damages, liabilities, court awards, and any other amounts incurred in relation to any act or omission by the Contractor, or its employees, agents, subcontractors, or assignees in connection with the Contract. Thus, the state of Colorado is not legally obligated to pay any judgment rendered against Bent County or CoreCivic related to conditions at BCCF or the medical care and treatment of prisoners housed therein.

147. Bent County also agreed to provide all necessary training for staff at BCCF.

148. The County further agreed to pay for BCCF staff and to maintain staffing levels at BCCF in sufficient numbers to provide constitutionally mandated medical care and treatment.

149. The BOCC/CDOC Contract mandates a minimum staffing plan as part of the agreement because, as it notes, sufficiently staffed security, health services, education, and food service provisions are required to ensure the safe, secure, orderly, and appropriate operation of the

facility.

150. This minimum staffing plan does not account for all positions required to operate BCCF, only those labeled "critical" or mandatory posts that will result in liquidated damages if left unfilled.

151. Pursuant to this Contract, Bent County agreed to develop a plan for sufficient staffing to meet the requirements of the minimum staffing plan as mandated by its Contract with CDOC.

152. CDOC monitors Bent County's adherence to the minimum staffing plan for BCCF through its Private Prison Monitoring Unit ("PPMU"). Pursuant to the BOCC/CDOC Contract, CDOC agreed to provide Bent County with records and reports of contract compliance, audits, and the PPMU's monitoring of BCCF.

153. CDOC thus provided Bent County copies of all audits and reports related to BCCF, including memos and reports related to any staffing deficiencies at BCCF.

154. The County also agreed that it would be assessed liquidated damages, based on monthly PPMU audits of BCCF staffing, when CoreCivic either i) failed to timely staff mandatory posts at BCCF or ii) failed to timely fill BCCF positions, on a permanent basis, that had been vacant for 45 or 60 days.

155. These liquidated damages for the understaffing at BCCF (*i.e.* the damages assessed for any failures to meet the minimum staffing plan) were itemized and deducted from the payment from CDOC to the County.

156. Since at least 2016 the liquidated damages provision has been repeatedly invoked, on a near-monthly basis, because of Defendant CoreCivic's repeated failures to achieve even the

minimum staffing required by its Subcontract with Bent County. The County has been regularly assessed thousands of dollars each month in such damages because of CoreCivic's chronic failures to minimally staff BCCF.

157. In 2025, the year Mr. Knuth was incarcerated at BCCF and suffered the complained-of deliberate indifference, Bent County was assessed more than $162,000 in damages for CoreCivic's ongoing staffing deficiencies at BCCF, though this number was "adjusted" down from an initial assessment of more than $340,000.

158. These "adjusted" liquidated damages are arrived at by monthly negotiation between CoreCivic and CDOC's Private Prison Monitoring Unit, of which the County is fully informed. The "adjustments" can be quite extreme. For example, for the year 2023 the County was initially assessed more than $431,000 for CoreCivic's chronic understaffing of BCCF that year. However, this number was negotiated down by 70% to roughly $130,000 for the year.

159. Bent County has a financial incentive to refuse meaningful supervision of CoreCivic as the Subcontractor negotiates away large portions of understaffing-related liquidated damages each month. These damages are taken out of the monies paid to Bent County by CDOC for housing state prisoners, and thus Bent County looks the other way as CoreCivic is routinely permitted to effectively gut the liquidated damages provision of the Contract through this "adjustment" process.

160. As such, given many years of paying liquidated damages for CoreCivic's understaffing of BCCF, and the County's role in negotiating down the financial penalties for CoreCivic's understaffing, the County was well aware of the chronic staffing deficiencies at BCCF when it decided, repeatedly, to renew its Contract with CDOC.

161. The BOCC/CDOC Contract has been repeatedly renewed by simple option letters in subsequent years, including for 2025, when Mr. Knuth was incarcerated at BCCF and suffered the complained-of deliberate indifference.

162. In exchange for its services under this Contract, Bent County was paid a fixed rate of approximately $26.3 million for the state fiscal year 2021; a fixed rate of $25.1 million for the state fiscal year 2022; a fixed rate of $27.6 million for the state fiscal year 2023; a fixed rate of $32.2 million for the state fiscal year 2024, and a fixed rate of $34.3 million for the state fiscal year 2025 (though the fiscal year 2025 payment was subsequently reduced by later agreement by $500,000.00.) Bent County was paid a fixed rate of approximately $33.9 million for the state fiscal year 2026.

The BOCC/CoreCivic Subcontract

163. The BOCC/CDOC Contract permits Bent County to operate BCCF and provide services to BCCF inmates through the use of a subcontractor, like CoreCivic, if it chooses to do so.

164. Bent County chose to do so. The County has been subcontracting its obligations under its Contract with CDOC to Defendant CoreCivic for decades.

165. At all times relevant hereto, Bent County subcontracted with CoreCivic to operate BCCF and incarcerate the state prisoners the County was responsible for under the BOCC/CDOC Contract. ("BOCC/CoreCivic Subcontract" or "Subcontract").

166. Bent County, through the BOCC, has repeatedly renewed its Subcontract with CoreCivic and did so again for 2025 and 2026.

167. At all times relevant hereto, including 2025, CoreCivic provided medical care and

treatment to BCCF inmates, including Mr. Knuth, pursuant to the BOCC/CoreCivic Subcontract.

168. BCCF staff, including medical staff, are employees of Defendant CoreCivic.

169. Bent County explicitly agreed, however, that it accepted full responsibility for the actions of its subcontractors, that subcontracting did not relieve Bent County from any responsibility for complying with the terms and requirements of the BOCC/CDOC Contract, and that it was at all times responsible for all performance under the Contract.

170. At all times relevant hereto, through its Subcontract with CoreCivic, Bent County delegated final policymaking authority, with respect to the entire operation of BCCF and provision of services to BCCF inmates, to CoreCivic.

171. Bent County makes substantial sums of money for Bent County through this subcontracting arrangement with CoreCivic. Every year, the County paid CoreCivic substantially less than the State of Colorado paid the County to provide services to inmates incarcerated at the prison.

172. Pursuant to the explicit terms of the BOCC/CDOC Contract and the BOCC/CoreCivic Subcontract, Bent County profits at the rate of $2.00 per-BCCF-inmate, per-day, for the first 710 BCCF inmates.[20]

173. In 2025, for example, Bent County profited at least $518,300 from this arrangement.

174. These profits are placed initially in the County's "Correctional Facilities Fund."

[20] The original County-profit-taking provision was not capped at a certain number of BCCF inmates. By 2008 amendment to the BOCC/CoreCivic Subcontract, a cap of 700 inmates was put in place. At some point, though the exact year is unclear on the current record, this cap was raised to 710 inmates. In 2025, the County realized profits of $2.00 per-BCCF-inmate, per-day, for the first 710 BCCF inmates.

175. Each year, including 2025, the County transfers several hundred thousand dollars from its "Correctional Facilities Fund" to pay for other County projects and programs entirely unrelated to BCCF.

176. Thus, Bent County and CoreCivic both have a financial incentive to keep inmates inside BCCF even if the inmate has a serious medical problem that cannot be adequately treated inside BCCF. Specifically, the per-inmate-per-day compensation regime incentivizes BCCF medical staff to refuse sending inmates out for emergency or outpatient care so that the County and CoreCivic can keep getting paid for sick or injured inmates that remain inside the facility on a day-to-day basis.

Bent County Is Liable for Its Policy Decision to Repeatedly Re-Hire and Maintain CoreCivic as its Subcontractor and Medical Provider at BCCF Despite CoreCivic's Well Known and Longstanding Custom and Practice of Dangerously Understaffing its Facilities and its Routine Provision of Unconstitutional Medical Care

177. Defendant BOCC of Bent County, Colorado, is non delegably liable for Defendant CoreCivic's unconstitutional policies. Although Bent County contracted with CDOC and CoreCivic to privatize the provision of healthcare services to the inmates at BCCF, the County has its own non-delegable duty to provide constitutionally adequate care to BCCF inmates. The County cannot contract away its constitutional obligation and is legally liable for CoreCivic's deliberately indifferent polices, customs, and practices, as moving forces in the deliberately indifferent medical care and treatment of Mr. Knuth.

178. Apart from its liability under the non-delegable duty doctrine, Bent County, through Defendant BOCC, is directly liable for its repeated decision to renew its Subcontract with CoreCivic, on information and belief without any effort to bid out the Subcontract or even investigate the possibility of hiring another subcontractor.

179. The County has rehired CoreCivic repeatedly, including for 2025, despite its actual knowledge of Defendant CoreCivic's well known and widespread unconstitutional policies, customs, and practices, which were moving forces in the deliberately indifferent medical care and treatment of Mr. Knuth.

180. CoreCivic is one of the largest private prison companies in the United States, with total 2025 revenue, according to its Form 10-k filing with the U.S. Securities and Exchange Commission, of more than $2.2 billion.

181. CoreCivic has been operating BCCF for decades, after it purchased BCCF from Bent County in 1996 (then branded as "Corrections Corporation of America" or "CCA").

182. Bent County first began subcontracting its responsibilities under its Contract with CDOC in its Subcontract with (then-named) CCA in August of 1998. As aforealleged, the County was allowed to take profits from this arrangement by paying itself a fee of $2.00 per-BCCF-inmate, per-day.

183. On information and belief, Bent County chose to contract with the State of Colorado, and in turn subcontract with CoreCivic, specifically because of CoreCivic's low cost of services and the resulting profit Bent County realized every year from this arrangement.[21]

184. When the County first chose to subcontract with CCA in 1998, it had agreed through its Contract with CDOC to several key oversight provisions, as aforealleged, including:

- The County would provide all necessary training for staff at BCCF;
- The County would pay for BCCF staff and maintain staffing levels in accordance with the minimum staffing plan mandated by CDOC;

[21] An open records request to the County seeking subcontractor requests for proposals or bids related to any competitive bidding process that CoreCivic/CCA may have participated in, either for the initial contracting process in 1996 or the more recent re-contracting process in 2019, yielded zero responsive documents.

- The County agreed to be assessed liquidated damages if CDOC's Private Prison Monitoring Unit found that the County and CCA were not able to adequately staff the prison.

185. Despite its promise to train BCCF staff, Bent County has done no such trainings, nor has it taken any actions to ensure that its subcontractor is adequately training prison staff.[22]

186. Bent County has also done nothing to supervise or provide oversight of its subcontractor. On information and belief, the County has conducted no audits, reviews, or other supervision of the operation at BCCF since at least 2020, if ever.[23]

187. Bent County thus involved itself in what it likely hoped would be a set-it-and-forget-it type of subcontract with CoreCivic/CCA, whereby it could delegate its duties under its Contract with CDOC, avoid having to do any supervision or oversight of its subcontractor, while taking its $2.00 per-inmate, per-day profit.[24]

188. This has remained the case despite CoreCivic/CCA's aforealleged widespread and very well-known patterns and practices of understaffing its facilities and providing grossly inadequate medical care to inmates under its care. This has remained the case despite numerous examples of CoreCivic/CCA's deliberate indifference to BCCF inmates.

189. Rather than providing any supervision or oversight of CoreCivic's operation at

[22] An open records request to the County seeking documents related to any BCCF staff training the County may have done, at any time from 1996 to the present, yielded zero responsive documents.

[23] An open records request to the County seeking documents related to any County audit, review, or other oversight program related to CoreCivic/CCA's operation of BCCF, from 1996 to the present, yielded zero responsive documents.

[24] Over the course of decades of its contracting/subcontracting arrangement with CDOC and CoreCivic, the County has built up more than $3,000,000 in its Correctional Facilities Fund. As of the end of fiscal year 2024, the County had $3,246,880 left in the fund after using some of these monies for other County projects unrelated to BCCF.

BCCF, Bent County has actively worked hand-in-glove with CoreCivic to shield the company from any meaningful oversight from the CDOC.

190. High-ranking CoreCivic officials have regularly attended Bent County Board of County Commissioners meetings to provide monthly reports about BCCF and to answer questions from the BOCC about the operation of the prison.

191. BOCC meeting minutes reflect regular reporting by CoreCivic that BCCF is at or near full capacity, along with reports to BOCC about CoreCivic's chronic inability to adequately staff the facility.

192. Bent County is involved in the liquidated damages process as it supports CoreCivic efforts to haggle with CDOC's Private Prison Monitoring Unit, not about *if* CoreCivic is understaffing BCCF, but about *how badly* CoreCivic is understaffing BCCF. Bent County's role in this process is primarily as a CoreCivic advocate, working to help CoreCivic persuade CDOC that staffing-related liquidated damages should be "adjusted" downward to protect monies that would otherwise be deducted from CDOC's payment to the County.

193. Bent County thus further insulates CoreCivic from the risk of financial penalties due to its chronic inability to adequately staff BCCF.

194. Bent County has a strong financial incentive to partner with CoreCivic to "adjust" downwards any staffing-related liquidated damages, as the County does not pass on these damages to CoreCivic. Any staffing-related liquidated damages that survive the "adjustment" process thus reduce the $2.00 per inmate/per day profit the County makes from this arrangement.

195. Bent County has therefore, at all times relevant hereto, been subjectively aware that CoreCivic had been severely understaffing BCCF and allowing many critical positions to sit vacant

for long periods of time, in violation of the BOCC/CDOC Contract.

196. Despite ample evidence that CoreCivic/CCA systemically understaffs BCCF and provides constitutionally inadequate medical care to BCCF inmates, Bent County has intentionally renewed its Subcontract with CoreCivic/CCA in a series of yearly one-page renewals, for the twenty-year term of the County's 1997 Contract with CDOC.

197. In 2019, when it came time to enter into a new Contract with CDOC, Bent County made precisely zero effort or action to seek competitive bids for its Subcontract with CoreCivic, or to even investigate the possibility of hiring a different subcontractor without CoreCivic's long and well publicized history of constitutional malfeasance.[25]

198. On the contrary, as reflected in February 2019 BOCC meeting minutes, Bent County Commissioners joined the CoreCivic lobbyist at a meeting in Denver with key state representatives to explain "how much CoreCivic is needed in the rural areas."

199. In April 2019, BOCC meeting minutes reflect the Commissioners' plan to meet the new Director of CDOC was set to tour BCCF "to show their support for the facility."

200. July 2019 meeting minutes reflect the BOCC's rote approval of its new Contract with CDOC: "Approved the contract between Bent County and State of Colorado for CoreCivic…."

201. The next month the BOCC heard from CoreCivic that there were then unfilled staff positions, including 36 correctional officers, 3 vocational teachers, and 2 nurses.

202. Commissioner Sykes, who signed the 2019 Contract with CDOC on behalf of the

[25] An open records request to the County seeking subcontractor requests for proposals or bids related to any competitive bidding process that CoreCivic/CCA may have participated in during the 2019 re-contracting process yielded zero responsive documents.

BOCC, commented in a September 2019 BOCC meeting "that Bent County is always willing to help with anything that will keep CoreCivic open."

203. Commissioner Sykes followed up that comment with further blind praise for CoreCivic in an October 2019 BOCC meeting, telling the Warden of BCCF "that the commissioners are working with the legislators so they can see what a good job CoreCivic is doing."

204. The County's 2019 renewal of its CDOC Contract/CoreCivic Subcontract regime thus reflects more than just a local government that has failed to conduct any oversight or review of its Subcontractor before renewing its relationship for another 20 years. It reflects a local government that works hand-in-glove with that same Subcontractor to make sure it "stays open" despite its long and well-known history of chronic understaffing and many failures to provide constitutionally mandated medical care to inmates in its care.

205. As aforealleged, the more prisoners housed at BCCF, the more money that both BCCF and CoreCivic make under this contracting regime, and the County actively and regularly uses its $2.00 per inmate/per day profits to fund other County programs.

206. The County thus has a strong financial incentive to ignore CoreCivic's chronically inadequate staffing of BCCF and the inadequate medical care that results.

207. Not surprisingly, given the cozy relationship between CoreCivic and the County that was ostensibly providing oversight of the Subcontractor's operation at BCCF, staffing at the prison remained chronically inadequate after the 2019 renewal.

208. In 2021, despite a temporary modification of minimum staffing patterns at BCCF due to the COVID pandemic, now rebranded CoreCivic could not even meet this reduced staffing

requirement. Bent County was assessed roughly $61,000 in damages for failing to meet the reduced staffing regime, though this final assessment was "adjusted" downwards, by CoreCivic's negotiation, from an initial assessment of more than $448,000.

209. In fact, CoreCivic's understaffing of its Colorado prisons, including at BCCF where staff turnover rate was above 100% in 2021, had gotten so bad that the Colorado Legislature was forced to step in with an additional multimillion dollar appropriation to CDOC, specifically aimed at addressing Bent County and CoreCivic's staffing crisis via indirect subsidy of its business model.[26]

210. CoreCivic's reported revenue for 2021 was more than $1.8 billion.

211. CoreCivic continued to understaff BCCF in subsequent years, with Bent County's full knowledge and participation in the liquidated damages process.[27]

212. Bent County Commissioners also met with high-ranking CoreCivic officials on a monthly basis and were thus well-informed about CoreCivic's ongoing inability to adequately staff BCCF. For example, in March 2023, CoreCivic's Warden reported to the BOCC that he was working to increase the prisoner population at BCCF by 300, and at the same meeting he also

[26] House Bill 22-1170 – Department of Corrections Supplemental Appropriation, which became law, increased the "[p]ayments to in-state private prisons" from $58.79 per inmate per day, to $63.32 per inmate per day. At the time, and at present, CoreCivic is the only in-state private prison operator contracting with CDOC to incarcerate state inmates.

[27] In 2022, the County was initially assessed more than $155,000 in liquidated damages because of CoreCivic's failure to meet even the *minimum* staffing plan for BCCF. CoreCivic, with the County fully informed, negotiated that number down by two thirds to an "adjusted" final damages number of roughly $50,000. In 2023 assessed liquidated damages went from $431,000 to $130,000. In 2024 assessed damages were "adjusted" down from an initial figure of $372,000 to $235,000. And in 2025, the year Mr. Knuth was incarcerated during the complained-of events and circumstances, CoreCivic was permitted, with the County's full knowledge, to negotiate a roughly 52% reduction in damages related to CoreCivic's understaffing of BCCF: more than $340,000 was "adjusted" to a figure of roughly $162,000.

reported that BCCF was still understaffed in the medical program.

213. CoreCivic's Associate Warden reported to the BOCC in July 2023 that the BCCF inmate count was higher, at 1381 inmates, and that there were many staff vacancies, including correctional officers, program instructors, and health care staff.

214. The BOCC did not instruct CoreCivic to stop filling BCCF with inmates given the staffing shortages. Rather, as aforealleged, the County ostensibly monitored the situation as CoreCivic was permitted to negotiate with CDOC to effectively gut the Contract's liquidated-damages-for-BCCF-understaffing, "adjusting" these damages downward from over $431,000 to roughly $130,000 for that year.

215. In short, at all times relevant to this Complaint, the County has taken no remedial action to force CoreCivic to meet the requirements of the BOCC/CDOC Contract, nor has it taken any actions to meaningfully oversee or supervise CoreCivic, despite its knowledge of the many problems at BCCF and CoreCivic's well publicized history of failing provide adequate staffing or medical care to inmates incarcerated at its facilities. Instead, it has protected its profit, renewing its Subcontract with CoreCivic every year since 2019, including for 2025 and 2026.

216. Despite Bent County's knowledge of CoreCivic/CCA's widely publicized understaffing of its facilities nationwide and its failures to provide constitutionally adequate medical care to inmates in its care at BCCF, despite knowing those problems were continuing, the County not only failed to intercede but actively worked with CoreCivic to "keep CoreCivic open" as the medical provider at BCCF. These deliberate policy choices to insulate the CoreCivic contract and ensure its continued profit by condoning and maintaining a system of unconstitutional care are deliberately indifferent and creates direct liability for the County, in addition to their

liability for CoreCivic's policies based on their non delegable duty.

V. CLAIMS FOR RELIEF

FIRST CLAIM FOR RELIEF
Violation of 42 U.S.C. § 1983 – Eighth Amendment
Unconstitutional Medical Care
(Against Defendant Jillian Maggart)

217. Plaintiff hereby incorporates all other paragraphs of this Complaint as if fully set forth herein.

218. 42 U.S.C. § 1983 provides that:

> Every person, who under color of any statute, ordinance, regulation, custom or usage of any state or territory or the District of Columbia subjects or causes to be subjected any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges or immunities secured by the constitution and law shall be liable to the party injured in an action at law, suit in equity, or other appropriate proceeding for redress . . .

219. Paul Knuth is a citizen of the United States and all Defendants to this claim are persons for purposes of 42 U.S.C. § 1983.

220. At all times relevant hereto, Paul Knuth was a post-conviction inmate incarcerated at the Bent County Correctional Facility

221. Plaintiff had a clearly established right under the Eighth Amendment to the United States Constitution to be free from deliberate indifference to his known serious medical needs and to adequate medical care while in custody.

222. There is no qualified immunity for private actors working in a jail.

223. Each individual Defendant to this claim, at all times relevant hereto, was acting under color of state law.

224. As a result of the allegations contained in this Complaint, Defendant Maggart is

liable under 42 U.S.C. § 1983 for the violation of Mr. Knuth's rights under the Eighth Amendment by acting with deliberate indifference to his serious medical needs and disregarding the excessive risks associated with his serious and life-threatening medical condition, despite being expressly aware of his known serious medical needs.

225. Defendant Maggart personally participated in the constitutional deprivations described herein.

226. The acts or omissions of this Defendant were the legal and proximate cause of Mr. Knuth's injuries, losses, and permanent disability.

227. The acts or omissions of Defendant Maggart, as described herein, deprived Mr. Knuth of his constitutional rights and were moving forces and substantial significant contributing proximate causes of his injuries and damages.

228. As a direct and proximate result of Defendant Maggart's unlawful conduct, Mr. Knuth has suffered injuries and losses, including economic damages in the form of lost wages, diminished earning capacity, past and future medical expenses, and including non-economic damages in the form of loss of constitutional rights, extreme pain and suffering both during and after his incarceration, permanent disability, loss of enjoyment of life, a care plan necessitated by his amputation surgeries and resulting deficits, and diminished quality of life and other special damages, all in amounts to be proven at trial.

229. Plaintiff is further entitled to attorneys' fees and costs pursuant to 42 U.S.C.§1988, pre-judgment interest and costs as allowable by federal law.

230. Plaintiff is also entitled to punitive damages against this Defendant, in that their actions were taken maliciously, willfully or with a reckless or wanton disregard of the

constitutional rights of Plaintiff.

SECOND CLAIM FOR RELIEF
Violation of 42 U.S.C. § 1983 – Eighth Amendment
Unconstitutional Policies
(Plaintiff against Entity Defendants CoreCivic and Bent County)

231. Plaintiff hereby incorporates all other paragraphs of this Complaint as if fully set forth herein.

232. 42 U.S.C. § 1983 provides that:

> Every person, who under color of any statute, ordinance, regulation, custom or usage of any state or territory or the District of Columbia subjects or causes to be subjected any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges or immunities secured by the constitution and law shall be liable to the party injured in an action at law, suit in equity, or other appropriate proceeding for redress . . .

233. Paul Knuth was a citizen of the United States and Defendants to this claim are persons for the purposes of 42 U.S.C. § 1983.

234. At all times relevant hereto, Paul Knuth was a post-conviction inmate incarcerated at the Bent County Correctional Facility

235. Plaintiff had a clearly established right under the Eighth Amendment to the United States Constitution to be free from deliberate indifference to his known serious medical needs and to adequate medical care while in custody.

236. As a result of the allegations contained in this Complaint, the Defendants CoreCivic and Bent County are liable under 42 U.S.C. § 1983 for maintaining deliberately indifferent policies, which resulted in the violation of Mr. Knuth's Eighth Amendment right to adequate medical care and to humane conditions of confinement. This was part of an aggravated pattern and practice of deliberate indifference as alleged in the statement of facts.

237. Defendant CoreCivic knew that the aforealleged policies, practices, and customs posed a substantial risk of serious harm to inmates like Paul Knuth, and it was obvious that such harm would occur and had regularly occurred to other inmates. Nevertheless, Defendants failed to take reasonable steps to alleviate those risks of harm. There is an affirmative causal link between the deliberate indifference of the individual health care workers towards Mr. Knuth's medical needs and the policies, practices, and customs, described herein. All acts or omissions committed by Defendants were the direct and proximate result of Plaintiff's damages.[28]

238. Bent County is directly liable for its own policy choices to subcontract with and repeatedly retain CoreCivic, and non delegably liable for the constitutional policy violations of CoreCivic as its hired and repeatedly retained subcontractor.

239. The unconstitutional acts and omissions of the Entity Defendants were moving forces in the unconstitutional acts of the Individual Defendants.

240. As a direct and proximate result of Defendants' unlawful conduct, Mr. Knuth has suffered injuries and losses, including economic damages in the form of lost wages, diminished earning capacity, past and future medical expenses, and including non-economic damages in the

[28] Plaintiffs intend to argue that the 10th Circuit case *Smedley v. Corr. Corp. of Am.*, 175 F. App'x 943, 946 (10th Cir. 2005) was wrongly decided and that respondeat superior should apply to private entities in § 1983 actions. *See Shields v. Ill. Dep't of Corr.*, 746 F.3d 782, 795 (7th Cir. 2014) ("For all of these reasons, a new approach may be needed for whether corporations should be insulated from respondeat superior liability under § 1983. Since prisons and prison medical services are increasingly being contracted out to private parties, reducing private employers' incentives to prevent their employees from violating inmates' constitutional rights raises serious concerns. Nothing in the Supreme Court's jurisprudence or the relevant circuit court decisions provides a sufficiently compelling reason to disregard the important policy considerations underpinning the doctrine of respondeat superior. And in a world of increasingly privatized state services, the doctrine could help to protect people from tortious deprivations of their constitutional right.")

form of loss of constitutional rights, extreme pain and suffering both during and after his incarceration, permanent disability, loss of enjoyment of life, a care plan necessitated by his amputation surgeries and resulting deficits, and diminished quality of life and other special damages, all in amounts to be proven at trial.

241. Plaintiff is further entitled to attorneys' fees and costs pursuant to 42 U.S.C.§1988, pre-judgment interest and costs as allowable by federal law.

242. Plaintiff is also entitled to punitive damages against these Defendants, in that their actions were taken maliciously, willfully or with a reckless or wanton disregard of the constitutional rights of Plaintiff.

THIRD CLAIM FOR RELIEF
Negligence and Negligent Supervision and Training
(Against Individual Defendants Jillian Maggart and David Durkee,
and Entity Defendant CoreCivic)

243. Plaintiff hereby incorporates all other paragraphs of this Complaint as if fully set forth herein.

244. Defendant CoreCivic is a private corporation that subcontracts to provide medical care to inmates at BCCF.

245. Defendants CoreCivic, Maggart, and Durkee are private Defendants, not governmental actors, and as such are not entitled to any immunity under the CGIA.

246. Defendant CoreCivic is vicariously liable for the negligent acts and omissions by its agents and/or employees, including, but not limited to Individual Defendants and other medical workers, whether or not they are defendants to this claim.

247. Defendant CoreCivic is directly liable for its own negligent failures in training, supervision, staffing, policies, and practices.

248. At all times relevant to this action, Mr. Knuth was under the medical responsibility, care, and treatment of Defendants hereto.

249. Individual Defendants Maggart and Durkee, and other individual medical workers at BCCF, had a duty to provide medical care to inmates at BCCF, including Mr. Knuth. This includes a duty to provide reasonable care to prevent the development of infections, to provide reasonable care and treatment for infections, and to provide reasonable care and treatment of infections to prevent the progression of infections to the point where limb amputation becomes necessary as a lifesaving measure.

250. All CoreCivic employees who interacted with Mr. Knuth during his incarceration at BCCF, including, but not limited to Defendants Maggart and Durkee, had doctor-patient or nurse-patient relationships with Mr. Knuth, and at all times relevant hereto were acting within the scope of their employment.

251. Defendants Maggart and Durkee, and Defendant CoreCivic and its employees owed Mr. Knuth a duty to exercise the degree of care, skill, caution, diligence, and foresight exercised by and expected of medical professionals in similar situations.

252. Through their actions and omissions, Defendants Maggart and Durkee, and potentially other CoreCivic employees, grossly deviated from that standard of care and were negligent in failing to reasonably care for and treat Mr. Knuth's known serious medical needs. Defendants further breached that duty of care by, *inter alia*, negligently failing to properly assess and care plan for Mr. Knuth; negligently charting his symptoms and complaints; negligently disregarding his reported symptoms and observed deterioration in his ability to ambulate while accusing him of malingering, negligently failing to relay highly abnormal lab results to a provider

licensed and capable of medical diagnosis, negligently misleading Mr. Knuth by falsely telling him that his lab results were fine, negligently failing to appropriately treat Mr. Knuth's infection, negligently pretending to treat Mr. Knuth's infection with utterly non-responsive ice and bandages, and refusing to take him to the hospital despite knowing he could not be adequately treated at BCCF and despite Mr. Knuth's repeated declarations of a medical emergency warning that he was at risk of serious medical harm for days.

253. Defendants' duties of care to Mr. Knuth are informed by state law. Under C.R.S. § 16-3-401, "prisoners arrested or in custody shall be treated humanely and provided with adequate food, shelter, and, if required, medical treatment." The provision of adequate medical treatment and humane care is a statutory obligation.

254. Defendant CoreCivic also had a duty to exercise reasonable care in the training and supervision of its employees, a duty to reasonably staff the facilities where it contracted to provide medical care, and a duty to develop and implement reasonable policies and practices in support thereof.

255. Defendant CoreCivic breached this duty of care by, *inter alia*, failing to reasonably train its employees to adequately care plan for inmates with subjectively reported and objectively observed and measured risk of infection, failing to reasonably supervise its employees who assessed or provided care to inmates suffering from infection, failing to adequately staff BCCF, and failing to develop and implement reasonable policies and practices with respect to inmates at risk of life- or limb-threatening infection.

256. The negligent acts and omissions by Defendants Maggart and Durkee, and by Defendant CoreCivic and its employees and agents, were a substantial and significant contributing

proximate cause of Mr. Knuth's preventable infection and resulting life-threatening injuries, ongoing pain and suffering, amputation surgeries, permanent disability, and decline in quality of life.

257. Plaintiff is entitled to general and compensatory damages for such pain and suffering, emotional distress, loss of enjoyment of life, and to special damages for past and future medical expenses, health-care-related total charges, and a care plan necessitated by his multiple amputation surgeries and resulting deficits, together with all other damages allowable by law, all in amounts to be proven at trial.

258. Although not required, Plaintiff hereby gives notice that he may seek to amend the Complaint to add punitive damages against these Defendants because the injuries complained of are attended by circumstances of fraud, malice or willful and wanton conduct engaged in by their employees and agents.

VI. PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays that this Court enter judgment for the Plaintiff and against each of the Defendants and enter the following relief:

(a) All appropriate relief at law and equity;

(b) Economic losses on all claims allowed by law;

(c) Compensatory and consequential damages, including damages for emotional distress, humiliation, loss of enjoyment of life, past and future care needs, and other pain and suffering on all claims allowed by law in an amount to be determined at trial;

(d) Punitive damages on all claims allowed by law and in an amount to be determined

at trial;

(e) Attorneys' fees and costs associated with this action, including expert witness fees, on all claims allowed by law;

(f) Pre- and post-judgment interest at the highest lawful rate; and

(g) Any further relief that this Court deems just and proper.

PLAINTIFFS RESPECTFULLY REQUEST TRIAL BY JURY.

Respectfully submitted this 25th day of August, 2026.

/s/ Dan Weiss
Dan Weiss
Anna Holland Edwards
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1437 High Street
Denver, CO 80218
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Attorneys for Plaintiff

CERTIFICATE OF REVIEW

This is to certify that undersigned counsel has conferred, pursuant to Colorado statutes, with a person who has expertise in the areas of this lawsuit's alleged substandard nursing and health care negligence, and this person has reviewed the known facts, including such records, documents, and other materials as found to be relevant to the complaint allegations of substandard acts and omissions, and has concluded that the filing of this complaint does not lack substantial justification, and in fact is substantially meritorious within the meaning of C.R.S. Section 13-20-602, with violations of the standards of care involved by the nursing and healthcare related defendants.

/s/ Dan Weiss
Dan Weiss